



Doctors for Global Health Reporter

BOARD OF DIRECTORS

President & CEO

LINNEA CAPPS, MD, MPH

Vice-President & Public Relations Counsel

MONICA SANCHEZ

Chairperson & Domestic Volunteer Coordinator

DENISE ZWAHLEN, PA-C, MPH

Treasurer (CFO)

SHIRLEY NOVAK, MA

Secretary

SHANKAR LEVINE

Registrar

DANIEL BAUSCH, MD, MPH

International Volunteer Coordinator

JONATHAN KIRSCH, MD

Advocacy Counsel

MAUREEN MCCUE, MD, PHD

Liberation Medicine Counsel

LANNY SMITH, MD, MPH, DTM&H

MICHELE BROTHERS

DAVID DEREZYK, PA-C

SARA DOORLEY, MD

BRIDGET DYER, MD

JENNIFER KASPER, MD, MPH

IRMA CRUZ NAVA, MD

LLENI PACH, MD

ELIZABETH ROGERS, MD

EMILY ROSENBERG, MA

DGH's mission is "To improve health and foster other human rights with those most in need by accompanying communities, while educating and inspiring others to action." The following two articles explore how that inspiration can influence the day-to-day work of DGH members.

WORLDS APART: AT HOME AND ABROAD

By Homer Drae Venters

As residents in Social Medicine and Primary Care at Montefiore Medical Center, we each leave the South Bronx for a month to work in the DGH project with the district hospital of Kisoro, Uganda, a sleepy town nestled on the borders of Uganda, Rwanda and Congo. Working with and learning from the dedicated staff at Kisoro District Hospital, I was reminded of the common plight of marginalized peoples and how invisible they become in their own communities.

In Kisoro, the Batwa people (named Pygmies by colonial travelers) exist in a parallel society, excluded from most of the impressive advances made by mainstream Ugandan society. In the South Bronx, working with a legal aid organization opened my eyes to one of our own forgotten groups, those whose drug use has led to arrest and incarceration.

At first blush, the struggles of the Batwa might seem unrelated to those of people arrested in the Bronx. The Batwa are the original inhabitants of the Great Lakes area of Central Africa (Rwanda, Burundi, Congo, Uganda). As hunter-gatherers the Batwa developed a spiritual existence linked to their life in the forests. The arrival of the Bantu groups in the 15th century, such as the Hutu, brought subjugation and gradual loss of their forest homes. The subsequent half-century has witnessed relentless persecution and disenfranchisement of the Batwa, which has accelerated in the last 15 years.

The Batwa find themselves a minority wherever they live, removed from their forest homes to

reservations, where they contend with high rates of disease, unemployment, alcoholism and violence. During the three-month genocide in Rwanda in 1994, over one-third of living Batwa people were killed. The current fighting in Congo is claiming a disproportionate number of Batwa victims as well. In Kisoro, a significant Batwa community exists but they seldom come to the district hospital, citing a history of prejudice among health care workers and a lack of any financial resources. Asking both hospital staff and residents of Kisoro about the Batwa revealed mutual distrust and misunderstanding.

In the Bronx, our medical clinic is situated squarely in the nation's poorest congressional district. The Bronx, like many urban areas, has been blighted by three decades of aggressive

“ In both Kisoro and the Bronx, a thriving medical infrastructure has failed to meet the needs of a marginalized group. ”



criminalization of drug use, a strategy that has forsaken treatment for incarceration and filled state prisons with non-violent substance users. Yet, despite their difficult circumstances, most of our patients are employed and have some sort of health insurance.

As an intern, I started to work with a legal aid group, Bronx Defenders, which is located across the street from our clinic. We worked out a process whereby legal aid clients (recently arrested or released from incarceration) would be offered the opportunity to see a doctor. During weekly office hours at Bronx Defenders, I would see these clients and help them with their health concerns or refer them to our clinic. Over the two years I worked there, I became increasingly astounded that almost none of these legal aid clients were aware of our clinic across the street. Some who were aware of our clinic stated that they did not seek care there because of the difficulty making and rescheduling appointments. Others perceived hostility towards drug users at our clinic.

In both Kisoro and the Bronx, a thriving medical infrastructure has failed to meet the needs of a marginalized group. The specific reasons that each group is not connected to care are important but the larger and more universal truth is that health systems, like other social institutions, can operate with a blind eye to towards marginalized groups.

