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Doctors for Global Health Reporter

I Can't Grow My Own Corn

By Joe Shortall

"Do you know how to grow corn?" asked a mother waiting with her son at the *Primeros Pasos* clinic in rural Palajunoj Valley of Quetzaltenango (Xela), Guatemala. I explained to her that I do not and that very few people in the United States do. "Oh," she said, appearing surprised as she listened intently to my reply. Then, dressed in her colorful, handmade Mayan *traje*, she asked if I could make my own clothes. I, more self-consciously this time, informed her that most Americans' clothes are factory-made and that we get them from the store. At this point, I remember feeling much less independent than I did upon beginning the conversation as I realized that I rely totally upon strangers to provide for even my most basic needs of food and clothing. This young woman, however, did not and it intrigued me. Our conversation came to an abrupt end as the mother was called into consult with the physician; her young son was diagnosed with a parasitic infection.

> **"I remember feeling much less independent than I did upon beginning the conversation as I realized that I rely totally upon strangers to provide for even my most basic needs of food and clothing."**

With *Primeros Pasos*, I volunteered as both a Children's Health Educator and a Lab Technician. As such, I often accompanied the Children's Health Program Director, Maria Caniz Hernández (a Guatemalan), on treks to rural grade schools to pick up fecal specimens and return to analyze them in the lab. In one local fourth-grade class we visited, nine out of ten kids were diagnosed with parasites. Bacterial organisms as terrible as Giardia and E. coli grew within the 9-10 year olds alongside amoebas and worms. Together they caused nausea, vomiting and diarrhea all while impacting the children's growth, development and their ability to study effectively.

The cycle of parasitic transmission is vicious and entails both public infrastructure issues and family customs. Typically, the mother works the fields to grow flowers for the market and cooks for the family while the father tends the cattle. It is not difficult to see how an unwashed hand in the corn flour or a cup of inadequately boiled water might keep the whole family infected with the same parasite indefinitely. In fact, many of the Clinic's patients have been successfully treated for one parasite only to return a month later with a new infection by the very same organism.

During one of my school visits to rural Las Majadas Elementary, I taught recommended hand washing, toileting and cooking techniques to a group of kids within the school's courtyard. As I repeated the mantra, "Remember to wash your hands every time before you eat," I saw one of the eager listeners began play-

ing in the nearby trashcan before reaching into his bag of chili-seasoned chips and popping some into his mouth. Though I reminded the boy and the group about the lesson and squeezed a bit of sanitizing gel into each outstretched hand, I felt a sense of discord sweep over me – one similar to the type I experienced in my interaction with the young Mayan woman regarding my skills (or lack thereof) in agriculture and textile production. My American culture values cleanliness and a near obsession with washing and bathing. In contrast, the students in Xela paid little mind to the dangers of parasites.

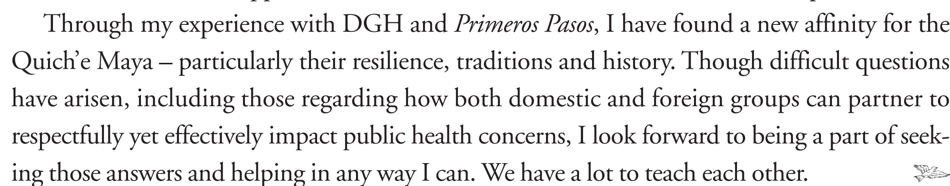
> **“The Primeros Pasos clinic is now more critical than ever as it is the only clinic in the area after the single government outpost (consisting of one doctor and one nurse) recently closed.”**

Therein lie the questions I continue to struggle with today: How can public health issues (like parasitic infection rates) be addressed effectively when aspects of culture (like hygiene and hand washing) remain such a strong component? Also, what role can foreign groups play to support such distant movements towards health?

The pursuit of a healthy, parasite-free Xela seems daunting beyond culture. It appears the parasite problem cannot be solved without some radical public health and infrastructure interventions applied towards hygiene and sanitation. The communities where *Primeros Pasos* focuses much of its work have significant water shortages, let alone access to clean water. Basic sanitation infrastructure does not exist: sewage systems are needed to keep human waste out of the water supply; trash collection is lacking as well. In light of that stark reality, teaching people the importance of washing their hands seems almost insignificant, but it does help.

