



Doctors for Global Health Reporter

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DGH has, over the past couple of years, begun accompanying the community of Las Lomitas in northern Argentina. The articles on the following three pages provide an overview of the community, the project and the people with whom we work.

IN THE MOUNTAINS OF ARGENTINA

By Amy Bryant, MD

For the past three years, community members in the villages surrounding Las Lomitas have been gaining confidence and knowledge as they draw on their traditions and learn new techniques for taking charge of their health. Las Lomitas is a small town in the middle of the northern province of Formosa, Argentina. It is a town of about 5,000 people, surrounded by small villages of two indigenous groups, the Wichi and the Pilaga.

From its beginning as a simple adjunct to the health promoters connected with Primary Care at the local hospital, this system of “self-directed health teams” has grown into a larger community of alternative health care promoters who augment the local hospital-based program. Participants in workshops in centrally located Las Lomitas then go into their own communities and give workshops based on the techniques and knowledge they learned, so that more people can be empowered to think about their health and how they can solve their health problems.

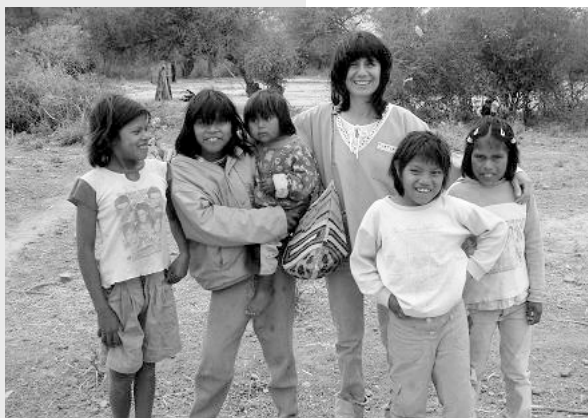
As a volunteer in Las Lomitas for six months in 2004, I had the privilege of getting to know many of the health promoters, sharing in their development of skills—from being more comfortable talking in a group, to helping their communities recognize and treat simple health problems, to looking more deeply at the underlying problems of poverty and discrimination that run through their daily lives. I worked on the logistical aspects of holding workshops, including securing space, gathering supplies, going with community members to the local radio stations to publicize them, and arranging transportation for those who live outside of town.

All of these projects have one thing in common: the tireless support and enthusiasm of Dr. Gabriela (Gaby) Acevedo, who came to Las Lomitas three years ago to pursue community health work. Enthusiastic and as energetic as ever, Gaby gives us the highlights of last week’s

regional gathering for community health: “Gladys just took the microphone and stood there, completely composed, and introduced herself, then went on in great detail about digestive diseases, the plants used to treat them. It was amazing!”

Gladys is a woman from the Wichi community who has been an avid participant in Gaby’s workshops over the last year. She is now leading the workshop for a group of 70 people.

At another conference in Northern Argentina, Mabel, Marina, Juan Luis and Esteban, all teenagers and young adults from the Wichi and Pilaga communities, presented a workshop on their knowledge and love of the *algarrobo* (carob plant), a traditional plant beloved in this region for its nutrients, protein and sweet, chocolate-like taste. In



this arid, mostly barren region, the harvest of the *algarrobo* is always a time of great joy. Its nutritional content is particularly valued in this climate, where indigenous people have traditionally hunted and gathered. Since more and more people are starting to rely on less nutritious and more expensive commercially-produced food, the group demonstrated recipes and shared how to dry the pods when they come off the trees. Their pride in their heritage and in their ability to share this tradition with others was evident.

Back in Las Lomitas, community members participate in workshops where they learn to use traditional and homemade remedies, using plants and ingredients easily found at home, to cure simple illnesses. Men and women of all ages from the two major indigenous groups in the area collaborate in groups to learn how to take the health of the community into their own hands.

In La Bomba, the weekly visits by the mobile clinic from the local hospital are now complemented by a natural pharmacy built by community members that includes natural remedies made by community members.

