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SUEÑOS DE MADERA: SANTA MARTA'S YOUTH ARTISAN COOPERATIVE

By Anita Lyons

Santa Marta's youth group dates back to 2006, when some high school students decided they needed an orga-

nization dedicated to the development of young people. Since then the group has evolved year to year, engaging in movie-making, theater, crafts, political participation, sports and community service, all while maintaining a commitment to the personal reflection and growth of its members.

When I arrived in El Salvador as a DGH volunteer in July 2011, the group had just been introduced to a new and exciting prospect: artisan production. The idea was introduced by Fabio, an Italian psychologist with the Italian NGO *Psicologi per I Popoli* (Psychologists for the People). In partnership with DGH, this organization visits Santa Marta twice a year and had pre-

viously been working with the youth group to develop workshops on self-esteem and conflict resolution. Fabio had been interested in wood-working for many years in Italy, and brought this ability to El Salvador with the idea of teaching a concrete skill that youth could develop into a hobby or even profession. With this goal in mind, *Psicologi*

per I Popoli donated two wood-cutting machines, sandpaper, wood, paint and numerous other materials. Fabio led workshops teaching the interested youth how to cut the wood, paint it and turn it into a *rompecabeza* (puzzle). When Fabio left the work continued, though in a somewhat unorganized fashion, as everyone was still trying out different roles to see what they liked.

August saw the arrival of Natalia, a volunteer physiotherapist from Spain [see her reflections on page 2], and we both became very involved in the artisan group, establishing a daily routine of heading to the gymnasium/workshop everyday at 4pm and staying until 8 pm – or until we were

invited for *pupusas*! The artisan group's first 'work order' was from the school: a set of alphabet puzzles, one for each letter. Natalia and I helped to draw and paint some of these, and the participating youth responded well to having a goal. The work was far from perfect at this point: the designs and cutting were sloppy, the sanding was far from uniform, and the painting often looked haphazard. We were still learning, not only how to make a better product, but also that we needed a better system.

As *10 de Octubre* (10th of October) approached, the festival commemorating Santa Martán's return from exile in Honduras, the group decided it wanted to get serious about artisan production. We elected the name *Sueños de Madera* (Wooden Dreams, originally coined by Fabio) and set about painting the outside of the dilapidated-looking gymnasium, glee-

“ Moving forward, the group is looking to legalize the cooperative, sell its products locally through a Santa Marta tourism initiative, and connect with buyers abroad with the help of DGH. ”





Members of the Santa Marta Youth Artisan Cooperative at work.

fully covering the enormous letters of *gimnasio* (gymnasium) with our own *Artesanía Sueños de Madera*. We also came up with a list of the products we would like to sell during the festival and set about making them in a slightly more methodical way.

Nothing sold as well as we hoped, but at the post-sale meeting we discussed what had gone well (everyone had helped to sell; the community saw our product for the first time and liked it!) and what we needed to change (no one wanted purely decorative items; our table was in a terrible location). We may not have generated much profit but, in terms of learning, the sale was a success.

November and December saw an increase in the community's awareness of the artisan group. We began to have a few requests each week for personalized items: picture frames, store signs, political keychains. We collaborated with CoCoSI to produce 100 keychains for their World AIDS Day march, developing an assembly-line style. However, we continued to have major problems in organization: a lack of documentation of funds and spending and unclear roles for administrative leaders.

Fabio arrived again in January 2012, along with Massimo, a master in colors and paints, with the goal of helping the group become more professional. They stressed the need for division of labor with each person specializing in either cutting, painting or finishing touches. Under their direction the group learned to mix and choose colors, and create new products, such as dominos, memory games and napkin holders. I worked on the administrative side to create an accounting system that prioritized transparency with a monthly statement for the whole group to review.

In February, I went to La Palma, El Salvador with Fabio, Massimo and three youth artisan group members. We toured the 34-year-old *La Semilla de Dios* (The Seed of God) artisan cooperative, observing the way this professional group organizes its work and administration. It was an inspiring experience for all of us, helping us to imagine a bright future for *Sueños de Madera*, like one day receiving orders for 10,000 crosses. We also reconnected in La Palma with Jorge Urbina, a 23-year old artist who has been helping us to find funding and support. As he says, the world needs to know that not all Salvadoran youth are gangsters or delinquents.

