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Doctors for Global Health Reporter

20th Anniversary Special Edition

VEINTE AÑOS NO ES NADA

By Lanny Smith, DGH Founding President

“Veinte años no es nada” (Twenty Years Is Nothing), sings Carlos Gardel in his famous tango libreta *“Volver”* (To

Return), and that is where we find ourselves with DGH in the year 2015: Twenty Years is Something Indeed! We recently celebrated our 20th General Assembly in Seattle, WA with a keynote from Kshama Sawant, the City Commissioner whose leadership catalyzed the recent passage of a \$15.00 per hour minimum wage in that wonderfully named metropolis. Our other major speakers included Irma Cruz Nava and Juan Manuel Canales, both International Mexicans who spoke about current health and social justice activities in El Salvador in the past, and now in Oaxaca and Chiapas, Mexico. We spent time in accompaniment of Native American people through the Duwamish Tribal Service and River Cleanup Coalition, and expressed our clarity that Black Lives Matter with Ariel Hart. Linnea Capps, after serving for decades in Harlem and currently a primary care physician in the South Bronx, served as DGH President for five years and passed the mandate to Linda Sharp who works with Charles Drew University and practices medicine at the new Martin Luther King, Jr. Community Hospital in impoverished South Los Angeles, sung by Joni Mitchell as the “City of the Fallen Angels.”

“ In this singular retrospective ... I propose to trace DGH history to our present and to reflect on its potential. ”

In this singular retrospective, together with many others as I will attempt to make clear below, I (Lanny Smith, Founder of DGH and still on the group’s board as Liberation Medicine Counsel) propose to trace DGH history to our present and to reflect on its potential. Included are some of the other groups and movements that have influenced our trajectory and make us who we are. I invite you, the reader, to share this history. It’s likely you have had some contact with someone in DGH. Our method is to invite, so either you have done something to attract a



DGH member's attention who then thinks you are phenomenal, or you signed a list passed around at someone's presentation – perhaps mine – sometime in your life. Or perhaps you have found us on your own through an internet or personally interactive search looking for a group that might be compatible with your desire to make your community, and through it the world, a better place for yourself and the world's children.

WHO WE ARE

What happened 20 years ago to bring our community of healing together as a social movement? We are a group registered officially in the birth state of Martin Luther King and Malcolm X's father (Georgia), and open to anyone “capable of feeling in the deepest places in your heart injustice committed against anyone in any corner of the world” (in the words of Ernesto “Che” Guevara). DGH includes thousands of people from around the world, from many different spiritual perspectives, but all consequent and clear that everyone deserves a life of human dignity and social justice. What can we do as a community, as a movement, to make our world – every corner of it indeed, including the corners in richly resourced countries and those living in countries plagued by poverty and conflict – a place we would be proud to invite those we most love in this world to

live? These are the basis for our work. We welcome your comments, constructively critical and/or full of high-blood-happiness (*alta alegremia*), for the purpose of this explanation is nothing less than an invitation to dance, to build and to fight when necessary for us all to have a decent and just world.

HOW AND WHY WE BEGAN

In 1992, El Salvador finally ended 12 years of “Armed Civil Conflict.” Officially, 75,000 lives had been lost in the civil war, with a policy of “leader-killing” at the beginning (1981) guided by generous support – military and financial – from the US. Salvadoran officers were trained at the School of the Americas, now re-named the Western Hemisphere Institute for Security Cooperation (WHISC), based in Columbus, Georgia. The year before had seen the First El Salvador-International Conference on Health, which was organized by the National Central American Health Rights Network, NCAHRN, whose official communication organ was called LINKS, edited in its time by Tom Frieden, current Director of the Centers for Disease Control and Prevention. Attending that conference were a couple of founding DGH members, Dan Bausch and myself. We met many leaders of the political arms of the organized “Left” in El Salvador. I traveled to Chalatenango with the Cambridge-San Jose Los Flores Sister Community connection, where I met – and was trained by – Community Health Promoters (although I was supposedly there to do the training).