In La Bomba and Simbolar, two Pilaga communities in Las Lomitas, groups of community members have begun holding their own clinics to diagnose and treat simple, common health problems. Women from around Las Lomitas meet every week to discuss their problems, develop projects and learn about health in the newly inaugurated Holistic Center for Women.

DGH was invited to accompany the community when I spent time there as a volunteer again last year. DGH now supports the formation and multiplication of self-directed health teams; a gathering of people from all over the region to share experiences in community health; collaboration between people from distinct ethnic groups; a creativity workshop for children; the Holistic Center for Women (with help from a national agency); and the participation of community members in national and international educational and networking events, including the World Social Forum in Brazil and the People's Health Assembly in Ecuador. 🌿

SWIMMING WITH SWANS: DR. GABY ACEVEDO

By Amy Bryant, MD

The story of the ugly duckling has always held a special meaning for Dr. Gabriela (Gaby) Acevedo. She remembers thinking at age nine that when she was 40, she would finally be a swan—a

fully realized, beautiful and accomplished woman. Now, at 41, there is no doubt that is true. While the successes of the community members who work with Gaby are the most important aspect of the work being done in Las Lomitas, the story of Gaby herself adds to the understanding of what it means to work to truly empower the community in which one works. Her life demonstrates how someone can journey through life, always seeking justice and broadening the possibilities for compassion and transformation, within ourselves and our communities.

The road has not always been easy, but Gaby has lived through a number of difficulties with aplomb, and continues to give with a generosity of spirit that one does not often find.

Growing up in a middle class family in Buenos Aires, Gaby often assumed the role of caretaker for her three younger siblings. Her mother suffered from debilitating depression and her father traveled often with his work, so she learned early on to have a sense of responsibility for others.

While she was in medical school, Gaby developed ovarian cancer. The experience of going through chemotherapy and recovery led her to become an oncologist. After finishing her training, she worked as an oncologist in a hospital and a clinic in Buenos Aires. She assumed a massive patient load and attended emergencies on a regular basis. Her patients warmed to her because Gaby took a patient-centered approach, even while many of her colleagues were still hiding the diagnosis from their patients “to protect them.”

In 1996, after six years as an oncologist, she began to feel that she was no longer getting as much out of her work as she once had. She had always been interested in primary care, so she began working in a general outpatient clinic in a suburb of Buenos Aires. There she quickly developed another loyal patient base. She continued with her clinical style of including the whole family in the patient's care and looking at the entire spectrum of each patient's situation: the social, psychological, physical and biological causes of disease.

While she had always been an avid writer, she began experimenting with other art forms, including painting, music and theater. She found that they had a healing effect on her stressful life, so she began incorporating the arts into her medical practice, counseling patients on how they could benefit from including art in their own lives.

In 1998, a friend sparked her interest in medicinal plants. Gaby explains that over the years, she had become more and more aware that pharmaceuticals alone do not cure anyone, and sometimes they can cause harm. Through her reading about plants and experimenting with making homemade remedies from medicinal plants, she began to make a connection between health and the energy of plants. This too she began incorporating into her patients' care.

As her practice became more and more holistic, her patients grew more and more enthusiastic and in 1999 they exhorted her to open her own clinic. Displeased with the idea of “charging people for their sickness,” as she puts it, she opened the clinic, charging a nominal fee for each consultation. Her new clinic became a space for holistic health that included relaxation techniques, medicinal plants and a creativity workshop for adults and children. Through all of this work, her main role, she felt, was to help her patients develop the tools and skills to find their own way.

During this time of great creativity and generosity, however, she still had to see patients at her “regular” clinic and take calls at the hospital as well. She began to realize that while she was promoting well-being in her patients, she had neglected her own health terribly. She ignored the dizzy spells, a 50-pound weight gain, muscle strains and throbbing headaches, until in March of

“Gaby told me that seeing me she felt like her work, her life, were somehow given value, made worthy by my presence here and by the support from DGH that my presence implied.”