In my brief time in Kisoro, the little I learned of the Batwa came from those outside the hospital, where Batwa advocates are seldom heard among a cacophony of other cries for social justice. In the Bronx, the staff of the Bronx Defenders has made a tremendous effort to link their clients back into the social structures that they are often shut out from with real positive outcomes for their clients. As health advocates, we spend most of our time becoming proficient in our own systems, working in a hospital or clinic or school. But to honor the notion of Liberation Medicine, our gaze must fall outside our comfort zone to examine what we are missing. 🌿

MY FEET IN TWO WORLDS

By Jennifer Kasper

path and am now working with a US-based NGO, Health Alliance International (HAI). HAI was originally formed as a solidarity group in 1987, invited by the government of Mozambique to help reconstruct the health system after a horrific 17-year war. HAI is applying its 20 years of experience in Mozambique by providing technical, logistical and financial assistance to the nurses, community-based organizations, *activistas*, community leader councils, *tecnicos de medicina*, and doctors in the central provinces of Manica and Sofala to address the HIV/AIDS epidemic.

I see two very different worlds. In the US, children rarely get HIV/AIDS, and if they do, they live relatively healthy lives thanks to life-saving and life-promoting combinations of antiretroviral medications. In Mozambique and other Sub-Saharan African countries, two million children are infected. One child is infected every ten minutes. One third die within the first year of life and half die by two years of age. Here we experience *ruptura de stock* (running out of medicine). In my short time here, we have run out of medicines as basic as bacitracin, penicillin and ibuprofen, in addition to antiretrovirals such as AZT.

I am witness to two disparate worlds. In one world, human resources, scientific discovery, financial support and activism have, by and large, made words such as “accessible,” “cost-effective,” and “appropriate” obsolete. The other world has scarce material and financial resources that are subject to the whim and mercy of outside donors. The other world has a fragile and fledgling infrastructure. In this other world, “accessible, cost-effective and appropriate” are entrenched in the lexicon, making it seem okay that we treat people differently here because, well, that’s just the way it is. But it is *not* okay.

I am privileged to work in two worlds and witness firsthand the super-human time and energy people devote to addressing the health care needs of their citizens. Similar to my time with DGH in El Salvador, when I worked alongside community health workers, here I have the honor of mentoring *tecnicos*, people who have received a three-year training in basic health care. They, and the nurses, are the backbone of the local health system, as there is only one physician for every 30,000 people.

I met an 18-month-old boy being cared for by his grandmother because his mother had died of tuberculosis (and probably AIDS). He is thin, with red highlights in his hair (a telltale sign of

I stand in two worlds. One foot is planted in the United States, the other is currently in Mozambique. I decided to change my career

“ Similar to my time with DGH in El Salvador, when I worked alongside community health workers, here I have the honor of mentoring *tecnicos*, people who have received a three-year training in basic health care. ”

malnutrition), a wizened, apathetic face and a walk resembling an old man’s shuffle. He has been ill with a relentless lung infection despite different courses of antibiotics. The *tecnico* just completed her training in pediatric HIV/AIDS. She is sharp and energetic. She thinks he may have tuberculosis and I think she may be right. She wants to admit him to the hospital for the next two months because he lives very far from any health post and she is worried he will not get his medications. But the grandmother is against this idea for the



Batwa boys bringing drinking water home in rural Kisoro, Uganda.

same reasons: she cannot be away from home for that long. She is committed to giving him the medicines and returning in one month for follow-up.

Thankfully we have *activistas* working with us. They are HIV-positive folks who help people navigate the health system and ride their bicycles 75 kilometers on dirt roads to make home visits and find people who have not come in for regularly scheduled appointments. Sarah has volunteered to visit them to ensure follow-up. So we start the boy on TB drugs and talk to his grandmother about how to boost his caloric intake.

The grandmother does not have enough money to give her grandchild a cooked egg twice a week—the human face of food insecurity. So we talk about fortifying more of his foods with peanuts since they are plentiful and inexpensive. As they leave, I am overcome with competing emotions: hope because this competent, committed medical officer is working in this community; and fear that, despite our best efforts, this child will still die.

I long for and work for the day when a child like him lives in a world where he can grow up healthy and reach his full human potential. But for now, I stand in two worlds and do my best to bring them closer together. 🌿



Children playing in the provinces of Manica and Sofola in Mozambique.

