Spring 2010 • Volume 14, Issue 1

Doctors for Global Health Reporter

Primeros Pasos: A Step in the Right Direction

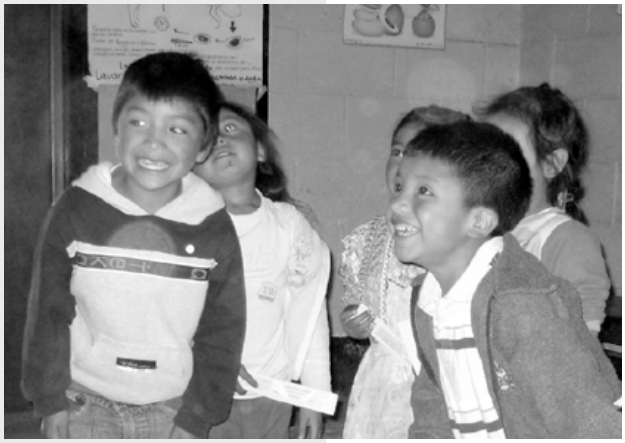
By Trisha Schimek

A visit to Guatemala would most certainly be incomplete without taking a ride on their most famous form of transportation, the chicken bus. The buses are cheap, often packed beyond capacity, and can go exceedingly fast. Talk to any traveler about their Guatemala trip and I guarantee they will have a personal story regarding these old school buses transformed into colorful works of art on wheels. My situation was no different. The chicken buses were my means of seeing all the beautiful attractions in Guatemala, but more importantly it brought me every morning out to a small, rural clinic right outside of Quetzaltenango called *Primeros Pasos* (First Steps).

For the past seven years, *Primeros Pasos* has been providing care and developing a strong presence among the indigenous population in the Palajunoj Valley. DGH recognizes and wants to support *Primeros Pasos*' mission to offer quality, affordable healthcare to the valley's ten marginalized communities. Therefore, I spent my summer volunteering and learning more about this amazing clinic. After six weeks, I was convinced that this was a partnership DGH should continue to pursue.

"The class offered the women a chance to be educated beyond their elementary school education, create friendships, and have an avenue to express their views and allow their voices to be heard."

Primeros Pasos began with the goal of providing health care to children in the Valle de Palajunoj through their Healthy Schools Program. The premise of the program is to offer each class of students in the 10 schools a day to come to the clinic for a comprehensive checkup. The field trip includes several activities. Students are measured and weighed to monitor the prevalence of malnutrition in the area and this information is passed along to the parents. They then have checkups with the doctor and dentist, and later attend a health class focusing on nutrition and hygiene. These classes are expanded upon when the health educators travel to the schools to present on topics ranging from domestic violence to HIV.



Building awareness and providing knowledge is one method *Primeros Pasos* is using to take a step in the right direction. This is particularly important now because Guatemala is ranked fourth in highest chronic malnutrition rates in the world. Nearly 50 percent of children younger than five years of age suffer from malnutrition, which consequently leads to growth stunting, severe weight loss, and diminished ability to combat illness. The situation has only worsened lately because of the severe drought.

My summer trip was during Guatemala's rainy season, which is normally characterized by daily afternoon showers. Yet, I witnessed

weeks with very little rain, ultimately triggering a food crisis in the country. This loss of agricultural production led Guatemala's government to declare a "state of calamity" in September of last year.

Another unfortunate trend I witnessed was the switch from an agriculturally rich diet to a processed food diet. Decreased agricultural production and drought has had an impact because produce prices are higher; yet another factor is that small *tiendas* in the valley are primarily stocked with *tortrix* snacks and *chupetas* that are cheap and have become the preferred snack choice among children. Thus, the nutrition curriculum teaches students about healthy options and the reasons behind eating better. Related to hygiene issues, a majority of the children still suffer from parasitic infections. A quick review of the clinic's laboratory notebook showed that over two-thirds of the children still come in with a parasitic infection, sometimes doubly infected. Stool samples are collected from every student and those with a positive test are given deparasitizing medicines.