Moving forward, the group is looking to legalize the cooperative, sell its products locally through a Santa Marta tourism initiative, and connect with buyers abroad with the help of DGH. The group's products will be for sale at the DGH General Assembly in Boston this August, but customized orders are encouraged (e-mail the group at obdulioleiva@gmail.com or visit their web site at <http://artesaniasantamarta.blogspot.com>).

I may have fallen into working with the artisan youth group while volunteering in Santa Marta, but they helped define my experience in El Salvador. I greatly enjoyed getting to know this energetic, diverse, at times chaotic, but always resilient, group of young people. 🌿

REFLECTIONS ON BEING A DGH VOLUNTEER ABROAD: PART II – DURING AND AFTER

By Natalia Sampedro

July 28th, 2011. Hauling a suitcase full of donations of creams, massage oils, a laptop and some clothes, I set off from my home in Spain across the ocean to spend my six weeks of 'vacation time' as a DGH physical therapy volunteer in Santa Marta. After a long flight and several hours covering tortuous strips of highway, I finally arrived at my destination.

The welcome was awesome. From the first moment, the people of Santa Marta made me feel as if I were part of a big family, receiving me with great warmth. The hospitality of the El Salvadorans became evident upon arrival, from my very first day. Finally, I was in Santa Marta! The place I had spent months daydreaming about, wondering what it would be like, what my work would



Natalia (center) in front of the Rehabilitation Center with the two health promoters she trained.

be like, and how I would fulfil my desire to help as a volunteer in a different country.

Santa Marta is a small town in the province of Cabañas, one of the poorest provinces of El Salvador, very close to the border with Honduras. It was one of the areas devastated by fighting and bombing during the 12-year civil war that ended in 1992. The community fled to refugee camps in Honduras in 1981 and did not return until October 10, 1987, before the end of the war. Due to their suffering during the armed conflict and to attend to their current needs, the people of Santa Marta have become real survivors: strong-willed and with a great sense of organization and initiative. Although it may seem contradictory, they are also happy, hospitable and warm-hearted people.

My work there consisted of training Ana and Lola, the health promoters responsible for the rehabilitation center of Santa Marta, in physiotherapy techniques according to their needs and the most common pathologies that they had observed, as well as giving them specific training in first-aid. The pathologies we saw together included quite a wide repertoire. These ranged from cerebral paralysis (condition in which the posture and movement of the body have been affected by brain damage), hemiplegia (paralysis of one side of the body), lower back pain, cervicgia (neck pain), and post-surgical and post-traumatic rehabilitation to facial paralysis, sprains, tendonitis (inflammation of a tendon) and muscle overload. With such diverse treatments needed, there simply was no time to get bored. Ana and Lola were enthusiastic learners, characterized by their good-humor and willingness to always ask questions and to try out new techniques.

The center also held workshops aimed at children with special needs, as well as early sensory development and play for two- to three-year olds. For me, this was a new way of working, but I found it was very well accepted by the community. Together, we started some new workshops, namely 'back school' and relaxation for youth and adults, as well as an exercise workshop for pregnant women. These were all very successful and a lot of fun too!

Of course one must not forget that all the work I did at the center was carried out with the specific goal that when I left, Ana and Lola would feel confident in their ability to continue with the work themselves. That is what real cooperation and accompaniment is all about.

Day-to-day life was busy and the work was quite agreeable and often fun. Nevertheless, I can-

“ It has been one of the most enriching experiences of both my professional and personal life... As I had imagined, I feel I have received much more in experience, human relationships, teaching and satisfaction than what I gave in time, resources and work. ”

not say it was all rosy in El Salvador. The social situation and the dangerousness of the country require careful psychological preparation. As the area is one of the poorest in the country, it is not surprising that the food was not especially varied (although I have to say it was delicious!). There was also a variety of nocturnal fauna in my room, and the toilet and cold showers every morning were hard to get used to. However, these things were made much easier to deal with thanks to the great warmth of the people. All in all, the positive aspects of the experience definitely outweighed any others.

