Summer 1997 • Volume 1, Issue 1

Doctors for Global Health Reporter

President's Letter

Welcome to Doctors for Global Health (DGH). Since 1992 our partners and volunteers have been working with communities in Morazán, a department of El Salvador, helping to promote human dignity and guided by the principle that health and education are basic Human Rights, not just commodities to be enjoyed by those lucky enough to have been born into relative wealth or peace.

You have probably been involved with, or already heard something about, our health-building. Based on community involvement, international accompaniment, Community Oriented Primary Care and keeping "the eyes of the world on El Salvador," our work would not be possible without you. We now include within our focus other communities–in the United States and Chiapas, Mexico–and feel that there is a strong, yet largely unappreciated, interrelation between the Health and Human Rights of all communities around the world. Therefore, we need to know your ideas and would like to find out how the reality in which you live and work mirrors or differs from our own.

"We are dedicated to observation, education, evaluation and action—all done in coordination with the community involved and in the context of the interconnectedness of the world."

This report is a call to observation, to reflection and to action, especially at the level of your own community and in the context of the reality of those persons and groups throughout the world who have difficulty making their voices heard. You need not necessarily take action with Doctors for Global Health, for there are other groups with similar principles. More importantly, we want to awaken you to the fact that your ideas, talents and resources can benefit many people in ways you may never have thought possible. Of course, you don't have to be a doctor to help–our view of health is an integral approach, adapted from the World Health Organization of the United Nations, "A state of physical, mental, social" and Human Rights well-being. About half of the Volunteers with DGH are not physicians nor health care professionals. Within this group are artists, lawyers, teachers, students, engineers and persons from all walks of life who find other human beings and the environment we live in important enough to "add their light to the sum of light."

"Every human being merits some basic Human Rights," said the United Nations General Assembly in 1948 in its *Universal Declaration of Human Rights*. Among the rights mentioned were education and health. Yet most people in the world do not enjoy even the minimum of education and good health. It is easy for those of us lucky enough to live in security to forget about these people or pretend that they are

the cause of their own problems. It is more convenient to ignore this majority of the world's population, because the explanations for their misery are complex and discomforting, and the way to make a positive and lasting difference in their lives is unclear, to say the least. Alas, in the name of making a difference or doing good, much harm has been done.

But some ways of working to make a difference seem to function. Considerable experience has shown that *community-based* approaches, which have a clear goal of enhancing the ability of the persons in a community to make their own decisions and control their own destiny, have a much better chance of making a positive and lasting difference than projects whose goal it is to enhance goodwill toward its provider (for instance, the United States government).

Speaking of a lasting difference, there is the question of sustainability. For a project to be sustainable, it must be embraced by the community where it is working. However, even if that happens, the community must have the economic and administrative stability and ability to keep up their dreams.

One does not have to be a scholar of history to note that the natural riches of the "developing" world have been stripped and ravaged by companies based in the "developed" world, often leaving environmental and social disasters. Even now, more money flows from the "developing" world towards the "developed" world each year than vice-versa, in the repayment of World Bank and International Monetary Fund loans. Such loans were often made to dictators who pocketed the money and are now absent from their posts. In the name of loan repayment, the World Bank has demanded "structural adjustment" programs in much of the "developing" world, causing profound social distress among the poorest persons in these countries and relieving the governments of these countries of the obligation to provide health and education services.

In the context of the plunder of many countries' natural resources and of "structural adjustment" programs, "sustainability" takes on a new meaning. It means being able to accompany the community, as much as possible from within the community and country, but even as partner communities from afar, in the promotion of human dignity.

Which brings us back to Doctors for Global Health. We are dedicated to observation, education, evaluation and action–all done in coordination with the community involved and in the context of the interconnectedness of the world. In 1959 the United Nations proclaimed in the *Declaration on the Rights of the Child* (expanded in 1989 to the Convention on the Rights of the Child, awaiting ratification) that all children–the hope of our future–have the right to an education, to health, to a peaceful environment and to a childhood itself. It seems normal. And it makes the awful reality of the world today, seen through the lens of the unfulfilled promise of the *Rights of the Child*, worthy of making us wake-up and take action.

If you can be part of the work of DGH, please let us know. Send a letter to teach us something or to show us you care. Send an application to be a Volunteer in your community or abroad. Send a contribution to make our work possible. Or all three. We need your support and

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A Day's Life . . .

I arrived in San Salvador on Thursday, September 15, 1994. Friday afternoon Jaime (an MDM volunteer and the boyfriend of Patty, one of the medical students Lanny Smith teaches as a visiting professor), drowned in the Rio Chiquito. That was my introduction to MDM. It was a tragedy for everyone and an experience I will never forget.

Being a new member of the team, only understanding a portion of what was being said at any given time because of my limited Spanish, and not having known Jaime, made me feel pretty uncomfortable at times. But watching the other members of MDM act and interact showed me some of the greater aspects of MDM that I came to fully appreciate in the months that followed.

Perhaps most obvious was the family-like nature of this group. This was not merely a collection of co-workers, but a group of great friends working together toward a common goal. The support and consolation given to Patty, Jaime's family, and the other MDM members was sincere and heart-felt, and the pain was deep and shared. And, although I saw some of the wonderful characteristics of each individual involved, it was the group's cohesiveness that was the most striking.

— Stephen Miller, MD, January 1995

History of DGH

By Lanny Smith

Doctors for Global Health was created as a student-friendly, international solidarity movement dedicated to the promotion of human dignity and social justice, and working within a framework of health, education, human rights and the arts. DGH grew from the experience of international volunteers accompanying the communities of South-Eastern Morazán in El Salvador. It was founded to further our work there by enabling us to recruit volunteers and raise funds in the United States. It also offers the potential to reproduce what we have learned about Community Oriented Primary Care and Human Rights in other parts of the world.

