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# Doctors for Global Health Reporter

## HUMAN RIGHTS IN THE ARTS

One of DGH's Principles of Action is to integrate into our activities artistic expression that promotes healing and celebrates all life into our activities. These expressions include literature, music drama, painting, sculpture and other art forms. Below is an example of one such "other:"

### ACTIVIST PHOTOGRAPHY

By Steve Cagan

Years ago a well-known documentary photographer, whose work I admire immensely, said in an interview that he had learned his images were not going to change the world. "How arrogant he must have been," I thought, "if he had thought they would." The point is not to think one can change the world by producing pictures. Rather, photographers who want to have a social impact have to think about how our pictures may contribute to change – the ways they may support and be part of the movements for social justice, for peace, for environmental sanity. And, I still believe that to do that, they have to be good pictures.

I've heard that the great photographer W. Eugene Smith hoped his images from World War II would end war. That was unrealistic, but his documentation of the struggle of the fishing community of Minamata, Japan, to get the Chisso Corporation to accept responsibility for the environmental and public health crimes they had committed – a struggle for which he ultimately gave his life – was a material contribution to that campaign.

I am a photographer – what is sometimes called a "documentary photographer" – and an activist in movements for progressive social change, for justice and peace. My goal has been to integrate my photography and the social or political activism it is intended to be a part of. This is different from producing work with "social content" or "political art." For one thing, it may seem to some more like journalism than art. The object is to be an active part of the movement with which you are working. In the end, activist photography will be judged by the extent to which it contributes to those movements, helps to realize their goals and, perhaps, also broadens their cultural concerns. I believe that we who hope to function in this way – as committed, or engaged, or activist photographers – must confront some real issues. These include:

1. How do we approach our "subjects?" We need a method of work that not only respects the persons in our images, but also

“ My goal has been to integrate my photography and the social or political activism it is intended to be a part of. This is different from producing work with “social content” or “political art.” ”





Photos from Steve Cagan's on-going project on El Chocó, Colombia, and the daily resistance of the communities to the threats and actual injuries they confront.

PREVIOUS PAGE: In the "Zona Norte," an area settled by people displaced by the violence of the civil conflict, Quibdó, El Chocó, Colombia.

TOP: At a "jovenciada," a coming-of-age ceremony for an Embera girl. Community of Motordó, El Chocó.

MIDDLE: Playing on the bank of the Atrato River, Bellavista, El Chocó.

Photo from Steve Cagan's project "Working Ohio," an extended portrait of workers in the northeast Ohio region:

BOTTOM: A member of IBEW Local 1377, she works for Cleveland Public Power.

allows us to really understand what is in front of us, to approach the problem of people's reasonable lack of confidence in us, and to produce work that does not reproduce the unequal power relations that frequently are the original causes of the problems we want to document and to help to overcome.

One good way to manage these problems – not eliminate them; we can only hope to reduce them – is to work in strict collaboration with the communities, their organizations and their leaders, to produce work not so much *about* the communities as *with* them. These questions are important for photographers, whose goal is to communicate both with the people they are photographing and with a broader public, who think about presenting images with enough information for the public to have an understanding of the situation being documented, who want their photographs to be both responsible and effective.

2. **How do we exhibit, publish – that is, distribute – our products?** This is about giving our images real life, having an impact, being of consequence. We need to take into account the traps that lie in wait in the possible interpretations of our work, and find ways to reach distinct and varied publics on both sides of this cross-cultural communication.

3. **How do we develop a relationship with both our subject and our public?** In the end being committed photographers/communicators who want to create materials meaningful to both our subjects and our public implies developing a relationship with both. It is not enough to be simply a producer of images, no matter how good they may be. We also have to think about our responsibilities towards the human beings whose photographs we take and those who are going to see them.

These arguments matter if we want to use photography as a medium of investigation and communication, in which the product is not an image or even a series of photos, but rather a coming together: a production of images within a context that carries a social content. I doubt that this can be accomplished without the effort I'm suggesting, if we mean to contribute to the communities and their struggles.