Through connections formed in that NCAHRN Conference and by the good offices of Dr. Jonathan Mann, I returned to El Salvador in 1992 after the Peace Accords of Chapultepec and before the disarmament of the *Frente Farabundo Martí de la Liberación Nacional* (FMLN, National Liberation Movement), and was introduced to *Médecins du Monde* – France (MDM, Doctors of the World). [See “For Dr. Jonathan Mann, Of Whom Many Say: ‘He Changed My Life,’ A Thank You,” <http://is.gd/3c0u20>; and “Dr. Jonathan Mann: champion for human rights in the fight against AIDS,” <http://is.gd/7ZHhwH>.] Together with the three MDM volunteers, clear that an international presence in El Salvador was still essential to confront continued Death Squad killings and threats, I decided on a site for “Building Health Where the Peace is New,” the title of the project we successfully submitted to the European Community (now called European Union) for funding. [The Salvadoran People are among the most extraordinary, inventive and industrious in this wide world! (“*Poema de Amor*,” by Roque Dalton, <http://is.gd/ijZP1n>; sung

“My plan was to “work myself out of a job,” while creating a project using “health as reconciliation.” Part of my role was as Invited Professor at the University of El Salvador, which meant medical students could work with me as part of their mandated field study.”



FRONT PAGE: LEFT: Ramiro Cortez Argueta, one of the first Health Promoters trained in El Salvador, with Dr. Lanny Smith in the mid-1990s. RIGHT: Ramiro, now President of the nonprofit founded by the local community, *Campesinos para el Desarrollo Humano*, with the award received for the bridge built as part of the project. ABOVE: LEFT: Dr. Steve Miller giving a consult in Estancia in the early years. RIGHT: Consults/check-ups in more recent years.



LEFT: Crossing the Rio Torola on foot, as was necessary for kids to go to school and for people to get to hospital (1994). During the rainy season the river rose so much, several people drowned trying to cross. RIGHT: Community asked for a bridge and participated in its building, exemplifying DGH's practice of Participatory Investigation. DGH's commitment to long-term accompaniment of communities – 20 years and counting in Estancia – also sets DGH apart.

here by *Exceso de Equipage*, <http://is.gd/02Y7gG>; English translation: <http://is.gd/ap6bUM>.)

My plan was to “work myself out of a job,” while creating a project using “health as reconciliation.” Part of my role was as Invited Professor at the University of El Salvador, which meant medical students could work with me as part of their mandated field study. The project combined the efforts of community health promoters, medical students, international volunteers (at first through the US affiliate of MDM France, later defunct, then via DGH), and Salvadoran volunteers to bring health to remote, rural war-torn communities in the department of Morazán. Very strong support continued from MDM France.

Whenever possible, I spread the word about our work in the US, travelling city by city, community by community, medical school by public health school, sometimes accompanied by Salvadoran physician Maruca Figueroa, heroic and strong, who took over when I left in 1998 as MDM General Coordinator. Taking advantage of a special program that allowed anyone with a temporary residency in another country to travel from city to city in the USA for only \$60, I stayed on peoples’ couches (now called couch surfing, but then by invitation only). Official educational ventures from Harvard School of Public Health and Johns Hopkins School of Public Health arrived; we put them to work doing Women’s Rights and Reproductive Rights projects, among others (number one killer of women in El Salvador at that time was cervical cancer). When the US affiliate of MDM officially put itself against student volunteers (“we only take fully trained health professional volunteers”) and began to undermine the efforts initiated in El Salvador, 20 of us – 18 Board Members + 2 alternates – registered DGH as a non-profit organization and began our work. The 20, including students and octogenarians, held the first DGH General Assembly in Panola Mountain State Park in 1996. That other US group was later dissolved by MDM France.