This has been one of the most enriching experiences of both my professional and personal life. Not only was my desire to experience international cooperation fulfilled, but I can also say I met some amazing people along the way, whom I can now call my friends. As I had imagined, I feel I have received much more in experience, human relationships, teaching and satisfaction, than what I gave in time, resources and work.

After several years as a volunteer in Spain, my desire to defy frontiers and continue with my solidarity work on the other side of the ocean was finally realized. The only thing I missed was not having more time to stay longer. Six weeks seemed like a century before I left but then the weeks seemed to have passed by in the blink of an eye.

Luckily, the work I did there will not stop when I get back. Training and support will continue long-distance and my dream of this not being a one-time experience, of being able to return, is stronger than ever.

So after almost six weeks in El Salvador, this is how I returned to Madrid: my suitcase full again, only this time with personal satisfaction, gratefulness, dreams fulfilled, friends, smiles, fun moments, adventures and a burning desire to return one day. I cannot imagine bringing back any better souvenirs than these from my 'vacation'.

– Read Part I of Natalia's experience in the Fall 2011 issue of the DGH Reporter, available at www.dghonline.org/news/dgh-reporter. 



Natalia (center) during a child's physical therapy session in the Santa Marta Rehabilitation Center.

Human Rights World around the

The Occupy Wall Street (OWS) Movement USA

OWS AND HEALTH WORKERS IN NYC

By Linnea Capps

In New York City, one of the many groups of people who came out to support OWS was a coalition of health care workers. Many were associated with Physicians for a National Health Program, the National Physicians Alliance and the Montefiore Residency Program in Social Medicine. Dr. Matt Anderson, a faculty member in the Montefiore Social Medicine Program, described the development of health professional support for OWS as follows:

“These three organizations provided the impetus for the formation of Health Care for the 99%, a group that organized and participated in teach-ins and protests around lack of access to health care and the problems of income inequality.


“The formation of Health Care for the 99% was facilitated by the fact that all three groups had a core of experienced activists and an existing community to draw from. Protest marches often targeted the offices of health insurance companies such as Wellpoint, which was located at Zuccotti Park. Doctors in white coats were given prominent play in the local media.

“Other clinicians, most notably members of National Nurses United (a nurses’ union), provided medical care at an improvised first aid tent in the park. Care at both Zuccotti Park and at demonstrations was also provided by Street Medics, an informal group of individuals who provide care during political protests.

“Emerging from the OWS has been a participatory, non-hierarchical structure. Events often use the human microphone, in which a speaker’s words are transmitted by those closest to the entire group. Decisions are made by consensus and no one is excluded from participation. It has been problematic for medical professionals to work in such environments at times.

“Protesters were forced out of Zuccotti Park on November 15th but OWS has remained alive if dispersed. Demonstrations continue nearly every day and care is now being provided at a first-aid area near the Park and (on an individual basis) at the many sites where the occupiers are now lodged. The medical team has organized to provide care at demonstrations where there have been numerous incidents of police brutality. Health activists are in the process of forming networks to link the many occupying sites around the country.”

Many of the health care professionals who have participated in medical support for the vari-

ous demonstrations were pleasantly surprised at the number of fellow physicians, nurses and other health workers who were able to mobilize so quickly and organize medical support for demonstrations, as well as help provide or find medical care for occupiers from out of town. We were able to provide services at the same time that we joined activities in Zuccotti Park to bring forward the issue of inequity in health care. Many also realized that most health care professionals had little experience in “protest medicine” but that we could learn a great deal from the physicians who supported civil rights demonstrations and formed the Medical Committee for Human Rights in the 1960s. 