Once after a talk to a group of friends and coworkers about El Chocó, Colombia, a common question arose: What are you trying to do with this work? I answered that I have two goals: to provide visual materials to the communities that might be useful in their struggle, and to take their story to other places, both abroad and within Colombia.

One coworker said, "Steve, you didn't mention an important function of your work – you accompany the communities simply by your presence." It is here that everything I've been trying to say is located: committed photography, as I wish to define it, is about a series of relationships that go far beyond the camera.

– *To see more of Steve Cagan's photographs, purchase prints of his work, and learn more about his projects and "activist photography" philosophy, visit: [www.stevecagan.com](http://www.stevecagan.com).*

## THE NEW JIM CROW: MASS INCARCERATION IN THE AGE OF COLORBLINDNESS, BY MICHELLE ALEXANDER

Like many, while disturbed to see young children locked up in jails, or admiring the resilience of those who come to get their tattoos removed after having spent much of their life behind bars, I never questioned why so many, especially people of color, were spending the prime of their life locked away from family and society.

In her book, Michelle Alexander questions the entire system that herds large numbers of people, especially Blacks, into the corrections system essentially disabling them from civic participation. For those of us who have become comfortable with the notion that we live in a time free from slavery or the segregation laws of the Jim Crow era, this book is a wake up call.

She outlines how through mass incarceration of Blacks we continue the old oppressive order in a transformed yet more dangerous form. Unlike the past when racial segregation was clear, now the “war on drugs” is used as a pretext to lock away entire communities of color.

While touting “colorblindness”, every step of the way the system is fraught with racism. Since the Reagan Administration declared “war on drugs”, she outlines how media campaigns, harsh legislations

“ For those of us who have become comfortable with the notion that we live in a time free from slavery or the segregation laws of the Jim Crow era, this book is a wake up call. ”

aimed at people of color, law enforcement, the judicial system and the general public, with their fear or indifference, have bought into this system that locks away people of color for years. Even when they come out, harsh laws bar them from participating in employment, housing or voting.

The author argues that this so called “colorblind” system, from which many are profiting, is immune to challenges of racial bias and has managed to produce a nation with the highest incarceration rates, while creating a perpetual undercaste of citizens that has minimal chances of succeeding.

While Alexander does not claim to offer solutions, it is a must read as she makes a powerful case to bring the debate to the table. She acknowledges the tremendous work that needs to be done, starting with changing the “deeply flawed public consensus, one that is indifferent, at best to the experience of poor people of color.” Eventually she reminds us that, just as a civil war had to be waged to end slavery and a mass civil rights movement was necessary to formally end Jim Crow, nothing short of mass mobilization and a moral consciousness raising of the entire nation will be required to dismantle this new oppressive order of mass incarceration.

## HUMAN RIGHTS IN THE ARTS: MULTI-MEDIA

LIBRARY OF CONGRESS

### SLAVE NARRATIVES & PHOTOGRAPHS

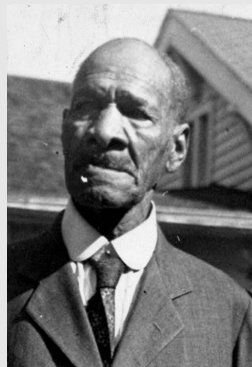
*Born in Slavery: Slave Narratives from the Federal Writers' Project, 1936-1938* contains more than 2,300 first-person accounts of slavery and 500 black-and-white photographs of former slaves. These narratives were collected in the 1930s as part of the Federal Writers' Project of the Works Progress Administration (WPA) and assembled and microfilmed in 1941 as the seventeen-volume *Slave Narratives: A Folk History of Slavery in the United States from Interviews with Former Slaves*. The online collection (<http://memory.loc.gov/ammem/snhtml>) is a joint presentation of the Manuscript and Prints and Photographs Divisions of the Library of Congress and includes more than 200 photographs from the Prints and Photographs Division that are now made available to the public for the first time. Samples from the narratives below:

#### Tempie Cummins, Age Unknown

“The white chillun tries teach me to read and write but I didn' larn much, 'cause I allus workin'. Mother was workin' in the house, and she cooked too. She say she used to hide in the chimney corner and listen to



Tempie Cummins



John W. Fields

what the white folks say. When freedom was 'clared, marster wouldn' tell 'em, but mother she hear him tellin' mistus that the slaves was free but they didn' know it and he's not gwinter tell 'em till he makes another crop or two. When mother hear that she say she slip out the chimney corner and crack her heels together four times and shouts, 'I's free, I's free.' Then she runs to the field, 'gainst marster's will and tol' all the other slaves and they quit work. Then she run away and in the night she slip into a big ravine near the house and have them bring me to her. Marster, he come out with his gun and shot at mother but she run down the ravine and gits away with me.”

