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Doctors for Global Health Reporter

TEACHING TO LEARN, LEARNING TO TEACH

By Jana Jarolimova

A room full of Village Health Workers bursts into laughter as Bena's irrigation of the large wound on my arm sends water spraying straight into my face. As the red marker that I had used to draw the wound started to trickle off my forearm, I commended Bena on the force of her wound irrigation, reminding her to aim the syringe away from her patient's faces in the future.

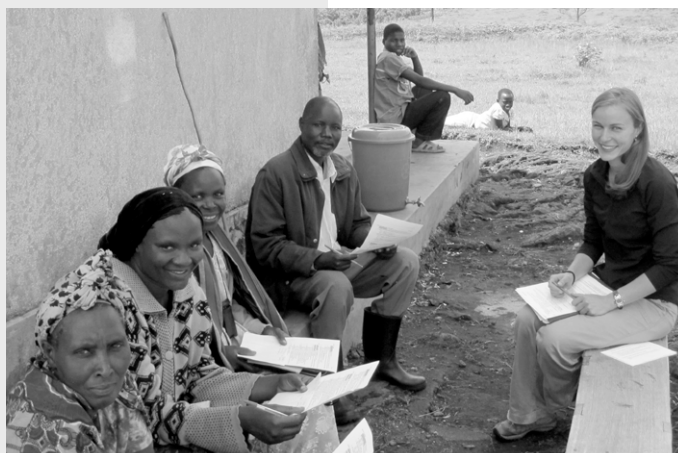
I was leading a training session on wound care for the Village Health Workers (VHWs) of the DGH program in Kisoro, Uganda, in one of my roles as a VHW teacher and mentor. I had come to Kisoro for almost 10

months to work as a program manager, VHW educator and VHW supervisor. As part of DGH's efforts to expand and innovate on Village Health Workers training methods, I increasingly found myself serving in the role of an educator, whether teaching large groups at central training sessions, developing lesson plans and teaching tools for local Ugandan staff, leading small-group tutorials in the villages, or engaging VHWs in one-on-one teaching while seeing patients in their villages.

The DGH program in Uganda, which is carried out in partnership with Montefiore Medical Center/Albert Einstein College of Medicine in the Bronx, is currently undergoing an exciting period of growth and innovation. We are developing novel ways to expand, train and finance the Village Health Workers who are central to the program's mission of improving the health of marginalized rural communities in southwestern Uganda.

“ They wanted to learn the skills most relevant to their daily experiences, were most interested in immediate problem-centered teaching, wanted hands-on practice and desired to be active contributors to their own learning. I worked to incorporate these principles into my own teaching style. ”

This past year, I worked with DGH to establish small group tutorials as a new way of implementing its clinical curriculum, delivered to groups of three to five VHWs directly in their villages. These tutorials are case-based and skills-based, and emphasize individual clinical reasoning while reinforcing the formal training curriculum, which many of our VHWs have nearly completed. The tutorials enable individualized teaching and collaborative learning, and allow the VHWs to learn in their own environments. Additionally, structured teaching time has been built into the twice-monthly VHW supervision visits, when a clinically trained supervisor travels to each village, calls on the VHW's patients and reviews her/his health actions from the previous month. Supervisors



are sent with 'education scripts' that reinforce recent training topics and integrate a teaching moment into the otherwise busy visit.

In addition to expanding the methods used to train the VHWs, we have developed tools and emphasized skills to help the VHWs become effective teachers themselves. Successive groups of medical students from Albert Einstein College of Medicine have designed detailed 'community talk binders,' translated into the local language, to serve as engaging props – and prompts – for relevant health talks given by the VHWs to their community members. We have stressed the importance of public speaking and clear communication in targeted workshops, training the VHWs to deliver these health education lessons to each other before expecting them to do so in their villages.

Therefore, while helping to organize, develop and implement a number of these new teaching initiatives, I often found myself not only teaching learners, but also teaching teachers. Reciprocally, as I strove to develop my own teaching skills, I realized that my most important teachers were my students. By approaching the task of teaching with humility and an open mind, I was able to be constantly learning as well – learning to teach, and learning to learn.

