



# Doctors for Global Health Reporter

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## TRADITIONAL AND INTEGRATIVE MEDICINE IN OAXACA, MEXICO

By Linda Sharp

This September, the rain in Oaxaca was unrelenting. Here at the narrow isthmus of Mexico, where the weather patterns of the Atlantic meet the Pacific, many communities suffered greatly due to the heavy rains – entire towns were immersed in water, thousands evacuated, many lost their homes. Those remaining faced an epidemic of dengue, a disease transmitted by mosquitoes that thrive in pools of water left behind by the rain. In the few weeks I have been here as a volunteer with DGH, we have cared for many patients with dengue, including our own nurse who was hospitalized due to dengue hemorrhagic fever.

For the last month, I have been a volunteer physician at *Centro Popular de Apoyo y Formación para la Salud* (CEPAFOS – The Popular Center for Support and Training in Health), working in the clinic and training health promoters. It is a process of teaching and learning – while I am sharing my knowledge of allopathic medicine (conventional western medicine) through *temas* (themes) and clinics, the health promoters and staff at CEPAFOS share their vast experience of herbal and integrative medicine.

CEPAFOS was born out of the community work started over 20 years ago by Father Arturo Lona Reyes of Tehuantepec. His vision to respond to the needs of indigenous and peasant communities gave rise to a grassroots movement of health workers; CEPAFOS was the result. Today, there is a busy clinic, which offers comprehensive care including allopathic medicine as well as integrative healing arts such as Reike, massage and acupuncture. There is also an *herbolaria*, where workers prepare and dispense regional native plants for medicinal use. The use of traditional medicines is one of the features that make CEPAFOS different from local government clinics. Patients come from all over for traditional natural remedies such as *jarabe de morro* for cough, *tinctora de nopal* for gastritis and *tonico de rábano* for iron deficiency. The promotion of natural and inexpensive alternatives to pharmaceuticals is the cornerstone of the philosophy at CEPAFOS, to empower communities to participate in their own health and traditions while respecting the natural environment.

CEPAFOS also runs a vast community health worker training program, working in six separate zones in the region, with over 20 different groups of health promoters. The closest is a short walk from the clinic, in a poor neighborhood of Tehuantepec. The most remote are Zapotec indigenous villages over eight hours away on dangerous mountain roads. Irma Cruz, current member of the DGH Board of Directors, and a physician who first began


“ The use of traditional medicines is one of the features that make CEPAFOS different from local government clinics. ”



working with DGH in the 1980s in Morazan, El Salvador, organizes the health promoters. She works tirelessly, traveling to different remote communities each week. But her message is much more than facts about health: it is a message of healing and community empowerment. She knows that participation by communities in their own well-being is the only way to heal what makes us sick, and her support of traditional healing practices strengthens the communities she serves by putting control of health in the hands of the people.

Despite the torrential downpours, the work at CEPAFOS goes on. Last week it even brought good news, although at first we

did not realize it. The road to one of our communities had been wiped out by a landslide and was unreachable. There was much to do for the following week's health fair at the local church, so we were concerned. Several days later, when the road was repaired, the priest from the church came to the clinic with a smile and told us that the health workers had met and organized every detail of the health fair without us. Upon hearing the news, Irma smiled too. She knew this meant that the training had paid off – the community health workers are operating independently. It is an indication of the strength of the program at CEPAFOS and a small victory in this fight for health, social justice and community empowerment.

CEPAFOS has a bright future ahead. Plans are underway to build a therapeutic garden of medicinal plants at the clinic. Once built, health workers from the region will come for classes on traditional medicine and patients will benefit from a peaceful healing environment where they can walk on quiet garden paths. In addition, CEPAFOS is expanding its reach beyond Oaxaca and now works in collaboration with a health promoter group in Palenque, Chiapas, to assist the health promoters in that region to learn and develop their traditional and integrative practices. My time as a volunteer will come to an end in the month ahead and I feel grateful to have been a small part of such an amazing vision of health and well-being. 

## About Oaxaca, Mexico

Oaxaca is the fifth largest of the 31 states of Mexico, located in the southern part of the country. According to the census, the state had a population of about 3.5 million inhabitants in 2005. Named for its capital and largest city, Oaxaca is best known for its indigenous peoples and cultures, accounting for 53 percent of Mexico's total indigenous population.