2000 she ended up in a coronary care unit. “That’s what made a ‘click’ for me,” she says. “It was very obvious that all of this had happened because of stress.”

She decided that the best way to continue doing what she loved to do and to take care of her own health was to seek out a more tranquil place with natural beauty. Gaby began cutting back her hours at the clinic and taking better care of herself. Four months later she made her first foray into community medicine in a small town in Patagonia.

She then moved to Rosario, where her mother lived. At first she volunteered in a neighborhood community center, giving talks about osteoporosis, self-esteem and nutrition. Eventually, as she gained back her strength and well-being, she took a position as a primary care physician in one of Rosario’s community primary care centers. Until then, most of her holistic approach to health had been done in individual patient visits, but here the clinic director told her she could have free reign to do all the community work she liked. So she began honing her skills in community health work. She helped form a support group for people with obesity, hypertension and diabetes, as well as a walking club and a garden club. Over the three years that she spent in Rosario, people from the community developed their own garden, published a book on medicinal plants, and fostered a sense of responsibility for their own health that is still going strong.

But Gaby heard the call of a wilder, more isolated and needy place. She met Julio Monsalvo, a well-known physician-activist and champion of indigenous groups in Argentina, who connected her with the Pilaga Foundation in Formosa, one of the poorest provinces in Argentina that is home to a number of indigenous groups. Her original assignment was to act as a medical consultant for the development of an autonomous health system for the Pilaga people, helping to rescue traditional plants and practices.

When she arrived in the communities, Gaby discovered that her task needed to be much broader. She was shocked by the number of common diseases she encountered and also by the community’s reliance on modern medicine, despite their rich heritage of traditional remedies and the shortage of pharmaceuticals. Drawing on her experiences with putting health into the hands of the community, Gaby began working with the Pilaga communities to develop self-directed health practices that would allow them to take care of minor illnesses using traditional knowledge. Working in tandem with the communities and as a reinforcement of primary care in Las Lomitas, Gaby began giving workshops on the use of traditional plants and remedies.

“She was shocked by the number of common diseases she encountered and also by the community’s reliance on modern medicine, despite their rich heritage of traditional remedies and the shortage of pharmaceuticals.”

She encourages community members to share their experiences and knowledge in the workshops, and gives them a place where their practices are not looked down upon, as they often had been under the conventional

medical system. The result has been an enthusiastic response from the community, whose members found a way to develop their own skills and transmit them to others.

When political maneuverings left Gaby without a paycheck for several months during her first year in Las Lomitas, she had fallen in love with the people and the place and was determined to continue her work there anyway.

While losing their income would be a major setback to most people, Gaby instead took the opportunity to collaborate with other organizations in the area to amplify her work rather than cut it back.

In February 2004, she was approached by the Wichi community and asked to do workshops with them as she had been doing in the Pilaga community. She also was invited to work with Creole groups, children and others, both in Formosa and in other provinces.

Given my admiration for all she has accomplished, I was quite surprised when Gaby told me during my most recent visit that when she first saw me again she felt like the ugly duckling who had finally been recognized by another swan as a swan. She said that seeing me made her feel like her work, her life, were somehow given value, made worthy by my presence and by the support from DGH that my presence implied.

Her words, so emphatic and poetic, brought tears to my eyes because they also made me feel like what I did while I was here was worthwhile; like what I have done since my first visit to keep the spirit alive has been worthwhile; like every step that seems so little, so insignificant, so trivial in comparison to the enormous need, the enormous challenges, and the enormous injustice that surrounds us, is in fact worthwhile; does in fact lead to a better world, and can add up to great successes and great changes.



A health promoter giving a lecture in Las Lomitas.



Children playing in Las Lomitas.

Help DGH Help Them

HOW YOUR GIFT HELPS

\$5,000: Can pay for a basic sanitation campaign—latrines, waste disposal, and safe pesticide use and disposal—in rural El Salvador.