DO IT YOURSELF RESOURCES

For anyone interested in learning about the medical and legal aspects of providing care during political protests, the Albert Einstein College of Medicine has posted video of its social medicine rounds on the topic (in three parts). It is largely devoted to street medics and includes three excellent speakers: a paramedic, a physician, and a lawyer, all of whom were street medics. Go to:

1. www.youtube.com/watch?v=sHCiAUH1eIQ
2. www.youtube.com/watch?v=4Y6I7ep9WAc
3. www.youtube.com/watch?v=iwJqutLIGFA

THE MILITARIZATION OF THE POLICE

By Linnea Capps

The secretive military-style invasion of tiny Zuccotti Park by a massive number of New York Police Department (NYPD) officers was surprising to many New Yorkers. Clearly there are similarities between police and military forces – both use deadly weapons and have a very hierarchical command structure – but their missions are supposed to be quite different.

An op-ed article by Al Baker, published in December 2011, in *The New York Times*, notes: “American law and tradition have tried to draw a clear line between police and military forces. To cast the roles of the two too closely, those in and out of law enforcement say, is to mistake the mission of each. What seems clear is that the terrorist attacks of 9/11, and the federal Homeland Security dollars that flowed to police forces in response to them, have further encouraged police forces to embrace paramilitary tactics like those that first emerged in the decades-long ‘war on drugs.’ Of course, the vast majority of New York City’s police force is not specialized troops, but

rank-and-file beat cops. But that did not stop Mayor Michael R. Bloomberg from sounding like Patton at the Massachusetts Institute of Technology last week, when he boasted, ‘I have my own army in the N.Y.P.D.’ suggesting his reasons for preferring City Hall to the White House.”

Images from multiple OWS demonstrations all over the country have shown how the police have adopted military-style tactics and equipment. These trends give reason to be worried about the increase in this militaristic mind-set and the possibility that the

OWS AND HEALTH WORKERS IN BOSTON

By Denise Zwahlen

Inspired by Occupy Wall Street, it did not take long for people in Boston to occupy their own park, downtown Dewey Square. The tent city became a place where many individuals and organizations converged to take part in daily assemblies, organize working groups, lead marches to highlight the plight of the 99% and challenge the rule of the 1%.

Health care workers were no exception. Old allies and new comers came together around the occupation to bring their demands for the Right to Health as a Human Right. Some were Street Medics who provided care in the Medical Tent; others were Social Workers who were part of the Boston Liberation Health Group. Members of Physicians for a National Health Plan, who have been involved for years in the fight for single payer health insurance, joined in. Public health and medical students, residents, nurses, case workers and AIDS advocates, formed the core group of what became the Occupy Boston Health Justice (OBHJ) working group.

In November 2011, OBHJ organized its first day of action. It started with a free clinic in the morning, followed by a speak-out and then a march targeting banks and Senator John Kerry. On December 3, 2011, to mark International AIDS Day, OBHJ organized a march from Dewey Square to Senator Kerry's office to hold a vigil. Members of different organizations (Student Global AIDS Campaign, Health GAP, AMSA, Act Up, Health Justice) spoke. Chants could be heard throughout, such as: "When People with AIDS Are Under Attack, Act Up, Fight Back."


On December 4, 2011, OBHJ adopted the following Mission Statement: "The Occupy Boston Health Justice working group is an open and evolving group of Boston area community members, health activists and health workers. We believe that health is a human right and that systemic injustices, the pursuit of profits over people and the accumulation of wealth by the few, all harm the health of our communities. We seek to mobilize, educate, inspire and act in solidarity in ways that lead to greater health justice."

Since the time when Occupy was forcefully removed from Dewey Square, the OBHJ has continued to meet and look at ways to make the Right to Health an integral part of the struggle. Many members of OBHJ are also involved in other Occupy working groups and they help us stay connected to the overall Occupy Boston movement.

The activities of OBHJ have ranged from agitation, to education and organizing. For example, members took a leadership role in organizing two flush actions. One targeted Karen Ignani, CEO of America's Health Insurance Plans (AHIP, the health insurance industry's lobbying group). The other targeted Novartis, the pharmaceutical company that is now suing the Indian government to stop it from manufacturing a generic version of one of its patented can-


line that has separated civilian police forces and the military is fading. When the police help create confrontations rather than defuse them, they sow distrust. The effect could be erosion of civil rights rather than building good will in the community that is necessary to maintain peace.