With no easy solutions to the parasite problem in sight, *Primeros Pasos* seems to be succeeding in the application of a collaborative, community-centered approach to health – one very consistent with the principles of DGH. The *Primeros Pasos* clinic is now more critical than ever as it is the only clinic in the area after the single government outpost (consisting of one doctor and one nurse) recently closed. The organization champions community-lead, locally-based education programs, such as a year-long program designed to educate respected women in the community to serve as health promoters in their villages. They have also founded a scholarship program to fund the secondary education for eight students from the Palajunoj Valley. Though finances are tight and the clinic can no longer offer medicines free of charge, it does provide them at cost, roughly $1 USD for an entire antibiotic regimen, a price many can afford.

The group, founded in 2002 by a collaboration of concerned foreign and Guatemalan students, has also leaned on its international roots (including organizations like DGH, universities, professional schools, etc.) to garner support in terms of labor, funds and supplies. This May, the clinic received a grant large enough to cover 100% of the annual expenses related to the Children's Health Education program – one that provides personal physician consult and treatments for 1,000 students in the region. They have also partnered with Engineers Without Borders to initiate a water pipeline construction program designed to provide fresh water to one of Xela's neediest districts. *Primeros Pasos* has engaged the community at each step, including in community town-hall meetings to reach consensus as to how preparation for the water project will be carried out.



They have also sought out DGH and enabled volunteers like myself to enact the principle of accompaniment: “working side by side with our fellow human beings to create conditions that demand and facilitate social justice in the understanding that the same chains bind us all” (*www.dghonline.org/our-work*). I am confident that such values will continue to serve as an effective model towards the application of healthcare and medicine as a tool of social uplift.

Through my experience with DGH and *Primeros Pasos*, I have found a new affinity for the Quich'e Maya – particularly their resilience, traditions and history. Though difficult questions have arisen, including those regarding how both domestic and foreign groups can partner to respectfully yet effectively impact public health concerns, I look forward to being a part of seeking those answers and helping in any way I can. We have a lot to teach each other.

PHOTOS: Front Page: Teaching children proper hand washing technique outside clinic after they received treatment for parasites. Left: Joe (far right) on a specimen pick-up trip to Buena Vista Elementary with Director of the Children's Health Education Program, María Caniz Hernández (center). Right: School and community-wide meeting at Las Majadas Elementary to discuss the new water pipeline project.

The Epidemic of Poverty Blindness

By Alex Luger

Much of DGH's work addresses the underlying social causes of illness, many of which can be traced back to conditions of poverty. I interviewed medical student and former DGH volunteer Geoff Gusoff about a provocative article he co-authored with Dr. Bill Ventres on the issue of "Poverty Blindness," the socialized inability to perceive poverty in one's surroundings.

In their article, "Poverty Blindness: Exploring the Diagnosis and Treatment of an Epidemic Condition," Geoff and Bill creatively explore how even extreme poverty can go virtually unnoticed. By framing this phenomenon as a clinical diagnosis, they cast one's perception of inequality in a compelling new light.

Could you share what your experience in Estancia was like for you?

It was a really phenomenal experience for me. I had been in El Salvador in 2006, my first time out of the US for an extended period of time. I was studying abroad there in San Salvador for four months, and that's where I first was grabbed by the history and culture and theology and all these different aspects of El Salvador. That's what led me to want to come back. [It was meaningful] to share in that life and that reality, especially with an organization that had a sustained presence in the community. That was my biggest concern in looking at places to go: who is doing work that has these certain values and has this continuity with a community?

"I met Bill when I was in Estancia... we had a lot of good conversations because we shared a lot of the same values that DGH holds about real solidarity."

How did you first get involved in writing this article?

I met Bill [Ventres] when I was in Estancia. He had been working on certain pieces looking at the role of spirituality in medicine and cultural competence. We had a lot of good conversations because we shared a lot of the same values that DGH holds about real solidarity. One topic that we were talking about was this idea of using a clinical case approach to address the blindness that people have toward class disparity; poverty is very apparent in El Salvador and is also apparent at home, and I was seeing that more clearly from being in El Salvador.

Describing Poverty Blindness as a clinical syndrome is very interesting. Who is the article targeted toward specifically? It's written in a medically standardized way. Is it targeted specifically at medical people or are you hoping that it will be accessible to a wider audience, too?

I think the original idea was for it to speak to a wider audience. I think that the preparation and the approach we took was really introspective; we thought about how is this something that we wrestle with in being here and being involved with the work in El Salvador and at home, and what are our own 'blindnesses' and blind spots in this work? And then thinking about how to apply [our analysis of Poverty Blindness] to more general audiences. I think that it's potentially a special call to action for healthcare people just because that was the audience we were using to illustrate a more general phenomenon. It started out as a more introspective thing about our own perspectives and our own blind-spots but we were trying to think about how we saw this happening among people in general.

In medical school are there conversations about poverty and its effect on health, and the role of medicine and physicians?

Yeah, we have those conversations. We have a course that looks at the social determinants of health, which can start those conversations. Bill and I recently presented a poster on Poverty Blindness in DC, and he was talking about something that I thought was an important shift in the conversation, which is talking about the social "determination" of health, and not the social determinants. And I think that's a conversation that we're not having as much, which is, not just, oh, there's this world that is a static reality that can't be changed and of course having bad housing or bad food means you're going to be sick. But it's more like, how are the medical systems and the different systems we participate in actively perpetuating a system that needs to be consented to and reaffirmed for it to exist, and how do we stop determining this system and determine a different system? I think that's a conversation that we don't get exposed to in school at all.

I imagine that you have done a lot of reflection on your own perception of poverty. Have you had moments when you felt that you yourself had poverty blindness and wanted to do something about it?

Yeah, I think the first thing that comes to my mind is growing up. I lived with my parents and my grandmother growing up... my mom's mom lived with us, and she was a first-generation Italian immigrant who was definitely marked by living through the depression and was one of those grandparents who would always remind you of how much you had and how spoiled you were and all that. I think in a loving way, that was actually a really good thing to be reminded of and something that needs to be a constant reminder in the privileged context. I grew up in kind of a wealthy suburb. I guess it was always this realization that this is not how the world is for a lot of people, and to realize there's a world outside of your own experience. I

(*Continued on page 7*)

Geoff (not holding a diploma) at the graduation of the computer class he taught as a DGH volunteer in Estancia, El Salvador.

Human Rights In the Arts

Radical Art Is an Act of Uncompromising Passionate Resistance

By Mark Karlin, Thruthout

Marxian playwright Bertolt Brecht declared of revolutionary art: "Art is not a mirror held up to reality, but a hammer with which to shape it." Brecht's work – whose artistic career in Germany (except for his exile during the Nazi era, after which he returned to found the Berliner Ensemble Theater company in East Berlin) spanned from the Russian Revolution to his death in 1956 – illustrated, during his career, that revolutionary art must avoid the pitfalls of becoming co-opted by propaganda or commercialization.

Brecht believed that to be a radical and revolutionary artist is to be defiant of any imposition of form or content by any economic system, artistic academy or political status quo.

"Mother Courage and Her Children," considered by some as the theatrical masterpiece of the 20th Century, combines a radical aesthetic with an anti-fascist theme: The masses suffer from wars fought to enrich profiteers. But Brecht also kept his distance from the Soviet-mandated art that glorified Stalin and communism.

Carl Hoeckner, The Yes Machine, c. 1935 (Lithograph: Courtesy of Mary and Leigh Block Museum, Northwestern University)

Can Art in a Museum Exhibition Be Radical?

Brecht's concept of radical art as a social weapon is not limited to theater. An exhibition, "The Left Front: Radical Art in the 'Red Decade,' 1929-1940," currently running at the Mary and Leigh Block Museum of Art at Northwestern University in Evanston, Illinois, offers a visual history of radical pictorial art during the Depression era.

It might appear ironic that radical art would be exhibited within a museum, normally considered by revolutionaries as the cemeteries of bourgeois creativity.

However, the Block Museum created the exhibition with the goal of avoiding this death knell by focusing on art that "engages in the struggle for power."

The "Left Front" is meant to initiate a dialogue about the nature of radical art through the exploration of a crucial historical period in the United States when capitalism was potentially on the ropes. The museum has been offering a series of events to further the dialogue on radical art in the form of films, poetry readings, spontaneous performances in the exhibit area and even an open forum – "An Artists' Congress: What is Revolutionary Art Today?" – on May 17. A newspaper blog filled with diverse viewpoints on radical art and detailed historical information (reminiscent of a political leaflet) is available at the exhibit – and also can be read, in part, online.

The range of viewpoints expressed in material and presentations associated with the exhibit are reminders that defining radical art ipso facto invites debate.

Radical Art in the Red Decade

"The Left Front: Radical Art in the 'Red Decade" [January 16 through June 22, 2014] is a point of departure for this conversation. For instance, can visual paintings or drawings that depict an oppressive plutocracy – and portray the dreary life of workers in the '30s – cause enough indignation to incite transformative change, then or now? Does art need to be public and visible to masses of people to have an impact? What is proletarian art? Should there be a division between Artists with a big "A" and art of the masses? Who is the arbiter of radical art? Does such art need to fully achieve revolutionary change to be considered successful? The exhibit – and events associated with it – evoke a plethora of questions about what constitutes an art that is elusive by the very nature of its creative challenge, particularly as external circumstances change over time.

"Radical Art in the 'Red Decade'" exhibits paintings, woodcuts, sketches and other visual art, primarily produced by artists who were in John Reed Clubs (JRC) – named after the US journalist who covered the Russian Revolution and is the only US citizen whose body is buried within the Kremlin grounds. Artists in the John Reed Clubs generally supported the Soviet Revolution and developed a manifesto in 1932 in New York that included the following goals:

- Fight against imperialist war, defend the Soviet Union against capitalist aggression
- Fight against fascism, whether open or concealed, like social-fascists
- Fight for the development and strengthening of the revolutionary labor movement

The manifesto concluded with a rousing appeal to US artists: "We call upon all honest intellectuals, all honest writers and artists, to abandon decisively the treacherous illusions that art can exist for art's sake, or that the artist can remain remote from the historic conflicts in which all men must take sides. We call upon them to break with bourgeois ideas which seek to conceal the violence and fraud, the corruption and decay of capitalist society."

ArtDaily.org writes of the exhibit at the

Block Museum: "The Left Front is divided into two chronologically driven themes: the Revolutionary Front 1929-1935 and the Popular Front 1935-1940. Artworks featured in the "Revolutionary Front" correspond to the aims and ambitions of the JRC, with its emphasis on the artist's role in elevating the working class and the use of art as a "weapon" to combat social ills. The "Popular Front" considers the transition in the mid-1930s from the militant tone of the JRC towards the broad-minded approach of the [American Artists' Congress] AAC, which sought to unite radical leftists and centrist liberals in a shared battle against fascism."

Within these chronological guideposts, the exhibition explores six key themes of activism and collectivity. The first subsections "Class Struggle" and "Workers of the World Unite!" explore JRC artists at their most uncompromising. These sections interpret the iconography of works such as Harry Sternberg's haunting "Steel Town" lithographs by returning to the writings of economic theorist Karl Marx, whose essays provided artists on the left with a vocabulary to describe the destructive qualities of capitalism. In these works, the industrial production takes on a brooding, almost sublime quality of desolation. Alexander Stavenitz's intaglio print, Subway No. 2, shows the alienation and loneliness of a homeless subway rider. Stavenitz's image contrasts dramatically with Carl Hoeckner's The Yes Machine, an indictment of a wealthy but withered capitalist surrounded by ugly and obsequious "yes men...."

However, by the end of the '30s Stalin had signed a non-aggression pact with Hitler, and the independent proletarian movement of art in the Soviet Union had been entirely absorbed into a propaganda strategy to bolster authoritarian communist rule. World War II was also looming as the threat of Hitler and grave tensions with Japan intensified. These and other factors contributed to the demise of the John Reed Clubs.

Revolutionary Art Is Anti-Hierarchical

Indeed, in the '30s a split had opened within the US Marxist artists between artistic subservience to the creation of a dictatorship of the proletariat (as mandated by the Politburo in the Soviet Union) and proponents of art as an individual and communal weapon against all tyrannical hierarchies. This, in many ways was symbolized by the split between Stalin and Trotsky, which, in one example, manifested itself in different perspectives on art – an offshoot of their disagreement about the overall direction of communism between centralized brutal control (Stalin) and an ongoing populist proletarian revolution (Trotsky). The feud over international communist leadership ended when Stalin had Trotsky assassinated in Mexico City in 1940.

Diego Rivera panel for Rockefeller Center that was destroyed by Nelson Rockefeller, "Man at the Crossroads," 1933 (Image: Wikipedia)

Trotsky had sought refuge in Mexico, and it is informative to understand the political and artistic theories that he shared with famed Mexican muralist Diego Rivera – who sponsored his entry into that country – in order to better understand the heated arguments over radical art during the tumultuous Depression and post-Russian revolutionary period.

In the mid-30's, Diego Rivera, André Breton and Trotsky (as the assumed editor) issued a manifesto: "Towards a Free Revolutionary Art." Rivera, Breton and Trotsky asserted, "We recognize that only the social revolution can sweep clean the path for a new culture. If, however, we reject all solidarity with the bureaucracy now in control of the Soviet Union, it is precisely because, in our eyes, it represents, not communism, but its most treacherous and dangerous enemy."

They believed that art should belong to the working people, that it should be public and that it should be anti-bourgeois. The artist (or art collective), they said, should not be constrained by a straitjacketed ideology of the state (even if it is purportedly proletariat). Art represented liberation of the creative spirit that would facilitate a path toward the elimination of economic oppression and social injustice (including war, torture and mass murder).

An analysis of the "Free Revolutionary Art" declaration in a 2008 article in "Socialism Today" describes the significance of their collective manifesto, which had been originally published in The Partisan Review:

The manifesto explained the role artists could play in exposing the real nature of these systems. It rejected controls on artistic expression: "In the realm of artistic creation, the imagination must escape from all constraint and must under no pretext allow itself to be placed under bonds... and we repeat our deliberate intentions of standing by the formula, complete freedom for art."

Many Potential Traps Await the Radical Artist

Many traps, nonetheless, await the artist who dares to not conform. "Socialism Today" pointed out that individual artists and movements can be radical, but perennially run the risk of being co-opted by wealthy collectors who patronize art galleries and build private collections, and by museums who decide what art falls into an acceptable category that will not roil the status quo. "Socialism Today" uses the surrealist movement as an example:

Surrealism's roots were in the nihilistic western Dada art movement of the beginning of the 20th century. The international mass radicalization accompanying the latter years of the first world war – illustrated most spectacularly by the Russian revolution of 1917 when working-class people, guided by a mass Marxist party, actually took power – had its impact on artists as it had on all sections of society.

The surrealists came out of that maelstrom. Made up of many different individuals and trends, incorporating many different ideas, using a variety of media, surrealism was an overwhelmingly radical, left-wing movement. In the end, however, the mainstream surrealists became artistically embraced by the commercial and cultural salon of Western

(*Continued on page 7)*

Report Back from DGH's Second Assembly Outside the US

By Elizabeth Rogers

The 2014 DGH 19th Annual General Assembly (GA), "Liberation Medicine – Rise up in Solidarity," took place at the *Universidad de la Tierra* in the mountains of San Cristobal de las Casas, Chiapas, Mexico. With 420 participants representing countries including Mexico, El Salvador, Canada, Spain, the UK, France, Italy, Austria, and the US, there was a sense of uniting toward a common cause and building capacity and inspiration to continue our work.

The weekend kicked off with a visit by some attendees to the massacre site in the autonomous community of Acteal, of resiliency that can spring from injustice. That evening, local and visiting groups provided cultural and artistic performances for attendees. Contributions included music, theater, puppetry and poetry. Regional artists created two large live paintings – finishing by flashlight in the twilight! – representing the earth, the people and the healing arts of Chiapas.

The first full day of the GA started with a welcome and introduction by DGH president, Dr. Linnea Capps. She outlined DGH's history of working with communities in El Salvador, Nicaragua, Mexico, Guatemala and Uganda.

Liberation Medicine (LM) was the opening discussion topic. Panelists shared insights to define and demonstrate LM, speaking to the theme, "Nobody frees themselves alone; we free ourselves together." The words of influential predecessors including Virchow, June Jordan and Grace Lee Bogs highlighted the long road of lessons already learned about the social causes of disease, hope stemming from community, and creativity being the key to liberation. We were reminded that medicine should be in the hands of the community, for the community. To practice Liberation Medicine, we learned that one needs to identify dignity in every human being, to humanize the technical work, and with this, find a way out of oppression.

Next was a panel that delved into the North American Free Trade Agreement (NAFTA) and the risks of perpetuating injustices by pursuing the even-larger Trans-Pacific Partnership currently under consideration. Panelists shared how the agreement has resulted in economic and health injustices through cases of prioritizing the wants of companies at the expense of communities. Large numbers of farmers, in particular in Mexico, have been expelled from their land, and mass immigration from the south to the north continues. One video shared stories of some of these undocumented immigrants living "under the shadows." Finally, one panelist presented examples of alternative agreements that better prioritize the rights and well-being of citizens as a path toward a solution.

Panel on "Chiapas Today: Construction of Autonomy and Defense of Territory, Education, Women, Etc." at the 2014 DGH General Assembly in Mexico.

The next theme was mental health and post-war trauma. Panelists framed the topic through discussion of the militarization and paramilitarization of society, including the war on drugs and its many effects, creating widows, orphans, disabled, and disappeared, and the psychological harm that results. Panelists went on to outline work to repair individuals and communities through activities such as restoring the historical memory, and what can be done in the future to avoid repeating history.

The final discussion focused on activism and social movements, tying up the first day with thoughtful and passionate stories, and demonstrating that prescriptions for medications alone won't remove people from the poverty and injustices that perpetuate ill health. Themes included the support of victims of torture, the training of health promoters, and the defense of human rights. One panelist had spent over 13 years in jail for working to defend rights in Chiapas. He explained that time in jail makes dangerous men, and though he felt less affected by jail than others, his time prompted him to continue to fight for liberty.

The Alma Ata's declaration that "health is a fundamental human right" was used to highlight the panel on the right to health and social movements, the opening panel of the GA's second day. Panel members from DGH partner communities in Oaxaca and Altamirano, Mexico, from Estancia and Santa Marta, El Salvador, and of organizations in Chiapas spoke of the work each of them are doing in her/his own community to promote social justice and health.

The GA ended with a panel bringing us to Chiapas today, which outlined current work to improve lives within and around the autonomous communities. Panelists shared about promoting maternal and child health and using reflection and consciousness toward community reconciliation. Others shared about the effect of militarization of police, discrimination, exploitation, and inequity on health; about the work educators have been doing to stand up for improving their educational systems; and highlighting the richness that traditional medicine can contribute to regional well-being.

Attendees were left with renewed inspiration and a sense of solidarity after a rich weekend of conversation and sharing. And we walk away with an aboriginal woman's words to remind us - "If you have come to help me, you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together."

 (Continued from page 3)

think that was the fundamental opening into wanting to understand that broader reality.

Where do you see your career going in 4, 5, or 10 years?

It's all with a grain of salt because I'm still learning what this whole medical world is, but my dream right now is looking at this question of the social determination of health, and thinking about how medical institutions and health professionals have a role in their local communities and the broader community as institutions, economically, as social and cultural institutions, and how they can relate in different ways to those communities and make that capital for community development, for cultural development. Similar to the way that CDH [*Campesinos para el Desarrollo Humano*, Peasants for Human Development, DGH's local, community-run partner organization] has used the clinic as an anchor for broader community development; thinking about how in Philadelphia neighborhoods where most of the money the government spends around poverty goes to health-care, and has it really given people value in terms of people receiving those funds? And how do you leverage that vertical healthcare funding into more horizontal community development funding? And there are some models that are doing that, and I'm exploring that and thinking about how I can be part of that effort.

So you're working in the community around Philly?

Yeah, I've been working with a group of day laborers in north Philly recently who are trying to start a workers' center. It's not at all health-related right now. I think it still has the capacity to be a community-owned project where hopefully I can be a health liaison as I develop in that direction.

If you had to advise people who wanted to learn about global health and get involved, what sort of advice would you give them?

I think the first thing I would say is to choose very carefully the setting you'll be in, or be very careful and critical before entering a space because there seems to be a pretty massive global health industry that doesn't necessarily share the values of someone interested in doing true global health, in the sense we were talking about earlier. And I think that so much of what you learn from your experiences is based on the community and those relationships that you find yourself in. So if you can go to a place like Estancia, I think it's [important to] have those strong values and be constantly trying to work out a more mutual relationship. That's something that's pretty rare, and often I think that if you can't find that type of sittuation, it's almost better not to do international work than to do it in a way that could potentially be perpetuating some of the problems that you're trying to address.

Is there anything else that you'd like to share with DGH's membership?