\$2,000: Can pay for 1 year's salary for a Community Mental Health Promoter to teach at a Center for Integral Child Development (CIDI) in rural El Salvador.

\$1,000: Can pay for 1 year's worth of the educational materials needed for the 180 children attending 5 Centers for Integral Child Development in rural El Salvador.

\$750: Can pay for 1 training for 25 Community Health Promoters in Nicaragua, including transportation from remote rural areas and educational materials for each.

\$400: Can pay for 1 teen to go to high school for one year in rural El Salvador.

\$300: Can pay for 1 year's salary for a Community Health Promoter in rural Uganda.

\$250: Can pay for a month's supply of medicines for the Bughoye clinic in rural Uganda.

\$110: Can buy 1 *botiquin* (health kit) with a year's supply of basic medicines for a rural Community Health Promoter in Nicaragua.

\$100: Can pay 1 month's salary for a half-time pharmacist or lab technician in Nicaragua.

\$60: Can buy the cloth and thread for all the members of the women's collective to make and sell embroideries in Chiapas, Mexico.

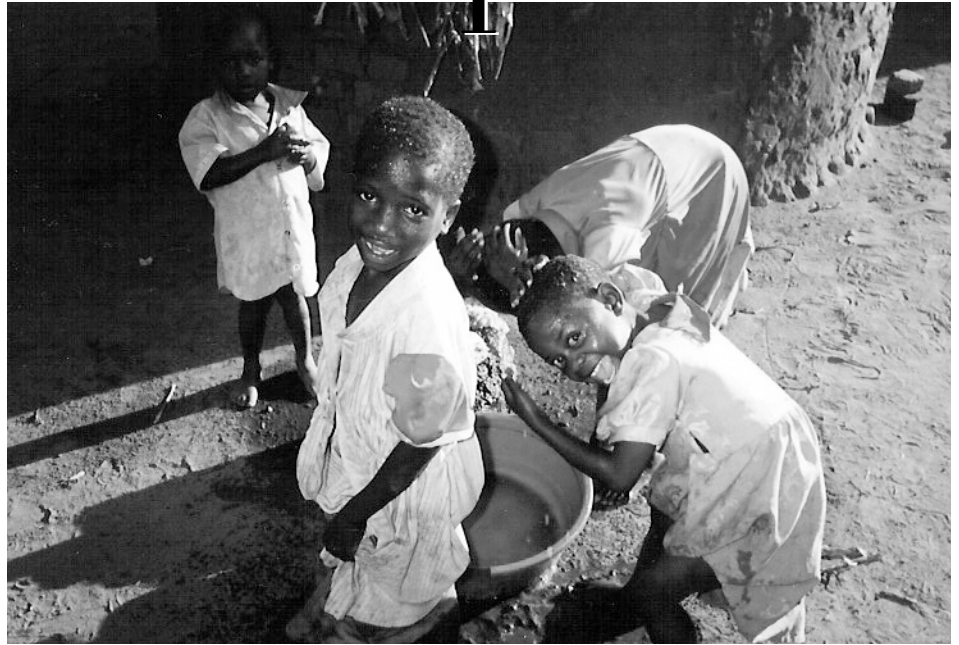
\$50: Can pay for 1 Lorena stove for a family to reduce smoke contamination of the air and food, and use half the fuel of traditional stoves, in rural Central America.

\$30: Can buy 5 treated mosquito nets to prevent malaria in rural Uganda.

\$25: Can pay for 1 week of training, transportation and food for 1 student in the Autonomous High School in Chiapas, Mexico.

\$10: Can pay for 1 month's supply of fresh milk and vitamins for 1 low-weight infant or toddler whose mother is HIV+ in Uganda.

\$5: Can pay for 2 children's books for a CIDI library in rural El Salvador.



