



Doctors for Global Health Reporter

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DGH values integrative and traditional methods of health and healing and believes everyone can benefit from a more holistic approach to health. Many communities around the world – rich and poor – rely on traditional systems of healing alone or in conjunction with allopathy ('Western medicine') for their health care. DGH respects each community's traditions around healing and builds on them, when invited to do so, by sharing allopathic and other healing practices. DGH believes a truly integrative system of health care that blends the best outcomes of different systems – contemporary and traditional – will help make our world a more healthy place, while treating each community's healing traditions with dignity and respect.

BRINGING ACUPUNCTURE TO OAXACA, MEXICO

By Natalie Witek and Richard Mandell

El Centro Popular de Apoyo y Formación para La Salud (CEPAFOS-The Community Center for Health Training and Support) opened its doors in 1991. The community clinic roots itself in a passion for serving the needs of indigenous and rural communities. Alternative medical therapies served as a vehicle for augmenting community health promoters, while providing treatment at an affordable cost for the poor.

In response to seeing the effects of poverty and the lack of medical attention available in the communities, CEPAFOS staff decided to train community health promoters and to teach them to train others. They also decided to use "alternative" therapies, a term that can be misleading because it implies there exist multiple therapeutic options. Many communities located in remote locations lack clinics, healthcare providers and access to western medicine. In these circumstances, the "alternative" therapy becomes the principle therapy.

“ CEPAFOS also offers massage, Reiki, magnetic therapy, Su Keyon Korean therapy, psychological and nutritional counseling, kinesiology, yoga, a diabetes clinic, and an organic, locally produced, diabetic-conscious food restaurant. ”

The first alternative therapies introduced in the clinic were herbal medication, clay treatment and hydrotherapy, which are based on traditional indigenous knowledge. Over the years the CEPAFOS clinic has grown into a comprehensive clinic, complete with community health promoters and allopathic clinicians who have become well versed in the indications for each "alternative" therapy.

Recently, DGH helped add acupuncture to the clinic's available therapies in coordination with the Pan American Acupuncture Project (PAAP, www.panafricanacupuncture.org). Founded in 2002 by Richard Mandell, a licensed acupuncturist from the US, PAAP trains healthcare workers in Africa, and now Latin America, to use simple and effective acupuncture techniques that enable them to treat the symptoms associ-





FRONT PAGE: San Blas Community Health Promoters with herbal preparations, made with support from CEPAFOS staff. ABOVE: Acupuncture training session led by PAAP volunteers.

ated with HIV/AIDS, malaria, tuberculosis, and other debilitating conditions.

In 2011 DGH and PAAP found how compatible their philosophies are via mutual friends. After making first contact and introductions by email, members of PAAP attended the August 2011 DGH General Assembly in Los Angeles. At the meeting, they met with Dr. Irma Cruz Nava, CEPAFOS' Director of Community Health and DGH Board Member. Translating the PAAP manual used in Uganda into Spanish was discussed.

Over the past year, PAAP and DGH members made slow but steady progress

towards the first joint training, which took place in Tehuantepec, Oaxaca, Mexico January 14-18 of 2013. Three licensed acupuncturists from the US – Kathy Seltzer, April Brumson and PAAP Founder Richard Mandell – traveled there to lead the training, in which 30 community health promoters were trained in acupuncture.

Participants came with a range of experiences. Some had been exposed to acupuncture before and some knew nothing about it. Everyone supported one another and CEPAFOS staff did everything they could for those who needed extra attention. In addition, they developed a plan to build everyone's skills and confidence between trainings, including working with small groups at CEPAFOS and making site visits to the trainees' places of work.

All attendees were very determined and engaged, and very hungry for knowledge. Their new acupuncture skills help them feel unique and empowered. Everyone was thrilled when PAAP announced that it would return for a second training in May. Since the training, the acupuncture clinic has been very busy and has been receiving many referrals from the clinic physicians. The acupuncture clinic boasted 25 patients in its first week. With such success, the DGH/PAAP partnership will continue, hopefully expanding to DGH projects in El Salvador and Uganda in the near future.