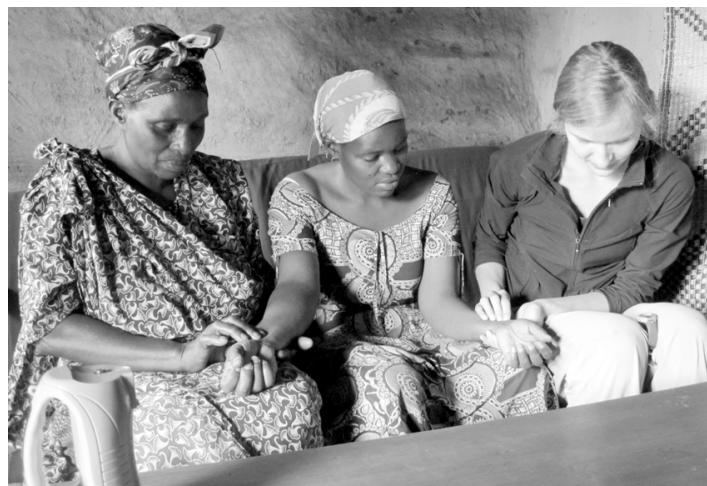
I tried to approach my task of teaching the VHWs without any preformed notions

of an ideal teaching plan or style – by asking them what they wanted to learn and how. They echoed many of the tenets behind adult learning theory in medicine, which I had become familiar with as a tutor in medical school. They wanted to learn the skills most relevant to their daily experiences, were most interested in immediate problem-centered teaching, wanted hands-on practice and desired to be active contributors to their own learning. I worked to incorporate these principles into my teaching style, trying to base all of my teaching in patient cases and scenarios, encouraging the VHWs to teach each other, and providing plenty of hands-on practice. That is precisely what we were doing when Bena was learning to clean and dress the wounds drawn in bright red marker on my arms.

“ One of my most important lessons came shortly after my arrival, when I first recognized the power of metaphor in effective communication and teaching in the local setting. ”

VHW educator compare the insulin resistance of cells in type II diabetes to the barren dryness of fields without irrigation ditches, even if those fields are next to a flowing river. Afterwards, I began to pick up on the use of metaphor everywhere in Ugandan communication. I tried my hand at it as well, describing the idea of “PRN” or “as-needed” medications in the terms of carrying an umbrella in the rainy season, or explaining the ineffective pumping of a failed heart to the mechanics of the local water station that supplied the villages where I worked.

Far from becoming an expert Village Health Worker educator, my time working with DGH/Montefiore in Uganda nevertheless greatly strengthened my teaching and mentoring abilities, which I plan to utilize as a clinical educator throughout my medical career. The efforts of DGH in Uganda to expand the VHW teaching methods and capacities fit into a much larger commitment to ongoing education. DGH has recently incorporated functional adult literacy training, focused women's health teaching groups and structured continuing education for its healthcare personnel, into its impressive portfolio of community health initiatives. The VHWs will be given an opportunity to rise to higher teaching roles, as well, with the potential to act as supervisors for newly recruited VHWs in the future. Furthermore, we will be working to develop an updated training curriculum for a new cohort of VHWs who will begin training in 2014. As DGH's project in Uganda strives to understand and address the healthcare needs of the populations with which it works, it is similarly working to adapt its teaching roles, methods and initiatives in order to rise to this challenge.



PHOTOS: LEFT: A village health worker giving a practice community health talk to her fellow VHWs. RIGHT: A village health worker (left) learning physical exam skills in her village with Jana (right) and patient (center). FRONT PAGE: Jana teaching a small-group village health worker tutorial in the village.