There are sixteen indigenous groups officially recognized in Oaxaca, the most numerous and best known of which are the Zapotecs and the Mixtecs. These cultures have survived better to the present than most others in Mexico due to the state's rugged and isolating terrain. Several mountain chains come together in the state of Oaxaca. Between these mountains are mostly narrow valleys, canyons and ravines.

The difficult terrain also helps account, in part, for Oaxaca's poverty; it is the third most economically marginalized state in Mexico. Eighty percent of the state's municipalities do not meet federal minimums for housing and education. Most development projects are planned for the capital and the surrounding area. Little has been planned for the very rural areas and the state lacks the resources to implement them.



Banner at the CEPAFOS community health fair in Lagunas, Oaxaca in September 2010: "To free ourselves from the diseases that oppress us and the oppressions that make us sick."

## NURSING IN UGANDA: PROMOTING HEALTH

By Julie Myers

When I first arrived in Kisoro, I had no idea what to expect. I was the first nurse from DGH to volunteer in a clinical setting in Uganda (previously it had been only physicians). I immediately felt welcome and discovered that there was endless work to be done. I was there three months but I could have easily stayed much longer. Below is a description of the various projects being carried out in Kisoro, as well as some of what I experienced during my stay.

► **Kisoro District Hospital:** For residents, medical students and volunteers, our first few days on the wards is a crash course in tropical medicine. After spending five weeks on the female ward, I found the obstacles to providing care endless. They included unreliable lab results, equipment not functioning or missing, running out of medicines, or waiting for a family member to buy crucial supplies that were not available in the hospital. One of the many heart-breaking stories I witnessed was when the family of a man with cerebral malaria was unable to return in time with the IV tubing necessary to administer the antibiotics that would have easily saved his life.

► **Chronic Care Clinic:** A few years ago residents and medical students developed the Chronic Care Clinic that meets the needs of 400 registered patients. The clinics are held twice a week and there is always a long line of people with diabetes, hypertension and asthma waiting to be seen. Nurses doing the intake have a great opportunity to provide patient education. The Chronic Care Clinic is proving to be a highly successful program.

► **Village Health Workers (VHW):** These are trusted community members trained by health care professionals to make home health visits in their village. Part of my volunteer work included conducting training sessions for the VHWs. The light in their eyes when they learned a new skill, such as measuring blood pressures, was immensely rewarding.

The newest form of training is where local residents are taught to act out the symptoms of a disease process. The VHW must assess the patient and make an attempt at a diagnosis. The VHWs have stated that they find this interactive training style a great way to learn about different health topics. It is also a great example of how the arts is integrated into DGH's work (see pages 5-7 for more examples). Currently there are approximately 70 VHWs. It is one of the most widely successful Ugandan projects that DGH is involved in. As much as local health care professionals are being utilized in the VHW program, they are often already stretched very thin. Volunteers continue to be needed to maintain this program.

► **Women's Health Clinic:** DGH has played an essential role in starting the Women's Health Clinic. Cervical cancer is a leading cause of death for women in Uganda. In the Kisoro District, 10 percent of the women screened are HPV positive (HPV is a sexually transmitted virus that can cause cervical cancer). Part of the women's clinic includes doing cervical cancer screening outreach to rural villages. It is quite moving to witness a group of 80 or so Ugandan women, lounging on the grass in their colorful wraps as a nurse midwife gives a presentation on women's health issues. In order to meet the needs of more women, this outreach has recently been expanded to include domestic violence counseling, prenatal and postnatal care, HIV screening and family planning.

► **Child Wellness Clinic:** Sister Marie Kigame, the Public Health Nurse for Kisoro District Hospital, initiated and runs the successful Childhood Wellness Clinic. In addition to being vaccinated and given supplements, the babies are weighed and assessed for developmental milestones. The mothers and babies

pour into the clinics. It was great to see how committed these very poor village women are to keeping their babies healthy.

► **Nutrition Outreach:** According to the 2009 Kisoro DGH update on Childhood Nutrition, "In the year 2009, we have rehabilitated over 700 children...the community component expanded from 20 villages to cover 45 villages."