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Get details about these and other creative ways to help DGH raise funds at
www.dghonline.org/donate.html

LEGAL DEFENSE CLINIC IN NICARAGUA

By Anne Paruti

Having completed the first academic quarter of my second year of law school at Northeastern University in Boston, I was frantically preparing for my impending trip to Nicaragua, where I would be spending my first legal internship working in a small legal clinic in Mulukukú. I had a general knowledge of Central American history and politics, and of the situation in Nicaragua specifically, but I had a feeling that regardless of how intensely I prepared academically, there was no chance I could adequately prime myself for the journey on which I was about to embark.

I was right. When I arrived in Managua, I was met by Danilo, an employee of *La Cooperativa Maria Luisa Ortíz*, a women's cooperative formed to literally rebuild Mulukukú after Hurricane Joan ripped through the region in 1988. Part of the women's movement of Nicaragua, *La Cooperativa* is comprised of female members of all ages, organized at the community level with the desire to overcome adversity and help other women to improve their social, economic and political position in a society that is still largely male dominated. (Danilo is one of a few males employed by *La Cooperativa* to assist in the day-to-day operations of its various programs.)

Upon my arrival, Danilo took me to meet Dorothy Granada, the founder and director of the cooperative's medical clinic. We all then prepared for the next day's journey to *La Cooperativa*. Mulukukú lies about five hours east of the capital, just inside the North Atlantic Autonomous Region (RAAN). For a city girl whose most rural experience up to this point had been four collegiate years in Maine, the trek out to *el pueblo* was somewhat harrowing. I had arrived in the middle of the rainy season and once we got to Río Blanco, the paved roads turned to dirt, which often does not stand up well to the torrential downpours. Enormous potholes in the mud can make the trip impossible for the old school buses that make up the country's public transportation system, and often give private cars like ours a run for their money as well. Luckily, the roads were passable that day.

I got my first taste of Nicaraguan culture when we stopped along the side of the road for *wirilas*, which are like very thick tortillas made purely of crushed corn and served with cream and *cuajada*, a Nicaraguan cheese. It was like nothing I had tasted before—there is not a big market for Nicaraguan food in Boston—and I liked it. I also relished the hospitality with which I was met as I washed my hands in the large sink used by the women making *wirilas*, and sat myself at one of the few tables situated under a seemingly precarious corrugated zinc roof. I knew I stuck out as a “gringa,” but I was never made to feel that way—not during this, my first interaction with the Nicaraguan public, nor at any other time throughout my three-month stay.

Once we arrived at *La Cooperativa* I was introduced to my work with the women and men of the *Programa de Defensa de Derechos Humanos y Acceso a Justicia* (Program for the Defense of Human Rights and Access to Justice). The Defense Program is one of various programs created and maintained by the women of *La Cooperativa*, developed to ensure that women, children and other marginalized members of society have better access to justice. Its overall mission is to facilitate a life of dignity and equality, without violence or discrimination, not only for its clients, but also for society as a whole. Through its work with both male and female community members, it aims to provide a means for women and children to recognize their rights, to provide them with the resources to defend those rights, and to help them reach justice—all the while strengthening the work of building awareness and prevention of violence, and highlighting the strides made by victims and survivors.

Having completed the first academic quarter of my second year of law school at Northeastern University in Boston, I was frantically preparing for my impending trip to Nicaragua, where I would be

The Defense Program is run by Grethel Sequeira, one of the founding members of *La Cooperativa*. During my visit, there were two lawyers on salary (both male employees) and a handful of *promotoras legales* (legal promoters, some cooperative members, some employees) who kept the office running. A couple worked at the clinic during the week and traveled many hours by bus to complete their

“ I certainly learned a lot about Nicaragua's legal system but, more importantly, I learned a lot about myself and about what it truly means to serve the public. ”

college classes on the weekends. One worked simultaneously as a first grade teacher. Another split her time amongst the various programs at *La Cooperativa*. All of them were deeply invested in their work at *La Cooperativa* and its overall effect on the community.