Those first DGH General Assemblies were something to behold. They were low budget, fun as all get-out, always held in Georgia state parks – first Panola then Fort Yargo. Why even start a new group? We were aiming to create a group with governance structure that would allow new people to join and fully participate via their unique ideas and energy. From the very beginning the group out-voted me on several issues – for instance, I wanted the name to be “People for Social Justice.” I was advised however that, since we would need funding and eschewed money from the tobacco, pharmaceutical and military-industrial industries, it would be better to have a name engendering respect. Hence “Doctors for Global Health” (a prescient name as it happens, since shortly after everybody and their university decided to have a “Global Health” program or initiative). Another example: I wanted the DGH symbol to be a world with the South on top (the flip of the most popular globe) but was outvoted, 12 to 6. I still get outvoted often, which I

consider a very good sign that our intended governing structure works.

Early on the fabulous editor Monica Sanchez (Colombiana), who was also integral to editing the original “Building Health Where the Peace is New” proposal and served for many years on the DGH Board, began the *DGH Reporter*, a unique communication from DGH that enables the amplification of

“ Whenever possible, I spread the word about our work in the US, travelling city by city, community by community, medical school by public health school. ”

our partner voices, uniting art with social justice and exploring Human Rights Around the World, as well as provides updates on DGH international projects

and profiles of inspiring individuals who help move DGH forward. This extraordinary endeavor – a written communication available in hard copy and on the web (<http://is.gd/loWg9qd>) – has helped shine light on injustice and ways to combat it globally, increasing the conscientiousness of all associated with DGH, including nearly 500 international readers. Monica also invited her mother, Mariu Suarez, the celebrated surrealist artist (<http://is.gd/82N0XN>) and author of *Beyond Homo Sapiens* (<http://is.gd/eQOdzs>), to aid DGH in creating a logo for the new organization, the same caduceus-acknowledging globe featuring doves of peace with social justice we continue to use to this day.

One of the reasons we started DGH was to offer a way for the wonderful solidarity I

WHAT WE DO & WHY WE DO IT

movements in the USA (like NCAHRN, now defunct) to continue supporting health and social justice issues in Central America and the world. We formed an Advisory Council largely made up of leaders in the solidarity movement, though also of youth (we had 15 year-olds) and conscientious persons in leadership (like Jonathan Mann and John Kuykendall, President of Davidson College). We continued holding teaching sessions, at first in “renegade” sessions at the American Public Health Association, APHA, (with an interdiction by Jonathan Mann), then in official sessions. For example, in 2000 we did an official pre-conference session with the APHA. We also targeted meetings of potentially like-minded people, like the Society for General Internal Medicine and the Society of Teachers of Family Medicine. That outreach continues – two years ago we gave a special workshop at the Association of Clinicians for the Underserved (ACU).

For the first five years of DGH I was president, then Steve Miller took the reins for a year. Jen Kasper came next (she had spent 1.5 years in El Salvador as Countryside Coordinator of our work, following her Pediatric Chief Residency at Boston City Hospital where I too had trained in Internal Medicine (Jen now serves a mostly Latino population in Chelsea, MA and teaches at Harvard Medical School). Linnea followed Jen, bringing us to Linda where we are now. Wow! 20 years!

“ Our work is through volunteers, each of us creating time within our lives as students, health professionals or whatever we do to add to the collective energy of DGH. ”

What makes DGH what it is, which is to say ‘different’ from some other groups? We don’t pretend to be different, and it could be we are not. For now and most of our history we have not had an employee within the USA. Our work is through volunteers, each of us creating time within our lives as students, health professionals or whatever we do to add to the collective energy of DGH. For any employed outside the USA, we try to provide a living wage, but some persons receive stipends rather than salaries. We continue to function via our Principles of Action (<http://is.gd/QYaysU>), which includes being quite careful about where we receive our funding (this is in marked difference to many groups) as well as how we use it. We try to be beyond reproach – for instance, I can say that DGH has never paid for a plane ticket for my travel. We have a governance structure that is democratic – voice and vote – and respectful. Also, we have

fun – really! We incorporate artists (musicians mostly, but also others), students, teachers, mechanics, community organizers. All who thirst for social justice are welcome!