MDS, with its democratic nature (membership with votes), its accompaniment of communities, its insistence on no "political party" ties and no religious discrimination, was the immediate inspiration for the formation of DGH. MDS was formed by a group of Salvadoran physicians and other professionals who believe that Health and Education are basic Human Rights and must be promoted as such. This group first came together as volunteers with the Salvadoran Mission of MDM. MDS continues to be the Salvadoran counterpart of MDM-France and at one time petitioned to be an affiliate of MDM (to date there has been no official reply to that request, though there has been much debate). MDS' philosophy is also strongly influenced by Liberation Theology, as practiced by Archbishop Romero and Ignacio Martín-Baró, among others.

MDM's mission is to provide medical care to the most needy and marginalized populations and to bear witness to human rights abuses against them. MDM has 3,000 members and thousands more volunteers. The president of MDM-France is an elected volunteer, and volunteers are responsible for the over 150 missions they have around the world. The organization itself is directed by an Administrative Council of elected member-volunteers and at least half of its finances must come from non-governmental donations. MDM has seven affiliates, all in developed nations like Spain, Switzerland and the USA, which tend to vary from MDM-France in whether they are member-based, volunteer-based and how they get their finances.

MDM was formed by Dr. Bernard Kouchner, who also founded Médecins san Frontiers (MSF, Doctors without Borders). MDM was born in 1980, as a split-off from MSF, and tends to be more open to community development initiatives and work aimed at conflict prevention and post-conflict rehabilitation. MDM's concept of Volunteerism and bearing witness for Human Rights have had great influence on MDS and the subsequent birth of DGH.

MSF, which specializes in emergency relief, was formed in France in 1971, following the Biafra conflict in Africa, as an alternative to the International Council of the Red Cross. ICRC makes an agreement with the governments of the countries in which it works not to divulge violations of human rights to the press, only bringing them to the attention of the government itself. The ICRC's goal is to be allowed in so it can bring immediate assistance to the victims of war. It was inspired by Henry Dunant of Geneva who, having watched the Battle of Solferino in 1859, wrote: "Would it not be possible in time of peace and quiet to form relief societies for the purpose of having care given to the wounded in wartime by zealous, devoted and thoroughly qualified volunteers?"

DGH, therefore, is founded on a long history of humanitarian aid. So, why form DGH when all these other groups exist? Part of the reason is that many organizations dedicated to solidarity with Central America, were disappearing. There was a need for a trustworthy way for conscientious persons to continue their support of the struggle for human dignity and social justice in Latin America and to keep chronicling human rights violations.

Finally, it seemed that the subject of Liberation Medicine–which I call the conscious, conscientious use of medicine to promote human dignity and social justice–has the potential to inspire medical students, physicians, lawyers, public health professionals and others in the US. Once inspired, DGH can offer them a clear, concrete and manageable way (community by community) to accompany the many peoples around the world (including the US) who have difficulty making their voices heard–the "voiceless," as Archbishop Romero called them. DGH provides a legal backbone and a supportive community that listens, cares and acts.

This kindergarten in La Presa is slated to be completed by September.

Donations and Your Taxes

By Bruce Martin

Most of us know that donations are tax deductible, but few of us understand exactly what that means. The mere thought of adding more items to our tax forms makes many of us uncomfortable, but a little understanding of how the system works and some sound advice can help reduce our taxes and redirect those dollars from federal spending priorities to our own. In effect, the Internal Revenue Code (IRC) permits us to choose between giving money to the U.S. Treasury or to our favorite tax-exempt organization, so that what actually comes out of our pocket can be as little as fifty cents on the dollar.

Two trips to DGH in El Salvador, including a nervous weekend as an international observer of El Salvador's second post-war elections, have convinced me of the merits of taking advantage of this opportunity to control how our money is spent. The following four tax saving basics allow you to save on your taxes and put your money to speak for your values:

1 **Generally, contributions to charities are deductible on your 1040 and on state income tax returns.** Let's say the combined federal and state rate at which your income is taxed is 40 percent. That would mean that 40 cents of every dollar you give to charity is money that you would otherwise be paying to federal and state governments as taxes.

2 **The deduction allowed for gifts of an appreciated security is usually the fair market value at the time it is donated, not at the time it was bought.** Let's say you paid $5,000 for 100 shares of stock and that stock is now worth $7,500. If you cash it in, you'll have to pay Uncle Sam capital gains tax on the $2,500 dollars the stock went up (28% of $2,500 = $700). But, if you give the stock to charity, you can deduct the full $7,500 without paying any capital gains tax.

3 **Gifts to charity are also 100 percent deductible against federal estate tax (FET).** Uncle Sam doesn't stop at taking your money while you live–he also takes a rather large slice (as high as 55 percent or more) of what you leave your children or loved ones after your death. So if you were wealthy and willed cash or appreciated assets (stocks, bonds, etc.) to charity, 50 cents or more of every dollar you gave would otherwise go to the federal government.

4 **Finally, if you make a gift to charity now of money or assets you never expect to use anyway,** you also save the federal estate tax on the interest or increase in value that

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A Day's Life . . .

The zone where MDM works is mountainous and beautiful (at least during the rainy season when everything is green). Towns and villages are connected by rocky dirt roads or by narrow paths. The main source of livelihood is sowing corn and beans. Some families generate income to supplement these staples and to buy goods by making hammocks or shoulder bags out of string spun from the maguey plant (agave) or with sugar cane or produce. The best houses are made of adobe with tile roofs; virtually all have dirt floors. Some houses are made only of bamboo, with perhaps a sheet of plastic or tin covering a wall on one side. Very few families have latrines; most draw their drinking water from contaminated communal cisterns where they also bathe. Pigs, dogs, cats, and poultry run around the yards and houses pretty much as they please. The kitchen hearth is usually inside the house, and smoke slowly migrates horizontally out doors or windows. There is no electricity and people generally go to bed soon after sunset and get up around sunrise, sleeping in hammocks or on narrow wooden beds. The chickens stay inside at night to protect them from coyotes.

Since the El Salvador Mission began, it has helped build over 1,000 latrines in the three municipalities it serves.