Human Rights World around the

THE STRUGGLE OF HAITIAN DESCENDANTS IN THE DOMINICAN REPUBLIC

By Karen Leiter

Individuals accused of wrongdoing based on their skin color, nationality or language. Immigrant workers, driven from their homes by political woes and economic straits, scraping by in deplorable conditions—though their labor underpins the host economy—rounded up and deported without notice or due process. Young children separated from their parents.

Sound familiar? These are some of the human rights violations experienced by generations of people of Haitian descent living in the Dominican Republic (DR).

Many Americans know little of the DR beyond a vague idea of a dictatorship past, and a present as a source country for many Spanish-speaking immigrants to the Eastern US. Of Haiti, we have a fading memory, perhaps, of the ouster of Haiti's dictator Jean-Claude "Baby Doc" Duvalier and the influx of boat-borne refugees to Florida. Few of us are aware of the long and uneasy history of the two Caribbean countries, joint tenants of the island of Hispaniola, from the era of Haiti's occupation of the DR, through colonialism and revolution, to the present day.

For decades Haitians have been crossing the border into the DR to escape poverty and chaos, working and living seasonally—often legally under various work permit schemes or forced recruitment—on government-owned sugar cane plantations. Today there are an estimated 500,000 to 1 million ethnic Haitians residing year-round in the DR. Many still live in one of the 400 *bateyes*, isolated plantation slum settlements for migrant workers in the rural areas. By one estimate, ethnic Haitians constitute 90 percent of agricultural workers; the construction, tourism, manufacturing and domestic sectors likewise depend on their labor.

Whatever their legal status in the country, individuals of Haitian ethnicity are universally denied dignity and respect in the DR. They are exploited economically and subject to a range of human rights abuses and deprivations, including inadequate housing, lack of clean water

and sanitation, denial of education, labor discrimination and violence. Women in particular are vulnerable to gender-based violence and sexual exploitation in a country where non-Haitian Dominican women do not enjoy the same rights as men. Haitian women in the DR, for example, have been notably blamed for HIV/AIDS.

Particularly deplorable is the situation of Dominico-Haitians, those of Haitian ancestry born in the DR. Under the country's Constitution, anyone born in the country is entitled to the full rights of Dominican nationality and citizenship, except those "in transit" or children of diplomats. Children of Haitians are routinely denied birth registration (a key component for establishing identity) under the transit exception, regardless of the length of their parents' residency. This xenophobic and discriminatory legal interpretation has been given condonance by the DR Supreme Court.

Moreover, other barriers and onerous requirements—and false fraud accusations—systematically deny even those born in the DR the ability to obtain birth certificates for their children. Denied their birthright and a legal identity, an estimated 280,000 Dominico-Haitians are stateless. Barred from education and employment opportunities,

(Continued on page 7)


THE RIGHT TO HEALTH AND HEALTHCARE CAMPAIGN

By Laura Taurino

Worldwide, and in the US, there are a growing number of organizations using a human rights approach to tackling health problems. A challenge faced by these diverse groups is how to work together to increase their effectiveness. Even small countries face a variety of causes of health problems and it can be difficult to identify mechanisms that enable collaboration across issues or ethnic communities. The People's Health Movement's (PHM) "Right to Health and Health Care Campaign" (RTHHC) aims to provide just such a framework, enabling groups to work together on both the national and international levels to positively impact health policies and their implementation.

The US Campaign is in the process of bringing together people connected to some of the Right to Health-based efforts currently underway in the US into a group that can coordinate the campaign nationally. They will then identify and invite as broad a range of groups as possible to contribute their experience and expertise to an evaluation of the US health system. From the shared picture created in the evaluation, the participating groups will develop more unified advocacy and activist strategies. They will also be able to meet and collaborate with campaign participants from other countries to develop international strategies aimed at the large international organizations that play such a determinant role in setting national policies and priorities.

The campaign faces some unique challenges in the US. First, the US does not respond to the multilateral institutions that shape policy in other countries—it runs them. Second, the concept of the Right to Health is not as widely understood or accepted in this country as in others. Lastly, PHM-US needs to find a way to support the renewed effort to pass single payer legislation without letting the RTHHC be absorbed by the narrow focus of this effort on health care financing.

