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A NEW DOCTOR IN EL SALVADOR

By Shirley Novak

When a young boy pondered why life had to be so difficult, his grandfather, one of the 'Wisdom Keepers' in indigenous culture, replied: "In life, there is sadness as well as joy. In life there is two of everything. Within you is the heart to feel compassion as well as the smallness to be arrogant. Within you is the way to face life as well as the fear to turn away from it. Life can also give you the strength that can come from facing the storms of life, from knowing loss, feeling sadness and heartache, from falling into the depths of grief. Keep going."

Born in the middle of El Salvador's twelve-year armed civil conflict, Juan Carlos Martinez's life, as well as that of his family and entire community, has been touched by each of the storms of life mentioned by the 'Wisdom Keeper.' He was raised in La Estancia's *caseríos* Naranjera and Rodeo, nestled within the remote mountainous municipality of Cacaopera, home to El Salvador's last remaining concentrated indigenous population. Juan Carlos recalls that, "I always thought that I would never leave here. Maybe I'd work in *el campo*, but I never thought that anything extraordinary would happen with my life."

Yet indeed it has! At age twenty-three, he is a July 2009 graduate of *Escuela Latinoamericana de Medicina* (ELAM or Medical School of Latin America). He recently returned home to El Salvador after six hard, long, at times lonely, years of study in Cuba.

It was not an easy road to where he is now. Let's fill in the years... After completing seventh

grade, Juan Carlos continued his studies outside of Estancia. Seventh was the highest grade taught in his village, Rodeo, at that time. He boarded with a family, returning home every weekend. When asked how he came to think of pursuing a career in medicine, Carlos replied: "It kind of was an accident. When I was in high school, I never thought to be a doctor. My family never could pay for that!"

Carlos acknowledges the role his mom and others played in his life. "I always liked medicine, especially with my mom working in the field as health promoter, but still I was sure that was never going to happen to me. My mom was doing pretty good things for people, filling a need in the community as a *promotora de salud*, and she's still doing that. She was the one

“ In July 2005, he wrote to Lanny: You were one of the principal influences for me choosing this career. I saw you putting a lot of effort into your work, dedication and only a little rest; I saw that all is rewarded with the happiness and open arms of the people, these beautiful people that you help. ”



who influenced me the most. I knew other people doing this type of work. Some even had difficulties writing and reading and I said, 'Why not me? I can do it too!'"

Juan Carlos credits Lanny Smith, DGH Founding President, for influencing his career choice too. His stepfather, Ramiro Cortez (director of *Campesinos por el Desarrollo Humano*, DGH's partner group in Morazán, founded by the health promoters first trained by DGH) was one of the first health promoters Lanny trained in El Salvador; thus Lanny was a familiar face in Juan Carlos' home. In July 2005, he wrote to Lanny: "You were one of the principal influences for me choosing this career. I saw you putting a lot of effort into your work, dedication and only a little rest; I saw that all is rewarded with the happiness and open arms of the people, these beautiful people that you help. I believe that this is very important."

Carlos began farming after high school. One day on the bus his former math teacher saw him and asked what he was doing. He told her he was working. "Working?" she asked. "You were too good a student. You must go to university." When he replied that his family had no money to pay for a university education, she mentioned there were scholarships to Cuba. They kept in touch; he later asked her what kind of scholarships and how he could apply. Carlos never thought someone in another country would give him any assistance. This teacher continued to advise him. Learning more about the scholarship program, Carlos described a new sensation: "A kind of hope now came into me. It was something I started thinking about seriously, believing that it wasn't a joke." Even so, this new hope was tempered by the reality that he might not get a scholarship, knowing that it "could be complicated and very difficult coming from my background—from this area of the country."

Juan Carlos went to San Salvador and started a process that took about eight months. There were long waits and frequent calls to the office to check on his status, until

suddenly he was called to San Salvador for an interview. After another six or seven weeks, Carlos learned he was one of one hundred students who had made the first cut—but there was space for only thirty-five. He wasn't chosen for that first group, but was still in the running. Finally selected for the next group of students, he was told to continue the process of obtaining his passport and permission from his parents. After another four or five weeks, all was set to go!