One of the most recent additions to *Primeros Pasos* is the addition of the women's education program, which has only continued to expand with each new session. The imperative need for this project was made obvious when I attended one group's graduation from the class. Each woman from the diverse group gave a speech about what they had learned; most striking to me were some of their declarations of increased confidence and self-esteem. The class offered the women a chance to be educated beyond their elementary school education, create friendships, and have an avenue to express their views and allow their voices to be heard. Participating women and their families also received free health visits and medications as an incentive to participate, thus encouraging individuals to come in for more primary care visits.

Lastly, I really liked that the establishment of *Primeros Pasos* provided an environment for health professionals and volunteers to learn from one another. The clinic has a partnership with University of San Carlos Medical School to be included as a rotation for students. This allows Guatemaltecos from urban areas to learn more about caring for the indigenous population. Additionally, the clinic is consistently filled with foreign volunteers reflecting the clinic's original goal of bridging the gap between the resources of rich countries with the needs of the developing countries.

Children in Health Education Class at *Primeros Pasos* clinic.

With each abroad volunteer experience, I only continue to grow and become more passionate about public health and social injustice issues. I have learned my limits while also realizing how much change one individual can make, especially in the effort to influence others. Over the past two years I have been thankful to learn from and be inspired by the amazing activists among DGH. My goal is to continue to give back by supporting and empowering those in need–all while keeping my favorite Chinese proverb in mind: "Go with the people, live among them, learn from them, love them, start with what they know, build on what they have: But of the best leaders, when their task is done, the people will remark, 'We have done it ourselves'."

Three Lessons Learned in Cusco, Peru

By Susana Montesinos

I was drawn to *Programa Cusco*, Peru after reading an article about the work of Dr. Lleni Pach, DGH Board Member, in the Peruvian American Medical Society (PAMS) magazine. I chose this internship so that I could learn more about international social work, live close to my family in Cusco, practice daily mountainside yoga and meditation, and farm organically at Zurite Agricultural School. During the month long internship, I lived in the *Policlínico Parroquial Belén*. My work at the clinic included observing outpatient therapy, assisting with the *promotores* or emergency responders from Huamanchacona, and collaborating with Fundación Cristo Vive, an intimate partner violence (IPV) agency.

During this internship, I learned three important lessons: 1) Go to another country to learn, not to be "the expert" who bestows wisdom; 2) Consider culturally responsive ways to offer probono services versus professional fee-for-service, as a pathway to dignity; and 3) Learn Peruvian versus Western perceptions of safety, rights and power.

Lesson 1 – Intimate Partner Violence (IPV) Expert in Peru. During my first and only IPV training, some psychologists in the room described my perspective as "feminist" and inapplicable. I learned about the unique challenges that exist in Peruvian *comunidades* with unique governance based on familial and community norms. Case example: A 29-year-old resident of a local farming community, who speaks both Quechua and Spanish, had recently experienced spousal abuse and death threats from her alcoholic husband. Maria* explained that each farming community outside of Cusco creates their own *leyes* or laws. One of the *leyes* in her *comunidad* states that under no circumstances, may a husband and wife separate or divorce. If this separation occurs, the one who initiates the separation is required to leave his/her home, family, community and inherited land. Maria had unsuccessfully appealed to the community leaders and her family, who encouraged her to stay married. She risked a great deal by filing for legal separation and asking for help. When we finished the intake, Maria declined emergency shelter and

returned to her *comunidad*. She had simply wanted to make a statement to her loved ones by seeking help and standing up for herself, but would not leave home. In Peru there might be more of an ability to manage abusive relationships by utilizing neighbors, family and friends instead of opting for shelter. Policy changes, male involvement, legal assistance, honest policing and government systems could also help reduce abuse in Peru.