On the other hand, US participation in the campaign is crucial. The international level strategies that come out of the campaign may involve new models of US-global south solidarity. And improvements in US national health policies can have as much of an impact globally as they do at home. If you would like to get involved with the campaign or would like more information, e-mail p hm@turiano.org. Please let us know about any organizations working in the US using a human rights approach to health issues. 

US Health Care Financing Reform

Recently, over 40 people representing health care professionals, organizations, labor and activist groups from around the country participated in a conference call and agreed to form a Leadership Conference (LC) on Guaranteed Health Care. The goal is to form coordinated and effective legislative, media, outreach, and direct action strategies for achieving comprehensive, universal health care in the US through a single payer system.

The specific legislative goal is to pass "Expanded and Improved Medicare for All" (HR676), the bill introduced in the House of Representatives by John Conyers (D-MI).

The group recalls the Leadership Conference on Civil Rights, the coalition of 192 organizations that has coordinated the national legislative campaign of every major civil rights law since 1957. Joel Segal, Conyer's aide for health care, suggested forming the LC to give the legislation the backing of a large social movement that will be able to coordinate the grassroots support the bill will need in almost every district if it is to pass. Healthcare NOW, the California Nurses Association, Progressive Democrats of America, and the No More Private Insurance Coalition organized the conference call and a preliminary meeting at the US Social Forum. You can help by encouraging other organizations you are a member of to join as well.

Learn more about the legislation at www.house.gov/conyers/news_hr676_2.htm.

HEALTH FOR ALL NOW!



REVIVE ALMA ATA !!

DGH JOINS THE FIRST US SOCIAL FORUM

By Lanny Smith

Under the banner "Another World is Possible—Another US is Necessary!" the first US Social Forum (USSF) was held in Atlanta, GA, from June 27 to July 1, 2007.


The USSF is an off-shoot of the World Social Forums, which began in 2001 as a response to the World Economic Forum and to create a permanent world process seeking and building alternatives to neo-liberal policies. The USSF provided space for progressive people and groups from around the country to build relationships, learn from each other's experiences, share analysis of the problems communities face and bring renewed insight and inspiration.

At least 15,000 people participated throughout the five days. Over 1,000 organizations mobilized their constituents. The USSF filled over 2,000 four-hour volunteer shifts and hosted more than 1,000 plenaries, workshops and cultural events in parks, theaters, and in the street. The USSF had representatives from every single state in the US as well as delegations from Guam, Puerto Rico and 64 other countries.

DGH helped facilitate three workshops at the USSF. One of the workshops where DGH was present through Liberation Medicine was "The Right to Health! A panel discussion by the Liberation Health Movement." This session on Liberation Health drew more than 50 people, who sat in a circle

with the six presenters, many making their individual and collective voices heard. Begun by Social Worker and DGH member Dawn Martinez, the Liberation Health group in Boston, MA (www.liberationhealth.org) meets monthly to discuss and pointedly plan the means to change health for the better, both locally in each person's community and globally. Six members of this group each gave a brief presentation of their work, with an overview by Dawn. One person spoke of his work in post-Katrina New Orleans, and how—while he tried his hand at construction—his services as a counselor were sought unexpectedly and came to be a major contribution. As people around the circle spoke of their own questions and dreams, the indignation at our US Health and Social Justice situation was clear. Many explored ways to begin a Liberation Health group within their own community and so we left our hour with focus on a social movement.

The “What Is Social Medicine?” workshop was sponsored by DGH and the Residency Programs of Social Medicine at Montefiore (www.socialmedicine.org), Albert Einstein College of Medicine. A cozy small-room atmosphere facilitated teaching by all 22 present. Using the technique of “a voice for everyone,” facilitators Cedric Edwards (first US graduate of the Latin American Medical School in Cuba and a First Year Resident at Montefiore), Joia Mukherjee (Medical Director of Partners in Health, www.pih.org, and Harvard Social Medicine's Institute for Health and Social Justice) and Lanny Smith (DGH Liberation Medicine Counsel and Founding President, Faculty at Montefiore and a Founding Editor of the Journal of Social Medicine, www.socialmedicine.info) presented the basics of Social Medicine using examples from each person's experience as well as the comments and questions of each person around the circle. One medical student had just returned from a year working with the *Barrio Adentro* (Neighborhood Within) project in Venezuela. Another person directed a project in Nicaragua using alternative health techniques and volunteer training. A third was a veteran of the WHO programs on infectious disease. Promise of further social medicine coordination and discussion through e-mail made the session's end seem more like a beginning.