When asked to talk about his six years in Cuba, Juan Carlos replied that it was a "a great experience, the greatest time in my life." But, he adds, "It was difficult! I had to study hard, even when I had no direct communication with my family for almost a year at a time. But I was surrounded by so many people from so many places—people I never thought I'd ever get to know. It never was easy but it was great! It taught me so many important things in my life besides medicine: to grow up, to have another perspective of life, a more realistic view of how the world is. Above all it taught me to fight for things that I want and that nothing's impossible if you work hard and if you make some sacrifices."

“Above all it taught me to fight for things that I want and that nothing's impossible if you work hard and if you make some sacrifices.”

Referring to sacrifices and determination, his mother Silvia Martinez became nostalgic as she mentioned all that had to be accomplished quickly to prepare Carlos to leave for Cuba. "He won the scholarship but there were many things to take care of. I was at a meeting; [when they learned that my son was going away to become a doctor] many people reached into their pockets and gave us some money to help get the documents." She added, "We sold a cow to help pay for his plane ticket."

Carlos was able to return home for a few weeks between each year of study. It became an anticipated time to catch up on sleep, visit with family and friends, relax in an *hamaca*, and fill up on his favorite Salvadoran *frijoles*, *tortillas* and *queso*. But perhaps most importantly, it was a time to be reacquainted with those who still lived in dirt floor houses made of bamboo lashed together, with roofs that let in the rain during the summer. He saw distended bellies of malnourished children; he knew how little food and medicine was available to keep people healthy.

These experiences confirmed in Carlos why he was pushing himself living so far away. He renewed his commitment to one day return to El Salvador better educated and able to relieve some of the suffering of his people. Now he's back home with a different struggle: to legalize his documents, to have them accepted by the Ministry of Health. Completing an *año social* (similar to the US's internship year) is a requirement for which there's no salary or stipend.

While waiting for his assignment, Carlos is volunteering in Estancia's clinic, working side-by-side with local health promoters and DGH medical volunteers. Even in a short conversation with him, it is obvious that Juan Carlos Martinez has learned well the lessons from the 'Wisdom Keepers' in his own community, from his own indigenous roots. When asked, "What now?" Juan Carlos answered: "Just keep going! Move on and continue to realize my career, studying hard, working hard. I want to be the best doctor I can be; to do a great job to serve my family, my community, my country—over all to work for people in need in my country." He has indeed made the 'Wisdom Keepers' proud—as well as his parents, his extended family, and his friends within the mountains of Morazán and the DGH community.

— Shirley Novak interviewed Juan Carlos in his family home during an August 2009 visit.



Juan Carlos Martinez at the clinic in Estancia.

POPULAR HEALTH IN MEXICO

By Jessica Durrum

doors down, its cart piled high with firewood; waking to the neighborhood loudspeakers broadcasting the day's events, if the roosters don't wake me first; the vendors who join the chorus, announcing their pushcart wares: *mole, pan, atole*; the iguanas and geckos darting around; and the lush trees I have learned to identify: mango, almond, guava, tamarind. While this backdrop has become familiar, it serves as a reminder that I still observe my surroundings through the lens of a visitor. Recognizing my outsider's perspective as one of many, I offer this reflection in the same spirit as I strive to approach my days here: one of humility, listening, learning, and sharing, and occasionally pausing to draw connections.

When I decided to volunteer in Latin America, I had two intentions: to be useful and to be inspired. My childhood friend Sara Doorley, a former DGH Board Member and El Salvador volunteer, encouraged me to get involved with DGH. I took her advice. The DGH International Volunteer Committee helped me find a site where my community-based nonprofit background could be useful: the *Centro Popular de Apoyo y Formación para la Salud* (CEPAFOS), a popular health organization in the Isthmus of Tehuantepec in Oaxaca, Mexico, where DGH Board Member Irma Cruz has worked for the past three years. CEPAFOS was formed over 20 years ago, through the efforts of former Bishop Arturo Lona Reyes, a liberation theologian, to address the lack of adequate health care for the poor in Tehuantepec. In the Oaxacan portion of the Isthmus, at the very south of

After six months here, the aspects of my daily life that seemed novel when I first arrived are now familiar: the horse a few

Mexico, the area spans a climatic range from the steamy tropical Pacific coast to the cooler Sierra Madre. (An isthmus is a narrow strip of land with sea on either side, forming a link between two larger areas of land.)