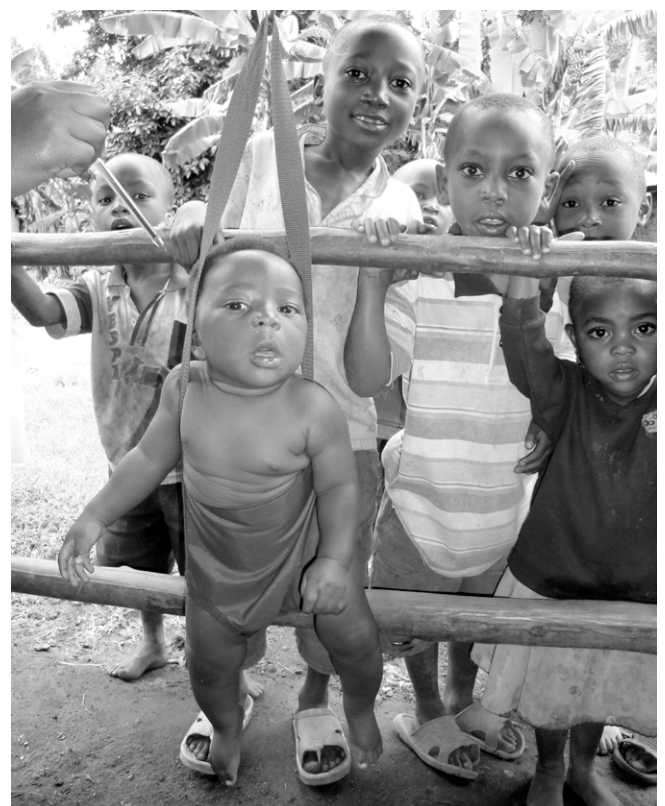
The Nutrition outreach had been, until very recently, a very successful program but has declined significantly due to a recent decrease in funding.

I have been truly inspired by the dedication of volunteers, local health care leaders and villagers. As a nurse, I was struck by the need for qualified nurses in Kisoro. Solutions to this need could include starting a nurse-training program in Kisoro, recruiting more nurse volunteers to support the local nursing staff, and funding future nurses' education. It is part of my and DGH's mission to engage more nurses in joining the cause for social justice and inspire them to become a part of the global health community. My crash course in Uganda was just the beginning.

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ABOVE: Julie Meyers teaching a Village Health Worker how to take blood pressure. RIGHT: Children being weighed as part of the Child Wellness Clinic.



## TAKING IT TO THE STREETS

By Jim Withers

As I prepare to travel to Nigeria in a few days, I cannot help but feel I am part of a much larger movement towards health care justice. Although my work has been largely focused on members of my Pittsburgh community who sleep on our streets, my recent opportunity to attend the 15th annual Doctors for Global Health General Assembly reminded me how we share a vision of global solidarity with those we serve. Many of the values and principles that DGH exemplifies are ones that I recognize from my work with the street homeless. I was greatly inspired with that underlying unity and, hopefully, my trip to Nigeria to promote health care justice will build on that vision.

I practice Street Medicine.

It's a new field but grounded in very old principles. The idea is to visit the streets, riverbanks, abandoned buildings and parks to gain the trust of those who live there. In my case, I began dressed as a homeless person in 1992 accompanied by a formerly homeless partner. Those were exciting and sometimes frightening nights but I truly believed that to apply my healing arts to

those "left out" on the streets, I needed to get as close as possible to their actual lives. As a medical educator, I wanted a new classroom in which I could learn to learn from the perspective of those who have been excluded. What I appreciated about the streets was that I could see health care from the outside – see what was not working for so many people. I love that street people will not change for me. I had to work with life on their terms.

The problem with getting close to reality is that you may be obliged to deal with it. I was fascinated with the people I met on the streets. Each person had their own history which, when fully explored, gave me an understanding of how they came to be in this particular camp or alone under that particular bridge. And I realized more fully than ever that the particulars of each person's story were the key to improving their situation. That is not rocket science but it is also not the approach we use in much of health care. In the US we typically do not get to know the actual details and we also do not partner with our patients in true solidarity. We can practice solidarity only when we share an understanding of each person's reality. In

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the case of street persons, that reality is usually pretty grim. When I would go home at night and listen to the rain on my roof, I was now thinking of the 79-year-old woman sleeping next to a dumpster I had seen earlier.