CEPAFOS also offers massage, Reiki, magnetic therapy, Su Keyon Korean therapy, psychological and nutritional counseling, kinesiology, yoga, a diabetes clinic, and an organic, locally produced, diabetic-conscious food restaurant. Community members can purchase low-cost meals at the restaurant, which was converted from the kitchen. In addition, Dr. Cruz Nava meets weekly with groups to discuss the root causes of illness in each individual community, seeking solutions to the social factors that impact health.

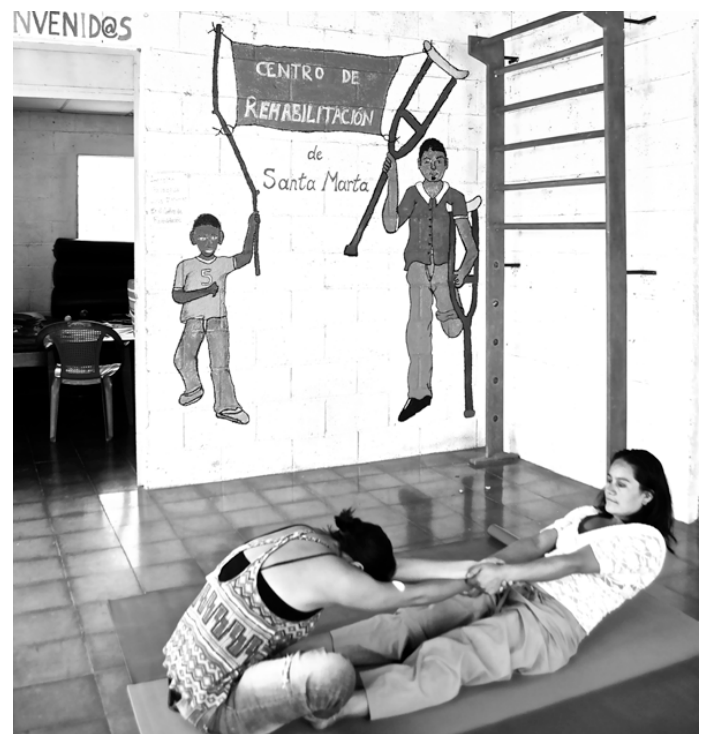
DGH has partnered with CEPAFOS by finding volunteers, teachers and medical personnel who match its philosophy and needs. In addition to the first acupuncture training, DGH has facilitated the first community psychology training session. Through volunteers from DGH, the community garden will be transformed into a more functional space. DGH has also donated equipment and funds to allow the community health promoter trainings to continue.

BRINGING YOGA TO THE STREETS OF SANTA MARTA

By Harman Arora

To plant a seed, to coax its germination, to mold its growth... Whether it be a person, plant, animal or project, it is an incredible honor to bear witness to this process of metamorphosis as I did with *Espacio Yoga Santa Marta* (Yoga Space Santa Marta) this past year. This project began as an e-mail request to teach Ana, a Salvadoran health promoter, some basic yoga lessons in order to help her as a healer at the *Centro de Rehabilitación* (Rehabilitation Center) in Santa Marta.

Ana had come to the US for a week in August of 2012, to participate in the DGH General Assembly (GA) in Boston. She was invited to share her experiences in DGH's partner community, whilst exploring how she might augment her own toolbox of alternative therapies in Santa Marta. I was unable to connect with Ana during her visit but had been told of her request. Acknowledging how yoga has helped shape my own evolution, I knew in my heart that not only could yoga become an important tool for Ana to disseminate within Santa Marta, but that it would be invaluable for her own personal growth as a healer. To better plant the idea, during the GA I met with Denise Zwahlen, DGH Community Coordinator for



Exploring communication, trust and compassion through partner yoga with health promoters Ana and Lola in the Santa Marta Rehabilitation Clinic.

Santa Marta, and Isabel Quintero, a physical therapist from Spain who had volunteered at the Santa Marta Rehabilitation Clinic. I continued meeting with Denise multiple times over the course of the next months in Boston to coax the germination process.

During this time, many different ideas were thrown on the table, some of which make me laugh out loud in retrospect. The fact is neither Denise nor I knew how this project would come to fruition, in what form, nor who would be involved. What we did know was that our efforts would result in positive outcomes. Having participated in numerous different international projects, I have become accustomed to simply diving in with an open heart and mind.

As Denise began planning her own annual trip to El Salvador, I saw my schedule fit perfectly with hers so, reaping the benefits of her company and her connections in Santa Marta, I decided to travel with her in November 2012. As the project began to take shape, I realized how much I was learning even prior to setting foot in Santa Marta.