The DGH-sponsored session on Drug Court was one of the most moving and informative opportunities at the USSF. Drug Court is an alternative to incarceration through which persons have the opportunity to change their own lives in an environment that involves coercion (random testing for drugs) but allows freedom to make choices, all in a positive atmosphere of caring and community. Clyde Smith, who works in the lab at the local Fulton County Drug Court in Atlanta, and informally counsels many of the persons using that facility, moderated the session. Three persons who had graduated from the Fulton County Drug Court gave their personal testimonies, telling how their lives had been literally turned around through the Drug Court process. The honesty and strength of these persons brought tears to many present. Then two administrators and a lawyer who often refers persons to Drug Court helped answer questions from the more than 60 persons present. Questions by those present, some of whom had overcome addiction problems through other means than Drug Court, were lively. “Where Criminal Justice meets Social Justice,” might have been this workshop's title, given its content and inspiration. 

DEFENDING OUR LAND

By Denise Zwahlen

“To defend our land is to defend our lives!” That has been the rallying cry of the community of Santa Marta, El Salvador since it found out one year ago that 50 families were being evicted from the land they have owned and worked for over a decade. Twelve years after the parcel of land was legally purchased, their right to that land—and to all they have built on it—is being threatened.

This injustice has struck a particularly sensitive cord in the people of Santa Marta, whose many members gave their lives to gain the right to property guaranteed by their Constitution. It is particularly sensitive because in 1981 the whole community was forced into exile in neighboring Honduras. Life under the daily threat of bombs, bullets and fire during El Salvador's bloody civil war had become unsustainable.

Six years after having to flee their homeland—as international organizations and the Salvadoran government tried to convince them to resettle in other locations—they stood firm in their demand to be allowed back to their place of origin. They returned home and started the process of reconstruction in a country still in the midst of civil war.

For those of us in DGH who have had the privilege of volunteering in Santa Marta, sharing in the community's vibrant life, it comes as no surprise that people immediately organized to defend their rights. They mobilized hundreds of individuals, nongovernmental organizations and churches—at the local, national and international level—to advocate for their right to the land.

It all started on August 1, 1994, when the *Cooperativa Nueva Heroica Santa Marta* (New Heroic Cooperative of Santa Marta), the legal entity representing the community, purchased three properties for US\$26,400. Mr. Sigfredo Pleites, the agent representing the two owners of the lots, arranged the sale, provided all the required legal documents for the transaction and signed title of the land over to the Santa Marta Cooperative. The Cooperative paid



all corresponding taxes, filed the title with the national registry of property and mortgages of El Salvador, and the residents proceeded to invest in their homes and community infrastructure with the security of being the legitimate owners of the land.

In 1998, the former owners, Ms. Maria Elba Beltrán Bonilla and Mr. Juan José Bonilla, filed a lawsuit against Pleites and the Santa Marta Cooperative, claiming that Pleites had used a fraudulent title. Pleites assured the Cooperative that it was all a misunderstanding and that he would resolve the dispute. He did not.

The first circuit court of Sensuntepeque ruled against Pleites, nullifying the title used in the sale to Santa Marta, and thereby nullifying the legality of Santa Marta's title to the land. Ironically, the very same court had authorized Pleites' title eleven years earlier, in 1987. Evidence indicates that Pleites and Beltrán had a business and personal relationship at that time, and that Beltrán received some payment from Pleites for the 1994 sale of the land to the Cooperative.

Events were set in motion in September 2006, when 50 families from Santa Marta were issued an order to vacate their properties. With only a month's notice, the community had to scramble to get legal counsel. On October 23, the day the order was supposed to take effect, they marched up the road in force and were successful in securing a postponement of the eviction order. Santa Marta's attorneys presented an appeal to the Salvadoran Supreme Court for protection of their constitutional rights, which was dismissed on the grounds that there was not sufficient evidence presented to review the case.

In April 2007, with the ruling of the Supreme Court, the families were again under the threat of eviction. While their legal counsels worked to put together more evidence to be resubmitted to the Supreme Court, the community stood watch at two locations where roads lead into Santa Marta, ready to prevent any enforcement authorities from entering the community. Supporters came by the hundreds from close and afar, but the threat did not materialize itself.

