



# Doctors for Global Health Reporter

## BOARD OF DIRECTORS

### President & CEO

LINNEA CAPPS, MD, MPH

### Vice-President

DANIEL BAUSCH, MD, MPH & TM

### Chairperson & Domestic Volunteer Coordinator

DENISE ZWAHLEN, PA-C, MPH

### Treasurer (CFO)

SHIRLEY NOVAK, MA

### Secretary & Communication/PR Counsel

SHANKAR LEVINE

### Registrar

CATHEY EISNER FALVO, MD, MPH

### International Volunteer Coordinator

JONATHAN KIRSCH, MD

### Finance & Development Committee Co-Chair

EMILY ROSENBERG, MA

### Advocacy Counsel

JYOTI PUVVULA, MD, MPH

### Liberation Medicine Counsel

LANNY SMITH, MD, MPH, DTM&H

### DGH Europe Liason

MICHÉLE BROTHERS, MIA

JENNIFER KASPER, MD, MPH

MAUREEN MCCUE, MD, PhD

IRMA CRUZ NAVA, MD

LLENI PACH, MD

ELIZABETH ROGERS, MD

JESSICA WALLACE, PA-C, MPH

## A PERSPECTIVE ON VOLUNTEERING

By Alex Luger

Last week in the hospital my supervising doctor asked why my patient's sodium was so high and in the same breath asked me what to do about it. Numbers and equations flashed before my eyes, images of free water deficits and the disastrous side effects of correcting electrolytes too fast, all tied to the fact that I needed to find the solution to the problem. Medical students are trained to interpret data, synthesize a problem, and eventually come up with a workable plan, the worth of which is determined by discrete, measurable outcomes. It was with this mindset that I went to volunteer in the mountains of El Salvador, and it was in those mountains that my mindset changed.

Before leaving the US I had heard from past DGH volunteers that Santa Marta, a rural farming community of a few hundred families, was unified with a strong history of grass-roots organizing. From school expansions to greenhouse construction, the projects of Santa Marta struck me as inspirational. Even without fully understanding the complex history and dynamics of the community, I was eager to get involved in the next Santa Marta success story. I went to El Salvador to help, although it was not entirely clear how that would happen.

I spent my first few months seeing patients and looking for ways I could contribute outside the clinic. I had expected to be inserted in some pre-existing system where I would leverage my liberal arts creativity and Minnesota work ethic to somehow produce a project with demonstrable results. Would I work on public health projects? Would I see an impact on the community? It was a surprise when I found that there were no such projects waiting. Even more surprising was how my interactions with the community unmasked my assumptions about what helping should look like.

In the absence of existing projects, I started brainstorming other ways to be helpful, as though

I had all the answers at my fingertips: building chimneys to ventilate smoke-filled kitchens, testing for strep throat to improve our treatments in the clinic, addressing childhood malnutrition, collecting and disposing of garbage throughout the community. These initiatives could benefit the community, I thought, hoping we would see results within the next few months. I felt that my job was to come up with a concrete, definable project that could help in measurable ways, although I didn't exactly know how. At the time it didn't matter that I wasn't particularly trained in chimney building, malnutrition fixing, or garbage collecting—those were all secondary to producing something that would justify my presence in the community to the people of Santa Marta, of DGH, and of the medical community. Later I realized that I really wanted to justify it to myself.

“ Even more surprising was how my interactions with the community unmasked my assumptions about what helping should look like. ”



I spoke with community members about my ideas and received much encouragement, but my projects remained hypothetical. When the projects I had envisioned were never realized I grew frustrated. Frustration prompted me to ask myself why I felt the need to produce a project, whether such production was the right criterion to justify my presence, and whether my presence needed justification at all. This search for justification reflected my culture within medical school, and broadly within the US. Rewarded for successes and sanctioned for failures, mine was a culture driven by results. This motivation was such an inherent part of my perspective that at first I couldn't see it, and then when I did see it, I assumed it to be universal.

Santa Marta taught me about the pitfalls of universalizing one's perspective. It also taught me that certain perspectives are indeed universal: I saw values of mutual respect, humility, compromise, and love of family and community. Each day Santa Marta became more and more of a home, and I developed close relationships, sharing not only time and food, but also stories, skills, and hopes.