Lesson 2 – Pro-bono Services Versus Professional Fee-for-Service, as a Pathway to Dignity. I went to Peru expecting that the services provided at *Programa Cusco* would be free for indigent clients. I was wrong. Dr. Pach charges $1-$2 per individual client, which is considered a fee for dignity. I leaned there is a difference between fee-for-profit (making a profit), fee-for-nonprofit (breaking even) and fee-for-dignity (charging $1-$2). Anna Nieman of the Department of Social Work at Stellenbosch University in South Africa has written that "over a period of time, the so-called welfare stigma breaks down self-esteem and self-efficacy because of the humiliation of being recipients of welfare and handouts." In no way am I suggesting that pro-bono services should never be offered; I am simply explaining what I learned during this limited experience. Case example: We met with Jane*, who was tearfully pleading with Dr. Pach for pro-bono therapy. This high-pitched pleading cry, a survival skill practiced by many indigent Peruvian women, comes from true need and oppression. Jane had spent her entire life asking for money and assistance in the form of begging for money on the street and selling fruit. While hearing about her traumatic history, Dr. Pach had also noticed that her children had gone to the best private schools in Cusco. Jane had received scholarships and donations for her children throughout her life. I assumed Dr. Pach would also give her free therapy, but instead she taught me a great lesson. Dr. Pach asked her to invest $1 in herself, because she had spent her whole life investing in others and in order to be well, she needed to help herself first. Jane grinned from ear to ear and pre-payed for three therapy sessions with Dr. Pach. I saw over a short period of time that there was a sense of improvement tied into Jane's personal investment; pride instead of humble gratitude. I realized that pro-bono services can tip the scales by creating a sense of indebtedness towards the provider that can sometimes–however inadvertently–make the client feel powerless and subservient to the provider.

Lesson 3 – Peruvian Versus Western Views of Safety, Rights and Power. My mentor, Dr. Tien Ung, LICSW, recently gave a talk entitled *Chia Buon Do Buon* (Vietnamese for 'share the sadness and relieve the burden'): Empowering Asian Survivors of Domestic Violence through Social Capital. Women are committed to their own sense of safety by sometimes learning to manage the abuse in Peruvian and Asian cultures; they utilize family, church and community systems. Women in both cultures believe that they do have rights, though it may not be synchronized to the belief of "rights" as seen in Western society. For example, they do not have a need to be equal to men in society or the household. Both Asian and Peruvian cultures think of rights in a collective sense rather than an individual sense, where rights are seen as roles. Rather than fighting for individual rights, women ask themselves: Who am I as a mother or wife? What is my role in this context? And do I believe in myself in these contexts? Women have power in the household by controlling the finances, which can be emasculating to some men; women are very capable of taking on the role of sole provider when necessary. Finally, we need to involve men as advocates who begin the conversation about the impact of *machismo* in Peru. One example given by Dr. Ung is that of migrant male workers, holding groups at their work sites where men educate other men about caring for their wives, rather than cheating on and beating them.

"I learned there is a difference between fee-for-profit (making a profit), fee-for-nonprofit (breaking even) and fee-for-dignity (charging $1-$2)."

**Names have been changed to ensure privacy.*

Women and children from the Huamanchacona community visit the clinic.

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 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.

Bienestar en El Salvador

By Alfredo and Ester Mela

Bienestar en El Salvador (Well-Being in El Salvador) is a partnership, in collaboration with DGH, between the rural Salvadoran communities of Estancia and Santa Marta, and an Italian group of psychologists, *Psicologi per i Popoli–Torino* (Psychologists for the People, Torino chapter). Its focus is mental health and psychological welfare, both at an individual and a community level. The idea of this project was first discussed in the summer of 2005, when members of *Psicologi per i Popoli* participated in the DGH General Assembly at Columbia University in NYC. Our organization heard first hand of the DGH mission and had an opportunity to meet with representatives from its partner communities. It became clear to us that DGH had a philosophy and an approach quite similar to ours. We also learned about the history and the present situation in Santa Marta (Cabañas) and Estancia (Morazán). From that initial connection, we started collaborating to use our experiences as psychologists and educators to meet the many unmet needs of these communities. In January 2007 we travelled to Santa Marta and Estancia, accompanied by Denise Zwahlen, DGH Board member. We talked to many individuals and groups in each community to find out more about specific mental health needs and to discuss how we could be of assistance.

"Our overall goal is to help the two communities cope with their complex psychosocial problems related to the experience of El Salvador's twelve-year civil war and the current challenges they are facing."

Our first trip as an organization was in the winter of 2008. Our overall goal is to help the two communities cope with their complex psychosocial problems related to the experience of El Salvador's twelve-year civil war and the current challenges they are facing: from the grave economic situation, migration, increase in gang violence and lack of appropriate response to acts of impunity, deep social and gender inequalities, and the continued interference of the US government in running the country. Our collaborative approach is one of mutual cooperation between a European volunteer association and two foreign communities that, despite the many problems they face, have strong human and cultural resources and a history of resistance that has much to teach us. The majority of our time and effort has been spent in Santa Marta. Working with several groups in the community (teachers, health promoters, university students, youth groups), we provide training and help them develop new projects to better address the psychological and educational needs of the community. We also have fostered networking and collaborative work among different institutions (schools, clinics, the Rehabilitation Center).

