



# Doctors for Global Health Reporter

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## PRESIDENT'S LETTER

Three years ago, from the roots of the MDM Integral Community Oriented Primary Care and Human Rights program in El Salvador, and crystal clear about the need for local and global Solidarity with, and accompaniment of, "those who have difficulty making their voices heard," a group of Volunteers created Doctors for Global Health (DGH). "But what of that?" I would like to explore with you some of what DGH has become, as well as a brief vision of where we are going. At the same time, I would like to encourage you to become more of what we are.

Naturally, the major site of DGH's accompaniment up until now has been El Salvador. All the work DGH has done in El Salvador has been through our local partner, MDS—both groups having sprung from the same root. What has that accompaniment been, exactly? Since 1995, DGH has provided MDS with more than 25 international Volunteers, many of whom have visited several times. DGH has provided the MDM/MDS program in Morazán with over \$125,000 during this time. (The majority of this has come through your private donations, most of them from \$75 to \$500.) Through DGH, MDS has also received material donations of computers, a colposcope, optical equipment, books, and other medical and educational supplies. These donations have helped to build a 40-meter-long vehicular bridge, a two-story laboratory and community rehabilitation building, and hundreds of latrines. They have also helped to support the entire MDM/MDS Integral Program in Morazán during a financial crisis that would have shut activities down. The Integral Program consists of the work of 12 Mental Health Promoters for 182 children in five Centers for Integral Child Development (CIDs); the community work of 24 General Health Promoters (see page 4 for a Profile of one of the first General Health Promoters); curative and preventive medical attention in two clinic-schools; programs in Women's Health and Rights, nutrition and organic agriculture, environmental health, and community based rehabilitation; and community organization with participatory investigation. In addition, they have helped sustain three annual International Colloquiums with the National University of El Salvador.

“...Who we are and how we work; all of this potential depends on you and your commitment to promoting Health and Human Rights with us and as us.”

All the while, DGH has been active in other areas as well. DGH has provided a physician Volunteer trained in community and public health to an under-staffed hospital in Chiapas for a year. In 1998, DGH was one of the founders of the Mexican Solidarity Network (MSN) and sent a delegate with MSN's human rights exploratory mission to Chiapas in July.




In the United States, DGH co-sponsored the 1997 Atlanta Health and Human Rights Lecture Series (with Emory University, the Centers for Disease Control, the Carter Center and other institutions). In addition, DGH has helped to found the Atlanta Committee for the Promotion of Health and Human Rights, which in March of 1998 sponsored a workshop training session on Health and Human Rights taught by Advisory Counsel member Dr. Jonathan Mann (this issue is dedicated to his memory—see page 12). DGH also helped inspire the development of a community health program at the Ada Jenkins Center in Davidson, NC. DGH Board Member, Frank Hague, was part of the organization of this program, which involves a Parish Nurse, a health educator, and a social worker.

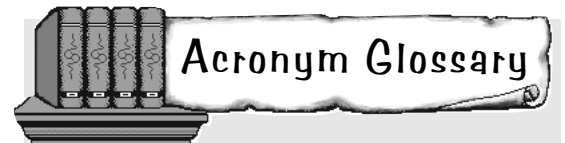
Members of DGH have given lectures on promoting Human Rights to primary and high school children (see page 3), church groups, Kiwanis clubs, colleges and medical, nursing and public health schools. Members of DGH have also given presentations on Liberation Medicine at the Second International Conference on Health and Human Rights of the Harvard School of Public Health, and at national meetings of the American Public Health Association (APHA) and the American Medical Student Association (AMSA). To

commemorate and raise awareness of the 50th anniversary of the Universal Declaration of Human Rights (UDHR), DGH is sponsoring a poetry contest with the theme, *Promoting Health and Human Rights with Those Who Have Difficulty Making Their Voices Heard*, (see page 6 for more information on the UDHR). And, finally, there is the publication of the *DGH Reporter*, which beyond the work described above, is also dedicated to exploring, inspiring and promoting the relationship between health, education, art and Human Rights throughout the world.

So, DGH has been active, but where should we go from here? Alas, the opportunities for accompaniment in a world where so many humans have lives that lack dignity (even access to food, health and education) are inexhaustible. DGH will continue to accompany MDS in El Salvador, work in Chiapas and in the US, and weigh other invitations against our limited resources. We will also work to increase those resources, never losing perspective of our fundamental principle of maintaining a global perspective while working at the community level.

Please remember that DGH is a membership organization of Volunteers from all walks of life (physicians, teachers, lawyers, engineers, students, retired persons and many more). Where we are in 10 years, or 25; how much we have been able to improve human dignity; who we are and how we work; all of this potential depends on you and your commitment to promoting Health and Human Rights with us and as us.