On June 7 the Supreme Court, 3 out of 5 members of which are from the right-wing Arena Party, ruled one more time against Santa Marta. To this date, the threat of eviction is still present. Since then, the principal previous owner of the land, Maria Beltrán, has died.

The price now asked for the land in question is US\$100,000. This four-fold increase in value may be due to the fact that a major highway will be built in the area as part of the "Plan Puebla Panama," an instrument of implementation of Free Trade policies in Central America.



Community members and their supporters marching in protest of the planned evictions in Santa Marta.


"We are not in a condition in which we can pay that much money for the land. Besides we already paid," asserts Miguel López, community leader and member of the negotiating committee. "Who should pay is

“ We will not rest until we reach a definitive and favorable accord so that the affected families can stop worrying and the land is legally declared the property of the people. ”

Mr. Pleites. In that sense we don't have anything against Mrs. Beltrán. She should join us in this struggle and resolve the issue by getting Mr. Pleites to pay to her satisfaction."

The struggle in Santa Marta is a microcosm of a historical injustice that was not resolved by the civil war or the 1992 peace accords. The right to land ownership by the people who work it and survive from its cultivation is still being challenged by the Salvadoran government and the interests it serves.

More and more, those in El Salvador who organize to defend their rights—whether *campesinos*, water rights activists, labor organizers or students—are being denied the right to peaceful protest and participation in society.

"We will not rest until we reach a definitive and favorable accord so that the affected families can stop worrying and the land is legally declared the property of the people," vows Mr. López. And as long as the community of Santa Marta continues its struggle for justice, DGH will continue to accompany its people. 

DGH Reporter

Edited and designed by Monica Sanchez. Send suggestions by mail to P.O. Box 1761, Decatur, GA, 30031, USA, or by e-mail to newsletter@dghonline.org.

DGH has no paid employees in the US. DGH is administered by a volunteer **Board of Directors** whose members have volunteered with DGH in the past and are elected by **DGH Voting Members**. The Board is assisted by an **Advisory Council** composed of over 200 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. Incorporated in the state of Georgia and registered with the IRS as a 501(c)3 not-for-profit, **DGH welcomes your donation, which is tax deductible.** To donate, please make your check out to *Doctors for Global Health* and send it to the address above. You will receive a letter stating the amount of your gift for tax purposes, and the very good feeling of having helped make a difference.

HUMAN RIGHTS: HAITIAN DESCENDANTS IN THE DOMINICAN REPUBLIC

(Continued from page 3)

health care, free movement, access to the judicial system and political participation, they live under the constant threat of expulsion to a country they have never seen.

In addition, thousands of Dominico-Haitians who have properly obtained identity and citizenship experience rampant racism, violent attacks, persistent discrimination, disparagement and summary expulsion merely for “looking Haitian” (having dark skin). The denial of their equal rights as Dominicans consigns Dominico-Haitians to lives of scarcity as families struggle to survive on typical *finca* (farm) salaries of US \$1-4 per day and suffer impunity for crimes committed against them.

Solange “Sonia” Pierre is one of these hundreds of thousands. Born in *Batey Lecharia*, she shared a one-room portion of a tin-roofed, dirt-floored barrack with her 11 siblings and Haitian parents. Ms. Pierre’s mother arrived in the DR in 1951, yet she has no legal rights as a resident today. In 1976, at the age of 13, Ms. Pierre became a community activist on behalf of those she has called “the invisible people” of the DR, mobilizing a march for sugarcane cutters’ rights and against the repressive Dominican field guards.

A social worker and lawyer, she was one of the founders in 1983 of *El Movimiento de Mujeres Dominico-Haitiana* (MUDHA, Movement of Dominico-Haitian Women), based in Santo Domingo. In 1992 she became its director. As a pioneering advocacy organization for citizenship rights, MUDHA helped to bring the landmark case of *Yean and Bosico Children v. Dominican Republic* before the Inter-American Court of Human Rights, which ruled in 2005 that the Dominican Republic had violated both its own Constitution and international human rights law prohibiting racial discrimination and protecting children’s rights by denying birth certificates to the two Dominico-Haitian girls. The Court ordered an end to the discriminatory birth record system and the provision of access to free primary education to all children in the DR regardless of status. To date, however, the DR remains largely non-compliant with this order. In her RFK Human Rights Award recipient speech, after Ms. Pierre thanked colleagues, family, solidarity organizations and activists, she said:

“This award also belongs to my adversaries, from the purist intellectuals who search in the most profound knowledge arguments to justify their discriminatory attitude and at the same

time silence the impurity of their conscience, to the most primal ones who cannot hide their hatred and rancor. Their arguments and constant anger do not cause us to wane. On the contrary, they inspire and fortify us, by showing us the way that is opposite to them, with no hatred or rancor, showing us what we should do.”