I stopped focusing on the projects and started focusing on the people. Some told me stories of life in the Honduran refugee camps during the civil war in the 80s, complete with the visual aid of shrapnel scars. Others shared their open homes and hearts. In turn I shared what I knew about medicine and technology, and taught about antibiotics and how to develop internet radio. When the local community radio station streamed its first broadcast online and I started calling Santa Marta "home," I realized what we shared was more than any one project could accomplish.

Other volunteers have shared with me the frustrations that arise when pre-formed notions of helping collide with community realities. In Santa Marta I discovered that my own frustration grew from an implicit association between the desire to help and the desire to produce. In time, that association faded and I saw that my role was not to produce for production's sake, but to learn and to share with humility and openness, so that we might work together in our global community. 🌿

## REFLECTIONS FROM ESTANCIA

By Donald Lassus

As I write this I'm sitting in a house of Jesuits studying to be Catholic priests at the same university where six of their fellow Jesuits were assassinated in 1989. They were killed for their outspoken opposition to government repression. Last night we also celebrated a Mass, and read the Gospel about Bartimeus, the blind man who cried out to Jesus for help. In the parable, Jesus asks Bartimeus, "What do you want?" The Healer asks the Patient what he needs and how he needs it. These are fitting prologues to my reflections on what I've learned thus far, and how the work will proceed.

I am way out in the boonies! Depending on the next pick-up truck, it usually takes about two hours to get to the next big town, Gotera. But otherwise, it's gorgeous and green, and the mist coming through the hills in the morning is gorgeous. I am becoming accustomed to washing clothes by hand, not having a refrigerator and, of course, no air conditioning.

But the hardest thing to acclimate to is living so close to Nature for the first time. Huge foot long lizards are running across the rough walls of the clinic and house. Horses roam up to the clinic to graze. I sleep with the whine of crickets. And when it gets dark, it gets **dark**—which makes the walk from the clinic to the house pretty creepy, and doing anything in a candlelit room is pretty difficult. Therefore my circadian rhythm is attuned to Sunrise and Sunset more than anything else.

The day-to-day work is mostly seeing patients with respiratory infections, fatigue and every kind of musculoskeletal pain imaginable. I've stitched up a forehead and a finger in two-week's time, and we also encountered malnutrition in the kids. Luckily there is a great malnutrition project run by *Campesinos para el Desarrollo Humano* (CDH—Peasants for Human Development) DGH's partner organization in the community) that seeks out and gives food to such children.

We also refer patients to the hospital in Gotera and constantly make phone calls to other referral programs for specialty care. Being part doctor, part social worker leads to the most frustrating decisions. Do I wait for an appointment in two months or send this person to the emergency room on the slim chance that s/he might be sick enough to be admitted to start therapy for hyperthyroidism that isn't really that symptomatic? I hope I don't seem negligent in these decisions, but at times it's hard enough to get patients to agree to go to the hospital for further care.

Cait and I are working with CDH, the community-founded group that has been working officially since 2001 and much earlier than that unofficially. They have been extremely welcoming. I just wish I could understand the jokes at lunch everyday. Ramiro and Abraham are two former *guerrilleros* turned health promoters—they are the ring-

leaders. Then Etelvina is the main health promoter that we work with at the clinic. She is very good, and we've already built a mutual exchange of learning. All three of them were trained over a decade ago by volunteers who went on to found DGH. There's Niña Chica, too—our clinic cook. Where would we be without her!



Walking in Morazán—countryside everywhere you turn.

“ These people do not say *Dios Mio* and wave their hands in distress. They are very active in faith and politics. This is not the opiate of the masses that thwarts development. If anyone will change things for the better, it will be they themselves. ”

And of course there are many other Salvadoran doctors and social workers who bounce through our work.

Faith, Politics and Community are inseparable here, as they should be everywhere. Let me start with a story of Community. One evening when I desperately wanted to rest, the neighbor's kids came over to the volunteer house to play, begging me to play their dad's violin. Tired, I went and I played for their family. The father played for me, and sang the songs of the Revolution and many of the famous Liberation Theology hymns. His wife and all the kids sang along. "*Mujer salvadoreña, trabajadora y campesina, yo le canto a tus manos, de ternura y valentía. A tus manos que tanto saben, de tortear y acariciar; a tus manos que trabajan por una nueva sociedad.*" ("Salvadoran woman, worker and peasant, I sing to your hands, full of tenderness and courage. To your hands, which know so much of making tortillas and caressing; to your hands that work for a new society.") All while the dad is in his underwear-night shirt and everyone is packed in a crammed house, I'm drinking *chicha* (local moonshine), and the wife is weaving a hammock. So that is being *in* the community—sharing *chicha*, singing, playing marbles with the kids, and talking politics and religion.