The great thing about reality is that when you actually deal with it, miracles can happen. Just being with people, listening to their experiences led to an appreciation of their hardships and courage. Although I could not magically solve

their problems, my new friends knew they were being heard. And many times they would break down crying that someone from "our world" was finally listening. They began to hope that, together, we might be able to solve at least some of their problems. But it was humbling as we faced an often complex and judgmental system that did not care. Taking on the system from the outside became a process I call "inreach," with definite principles and goals. Always, it was led by the preferences and dynamics of the street homeless person. Slowly we began to untangle the Gordian knots of each issue and make progress towards our goals. I will never forget those first primary care visits, those first people housed and the successes we celebrated together.

As others joined me, both medical and formerly homeless, we created the fabric of a new community. I am convinced that most of our health injustice is caused by the lack of commitment and unity with each other. Community weavers are true healers and everyone benefits. It is also fun to work together for a better community. Soon people from other cities were visiting us to learn about Street Medicine and I began to travel and learn from others. An even larger community formed in which we saw ourselves linking our local efforts and global philosophies towards social justice. Soon we were sharing students and best practices. A field of medicine was born grounded in addressing the realities of health in solidarity with those who were suffering. Today we have partners throughout the US, Central America, Asia, Europe and Africa. Our 6th International Street Medicine Symposium will be held in Los Angeles this October 20 – 23, 2010 ([www.streetmedicine.org](http://www.streetmedicine.org)).

I have enormous respect for how Doctors for Global Health bases every aspect of their work on deeply reasoned principles that are centered on the reality of those they serve. And like those of us who practice Street Medicine, DGH has realized that in the end it is about the greater unity we can achieve in solidarity with others. Both DGH and Street Medicine work to create communities in which everyone contributes and in which everyone appreciates the reality of the others. We are in this together. And many throughout the world are awakening to these same values. Along with DGH and others, I look forward to working towards a world in which we can deal with the realities of social injustice as our shared reality.

### DGH Reporter

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

# Human Rights

# In the Arts

## ARMED WITH ART

By Alice Lovelace, Poet, Playwright and Organizer for Social and Economic Justice; Excerpted from Key Note Address, 2010 DGH General Assembly

All the earth is sacred ground  
I call upon the ancestors to enter this space  
To bear witness to the work to come  
I call upon the ancestors for their blessings and for permission to move forward  
In the tradition of the Dagara, I offer the gifts of water and ash  
I offer water so our journey over the next several days will be without conflict, smooth and flowing like this liquid  
I offer ashes and ask the ancestors to make of them a shield to protect us  
In the tradition of the Yoruba I call the names of my ancestors Claudia, William, Daisy, Elvira, Willie...I ask them to inform other ancestors for whom I have no names so they may offer me their blessings  
Now you must call upon your ancestors, call their names so they will know we are the ones who remember our dead, who learn from our dead, who know we are nothing without the ancestors.

Ashe            Ashe            Ashe O  
In the beginning was the word  
And the word was power  
And the word was protection  
And with the words came the questions  
Who are we? Why are we here?  
Who brings the birds, the insects seen unseen  
To our earthly doorstep  
In the end is the word  
And the word is power  
And the word is protection

I want to thank Lanny Smith and everyone at Doctors for Global Health responsible for me being here today. This is both an honor and a privilege to address people who are making such profound differences across the globe. As healers

– artists, doctors, healthcare providers – there is much that unites us. We want our lives to have meaning, we want to be the best we can and we want to touch the lives of others. We are ready and willing to answer the call to service, willing to sacrifice in order to build a better world.

Today I am going to talk about my evolution as a cultural worker, the theories and people who inspire me. And I will talk about art as a means of emancipations and communication – in the beginning was the word, stories, storytelling, the oldest art form, present in every culture among all people, stories told to communicate a collective belief system based on shared values about what is important in life – lessons in integrity, morality, virtue and ethics.

I come to you armed with art and culture; armed with art because armor serves several purposes. It can provide a covering to protect you from damage being inflicted and it can protect

you from damage caused by a potentially dangerous environment or action.