Over a quarter of the population is indigenous, primarily Zapotec, Chontal, Zoque, Ikoots and Mixe. Given the geographic and cultural diversity, and the

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WE WON'T FORGET: NEW ORLEANS FOUR YEARS AFTER KATRINA

By Jennifer Bouso

forever be a place where you can kick off your shoes and dance to the beat of a jazzy brass band or relax over a *café au lait*. But since August 29, 2005, New Orleans has also been known as the site of the most expensive and devastating natural disaster in documented US history.

It's been four years since Katrina, yet many New Orleans residents feel as if the storm ravaged their homes just yesterday. While certain areas of the city have been restored—specifically the tourist areas that help boost our local economy—many other places are being forgotten in light of wars overseas, national elections and the lack of media attention.

The Greater New Orleans Community Data Center put out "The New Orleans Index" in January 2009, updated this August, which maps the progress of area recovery. Although the report shows New Orleans in a good light by focusing on our strength through the economic downturn and a low unemployment rate relative to the rest of the country, the stark reality of our percent recovery speaks for itself (see map on page 6). New Orleans' unemployment rate, though well below the national average, is not a source of bragging rights in light of the 16 percent recovery rate in the Lower Ninth Ward and the less than 60 percent recovery rate in all of New Orleans East, some of the poorest areas of the city.

As a post-Katrina New Orleans resident and someone who has worked in disaster relief for the past four years, I have found the recovery process slow, frustrating and generally heart-wrenching. Some of the stories are hard to believe. This past summer, a 92-year-old woman was found living

One of the oldest cities in the US, New Orleans has stood the test of time and of disaster. The Big Easy will

“As a post-Katrina New Orleans resident and someone who has worked in disaster relief for the past four years, I have found the recovery process slow, frustrating and generally heart-wrenching.”

in her attic, home gutted beneath her, prepared to live the rest of her life in her attic sauna. A former schoolteacher, she doesn't lack education, yet she is left without options. Construction workers with Southeast Louisiana Disaster Recovery, Inc. (SLDR) received a call informing them of her location

just blocks from their main office. “We get these calls every day,” said Dale Kimball, executive director of SLDR. “People are still out there. A lot of people are simply out of resources and out of options.”

A few months ago, I spoke with a local homeless woman who owned an uninhabitable home. It had been gutted, but she lacked the funds to rebuild it. I asked her whether she had received a FEMA trailer and she huffed disdainfully. Yes, she had lived in a FEMA trailer until she began having health problems. Like so many others, her trailer had toxic levels of formaldehyde and was poisoning her. The levels would have been fine for the few weeks or months that

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Human Rights World

around the

THE TRUE COST OF GOLD

By Jyoti Puvvula

Gold mining companies have left a trail of gross human rights violations and environmental degradation of indigenous communities all over the Americas. In El Salvador alone there are over 29 active mining projects, with the Canadian mining company Pacific Rim owning many of them.

Modern mines are machine and chemical intensive endeavors in which hundreds of tons of rock are moved and processed for every ounce of gold (often as little as 0.015 ounce of gold per ton of rock). A typical mine, over the course of its often short life, will process four billion tons of rock. Over 90 percent of this gold goes to nonessential applications like jewelry.

The environmental damage from the acid mine drainage is considered one of the most serious problems of these mining operations. It produces a virtual flood of acid water that contaminates groundwater and entire watersheds, contributing not just to acidity but to heavy metal accumulation.

The next step in extracting the gold relies on chemicals to dissolve minute particles of gold, freeing them from the rock. Cyanide, the chemical of choice, is poured over heaps of rock that has been mined. The cyanide leaches into the ground and water systems. Rarely do mines operating in these communities practice safe methods of disposing and containing the billions of tons of ore tailings produced and contaminated with cyanide.

A dose of 40 to 200 milligrams of pure cyanide is fatal to humans, yet the World Health Organization estimates that out of the 200 tons of cyanide produced per year, about 180 tons of it is used in gold mining.