The community is 95% on the side of the FMLN, the political party of the former guerillas, and they decidedly believe that politics does impact their lives in a very tangible way, and that Mauricio Funes (the presidential candidate for March 2009) will lead them to presidential victory for the first time in decades. The ARENA (the party of the former national army—let me be blunt, human rights violators—and the eight family corporations) is running scared. If you think Obama has charm and inspiration, Funes is like three Obamas. Everyone talks about politics; every light post is painted in the colors of the political parties.

I have heard the word *Conocimiento* (consciousness) more in these few weeks than I can remember ever hearing in the US. There is a CAFTA project to strip mine and another to build a system of dams along the Rio Torola that would flood out the community that I live in. Monsanto in the US is pushing their transgenic seeds on the farmers in El Salvador. There is much of which the people have to be aware and wary. They must be active in the debate lest they be overwhelmed by other interests (just as in the US political arena).

And at Church they talk about such Consciousness...that you cannot love God and money, meaning you cannot be greedy like the large corporations that push their seeds or do not share power in the country; and that to love God is to share such wealth and development. This from the Chapel San Romero where I went to church last Sunday. There are murals of Archbishop Oscar Romero quotes, the band is lively, they sing of *El Libertador Cristo*, men and women give the sermon in a lively debate. There is no priest, except for about once a month, so there is no sacrament; but do not doubt that there is Holy Spirit! Amen, there is!

This same spirit spills over into their devotion to their work and to their dependence on God to bless it. After Mass, we went to the *Pago a la Tierra* (Payment to Mother Earth) ceremony. We waited and waited for the *Pagador* (the payer). He came two hours late, so we ate tamales in the meantime. Then we blessed flowers and breads and chocolate and *chicha*, all with images of Jesus, Mary and Archangel Michael present, in the Name of *Dios, Jesucristo, La Virgen y la Madre Tierra*. They asked me to be in the procession, which was awkward for me because I didn't want to taint the ceremony with my foreigner presence, but it was far from that, really. Much incense was burned at the site of the *Pago*, a patch of land with four trees to represent the cardinal directions of the world. The *Pagador* crumbled the breads over the land, spilled the offerings and slit a chicken's throat for the blood. Ninety minutes later it was time for the rosary. The *Pagador* whipped out a rosary and instead of solemnly beginning a rosary, he dunked the rosary into a bowl of water, flung the water around into the crowd and then proceeded with the first ten Hail Mary's. Between each ten prayers, he dunked the rosary again. At the end of it all, we pass



Don making a house call in Estancia, Morazán.

around the *chicha* and the *Pagador*, Don Lupe, asked me about coming to the clinic to get his eyes checked out.

Be it heresy-animism-Catholicism, the faith that God is *in* the land and earth is not something to be belittled here. The weather and the fruits of the earth are very real gifts and necessities of life, so God is very much present in such things for the people here. And be it superstition or not, they do not say *Dios Mio* and wave their hands in distress. They are very active in faith and politics. This is not the opiate of the masses that thwarts development. If anyone will change things for the better, it will be they themselves. CDH is an amazing example of this. 🌿

### 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](mailto: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.

# IN THE WAKE OF HURRICANE FELIX: DGH RESPONDS

By Todd Barnett

After a grueling 21-hour bus ride from Managua, my knees crammed against the vinyl seat of the 1970s school bus and my body tucked snugly between a woman and her two-year-old on one side, and a man sleeping on top of the relief supplies filling the aisle on the other, I arrived in Bonanza. We only had to stop once to pull the bus up a muddy hill with a metal cable, which I heard later was a decent turn of luck. The area was not one of the hardest hit by Hurricane Felix, which devastated much of the Caribbean coast of Nicaragua and Honduras, but around ten percent of the homes in the area had been destroyed or damaged. Flooding had brought about spikes in diarrheal disease and upper respiratory infections, affecting large numbers of children and the elderly in the surrounding areas.