I could not take anything for granted. I was torn, for example, by the message that bringing yoga equipment might give about the necessity of a yoga mat to practice yoga. I decided to go ahead and collect equipment donations with the help of many friends and fellow yogis. I also created a booklet in my not exactly fluent Spanish explaining the basic elements of yoga, including key postures and breathing techniques. I struggled with how to introduce yoga to a community that had not had the same exposure to the concept as I had. I read about the history of El Salvador, the gruesome reality of the war and the strength of the people of Santa Marta. I reflected on the power of yoga to heal, to inspire and to empower. Every preparation made me more excited to bring yoga, which scientific studies have demonstrated can help problems ranging from chronic back pain to mental health illness, to Ana and her community.

We planned to have workshops on different days of the week, and on arrival, I noticed signs advertising our workshops. I remember wondering how many people would show up. Would anyone even be interested or would there be too many people? In the end, over the course of seven days, we had 3–12 participants in each of six workshops, with enough interest to add yoga practice classes in the afternoons. I was elated.

To be sure, there were difficult moments, from the planning to the execution to the evaluation phase. During our first workshop, I assisted a young boy with downward-facing dog, using him as an example of how to enhance the pose. He promptly left the workshop as soon as I left his side.

“ Words do little to express the experience of looking out among a sea of faces eager to learn, of watching as students began to connect with their breathing, and further began to connect their breathing with body movement. ”

Did I invade his personal space? Perhaps... Obstacles come in many different forms. The lesson lies in how you overcome.

I hope, and the feedback I have gotten makes me believe, that the majority of the participants left having learned the core concepts we desired to impart. Words do little to express the experience of looking out among a sea of faces eager to learn, of watching as students began to connect with their breathing, and further began to connect their breathing with body movement. The skeptical and then surprised looks on their faces reminded me of my own when I started on my personal journey with yoga.

Most of all, I am pleased with how enthusiastically Ana and Lola, the health promoters of the *Centro de Rehabilitación*, have taken to the practice of yoga, how it has helped them become more aware of their own bodies and, in turn, how this intersects with their hands-on work with clients. Together with a group of other motivated individuals, they continue to practice yoga every Wednesday evening in La Casa de Julia in Santa Marta. Supporting them from afar with different sequences and meditations, I almost feel like I am there with them, advancing our practice together. I continue to be excited even now, months later, as I open my inbox to read messages of how yoga continues to shape the participants of our workshops. I remain impressed by the open-mindedness of the community to the philosophy of yoga as well as the enthusiastic involvement in the physical practice of it.

As a pilot project aimed at introducing yoga to the community and specifically aimed at working with the staff at the *Centro de Rehabilitación*, our short seven days were incredibly productive. I am convinced that yoga and other mindfulness-based practices have a bright future in Santa Marta and in other DGH projects. It is an honor to be a part of this process and I am excited to do my part to help this growing community continue to flower and bear fruit. *[Please note that except for special projects such as this, DGH does not usually accept short-term volunteers.]*



Opening our hearts and minds with Yoga at the *invernadero* (greenhouse) in Santa Marta.

Human Rights around the World

IMPACTING THE ROOT CAUSES OF VIOLENCE IN SOUTH LA

By Linda Sharp

Even though violence is a major cause of morbidity and mortality in the United States and internationally, discussing violence as a health issue is rarely addressed in medical education. I work as a primary care doctor in South Los Angeles where violence, with its physical and psychological wounds, is a part of every working day. After almost eight years working in a public safety net hospital, I recognize that the story of the ongoing epidemic of violence in America is not being told; certainly not in lecture halls in medical schools, and not even in the daily news cycles, other than the occasional especially horrific event.

It has been said “statistics are people with the tears wiped away.” While recognizing the limitations of numbers, I will share some astounding facts: ▶ Homicide is the second leading cause of death among American adolescents and the leading cause of death among African American youth. ▶ US homicide rates are seven times higher than rates in the other high-income countries, driven by firearm homicide rates that are 20 times higher.