To Learn More...

- ▶ Amnesty International 2007 report, “Dominican Republic: A Life in Transit – The Plight of Haitian Migrants and Dominicans of Haitian Descent”: <http://web.amnesty.org/library/index/engamr270012007>
- ▶ Human Rights Watch 2007 report, “Illegal People: Haitians and Dominico-Haitians in The Dominican Republic”: www.hrw.org
- ▶ MUDHA website (in Spanish): www.kiskeya-alternative.org/mudha
- ▶ A speech by Sonia Pierre is available on the RFK Memorial Center for Human Rights website: www.rfkmemorial.org
- ▶ US State Department 2006 Country Report on the Dominican Republic: www.state.gov/g/drl/rls/hrrpt/2006/78889.htm



Dominico-Haitian children and families living in a migrant worker camp in the Dominican Republic.



DGH Announcements

► Hurricane Felix Hits Nicaragua's Caribbean Coast.

Bonanza, one of the municipalities where DGH helps train and sustain health promoters, has been hard hit by the hurricane: 395 houses there have been destroyed, including those of 15 of the health promoters. We have the human resources to alleviate a little bit of the devastation, but we need your financial support to buy the necessary materials for construction—specially materials for roofing—and to transport them to the affected areas. Can you help us help the health promoters and their neighbors in Bonanza? Send a check to DGH and write "Bonanza Support" in the memo line.

► DGH Denounces the Repression of Peaceful Protests in El Salvador.

On July 2, 2007, 13 Salvadoran citizens were arrested by the anti-riot unit of the National Civilian Police while peacefully protesting water restriction and privatization in their community. Four of them had

not yet arrived to the site of the peaceful demonstration and were seized from their vehicle while traveling to Suchitoto. These citizens are being charged with "Creating Public Disorder, Destruction of Property and Acts of Terrorism" under El Salvador's Anti-Terrorist Law, a law passed with the praise of the US government.

On September 4, 2007, eight members of the Salvadoran General Hospitals Union (SIGEESAL) were illegally arrested for participating in a demonstration against the privatization of the national health system back on July 6. The eight jailed union members are all being charged with public disorder and damage to private property.

The action of arresting peaceful protesters and thus repressing peaceful demonstration echoes actions of the late seventies and eighties, when a dictatorial Salvadoran government cut off any protest in the name of national security. In a symbolic return to these days of terror, the Salvadoran government has chosen to use anti-terrorist legislation to jail persons

who were peaceably exercising their democratic right to have their voices heard in decisions that affect their lives and livelihoods: their access to water and health care.

DGH affirms that peaceful protest is not equivalent to terrorism. DGH urges the US government to make a clear, public statement that anti-terrorist legislation should not be used as a justification for repression of peaceful protest. The right to peaceful assembly is protected under the Universal Declaration of Human Rights and is the lifeblood of any democratic society. As a signatory of that Declaration, the Salvadoran government should release these peaceful protesters and refrain from implying that such peaceful protest is in any way equivalent to terrorism. To take action visit: www.cispes.org.

► Beyond Homo Sapiens now available in English.

This seminal book, the work of Colombian surrealist painter and DGH member, Mariú Suarez, is a mystical-political interpretation of the historical events of the last 5,000 years (www.beyondhomosapiens.com).



DOCTORS FOR GLOBAL HEALTH

Promoting Health and Human Rights
"With Those Who Have No Voice"

Box 1761, Decatur, GA 30031 U.S.A.

Tel. & Fax: 404-377-3566

E-mail: dghinfo@dghonline.org

www.dghonline.org

NON-PROFIT ORG.

U.S. POSTAGE PAID

DECATUR, GA

PERMIT No. 394

- Worlds Apart: At Home and Abroad... 1
- My Feet in Two Worlds... 2
- Struggle of Haitians in Dominican Republic... 3
- Right to Health Campaign... 4
- US Healthcare Financing Reform... 4
- DGH Joins First US Social Forum... 4
- Defending Our Land... 5