I stepped off the bus onto the muddy streets of the small gold-mining town, exhausted from the sleepless trip, and began to look for the community leader, Eugenio Pao, who was to be my contact there. At this point, I had been working as a DGH volunteer with APS (*Atención Primaria en Salud*) for five weeks across the Nicaraguan countryside, and in Guatemala City helping Dr. Saul Contreras Martinez train volunteer community health promoters to improve their clinical skills. I set up the trip as a clinical rotation as a part of my education at Emory University to become a Physician Assistant. When the hurricane struck the Caribbean coast of Nicaragua and Honduras, sitting and watching news reports of the devastation on the television in Managua, I felt obliged to use some of the funds I had received from the Emory Global Health Institute to improve the infrastructure of APS in Bonanza and help however I could. And so here I was, bringing two enormous rolls of sturdy, black plastic sheeting for roof repair and the funds to purchase wholesale medicines through APS' sustainable formulary model to hopefully provide at least a small amount of relief.

In this system, a community elects a health promoter in an area of need. APS then provides them with an initial *botiquin* or health-promoter kit, including first aid supplies, a formulary of essential medicines and basic medical equipment like a stethoscope and blood pressure cuff. The health promoters can sell these medicines to individuals in their communities at prices far below those of private pharmacies. The health promoter then purchases more medicines from APS at wholesale prices to restock their formulary, creating a sustainable system that relies little on external funding sources for the bulk of its operation. Through this system, which consists of basic antibiotics, first aid supplies, and other fundamental medicines, the APS formulary is economically and geographically accessible for entire communities that would otherwise have absolutely no access to essential healthcare and medicine.

Everyone knew where Eugenio lived, so it didn't take long to find his house up the muddy slopes of the tropical town of 12,000, couched in the middle of the Bosawas UNESCO Biosphere Reserve. He greeted me

“ Around ten percent of the homes in the area had been destroyed or damaged. Flooding had brought about spikes in diarrheal disease and upper respiratory infections, affecting large numbers of children and the elderly in the surrounding areas. ”

warmly and after noticing my exhaustion, offered me a place to rest before we discussed the work to be done. Throughout the evening we reviewed the data brought to him from APS' network of over 60 promoters in the surrounding areas and remote villages.

Within days after the storm, each promoter had relayed detailed information back to Eugenio regarding the number of houses affected, the crops that were damaged and the

increase in illnesses that were affecting their communities. The information would enable the local government and the entire network of relief organizations to understand not only the immediate relief needs for each community but also to

project the future food needs of affected communities caused by damaged subsistence crops upon which the majority of families depend. The level of organization was amazing, particularly in consideration of the fact that it was all accomplished with an entirely volunteer force. Although the comparison is not apt, I could not help but think about the chaos following the devastation of the US gulf coast after Katrina in the developed world.

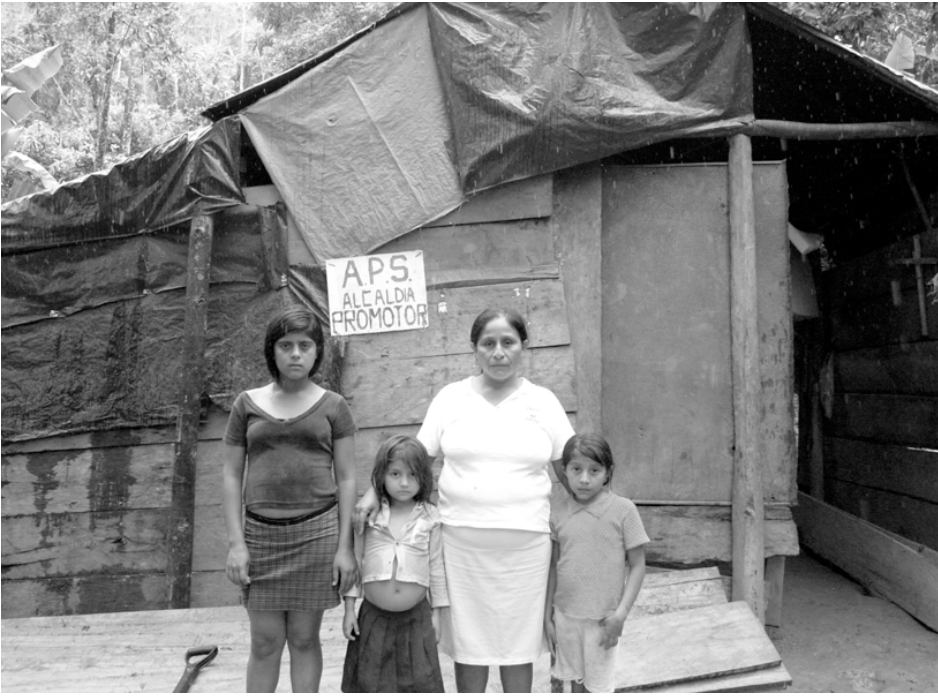
I spent the rest of the evening trying to choose an approximate month's worth of medicines for six communities that were geographically isolated. A promoter from one such community said his trek into Bonanza

consisted of a full day's hike including a three-hour canoe trip. A decent store of supplies was necessary for their small village to function efficiently.