— *Lanny Smith, MD, President of Doctors for Global Health; Coordinator and Legal Representative of the MDM-El Salvador Mission of MDM-France; and Research Assistant of the François-Xavier Bagnoud, Center for Health and Human Rights, Harvard School of Public Health.* 



- ▶ **DGH** is *Doctors for Global Health*.
- ▶ **MDS** is the Salvadoran association, *Medicos por El Derecho a La Salud* (Doctors for the Right to Health), founded in 1995. MDS currently works in conjunction with the mission of MDM-France in El Salvador and is DGH's partner organization. MDS is currently training personnel and raising funds as it prepares to assume full responsibility for the MDM project in El Salvador.
- ▶ **MDM-France** is the headquarters of *Médecins du Monde* (Physicians of the World), the French international relief organization through which the project in El Salvador was first organized in 1992.

## DR. JONATHAN MANN

Human Rights of persons with HIV/AIDS, and recognized poverty and being a member of a marginalized population as major risk factors. A former EIS officer with the Centers for Disease Control, he was with the New Mexico Department of Public Health and later worked with AIDS in Zaire, before joining the WHO in Geneva. He started the Programme with a staff of two. That figure rose to more than 250 by the time he resigned, when the then new, now departed, director of WHO, opposed his grass-roots, Human-Rights-based approach. After leaving WHO, Jonathan went on to inspire students at the HSPH, where he founded the François-Xavier Bagnoud (FXB) Center for Health and Human Rights, which explores the social roots of disease. When he died he was Dean of the Allegheny School of Public Health at Allegheny University in Philadelphia, Pennsylvania.

Never afraid of controversy, Jonathan knew how to challenge the status quo when he felt that it was unjust. I recall his last minute moving of an entire World Conference on AIDS from the US to Holland in

protest of an ignorant and unfair new US Immigration policy toward persons with HIV/AIDS, and how he made it a point to include those persons in the conference. He had a knack for remembering those often forgotten. At the last FXB Conference on Health and Human Rights, I remember him publicly thanking the custodial staff, among others. And as a teacher, he was superb, always accessible to his students.

The last DGH members to see Jonathan were Audrey Lenhart and Clyde Smith, who took part in the 1998 Health and Human Rights Workshop in Atlanta, which Jonathan taught and DGH co-sponsored (as part of the Atlanta Coalition for Health and Human Rights). He said then that he was planning to visit El Salvador (he had nearly come in 1995). Although he never made it here physically, his counsel and example has been with us all along.

A Health Promoter looks over my shoulder at the incomprehensible English words I am scribbling and immediately recognizes Jonathan's name among them. Yes, he is still with us here. His work goes on.

*(Continued from page 12)*

## DGH LOCALLY: TALKING TO CHILDREN

By Shirley Novak

multiplication in third grade? Double or triple a recipe for unbaked cookies—a treat that can easily be prepared in the classroom. But what do you do if you want Central America and El Salvador to have more meaning for your students than just the ability to locate them on a world map?

Several groups of school children in Central New York now have a better knowledge of what life in one remote, mountain community in El Salvador is like. The children's eyes and minds have been opened to a culture very different from theirs. They are on their way to understanding what basic human rights are and who is responsible for providing for them—or not. The students are also able to list a few of the consequences faced by children who grow up without them.

This new understanding began for Julie Sevak's 5th graders at McKinley Brighton Magnet School, on the south side of Syracuse, NY, when they read the novel, *Journey of the Sparrows*, by Fran Leeper Buss. It is about undocumented children from El Salvador trying to survive in the US. Wanting to respond to her student's questions and educate them to one of life's difficult realities, Ms. Sevak sought a way to provide answers. As a part of the Syracuse, NY—Estancia, El Salvador Sister Community and a DGH member—and an annual visitor to Estancia since 1993—I proved to be the resource she needed. Through a combination of slides, video, sharing personal 'souvenirs' and stories, I was able to offer them a vivid history lesson that contrasted the basic human rights they enjoy with what their peers in El Salvador lack. Until then they seemed never to have questioned their ready access to schooling and books, clean water and indoor plumbing, medical attention, a place to live and play, etc.

"Why doesn't El Salvador's government build the kids schools and bathrooms?" they asked. "Why is a fifteen-year-old placed in the third grade and only now learning to read?" Concerned about common problems they face, one student asked, "What happens if they fall off their bikes and get hurt?" Acting on my suggestion, Ms. Sevak encouraged the children to become pen pals. They would then be able to ask their own questions, share information about themselves and, if their letters were answered, learn a bit more about children their ages so far away.