We live in a time of multiple dangers. This is a time of unprecedented attacks on our environment from chemicals, nuclear waste and nuclear weapons. The tearing and scarring of the earth as we cut off the tops of mountains or dig deep into the earth mining for coal and diamonds. We pollute our lakes, wells and the oceans in the pursuit of oil. We diminish the value of a life with an unprecedented number of wars all over the world.

We have BP in the Gulf and Shell in Nigeria, Coca Cola in Colombia, Blackwater in Iraq, Monsanto in India, Wal-Mart in China and then there are the drug companies who now conduct nearly 30 percent of their clinical tests in Latin America, Africa and Eastern Europe; places willing to accommodate “the drug industry’s search for cheaper and faster ways to conduct clinical testing.” Places with few restrictions on testing of experimental drugs.

The pursuit of money and markets, power and territory have given rise to health epidemics around the world in places where the people have been harmed by those they thought came to help them. In other places epidemics like HIV and AIDS have been allowed to rage untreated because the population was too poor to pay for the necessary drugs and treatments.

We see this even in the US where candy, soda and cereal manufacturers and corporations like McDonalds are allowed to pimp our children with direct marketing campaigns aimed at branding them by the time they are two years old with the goal of creating loyal customers for life, seducing them with sugar, salt and fat while our schools cut out health classes, recess and physical education – then we bemoan the rise in childhood



obesity, high cholesterol, and diabetes. These illnesses rank high among children and young people living at or below the poverty level because they have less access to healthy foods in their neighborhoods and easy access to cheaper food that translates into higher empty calories.

According to a new report by the Coalition on Human Needs without immediate action – without jobs paying a living wage – there is growing evidence that the effects of the Great Recession will linger for years, causing lasting damage to a generation of children and young adults. We know that the high poverty and joblessness caused by the recession throw up multiple roadblocks to a healthy productive future.

Some say we live in a time of global economies, I say we live in a time of dangerous economies. Global recession is a symptom of a worldwide battle – the monarchy has been replaced by the corporation – and the rest of us are reduced to either overseers or indentured servants.

What's old is new... We live in a time of war and rumors of war. Some get rich, millions are killed and we all suffer.

For me, to be armed with art means to be fortified against the agents of war and greed fed by mass media hysteria, fear, xenophobia, jealousy, consumerism, arrogance, anger, and hate. All the emotions that cause us to take actions that are against our best interest – against the interest of our children and mothers, fathers and sons, and in service to the building of empires and military fiefdoms, and for the enrichment of a global oligarchy. I want to talk about being armed with art because I feel we are at war for the minds and hearts of the world's people. Peace and prosperity versus war and waste.

**What good is art against empires and wealth?** You may be asking, what can you do with a poem or a story? What contribution can a cultural worker make to a world at war, overflowing with suffering, with illness and

in need of peace and justice? At the core of art and culture is creativity. A recent *Newsweek* article titled the "Creativity Crisis," defines Creativity as the "production of something original and useful...There is never one right answer. To be creative requires divergent thinking (generating many unique ideas) and then convergent thinking (combining those ideas into the best result)." I know you can identify with this definition.

As a nation we are losing our creativity, because we no longer value art in our communities and our schools, and we also fail to realize the great diversity of creativity that surrounds us. Yet, "All around us are matters of national and international importance crying out for creative solutions, from saving the Gulf of Mexico to bringing peace to Afghanistan to delivering health care. Such solutions emerge from a healthy marketplace of ideas, sustained by a populace constantly contributing original ideas and receptive to the ideas of others."

**What difference could art possibly make?** In his January 17th post, blogger Scott Walters theorized that the good we see in the world, those people who show up to help in a disaster, those

who make heroic efforts to change the world, all do so because of the impact of art in their lives. Not just any art, but the art of telling stories. He writes:

*Our society is built on stories. The idea that there is value in helping others who are in dire need...is passed on from generation to generation by the stories we tell that reinforce that value. Without that story, such admirable behavior would likely be scarce. When we teach young people to be artists, part of what we need to be teaching them is a consciousness of their responsibility to their society, their community. This is why we need to*

*stop teaching the Myth of Fame, the Cinderella Myth, as the primary myth of the arts, or the Myth of Self; the Myth of Individual Vision, and replace it with a myth of service, of sacrifice, and of place.*

The stories we tell are heavily influenced by the place we live in and the system we live with and under. In a global system of capital and free markets, we are deluged with the story of the lone risk taker who becomes a bejillionaire; the company that rakes in huge profits for its shareholders and rewards the president of the company millions of dollars as if he alone made it possible – in some cases paying one person a 1,000 times more than the hardest working throng of working poor people who design the products, operate the machines, sell the goods, or mop and clean the facilities.