Before buying gold jewelry contemplate its true cost! For more information on local actions and the anti-mining struggle, please visit www.cispes.org. 

DEATH THREATS CONTINUE AGAINST ANTI-MINING ACTIVISTS IN CABAÑAS, EL SALVADOR

By Denise Zwahlen

You may remember that one of our most recent Action Alerts posted on the DGH website in July was in response to the torture and the assassination of Marcelo Rivera, an anti-gold mining activist in San Isidro, Cabañas. In the wake of the crime, young reporters from the local community radio, Radio Victoria, received death threats alluding to their coverage of the anti-mining campaign in San Isidro. A few days later, a local priest involved in the campaign narrowly escaped from armed and masked aggressors. Many more received death threats as a result of their anti-mining activities and the role they played during the civil war in the defense of the rights of the local populations. In early August Ramiro Rivera, another man defending the rights of his community against the detrimental effects of gold mining, was shot at eight times and nearly killed.

We had not received any news of other threats or violent actions until October, when a young woman from San Isidro, Guadalupe Aviles Hernandez, received insults and death threats on her cell phone, warnings to stop her activities against gold mining in the community. Yet another young reporter from the Radio was also threatened.

Meanwhile, it does not seem that any serious investigation has been conducted by the government to determine the intellectual authors of the diverse actions, which are clearly related.


A coalition of several organizations and individuals involved in US-El Salvador solidarity have undertaken different activities to bring international attention to the problem:

- ▶ An initial letter, denouncing the actions and asking for a thorough investigation and protection of those threatened, was signed by over 100 organizations and sent to the Attorney General and Chief of Police of El Salvador.
- ▶ On August 11, a delegation of representatives from Salvadoran organizations and US-El Salvador Solidarity groups met in person with the Attorney General with the same demands.
- ▶ On September 1, a letter was sent to the US State Department asking Hillary Clinton to give her support to the President for a thorough investigation into the crimes, and prompting our government to designate a new US Ambassador to El Salvador.

Those actions have had little effect if any. We have not heard back from the State Department. There has been no statement condemning the actions from Pacific Rim, the Canadian Gold Mining company involved in San Isidro. No thorough investigation has been conducted and these recent threats demonstrate that the perpetrators of the crimes have not been intimidated.

These events have received almost no press. On October 15, MESA (la Mesa Nacional Frente a la Minería en El Salvador), the umbrella organization investigating mining in El Salvador, received the Letelier Moffitt Human Rights Award from the Institute for Policy Studies in Washington, DC. But the award did not attract as much publicity to the problem as we had hoped.

Many in El Salvador believe that Pacific Rim, the Gold Mining Company, and the Salvadoran Right are acting in concert to defend their economic interests by trying to destabilize the newly elected progressive government.

Check the Advocacy page on the DGH web site (www.dghonline.org/advocacy) for updates and further action alerts on this ongoing problem. 

HONDURAS: REPRESSION, RESISTANCE, AND UNFLAPPABLE HOPE FOR RENEWAL

By Jennifer Kasper

While we in the US have been fixated on health care reform, a military coup in Honduras is having a grave effect on the health and well-being of its people. Constitutional President Zelaya had been a wealthy cattle rancher, but as President he demonstrated more left-leaning practices by raising the minimum wage and calling for a non-binding poll—the “Fourth Ballot”—in which the people were to be asked their opinion on the installation of a National Constituent Assembly to rewrite the outdated constitution. These actions were welcomed by the poor, who make up 60 percent of the population. (Honduras is the 2nd poorest country in the hemisphere, after Haiti.)

The Honduran military wasn't as supportive. On June 28, 2009, under the leadership of Romeo Vasquez (trained at the US Army's School of Americas in GA), the military forced President Zelaya from his bed and flew him to Costa Rica. The President of the Congress, Roberto Micheletti, was sworn in as president of Honduras and the *golpe de estado* (coup) was complete.