As the American Civil Liberties Union (ACLU) of Northern California wrote in response to the pepper-spraying of peaceful protesters at the UC Davis campus: "Around California and all over the country, we have been told that Occupy encampments must come down because of 'health and safety concerns.' But all around the country, we have seen the police take down these encampments with an overzealous use of pepper spray, tear gas and flash-bang grenades. The real 'health threat' we should be concerned about is the threat to the health of our democracy when the government reacts to peaceful political expression with police violence."

Learn more from this November 16, 2011, *Democracy Now!* segment, "Police Crackdowns on Occupy Protests from Oakland to New York Herald the 'New Military Urbanism'" (www.democracynow.org/2011/11/16/police_crackdowns_on_occupy_protests_from). 

cer drugs. Other members lead a discussion at Occupy Boston's weekly Community Gathering on Single Payer Health Insurance.

Right now, OBHJ is participating in a campaign fighting local transit (MBTA) cuts in services and drastic fare hikes to make up for a huge budget deficit. It is bringing the impact these drastic changes will have on the health of the community and its members to the attention of the public and those who will make the final decision. OBHJ is asking health care workers to sign a letter protesting the proposed changes and pointing to other ways to make up the budget shortfall. OBHJ is also involved in planning a conference for September on Health Justice, bringing to the table many different groups and individuals fighting for the right to health.

What is most exciting about OBHJ, is the priority it has placed on overcoming the social determinants of health instead of just advocating for access to health care. Its leadership is mostly students and young people who were fired up by the OWS movement. Some members are seasoned activists, while others are new to the activism. Learn more at www.healthjusticeboston.org. 

For Occupy Health groups in other areas, check the Occupy Public Health website: www.occupypublichealth.org.

For information on the broader Occupy Movement activities anywhere in the country, check out www.interoccupy.org.

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.

WHO WORLD CONFERENCE ON THE SOCIAL DETERMINANTS OF HEALTH – BRAZIL

By Linda Sharp

From October 19-21, 2011, the World Health Organization (WHO) held the first-ever World Conference on the Social Determinants of Health (SDH) in Rio de Janeiro, Brazil. The meeting gathered over 1,000 people representing 125 countries and a diversity of civil society groups. It aimed to bring together stakeholders to share experiences and build support for ways to reduce health inequities, as well as create plans to implement the recommendations of the WHO Commission on Social Determinants of Health.

One day prior to the official opening of the meeting, the People's Health Movement (PHM, www.phmovement.org) and the Latin American Social Medicine Association (www.alames.org) hosted a one-day event entitled "Protecting the Right to Health through Action on Social Determinants." Many groups shared their experiences and actions.

Particularly inspiring was a presentation by indigenous Brazilian women struggling to halt construction of a hydroelectric dam on their land. Mexico City Minister of Health Asa Christina Laurell, MD, shared her perspectives on the SDH and migration patterns, noting that thousands of small farmers throughout Mexico have been driven off their land because of unfair transnational trade

agreements, furthering cycles of poverty and poor health. There was a powerful presentation on the politics of food and nutrition by David Sanders (PHM-South Africa), who noted that the causes of both over- and under-nutrition are rooted in unfair trade. PHM-USA detailed its two-fold mission of working to achieve health for all in the US and to change US government and US-based multinational corporation policies that undermine health worldwide.

The meeting also critically reviewed the WHO "Rio Political Declaration on the Social Determinants of Health" (www.who.int/sdhconference/declaration/en) that was drafted at the conference. Fran Baum (PHM-Australia), summarized: "The official declaration from the conference doesn't deal with the underlying factors that are driving health inequalities between and within countries. Perhaps this is not surprising, as addressing these factors – which include trade policy and the need to redistribute wealth more fairly – would directly challenge the global status quo of power and resources." An intense discussion followed, centered on the collective process of authoring the alternative Rio declaration, "Protecting the Right to Health through Action on the Social Determinants of Health" (www.phmovement.org/en/node/6243). The final statement boldly sets out much-needed action in five areas, including community and local participation in policy-making, reorienting the health sector towards primary care, and strengthening government accountability around the SDH.