In the year 2000, DGH participated in a unique conference that called itself the People’s Health Assembly, in honor of the 1978 Declaration of Alma Ata which had as its Mantra “Health for All by the Year 2000,” but had been coopted and bullet-program silo-ed (i.e. anti-comprehensive care, “bullet” because of targeting single diseases, “silo-ed” because the individual disease-oriented programs do not communicate with each other) to become meaningless without teeth.

DGH sent six representatives to that conference in GK Savaar, Bangladesh and, with me as representative, was an original signer of the People’s Health Charter, creating the People’s Health Movement (PHM, www.phmovement.org). PHM later was centered in Bangalore, India, then Cairo, Egypt, and is now led from Cape Town, South Africa. We as DGH have participated in all the People’s Health Assemblies since (Cuenca, Ecuador in 2005; Cape Town in 2012). DGH, together with the Hesperian Foundation, was invited to take initiative of the PHM-USA, and DGH representatives remain within the governing group. We have had several International People’s Health Universities (IPHU) of the PHM within the USA with significant DGH accompaniment (Atlanta, the Bronx and Los Angeles).

The 2005 10th year Anniversary GA of DGH was held at Columbia University with Charlie Clements of the DGH Advisory Council as Keynote. DGH has had some amazing keynote speakers at our General Assemblies. A partial list includes Susie Moscou, Kalamazoo (2001); Juan Romagoza, Boston (2002); Vic Sidel, Berkeley (2003); Barbara Major, Atlanta (2004); Kathy Kelly, New York City (2005); Fr. Roy Bourgeois, Washington (2009); Alice Lovelace,



LEFT: Several structures have been built as part of DGH’s accompaniment of the communities in Estancia, in a rural department in El Salvador, including a clinic,

six kinders and a bridge. RIGHT: The Kinder in Colon, a village in Estancia, where Mental Health Promoters first began to help community children overcome the negative mental health consequences of living through war, and later taught pre-school, provided lunches and worked with parents on reading programs.



LEFT: Dr. Juan Manuel Canales teaching health promoters in Chiapas, Mexico. Dr. Canales began DGH's accompaniment of the Autonomous Communities (AC) in 1999. The work continues today and currently boasts 150 health promoters bringing community-oriented primary care to the AC. RIGHT: Meeting of the women's cooperative in the AC in Chiapas. They are all indigenous Tzeltal-speaking Mayan; most speak little or no Spanish.

Atlanta, (2010); America Bracho, Los Angeles (2011); and Alan Meyers, Boston (2012); Oh, and H. Jack Geiger who also spoke in Boston (2002) on *What We Do and Why We Do It*:

“And that is what we do: make a road out. We work with people to build a road out of their circumstances, out of the inequity, out of the poverty.” (His inspirational words are available here: <http://is.gd/cmn7EB>.)

We have been of the good fortune to attract many persons inspiring in their actions and thoughts to be a part of who DGH is.

There is a DGH Europe! When in 2012 there was a terror of torture and killings in the DGH partner community Santa Martha, El Salvador (see <http://is.gd/zC5SqY>), apparently at the behest or at least aligned with the political wishes of the gold-mine group Pacific Rim (Canada/USA registered), the group *Psicologi por il Popoli*, which is part of DGH Europe, was one of the few international groups to stay and give community and individual mental health trainings and accompaniment. Incidentally, Santa Marta is a DGH site where Yoga is practiced as part of the healing. Alas, a very recent tragedy, two teenagers were just murdered in Santa Martha (<http://is.gd/FDyAsu>), one of them a member of the DGH partner group CoCoSI (www.cocosi.org), a dynamic youth group that incorporates song, dance, clowning and other popular education tools to educate not just about HIV/AIDS prevention and accompany people living with HIV/AIDS, but also to publicly advocate for promoting gender rights, LGBTQ rights, and speaking out about injustice (via CoCoSI's program “*La Vida y La Realidad*” on Radio Victoria). CoCoSI has been recognized with international awards in Europe (2010 Red Ribbon Award received in Vienna, Austria) and travel scholarships to HIV conferences in Mexico and elsewhere. A 19-year-old murdered is awful in any corner of the world, be it El Salvador, the Bronx or Iraq.