While the Organization of American States (OAS), the UN General Assembly and other international groups called for the “immediate and unconditional return” of Zelaya to the presidency, the US was initially silent, sending a message of tacit acceptance. As President Zelaya attempted to return to his country, the Honduran military cracked down on his supporters, throwing tear gas, and cutting off water and electricity. On Sept 26th, declaring a state of emergency, Micheletti signed an executive order that suspended all constitutional guarantees. This action has placed severe restrictions on civil liberties: all unauthorized public meetings are prohibited; police can arrest without warrant; and curfews prevent freedom of movement. In addition, two media outlets that have been critical of the coup regime were closed. Since the coup, the Committee for Relatives of Disappeared and Detained People in Honduras has documented thousands of human rights violations, including arbitrary detention, beatings, torture, disappearances and killings. The US School of the Americas continues to train Honduran military.

Meanwhile, in a remote area of northern Honduras, a physician-activist by the name of Luther Castillo was serving indigenous people and marginalized poor. After graduating from the Latin American Medical School in Cuba (ELAM), he spearheaded construction of the first and only hospital managed by the Garifuna, an indigenous tribe. It opened in December 2007 and has cared for more than 300,000 poor people free of charge. “We are not just providing health care to a forgotten people,” said Dr. Castillo. “We are creating a new model of free health care, an example for other poor regions in Latin America.” The hospital had signed an agreement with the administration of Constitutional President Zelaya affirming the right of the indigenous Garifuna to direct and administer their own health care. A few weeks before the coup, Dr. Castillo was named director of International Cooperation in the Honduran Foreign Ministry.

Since the coup, the de facto government has cancelled the accord, declared the hospital illegal, eliminated physician stipends, and threatened to take it over and downgrade it to health center status. Dr. Castillo, who has been at the forefront of national protests against the coup, is included on a list of persons whose lives and safety were declared “at risk” by the OAS. He recently came to the US to rally support for the hospital and the unconditional return to office of President Zelaya, and to lobby the US Congress to demand the return of basic constitutional and human rights in Honduras. “The people who suffer the most consequences in this situation are the poor,” he said before returning to Honduras. “We must stop further attacks on our hospital.”

The Honduran military police did not heed his plea. On October 6th, 15 armed military police raided the hospital in the early morning hours, later claiming they were searching for illegal drugs. No one was injured. A statement by the Fraternal Organization of Black Hondurans called the military action “a clear message to the Garifuna people (in response to) their participation in the resistance movement against the coup... such a punitive action against the hospital is one more

indication of the prevailing racism among the coup leaders and their military.”

The Honduran people are united as never before. The National Resistance Front against the Military Coup is a mix of labor, social and political sectors, and grassroots and popular organizations. Using non-violent means, they strive to change the status quo that favors the wealthy and multinational corporations. They have two basic demands: reinstate Zelaya to finish his term and elect a constituent (implies participation by all sectors of society) constitutional assembly to rewrite the outdated constitution. The people of the resistance movement have held daily protests since the coup; they shout, sing, dance, confront, proclaim, and defy the government that tries to silence them.

Dr. Castillo and the resistance movement are calling for a boycott of the upcoming elections (to be held November 29th) because they are illegal. All Latin American countries, with the exception of Panama, state that they will not recognize the elections.

Some members of US Congress have been vocal as well. Rep. Grijalda and others (among them Reps. McGovern, Coyner, and Serrano) sent a letter to President Obama urging him to put more pressure on the coup regime by cancelling visas and freezing bank accounts of coup leaders.

—*After the writing of this article, The New York Times reported that “the leader of the nation’s de facto government signed an agreement that would allow the return of the country’s ousted president, paving the way for an end to Latin America’s deepest political crisis in years... Roberto Micheletti, the leader of Honduras’s de facto government, relented only after senior Obama administration officials landed in the Honduran capital to take charge of the talks, pressing the point that the United States would not recognize the coming presidential election unless he accepted the deal... The essential elements of the agreement had largely been worked out months ago by other Latin American leaders. If Congress agrees, Mr. Zelaya will serve out the remaining three months of his term, and the presidential election scheduled for Nov. 29 will be recognized by all sides.”*



POPULAR HEALTH IN MEXICO

(Continued from page 3)

extreme poverty and marginalization in the region, CEPAFOS prioritizes training health promoters to attend to the primary health care needs in their own communities.