The day began with the launch of Global Health Watch 3, an alternative world health report (download the report at: www.ghwatch.org/ghw3). As the conference convened in Rio, the Occupy Movement in the United States was in full swing. The message of the Occupy Movement is strikingly similar to the themes of GHW3 and the alternative declaration discussed in Rio: Challenging the dominant paradigm of capitalism and corporate greed, and demanding change. At one point during the official WHO conference, DGH's own Lanny Smith "occupied" the conference podium and shared the message with the world audience that physicians and health workers in the USA are in solidarity with the Occupy Movement, stating "We are the 99%!". Cheers and loud applause followed – although the official US contingent, including US Department of Health and Human Services Secretary, Kathleen Sebelius, pretended not to notice.

While there were many exciting topics and speakers at the conference, it was disappointing to witness the lack of political will and unrealized potential on the part of WHO to complete the work set out by its own Commission on SDH. The Commission Report states, "Achieving

"The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries."
– *The World Health Organization*



Bridget Lloyd (center), Coordinator of Global People's Health Movement.



Lanny Smith, DGH Founding President, with Sir Michael Marmot, former Chair of the WHO Commission on Social Determinants of Health.

Es Costumbre: One Story About the Social Determinants of Health We Accept

By Shankar LeVine

It was mid-afternoon, the sun was blazing down and the whole town was asleep. I was taking a walk around this sleeping Mexican town when I came across them. There were ten women in all. Seven women and three girls were working around an open fire. Two had cloths wrapped around their backs with the silhouette of a sleeping baby inside and one was visibly pregnant. All were barefoot. Two were kneading dough; five were thinning out the dough into raw tortillas, which the remaining three placed on a large metal pan, flipping until cooked. When cooked and ready, they pulled the fresh tortillas off the fire, stacking them in yellow colored cloth for insulation to keep them soft and warm. I stood and watched. I had followed the smoke from their fire to this part of town.

I'm a medical resident-in-training who was volunteering at the San Carlos Hospital in Chiapas, a project run in partnership with Doctors for Global Health. Except for emergencies, the hospital, along with the rest of the town, was quiet and closed from 2-5pm daily. Although I've spent many a day during residency wishing I could take a siesta, I found it surprisingly hard to take this obligatory afternoon nap. As a visitor from the work-addicted United States, everyday was a puzzle to figure out how to pass those three hours. Today, I took a walk.

The whole pueblo was asleep. Stores closed and hardly anyone was on the streets. "Sleepy Mexican town" is not just a phrase out of a book. The women were the first sign of life I'd come across.

After a few moments, I realized I wasn't the only one watching the tortilla production line. A weatherworn man wearing a low-brimmed sombrero, button-down shirt, slacks and boots seemed caught in a daydream as he stared off at the smoke. I asked him why the women were making tortillas on a rundown basketball court, in the heat of the day, while everyone else took their siesta.

"Es *costumbre*," he replied, barely tilting his head back enough to make eye contact. It's the custom. Tradition. There could have been something cool, even seductive, about this cowboy and the simplicity of his answer, but I was two years into residency and suffering from med-

ical vision: seeing pathology instead of people. Women without sombreros out in the afternoon sun meant skin cancer. The smoke rising from the wood meant these women were more likely to suffer from lung disease. Throughout de-veloping countries where wo-men still use firewood to cook, lung disease is rampant. I watched as the three girls ran around the fire helping their mothers cook. The babies slept peacefully on their mothers' backs. How much smoke had already made its way into their developing lungs?

There were numerous illnesses, hookworm and other parasites for example, that were common in Chiapas but that I had rarely or never seen in the United States. Talking to various volunteers, nurses and doctors at the hospital I heard many stories that I noticed all followed the same pattern. A patient presents feeling weak, dizzy or after fainting. While examining the patient, the volunteer (storyteller) pulls down the patients' lower eyelid and notes pale conjunctiva – an external marker of severe anemia (low red blood cell level). The climax of the story was always a number, the patients' blood count. Each story seemed to compete with the next, vying for the lowest number: 5, 4, even 3! Normal hemoglobin levels are between 13-15. The patient's hemoglobin level was a rough indicator of the patient's duration of infection and burden of hookworms. This parasite crawls up from the soil, boring into the skin through bare feet, eventually latching itself onto the wall of the intestine. As a result, patients slowly bleed into their bowels becoming increasingly more anemic. Hearing these stories I was diligent about starting my patient examinations by pulling down each and every patient's lower



Local mural asks: "Do you believe your health is in the hands of fate?"