TRADING PLACES: SALVADORAN HEALTH PROMOTERS VISIT EUROPE

By Isabel Quintero

In May 2013, Ana and Lola, the Rehabilitation Health Promoters from the *Centro de Rehabilitación* (Rehabilitation Center) in the DGH partner community of Santa Marta, El Salvador, embarked on their first trip to Europe. The occasion was a training exchange generously funded and coordinated by our partner organization *Psicologi per i Popoli* (Psychologists for the People), the Italian NGO that has been collaborating with DGH on several projects, mainly focused on El Salvador. This cultural exchange afforded Ana and Lola the opportunity to see firsthand the type of rehabilitation work normally carried out in Europe with children and adults with mental and/or physical disabilities, and which forms the basis for some of the training they have been receiving from European volunteers. Effectively, this meant 'trading places' to get to know the reality that underlies rehabilitation on the other side of the Atlantic.

For Lola, a single mother of two, this was to be her first time away from home and on a plane, despite failed attempts to bring her to attend DGH General Assemblies in the US, for which she had already twice been denied a Visa from US immigration authorities. Her colleague, Ana, is a role model for young women in her community, struggling hard to get ahead. During the week she is dedicated full-time to her work in the *Centro de Rehabilitación*, while during the weekends she pursues a degree in Social Studies at the Lutheran University in San Salvador.

Ana and Lola's three-week trip to Europe began alongside their hosts Alfredo and Ester in Turin, Northern Italy. There, they participated in numerous workshops and accompanied Ester to her work at a center for psychomotor therapy, which combines emotional, physical, cognitive, and symbolic responses and reactions in the body. They also gave talks about their own work in Santa Marta and even had the opportunity to visit Rome.

We hosted the last leg of their journey, a one-week stay in Madrid, where they visited a school for children with intellectual disabilities, and several rehabilitation centers for the treatment of children and adults. They also took part in an open debate at the Madrid Board of Physiotherapists regarding the role of physiotherapists in international volunteer positions, sharing their thoughts from their unique and valuable perspective.

On their last day, heading out to the airport, Ana and Lola agreed to answer a few questions regarding their stay. (Below is an English translation of the Spanish-language interview.)

How has your experience in Europe been?

Lola: Well... for me, this is really my first and only experience here and it has really opened my eyes. It has been wonderful to have the chance to see so many things. We have participated in numerous activities, which has been excellent. It has been nice to be able to travel here.

Ana: It has been a positive experience, for me too! We have met many new people, including possible volunteers, and we have seen the work that is carried out here. This experience has been great for expanding our knowledge base and we now have many ideas to implement in our work.

Do you think you will be able to apply some of what you have learned here in your work in Santa Marta, despite the many differences?

Ana: Yes indeed, we take home many ideas, which I believe we can implement in the Center, and perhaps even in the Kindergarten. We have observed and learned so many things on this trip.

Tell us more about what you saw in Italy, any memorable experiences...?

Lola: We spent time observing Ana Maria at work giving massages to babies. This was really beautiful to watch and I feel we learned a lot from her. I really hope we can try this with our babies at the Center. We also observed Ester giving psychomotricity to children, which was very special.

What about Spain, is there any experience that stood out or you think may be useful?

Ana: All the activities have been interesting, it's so difficult to say which one has been the best, because I have enjoyed every single one of them and have felt they have been good for me. For example, it was great to get to know the work carried out with adults, but also the experiences with children have been helpful. It has all been good!

Have there been any major cultural differences that have been difficult to adjust to?

Ana: The food has been one of the greater difficulties we have had, as well as the climate. We have really felt the cold, which is something we don't even have in the community, so it has really been quite unbelievable and astonishing for us.

Lola: ... and going everywhere in the car!


So... are you looking forward to returning to El Salvador?

Ana: Yes! we are looking forward to it.

Lola: Yes! We need to get back to work, because people are waiting for us, and we are looking forward to seeing our families again, I can't wait to see my daughters.

If there were opportunities to return, do you think it would be a good idea?

Ana: Of course, it would be really good. We now have this experience to fall back on and if there would be a next time I think it would be even better.

NOTE: The work carried out in the *Centro de Rehabilitación* inspired a short video: *Las Manos y el Maíz 2*: www.youtube.com/watch?v=UZBrROMI-SQ. 



Ana and Lola, Rehabilitation Health Promoters from a DGH partner community in El Salvador, visiting a school for disabled children in Spain.