Such unsanitary living conditions are the cause of many health problems. I went to one of the health promoters' presentations to the community of Babilonia, in which they explained the need for latrines and the serious problems (such as cholera) that not having them can cause. Maruca had come along to observe and she picked up when the promoters hesitated. A middle-aged man who stood in the corner at the back and seemed to be a leader in the community said it was all well and good for MDM to tell them they need latrines, but who was going to give them? The promoters suggested people dig holes and use simple materials like stones and boards since no funds for concrete and little houses (to build over the latrines) were forthcoming. Then it turned out that some people already had latrines...How many? Maruca wanted to know. How many of those here today have a latrine? And do you use it? How? Do you throw the papers inside or out? Do you sprinkle lime or ashes in it? How often? Then it turned out there was some materials for latrines waiting to be constructed... How long? Three years! Why haven't they been built? And those of you who don't have materials, can't you dig a hole?... Some of us are single mothers, we don't have anyone to dig the hole... How many men does it take to dig a hole?... Two. How long?... Three hours. And so on. It was a classic example of community organizing. She got many people in the audience talking, thinking about ways to improve the situation, and the meeting ended with the chair of the Health Committee scheduling a community meeting to address the issue.

— Karen Cowgill, RN, MPH, September 1993

DGH: Act Locally

By Frank Hague

The Ada Jenkins Center is a nonprofit organization dedicated to improving the lives of families and individuals in Davidson, NC, and in North Mecklenburg County. The Center, which formerly functioned as an elementary school in Davidson's Westside neighborhood, currently houses Head Start, an after-school tutoring program, and a Senior Nutrition program. This year, the Center has been under renovation (much of this work provided by volunteer "craftsmen") and in the fall will also offer programs in the arts, life skills, social services, and public health.

Bonnie Brown, the Center's Executive Director, formed a medical advisory group to assess the particular needs of the community. In developing a framework for this health program, the group relied on "Medical Need" questionnaires distributed through local churches, census data, data provided by local health care professionals and social services organizations, and information gathered through discussions with local residents and volunteers. After reviewing all this data and the Center's budget, mission, goals, etc., the advisory group recommended that the Center establish a relationship with a Parish Nurse Program based out of Presbyterian Hospital in Charlotte. This program helps promote a holistic approach to health and emphasizes the importance of the "interrelationship" between spirit, body, and mind. The Parish Nurse will be supported by the local "faith community" (a coalition of local churches) and will serve as health educator, health counselor, referral source, and facilitator, but it will take several months for us to determine the actual needs of the community and the best application of the Parish Nurse's skills and resources.

The Center will be hosting a road race and open house in mid-September to celebrate this revitalization. Lanny Smith suggested we also conduct a health fair. You are all invited to attend. I would be happy to share more details about the Center's health program, and welcome any suggestions or recommendations you might have about how we can recruit volunteers with medical training, and solicit donations of diagnostic equipment and other needed supplies. You can contact me at: P.O. Box 1971, Davidson, NC, 28036, 704-896-2648, FJHague@aol.com.

President's Letter *(Continued from page 2)*

your ideas. Read, learn and share your reactions with us.

This report, a voice of Doctors for Global Health, contains many elements. The major focus is on El Salvador and the work of the Salvadoran foundation, Medicos por El Derecho a La Salud (MDS-Doctors for the Right to Health), which works with international Volunteers recruited by its partners DGH and Medicos del Mundo-El Salvador, a mission of Médecins du Monde-France (MDM-Physicians of the World-France). Because this is the first official report of Doctors for Global Health, we present a brief *History of DGH*–our family tree and reason for being (page 2).

You'll also get a sense of what the core of our work in El Salvador consists of by reading, *Where the Peace is New* (page 8). The title comes from the fact that our project first began right after the peace accords were signed and the communities were just starting to rebuild their lives. And *Bridging the Gaps* (page 6) describes the incredible work the communities put in to building a bridge across a river that caused many deaths over the years.

Agricultural engineer Marvin Alvarenga and local children plant community vegetable gardens as part of our Nutrition Program–over half of the children are malnourished.

Stories about projects in Chiapas (page 10) and in the U.S. (page 4), present examples of DGH initiatives outside of El Salvador. In addition, our commitment to being a "student friendly" association seems unique enough to warrant sharing some reflections from our International Student Volunteers (see *A Day's Life...* sidebars throughout). Of course these reflections also serve to illustrate the soul of our work, the "community within a community" approach.

We hope you find this report informative and look forward to hearing from you soon.

Thank You,

Lanny Smith, MD

***President**, Doctors for Global Health; **Coordinator and Legal Representative**, MDM-El Salvador, Mission MDM-France; **Research Assistant**, Franois-Xavier Bagnoud, Center for Health and Human Rights, Harvard School of Public Health.*

NOTE: In this and all other instances in this report, with the exception of Doctors for Global Health, institutional names are provided for identification purposes only, and do not imply that opinions expressed in this report are condoned or shared by the institutions so named.

Acronym Glossary

- **DGH** is *Doctors for Global Health*.
- **MDS** stands for the Salvadoran foundation, *Medicos por El Derecho a La Salud* (Doctors for the Right to Health), which recruits local volunteers and works with those recruited internationally by its partners MDM and DGH.
- **MDM-France** represents the headquarters of *Médecins du Monde*, the French international health relief organization (Physicians of the World).
- **MDM-El Salvador** is the El Salvador Mission of MDM-France.

How Your Gift Can Help

$5,000 Could provide a laboratory technician for one year to work in the newly finished laboratory in El Tablón and train the health promoters in basic laboratory techniques.

$2,500 Could provide support to start a health promoter cooperative through acquisition of land for the "House of Culture" in El Tablón.

$2,000 Could support one health promoter or a teacher in a Centro Integral de Desarrollo Infantil (CIDI–Center for Integral Child Development) for a year.

$1,500 Could provide a badly needed computer for the nuns of Hospital San Carlos in Chiapas, Mexico (see page 10).