“ And that is what we do: make a road out. We work with people to build a road out of their circumstances, out of the inequity, out of the poverty. ”

How can we be “part of the solution?” That is the question DGH asks of each of our members, no matter where we live, work, study or play. We ask that our members work in her or his local community participating in activities that promote health and social justice. And it is easy to become a member by simply affirming our Mission and Principles of Action and signing up on the web (www.dghonline.org) when ready. We don't ask or insist that DGH itself get credit for those local actions, though “copyleft” we welcome when appropriate. We are part of the Journal of Social Medicine (www.socialmedicine.info), open access and published in Spanish and English with my co-founder Matt Anderson (DGH Keynote Boston, 2012) as Editor in Chief.

DGH goes only where we are invited (by written invitation!), and then only in partnership with local groups who show internal democracy and clarity consistent with the DGH Principles

of Action. We have had to withdraw from some international work because of these criteria, but that is good. We are clear about what we want, we try to give those with whom we work a fair shake, and we are more anxious to maintain our strength of being “coherente” or consequential than to send money willy-nilly to places clearly in need just because they are in need. As a group, especially a group registered in the USA, we strive to maintain our earned humility.

We have written a few scholarly articles about DGH, included in *Development* (Smith CL. “Building health where peace is new in near-post-war El Salvador.” *Development* 2007; 50(2):127-133). DGH is also included in a chapter in the book *Comrades in Health: US Health Internationalists, Abroad and at Home* (Rutgers University Press; 2013.p.268-285), “Doctors for global health: applying liberation medicine and accompanying communities in their struggles for health and social justice” (by Smith CL, Kasper J, Holtz T). Another book, *Building Partnerships in the Americas: A Guide for Global Health Workers* (Dartmouth College Press; 2013.p.74-95), includes a chapter on El Salvador, written by Kasper J, Smith CL, as well as a chapter on Chiapas co-edited by Linnea Capps. In addition, a chapter titled “Liberation medicine and accompaniment in El Salvador: the experience of Doctors for Global

Health” (by Kasper J and Smith CL), appears in the book *Rights-Based Approaches to Public Health* (Springer Publishing Company; 2011.p.293-308).

I invite you to read them. I recommend especially *Comrades in Health* as a wonderful text – not just because of the DGH chapter but because the other chapters are fantastic.

We are currently working on a textbook on Liberation Medicine, the concept we defined first in 1996 when invited by Jonathan Mann, in the same year, to present at the Second Conference on Health and Human Rights of the François-Xavier Bagnoud Health and Human Rights Center of Harvard University. We then defined Liberation Medicine (LM) as “The conscious and conscientious use of health to promote social justice and human dignity.” Since then LM has been taught and discussed at over 100 conferences around the world. We have done a pre-conference session of the APHA on Liberation Medicine, a workshop at the CDC/WHO conference co-sponsored with

DGH on Health and Human Rights and many more, from Cairo to Paris, Bangalore to Beirut. LM is a dedicated part of the core curriculum of the Montefiore/Albert Einstein College of Medicine Residency Programs in Primary Care and Social Medicine with a month-long course. This has inspired an action-oriented sister course at Harbor-UCLA and a course in Health and Human Rights at Tulane University as well as LM reading groups at UNC-Chapel Hill.

WHERE ARE WE GOING?

Having written where we’ve been, we ask, “Where is DGH Going?” You, the reader, will help us decide. We really do listen to you, and invite your participation in who we are as a social movement. In 2014 our GA in Chiapas was in part a celebration of our accompaniment of the Autonomous Communities of Chiapas, and was our biggest ever in terms of persons who signed-up and came, no doubt because the meeting was held in the same space as a 20-year reunion of the Zapatista movement.