#### John W. Fields, Age 89

“In most of us colored folks was the great desire to [be] able to read and write. We took advantage of every opportunity to educate ourselves. The greater part of the plantation owners were very harsh if we were caught trying to learn or write. It was the law that if a white man was caught trying to educate a negro slave, he was

(Continued on page 7)

# 12 Years in Uganda

By Jerry Paccione

DGH has been present in Uganda since 2000 when, following up on Lanny Smith's (DGH Founding President) initial visit and my one-month stay as guest lecturer, the first of Montefiore's senior residents from the Primary Care/Social Medicine Program went to supervise on the wards of the Mbarara University of Science and Technology (MUST) Medical School.

MUST had been recently founded as (only) the second medical school in the country and the first dedicated to community medicine. Suffering from a dearth of teachers and without any post-graduates to supervise students, our hosts at MUST asked that DGH's first mission should help produce doctors in a country with so few of them. It was a wonderful entrée into the Ugandan health system. Five years later, when the NGO THET formed a collaboration of British medical schools to establish a Medicine residency at MUST and the wards were amply staffed with Ugandan physicians, DGH looked for the best way to continue accompanying the people of Uganda.

Through our friendships with the Dean, Jerome Kabakchenga, and Gad Ruzazza of MUST's Department of Community Medicine, in 2005 I visited three rural sites in Southwestern Uganda, and selected the Kisoro District. Kisoro's needs were stark, its welcome warm, and its infrastructure sufficient to facilitate partnership and responsible growth.

The district of Kisoro occupies the far Southwestern corner of Uganda, a few miles from both Rwanda to the south and the Congo to the west. It's poor and remote, a beautifully rugged land of sharp hills, towering volcanoes and serpentine lakes accessible only after hours of precipitous dirt roads. By rural measures, it is overpopulated. The steep over-farmed land cannot support the number of people who have to draw sustenance from it – a land whose villages have no electricity or clean

## NEW INITIATIVES IN UGANDA

By Linnea Capps

been previously healthy, according to his family, and had fainted while talking to a group of friends. On exam, he had fever and was completely unresponsive but there were no other findings. Fortunately, a very simple diagnostic test performed with a drop of blood confirmed the diagnosis of cerebral malaria. He recovered completely after being treated with quinine.

The ready availability of this simple but important diagnostic test is one example of the benefits of the collaboration taking place in Uganda between Kisoro District Hospital (KDH), DGH and Montefiore Medical Center/Albert Einstein College of Medicine in the Bronx.

The work of DGH in Uganda began in 1999 with the Mbarara University of Science and Technology (MUST) Medical School. MUST is dedicated to community medicine and the initial involvement of DGH was to send volunteer teachers for the medical school. DGH commitment joined that of the governments of Germany, the UK and Cuba, determined to continue to provide teachers ("visiting lecturers") and physicians, until sufficient Ugandan graduates were established to staff the medical school and hospital. In 2005, DGH-sponsored work in Uganda changed to a partnership with an understaffed hospital affiliated with MUST, Kisoro District Hospital. KDH is in a remote rural area of the southwest corner of the country bordering the Congo and Rwanda. The affiliation between the Kisoro district and DGH now includes faculty, residents and students of the Albert Einstein College of Medicine and Montefiore Medical Center in the Bronx, New York. Dr. Gerald Paccione in the Department of Medicine at Montefiore, has been the director of this program since its beginning. Dr. Michael Baganizi, the medical director of KDH, directs the program in Kisoro. (See sidebar for a deeper historical overview of DGH's work in Uganda).