My work with the Defense Program was varied. I observed and sometimes participated in the domestic violence screening interviews that are held with every patient who passes through *La Cooperativa's* medical clinic, and worked with some of the other *promotoras* to develop a guide of questions to facilitate better identification of, and reaction to, cases of intrafamilial violence. I saw a variety of cases, including instances of kidnapping, rape and homicide. Regardless of the perceived severity of each case, however, I was consistently impressed with the *promotoras's* adherence to the Program's client empowerment model of care for victims of family vio-

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Anne Paruti (third from left) with members of *La Cooperativa's* legal defense program.

POVERTY AND STRUGGLE: EL SALVADOR & UGANDA

By Kirk Scirto

The rain poured down through the night during a power outage in Sesuntepeque, El Salvador. I followed the voice of Leo Rivas and sat at a table in darkness, listening to the passionate views of this university student. “The needs of the poor are not represented in this country,” he asserted. “There must be change; we are still struggling.”

I told Leo that I thought this struggle for the poor was beautiful and greatly needed. Then I dropped the toughest question: How do think the situation can change here? He sighed, reflecting back to the civil war and the inequities still endured in his village of Santa

Marta. His voice got loud and his Spanish became quick, proposing that all Salvadorans living in the US and Canada should return to El Salvador en masse. The sheer volume of this population shift could force the passage of critical land, education and health care reforms for the poor, he theorized.

Passionate conversations like this one exposed me to the depth of social justice consciousness in Santa Marta, El Salvador. As a medical student, I spent six weeks there working in the clinic and school, while visit-

“Beyond remembering the war and acknowledging their poverty, Santa Martans translated their passions into action by organizing and struggling for social justice.”

ing community groups dedicated to fighting for social justice. I bonded with the people by talking about the civil war, acknowledging the reprehensible role of the US in funding, supplying and training the military/death squads of a government oppressing its own people. The clinic doctor spoke of losing several family members during the war; our patients would describe post-traumatic stress and alcoholism from painful memories. The high school students took me to a four-foot bomb shell with the names of the dead painted on it.

Beyond remembering the war and acknowledging their poverty, Santa Martans translated their passions into action by organizing and struggling for social justice. Leo and other university students wrote a human rights bulletin called *Abriendo Brecha*, while working with the local NGO ADES to address human rights issues. When a Canadian mining company started setting up operations in the area, over 400 community members joined in a panel discussion harshly

questioning the economic and environmental consequences of expanding local mining. Former alcoholics sought to empower community members by creating an Alcoholics Anonymous group. A youth group, CoCoSI, spread awareness about AIDS and gender issues, speaking feverishly about social justice and planning outreach events.

A week-long *Fiesta* started on October 10, marking the day when Santa Martans returned from refugee camps in Honduras after the war. Bands sang of social justice, with Oscar Romero and Che Guevara painted on stage. Speakers reflected on the pains of *La Guerra*, while sending a strong message of social justice, hope and community solidarity.

While living with villagers in Santa Marta, I was constantly thinking back to my experiences living in rural Uganda, East Africa. It amazed me how poor communities throughout the world express and act on their poverty in dramatically different ways.


I visited Kiroba, Uganda in 2003 and 2004 after co-founding the Uganda Village Project. Our group volunteered in partnership with local nongovernmental organizations, which asked us to teach about AIDS and sanitation, while funding well construction and organizing free clinics.

As in El Salvador, the countryside was dotted with community groups working on education, health care and economic problems. A porch was filled with busy elderly ladies, moving their fingers at lightning speed as part of a local women’s sewing cooperative. A farming coop provided seeds and start-up funds to hungry farmers. A nonprofit fueled up a small van, stuffed it with medicines, and visited thatched huts where villagers suffered from AIDS’ opportunistic infections.

It was horrible to see that one-third of all children lived as orphans, mostly from losing their parents to AIDS. But it was also beautiful to discover that these “AIDS orphans” were taken in by other relatives; they were given what little rice and ground nuts were left over in a household.