I have worked on a variety of organizational development tasks, though my most fulfilling activity has been accompanying Irma and the health promoters on their visits to communities throughout the Isthmus, helping to create a documentary project.

The health promoters provide basic preventive care, including alternative therapies such as massage and acupuncture. They also elaborate plant-based medicines and remedies in their *botiquines*, small community clinics run by groups of health promoters throughout the Isthmus.

CEPAFOS is unique in its use of traditional methods of healing, both in the central clinic in Tehuantepec and at the *botiquines*. Its founders worked together with the health promoters—mostly indigenous women—to recover ancestral knowledge of native plants. Many of the promoters have emphasized to me the importance of preserving the use of plants in healing, both to avoid the adverse side effects and high price tag of chemical pharmaceuticals, and to appreciate what the earth has provided, often in their own yards.

Promoters also have shared with me memories of being trained by Dr. Agustín Sanginés, one of the organization's founders. His definition of liberation medicine reflects CEPAFOS's spirit: "Liberation medicine acts upon the reality of illness in two intimately connected ways: one is to liberate the individual from the oppression of illnesses themselves, and the other is to act together with people to reach a common liberation from the oppressions that make us sick." To that end, the work here extends beyond simply treating patients and training promoters, to collective efforts to improve the quality of life in the Isthmus so that its inhabitants have a clean environment, economic opportunities and respect for the basic rights essential for health.

Yet economic and social injustices contributing to illness and inequities in health

care access persist. Intensified corporate globalization threatens livelihoods and practices integral to the fabric of indigenous communities. Subsistence farmers in this rural area must compete with subsidized US products under NAFTA. Transnational energy corporations exploit the winds that cross the Isthmus through the gap in the Sierra Madre. Rather than providing clean and affordable energy for the indigenous populations, however, the wind farms displace them from their lands and provide cheap power to the nearby oil refinery and Walmart subsidiaries. These megaprojects also open Mesoamerica for multinational pharmaceutical companies to patent medicinal plants in order to profit from—and control—knowledge and resources that for centuries have been preserved by indigenous communities.

Although globalization is rapidly transforming the Isthmus, over the past six months I have witnessed both resistance and alternatives to that model. Instead of greed, profit and individualism, these alternatives are rooted in solidarity, mutualism and community. CEPAFOS, for example, collaborates with other organizations, including *campesinos* coordinating the use of eco-agricultural land parcels to produce and sell organic products, and indigenous peasants defending their lands from transnational energy corporations. In one example of an alternative to corporate wind farms, they have proposed community wind power projects, building their own small windmills from recycled scrap metal. In other projects, CEPAFOS is helping train health promoters for other groups, including a church-run program in the Tehuantepec prison. (Visiting the prison shattered my preconceptions. After passing through security, the first sights and sounds were of children running through a tree-lined courtyard and people singing to guitar music. The prisoners are highly organized and have won privileges, like having their families with them on the weekends. Levels of violence there are below the national average. The prisoners' health group prepares basic plant medicines and CEPAFOS also provides first aid training and psychological support.)

I have also learned about indigenous economic and social solidarity traditions that, while still in practice, are swiftly being eroded. People have shared stories of childhood memories from the Chontal region of the Oaxacan Sierra, where just a few decades ago people still exchanged goods using *trueque*, a barter system. In another form of economic solidarity, *tequio*, groups contribute labor to a common project. In Matias Romero a group of promoters is organizing *tequios* to build *estufas lorena*—fuel-saving and less-polluting woodburning ovens.

CEPAFOS's central clinic in Tehuantepec was also built by *tequios*; promoters have told me how groups of promoters came from throughout the region, bringing food along with their husbands to do the construction work. As we travel to visit the groups of promoters, Irma often recounts that story, expressing how now, in the spirit of reciprocity, CEPAFOS is returning the contribution through its accompaniment of the communities.

There is great need for support in providing that accompaniment. Like comparable organizations, CEPAFOS runs on a shoe-string budget and is short-staffed, yet has ambitious dreams to reach yet more communities, provide yet more health services and training, develop a medicinal plant garden, define and advance a public health agenda for the Isthmus, and much more. I hope to be the first of many DGH volunteers to work with them. I can say without a doubt that I have gained hope and inspiration, and more understanding of both the challenges faced and the possibilities available for creating a more just, human and loving world.