One new initiative, the Montefiore Medical Center/Albert Einstein College of Medicine global health faculty development fellowship program, just beginning. This new model is a group of faculty physicians who will provide primary care to patients in a community health center and teach global health to residents and students. They will share coverage of their patient panels and each will spend two to three months in Kisoro. This will allow much more coverage of KDH inpatient care and more teaching for residents and students from Einstein who are doing elective rotations at KDH. In addition,

“ The ready availability of this simple but important diagnostic test is one example of the benefits of the collaboration taking place in Uganda between Kisoro District Hospital, DGH and Montefiore Medical Center/Albert Einstein College of Medicine in the Bronx. ”



A Village Health Worker (right) visiting a mother and child a community in Kisoro.



there will be more support of the Village Health Worker (VHW) program, which has been a priority for both KDH and DGH from the beginning of the collaboration. There is now an extensive network of VHWs in part of the catchment area of KDH. They have all been trained in community health topics and in treating simple illnesses in the community. There are now 55 VHWs who have completed the training and are working in their respective communities. The VHW program is supervised by Sam Musominali.

Another important new initiative is a community insurance program. Each family will make a small monthly payment into the program. The money generated will support the work of the VHWs with the goal of making the community health work sustainable with less external funding. The program has been discussed in village meetings and a number of communities have given their approval and agreement to participate. It will be getting started within the next months. Services in these communities will include chronic disease management and prenatal care. This is expected to lead to much better follow-up, since patients will not have to travel to receive these basic health services. There will also be outreach to the communities with programs such as HIV screening, cervical cancer screening and family planning. In addition, those who have paid into the insurance system will be able to receive inexpensive transportation to KDH, both for routine visits and for emergencies.

Prenatal care is being expanded to provide more community-based care. There will be eight new sites, each serving 3-4 villages. Midwives will visit each of these sites regularly and work with the VHWs. The transportation insurance will help the patients get to KDH or a health center where the delivery can be done.

In ongoing efforts to address the problem of domestic violence (DV), DGH also has sponsored a two-day Safe-House Conference for about 35-40 couples from different villages. These couples have agreed to provide shelter for battered women in their village. The conference, which aimed to train couples around DV issues, reportedly was a huge success. A few months later, the Safe-House group reconvened with enthusiasm, and requested supervision of the DV cases and regular meetings to discuss problems and share accomplishments.

Care of chronic illnesses in the community is a continuing project as these new initiatives are implemented. The Chronic Care program now has approximately 150 patients enrolled from 19 villages. Clinical officers supervise VHWs in all of the visits to the communities.

During my January visit, I was able to accompany one of the supervisors to two communities for chronic disease follow-up. A small group of patients were gathered in the shade under a tree, sitting on the ground. The clinical officer and VHWs took brief clinical histories and checked



blood pressure. Each patient received a month's supply of medications. Continuing challenges include imperfect collection of disease measurements and patients who do not come for the monthly check-up, but this approach clearly has important possibilities for treatment of what is expected to be a growing burden of chronic illnesses. 🌿

water, where families subsist on a per capita income of two USD/day, and where women commonly have eight children, their only means of social security.

The Kisoro District Hospital (KDH) is the public hospital in the district and very underfunded. Doctors are paid \$3,800 USD a year. In cities, the earning potential is at least 2-3 times that, and jobs abroad or locally with NGOs draw 10-40 times more. Thus, a victim of the “workforce crisis” in Africa, KDH is understaffed at every level: 1-3 young physicians (the hospital is funded for 6) are responsible for over 150 beds comprising Medicine, Surgery, Pediatrics and Obstetrics/GYN Wards and bustling General Medicine and HIV clinics (with 150-200 patient visits a day!). Likewise, nursing is staffed at 60% capacity and the lab, with funding for 4, has 2 on staff.

Over the past seven years DGH's projects in Kisoro have grown exponentially, largely because of the unique collaboration we've crafted with two partners: Kisoro's hospital and Department of Health, and Montefiore/Einstein, the hospital/medical school in the Bronx with a strong commitment to underserved people everywhere. Through donations to Karen's Tots Fund established in memory of my sister Karen Monjello – a warm, inspiring force for good in the world who worked with tots and died young of breast cancer – DGH directly supports about half of the budget with Montefiore/Einstein contributing the other half. DGH administers all the funding, making sure the Montefiore money goes to projects that both engage medical students in the field and serve the local community. In this win-win-win collaboration, Einstein students' efforts as DGH volunteers have been fundamental to our success.