A promise was made to translate their letters into Spanish and hand deliver them to children in Estancia on my upcoming trip. When their letters were written, they included some typical kid questions: "How many brothers and sisters do you have?" "Do you have to share a bedroom with them?" "Do you hang out at the mall or go roller-blading on weekends like we do?" "What subjects do you take in school?" "Do you get a lot of homework?" "Is your teacher nice?" "Do you have snow where you live?" "Can you come visit us?"

What seemed an easy promise initially—to put the letters into Spanish—took some planning. As an ESOL (English to Speakers of Other Languages) teacher, I called on my adult learners (mostly Latinos) studying English at Syracuse's West Side Learning Center. This proved a worthwhile project, because it made the letters readable to the children in Estancia and helped my students develop their own language skills.


My next Sister Community trip to Estancia with my daughter, Hannah, completed the first pen pal phase. After an explanation of the project and sharing photos of the Syracuse students, we turned the letters over to teachers and students of Estancia's two small schools. Our last of seven nights in

Teaching colors and shapes at the pre-school level? That's easy! Paint red circles, trace around the bottom of paper cups, glue dried red kidney beans on cardboard circles. Practicing simple

**“The children's eyes and minds have been opened to a culture very different from theirs.”**

Estancia, a packet of letters in Spanish were given to us for the kids in Syracuse, NY. Hannah began translating them into English even before we left El Salvador and my adult students completed the process back at home. The originals—many colorfully decorated in crayon—and the translations were hand delivered to the NY students, who also delighted to see slides of the community's newly built school, construction of the two day care centers and the almost completed bridge they had first heard about only months before.

I have made many similar presentations at the requests of a number of teachers at the elementary, junior and senior high levels. Other classes have also exchanged letters. In addition, a number of university professors have invited Syracusans to address their students on the subject of human rights and Central America. Able to speak about what they have observed and learned through personal exchanges, they help students gain a better understanding than they would from reading a book chapter or journal article.

Unlike the two-room schools in Estancia, where the same students and teachers continue working together for more than a year, most area students have moved on. Plus, teachers often vary their curriculum somewhat depending on the make-up of each year's class. It remains to be seen if this initial contact between the two groups of boys and girls will continue. Of one thing there is no doubt, however. Young minds were opened to different cultures and ways of living. 



Shirley Novak explaining to fifth graders at McKinley Brighton Magnet School in Syracuse, NY, how children in the small community of Estancia, El Salvador live.

©CATHOLIC SUN PHOTO/MATTHEW

## The MDM/MDS Health Promoter Program

El Salvador has a per capita debt of \$3,000.00 USD, one of the highest in Latin America. Public health spending is \$23 per person. The leading causes of infant mortality—6,000 children under one die annually—are preventable respiratory and intestinal infections and neonatal problems (data from the Salvadoran Ministry of Public Health, Ministry of Treasury, and Central Reserve Bank). The relationship between investment in public health and the leading problems the people face show that present economic and social policies are not addressing the problems of El Salvador's citizens. The consequent disparity between the rich and the poor, particularly in the rural zone of Morazán, was the impetus behind the MDM program of community based Health Promoters. MDS was founded in 1995 through the experiences of a team of health professionals and students working and volunteering with the MDM-El Salvador project, which is headed by Dr. Maruca Figueroa and Dr. Lanny Smith. These experiences also inspired the subsequent formation of DGH in the US.

The Health Promoter is chosen by his or her community and lives and works in the same area. Their job consists of promoting health and preventing health problems, as well as understanding basic methods of evaluating and treating illnesses, especially among women and children. The Health Promoters also perform diagnostic studies of their communities as a whole, and promote projects in sanitation and nutrition, all the while fostering community participation. Below is a profile of one of the program's first Promoters.

## PROMOTER PROFILE: RAMIRO CORTEZ-ARGUETA

By Audrey Lenhart and Diana Bowser

Ramiro Cortez-Argueta is a dynamic, hard-working 23-year-old with a particularly strong sense of solidarity with his community. He has been working as a General Health Promoter for MDM since 1993. As a Health Promoter, he helps organize his community, practices preventative medicine and delivers health care to areas of El Salvador where there is minimal access to hospitals, clinics or medical personnel. When asked what motivates him to continue the hard work of a Health Promoter, Ramiro simply states, "One reason I do it is for the need that exists. The other reason is that by being a Health Promoter I learn a lot. And, once you learn something,

you need to teach it to others, to share what you know, to really help the community."