Human Rights

In the Arts

NATIVE AMERICAN ARTIST EXPLORES THE NATIVE WOMEN AND SEX TRAFFICKING CRISIS

By R.M. Arrieta

Many people have read or heard reports of the global crisis of sex trafficking and prostitution. But few are aware of how disproportionately Native American women and girls are impacted.

In San Francisco, native artist Geri Montano (www.missionartistsunited.org/artists/159) examines this critical overlooked issue in her exhibit, "Traded Moons," which ran from April 14 to May 12, 2013 at the *Galeria de la Raza* gallery.

Montano told *In These Times*, "I acknowledge sex trafficking is a crisis overseas and in many cultures around the globe. It's reached crisis proportions. But being of Native descent and rarely hearing about the sex trafficking which affects Native American women here in the U.S. and First Nations people..., I was moved to bring this to public attention."

Montano addresses this ongoing crisis in her mixed medium work, which includes collages, sketches, drawings and images of indigenous women and girls, surrounded by symbols of native culture. In "Sundance in Red," a young girl with long black braids wears a red fur-lined dress and oversized red high heels, a pair of handcuffs dangle from one wrist. Paper doll cutouts surround the image. Another work, "7th Moon," shows a young girl wearing her hair in traditional Hopi buns and necklace, in a garter belt, black stockings and red shoes. There are moon images around her. She stares out at the viewer.

Says Montano, "The forced removal of native children and the trauma of relocation and abuse correlates strongly to sex trafficking. There is a socio-political link. Traffickers target women and girls who are living in vulnerable conditions due to poverty, previous abuse, or during times of political upheaval."

A bill introduced in October by U.S. Senate Indian Affairs Committee Chairman Daniel K. Akaka, the Stand Against Violence and Empower Native Women (SAVE Native Women) Act, would provide Indian Country with jurisdiction over non-Indians who commit crimes on Indian lands, improve the Native programs under the Violence Against Women Act (VAWA), and improve data gathering programs to better understand and respond to sex trafficking of Native women. It would also require the National Institute of Justice to include women in Alaska Native Villages and sex trafficking in its study of violence against Indian women.

Nicole Matthews, executive director of the Minnesota Indian Women's Sexual Assault Coalition (MIWSAC) told Indian Country Today, "Native women are at exceptionally high risk for poverty and sexual violence, which are both elements in the trafficking of women." Matthews co-authored "Garden of Truth," an October 2011 report on prostitution and trafficking of Native women in Minnesota. Conducted by MIWSAC and the San Francisco-based Prostitu-



Gerri Montano's "Sundance in Red" was part of the *Traded Moons* exhibit at San Francisco's *Galeria de la Raza*.

tion Research & Education, the study is based on interviews with more than 100 Native women.

A United Nations report, "Global Report on Trafficking in Persons," says 2.4 million people around the world are traded into slavery each year. Eighty percent, or 1.9 million, are victims of sex trafficking. Yuri Fedotov, the head of the U.N. Office on Drugs and Crime, told a day-long General Assembly meeting on trafficking that 17 percent are trafficked to perform forced labor, including in homes and sweatshops. He said \$32 billion is being earned annually by those who run human trafficking networks, and that two-thirds of victims are women.

Some of the traffickers pull women and girls from Native American reservations. In its "Shattered Hearts" report, MIWRC says the historic experiences of Native women in the United States make them "uniquely vulnerable to commercial sexual exploitation, and unique in the ways that such exploitation impacts their well-being."

Melissa Farley, founder of Prostitution Research and Education, who co-authored the "Garden of Truth" report, and who spoke April 14 at a panel on Montano's exhibit, told Indian Country Today, "It has rarely been included in discussions of sexual violence against Native women. The...women in this study did not choose prostitution. Instead, prostitution chose them, through a combination of harms perpetrated against them and a lack of escape options." Montano added, "Global sex trafficking has reached crisis proportions. ... Sex trafficking of Native American women ... is widespread."

— Excerpted with permission from the article "Native Women and Sex Trafficking: An Overlooked Crisis," published by *In These Times* (www.inthesetimes.com).