DGH's projects span both hospital and community, with most community projects embedded in and orchestrated by the Village Health Worker (VHW) Program that DGH and KDH established jointly in 2007.

– For a full overview of DGH's work and history in Uganda, download the PDF file found at: [www.dghonline.org/our-work/uganda](http://www.dghonline.org/our-work/uganda).

# THE 2012 GA KEYNOTES: SHARING COMMUNITY VOICES

By Linda Sharp

August 10th–12th marked the 17th annual Doctors for Global Health General Assembly held in Boston, MA, where we welcomed two tremendous keynote speakers.

Saturday morning we heard from M. Brinton Lykes, a community psychologist and Co-Director of the Boston College Center for Human Rights and International Justice. Lykes shared with us her work in Chajul, a town in the Guatemalan Highlands that experienced innumerable atrocities during Guatemala's 36-year war. In 1992, she was invited to work with local Mayan women's groups to explore the realities of rural poverty in the context of war. During her years of accompaniment, she helped women use art as therapy to respond to war's lasting physical and emotional scars, including theater, photos and drawings. Word play was also used to act out and respond to traumatic memories and "frozen or suspended" grief over events not previously shared. During workshops and group sessions, Mayan women shared experiences of repeated rapes, the torture and killing of women and girls, and other horrors. Through this transformative work, women and communities began to "re-thread relationships" and commenced the healing work of the lived experience of war and violence in a secure space.

Dr. Lykes' work speaks especially to the "engendered nature of war's violence," all too common throughout Central America and other parts of the world. In Chajul, women see their coming together as a critical resource

in the community, and women are now acknowledging sexual violence during the war, which was not openly discussed 10 years ago in the region. Dr. Lykes also reminds us that the US migration policies and deportation strategies continue to split families apart, contributing to generations of structural violence and oppression of Guatemalan families. Finally, she draws parallels between post-Katrina New Orleans and the violence of Guatemala that illustrate the inequities between rich and poor. The trauma from these events is disproportionately born out in the poor and vulnerable, with clear psychosocial effects of these gross violations of human rights. The community work of Dr. Lykes, using art to heal deep wounds of structural violence, shares a vision of accompaniment that is the essence of our mission and vision at DGH.

On Sunday morning, Dr. Heidi Behforouz delivered our second keynote address. She is a physician at Brigham and Women's Hospital, an Assistant Professor at Harvard Medical School, and the Founder and Executive Director of the Prevention and Access to Care and Treatment (PACT) project, an organization that partners with community health workers to accompany inner city residents with chronic diseases. Her keynote address largely focused on the unique and specialized role of Community Health Workers (CHWs).

Behforouz noted that CHWs are an integral part of the health team. Importantly, CHWs are largely from the communities they serve, sharing the cultural and linguistic background of community members, and offer a holistic approach to healing in the context of structural violence and poverty. In their accompaniment work, CHWs provide a model of culturally competent care, health promotion and harm reduction that complements the work of doctors in the biomedical system. In the words of one CHW in the PACT program, "I have to get someone to the point where they can love themselves again, to know there is a point in continuing to struggle." Behforouz carefully pointed out that CHWs should not be considered "physician extenders or task-shifters" or "the best we can do in a resource poor community." Rather, CHWs are unique providers with indispensable contributions to relevant and effective team-based care.

CHWs have a transformative role in how the health system should work. Our current health system in the US, with its mal-aligned incentives and payment structures does not value community-based preventive work. The biomedical model hardly lends itself to understanding the structural and psychological paradigms of people's lives, or the vulnerabilities faced by those who continually encounter the brick wall of poverty and racism. Despite these challenges, Behforouz contends that now is the time to transform primary care and states that every health team should employ and support CHWs. "The current paradigm of ignoring social realities and blaming patients does not work." CHWs are purveyors of good that are the most equipped to work with people who suffer in the vulnerability paradigm. The lived solidarity is powerful.