In the morning, I headed out to the village of Los Cocos to meet Teresa Garcia, the promoter there, and have some consultations with those needing medical attention. The conditions were quite different from those I was used to. We saw patients in a mud-floored home with pigs and chickens running around



Local Bonanza boy being treated for cutaneous leishmaniasis.



Health promoter standing with her family in front of her Felix-ravaged home.

the house. I also had to work very hard to maintain privacy with patients, as a large line developed with many crowding into the makeshift exam room. The majority of those ill were children, primarily with diarrhea and upper respiratory infections, along with an endemic level of scabies and several cases of cutaneous leishmaniasis, a parasite that causes ulceration of the skin around the insect bite where it was transmitted. We referred those with leishmaniasis to the hospital to be admitted for treatment. By the time the day was done, we had seen over 60 patients and I had exhausted most of the medicines I had brought.

Throughout the remainder of my time there, I was thoroughly impressed by the APS promoters I worked with and every day learned more about life in the region: about the rampant deforestation that threatened the area due to farming and mining, a lack of education of consequences and the lack of enforcement of laws protecting the land. I walked around the *lago de cianuro* or 'lake of cyanide' on the town's edge that contained all of the toxic heavy metals that were byproducts of the extraction of gold from local ore; I was amazed to see people living just off its shores. I learned about the family mining cooperatives that extracted ore from the earth and cracked it by sledge hammer to determine its potential sale to Wave Mobile (now CA Goldfield, Inc.), the one enterprise from Canada that processed the ore and extracted its profits. I learned about the love of reggae and costeña music and the joy of dancing to both. I visited the local hospital. They had the machine for evaluating the liver enzymes of the woman there who had a parasitic liver abscess from lack of access to potable water, but had been too far to use the equipment for months. I worked with and learned from local doctors who joked about 'Dr. House' from television who never even touched a patient with his hands. I learned as much as I could in the tiny glimpse into life in Bonanza that I had.

On my last morning there as I checked out of my hotel, my thoughts were drawn back to working with Teresa. She had reminded me of the importance of humility as she had told me the correct dose of erythromycin for a three year-old as I sat furiously punching numbers into my overpriced handheld device. Many of those in the room had snickered, bringing a blush to my face as I asked her to wait, then came up with the same answer. She and many of the promoters I had met across the country were excellent at what they did and served their communities with love. I walked out of the hotel into the bright morning sun and sat down on the street side next to the other men getting their boots polished from yesterday's mud, to ready them for today's. 🌿

## KISORO'S GIFT

By Bernadette Thomas

My colleague and I gripped tightly to the worn leather handles of the taxi that we had hired to bring us to Kisoro, trying not to look down. Our driver was at ease, whistling quietly as he skillfully maneuvered the rugged terrain. They were not roads, but narrow rock paths that we struggled over as the car labored down the slopes of a mountain to reach the remote village where we would be working for a month.

Our surroundings were a far cry from the congested streets and numerous skyscrapers of New York, the city that we left to come to Uganda to learn about its people, illnesses and needs. Though I had come to serve its impoverished inhabitants, I would leave a month later much richer after living among them.

The town is composed of one main road lined with small businesses and shops selling home-grown eucalyptus honey, but farming is the main industry. Surrounded by unspeakably lush beauty, the small village is nestled between inactive volcanoes and rolling green hills bordering the Congo. Not an inch of the land is untilled, giving a patch-work appearance to the earth known as "terraced" landscaping.

I explored these grounds on a hike during my first day in Kisoro. My lungs were still acclimating to the higher altitude as I climbed and met the families that lived on the farmed grounds. Little shacks housed families sharing potent banana gin, eating breakfast or getting ready for church. Small children quickly gathered to stare at the foreigner. They followed at a careful distance, adeptly leaping barefoot over the rocks that I labored over in booted feet.