As in Santa Marta, community organizing could be found everywhere. But unlike Santa Martans, these Ugandans spoke very infrequently about social justice and about their need to change the structure of society itself. When asked why the community was poor, the common response was: “Well, you see our country is poor and so we do not have things like electricity and meat here.” Yet the capital city of Kampala has electricity and a very high standard of nutrition, education and health care. Many national problems were understandably attributed to Idi Amin, while villagers were almost universally content with the current government.

Beyond their own government, I rarely heard Ugandans address the role of British colonialism, the cash crop economy, globalization economics, and the whopping national debt that Uganda (until now!) owed to the international financial institutions. Villagers were painfully pragmatic.

Rural Ugandans struggled to keep community groups alive, yet I rarely saw them struggle for social justice on a deeper level. Maybe this is also because Ugandans are far poorer than Salvadorans. Families focused on getting food on the table. The children were malnourished and frequently died from malaria and diarrhea. As Uganda slowly eases out of chronic poverty, I hope that its people will be increasingly drawn to dialogue on human rights and social justice. 

DGH Reporter

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LEGAL DEFENSE CLINIC IN NICARAGUA

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lence. Most of the clients were poor—even by Nicaraguan standards—and only a minority of the women who passed through the clinic were literate, but Julia listened to the plight of each woman with a sense of humility and understanding that I could not help but admire.

From a purely legal standpoint, one of the most interesting aspects of *La Cooperativa's* Defense Program is its extensive reliance on mediation. On a weekly basis I actively observed mediations, which are frequently used by the Defense Program's lawyers to settle child and spousal support cases, property and other conflicts between neighbors, like slander. Mediation is even in situations involving family violence.


Because of Mulukukú's location on unpaved roads between the larger towns of Río Blanco to the southwest and Siuna to the northeast, many complaining parties attempt to resolve their cases through mediation out of necessity, given an economic or physical inability to travel up to four hours to the nearest court. The agreements reached through these mediations were often successful in resolving disputes. Only when such an agreement failed would one of the lawyers accompany a complaining party to the regional court to lodge a formal complaint.

Since my return to Boston in late November of 2005, *La Cooperativa* has partnered with the Nicaraguan government to open *El Proyecto Caminos*, an on-site mediation center that allows the Program's lawyers and other newly-trained staff members to facilitate mediations and draft extrajudicial agreements that will carry the backing of the Nicaraguan Supreme Court. I have not received news regarding the efficacy of *El Proyecto Caminos*, but I know that Gretel and the other members of the Defense Program team anticipated its unveiling with great hope and excitement.

Apart from my observation of the daily legal activity at *La Cooperativa*, I also was able to work with all the members of the Defense Program in developing a number of strategies to facilitate more effective and efficient management of the office's heavy caseload.

I also had the opportunity to observe and participate in various strategic planning sessions alongside all of the members of *La Cooperativa*. The sessions were facilitated by a representative from the Matagalpa-based *Grupo Venancia*, which works principally with grassroots women's

groups on a diverse range of projects from gender training to organization building and advocacy, linking local work, like that of *La Cooperativa*, with the wider women's movement across the country. It was inspiring to see the women of *La Cooperativa*, many of whom had been founding members, setting goals and devising implementation plans for the continued expansion and wider-ranging effects of their work.

While I did not have an opportunity to sharpen my legal research and writing skills during my first internship like most of my peers, my time at the Defense Program in Mulukukú afforded me a truly cooperative legal experience. I certainly learned a lot about Nicaragua's legal system but, more importantly, I learned a lot about myself and about what it truly means to serve the public. I will never forget the various times that Gretel and some of the other staff thanked me for my interest in their work and greater community, and for my presence in their midst; not because I was flattered, but because in the end, I know that I got back worlds more than I ever could have offered them. 

DGH Member Receives the 2006 Jonathan Mann Award for Health and Human Rights

Dr. Juan Manuel Canales Ruiz, the DGH in-country coordinator in Chiapas, Mexico, has been recognized for his tireless work of the past 25 years helping marginalized peasant communities in conflict-affected zones of El Salvador and Mexico demand their human right to health care by establishing community medicine and public health programs.