$1,000 Could provide iodized-oil to cure endemic goiter in Estancia, Cacaopera (about 3,000 persons: prevalence > 50%).

$500 Could provide a fully stocked "botiquin" (medicine/first aid kit) for a newly trained health promoter.

$250 Could provide a small table with two chairs for one of the newly constructed CIDIs.

$80 Could provide a large, high quality chalkboard for a CIDI.

$50 Could provide one child in a CIDI with a year's school supplies.

$25 Could provide materials to build one latrine, reducing parasitism in one family.

$10 Could provide a good pair of shoes for one child in a CIDI.

Material donations, including computers and medical supplies, are also essential. To find out exactly what we need, see our web site or call the DGH office (see page 12).

Though financial support is necessary if we are to continue our work, your on-going interest in, and support of, the Peace Process here in El Salvador is also essential. It is only through international pressure that the Peace Accords and recommendations of the United Nations Truth Commission will see completion and a lasting peace created.

Bridging the Gaps

By A. Lenhart

On September 16, 1994, Jaime Mauricio Solórzano Campos drowned trying to cross the Chiquito River. As a volunteer with MDM he was carrying used clothing to desperately needy residents of the community of Estancia in northeastern El Salvador. Jaime was a young pharmacy student volunteer first attracted to the mission through his girlfriend, medical student Patricia Flores. Patricia's curriculum at the medical college at the National University of El Salvador had included a class with Dr. Lanny Smith as her Visiting Professor.

Local residents have long suffered crossing this river. In 1994 alone, four other people, including two children under 10, drowned there. The medical student volunteers and other health care workers who help these communities must also cross the river during their two-hour hike up the mountain.

Communities surrounding the dangerous river had been petitioning local authorities to construct a bridge for over forty years. When it became clear that the government had no intention of fulfilling its promise anytime soon, local residents took it upon themselves to build it, and asked MDM and its partner organizations to assist them.

Guillermo Candela Garcia, an engineer from Spain and MDS volunteer, designed the bridge. Funds were received from MDM-France, MDS, DGH, the French embassy in El Salvador, and the United Nations High Council on Refugees. Members of the surrounding fourteen communities worked on a volunteer basis under the direction of a master builder paid for by MDM. In addition, food for the workers was provided by the World Food Program of the United Nations, and the Pan American Health Organization of the World Health Organization donated a large four-wheel drive truck, making the construction itself possible.

After almost two years, nearly $100,000 and the volunteer labor of local residents working with shovels, picks, and hand tools, the Jaime Solórzano Memorial Vehicular Bridge was completed in November of 1996. The new bridge, which is 40 meters long by six meters wide, has subsequently sustained heavy vehicles like the truck donated by PAHO/WHO, making it possible to safely deliver medical and day care supplies and equipment and to transport critically ill patients across the river to health care facilities nearby. The bridge also supports a large volume of pedestrian traffic, including school children and people on their way to local markets.

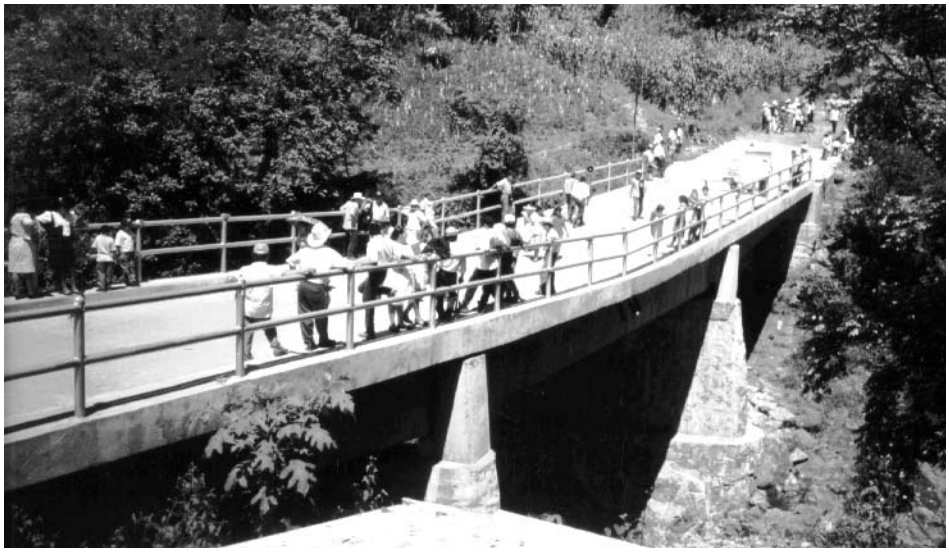
The results of everyone's hard work were multifaceted. On a basic level, the 6,000 people surrounding the Chiquito River obtained a bridge, thereby opening themselves up to further development and educational opportunities–many children previously needed to swim across the river to get to the nearest school. On a deeper level, a spirit of community and volunteerism developed among those involved in the project. Men, women, and children of all ages participated in various aspects of the construction. A core group was formed based on volunteers selected by the communities and, since these persons were cutting back on work on their fields to help build the bridge, they became full-time construction workers paid for by MDM. Consequently, these workers gained significant construction

Before the bridge was built, many people, including children, drowned wading across the flooded waters of the Rio Chiquito during the rainy season.

A Day's Life . . .

The third week in March we held a seminar for the midwives. It was an opportunity for all of us to get acquainted and plan for future weeks of study. The age range of the women was 35 to 70 years and they had between 5 and 45 years of experience, mostly empirical. Only a handful have had the most rudimentary formal education in midwifery, and essentially none of them can read or write. They became midwives because they realized there was a need in their communities, and their work is completely voluntary. We discussed various ways to practice their art, their health beliefs, and those of their communities. The origin of myths and how they are perpetuated is intriguing. I have come to realize that if I want to have an impact on people's lives I need to be cognizant of these ideas so that I can incorporate them in a preventive medicine scheme.