The people that I met were unspeakably poor but offered food and drink, and shyly introduced me to their elaborate rules of etiquette. In Kisoro you always greet those that you meet, never walk between two people having a conversation and always share your meal with someone who passes by. Those that I met along the hike were

*(Continued on page 8)*

# Human Rights World around the

## USA: THE DRAGNET FOR “FUGITIVE ALIENS”

By Tom Barry

The Department of Homeland Security (DHS) has unleashed a national dragnet that is hunting down “fugitive aliens.” DHS has 75 Fugitive Operations Teams that are mounting raids across the country. But only a small number of these arrested fugitives are actual criminals, and some of the immigrants that are handcuffed and shackled by Immigration and Customs Enforcement (ICE) are US citizens or legal US residents.

ICE, the DHS agency in charge of immigration investigations, is producing a stream of news releases hailing the success of these eight-person fugitive teams that stage coordinated raids. ICE agents invariably say that the operations aim to “restore integrity” to immigration enforcement. Last year ICE arrested 30,048 immigrants in these fugitive round-up operations. That’s up almost double from 2002, and 15 times as many netted in 2003.

ICE fugitives are not hardened criminals. In fact, in most cases they are not criminals at all. “An ICE fugitive,” explains the agency, “is defined as an alien who has failed to depart the United States based upon a final order of removal, deportation, or exclusion; or who has failed to report to a Detention and Removal Officer after receiving notice to do so.”

These targeted fugitives, then, are not criminals fleeing justice but immigrants who either ignored mailed communication from ICE or the Justice Department or never received these orders to appear. In either case, they are placed on a list of nearly 600,000 ICE fugitives that are being tracked down by the agency’s fugitive teams. In addition, ICE hunts down “criminal aliens,” those immigrants charged with crimes in the US or who have a criminal record here. However, increasingly “criminal aliens” may merely be immigrants who have falsified a Social Security number or illegally reentered the US and are being charged with aggravated felonies in accordance with the Bush administration’s policy of criminalizing immigrants.

**Absconders Become Fugitives.** The Bush administration began assembling its Fugitive Operations Teams in February 2002 as part of its “war on terrorism.” Although a campaign against immigrant “absconders” was authorized in 1995 and reauthorized in 1998, it wasn’t until late 2001 that the Immigration and Naturalization Service (INS), at the behest of the attorney general, launched the Absconder Apprehension Initiative as a complement to new security measures of the USA Patriot Act.

Homeland Security, created by the Bush administration in March 2003, took over the absconder program, setting up the National Fugitive Operations Program. No longer were these immigrants called “absconders,” they were now labeled “fugitives,” reflecting the hard-line posture of the new department. Today, there are 75 seven-person operations teams with another 29 scheduled to come on line by the end of 2008. Spread around the country, each team has its own geographical focus, although teams often collaborate in “surges”—the ICE term for escalations of fugitive hunts that bring together other teams in the region for multi-day raids.

DHS has established ambitious goals for the fugitive pursuit teams. In its 2003 strategic plan Endgame, ICE’s Office of Detention and Removal Operations linked alien removal to the country’s post-9/11 national security strategy: “Moving toward a 100 percent rate of removal for all removable aliens is critical to allow the ICE to provide the level of immigration enforcement necessary to keep America secure. Without this final step in the process, apprehensions made by other DHS programs cannot truly contribute to national security.”

“ICE focuses on removing dangerous criminal aliens from our communities, and on restoring integrity to our nation’s legal immigration system,” says Julie L. Myers, assistant secretary for ICE. “Those who participate in due process but flee when they lose their court cases will be located, apprehended and removed.”

As part of its 2003 Endgame strategic plan, ICE set the goal of eliminating the fugitive backlog by 2012. At first, there was also a strong emphasis on measuring progress by the number of “criminal aliens” arrested rather than “fugitive aliens” who have no criminal history. But ICE has since dropped the criminal alien standard. As a DHS report on the program observed, the “productivity” of the teams was inhibited by the criminal alien guideline. Now ICE measures the program’s “productivity” by the total number of fugitive aliens, criminal aliens and immigration violators caught, and by decreases in the fugitive backlog. In January 2006 ICE set a goal of 1,000 annual apprehensions for each Fugitive Operations Team—a goal that fosters broadly targeted sweeps by the teams.