Armed with our patients’ stories and the framework of Human Rights and Liberation Medicine, as well as with knowledge of disturbing health statistics like those above, health providers from DGH-LA last fall began a collaboration with the Youth Justice Coalition’s (YJC) Fight for the Revolution that will Educate and Empower Los Angeles (FREE LA) High School. The FREE LA High School serves as an alternative to detention and incarceration for youth, and as an educational opportunity for youth who have been suspended or expelled. The heart of their program is “training and experiential learning in social justice organizing and movement building in order to dismantle racism, sexism, classism and other forms of oppression.”

DGH-LA members began their participation by leading a Liberation Health course, where we shared concepts of Liberation Medicine (“The conscious, conscientious use of health to promote human dignity and social justice”) and discussed poverty, racism and other social factors that are the root causes of ill health. Getting to know the students, we learned that virtually every one of them had experienced violence on some level within the last year, and many had physical and emotional wounds from its impact. Very few were under the care of a health care provider. Within six weeks of our collaboration, several of the students were admitted to my hospital with gunshot wounds. One was shot a block from the school. **Statistics suddenly felt very personal for me.**

The YJC (www.youth4justice.org) sees the current national debate about gun violence as ineffective to deal with the realities of life in places like South LA. Recently, they began the “You Can’t Build Peace With A Piece” campaign, giving voice to the neglected communities that suffer disproportionate levels of violence in America. They explain that the current debate does not include the voices of youth of color living in dangerous neighborhoods, and the proposed solutions – gun control laws, police in schools – will not change the day-to-day situation in poor urban neighborhoods, where the epidemic of violence rages and where solutions are most needed. In addition, there is little recognition or support for youth of color who are victims of gun violence. Meanwhile, schools look and operate more and more like prisons, with harmful impacts on students.

The YJC declares that positive relationships and opportunities – not guns – create safe schools. Their “LA for Youth” is an informed solution to

the violence epidemic. The campaign asks LA County to contribute just one percent of its law enforcement budget to youth activities, which would fund 25,000 youth jobs, 50 youth centers and 500 full-time community intervention/peace builders.

Our work as health providers continues with YJC. As a response to the ongoing violence epidemic, and with a grant from Charles Drew University, we will train students in First Aid and CPR, and provide support and education for youth to take charge of their own health. We dream of a FREE LA High School clinic and peer education program to address violence and other health issues facing students and the community.

Echoing the thought expressed by Dr. Jack Geiger during his DGH 2002 General Assembly keynote address, the real message in our volunteer work and Human Rights work is this: When we are faced with statistics as dire as these, we are called to action because the lives of youth of color in places like South LA are as worthy of life as anyone else’s; because all life is equally valuable. What our work does, beyond our medical tasks of prevention and cure, is to empower people and communities. Policies that criminalize youth and create a system of policing and punishment will not work. Accompaniment and action to solve health inequities is a start to providing relief to this epidemic. This is how you build peace.

- Learn more about Liberation Medicine and read Dr. Geiger’s inspirational keynote at: www.dghonline.org/content/liberation-medicine.



Coaching students before their forum with LA Mayoral candidates to discuss violence, incarceration and building opportunities for youth of color in LA.


HURRICANE SANDY RELIEF: SUCCESSES AND FAILURES

By Linnea Capps

The devastation caused by “Super Storm Sandy” shocked everyone in the coastal northeastern US and brought out thousands of volunteers from all over. Among those who responded rapidly were community groups and religious institutions. Organizers from Occupy Wall Street (OWS) began immediately after the storm to reach out to their vast electronic network and rapidly organized a relief organization. The NY Metro chapter of Physicians for a National Health Program (PNHP) helped to create and coordinate People’s Medical Relief. They obtained funding within 10 days after the storm to run several basic clinics in the Rockaways and Coney Island, which served those communities for nine weeks. Hundreds of doctors, nurses and other medical professionals from many institutions volunteered to staff these clinics and canvass the neighborhoods. Doctors from Montefiore Medical Center in the Bronx, especially residents who formed “Doctors for the 99%” to support OWS a year ago, activated their network and several Montefiore doctors, including DGH members, volunteered to go to hard-hit areas of Brooklyn and Queens.