HUMAN RIGHTS IN THE ARTS: BOOKS

Building Partnerships in the Americas

Building Partnerships in the Americas: A Guide for Global Health Workers, Edited by Margo J. Krasnoff, MD, is a historical, cultural and medical guide for those planning to do health-related work in Mexico, Central America, and the Caribbean.

DGH Board Members contributed chapters to this book: Dr. Linnea Capps on Mexico, and Dr. Jennifer Kasper and Dr. Lanny Smith on El Salvador. The book is targeting students and health practitioners who plan to travel abroad and are seeking insightful, culturally relevant background material to orient themselves to the environment in which they will be living and working. No single book currently provides this contextual background and global health perspective.

The essays in this book emphasize building partnerships and were written by US medical and dental professionals, in collaboration with social scientists and Latin American medical personnel. The authors provide the historical, political and cultural background for contemporary health care challenges, especially related to poverty. Combining personal insights with broader discussion of country contexts, this volume serves as an essential guide for anyone – from medical professionals to undergraduate students – heading to Mexico, Central America or the Caribbean to do health care-related work.

As Though She Were Sleeping

As Though She Were Sleeping, by Elias Khoury, is an homage to dreaming, “the only way of escaping oppression, be it familial, religious, or political.” The main character in the novel is Milia, whose response to her new husband and to the Middle East of 1947 is to close her eyes and float into parallel worlds where identities and faces shift, and where she can converse with the dead and foresee the future. As the novel progresses, Milia’s dreams become more navigable than the strange and obstinate ‘reality’ in which she finds herself, and the two worlds grow ever more entangled.

The *New York Times Book Review* raved, “There has been powerful fiction about Palestinians and by Palestinians, but few have held to the light the myths, tales and rumors of both Israel and the Arabs with such discerning compassion.”

HUMAN RIGHTS IN THE ARTS: MUSIC

Read Music/Speak Spanish

Looking for a little more headbanging in your protest music? You might like the hard beat of *Desaparecidos*. The alternative music band, named after the dissenters who ‘disappeared’ under Latin American dictators like Pinochet, has released only one album, *Read Music/Speak Spanish* (Saddle Creek, 2010). Its lyrics are an exploration of the ills of modern America, from the negative influence of consumerism (“Mall of America”) to the failure of suburban expansion (“Greater Omaha”), and even drone warfare (“The Happiest Place on Earth”).

HUMAN RIGHTS IN THE ARTS: FILMS

How to Survive a Plague

How to Survive a Plague, directed by David France, is the story of two coalitions – ACT UP and TAG (Treatment Action Group) – whose activism and innovation turned AIDS from a death sentence into a manageable condition. Despite having no scientific training, these self-made activists infiltrated the pharmaceutical industry and helped identify promising new drugs, moving them from experimental trials to patients in record time. Using a treasure trove of never-before-seen archival footage from the 1980s and ‘90s, this documentary puts the viewer smack in the middle of the controversial actions, the heated meetings, the heartbreaking failures and the exultant breakthroughs of a very successful activist campaign.

Jacob Bernstein explains, “...little credit had been given to the activists who worked tirelessly throughout the ‘80s and early ‘90s, in many cases laying down in the streets to try to bring attention and money to the disease. [*How to Survive a Plague*] charts the journey of the disease from the first days, when a rare skin cancer called Kaposi’s sarcoma began mysteriously appearing on the bodies of gay men all over New York, until the advent of antiretrovirals 15 years later.”

“I sat down to watch *How to Survive a Plague*, a new documentary about the history of the AIDS epidemic, expecting to cry, and cry I did...I expected to be angry. Here, too, I wasn’t disappointed. What I didn’t expect was how much hope I would feel. How much comfort,” extols Frank Bruni, “While the movie vividly chronicles the wages of bigotry and neglect, it even more vividly chronicles how much society can budge when the people exhorting it to are united and determined and smart and right. The fight in us eclipses the sloth and surrender, and the good really does outweigh the bad. That’s a takeaway of *How to Survive a Plague*, and that’s a takeaway of the AIDS crisis as well.”