The most fascinating, yet jarring, discussion we had was regarding women's rights. Their responses to the question, "What are the rights of women?" were focused on the right to care for their husbands and children and perform domestic duties. Their attention was focused outward, on others; it had not entered their consciences that they had rights, personal rights–the right to an education, to health care; the right to be treated humanely, to decide their destiny. I guess it is not surprising, given the amount of work they have to do on a daily basis, that they do not have time to sit and think about their lives, their wants or needs. It is so foreign to me–I who grew up with a multitude of possibilities and experiences–to think that a woman has to ask for her husband's permission to leave the house or go to the clinic when she is ill; that she does not have the right to use contraception because her husband will take it to mean she is having sexual relations with another man.



Today, 14 communities can reach their closest hospital (which is about three hours away) and children can walk to school, with little thought to the waters of the Chiquito River raging below.

experience, and MDM/MDS has hired many of them for the construction of the two Integral Child Development Centers (CIDIs) and the construction of the new clinic-school in Rodeo.

Leoncio Martinez, a member of the "directiva" (or town council) of the community of La Presa, feels that the bridge has also created a sense of unity among the various villages involved in its construction. He recalls working many Thursdays on the bridge (Thursday being the day of the week his village had decided to volunteer on the bridge's construction). "It was a lot of work," Martinez remembers with a smile. He feels that effort has benefited the region in many ways, including making it easier to organize the involved communities.

A day-long festival of music, food, and dancing was held in May of 1996 to "inaugurate" the bridge–which was then passable but not completely finished–and to thank those involved in its construction. Over 600 people from the local communities came on foot to celebrate their accomplishment. Even the Governor of Morazán, the Mayor of Cacaopera and the Departmental Director of the Ministry of Health, attended. We used the opportunity to construct health and nutrition exhibits, and put on a well-received educational play illustrating the importance of good nutrition and hygiene. Health promoters also emphasized the importance of their cultural heritage by performing folk dances.

There were tortillas, rice, and mango juice for everyone–the mango juice being especially popular in the 90 degree weather. People danced the afternoon away to the music of the Torogoces of Morazán, who performed live at the bridge site. The festivities lasted from sunup until sundown and were a fitting celebration for the hard work of the people involved.

Still, in the midst of my cloudy musings is this silver lining: The midwives are thrilled at the prospect of receiving an education in midwifery, as well as learning to read and write. Education as enlightener and liberator.

These thoughts were with me the following week during the week of study for the general health promoters. They are a very committed group of individuals. Most have *compañeros* (common law husbands) and children, so working in the clinic-school in El Tablón one week a month and attending a week of classes every six weeks is a considerable sacrifice. In addition, they are responsible for various projects within each of their communities. Like the people they serve, they are struggling to live a dignified life. The majority either fought in the armed conflict or were refugees. Many of them have had no prior formal education save *educación popular* taught by members of the FMLN. But with the education they have received over the past three years in this organization, they are probably at about a sixth grade level. In spite of this disadvantage, they are certainly making up for lost time. We reviewed the pediatric physical exam, how it was different from that for adults, and practiced with the instruments. I found I had two bridges to gap: the knowledge gap and the language gap, both equally formidable. It was wonderful to find that we crossed both successfully.

— Jennifer Kasper, MD, July 1996

Health Promoters are the heart of our work in El Salvador. They are the connection with the community and will remain there even if MDM has to leave.

Since we began, we have trained 11 general health promoters to give basic medical care, teach prevention and refer serious illnesses to the nearest hospital (a class of 20 more started May 26th); 13 mental health promoters to help people deal with the devastation of a 12-year civil war; and 19 midwives to help deliver babies and promote women's rights. We are also in the process of training 7 visual health promoters. All the Promoters are selected by their community's "directiva" for being intelligent, self-sacrificing and trust worthy.

Donations and Your Taxes

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money or asset would have generated during your remaining life. Let's take an extreme example. Assume I paid $25,000 in 1985 for an investment worth $50,000 in 1997. I then sell the investment in 2006, one year prior to my death, for $75,000. Assume I will the remainder of that sum after taxes to my children. How much of the $75,000 do they get?

The capital gain tax on the $50,000 the investment had earned when it was sold in 2006, is $14,000 ($75,000 - $25,000 x 28% = $14,000). The rate of estate tax on the remainder could be 50 percent or $30,500 ($75,000 - $14,000 x 50% = $30,500). Therefore, my children are left with $30,500 from that $75,000 asset.

On the other hand, if I had given the investment to charity in 1997, I would have gotten a $50,000 income tax deduction that, if I am in the 40 percent tax bracket, would have saved me $20,000 on my 1997 income tax. So Uncle Sam would be out $44,500 ($30,500 PET + $14,000 capital gains tax); my children would get $30,500 less; and the charity would have an asset worth $75,000.

Of course, none of these tax saving considerations can equate with the personal satisfaction of seeing the benefit your donations provide. But if you are interested in knowing more about the tax advantages of donating money or other assets to DGH, I would be happy to discuss them with you. I am an attorney and DGH Advisory Committee Member, who has volunteered to help establish an endowment, "split interest" charitable giving opportunities and other asset donation assistance for those interested in supporting DGH in this way. You can contact me at: Lewis & Allen P.C., Attorneys at Law, 136 East Michigan Avenue, Suite 800, Kalamazoo, Michigan, 49007; mistean@juno.com (e-mail); 616-388-7600 (voice); 616-349-3831 (fax).

Where the Peace is New

By Jennifer Kasper

It was during my year as Pediatric Chief Resident at Boston City Hospital that I realized I wanted to work in a Central American country to learn Spanish and something about the people so that I could provide more culturally sensitive medical care to the many Latin Americans in Boston. Little did I know at that time how fortunate I was to be accepted as an MDS/DGH volunteer, accompanying the campesinos in a rural part of El Salvador. Everything I have experienced and learned go far beyond proficiency in speaking Spanish.