ICE continues to assert that its Fugitive Operations Teams give “top priority” to cases involving “aliens who pose a threat to national security and community safety.” The top-to-bottom priorities of the fugitive teams, according to ICE, are: “(1) fugitives posing a threat to the nation; (2) fugitives posing a threat to the community; (3) fugitives with a violent criminal history; (4) criminal fugitives; and (5) non-criminal fugitives.”

But these priorities don’t mean that ICE’s Fugitive Operations Teams won’t pick up non-criminal, non-fugitive immigrants. So wide is their net that the teams are sometimes arresting citizens and immigrants who are in the process of being naturalized, thus spreading fear throughout the immigrant and Latino communities.

**Raids Without Warrants.** No warrants are needed for ICE raids on immigrant households. Legal or not, immigrants who aren’t naturalized citizens don’t have the same constitutional rights as citizens. When the ICE agents in their blue windbreakers with

“Police” emblazoned on their backs knock on the door of the home of a suspected fugitive, they don’t carry warrants and don’t have to present any evidence.

ICE police can question suspected aliens about their immigration status, and can search them and their homes without warrants. Nor do ICE agents have to read “aliens” Miranda rights. Arrested immigrants do have the right to a lawyer, but they will need to find and pay for the lawyer. Immigration courts are part of the Justice Department, but they are not part of the judiciary with judges. They are more administrative hearings rather than true courts.

As a *New York Times* story by Julia Preston noted: “Even immigrants who have lived here legally for many years, lawyers said, can run afoul of the immigration laws with minor infractions or misdemeanors. A late filing of visa renewal papers or a shoplifting citation can quickly spiral into an order for the ultimate penalty: deportation. Immigrants who fight the orders have more limited bail rights than American [U.S.] criminals and can spend years behind bars while their cases inch through the overburdened court system.”

Announcing themselves simply as “Police” or “Policía,” the ICE agents search homes in dawn raids looking for the targeted fugitive. As often as not, however, they don’t find the fugitive, but that doesn’t mean they walk away empty-handed. The raids routinely produce “collateral,” or immigrants who aren’t part of the fugitive databank but are in the country without the proper documents. Fugitive immigrants are hard to find, not necessarily because they are hiding, but because the government often lacks hard information.

According to a 2006 DHS report, nearly half of the information in ICE’s “Deportable Alien Control System”—a database of immigrants to be deported—was incorrect or incomplete. Not only does this lack of accurate information about where targeted immigrants live mean that the Fugitive Operations Teams often fail to find the fugitive, but it also means that in practice these ICE police find themselves in homes of other undocumented immigrants who they simply arrest as “collateral.” Nationally, such collateral arrests account for about 30 percent of all arrests by the fugitive teams. Of the 30,048 immigrants caught in fugitive raids in 2007, more than 8,000 were collateral immigration violators.

**More Collateral Damage.** Homeland Security has failed to demonstrate that its fugitive operations are arresting immigrants who threaten national security. Instead of increasing security at home, the escalating raids of the Fugitive Operations Teams are leading to a worrisome pattern of abuses of the civil rights of US citizens and legal residents who are caught in these “surges.” Adriana Aguilar, a US citizen living in East Hampton, NY, has filed a civil rights suit against ICE for violating her Fourth Amendment rights when ICE agents burst into her bedroom where she was asleep with her 4-year-old son, shining flashlights into her face before interrogating her.


In a June 11 speech on ICE arrest and detention practices, giving several examples of US citizens who had been harassed by ICE, Sen. Robert Menendez (D-NJ) told the Senate, “The legitimate desire to get control over our borders has too often turned into a witch-hunt against Hispanic Americans and other people of color.” American citizens, he said, “are targeted because of their race, targeted because of their color—denied every fundamental right guaranteed by the United States Constitution. Common sense repeatedly loses out to hysteria, and agents of intolerance repeatedly jump over the legal protections to which every single American is entitled.”

Homeland Security’s Fugitive Operations Teams typify the problems created by the Bush administration’s immigration crackdown. Incorporating immigration policy into national security strategy, the administration treats immigrants as security threats and criminals. Surges, collateral and fugitives are the new terms used in this war at home. No doubt that immigration policy is broken. But Homeland Security’s hard-line on immigration—adopted from the immigration restrictionists—is not mending a failed and broken policy but creating new collateral damage in the form of broken homes, violated rights and a climate of fear.