A health promoter giving acupuncture therapy.

WE WON'T FORGET: NEW ORLEANS FOUR YEARS AFTER KATRINA

(Continued from page 3)

the trailers were intended for, but not for the two years she had lived in it. FEMA took the trailer and left her with nothing but her health complications. Now she is homeless and manages to stay in temporary housing occasionally, while struggling to get the medications she needs.

Although the government has epically failed in almost every aspect of disaster relief in New Orleans, one program that has come through for many homeowners is the Road Home program instituted by former Governor Kathleen Blanco. The program was designed to help people come back to New Orleans by compensating homeowners for their damages, minus any other funds received, up to \$150,000. However, most of the recipients had case managers through disaster relief volunteer agencies who helped them with the long and confusing application process.

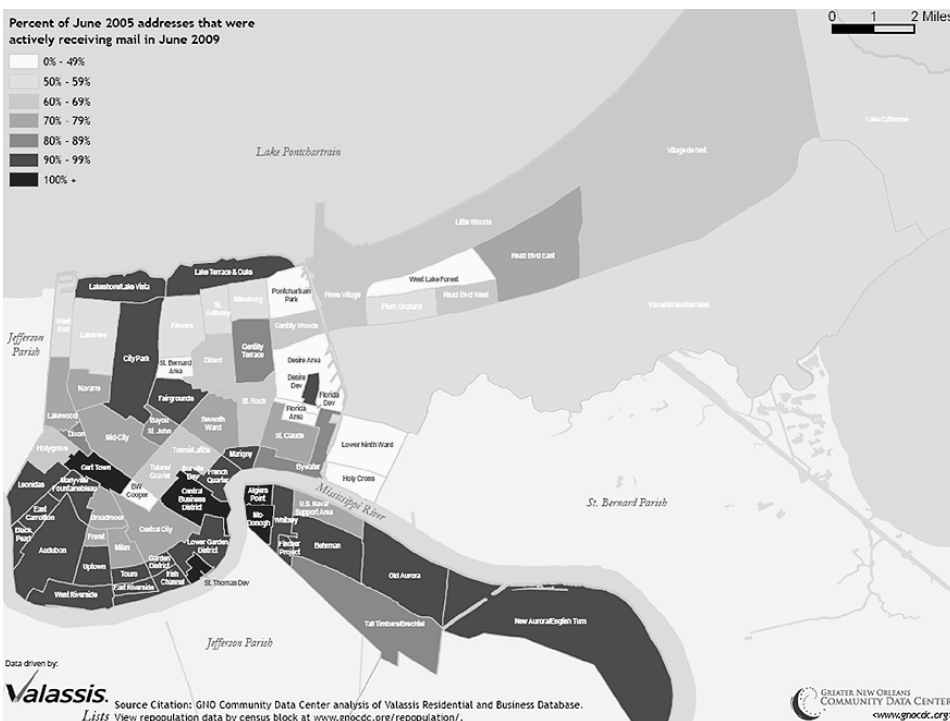
Volunteers have picked up the slack of the government in many other respects as well, but volunteer construction is slow and inconsistent. Volunteers are wonderful complements to disaster recovery but should not be relied upon as the primary source. Even with the mostly successful Road Home program and thousands upon thousands of volunteers, there is still a lot of work needed to restore New Orleans. Lake Forest, Pontchartrain Park, parts of New Orleans East and, in particular, the Lower Ninth Ward still have 31-100 percent of residences unoccupied.

One lesson from this disaster that has been overlooked is the impact of our disappearing coastal wetlands. Wetlands are transitional areas where land meets water, including swamps, marshes, and bogs. They serve as our natural and primary defense against hurricanes. Wetlands have an innate ability to control flooding and protect inlands. Louisiana wetlands absorb water, nutrients and soil from the Mississippi River before it reaches the Gulf of Mexico, which regenerates land; this is a natural process. However, levees and dredged canals have restricted much of our wetlands' ability to regenerate land, causing a massive disappearance of our wetlands. Not only are entire coastal cities being lost, but we are also losing our protection. Every two to five miles of wetlands reduces a storm surge by one foot. In the past 100 years we have lost 1,875 square miles of wetlands and continue to lose the equivalent of 32 football fields of land every day. Scientists project that we will lose an additional 673 square miles by 2050.