On a sunny Sunday almost two weeks after the storm, three of us made our way to St. Jacobi’s Lutheran Church in Brooklyn. The church has lent all of its facilities to Occupy Sandy. As we arrived, a group of volunteers was standing on the sidewalk being oriented by a coordinator. Around the corner a long line of volunteers waited for rides to their assignments. The basement of the church was filled with donated food and blankets with dozens more volunteers sorting and packing. We registered (in true OWS fashion, online using our smartphones) and were assigned to a clinic in Rockaway Beach, Queens. Almost every house had been flooded; the block across the street from the “clinic” was completely burned down. One of us, an attending physician who could write prescriptions, was assigned to stay in the clinic and the two residents went to follow-up on homebound elderly residents of a housing project who had been without electricity, water and elevators since the storm. We left amazed by the level of organization and the number of volunteers who came out to help. Our individual contributions seemed small but, together with everyone else’s, added up and so we saw once again the value of solidarity.

Looking back now nearly three months after the storm, we can analyze both the shortcomings of some governmental and private relief agencies as well as the community-based volunteer efforts. A recent conference sponsored by NY Metro PNHP discussed the lessons learned by those who worked on relief efforts. Speakers included nurses, doctors and health profession students who had helped organize clinics and canvassing. It was noted that it may be understandable that government agencies and private relief organizations underestimated the number of people who would be trapped in huge high-rise buildings without heat, water and elevators. Unfortunately, they were also not prepared to organize the thousands of workers and volunteers it would take to find all those in need of medical attention. No agency had a complete or accurate list of residents of those buildings who were physically disabled and would not be able to leave their apartments. No one knew how many depended on medical equipment, oxygen or medications that they could not refill. The NYC Department of Health placed many volunteer doctors in shelters, but was unable to coordinate others who tried to volunteer. It was organizations like Occupy Sandy that managed to coordinate volunteers to go door to door in dark, cold buildings and find those who needed medical care. The neighborhood free clinics that were quickly set up were able to prescribe medications and volunteers delivered them.

There was considerable discussion at the forum about the failures of FEMA and other agencies as well as the spontaneous community organizing that got some of the most basic work done. People’s Medical Relief has had conversations with the mayor’s office to try to work with officials on better planning for future disasters. One participant noted that we should not expect government agencies and established NGOs to do everything because even when they work well, there is great value in participation by people in communities to help each other. 


A STRUGGLE FOR WORKER’S RIGHTS: MASSACHUSETTS

By Molly Zielenbach

On a cold and windy February afternoon in Boston, a group of medical students, physicians – including DGH members – and representatives from the Massachusetts Nurses’ Association and the Massachusetts Coalition for Occupational Safety and Health gathered briefly to stage a ‘free health clinic’ for the workers of Le Meridien hotel in Cambridge.

Le Meridien’s workers have been calling for the hotel’s management to honor a fair process toward deciding on unionization for the last year and still have not met with success. Many of the reasons they are calling for a fair process highlight inequities in the social determinants of health that DGH is committed to addressing: lack of access to affordable and quality health insurance coverage, unhealthy working conditions that exert excessive physical and emotional strain, and minimal paid sick leave.

During the ‘free clinic’ (*photo on page 8*) workers spoke into the bullhorn about their health concerns and received a prescription from the medical students and physicians for a fair process toward deciding on unionization. Workers also placed red dots on a life-sized body map to localize the pain they experienced as a result of their strenuous working conditions. The event highlighted the health implications of Le Meridien’s business model to all who attended, including elected officials, pedestrians and medical students. We hope it also gave the workers a morale boost to see current and future health professionals standing in solidarity with them.

Visit www.limeridienmerde.org to learn more about the struggle of Le Meridien workers. We hope that all DGH members and supporters will consider honoring the worker-called boycott on Le Meridien hotels until the dispute has been resolved. You can pledge to do so at: <http://bit.ly/meridiencambridge>. The Boston contingent of DGH members will continue to support the workers in person as long as needed. 

EDUCATION FOR COMMUNITY CHANGE

By Denise Zwahlen

I first went to Santa Marta, El Salvador as a DGH volunteer in January of 2001. I return every year to visit and, over the course of these 11 years, have witnessed the implementation of educational initiatives that have changed the lives of many individuals while also transforming the community itself for the better.

The latest accomplishment has been the University Students Scholarship project. It was started in 2005 with almost no resources and 18 students committed to making it happen.