Gideon’s Army

At Atlanta’s Southern Public Defender Training Center, three recent law school grads prepare to represent some of the poorest of the poor. But their idealism will be tested by an overtaxed system and the culture’s low opinion of their defendants. A Senior Public Defender explains early on in the film how he responds to the people who ask how he can defend ‘those people’: “It’s about the sanctity of human liberty and the cost of it if you want to take it.”

The beginning of the film, directed by Dawn Porter, explains its name: “In 1961 Clarence Earl Gideon was arrested for stealing soda and five dollars from a pool hall. He could not afford an attorney and was convicted after representing himself at trial. Gideon appealed his conviction all the way to the Supreme Court. The court ruled that the right to counsel in a criminal trial is fundamental to the American system of justice. Today 15,000 Public Defenders represent millions of clients each year.” It ends with a sobering statistic: “In the US, more than 12 million people are arrested each year. Most will be represented by one of the 15,000 men and women who work as Public Defenders.”

REPORT BACK FROM THE 2013 DGH GA

By Alex Luger

The 18th annual DGH General Assembly was held in Berkeley, CA from August 9-11. The weekend's inspiring theme, *Partnering for Collective Liberation: Intersections of Health, Art and Political Change*, came alive with the energy of the participants and speakers. We are pleased to share with you some highlights.

The weekend started with a walking tour of elaborate murals in the Mission neighborhood of San Francisco. This was led by Carla Wojczuk, local artist and volunteer with the Precita Eyes Muralists Cultural Center. After a beautiful slideshow presentation about the history of muralism in San Francisco, Carla led us through the Mission and brought the murals to life with personal and political stories.

Saturday we began with a keynote address from Gopal Dayaneni, a grassroots ecologist and organizer with Movement Generation Justice and Ecology Project. Gopal challenged the notion that an individual person makes up the smallest unit of society. Instead he asserted that it is really the relationship between two or more people that makes up the smallest unit of society. With this framework in mind, Gopal argued that health inequality is the result of ecological imbalance. In order to eliminate inequality we must restore our social relationships and promote ecological resilience, which is the ability of an ecosystem to maintain balance and health in response to change. He described key features that make ecosystems resilient and encouraged health activists to work toward more just societies with a focus on balanced and just ecological relationships.

After his keynote, Gopal invited four members from different DGH partner communities to lead a workshop on NGO best

practices. He asked each of them what they and their communities looked for as best practices when partnering with organizations from the Global North, such as DGH. Their responses underscored the desire for accompaniment that is non-hierarchical and that respects the needs and existing structures of the local community.

In the afternoon we heard a presentation from US students studying medicine at the Latin American School of Medicine in Cuba, followed by two afternoon panels. The first panel, Lessons from the Domestic Workers Rights Campaign and Coalition, shared with us how the movement is working to mobilize domestic workers and protect their rights. The second panel, Environmental Justice and Health, brought together four environmental activists each working to protect the health and human rights of people affected by mining and extractive industries in Canada, California, El Salvador and Honduras.



Our walking mural tour guide, Carla Wojczuk, pointing out a detail in a mural in the Mission district in San Francisco.

Saturday wrapped up with a screening of *Revolutionary Medicine: A Story of the First Garifuna Hospital*, by filmmaker Jesse Freeston. This film described the history of the Garifuna people in Honduras and chronicled the development of the first community-led independent Garifuna hospital, created by a Latin American School of Medicine graduate.


On Sunday we began by congratulating medical student Jacob Blickenstaff on winning first place in the inaugural DGH video contest. This was Jacob's first film and we screened the beautiful piece he created on the theme *Challenging Scarcity: Health Justice for All*. You can watch the video at: www.youtube.com/watch?v=6V_JenMqqhQ.

Raquel Gutierrez, project manager of the "In Community" project at the Yerba Buena Center for the Arts, gave a passionate keynote address on Sunday. Raquel grew up in Los Angeles and has a long history of working in the arts community to promote social justice and combat discrimination.

Next we heard from Dr. Michael Baganizi, superintendent of Kisoro District Hospital in Uganda. Michael shared the history of his community's hospital and its partnership with DGH and the Albert Einstein School of Medicine in the Bronx, NY.