Like the story of the lone hero going it alone with no input from the community they are supposed to be 'saving' walking off into the sunset with a pension leaving the mess for the people to figure out how to clean up and pay for – these are the myths that create the greatest barriers to a just society. But stories that embody the myths of service, sacrifice and place are most often found in art with a social message, political art, community based art – practices of the arts that many of us were taught should not be considered real art – art with a capital A.

Think about the types of myths that embody service, sacrifice and place. Think about your family stories passed down to you through an oral tradition from grandparents and greatgrands. The stories they told you were stories that led you to be here today. Your life is a story and one day the story of you will inspire other young people to step out in service to others, to break down borders, to break bread with the world.

Today, in our mass media society, the importance of the oral traditions has been dismissed and defamed. Cultures that continue to value these traditions are dismissed by Western elitism as simple and naive. Most people in the United States know little about the great oral traditions that are the roots of a moral and just society.

But the oral tradition of story is alive. It lives in each of us, important stories about sacrificing something today so there can be a tomorrow, about wishing for others what we wish for our self.

—You can read Lovelace's full speech at: [www.dghonline.org/ArmedWithArt\\_Lovelace.pdf](http://www.dghonline.org/ArmedWithArt_Lovelace.pdf) 

## Zeitoun

*Zeitoun* is the latest non-fiction work by Dave Eggers (Vintage, 2010). It is the story of a Syrian-American who remained in New Orleans after Hurricane Katrina. It is a beautifully written epic of one family's tragedy after the hurricane.

The story begins days before the storm hits and follows Zeitoun on his job as a contractor, helping his customers prepare for the storm. When his wife and children decide to evacuate, he stays behind to watch over their property. Then the levees break and Zeitoun finds himself surrounded by water in all directions. His constant companion is an old canoe and, with his vessel, he rescues trapped neighbors.

The adventures continue until Zeitoun is picked up by FEMA and taken to a high-security prison. There, he is detained in a Guantanamo-Bay style facility, interrogated and called "Taliban" and "Al-Quaida" by US soldiers, and finally put in solitary confinement for weeks, with no contact allowed with his family. After weeks of desperate searching, his family assumes the worst.

To add anything more would give too much away, but the book leaves the reader wondering how such injustice could be possible. *Zeitoun* is an important story of the xenophobia and racism in America, set in the context of the humanitarian crisis of Hurricane Katrina. A good read for anyone interested in social justice and human rights.

## The Textbook of International Health

*The Textbook of International Health: Global Health in a Dynamic World*, by Timothy Holtz, Yogan Pillay and Anne-Emmanuelle Birn (Oxford University Press, 2009) is a comprehensive examination of the determinants of health and disease on a global scale. Edited in part by DGH's own Timothy Holtz, it is a textbook written from a "political economy" perspective, meaning it aims to "analyze health in the context of the political, economic, and social structures of societies: who owns what, who controls whom, and how these factors are shaped by and reflect the social and institutional fabric." It is firmly embedded in social justice and the social determinants of health, and sets out to define international health in a social framework.

The book is divided into three sections. The first lays the groundwork for understanding international health with a historical overview and a critique of available epidemiologic data. The second views international health from various perspectives such as globalization, working conditions and humanitarian disasters. The final section explores examples of effective global health policies and offers a path forward.

*The Textbook of International Health: Global Health in a Dynamic World* promises to take the reader "on an international health voyage, one that may take us to unexpected places and that will undoubtedly, like all journeys, leave us challenged and changed."