When I landed in San Salvador in January of 1996, I experienced what it means to be a stranger in a strange land. As I negotiated my way through the visa process, baggage claim, and customs replete with necessary medical and educational supplies, I developed an appreciation for the multitudes of immigrants that attempt to make their way through our U.S. system.

My initiation to life with MDS took the form of a call over the short-wave radio that same day. One of the health promoters working in the clinic had seen a woman who had an abortion two months earlier and arrived at the clinic with a "coconut-sized" mass in her abdomen. With my second-grade Spanish I struggled to communicate over the static. I was able to elicit enough information to conclude that the woman was not in shock, but I was left with a differential diagnosis that included anything from retained products of conception to parasites. The health promoter had decided to refer her to the hospital, but the woman did not want to go because she had no money and she was not familiar with the town where the hospital was.

To provide some perspective, the woman lived about three hours from the hospital (a combination of walking and taking a bus), yet had never been there before. So the Health Promoter planned to visit her again in the morning and try to convince her that she needed more intensive medical attention. All I could do was listen and offer advice and support.

After that introduction, I participated in the global planning for the coming year with the technical support team. I was warmly welcomed by Maruca, a physician and coordinator of the "campo" and the president of MDS; Lanny, a physician and legal representative of MDM and President of DGH; Irma and Rosibel, two physicians; René, the psychologist; Fatima, the physical therapist; and Arthur, an American medical student volunteer. They immediately included me in the discussions, although at that point I was simply trying to follow the Spanish. We have since added a few people to our multidisciplinary team, namely a nutritionist, an agricultural specialist, an educational specialist, and an amazing office staff and group of logisticians that help us get from point A to B, C, D, and E!

Morazán, the department where we work, is in the rural eastern part of the country, a nerve-wracking, cow-dodging, bone-jarring five-hour ride in a four-by-four from the capital, San Salvador. We focus our energies on three municipalities–Sociedad, Corinto, and Cacaopera–with a population of about 40,000. MDS/MDM provides preventive medical accompaniment for about 15,000 of these persons.

Health promoters use play acting to both inform and entertain their communities.

The Rio Torola runs through this area. It served as the dividing line between the FMLN and government forces during the twelve-year armed conflict (1980-1992). As a consequence of the bombing and massacres that occurred (read *El Mozote*, by Mark Danner), the people, their homes, and the land were severely devastated. We are working to help repair the damage

of the armed conflict and help the campesinos live a dignified life. The goals of the organization, simply stated, are to improve access to health care; provide education and participation regarding health and human rights; and promote projects that directly benefit the communities through participatory investigation. During my two-year stay I witnessed firsthand how these goals are put into practice.

The lifeblood of the organization are the General Health Promoters, the Mental Health Promoters (the teachers in the Centers for Integral Child Development or CIDIs), and the Midwives. To contribute to the right to health care, our organization built–with the help of the community–a clinic-school (the nearest hospital is a minimum two-hour bus ride and the only children's hospital is a day-long bus trip to the capital, San Salvador). This clinic is run by the General Health Promoters with the help of physicians and others in our group. It has three examination rooms where we can perform gynecological exams and small surgical procedures. There is also a self-sustaining pharmacy with basics like antibiotics, analgesics, and antacids, as well as more "exotic" things such as natural medicines, iodized salt, and soybeans. We have just completed an addition to the clinic that will house a physical therapy room, a dental clinic, and a clinical laboratory. We care for all ages, 0–100, and treat a gamut of illnesses, everything from malnutrition and parasites to basal cell carcinoma. I really enjoy working side-by-side with the Health Promoters and other physicians and members of the team, providing one-on-one teaching. It has been great fun for me to be able to teach them the newborn and pediatric physical exams, knowing that they will use these skills to provide the best care they can to the people in their communities.

Six open-air kindergartens are part of the Early Childhood Education Project serving about 200 children age two to six.

The educational aspect of our organization consists of each group of Health Promoters (i.e. the Midwives, Mental Health, General Health, and most recently the Community-Based Rehabilitation) receiving a week of instruction every six weeks. The curriculum is quite integral, including subjects as varied as geography, history, literature, nutrition, gardening, and human rights. I'll never forget the look on the Midwives' faces at the prospect of learning to read and write (the majority of all the Health Promoters have no prior formal education). It is such a thrill to be part of their training because they so much want to learn.

The General Health Promoters work in the clinic-school one week a month, receive one week of instruction every six weeks, and design and implement public health projects with the help of their communities. The philosophy behind this is that we are not in the business of giving free handouts or of deciding for the community what we think is best for them. We trust each community to prioritize its necessities. Each person in the community must then volunteer time to make the projects a reality. This is what we mean by participatory investigation: each community investigating its needs and then participating in meeting/correcting those needs.

Therefore, our projects are quite varied and include everything from building latrines and chlorinating the water, to growing soybeans and learning how to use them to improve nutrition, planting community gardens, and learning about natural medicine (see sidebar above for a description of some of our larger projects).

Hopefully, in these varied ways, we can continue to put our philosophy to work, "Building health and human rights where the peace is new."

Long-Term Community Projects Underway

▸ **The Early Childhood Education Project.** With the help of the communities of Cacaopera and 13 Mental Health Promoters, we have set up six "kinders," where the children receive an integral education that includes learning Ullua, the native language. We also have a school lunch program consisting of a hot, nutritious, soy-based meal in the hope of improving the children's nutritional status (depending on the community, 50-80% of them suffer from malnutrition). Currently, there are two buildings under construction in Copante and La Preza to house two of the kinders.

▸ **The Women's Health and Human Rights Project.** About two years ago we began a campaign to offer women education about sexuality, and breast and cervical cancer. We performed pap smears and tested for chlamydia, finding that 37 percent of those tested had chlamydia, and a number of them had various stages of cervical cancer. Some of these women have died, but others were detected early enough to get appropriate therapy. We obtained a colposcope to treat early cervical cancer, which will be donated to the local hospital. Objectives include to: Increase awareness and respect of women's health and rights; Increase women's self-esteem; Teach health promoters about, and study the prevalence of, STDs; Work with the promoters to hold health and human rights campaigns in the communities; Address firmly entrenched cultural beliefs about gender roles, especially machismo.