– To read more about our keynote speakers and other events at the 2012 General Assembly, go to our website at [www.dghonline.org/news/live-ga-welcome](http://www.dghonline.org/news/live-ga-welcome).



#### OTHER EVENTS FROM THE GENERAL ASSEMBLY:

**TOP:** Emily and Rahul Bhargava led our first ever Data Mural project at the GA. Participants collaboratively pulled stories out of raw health data, sketched visual representations of them, and painted a community mural based on those sketches.

**BOTTOM:** Saturday Afternoon GA Panel, "Addressing Social Determinants of Health from a Grassroots perspective." Facilitator: Denise Zwahlen, PA, Dorchester People for Peace.

# LIBERATION MEDICINE WORKSHOP IN SEVILLE, SPAIN

By Violaine Duflo, Michele Brothers and Isabel Quintero

The vibrant and beautiful city of Seville was the site for the most recent gathering of DGH-Europe in a regular series of events the group is holding concerning Liberation Medicine and its social determinants. We were generously received on 13 December 2011 for a half-day workshop by the event co-organizers, Mina Rhouch and Marilo Palomeque of CIMME (Center for International Medicine for Migrants and Foreigners in English). Our aim was to collaboratively explore how we could better become motors for change in our own societies in pursuit of health as a tool towards the promotion of social justice and human dignity. A group of interested students and professionals from the Seville area joined DGH representatives Isabel Quintero (Spain), Michele Brothers (France), Violaine Duflo (France) and Lanny Smith (USA), at the *Centro Civico* (Civic Center) in Seville to explore these and other questions.

After a general presentation of DGH for those new to the organization and introduction to the work of CIMME, we entered into a discussion regarding our thoughts about Liberation Medicine and spoke about proposed action points we hope and plan to pursue. These ranged from developing a presence in the occupy movement on local levels; advocating for the right to health, including taking part in demonstrations, signing manifesto's etc.; being present as a group in our respective communities, regions and countries; to writing articles, creating videos, organizing art and music events describing the situation in Europe for publication in online and print newsletters (DGH, CIMME, etc.).

Much of our discussion focused on the ongoing economic crisis in Europe and its impact on health issues and concerns. Whereas immigration and the health of immigrants had been a subject of major concern for most of the continent when DGH-Europe held its first meeting in Paris in 2007, the issue has somewhat changed course in Spain and other countries in 2011, as immigration has decreased due to lowered economic possibilities. In France, however, immigra-

tion and healthcare continue to be of major concern. On the other hand, the Occupy Movement, which was preceded in Spain by the 15M movement, has continued to mobilize many local people and raise awareness regarding issues affecting social rights. In France, the Occupy Movement is less present, as only a few communal actions around the movement have appeared. We concluded that cutbacks in social budgets have made it clear that the right to healthcare, considered a given in Europe, are also in danger of being restricted and that vigilance is in order.

The workshop and lively discussions also provided a rare opportunity for DGH-Europe members to exchange ideas, propose concrete projects and plan future events, noting that we must better centralize and disperse information both to our communities as well as to other DGH members in the US and elsewhere. We once again evoked our interest in further exchanges with Africa, the continent of proximity and noted that south to south exchanges could evolve as a result.

We thank the organizers of the meeting and feel re-energized and even more committed to DGH's aims. We left the meeting with more clarity about our actions and potential contributions to the organization's work. Future events, to be announced on the DGH website ([www.dghonline.org](http://www.dghonline.org)), are expected to be held in Italy and France. We look forward to your participation! 🌿

## HR IN THE ARTS: MULTI-MEDIA

(CONTINUED FROM PAGE 3)

liable to prosecution entailing a fine of fifty dollars and a jail sentence. We were never allowed to go to town and it was not until after I ran away that I knew that they sold anything but slaves, tobacco, and whiskey. Our ignorance was the greatest hold the South had on us. We knew we could run away, but what then? An offender guilty of this crime was subjected to very harsh punishment."

Charley Williams, Age 94

"When de day begin to crack de whole plantation break out wid all kinds of noises, and you could tell what going on by de kind of noise you hear.