Like DGH, we believe in long-term accompaniment. With an initial five year commitment, we plan twice a year Salvadoran visits (January and June/July) with a group of our volunteers. Under the guidance of more experienced professionals, our younger members will have the opportunity to learn as much as they teach. Back in Turin, our involvement in Santa Marta and Estancia has prompted us to reach out to the Salvadoran community in Northern Italy. We have jointly organized cultural events that raise funds for our work and plan to provide psychological support to families facing particular challenges.

Lunch break during the promoter training in Estancia, January 2010.

Our most recent trip to Santa Marta was in January 2010, during which we continued to work in close collaboration with the principal and teachers from the local school, a Belgian NGO volunteer and local University of San Salvador students. We are now using a program of cognitive empowerment that includes simple and funny computer-based games, a successful approach used in other resource-poor communities in Latin America, such as San Salvador de Bahia, Brazil. Conducted in groups of four to five children, the activity addresses the needs of students with learning disabilities. We also continued supporting Ana and Lola in their work as rehabilitation promoters, helping them reorganize their different workshops. Designed for children 0-15 months, 2-3 years, and different aged special needs children, three weekly workshops focus on physical and social development of young children and involving their parents. Another group is dedicated to the elderly to help them deal with physical and emotional challenges, using massage and gentle physical activities.

Last summer, teachers from the preschool and kindergarten programs in Estancia visited Santa Marta and participated in a joint training with their counterparts. This time around, 15 mental health promoters (*kinder* teachers) from Santa Marta and the two rehabilitation health promoters travelled to Estancia, participating in a joint training on movement and group activities. Ana and Lola gave a presentation on their work in rehabilitation and shared some of their massage techniques for children.

We also met with many people and groups to explore other needs and ways to address them. One area of need identified is violence against women in the community. Additionally, the climate in Santa Marta remains quite tense with continued death threats against young reporters from community Radio Victoria and local activists who have educated and organized the community to oppose gold-mining that threatens their water supply and their land.

Domestic Volunteer Spotlight

By Jessica Wallace

This month we would like to highlight the tremendous work of two of our domestic volunteers: Miles and Rachel Farr. Their contribution of time and energy in their home communities in the US has had an amazing impact on the work DGH is able to do abroad. Read on to hear more about their experience in their own words. If you are interested in becoming a domestic volunteer yourself, please visit the Get Involved page on our website (www.dghonline.org). Fill out the volunteer application–specifying that you want to volunteer in the US–and we will get in touch with you.

Miles Farr

How did you first hear about DGH?

I first heard about DGH when exploring for places to volunteer in Latin America as a medical student. What stood out to me about DGH above all other organizations was their model of accompaniment and inclusive definition of health. As part of this inclusive definition of health, DGH is open to volunteers from all fields and backgrounds, does not limit volunteers to only those in "medical" fields. This really makes DGH unique and reflects its broad definition of health. This was an especially important factor for me in choosing to get involved with DGH. If I was going to be involved in an organization for the long-term, I wanted to find an organization that would allow both my wife, an engineer, and myself to be involved in the work. With all this in mind, I decided I had to find out more about DGH and attended the 2007 General Assembly in El Salvador. After seeing DGH's amazing work first-hand and meeting those involved, I wanted to play a role in DGH's work.

What made you decide to get more involved domestically?

I realized early on that it would be very difficult in the short-term to be involved internationally in a meaningful manner given my medical school schedule requirements and current life circumstances. Also, after spending time at the General Assembly, I realized that there is a lot of work that goes on behind the scenes that facilitates DGH's international work. My goal was to find a way to contribute to DGH's partner communities in balance with my current work requirements and schedule restrictions. As I learned more about the organization, the Development and Finance Committee seemed to be the best fit for my skill set given my work experience in corporate America and undergraduate degree in Finance. The other large factor that led me to work with DGH in my own community is the realization that DGH is truly a grass-roots organization, with no paid professionals. There is a huge need and opportunity to contribute to DGH's operations. It is a great feeling to know that almost every dollar and every minute of your time is going directly to benefit partner communities.