Juan Manuel, supported by DGH, currently works with indigenous Mayan communities surrounding Altamirano, a rural community in Chiapas, Mexico, many of which are small and geographically isolated. The main component of his work entails training health promoters from these remote indigenous communities and helping them carry out projects in their villages, such as vaccination campaigns, to address the broad health needs of their communities. He also works with volunteer doctors and public health

students to introduce them to Liberation Medicine, a model of rights-based, community development work promoted by DGH (see www.dghonline.org/libmed.html). Juan Manuel's understanding of and commitment to human rights and humanitarian law led to his conviction that health care is a right, that the Geneva Conventions should protect civilians' right to medical care in the midst of armed conflict, and that a rights-based approach is an important tool for indigenous communities to protect themselves.

Championing this cause took no small amount of courage in 1980s El Salvador, where right-wing death squads roamed freely throughout the country and community-based health care was considered a subversive activity. But comfort and safety have never been his primary concerns. Even today, the regular trip to one of the most isolated

communities where he works starts before dawn. It begins with a two-hour ride in the foggy darkness. By the time he reaches the place where he has to start walking, the sun has come out and the fog lifted. The mostly uphill walk through pine forest and coffee fields takes another two hours, mostly on narrow footpaths. (Read his acceptance speech and learn about the award's namesake at www.dghonline.org/canales_speech_2006.html.)



DGH Announcements

► **Public Health and Human Rights: Global Struggles Brought to Light in Post-Katrina New Orleans.**

DGH and Tulane University School of Public Health and Tropical Medicine are sponsoring a symposium to be held on **February 5, 2007** at Tulane University Health Sciences Center, New Orleans, LA. Visit www.sph.tulane.edu/DGHSymposium for more information.

► **DGH First General Assembly in El Salvador.**

Doctors for Global Health is pleased to invite you to the 12th Annual DGH General Assembly, which will be held for the first time outside the United States. DGH will hold its 2007 General Assembly in the country that gave birth to it: El Salvador. This participatory event is an opportunity to come together and meet others working to advance health and human rights. It's a time to learn, support one another, have fun and re-energize yourself to continue working for social justice around the world. The 2007 pro-

gram will focus on the work DGH partners carry out in their communities, with workshops and panels for and by health promoters and community activists. The conference will be held in San Salvador on **Oct. 26–28, 2007**. You can also join us for a day trip to DGH projects in Santa Marta, Cabañas on **Oct. 25**, and/or an overnight trip to DGH projects in Estancia, massacre site of El Mozote and *Museo de la Revolución* in Perquín from **Oct. 29–31**. Visit www.dghonline.org in the coming months for more information!

► **DGH Founding President Wins 2006 Mid-Career Award.**

Lanny Smith, MD, MPH, DTM&H, was honored by the International Health Section of the American Public Health Association for “his tireless advocacy to the right to health, community primary health care, social justice in health care and human dignity...founding Doctors for Global Health (DGH), a US-based volunteer organization promoting health and human rights through local education and community projects...and mentoring hundreds of medical

students and residents on social justice and human rights in developing countries and in the United States.” The Mid-Career Awards were presented at the Section’s Awards Night at the 2006 Annual APHA Meeting in Boston, November 4-8, 2006.

► **First US Social Forum to be Held in Atlanta, GA in 2007.**

The World Social Forum was created to provide an open platform to discuss alternatives to the economic plans created by multi-national corporations and governments at the World Economic Forum, which often result in strategies that suppress workers and human rights. The US Social Forum will provide a process to build a powerful movement in this country based on the organized voices and experiences of those from the grassroots most affected by social injustices. DGH is working with the People’s Health Movement-USA to ensure that health issues are recognized as an integral part of any social justice movement. The USSF will be held **June 27–July 1, 2007**. For more information visit www.ussf2007.org.



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