We must not forget the plight of the people of the Crescent City and their Cajun culture,

unique architecture and appetite for life. Three major factors must be addressed to help New Orleans fully recover: we must find ways to appropriately compensate people who want to restore their homes but have not received adequate funding to do so; we must restore and improve all the levees; and we must put forth greater efforts to restore our wetlands, because ultimately they are what will protect us from future storms.

To help address these challenges, students at the Tulane University Health Sciences Center in New Orleans have formed a DGH Chapter. DGH-Tulane provides a vehicle to specifically contribute to the Big Easy's recovery as well as to promote general principles of health and human rights. Local activities include sponsoring a symposium on homelessness in New Orleans and volunteering in outreach activities for the Lower Ninth Ward Health Clinic (www.l9whc.org), which sprang to life in that neighborhood after the hurricane decimated virtually all other healthcare providers. DGH-Tulane will even co-sponsor a mayoral debate this winter in advance of New Orleans' upcoming election. DGH-Tulane has also sponsored a range of activities dealing with more global issues, including celebrating and promoting the 60th anniversary of the Universal Declaration of Human Rights and joining the campaign to close the US Army's School of the Americas.



Percent Recovery by Neighborhood in New Orleans (Greater New Orleans Community Data Center).

DGH Reporter

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Birth and Rebirth in Kigutu

By Lanny Smith

Nearly midnight here in Kigutu, and the chirping locusts own the night. I sit, amazed again, by the magic, beauty and strength and the faith of this community. We are in the midst of mourning Claude still, be certain. His spirit walks with each of us. But everywhere are signs of hope.

I arrived here this morning from the United States and so much was new:

Bathrooms, shiny and clean with dignity for patients; WiFi and solar electricity have elevated by several quantum leaps the ability for professional staff to be effective; a women's clinic and training center is days from completion; a chicken coop; a very-pregnant she-goat; and a second flag—that of the US—is flying beside the beautifully designed flag of Burundi.

I was immediately embraced by my friends and ran to see patients with Dr. Melino, Kigutu's lead physician. Ah, three new patients

with HIV, all women, two from Tanzania. One had Kaposi's sarcoma, a late-stage complication of AIDS now rarely seen in the US, indicating an urgent need for her to begin anti-retroviral treatment. Other persons had anemia, parasites, dizziness—interrelated diseases of poverty. Just when we thought we were done for the day, Melino said: "A delivery."

The mother's seventh. "She's fully dilated," said Melino. I had put on gloves in case and stood nearby. Suddenly, the membranes ruptured and it was catch the baby time. I did! He cried robustly. Nurse Maneno helped cut the cord. We suctioned the baby's nose and mouth, and brought him to his mother's breast for his first taste of milk (actually, colostrum—the pre-milk super-rich in vitamins and anti-bodies referred to by some as "the first vaccination"). His mother delivered the placenta then cleaned up and dressed. She was smiling, yet it still must have been very painful for her to move.

"What is his name?" Melino asked the mother. "Bikorimana," she said. "And what

does his name mean?" I asked Melino. He smiled. "It Is Being Done By God," he answered. Birth and rebirth, in Kigutu

—This letter was written for the Village Health Works (www.villagehealthworks.org), the community health project in Burundi where Claude Niyokindi worked. The morning of July 13, 2009. Claude was taking medicines and some staff members to Kigutu, when his vehicle was assaulted and everyone inside was robbed. Claude was shot and killed. For more information on the Village Health Works and this tragedy, read the July 21, 2009 op-ed piece, "A Death in Burundi," by Tracy Kidder, published in The New York Times. According to Kidder, "It isn't clear whether the motive was robbery or, as some suspect, intimidation—an attempt by unknown parties to terrorize the clinic's staff and patients. What is clear is that Village Health Works will endure and grow. When they heard the news of Claude's murder, residents of Kigutu formed a human shield around their clinic. In the days that followed, hundreds, including the governor of the province, attended rallies at the site."



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