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health equity within a generation is achievable, it is the right thing to do, and now is the right time to do it." The WHO Rio Declaration, however, does not chart a way forward to get it done.

At the conference, Sir Michael Marmot noted that progress in public health and social change "has always come from organized movements" and that "only civil society can truly accomplish" fulfilling the goals relating to the SDH. Dr. Marmot, and many at the WHO conference, see PHM and other civil society groups as the way forward.

One such active group is The Spirit of 1848 (www.spiritof1848.org), a network of people concerned about social inequalities in health, whose purpose is to spur connections among those working on diverse public health issues in the US and beyond. Its mission is to bring together people in various disciplines, those who work on particular diseases or health problems, or that are in different organizations geared to specific issues or social groups: "By making connections, we can overcome some of the isolation that we feel and find others with whom we can develop our thoughts, strategize, and enhance efforts to eliminate social inequalities in health."

There is much being done by PHM and civil society in the US to achieve health and human rights for all using the social determinants framework. Currently, PHM-USA and PHM worldwide are preparing for the Third People's Health Assembly, from July 6th to 11th, 2012, in Capetown, South Africa. This event promises to be an inspiring global gathering with folks from around the world involved in the struggle for health and human rights worldwide and in their communities. For more information visit www.phmovement.org/en/pha3.

ES COSTUMBRE


(Continued from page 7)

eyelid to get a good look at his or her conjunctiva, but every one had been pink and completely normal in appearance. Instead, the most common problem I was treating was musculoskeletal pains and arthritis. Daily life was hard here. Starting young, women bore 3-8 children. They did all the household work while most men worked in the corn, coffee or sugarcane fields. Both men and women have hard work. I found it difficult to guess people's age. I always overshot. A couple times I guessed then mentally halved the number; only then was I close to their actual age. Hard lives in the sun transform skin textures and lines beyond numeric distinction.

I stopped pondering and continued walking. The only other activity in the town was a football game between adolescent boys. I watched for a while. They were pretty good. They all wore cleats.

That night I talked to Dr. Juan Manuel Canales Ruiz, the DGH in-country coordinator in Chiapas and an inspiring Mexican doctor who has dedicated the last 12 years of his life to educating health promoters, visiting rural autonomous communities and caring for patients in Chiapas. He was honored for his work with the 2006 Jonathan Mann Award for Health and Human Rights.

Juan Manuel is also a masterful story crafter and has many to tell. He told me how he'd been walking through a community with one of the local leaders and asked why so many of the women were barefoot while all the men seemed to have rubber boots, cleats or both.

"Es costumbre," was the answer. After all, the men were the ones who had to work in the field and who played soccer. Juan Manuel laughed as he relayed the story, acknowledging the ridiculousness of the answer. As I listened, I realized the common thread in all the stories of the hookworm patients: they were all women. In my short two weeks I never did see a case of severe anemia from hookworm, but every time I examined a male patient I wondered if it was even worth looking at his conjunctiva. 

DGH Announcements

► Join us August 11-12, 2012 for our 17th Annual General Assembly:

"Challenging Scarcity: Health Justice for All."
The Assembly will be held at Simmons College in Boston, MA. Learn more and register at www.dghonline.org.

► **Don't miss the Third People's Health Assembly (PHA3):** July 6-11, 2012 in Cape Town, South Africa. Join health workers and activists from around the world to celebrate the movement and find a way forward in achieving Health For All. Learn more and register at www.phmovement.org/en/pha3.

► **Recognition for Radio Victoria in Santa Marta.** El Salvador's National Radio celebrated its 86th anniversary by paying tribute to radio legends. Radio Victoria was recognized for being the principal citizens' voice against metallic mining, despite harassment and threats to team members (www.dghonline.org/news).



DOCTORS FOR GLOBAL HEALTH

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