What specific projects have you been working on?

One of the nice things about working with DGH domestically is that the work is very flexible, which allows you to work projects into your existing schedule. Much of my work over the past year has been to contribute to small projects on an as needed basis. One example is

(Continued on page 8)

Rachel Farr

How did you first hear about DGH?

I first heard about DGH through my husband as he was becoming more involved with the organization. We attended the General Assembly together in El Salvador in 2007. He was starting to get more involved in the Development and Finance Committee and I thought it would be nice to work together on the Committee. I am not in medicine but figured I could lend a hand in data management or some other aspect a little closer to my background (engineering).

Rachel and Miles Farr.

What made you decide to get more involved domestically?

Once I started to get involved with DGH and understand their mission better, it was difficult not to want to provide more support. DGH clearly plays a critical role with their partner communities and I especially appreciate DGH's sustainable, holistic approach to development and health promotion.

What specific projects have you been working on?

My major project is assisting with data management and planning through the use of our database fundraising software Donor Perfect, as part of the Development and Finance Committee. Activities include things such as pulling data for mailings to DGH members, database updates and management, and running donor reports to support fundraising activities.

What has been challenging or rewarding about working as a DGH domestic volunteer?

The most challenging thing about being a domestic volunteer is "time" – never enough of it to get everything done you want to! The most rewarding part of being a volunteer is knowing that I am helping a great organization like DGH grow and sustain their partner communities. I don't have the skills necessary to volunteer in a clinic but I can help manage and analyze data to help DGH get the word out about all the great things they are doing to promote global health.

Human Rights around the World

USA: Health Reform Update

By Linda Sharp

Over the past year, the US has debated reform of its broken health care system. Doctors for Global Health has always regarded universal access to good health care to be a human right. The past eight months have seen a deterioration of that vision. DGH endorses a Medicare for All system, but the final law passed does not even provide insurance companies with competition from a "public option." While disheartening, the law does call for the promotion of primary care and preventive medicine, greater access to care for uninsured Americans, and more protection for individuals from insurance companies. These are steps in the right direction.

We need to keep up our grass roots efforts to continue making the necessary health care reforms needed to ensure health care for all. Despite federal setbacks, these battles are being won on local levels. For example, in California, intense local campaigns created the passage of SR 810, a universal access bill awaiting passage through the Assembly in August 2010. There are many more local examples that give us hope.

Take action–join local groups, call your representatives, write letters or share your own story. For information and up-to-date health care reform news, visit *www.dghonline.org*.

El Salvador: Gold Mining Resistance Update

By Denise Zwahlen

On March 15, Oscar Menjivar, the gang member who last August was accused of shooting Francisco Ramiro, an anti-mining activist, was released after six months of detention, free of all charges, for lack of evidence even though he was recognized by his victim. Unfortunately, Francisco Ramiro, who had recognized his attacker, was not able to present his testimony because he was assassinated on December 20, 2009. Interestingly, this man, Menjivar, who has little financial resources, benefited from the legal counsel of three high-profile lawyers.

This recent development supports the recommendation of a recent independent, international fact-finding delegation led by Voices on the Border. The group recommended that an independent investigation be conducted by internationally recognized human rights organizations and forensic experts with the oversight of the Ombudsman for Human Rights: "A broad consensus of Salvadorans does not trust government authorities to conduct a thorough investigation, believing their economic ties to Pacific Rim and the mining industry creates a conflict of interest." In addition, the group found that no effective investigation has been conducted to identify the intellectual authors of the acts of violence perpetrated.

Police protection is felt to be inadequate as demonstrated by the recent assassinations which occurred in the presence of police escort. Furthermore, the bodyguards provided often treat those they are supposed to protect as suspects. Since the murder of Dora Recinos on December 26, 2009, there has been no further deaths. While threats have become more sporadic, the climate of fear remains. Pacific Rim Company keeps denying any role in the violence that has occurred. They are still suing the Salvadoran government for 100 million dollars in lost profit under the CAFTA agreement. This points to the need to support a grassroots movement calling to repeal CAFTA regulations that prioritize foreign investor rights over government interest in preventing environmental degradation and jeopardizing public safety.