Yes, “Where are we going?” We have a dedicated group of 18 Board Members who do the daily work of keeping the group functioning, participate in substantial fundraising efforts, commit to support our partner groups around the world and inspire all of our members to do local, community-based action in our workplaces and school places and our living places. Our next GA in 2016 will be in Minnesota, and is promised to be an extraordinary experience!

Yes, of course we invite you to become part of our community, help us in our quest toward health and social justice for all. Welcome! Your contributions in ideas, in contacts, in money and in community, are the essential DGH. Without you the group is not enough. Your opinions, thoughts, actions and perspective we welcome as we continue our action-oriented accompaniment. Twenty years, and we have the same desire – health and social justice, and human dignity, for all, in every corner of the world. Now!



DGH currently has long-term accompaniment projects in Estancia and Santa Marta, El Salvador, Chiapas and Oaxaca, Mexico; and Kisoro, Uganda. CLOCKWISE FROM TOP-LEFT: CoCoSi Youth Group meeting in Santa Marta; Health Promoter giving physical therapy in Santa Marta; Acupuncture training in Oaxaca; HIV/AIDS train the trainer session in Uganda; Volunteer going over consult notes with Village Health Promoters in Kisoro, Uganda.

LIBERATION MEDICINE IN PRACTICE: COMMUNITY HEALTH

By A DGH Member Who Wishes to Remain Anonymous

Being a part of the civil war . . . I don't know if I can speak about it with a serene countenance, and I apologize if I can't, but there are so many emotions, so many memories that one encounters when recalling the pain and uncertainty of not knowing if one will continue living in the next moment, and the pain of seeing our partners fall in battle – men, women and children – or simply hearing their stories. What I do want is for everyone present to leave with some sense of the humanity and the suffering of the communities in El Salvador, as well as the strength of our ties of solidarity in brotherhood, because the most difficult moments of our lives become the foundation for new and better opportunities for everyone.

El Salvador was under a military dictatorship from 1931 to 1979. The poverty, marginalization and misery, especially among the working class, the *campesinos*, was obvious: they had no sources of employment or opportunities for young people, and many lacked even basic nutrition. The government was not interested in supporting the rural sector and the people were abandoned. This situation was the spark that led the *campesinos* to organize themselves and confront the government. The official response was violent repression of civilians, blocking agrarian reform, political persecution, arrests, disappearances, torture and death for the people of the communities. It was in this way that a civil war began in 1979 that lasted until 1992.

Having gone through this, the people said to themselves, “We are going to die of malnutrition, or we are going to die from bullets and armed conflict. Either way we are going to die, so we will die struggling and fighting for our human rights.” The official statistic is that 72,000 people lost their lives, 80 percent of whom were civilians. Religion played an important role in the lives of the *campesinos* and during armed conflict many in the Catholic Church, including Monsenor Oscar Romero and the six Jesuit priests who were assassinated, strongly supported the civil war and put themselves on the side of the poor people. In 1992, the peace agreements were signed, officially ending this traumatic time in El Salvador.


How did I come to help communities in this armed conflict? I was completing my studies and I had been hearing that doctors and health workers in the countryside were dying; other health workers were fleeing the country and so many communities had no health workers at all. I thought about it for a few months and then I decided to go. I was invited to support the communities in conflict for six months and these six months turned into years. I changed my specialty and learned community health and my job became to train community health workers. I served the civil population and wounded combatants in various regions of Morazán, El Salvador.

It's impossible to tell all the stories – so many things happened that need to be written in whole books – books about the long walks during the day, at night, through rain, or without water to drink, or while ill; books about when we searched for food even under rocks, literally; or when we ran to protect ourselves from falling bombs or strikes from hidden locations by the army; or when I visited the sick on foot, by horse, alone or with a few companions; or when I attended to serious wounds, performing amputations and treating the wounded in rural hospitals; or when a person was wounded and we would carry him or her on foot to a place where they could be taken care of; or when I treated a 15-year-old undergoing a breech birth, who when I arrived at her house was holding onto a rope that her father had attached to the ceiling while he applied pressure to her abdomen, and when I arrived they said nothing to me but put me in the correct position to receive the baby.