A new administration needs to revisit immigration policy. Yes, fugitives should be hunted down and detained, but real fugitives—truly criminal immigrants on the lam, not immigrants struggling to make a life for themselves and their families.

The integrity of immigration policy needs to be restored, and the first step should be to extricate immigration policy from the corrupting influence of Homeland Security, which regards immigration as a national security problem rather than the complex socioeconomic issue that it is.

— Tom Barry directs the *TransBorder Project of the Americas Policy Program*.

—This article was reprinted by permission from the *Americas Policy Program*, which seeks to educate policymakers, influence public debates regarding the US role in global affairs, change public opinion, inform activists, and foster strategic dialogue among progressives across the globe on key issues like economic globalization, sustainable development, and peace and security. You can find their materials at: <http://americas.irc-online.org>. 

## To Learn More...

### Read other articles about the immigration crackdown in the US:

- ▶ Reframing the Immigration Debate: The Actors and the Issues  
<http://americas.irc-online.org/am/2959>
- ▶ The Immigrant Bed Bureaucracy  
<http://americas.irc-online.org/am/5293>
- ▶ Homeland Security's Enemy Next Door  
<http://americas.irc-online.org/am/5286>
- ▶ The Deterrence Strategy of Homeland Security  
<http://americas.irc-online.org/am/5269>
- ▶ County Jails Welcome Immigrants  
<http://americas.irc-online.org/am/5253>
- ▶ Paying the Price of the Immigration Crackdown  
<http://americas.irc-online.org/am/5234>
- ▶ Truth about Illegal Immigration and Crime  
<http://americas.irc-online.org/am/4903>

## KISORO'S GIFT

gentle, welcoming and charmed by my attempts to learn a few words of greeting in their native language. With this introduction, I began my work in the hospital.

I witnessed the consequences that lives of hard labor, disease and poverty brought on the inhabitants in the little town during my work in the local government hospital. HIV, tuberculosis, tetanus, malnutrition and malaria were a few of the conditions that I constantly diagnosed as I assessed the numerous patients that would present during a day. The imaging studies that are abundantly provided in the US are a luxury in Kisoro. Patients often struggle between paying for an x-ray and life-saving medication or food. The beds in my ward began to hold more and more Congolese refugees—those lucky enough to escape the escalating violence in the nearby country. One of my patients was a young teenage Congolese refugee who had been forced into the service of one of the militant groups. The soles

*(Continued from page 5)*

of his feet had been burned to prevent any attempt of escape, one of the many abuses he had suffered. In screening him for signs of Post-Traumatic Stress Disorder, I asked what he had dreamed when he slept. He gazed at me calmly and replied, “When I dream, I hear music.”

I sat in the back pew of the local church, gazing at the fellow worshipers who had become my patients and community during the past month. I struggled to understand their calm, their peace in the setting of hunger, disease, early mortality and near-by war. Their voices lifted in prayerful song as their hands kept time with an elaborate clapped rhythm. They sang as one—the sound swelling with praise and gratitude. Tears streamed down my face at its beauty, and, in that instant, I caught a glimpse of the source of their strength. Though now back amid the clamor of my New York life, when I close my eyes, I can still hear that music—and feel that peace.

## Save These Dates!

► **November 4, 2008.** Don't forget to vote! And maybe you can help someone get to the polls who can't do it alone.

► **November 14–16, 2008.** DGH is proud to be among the organizers and supporters of the IX International Liberation Psychology Congress, which will be held at the University of the Earth (*Universidad de la Tierra*) in San Cristobal de Las Casas, Chiapas, Mexico. This year's theme, *Current Challenges: Collective Answers Toward Liberation*, is intended to generate—with the active participation of every person attending—an environment that will promote deep dialogue and allow us to be affected by one another in order to construct new concepts and practices, and to interlace our paths.

► **July 31–August 2, 2009.** Join us at the 14th Annual DGH General Assembly, which will be held at The George Washington University in Washington, DC.



### 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](mailto:dghinfo@dghonline.org)

[www.dghonline.org](http://www.dghonline.org)

**NON-PROFIT ORG.**

U.S. POSTAGE PAID

DECATUR, GA

PERMIT No. 394

**A Perspective on Volunteering... 1**

**Reflections from Estancia... 2**

**In the Wake of Hurricane Felix... 3**

**Kisoro's Gift... 4**

**US Human Rights: Immigration Policy... 4**