▸ **The Iodine Project.** Hypothyroidism, the deficient activity of the thyroid gland, is present in over 75 percent of the population in some areas where we work. Severe forms of this condition can cause mental retardation, learning disabilities and spontaneous abortions. It is easily seen in the goiters that many have developed. Fortunately, this condition is easily treated and prevented. Consuming iodine is all that is needed. Teaching the importance of eating iodized salt and providing a one-time megadoses to women and children is the focus of this project.

MoJo's "Hellraiser" of the Month

by Esther Schrader

Name: *Bishop Samuel Ruiz Garcia.*
Nickname: *The "Red Bishop," as christened by his critics.*
What He Does: *Preaches liberation theology; mediates between the Mexican government and Indian rebels in Chiapas.*
Biggest Turnaround: *Went from car-bomb target to prospective Nobel Peace Prize-winner last winter.*
Favorite Targets: *Chiapas' ruling elite, as well as the Mexican army and government officials; routinely accuses them of abusing Indians' rights.*
Takes Flak From: *The Vatican, which urged Ruiz to resign last October, but backpedaled after public outcry; issue is still unresolved.*

Following the years of abuse that Bishop Samuel Ruiz Garcia received from the Vatican and the Mexican government, the respect he's suddenly getting from both must be sweet revenge. A few months ago, church and state were calling Ruiz the man responsible for inciting the January Chiapas Indian revolt; today, the feisty theologian with thick glasses and a slightly distracted air is being hailed as Mexico's symbol of peace.

As the mediator between Indians and Mexican officials, the 69-year-old Ruiz may shake the hand of a government envoy one day and spit fire at what he calls the "lies" of the Mexican army the next. "I just believe that if Mexico is to flourish, we have to look first and foremost to the keepers of our ancient cultures, to the Indians," he says. "We have to treat their culture with care and respect and understanding, and give them the economic and political strength they need to survive." Such respect is in short supply in the Mexico of today, led by business-oriented entrepreneurs speeding along the free-trade highway.

But respect is what Ruiz has always

Continued on the following page

DGH in Action: Chiapas

By Audrey Lenhart

This past March, Doctors for Global Health Advisory Council member Clay Lenhart and I traveled to Mexico to visit Hospital San Carlos, in Altamirano, Chiapas. Our visit was the second made to the area by members of our group. Four months earlier, four MDS/DGH members made the first inroad towards building a working relationship with the health promoters who volunteer with Hospital San Carlos. A Mexican physician, who is the coordinator and international representative of the local health promoters, had invited them to visit and coordinate with their efforts. The group was very impressed with the work done by Hospital San Carlos.

The primary purpose of our trip was to enable better communication between the hospital's administrators and their supporters around the world, including DGH members. We accomplished this by installing electronic mail (hospsncarlos@laneta.com). In addition, we had in-depth discussions with Sister Florencia, the administrator of the hospital, to better understand their needs and investigate further opportunities for collaboration between Doctors for Global Health and the hospital.

Located in a primarily indigenous region about 500 miles southeast of Mexico City, Hospital San Carlos serves nearly 826 communities through its medical facility and community based programs. The hospital was started in 1973 by a group of Roman Catholic nuns and has grown significantly, both physically and in patient load, over the past 24 years. It receives no state aid and was the only hospital in the area for nearly 20 years.

The recently built state hospital hasn't improved matters much. It is only open from 8 a.m. to 4 p.m. and practices medicine without taking the cultural necessities of the community into consideration. For example, the indigenous peoples living in Chiapas have conserved much of their cultural heritage, including their languages. Hospital San Carlos has created a program that provides translation for any of the five indigenous languages native to the region. In addition, since most patients have to come from quite a distance and their families are very poor, Hospital San Carlos allows family members to stay in the hospital with their sick relative.

Our time with the sisters was very inspiring. They are a truly amazing group of women who have put their lives on the line to work alongside their indigenous brothers and sisters. Their vision of hope for a Mexico free from social injustice is the driving force behind their actions. Doubt does not taint the passion these women have for their work even though the hospital has suffered in many ways as a result of the recent Mexican conflict.

Due to their ministry toward the indigenous populations, the nuns and other hospital workers have been labeled as "subversive." They have received numerous threats and the army keeps them under constant surveillance. During our brief stay at the hospital, electricity was cut off for three days (strangely, all of the buildings on the street had electricity except for those associated with the hospital), the phone lines were periodically cut, and the sound of low flying army planes overhead was not uncommon.

Along more economic lines, Hospital San Carlos has seen a decline in donations over the past few years. Over one-third of their operating budget each month relies on private donations. Previously, most of these donations came from within Mexico. However, with the advent of the conflict, many Mexicans do not want to be associated with the hospital due to the possibility of severe political implications. For the same reasons, Mexican physicians are now scared to work there, and many foreign doctors also worry about their personal safety.

A couple of days before we left, Clay and I had a long talk with Sister Florencia, during which she shared with us ways people could help Hospital San Carlos. Above all, she emphasized the need to put continuous pressure on the Mexican government to comply with the Accords of San Andres through writing letters to Mexican government officials. Although currently combat is minimal, tensions are high as the government has yet to comply with the Accords, which were signed between the Mexican army and the Zapatista guerrillas over a

year ago. The hospital itself is in dire need of many things. First and foremost, Spanish-speaking physicians and nurses are constantly needed as the hospital is quite understaffed. Most urgently needed is a surgeon. Currently, for a sizable sum of money, a surgeon visits the hospital one day a week. This is drastically insufficient for the amount of patients in the hospital and the nature of the illnesses many of them have.