We then divided into two parallel skill-building workshops. In *Breaking It Down and Building It Up: Popular Education for Health Activism*, three long-time DGH collaborators described their process and the importance of the popular education model in facilitating the respectful accompaniment with the communities in which they work. In the second, *The Best Non-profit You Never Heard Of: Setting up a Communications Team and Using Social Media for Health Advocacy*, we heard an energizing presentation from three members of the Santa Barbara street medicine organization, Doctors Without Walls. They underscored the importance of having a well-organized communications team and broke down the steps needed to accomplish this goal.

We ended the GA with another inspiring panel, *Promoting Food Justice and Community Health*. Five youth activists joined us on this panel to share about their work in food justice and food sovereignty. They highlighted the connection between social, racial and economic injustices and injustices in the access to nutritious food, as well as the innovative ways in which their food justice work promotes social justice and health.

We sincerely thank all the speakers and participants who made this year's General Assembly a fantastic experience. Each General Assembly serves as a wonderful reminder of the inspiring work of DGH, our members and GA participants. You can get more information about each session at: www.dghonline.org/news/bloggng-2013-general-assembly-berkeley-welcome. 

ADVOCATING FOR FAIR AND INDEPENDENT PRESIDENTIAL ELECTIONS IN EL SALVADOR: WHAT YOU CAN DO

By Denise Zwahlen

On February 2, 2014, the Salvadoran people will elect a new President and a lot is at stake for our partners in this election. Back in 2009, Mauricio Funes became the first left-wing candidate to be elected President of El Salvador in 75 years. This victory may have had to do partly with the decision of the Farabundo Marti National Liberation Front (FMLN) to choose a candidate from outside the party, a reformist rather than a revolutionary.

When I asked our friends in El Salvador what has been accomplished in the last five years under Funes' Presidency, they pointed out the progress in basic social services, benefiting primarily the poor: a decentralized public health care system with community health centers and mobile units that reach out to the most isolated places in the countryside with basic services provided free of charge; a program providing school age children with the basics that makes it possible for them to attend classes (shoes, uniform, a meal, notebooks and pens); an adult literacy program; pensions for Seniors in the rural areas; comprehensive local demonstration programs for women providing medical and psychological services and professional training; support for family-based small agricultural exploitations; creation of the Bank for Social Development that provides credit to microenterprises and small farmers; land redistribution; road and public building construction and repair.

However, like everywhere else, the economic growth has been sluggish, which has made many of these programs difficult to implement. There has been no change in the taxation system, which means large major corporations are still not paying their fair share. The neoliberal agenda remained unchallenged and there is a push now, with backing of the US, to approve a new law that would promote privatization of major public services. Many see these last five years as a period of transition, the beginning of a radical change in the priorities of the government from working for the interests of a few to changing the living conditions of the majority. But there is also an acute awareness that there needs to be a fundamental change in the economic system.

In choosing Salvador Ceren, a former Commandant of the Popular Liberation Forces as their candidate, the FMLN gives a clear message that it wants to bring about deeper social, economic and political reforms. Ceren is also the current Vice-President and Minister of Education. His running mate is Oscar Ortiz, the popular Mayor of Santa Tecla, a party member who has worked in the trade union movement and has been recognized for creating a model of development, forming alliances with other parties and local business leaders.

The right-wing ARENA party that had previously held the Presidency for 20 years, has chosen Norman Quinjano, the two-term Mayor of San Salvador as their candidate. He is known for his law and order style, and in the fall of 2012 became quite unpopular when he ordered the forced removal of thousands of street vendors from the center of the city. His running mate, Rene Portillo Cuadro, is the current President of the private Technological University.

The third major candidate is a new party, GANA, with an old candidate, Tony Saca, who was the ARENA President from 2004 to 2009 but was expelled from the Party in 2009. He is known to have gone on a spending spree of US\$200 million during his Presidency, but now presents himself as a moderate who will keep and expand the programs promoted by Funes. He also is forming an alliance with a smaller right-wing party, UNIDA.