For the complete history of the situation and background information, check the Action Alerts and Advocacy page on the DGH website at *www.dghonline.org*.

The Right to Health – Part 1

By Laura Taurino

The right to the highest attainable standard of health is more than a slogan or aspiration. It has been well defined by the work of scholars and activists and contains very specific standards. By applying these standards in our own work and organizations, and by using them to hold governments to account, we can make the right to health a reality.

Economic, social and cultural rights, like the right to health, are the same as the political and civil rights we understand better in the US. We understand that in order to make the right to a fair trial more than just a slogan, we, through our government and other institutions, must put into place a justice system that meets certain standards. That system must include, for example, the presumption of innocence, rules about police conduct and access to a lawyer. These are also rights in themselves. Similarly, if we are all to be as healthy as possible, we must create a health system that meets standards that have been shown to promote health for all, such as:

► Governments must put into place a system to prevent people from getting sick or injured and to treat them if they do. (The US does not have a health protection system. We have a patchwork of agencies like the OSHA and FDA. Our public health system has been underfunded for many years. Medical treatment is also funded and provided through a patchwork of clinicians and insurers.)

► All health related facilities, goods and services must be available, accessible, acceptable, appropriate and of good quality. This means that everything that is done to improve health, from medical care to water treatment, must be available to all. Access should not depend on things like being able to pay or to fit your wheelchair in the door. Services must be acceptable to people of different cultures and who speak different languages. Appropriate means that unnecessary or extravagant services should not be given.

► Governments must respect, protect and fulfill the right to health. (We all should

ensure that our actions as neighbors, workers, and citizens are consistent with human rights, but it is ultimately the government's duty to make progress towards their complete realization.)

► The system must include ways to monitor compliance with human rights obligations, accountability mechanisms, and remedies when there are violations.

► People affected by health related policies must participate in the creation and monitoring of those policies.

► Every person has freedom to make decisions about his/her own health.

► These rights apply to EVERYONE without discrimination.

More details about the right to health and the Right to Health Campaign will be included in the next installments of this series. Visit *www.phmovement.org/en/campaigns/145/page*.

Women's Response to Crisis in Haiti

By Denise Zwahlen

I am not writing from the field today. I am not at one of our project sites in Latin America or Africa. And I am not in Haiti. Like so many health professionals, my first impulse when the disaster occurred was to find a way to go to Haiti immediately and to be on the frontline of the relief effort. But it became quickly clear that I was not the best person to participate in the immediate response. Instead, since January 12th when the earthquake hit Haiti, I have been accompanying Haitians by working primarily with Haitian women here in Boston. This has been a unique opportunity to participate in a meaningful way. My home town, Boston, has the third largest Haitian population in the US, and I work in a Neighborhood Health Center whose patient population is roughly 20 percent Haitian. Many of our staff are Haitian as well. Our Center's response was immediate and is on-going: Haitian flag flying at half mast; daily meetings to support our Haitian staff; collection of money and supplies to donate to the relief effort; special clinics to address the needs of post-earthquake Haitians coming to the US; and support groups.

I was also invited to join a group of Haitian health care providers who came together almost immediately to organize and send teams of nurses and allied-health professionals to Haiti. Most of the participants were women, many working in institutions that serve some of the most disenfranchised people in my city: the poor, the homeless, the incarcerated, the recent immigrants, the elderly. The group named itself the Boston-Haiti Health Support Team and sees itself not only responding to the immediate health needs of Haiti but also to the long-term rebuilding efforts. It also wants to address the needs of the local Haitian community facing great challenges with the huge influx of families and friends seeking refuge in the US. After spending more than a month in weekly trainings preparing for the first mission, the first group of 15 spent a week at Port-au-Prince General Hospital under the auspices of Partners in Health. Every participant would like to go right back, so great are the needs.

Two other members of the group went to Leogane, 25 km west of Port-au-Prince, where a member of the Haiti-Health Support Team is from and where she had started an integrated farming project. A basic structure was quickly put together to house a clinic, where they cared for nearly 400 patients and transferred sicker patients to one of the *Medecins Sans Frontieres* facilities. They also started to train local people to address some of the basic needs of the community. There too, the hope is to build ongoing support.