Many times the wounded would share their stories with me, and I can keep talking for a long

time... But I want everyone to understand very clearly, I didn't go to the battle fields because I wanted to make war. The people picked up their arms and fought because they had no other choice, because they were being killed, they were being disappeared. When I saw the faces of the people, and I saw their decision, I decided that I would be here with them. Even if the army killed me, I would be here with them. This is an attitude that any of us could have taken. I am not anybody special. The people and their struggle moved me and I did my best to heal their wounds in solidarity.

During the struggle, we shared many moments of conversation and reflection among companions about the causes of the war, of the feelings of solidarity between us; we shared poems and sang songs that made us feel the pain of the community and the hope that everything would change for the better. I want to share that feeling of the struggle of the Salvadoran community, after suffering so many years of marginalization and repression, that those men, women, and children consciously decided to participate in the fight in order to change their living conditions, so that their children could have a life and a future with opportunities that they themselves had never had.

Through this experience I learned there cannot be social change if there is not a change of heart in the individual. My perspective is now this: I cannot change the world, but I can change myself. I see life with new eyes, with more love for others; this is something new in me. I see a change in El Salvador. There are improvements in the healthcare system, in education and in support for development of urban and rural communities. Unfortunately, many leaders still appear to be looking to improve their own standard of living more than that of others, and we continue to face serious problems that are the result of unregulated, run-amok greed. It is time to keep working for peace and brotherhood with love for all of humanity. It is what we owe to those who died with the hope of building a better world. 

“ I was completing my studies and I had been hearing that doctors and health workers in the countryside were dying; other health workers were fleeing the country and so many communities had no health workers at all. ”



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DGH Announcements

► **Congratulations to Dr. Lanny Smith!** He is the recipient of the Beth Israel Deaconess Medical Center's (BIDMC's) Latino/Hispanic Achievement Awards. The Awards, presented annually to BID staff, recognize those who have made significant contributions to advance exceptional care for the Latino community. "BIDMC is able to provide extraordinary care, where the patient comes first, because of our hardworking staff who accommodate the needs of our diverse patients," explained Nancy Formella, RN, Chief Operating Officer. "We are proud to recognize those who serve our Spanish-speaking population."

The Awards ceremony takes place during Latino/Hispanic Heritage Month. This year's keynote speaker was Milagros "Milly" Arbaje-Thomas, a seasoned leader with 15 years of managerial experience at Action for Boston Community Development (ABCD), Boston's official anti-poverty agency. She graced the crowd with a heartfelt speech about her recent battle with breast cancer and her experience as a patient.

"For all of you who are serving the Latino community, you have so much to be proud of. I've seen from both professional and now personal experiences how important it is to accommodate the patient's cultural needs into the treatment process," she said. "For our community, it's about giving hugs and involving the whole family in a loved one's care. Thank you for understanding us and doing what you can to make a difference."

The other Award recipients this year were Alberto Sobrado, MD, BIDCO, Healthcare Associate, and Miguel Perez-Viloria, MD, Orthopaedics.

► **Make Your Donation to DGH Go Twice as Far!** Check to see if your employer has an employee matching gift program. Your company may match your donations to non-profit organizations. Don't work in a company that matches? Find out if your spouse's, partner's, or friend's does, to make sure your donation goes twice as far! Questions? E-mail: dghinfo@dghonline.org.

► **Join us in the Summer of 2016!** DGH strives to be diverse in its General Assembly locations. In 2016, we leave the coasts to celebrate our 21st Annual GA in Minneapolis, MN. Look for more details, available soon on the DGH web site (www.dghonline.org).

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.