Much has changed since those early days. Six years later, 14 students have graduated from university and six more are expected to do so this year. At present, 43 students are involved in the project. All of that has been accomplished with the leadership of ADES (*Asociación de Desarrollo Económico Social Santa Marta*), support of COCODA (Companion Community Development Alternatives Kansas), contributions of many volunteers (including DGH members) who spent time in Santa Marta, funds raised by members of the Santa Marta community now living in Herndon, VA, the commitment of the students and the support of their families. For the last six years, DKA, an Austria-based development cooperation agency of the Catholic Children's Movement, has funded provided \$25,000 a year to the project.

The funding from this project has benefited the students by paying for their tuition at the *Universidad de El Salvador* (UES), the public national university, as well as the cost of communal housing, utilities, food and transportation in San Salvador, the country's capital, where the university is located. Students from rural Santa Marta cannot otherwise afford to live there.

The project also has benefited the community of Santa Marta at large since, to receive scholarships, the students must demonstrate current involvement with one of the youth groups under the umbrella of the Monseñor Romero Youth Organization (such as *Comité Contra SIDA CoCoSI*, *Radio Victoria*, or the local newsletter, *La Brecha*). They are also expected to come back to the community on weekends to share what they have learned with the community, help organize forums and social events, and take a leadership role in the Study Circles or Free School, whose participants are the young people of Santa Marta. Also, most students get involved in local projects to meet the requirements of their university studies (thesis, *Año Social*—a year of

“ The project has benefited the community of Santa Marta at large since the students are expected to come back home on weekends to share what they have learned with the community, help organize forums and social events, and take a leadership role in the Study Circles. ”

required volunteer work). Activities the students have helped organize include events commemorating the history of the community and the country, such as the crossing of the Rio Lempa into Honduras on March 19, 1981, the Massacre of Santa Cruz, the first return from the Refuge Camp, and the San Salvador student massacre of 1975; cultural and artistic events; and a census of Santa Marta.

Living together in San Salvador also helps students by encouraging them to share the tasks and responsibilities involved. Residents of each of the two houses currently funded by the project meet once a week to plan the work needed to maintain the houses and to deal with any issues and the two houses meet once a month. The students share computers and books. One additional benefit of communal living has been the opportunity to deal with issues of sexism, gender roles and *machismo* in a concrete way. For example, men and women alike have to take turns doing any tasks needed to keep the house running smoothly, like cooking and cleaning.

I have been able to witness firsthand what this project has brought to its beneficiaries and the community at large. I knew many of the youth from my year spent as a volunteer in 2001-2002. Ramiro, who was involved with CoCoSI and studied Journalism, is now in charge of Communication for ADES. Jaime, one of the youth who participated in the DGH-led Pesticide and Agriculture Participatory Research project in 2002, is working in project administration at ADES. Junior, who studied English, got a job with a NGO in Suchitoto focused on tourism. Ana and Julio, who majored in Sociology, worked in an agrucultural community project funded through ADES. Mere is working with Veterans of the Civil War who are dealing



Stills from a video about the lives of these students (<http://youtu.be/dTpi68LGiLE>). LEFT: In class at the university. RIGHT: House meeting in San Salvador.

Think Local, Act Global: Report Back from DGH's First Video Contest

By Isabel Quintero and Michele Brothers

This past year, DGH held its first ever video contest. Inspired by the theme of the 2012 General Assembly, *Challenging Scarcity: Health Justice for All*, participating contestants were asked to use their creativity to elaborate an original short video to share insights and exchange views on the subject of health justice and scarcity today.

This video contest continues the DGH tradition of supporting the use of artistic expressions to educate and inspire our mission of improving Health and Human Rights for all. Indeed, art provides a powerful canvas through which the values of DGH are promoted in a way that provides a deeper understanding that captivates and touches the viewer more than just words alone.

In the past, DGH has held photography and poetry contests, with outstanding results. Aware that the possibilities of human expression through audiovisual arts could be almost endless, this year we decided to expand our artistic perspectives with a contest in that field. Last November, exactly six months after launching the contest, our panel of judges, comprised of seven outstanding individuals in the film industry, narrowed down the submissions to three top finalists from entries that came from a range of countries including Italy, Pakistan, Spain and the US (learn more about the judges who made up our panel at: www.dghonline.org/news/video-contest-judge-panel).