On March 6, 2010, in celebration of Women's International Day, I attended an event organized by the Association of Haitian Women of Boston to pay tribute to three Haitian women who have been leaders in the movement for the rights of women in Haiti and who perished during the earthquake: Myriam Merlet, Anne Marie Coriolan, and Magalie Marcelin. Myriam was the chief of staff of the Haitian Ministry of Women. She drew attention to the use of rape as a political weapon and stood up to fight for social change and gender freedom. Anne Marie was an advisor to the Women's Rights Ministry. She was a political organizer whose work helped establish the country's first law criminalizing rape. Magalie was a lawyer and an actress who founded a women's rights organization focused on domestic violence and made loans to female small business owners. She helped bring rape to the forefront of the Haitian Court. Prior to the earthquake, 72 percent of Haitian women had been raped and 40 percent were victims of domestic violence. We know there is much work left to do.

Yvette Modestin, one the event speakers, told us about the International Feminist Camp Myriam Merlet, Anne Marie Coriolan and Magalie Marcelin. It is an initiative of the *Red de Mujeres Afrolatinoamericanas, Afrocaribeñas y de la Diaspora* (the Afrolatino Afrocaribbean and Diaspora Women's Network, *www.mujeresafro.org*), of which she is the Diaspora US/Canada Coordinator. The camp is not only a physical safe haven for women and their children, with a clinic and other services, but also "a reference space for international solidarity which will make it possible to channel resources directly to women and their organizations that contribute to the re-articulation of the feminist and women's movement in Haiti, as well as guarantee their decisive participation in the reconstruction of the country."

Visit *www.dghonline.org* to learn more about the International Feminist Camp. Whether in the US, Haiti, the Dominican Republic or elsewhere, the international community – us! – needs to advocate for Haitians to have the leading role in the reconstruction of their own country.

DGH Board Member, Cathey Falvo, in Haiti.

Domestic Volunteer Spotlight

(Continued from page 5)

assisting with the development of planning tool for managing development and finance activities. My most recent project is to set up a Google grants ad campaign for DGH. Google provides in-kind advertising for non-profits through Google ad-words. DGH was awarded a Google grant early this year. We are now in the process of developing ad campaigns in the hopes of increasing awareness of DGH's work, increasing donations and recruiting needed volunteers. My major role going forward will be to manage the Google ad-words account.

What has been challenging or rewarding about working as a DGH domestic volunteer?

It is extremely rewarding when you are able to see a direct connection between your work and accomplishing DGH's work of accompanying partner communities. For example, when we receive updates of successful fundraisers and meeting our financial commitments to communities, it is a gratifying reminder of the vital role we are playing as domestic volunteers. Additionally, it gives us a way to stay connected to DGH as an organization and to fellow like-minded DGH volunteers. You really feel part of the organization. This is really important to remaining engaged in DGH's work and not losing site of partner communities in need.

The most challenging part of being a domestic volunteer is the opposite side of this coin, which is that while our work is vital, it is often an indirect, administrative contribution to the ultimate work that is being done in our partner communities abroad. Domestic volunteers lack that direct interaction with the community and can easily lose focus on what our work is accomplishing in our partner communities. It can be easy to lose focus on who and what we are ultimately working for: our partner communities in need. In this capacity, the updates and fellowship of the annual DGH General Assembly is an essential rejuvenating experience for all DGH volunteers, but particularly for those working from home, wherever that home may be.

DGH Announcements

► **Join us August 6-8, 2010 for our annual General Assembly (GA).** With the theme of *Seeds of Change: Health and Justice in the Global Recession,* it will be held at Agnes Scott College in Atlanta, GA. Check *www.dghonline.org* in the coming months for updates and registration.

► **Become a DGH Voting Member.** If you are a DGH member and who would like to have voting rights, apply before the next GA (above). See *www.dghonline.org/get-involved/membership* for the application.

► **"A New Doctor in El Salvador" Update.** The last issue of *The Reporter* included a cover story on Juan Carlos Martínez. Since January, Dr. Martínez has been practicing in a community clinic in Estancia, Morazán, officially working to complete his *Año Social*, after which he will be legally able to practice medicine in his own country–a goal toward which he has worked extremely hard for many years.

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
NEW ORLEANS, LA
PERMIT NO. 297

Printed on 100% post-consumer recycled paper.