# MURALS: HEALTH PROMOTION THROUGH THE ARTS IN EL SALVADOR

By Isabel Quintero


"If the rehab center could speak to the community, what would it say?" Such questions marked the conception of the murals that now decorate the walls of the Santa Marta Rehabilitation Center. Ana and Lola, two health promoters, wanted a mural to help people understand their work, as "some people still don't know what it is we do here." To help us, we recruited *Fire-dance*, the dynamic break-dance group and graffiti lovers of Santa Marta. At the entrance to the center, we chose to celebrate the Center's development since it first originated for the community's *lisiados* or war victims, to the present day resource it represents. One of the dancers drew his father, a disabled war victim, amputated from the knee down. Next to him, we painted Manuel, a local child with cerebral palsy and regular patient, who also joined in with the painting. For the most visible wall, as a tribute to the *espacio mujer* (women's space) project, a painting of a health promoter massaging a woman was chosen. Ana and Lola themselves made the finishing touches, to ensure it was just the way they wanted it.

It was amazing to witness the transformation slowly taking place as we painted. At times, the porch became crowded with break-dancers practicing their routines, school children running up the path during recess, and the occasional pupusa feast as a reward for the conjoint effort. The final results are inspirational and beautiful murals. Visible from afar, the outside has encouraged many people to approach the center. Most importantly, this

grassroots arts project has given Santa Marta's youth the opportunity to be active participants in the creation of community art in a way that is effectively linking art with health promotion.

The murals have also encouraged Ana and Lola to share their work with the community. Consequently, they now feel more ownership of the Center. They are not the only ones: in the days following the completion of the murals, Manuel frequently ran up with his school friends just to pose in front of his mural image... we may have just discovered a novel way to ensure patient attendance!

*Note:* For more information, see the video of the mural creation, "*Promoviendo la Salud a Través del Arte,*"

and videos on the rehab project, "*Las Manos y el Maiz 1 & 2,*" all available on YouTube ([www.youtube.com/user/docs4global](http://www.youtube.com/user/docs4global)) and the DGH website ([www.dghonline.org](http://www.dghonline.org)). 



## And the 2010 Clements Award Goes to...

The 2010 Clements Award was presented to three members of the Rice Family: Dr. Hobson Rice, his wife Louise and their son Paul. In addition to providing financial support to DGH, they have dedicated countless hours in helping mail out this very newsletter. Dr. Rice built the aluminum recycling cage and helped integrate it with the trailer kit, which is used to house and carry the aluminum cans for the recycling project begun by Hal Clements to benefit DGH. The family has been involved in many other community volunteer activities, including leadership in serving meals to hundreds of homeless through the years. Dr. Rice had volunteered to drive his van to transport those visiting the Healing Clinic in conjunction with the 2010 General Assembly. His untimely death the day before was a shock but he leaves a legacy of service and love.

The award is named for Hal and Cherry Clements who represented the best of activism, volunteerism, social justice, love for the environment, and love for humanity of every race and creed. They truly worked locally at a global level. Both were high school educators, he a principal and she a math teacher. Cherry, a former DGH Registrar, was a world class cook who prepared meals for the homeless. She was a founder of WAND (Women and New Directions) and he began the DGH aluminum recycling program through North Decatur United Methodist Church. We honor their memory at DGH General Assemblies by presenting the Clements Award to someone who is a leader in the fight for social justice, and a dedicated and effective volunteer.

## 2010 Sandy Kemp Scholarship Recipients

Since July 2002 DGH has had the privilege of awarding over 50 Sandy Kemp Memorial Scholarships. These have gone to deserving students and others needing financial assistance in order to participate in our annual General Assemblies, recognizing individuals who have demonstrated commitment to DGH principles and mission. Out of this inspiring group of young people, board members and international and domestic volunteers have emerged.

The daughter of missionaries, Sandy Kemp developed a sense of justice that caused her to lead a life of dedication to improving the lot of the impoverished. She became a Spanish professor at Davidson College, where she also opened her students' eyes to the plight of those less fortunate as she led a group each summer to Central America. She exposed her students to a world beyond their own, allowing them to understand that we in the United States are in many ways greatly blessed but not more deserving or better than others.

A founding DGH Board member, Sandy supported this organization for many years with her wisdom, guidance and generous gifts. The Sandy Kemp Memorial Scholarship Fund was established in her memory and is awarded to young people who have demonstrated through volunteer activities that they share many of the same ideals that Sandy exhibited. This year the scholarships went to: Christina Kozycki, Megan Mallory, Shannon Reisner, Trisha Schimek, Lola Song and Kevin Sullivan. Please help continue this fine tradition by contributing to the Fund.



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