Aside from the lack of necessary staffing, Hospital San Carlos is also in need of equipment and supplies, some of which are listed below:

- Incubators for newborns
- A refrigerated centrifuge
- Mercury sphygmomanometers (preferably the brand "Valvel")
- A very basic ultrasound machine (not anything new or high-tech)
- A gynecological examination table
- An endoscope with light source
- Air mattresses and the machine used to inflate them
- Gynecology lamps
- An environmentally sound incinerator
- A binocular microscope
- Adjustable pipettes for the laboratory with disposable tips
- A high quality camera

Of course, monetary donations are always needed and welcome. For more information on how to get money or supplies to Hospital San Carlos, or to find out more about the hospital's needs, please feel free to contact me through the DGH office.

A Day's Life . . .

Loaded with my bag of speculums and other gear, I arrived in San Salvador on March 4, 1995. That day proved to be a foreshadow of the work that lay ahead. Right off the plane, I was scheduled to go to three meetings: A logistical meeting with the MDM team, another with microbiologists at the National University of El Salvador, and the third to create the Salvadoran Volunteer Foundation Medicos por el Derecho a la Salud (MDS). My mind was a blur by the end of the three meetings, but they oriented me as to exactly how much work we would be doing and more or less with whom. Just observing how things were buzzing in the office made me realize that this team works very hard, but works together well. Only later would I understand what it means to be a part of the hard working family of Medicos del Mundo.

Early the next morning we left for Estancia with five medical students from the National University of El Salvador. With Lanny Smith serving as their professor in Community Oriented Primary Care, the medical students compose an important part of the team. This particular weekend the visit centered on the theme of nutrition. As another part of the nutrition lessons brought to the community, Jorge, a Spanish veterinarian, taught families how to raise, kill, prepare and cook rabbit, which provides an excellent source of protein. While preparing a delicious meal for all, Jorge also served as a great role model to a man's ability to help in the kitchen. The involvement of a veterinarian highlighted for me the fact that MDM not only treats medical diseases, but concerns itself with the whole person and all aspects of his life. The team constantly researches the needs of the community by asking and working with community members.

Because of this, the projects tend to be very successful with lots of community involvement. As a result, members of the team are welcomed into the community and the community appreciates and cherishes the work.

— Wendy Hobson, MD, March 1995

Meetings with the communities are held every month. Each community tells MDS/MDM what its greatest needs are, prioritizes them and helps develop the projects that could help meet those needs. MDS/MDM requires a certain level of community involvement in the projects. For example, mothers take turns cooking a hot lunch for the children at the MDS/MDM kindergartens.

given the Indians who make up his diocese. For 34 years, he has preached self-determination to his largely poor congregation in San Cristobal de las Casas. Twenty years ago, when San Cristobal ordinances prohibited Indians from walking on sidewalks or selling in the city's marketplace, Ruiz defiantly walked with them through the city. Later, he drove to remote villages to give Maya Indians confession, and took them by bus to see the ruins of ancient temples built by their ancestors.

For decades this behavior earned him only contempt from the government. Now, with Mexico shaken by war within its borders, officials have no choice but to listen when Ruiz tells them outright that they are to blame for the misery that gave rise to the Chiapas violence. Still, Ruiz downplays what he has accomplished. "I don't think you can praise me for doing anything at all good here," he says. "If I had done better maybe we would have avoided the bloodshed before."

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Mark Your Calendar: DGH Upcoming Events

► **Atlanta Lecture Series and Workshop on Health and Human Rights.** This Fall, DGH is proud to co-sponsor this special event with the Carter Center, Emory University School of Law, and Rollins School of Public Health, among others.

From September through November you can listen to enlightening speakers such as: Dr. Jonathan Mann of Harvard University on *The Evolution of Health and Human Rights*; Ms. Margaret Caltey-Carlson, President of the Population Council, on *Women's Health and Human Rights*; Dr. Barry Levy, President of the American Public Health Association, on *The Impact of War on Public Health and Human Rights*; and a UNICEF Representative on *Children's Health and Human Rights*.

► **7th Annual International–El Salvador Colloquium on Health.** Since 1991, the Colloquium in El Salvador has been an "open space" for the discussion and teaching of issues important to health, human rights, education, democracy and community development. We believe the Colloquium also serves a significant role by keeping "the eyes of the world on El Salvador" and bringing forward for national debate concerns that are often international in their scope, origin and potential solution.

It will be held **November 7–11 in San Salvador**. Please consider joining us in an exploration of this year's theme "Health and the Environment," either as a physical participant or as an individual or institutional sponsor. Abstracts for presentations must be received by September 16. The registration fee is $30. Participants are responsible for their own transportation, housing and meals.

► **3rd Annual General Assembly.** The 2nd annual Assembly was held this August at a State Park outside of Atlanta. In all, 39 members of the Board and Advisory Council, and other friends of DGH were present, some coming from as far away as El Salvador. The attendees were a quite diverse group, aged 20's to 80's and varying in vocation from student to teacher and lawyer to physician.

Many items were discussed, including membership and volunteer qualifications, the human rights situation in El Salvador, and the possibility of new projects in the US and Latin America. Dr. Lanny Smith and Dr. Jennifer Kasper offered evaluations of current projects, emphasizing the role of participatory investigation (see *Where the Peace is New* on page 8). The General Assembly was an excellent opportunity for people to meet, exchange ideas and expand their networks. The next General Assembly is scheduled for **Saturday August 8, 1998 in Atlanta**. You are invited to join us, give us your perspective on our work, help us brainstorm new ways to attract volunteers and donations, and enjoy the camaraderie of this special group.

NOTE: Contact our office or visit our web site for details on upcoming events. You can also get DGH news via e-mail. Send your subscription request to dwabrams@mindspring.com.

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INSIDE

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DGH is administered by an elected Board of Directors drawn mostly from past and present volunteers with MDS. The board is assisted by an advisory council composed of 100 physicians, students, retirees, artists, nurses, business people and others. A diverse group of volunteers provides the vital core of DGH's resources, including this newsletter. There are no paid employees. DGH is incorporated in the state of Georgia as a 501(c)3 organization. Donations are tax deductible.