Come de daybreak you hear de guinea fowls start potracking down at the edge of de woods lot, and den de roosters all start up 'round de barn and de ducks finally wake up and jine in. You can smell de sow belly frying down at the cabins in de "row," to go wid de hoecake and de buttermilk.

Den purty soon de wind rise a little, and you can hear a old bell donging way on some plantation a mile or two off, and den more bells at other places and maybe a horn, and purty soon younder go old Master's old ram horn wid a long toot and den some short toots, and here come de overseer down de row of cabins, hollering right and left, and picking de ham out'n his teeth wid a long shiny goose quill pick. Bells and horns! Bells for dis and horns for dat! All we knowed was go and come by de bells and horns!"



Charley Williams and Granddaughter

### DGH Reporter

**Edited and designed by Monica Sanchez. Send suggestions by mail to P.O. Box 1761, Decatur, GA, 30031, USA, or by e-mail to [newsletter@dghonline.org](mailto:newsletter@dghonline.org).**

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

## DGH Announcements

► **Mark Your Calendar!** The next annual DGH General Assembly (GA) will be held August 9-11, 2013 at the University of California at Berkeley. Join us to learn, socialize and renew your enthusiasm for the struggle for health and social justice. You can get a feel for what a DGH GA is like or see what you missed, by reading our live blogs from the 2012 GA at: [www.dghonline.org/news/live-ga-welcome](http://www.dghonline.org/news/live-ga-welcome).

► **Free E-Book by Former DGH Volunteer Now Available – “Cross Cultural Doctoring: On and Off the Beaten Path.”**

The author, Dr. William LeMaire, is an obstetrician/gynecologist who retired from academic medicine at age 55 and has spent much of his career in volunteer work in various parts of the world. Linnea Capps, DGH President, worked with him briefly in Hospital San Carlos in Chiapas, Mexico, and was impressed by his energy and ability to work cheerfully in challenging circumstances. She says she learned a lot more about his adventures reading his memoir. He writes about his book: “The book is meant not only for medical professionals, but for anyone who may be thinking about doing something unorthodox and exciting at any stage of a career. It may possibly inspire others to write and publish their story.” He has decided to offer the book for free as an e-book. To learn more about the book and to download it for free, go to: [www.freewebs.com/wimsbook](http://www.freewebs.com/wimsbook).

► **Updates from DGH-Tulane Chapter.** The DGH-Tulane Chapter at the Tulane University School of Medical in New Orleans will be

partnering with Common Ground Health Clinic this semester and will be needing several volunteers throughout the year. Common Ground is dedicated to meeting the primary care needs of the uninsured and under-insured members in the New Orleans community. Learn more about Common Ground Health Clinic at: [www.commongroundclinic.org](http://www.commongroundclinic.org).

DGH-Tulane and Common Ground Health Clinic sponsored a lecture by Dr. Abdul Alim Muhammad, one of the country's foremost experts in Nutritional Therapy, on the afternoon of September 21, 2012. That same night, DGH-Tulane and Common Ground Health Clinic held “A Masquerade for Health” fundraiser at the Mid-City Lanes Rock ‘N’ Bowl in New Orleans, LA. Nancy Parker of Fox 8 News was the event's emcee and there was a musical performance by the Top Cats. Proceeds went to benefit DGH and Common Ground.

► **DGH Video Contest Deadline Extension.** Due to growing interest in participation, we are extending the deadline to November 12, 2012 for the Doctors for Global Health first Video Contest to ensure every person interested in participating has an opportunity to enter. There is now plenty of extra time for budding talents to put an original video project together around our theme of “Challenging Scarcity: Health Justice for All.” Video submissions can be in any style or genre of video, including but not limited to, narrative, experimental, film art/video art, documentary, music and animation. All entries will be posted online at [dghonline.org](http://dghonline.org) and on our facebook page. For more information, visit: [www.dghonline.org/videocontest](http://www.dghonline.org/videocontest).



**DOCTORS FOR GLOBAL HEALTH**  
Promoting Health and Human Rights  
“With Those Who Have No Voice”

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