Among these finalists was MARVI, an inspiring video presented by HANDS, a grass-roots organization training health promoters in rural Pakistan; it taught us an important lesson about the value of women as promoters of change in their own communities.

The final winner was chosen from the top three by a Facebook contest based on the number of "likes" achieved by each of the three videos. The flurry of activity on our facebook page was inspiring and helped DGH gain increased visibility through social media networking, as well as new international and non-medical followers.

Jacob Blickenstaff won first prize with over 400 "likes" on his winning video "Think Local, Act Global," which portrayed inequalities in access to health care and the need for cultural awareness within the medical profession. Jacob explained that he chose this topic because he firmly believes, "There will always be global and local opportunities to advocate for the underrepresented populations in health care, and it is our responsibility as health care providers to fight for equal and adequate care for all." As the contest winner, Jacob will be flown to one of our project sites by DGH where he will have the opportunity of seeing DGH work first hand, accompanied by one of our board members, and participate in the elaboration of a video project with the local community. We are excited by the new friends DGH has made throughout this process and the upcoming video projects that await.

You can learn more about the contest's winning video at: www.dghonline.org/news/showcasing-think-global-act-local-winning-entry-our-video-contest. Also, you can view the other winning entries on our Facebook page at: www.facebook.com/pages/Doctors-for-Global-Health/257113734421.



with Post-Traumatic Stress Disorder and other Mental Health issues as part of her *Año Social*.

These are just a few examples of how the university graduates are contributing to the life of their community. Several are taking on positions with the local NGO that before were filled by technicians who lived in the capital. All have an active role in the life of the community: keeping the history and the culture alive; helping to create new sources of income; dealing with issues such as environmental contamination; violence and substance abuse; and advocating for the respect of Human Rights for the people of Santa Marta.

The challenge, not unlike the one faced by students graduating from college in the US, is to find employment. There are very few jobs available, especially locally in the Department of Cabañas, where Santa Marta is located. The needs are great in many fields but the resources to fund the positions are not there. However, the skills and experience gained through this project have value for the individuals and the community well beyond the specific job they may get.

Another challenge, is the financial support needed to continue this project. At the end of 2012, the six-year funding commitment of DKA ended. Some funds have been raised to cover the bare necessities (rent and utilities for the two houses) but more is needed to keep the project and its innumerable benefits alive for the years to come.



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.

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

► **Join us August 9-11, 2013 for some inspiration!** Our 18th Annual General Assembly, "Partnering for Collective Liberation – Intersections of Health, Art and Political Change," will be held at the University of California – Berkeley, Clark Kerr Campus.

Be exhilarated and inspired by our keynote speakers: Gopal Dayaneni, long-time activist for social, economic and environmental justice through organizing, campaigning, teaching, writing and speaking; and Raquel Gutierrez, Executive Director at The Praxis Project, a nonprofit movement support intermediary whose mission is to build healthy communities by changing the power relationships between people of color and the institutional structures that affect their lives. **Be informed and inspired** by our panel discussions on: Social Activism; Marginalized Worker Campaign; Popular Education and Community Health Promotion; and

Environmental and Food Justice. **Be entertained and inspired** by our social events. **Be awed and inspired** by our mural/graffiti tour. **How can you resist so much inspiration?** Register now at www.dghonline.org.

► **If you speak Spanish, take a few minutes to listen to Radio Mundo Real's interview** of DGH physician Juan Manuel Canales who leads the DGH work in Mexico. Dr. Canales, the recipient of the 2006 Jonathan Mann Award for Health and Human Rights, was interviewed by a Colombian radio station about how he practices Liberation Medicine in Chiapas (www.dghonline.org/content/liberation-medicine). The 12-minute interview took place while he was at a con-

ference in Cuba. You can listen to it at: www.radiomundoreal.fm/Medicina-liberadora.

► **DGH seeks volunteers to help with grant research.** If you are interested, please e-mail volunteers@dghonline.org.

► **Join PHM-USA July 20-28, 2013** for an International People's Health University (IPHU) course about health equity in local and global contexts, to be held in Los Angeles, CA. E-mail: carrie.saetermoe@csun.edu.



'Free health clinic' in solidarity with workers of Le Meridien hotel (see page 5).



DOCTORS FOR GLOBAL HEALTH
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"With Those Who Have No Voice"

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Current Resident or: