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Doctors for Global Health Reporter

A Tireless Advocate: Dr. Linnea Capps

By Alex Luger

Dr. Linnea Capps is the current president of Doctors for Global Health (DGH). She divides her time providing patient care and supervising physicians in training in the US, Mexico and Uganda. She was until earlier this year the Director of the Primary Care and Social Internal Medicine Residency Program at Albert Einstein College of Medicine (AECOM) / Montefiore in South Bronx, NY. In April, she left that position and joined the Global Health faculty at AECOM/ Montefiore.

For over 15 years Linnea has volunteered at Hospital San Carlos, an independent hospital in Chiapas, Mexico that provides care to patients from indigenous and autonomous communities throughout the region. Through a partnership with AECOM and the Kisoro District Hospital, she spends two months a year in Uganda teaching and supervising medical students and residents who elect to spend a month-long elective in Kisoro. She also helps support a village health worker training program there. In 2014 she received the Edward G. Barsky Award at the 2014 Health Activist Dinner during the American Public Health Association national conference in New Orleans. Named for an American physician who organized doctors and nurses to support those fighting against the dictatorship of Franco during the Spanish civil war, the award is given to someone who has done important work in advocacy for global health.

> **"[O]ne of the first things we all have to pay attention to is our own levels of humility and how little we may know about the people and what has influenced them in their health, and their beliefs about what will make it better."**

In this interview Linnea shares her thoughts on her career path and what it means to work respectfully with people from a broad range of communities and backgrounds.

What got you interested in medicine?

That's a really good question and I'm not sure I know a very specific answer, because I have no history of doctors or nurses or any interest of medical care in my family. And I didn't decide to go to medical school until I was already halfway through college. I liked science and I was going to be a chemist, and then I decided that being a chemist and spending my life sitting in a lab was not for me. That happened when I was a Sophomore or Junior in college, and then I started to think about medical school.

Can you tell me a about how you got involved in your work with Hospital San Carlos?

The trajectory starts in El Salvador in the '80s. I didn't set out in medical school to be working in global health in any way, I never thought about that at the time, although I did think about

FRONT PAGE: Linnea (left) with nurses and a young doctor at Hospital San Carlos in Chiapas, Mexico. ABOVE RIGHT: Linnea (right) seeing a patient in Kisoro District Hospital, Uganda. ABOVE LEFT: Linnea (left) seeing a patient on a mattress on the floor on the ward in Kisoro District Hospital, Uganda.

social justice aspects and what I wanted to do as a career in medicine, and that's what led me to eventually doing an Internal Medicine residency and concentrating in primary care. I did that in New York, which is why I think I ended up in Internal Medicine instead of Family Medicine.

After I finished residency I was in the National Health Service Corps in Central Harlem in New York, and I felt like I needed more of a grounding in Public Health and how to work with communities instead of just individual patients. I was lucky enough to go to public health school at Columbia at the same time I was working at Harlem Hospital. And there I met some people who were involved in global health projects, and subsequently met a doctor who had developed a small NGO in El Salvador. He had developed a relationship with the people in the Catholic Archdiocese of San Salvador, which had a community health project that worked in various communities, especially ones that were seriously affected by the Salvadoran civil war conflict. I ended up being able to work with them in Chalatenango in El Salvador. I volunteered initially planning to be there for six months in 1985 and I ended up staying until 1987. Then I went back to New York City and that was how the whole process started.

I met Lanny [Smith] on one of my return trips in the early 1990s at a conference at the University of El Salvador. Lanny and Jen Kasper had visited Hospital San Carlos in the mid 90s and met a Mexican physician, Lair Espinosa, who was starting the training of health promoters in communities in the autonomous municipality around Altamirano. He was working on getting funding and collaborating with Hospital San Carlos. Lanny told me about this and I was interested in working in Chiapas. I was the first DGH volunteer at Hospital San Carlos in 1998.

I actually wanted to help do the community health work and had already arranged to take a sabbatical from my job for one year. However, about three weeks before I was supposed to go, the massacre of Acteal took placce, where 40-some people were gathered in a church and were all shot down by paramilitaries in cahoots with some parts of the Mexican government. Then there was a huge military crackdown. The military was looking for anyone who might want to denounce human rights violations, so it became impossible for foreigners to go out and do community health work. So I ended up spending the year of 1998 working in Hospital San Carlos. From that beginning, we started a long-term DGH project there. I have gone back there almost every year to work at the hospital, including supervising other DGH volunteers there. We were eventually able to start the health promoter training program in the autonomous communities with Dr. Juan Manuel Canales as the DGH on-site coordinator.

For people wanting to work internationally, what is important for them to keep in mind?

Well, I think that one of the first things that we all have to pay attention to is our own levels of humility and how little we may know about the people and what has influenced them in their health, and their beliefs about what will make it better. Learning how to start where people in the community are and help them in their own processes, as opposed to stepping in and saying, "I'm the one with all the technical knowledge and this is how I think things should be done." Especially for doctors that's not always easy, but I think that we all have to remember all the time that we're working in places that are not our own home communities. I think this is the only way to make progress truly sustainable in the long term.

What motivates you to do the work that you are doing in New York, Mexico and Uganda?

I think it's some combination of wanting to have as much of my work as possible contribute to some aspect of medical care for underserved and vulnerable people, and a way to continue to promote social justice and liberation medicine. I really like working with people in other countries and of other cultures, and trying to get a little better understanding of some other small pieces of the world that aren't New York City, which tends to sort of be overwhelming and all-consuming. I see the work in the South Bronx as the same, that we're dealing with a vulnerable population that has a different cultural background than I do, and how to work with patients who are different than I and to treat them all with appropriate respect and attempt to understand where they're coming from.

Double Your Impact: You May Be Able To Have Your Donations Matched

By Ajantha Attaluri

Make your donation to DGH go twice as far! Ask your employer's Human Resources Department if your company offers an employee matching gift program. Matching Gift Programs are fairly common, particularly in Fortune 500 corporations and even in many smaller companies, hospitals and other workplaces.

Many companies want to support the causes that their employees care about. To do so, they set up giving programs in which they match the amount the employee donates to an eligible non-profit organization. Usually they match it dollar for dollar, but some corporations will double or triple the employee's original gift. For example, if you donate $250 to DGH and your company's gift program matches dollar for dollar, it will give DGH an additional $250.

Taking advantage of the matching gift program is easy. Your organization's human resources office can tell you if your company has a matching gift program and how it works. You will usually have to fill out a form. Some companies will even allow you to make your charitable donation through payroll deduction. About 65 percent of large organizations offer matching programs, but too many people do not take advantage of them, leaving billions of dollars left unused.

Matching gifts from an employer are allocated to the same purpose as the employee's original gift. For example, if your desire is to support health from a human rights perspective with a non-profit like DGH, your employer's matching gift will be used for the same purpose – thereby doubling the effectiveness of your donation.

My Experience at the 19th Annual DGH General Assembly

By Alexis Doyle

Sadly I contemplated the last weekend of my experience as a DGH volunteer with *Primeros Pasos* in Guatemala. However, I could not imagine it being spent in a more wonderful way. I was fortunate enough to attend the 19th Annual DGH General Assembly, which was being held in Chiapas, Mexico. Julie Felix and Bruce Tufts, the DGH volunteers who were a huge support to me in the time leading up to my trip, attended as well. The theme of this year's assembly was "Liberation Medicine: Rise Up in Solidarity." Throughout the weekend, I not only had the pleasure of listening to several incredible and insightful panelists and speakers, but also of talking to a variety of committed doctors and health professionals who are members of DGH. When it was time to start my journey home at the end of the weekend, I felt like I was walking away with a whole new perspective on global health and that I really had learned so much.

The first night that I arrived at CIDECI, the cultural center that was serving as facility for the conference, it was dark out so I couldn't fully appreciate how beautiful the grounds were. The next day I was able to look around the grounds and see all of the beautifully painted buildings, which were just as beautiful as the colorful dorm room I was staying in for the weekend with about fifteen other people. In addition, on Friday night, I came just in time to catch the end of the cultural performances that had been taking place since the afternoon. I saw a marvelous mariachi band, a presentation of two beautiful paintings, and a clever and humorous socio-drama commenting on the situation of many women living in the "*machista*" society that is unfortunately a reality in many parts of Guatemala and Mexico.

The next day, after a delicious breakfast of homemade beans and rice, I heard the founder of DGH, several workers at the Hospital San Carlos in Chiapas, and a health promoter from the Civil Society Las Abejas in Mexico, speak on a panel about their experiences in their respective jobs and their feelings on the concept of liberation medicine. There were two big ideas that stuck with me from the panel as a whole: the fact that medicine and the promotion of health does not have borders, and that it is essential to put the power of prevention in the hands of the people themselves to make treatment practices effective themselves in the long-term.

The theme of the next panel was on the 20 years of the Free Trade Agreement (NAFTA) and its effects on health and everyday life. At this panel, we heard the opinions and testimonies of a journalist at a critical thinking organization, an activist for the rights of migrants in Los Angeles, and several other doctors and members of DGH. I learned of some of the serious implications that NAFTA had on Latin America, during my time at *Proyecto Linguistico* in Guatemala (where I first went to work on my Spanish skills), but it was really interesting to hear the perspective of people who were specifically working for health. The power of transnational companies in countries like Mexico and Guatemala continues to have serious implications today and unfortunately manifests itself in the health care available to rural communities.

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(*Continued on page 6*)

Alexis (center) with DGH members Julie and Bruce, at the 2nd DGH General Assembly held outside the US, in Chiapas, Mexico.

Human Rights around the World

In Memory of Dr. Aaron Shirley: 1933 – 2014

By Mohammad Shahbazi and Linda Sharp

Last November, Dr. Aaron Shirley, a pediatrician, community health champion and visionary of health and human rights, passed away in Jackson, Mississippi. He was a nationally recognized civil rights leader and a tireless advocate of quality rural and urban healthcare, and he is remembered as a philanthropist, educator and mentor. DGH honors his life and work as we reflect on his legacy in the context of the current movements towards health and human rights for all.

In 1959, when Dr. Shirley received his medical degree from Meharry Medical School (TN), medical schools and the health system were deeply discriminatory. Meharry and Howard University were the only two medical schools that trained nearly all the nation's African American physicians, fewer than 200 graduates per year. Hospitals and clinics in the South operated under Jim Crow laws, and black patients suffered segregation, inferior care or were completely denied access. The KKK threatened even white physicians who dared challenge these norms.

After graduation, Dr. Shirley began his medical practice in Vicksburg, Mississippi. At that time, the ratio of black doctors to patients in Mississippi was 1 to 17,000, and the majority of rural areas had no African American physicians at all. In 1967, Dr. Shirley became the first African American to complete residency training at the University of Mississippi, and for years he was the only African American pediatrician in the state of Mississippi. As part of a policy of exclusion that was the norm, he was repeatedly denied hospital privileges.

Despite the overwhelming need for his medical services, Dr. Shirley and his wife Ollye made time to join other community members during the 60s to challenge Jim Crow segregation. They helped organize the Mississippi Freedom Democratic Party and he went on to be the director of Mississippi Action for Progress, providing health care and education to children. He was a founding member of the Medical Committee on Human Rights and provided medical care to thousands of civil rights workers during Mississippi's Freedom Summer in 1964. For this, he endured repeated threats from the Klan and his home in Vicksburg was firebombed in the 60s.

Regardless of these many challenges, Dr. Shirley continuously worked towards health and human rights. In 1970, Dr. Shirley and others founded what is now the largest community health center in Mississippi. In the 1990s, he founded the Jackson Medical Mall, a "one stop shop" community health center that provided holistic medical care and human services for the underserved. In 1993, he received the MacArthur Genius Award. At the time of his death, Dr. Shirley was Chairman of the Board of Directors for the Jackson Medical Mall Foundation and Associate Professor of Pediatrics at the University of Mississippi.

Other of Dr. Shirley's major achievements include international collaborations with Dr. Mohammad Shahbazi at Jackson State University and faculty at Shiraz University of Medical Sciences in Iran. Their team brought the Iranian model of "Health Houses" to rural Mississippi to address health inequities and improve access to healthcare. *The New York Times Magazine* highlighted the project and how the US healthcare system can learn from the groundbreaking work undertaken by Dr. Shirley and the Iranians. Dr. Shahbazi continues this work in a pilot study funded by the Centers for Medicare and Medicaid Services.

In 2013, several members of DGH worked with Dr. Shirley and Dr. Shahbazi during the People's Health Movement International People's Health University. We recall his stories of practicing medicine in the deep south and how he endured racial violence and discrimination while staying fully committed to the needs of the people, especially sick children. Specifically, we recall Dr. Shirley being outspoken in his deep anger and disgust at the lack of Medicaid expansion in his home state, which he saw as a deep injustice to the poor, and a modern day example of the racist exclusion he witnessed while practicing medicine in the 60s.

Mississippi currently ranks dead last out of all 50 states for overall health indicators, and a black man in Mississippi has a shorter life expectancy than the average American did in 1960. As we reflect on these important messages Dr. Shirley left with us, we are reminded of the words of Dr. Sriram Shamasunder of UCSF Global Health Equity Core upon his return from Liberia: "Today, despite a healthier population, that black lives matter equally in the US remains elusive… Black women are 60 percent more likely than white women to deliver babies early; black infants are 230 percent more likely than white infants to die before their first birthdays. By nearly every health measure, black outcomes fare worse than everyone else."

The current denial of Medicaid expansion in the South and other states further perpetuates enduring health inequities that have persisted for generations in the US, especially in the South. At a time when the #BlackLivesMatter movement is growing, we are called to bear witness to the many examples of people being excluded and marginalized because of their race, immigration status, sexual orientation and other human qualities. Dr. Shirley's life and legacy remind us of how much work we have to do to bring about the kind of justice people deserve.

He will truly be missed.

Dr. Shirley speaking at first conference on Iran's Health House Models, Jackson, MS in 2007.

Upstream Medicine: Improving Health Where it Begins

By Laura Gottlieb, Rishi Manchanda and Linda Sharp

A key component of our vision at DGH embodies the understanding that social, economic and political conditions in which we are born, grow, live, work and age fundamentally shape the health of individuals and communities. Many scientific studies over decades have confirmed this connection between health and social conditions, and in the US and in our partner communities around the world, we bear witness to the realities of the "social gradient" in health: on average, the lower a person's socioeconomic position the worse a person's health, with the poorest of the poor suffering the most. We recognize that social factors contribute far more to wellbeing than access to healthcare alone. These are certainly not new ideas. Yet, despite the longstanding knowledge of the connection between health and the conditions of society, the status quo global health community pays relatively little attention.

In 1978, The Alma Ata Declaration laid out a vision of primary health care that focused on health promotion, comprehensive care and community participation and called for a combination of practical, strategic and philosophic reforms to achieve "health for all by the year 2000." However, in the US and many other countries around the world, a fractured system that addresses downstream effects of ill health remains the norm. This biomedical model promotes "sick care," and pays health providers and health systems to treat illness, not to keep people and communities well. Predictably, the results are the ineffective and expensive health systems of today, and the US and global economic forces continue to promote this biomedical model.

Those of us who work in poor communities see how "upstream" social factors harm health. Our patients suffer from unemployment and poor housing conditions, lack healthy food choices, and endure violence and discrimination, with wide-ranging health effects. While it is important to recognize that health systems alone cannot overcome all the social forces that shape health, many health workers are not content with a system that simply sends patients back to the same conditions that made them sick. In his introduction to Dr. Manchanda's book *The Upstream Doctors*, Dr. Paul Farmer notes, "most sickness in this world, whether in South Central Los Angeles or in my workplaces of Boston and rural Haiti, is caused not by a single event or pathological process but by many of them in concert. And **most of these causes are to be found far upstream of the etiologies we are taught to seek in medical school and in teaching hospitals**." These realities are shaping a growing movement within health care to train and practice as "Upstreamists": health practitioners who recognize that health and disease are fundamentally tied to social factors, and that **it is possible to re-imagine health care as a vehicle to address and prevent the unhealthy social conditions that cause disease**.

Not surprisingly, friends of DGH are some of the pioneers of moving medicine upstream. Dr. Jack Geiger, a founder of the US community health center movement, paved the way for a model of community oriented primary health care that encompasses far more than medical care alone. Other innovators include Dr. Heidi Behforouz, a professor at Harvard Medical School and the Executive Director of the Prevention and Access to Care and Treatment (PACT) program, which partners with community health workers to advocate for inner city residents with or at risk for HIV and other chronic diseases. At PACT, Community Health Workers address structural violence, poverty and social isolation, and are indispensible contributors to help achieve better health for individuals living with HIV and chronic illnesses. Dr. Laura Gottlieb, at the University of CA, San Francisco, teaches comprehensive primary care to family medicine residents, as well as researching important ways that health systems can address the so-called social determinants of health. Other "Upstreamists," Charlene Hauser, who works towards healthier neighborhood design in California, and David Derauf of the Kokua Kalihi Valley Comprehensive Family Services in Oahu, are chronicled in *The Upstream Doctors*. (*Continued on page 7)*

The Humility of Love: A Lesson from Chiapas

By Frank Coughlin

Humility. An important word you rarely hear in our culture anymore. As we near what most scientists predict to be "climate catastrophe," I've been thinking a lot about humility. I recently traveled to Chiapas, Mexico, where I spent a month working with various groups. While I was there to accompany the Zapatistas in service, I left with a profound respect for a true revolutionary humility.

The Zapatista struggle is very much alive today, more than 20 years after its first public appearance. My recent visit was to the Oventik caracole in the Zona Alta region. I was there with several others as a human rights observer with the Fray Bartolome de Las Casas Human Rights Center in the small community of Huitepec, immediately north of San Cristobal de Las Casas. Here the community protects the large Zapatista reserve from loggers, poachers and government forces. As observers, our task was to accompany the Zapatista families on their daily walks through the 100+ acre reserve, keep track of any intrusions on the autonomous land and document any infractions. We lived in a simple house, with a fire to cook on and wood panels for sleeping. There was no running water, minimal electricity and no forms of electronic communication.

Through these eyes we learned of the daily struggle of the Zapatistas. The community consisted of eight families. Originally fifteen families, many of them had left *Zapatismo* to suffer against poverty with the "bad" government. The families who stayed were indigenous to the area, having struggled to protect the land long before the Zapatista uprising in 1994. They lived in poverty, dividing their time between protecting the reserve, growing flowers for sale in San Cristobal and working their rented fields two hours away. Their days started with the sunrise and often ended long after the sun had set. Their hands were strong and their walk through the mountains fast, evidence of a lifetime of hard labor. We bombarded them (*Continued on page 7)*

Experience at GA *(from page 3)*

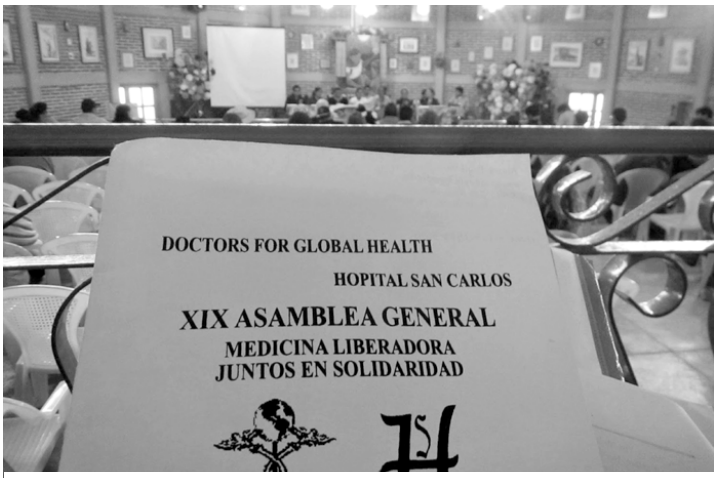
vated for hundreds of years – is taken from them without compensation at the hands of transnational companies, people are left without access to health care or the resources to create a method to reach a doctor. In place of health care, these communities have started to turn to individuals called "*Promotores de Salud*" (health promoters), who have been trained to be the "go-to" person in each community when someone has a medical problem. It was an incredible experience to meet some of these individuals, as representatives from many communities in Mexico and El Salvador were at the assembly, including several *promotores de salud*. Although the work that these incredibly intelligent workers do is truly inspiring and very much necessary, it is no substitute for the more comprehensive healthcare that these communities deserve. For example, limited access to basic medicine limits the work that the health promoters can do, despite the knowledge they may have.

The next panel's topic was the militarization and paramilitarization of society and the war against drug trafficking. In this session we heard from several representatives from a group called *Asociación de Campesinos para el Desarrollo Humano* (CDH) from El Salvador, some psychologists from Italy, and a historian of the Salvadorian conflict. I learned a lot about the violence that started in the late 1920s in El Salvador. The conflict that ensued had a catastrophic affect on indigenous populations of the country, and became more formalized in the 1980s. As in Guatemala, a strategic military coup occurred, with the assistance of powerful companies and the government of the United States. CDH and many other committed groups composed partly of indigenous people are working very hard to make health a reality for these communities still living with the disastrous consequences of the armed conflict. For example, CDH has several initiatives and projects for those seeking legal status who were forced to leave the country during the conflict, education about the environment and recuperation of natural resources, a medical clinic, scholarship programs for youth, and a nutrition program.

The programs that followed centered around activism for human rights, social movements and the right to health. As with the previous panels, we heard from a variety of interesting speakers. However, that which stands out most in my mind is of a man who shared his testimony as a former political prisoner. Hearing the conditions that he endured during the conflict really reminded me of the feeling of deep admiration that I had for some of the ex-guerilleros who I heard speak in Guatemala – for their pure bravery and strength to keep fighting for the goal for which they had previously suffered.

The conference activities ended late Sunday afternoon, which left an afternoon before I had to start my journey home the next morning. Thankfully, I had met some great guys in the line for lunch the previous day, Elias and Alejandro, and they invited me to come with them to explore the town of San Cristobal de Las Casas. Elias is from a rural community about an hour outside of San Cristobal in the hills, and Alejandro is a medical student studying in Cuba. Elias wanted to show us around, as he knew the city pretty well, so Alejandro and I went with him around the city as own personal tour guide. Elias was so generous to spend the time showing us around and answering all the questions that I had. My favorite part of the day was when Elias showed us a church where the bells were about to be rung in the tower. We snuck up to the top of the church up a very small stone spiral staircase in the back, and made it up in time to be right next to the bells as they were ringing (much louder than I ever imagined!). But the view of the city from being up so high was incredible! It was also really special to hear all about life in his community from Elias. He was so proud to teach me all about the history of Mexico, and how the revolution and series of conflicts had affected his own community and several others surrounding it. He clearly had such a connection to the history for which he had such a passion, which I found very inspiring. I hope to have that kind of passion in my own life!

I want to give a big thanks to everyone who shared such great knowledge with me at the conference, and all of the Doctors for Global Health members who made this year's General Assembly such a great success and a great experience for everyone! I am so thankful to have had the opportunity to attend, and it was an added bonus to get to learn more about the city of San Cristobal and of Mexico from a wonderful friend.



Program for 19th Annual DGH General Assembly in Chiapas, Mexico.


Panel presentation during the 2014 GA, the second GA held outside the US.

Humility of Love

(*from page 5)*

with questions, testing the theories of the Zapatistas we had read in books and working to understand the structure of their autonomy. The Zapatistas taught us to recognize medicinal plants on our walks and how to cut firewood; they helped our dyeing cooking fires and shared tea and sweet bread with us. For much of our time together we sat in silence, staring at the fire, each unsure of what to say to people from such different cultures. We, the foreigners, sat in silence in the reserve, lost in our thoughts, struggling to understand the lessons in front of us.

Fortunately, there was little work to be done in our role as human rights observers. As the families stated, most of the repressive tactics of the "bad" government in that area have been rare in recent years, but violence against the communities does occur, as evidenced by the assassination of José Luis López, known as "Galeano," a prominent teacher in the caracole of La Realidad in May of 2014. In addition, a week prior to our arrival, paramilitary forces had forcibly displaced 72 Zapatista families from the San Manuel community.

One of the elders told us of what he felt for the future. He told us that little by little, more and more Zapatistas are asking the EZLN to take up arms again. He felt they were at a similar social situation as they were in 1993, prior to the uprising. Then he said something that truly humbled me: "We love this land, and if we're going to die anyway, it would be better to die fighting." His face was filled with a distant look, touched by sadness, but also determination. Then there was silence, and the honesty of someone who has nothing left to lose and everything to gain. In that moment, I was gifted the glimpse of the true humility of revolutionary thought. Here was a man who has struggled to survive his entire life. He fights in the way he knows how. He has a simple house and wears the same tucked in dirty dress shirt. He works in the fields as well as the communal government. He knows that the fight he and his community face are against massive transnational corporations who wish to extract the precious resources underneath his ancestral land. He knows that they will hire the government, paramilitary forces, and the police to intimidate and coerce him into submission. He lives in an area of the world that has been described as one of the most affected by climate change. And because of this climate change, a force that he did not cause, his children will not have food for the winter.

The Zapatista movement is based in the "radical" idea that the poor of the world should be allowed to live, and to live in a way that fits their needs. They fight for their right to healthy food, clean water and a life in commune with their land. It is an ideal filled with love, but a specific love of their land, of themselves and of their larger community. They fight for their land not based in some abstract rejection of destruction of beautiful places, but from a sense of connectedness. They are part of the land they live on and to allow its destruction is to concede their own destruction.

In the face of the horrific statistics of our dying planet, we need a radically different tactic. We need a radical humility. This is what Che Guevara was speaking to when he said, "At the risk of sounding ridiculous, let me say that the true revolutionary is guided by great feelings of love." Those who truly want to change the world need to base their reality in love. It is love, with all its beauty and romanticism, and its inherent responsibility, that powers those willing to sacrifice.

Most of us here in the global north who fight for global justice must learn this humility. The Zapatistas, as almost all indigenous movements, have at the base of their revolution a love of the land. But their fight is not our fight. They demand us to return to our own cultures and fight, because what will ultimately kill the Zapatistas will not be only the Mexican government, but the Mexican government, hired by transnational corporations from the north, who will build dams, extract mineral resources, and create "free-trade zones" so that we can continue to enjoy our material comforts. Until we lose our identity-based politics, and allow ourselves to learn from those who are being oppressed by our lifestyle, we will never achieve the justice we think we desire. If we work for justice, let us embrace this humility and allow ourselves to be led by those who know.

– Excerpted with permission from blog post. Read the full post here: http://is.gd/YJldFk.

Upstream Medicine

(*from page 5)*

The decades of work by Dr. Geiger, the foundational story of the work of DGH in El Salvador, and many other stories of the intersection between the connection of health, and political and social reform can be found in *Comrades in Health: US Health Internationalists, Abroad and at Home*, published in 2013. And indeed, most of the accompaniment work of liberation medicine in our DGH partner communities can be described as upstream medicine.

At Alma Ata, the World Health Organization's director general Halfdan Mahler asked the delegates in attendance, "Are you ready to introduce, if necessary, radical changes in the existing health delivery system so that it properly supports primary health care as the overriding health priority? Are you ready to fight the political and technical battles required to overcome any social and economic obstacles and professional resistance to the universal introduction of primary health care?" Almost 40 years later, these obstacles remain and require radical change. To continue the important social justice work of re-imagining healthcare in social context, we need more practitioners to think and work as upstream health practitioners. We need to build a new workforce that understands health systems can and need to address health inequities, which means addressing social factors.

While much remains to be learned about how to do this work, there are already many important success stories. Dr. Manchanda's book lays out a vision for a system that would provide incentives for change, capture data that we can access and evaluate, and include tools, training and resources to build and support this much needed workforce. We cannot spend another moment clinging to old ways that are inefficient and ineffective. Upstream medicine closely parallels liberation medicine in offering a combined biomedical and biosocial approach that has the potential to contribute to closing socioeconomic gaps in health status. It calls for fundamental changes that address the social determinants of health by integrating primary and public health.

DOCTORS FOR GLOBAL HEALTH
Promoting Health and Human Rights
"With Those Who Have No Voice"
Box 1761, Decatur, GA 30031 U.S.A.
Tel. & Fax: 404-377-3566
E-mail: dghinfo@dghonline.org
www.dghonline.org

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DGH Announcements

▶ **Join us August 14-16, 2015 for inspiration, intellectual stimulation and camaraderie!** The 20th Annual DGH General Assembly will be held at Seattle University in Seattle, WA. This year's theme will be: *"Deconstructing the Status Quo: Building Global Health Justice."* Topics discussed will include race justice, refugee health, environmental and food justice, as well as related updates on DGH projects from representatives of DGH partner communities. Registration is available on the DGH web site (*www.dghonline.org*). Early bird discounts will be available until May 25. Scholarships will be available for students and others with limited financial means (for conference costs, not travel).

▶ **Dr. Lanny Smith, DGH Founding President, named "Game Changer"** by his alma mater, Davidson College, a liberal arts college in North Carolina. The Game Changer Campaign is designed to inspire current students to lead and innovate in an evolving world by providing role models. As the Game Changer web page explains:

"The long-distance runner's discipline and ability to sacrifice…the panoramic view of humanity provided by philosophy, literature, history, art… All have served Smith in his personal mission to empower those who have no voice. 'Being a doctor is about being able to build bridges of understanding,' Smith says. 'My liberal arts education developed that ability in me'."

Read more about the Game Changers Campaign and Lanny at: *http://is.gd/rIZAhD.*

▶ **Dr. Linda Sharp, DGH Board Member, quoted about the US healthcare system in *The Guardian*.** In an article titled "US-style healthcare: Where being ill could cost you everything you have," Linda "points out, the notion that a system driven by profit results in better health provision 'has been proven to be wrong time and again'." You can read the article at: *http://is.gd/E2Zf72*

▶ **Our work is not done** until a dignified life, optimal health and well-being, and social equity are realities for all. Help DGH work toward that goal by becoming a Sustainer: Establish an automatic, monthly or annual donation. By making a recurring donation, you're directly enhancing the overall health of a community. It is also the easiest way to give, and ensure your ongoing support to DGH's partner communities: *http://is.gd/jT7EPn.*

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 to *newsletter@dghonline.org*.

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