I think that DGH is a very special model, based on what I know particularly with Estancia and a little that I know of Santa Marta. I am excited about the possibility of taking things that I've experienced in Estancia and thinking about how it works domestically, and having that feedback back and forth about how you do social medicine in El Salvador, and what the Salvadoran model has to teach us about doing social medicine in the US. That to me has been the most exciting thing, and it's nice to have that direction where it's not just people from the US teaching people in the Global South about doing global health. El Salvador has really developed models of solidarity economics of social medicine. They're doing a healthcare reform there that I think is really concretely relevant to what we're trying to do there.

– Geoff Gusoff was a volunteer with DGH in Estancia, El Salvador in 2012. He is currently a second-year medical student at the Perelman School of Medicine at the University of Pennsylvania. He co-authored the article, "Poverty Blindness: Exploring the Diagnosis and Treatment of an Epidemic Condition," published in the Journal of Health Care for the Poor and Underserved, Volume 25, Number1, February 2014, pp. 52-62, The Johns Hopkins University Press. You can be read the full article at http://tinyurl.com/povertyblindness.

 (Continued from page 5)

art: galleries, museums and art "experts." Some of the surrealists became fashionable among the wealthy – and began to paint for the value of their work in the marketplace.

Such are the risks that radical art can become an acquisition of the ruling elite, thus defanging its power.

Radical Art Is Accessible to the Public

Diego Rivera believed that his radical art celebrating – among other subjects in his Mexican work – labor, indigenous people, the 1910 Mexican Revolution and Marxism, was best conveyed through public murals, accessible to all. Rivera recognized that a key characteristic of art that made it into the cultural canon was its limited visibility to the masses – as well as its general failure to challenge the existing oligarchical order (although exceptions exist in works such as Picasso's Guernica).

Influenced by Rivera, the New Deal Works Progress (WPA) Administration hired US artists to create murals in public spaces, some of which – many glorifying the work of the laborer – are still visible in older government buildings. However, an ardently Soviet-aligned faction of depression era artists objected that although the WPA murals restored dignity to workers, they failed to sufficiently depict ownership exploitation. In short, were many of the WPA art projects not radical enough? The fierce arguments on radical art raged on. ...

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Harry Gottlieb, The Strike Is Won, 1937 (Screenprint: Courtesy of Mary and Leigh Block Museum, Northwestern University)

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DGH Announcements

▶ **Congratulations to DGH's Founding President Dr. Lanny Smith!** He is the recipient of an award given by Harvard Medical School at a breakfast ceremony in Boston this past June. Below is an excerpt from the Harvard announcement about the award:

"Dr. Clyde Lanford Smith, Instructor in Medicine at Beth Israel Deaconess Medical Center, has been selected to receive the 2014 Dean's Community Service Lifetime Achievement Award in recognition for his work with Doctors for Global Health.

"Members of the HMS/HSDM [Harvard Medical School | Harvard School of Dental Medicine] community were invited to identify outstanding individuals whose dedication and commitment to community service have made a positive impact on the local and/or global community... An advisory committee composed of representatives of HMS/HSDM and its affiliates carefully reviewed and discussed each nomination and recommended this year's recipients (among these categories - student, staff, faculty, and trainee)...

"The Dean's Community Service Award was established to recognize individuals who have made outstanding personal efforts in serving the local, national, or international community. Doctors for Global Health, the organization for which Lanny's work is being recognized, will be receiving $1,000 cash award from Harvard Medical School [which he donated to DGH]."

▶ **Spanish-Language Blogs About the 2014 DGH General Assembly in Chiapas.** Beautiful photos and summaries of the GA are available from Latin American participants:

- *http://espoirchiapas.blogspot.mx/2014/08/denuncia-publica-el-estado-de-chiapas.html* (see links to additional pages about the GA on this same site at the bottom of the page)

- *http://komanilel.org/2014/08/04/desde-el-encuentro-internacional-de-la-medicina-de-la-liberacion-denuncian-desabasto-de-vacunas-en-chiapas/*

http://www.pozol.org/?p=9662 - *http://www.pozol.org/?p=9666* - *http://www.pozol.org/?p=9670*

▶ **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*.

DGH *Reporter*

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DGH has no paid employees in the US. DGH is administered by a volunteer **Board of Directors** whose members have volunteered with DGH in the past and are elected by DGH **Voting Members**. The Board is assisted by an **Advisory Council** 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.