One important new development is the law passed in January of this year that allows the Salvadoran diaspora to vote in their country of residence. These presidential elections will be the first time they get to exercise this right, providing they can get registered in time. So far, only about 20,000 have done so. The National Network of Salvadorans in the Exterior (RENASE)

has already declared its endorsement of the Ceren/Ortiz (FMLN) candidacy.

But what should be our concern and our role as US citizens in the upcoming Salvadoran Presidential Election? We must make sure that our government and its representatives stay neutral and do not try to influence the course of the election. For example, four days before the 2009 elections, conservative Republicans in Congress publicly defamed the FMLN and accused the party of being allies of Al-Qaeda and Iran, stating that if the FMLN won the election, the US would have to cancel the Temporary Protective Status of Salvadoran Immigrants and cut off remittance monies to El Salvador.

“ As US citizens we have to make sure that our government and its representatives stay neutral and do not try to influence the course of the election. ”

These statements were widely publicized by the Salvadoran Press. The Committee in Solidarity with the People of El Salvador (CISPES) and Democratic Allies in Congress organized and flooded the Department of State and US Embassy in El Salvador with calls, demanding a Public Statement of neutrality from President Obama. Two days before the election, a formal declaration of neutrality came from the Secretary of State for Western Hemisphere stating that the US would respect the results and work with whoever the Salvadoran people elected.

This time around, the stakes may be higher for US economic interests since Ceren has taken a clear position in favor of developing stronger ties with Latin American countries that challenge the neoliberal agenda promoted by the US. There already has been an attempt by some US Representatives at casting the FMLN candidate as anti-American by reviving a fictitious story alleging that Ceren led a rally in San Salvador in 2001 in celebration of the 9/11 attacks on NYC. Ceren was just present at a rally organized by ARENA to celebrate Central American Independence Day (September 15th), where a group of youth protesters burned some American flags.

You can stay informed and denounce any interference by our government through CISPES (www.cispes.org), which is also organizing an observer mission to the 2014 El Salvador presidential elections.



DGH Announcements

► **Mark Your Calendar!** The next annual DGH General Assembly (GA) will be held August 8-10, 2014 in San Cristóbal, Chiapas, Mexico. This will be the second DGH GA held outside the US. It will give members of our partner communities the opportunity for closer interchange of ideas, methods and solidarity. It will also afford DGH members from the Global North the chance to hear from with community members more directly and be inspired. To make sure you get e-mail updates about the GA, give us your e-mail at: www.dghonline.org/update-membership.

► **Live Blogging from the DGH GA.** For those not able to join us in person at our annual General Assembly, DGH has been having members blog live from each GA session. You can read the summary of the 2013 GA in this issue (page 6) and/or read a more detailed account of each session from the 18th annual GA in Berkeley, CA at: www.dghonline.org/news/blogging-2013-general-assembly-berkeley-welcome. You can also read the blogs from the 2012 GA in Boston (our first time blogging from the GA) at: www.dghonline.org/news/live-ga-welcome.

► **Update Your Contact Information.** Have you moved recently or changed your e-mail address? Don't lose touch with the DGH community. Update your contact information and preferences at: www.dghonline.org/update-membership.

► **Updated DGH Recommended Reading List.** DGH offers a list of books that provide good background information on issues important to DGH's work – community health care, globalization and health, human rights and Liberation Medicine – and the countries where DGH has or had community partners. The list has been recently updated. You can review the recommendations at: www.dghonline.org/about-us/background-reading. If you want to purchase any of them, follow the links so that DGH receives a commission.

► **Support DGH with the Purchases You Make Online.** If you are planning to make purchases online, you can do so while giving a percentage of the sale to DGH at no extra charge

to you. Follow the links to participating stores at: www.dghonline.org/get-involved/shop. On that page, you will also learn about DGH products, like t-shirts, mugs, tote bags, buttons, note cards and phone cases, with which you can help spread the word about DGH's mission and raise funds for our projects.

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** comprised 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.



DOCTORS FOR GLOBAL HEALTH
Promoting Health and Human Rights
"With Those Who Have No Voice"

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