Prior to being a Health Promoter, Ramiro worked mostly on his family's small plot of land and tended their corn crops in the rural, mountainous province of Morazán, in northeastern El Salvador. The Salvadoran civil war began in 1980 when he was only five years old, and did not end until 1992. One of the regions most brutally affected by the war was the area in which Ramiro lives. He spent his childhood surrounded by massacres, bombings and brute violence. He continued his work on the family's plot of land until he was fourteen-years old, at which point he joined the popular insurgents and fought primarily in his home province. Ramiro explains that as a young person living in the war zone of Morazán, he was obligated to join the insurgents; he really had no choice.

During his time with the guerrillas, he began to learn to read and write for the first time. When the peace accords were signed in 1992, still more educational opportunities arose for ex-guerrillas and Ramiro continued his education. Soon after the signing of the peace accords, a project entitled *Building Health Where the Peace is New* was initiated through the French humanitarian organization MDM. Several communities in Morazán invited MDM to begin the project, part of which included the training of ten General Health Promoters from various communities in Morazán. Ramiro's village, El Rodeo, was one of the communities

“Once you learn something, you need to teach it to others, to share what you know, to really help the community.”

involved in the project. His community chose him to attend the MDM Health Promoter training because of his strong leadership skills and his overriding personal interest in studying. Ramiro remembers, "I enjoyed studying and I saw the needs of my community." He felt that being a Health Promoter was his best opportunity to help meet those needs. So, along with nine other young people around his age from nearby communities, Ramiro began studying to be a Health Promoter in the spring of 1993, under the supervision and training of the MDM team. After an intensive initial three months of training, Ramiro and his classmates began their community work.



Ramiro (left), one of the first ten General Health Promoters trained by MDM/MDS, giving a water purification presentation to his community with Abraham Martinez (right), his partner in the project.

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## VOLUNTEER UPDATE: JENNIFER KASPER

As a consequence of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, all *legal* immigrants were cut off food stamps. This single piece of legislation affected approximately 935,000 people and was passed despite the fact that no one had any prior baseline data that could be used to understand what effect this policy decision could have. In response, Physicians for Social Responsibility (PHR) planned to do a study on the Act's effect on this vulnerable population.

I heard about the PHR project just as I was returning from volunteering in El Salvador. I jumped at the chance to be it's coordinator because I thought it would be a great transition for doing policy work with a national focus. Dr. Alan Meyers, Dr. Deborah Frank, Dr. Apul Wise and myself, from the Boston Medical Center Department of Pediatrics, and Susannah Sirkin and Len Rubenstein from Physicians For Human Rights, put together a study to examine the issue of food insecurity and hunger in this population. With the help of Dr. Lanny Smith, President of DGH, Dr. Sundeep Gupta, Mr. Kelly Ruel and many immigrant advocates, we were able to interview a total of 682 low-income Asian and Latino legal immigrants who were either attending primary care clinics, community multi-service centers or living in immigrant communities in the states of Illinois, California and Texas. Using the recently released (August, 1997) US Department of Agriculture (USDA) Food Security Scale, we found that 79% of our sample was food insecure with various degrees of hunger. (Food insecurity is defined by the USDA as the "Limited or uncertain availability of nutritionally adequate or safe foods or the uncertain ability to acquire acceptable foods in socially acceptable ways.") This is seven times greater than the prevalence of food insecurity and hunger in the general US population. The prevalence of food insecurity with moderate hunger (meaning adults are cutting the size of, or skipping, meals in order to spare the children) in our sample was 25%, about eight times the national prevalence. The prevalence of food insecurity with severe hunger (meaning the size of the children's meals are being reduced or they are skipping meals, or the adults and/or the children are going whole days without eating), in our sample was 9%, 11 times the national prevalence.

As we were beginning to analyze the data, Congress was debating the possibility of restoring food stamps to this group. Since our data was so timely, we had a press release on May 6th. We think our study was helpful in convincing the Senate to pass the Agriculture Research Bill (S.1150) on May 12th with a 92-8 margin, in spite of some very strong language against it from people such as Senator Phil Gramm. Later, thanks in part to the findings of a study by the California Food Policy Advocates—which also found high rates of food insecurity and hunger using the same USDA scale—the House passed its version of the bill by a 364-50 vote. This bill restores Food Stamps to approximately 250,000 legal immigrants. It's not perfect, but it's a start. It mainly targets children under 18 years of age and the elderly over 65 who were in the US legally before August 22, 1996.

— Jennifer Kasper, MD, Fellow in General Academic Pediatrics at Boston Medical Center, was recruited by DGH and volunteered in El Salvador for 18 months, supported in part by The Training Exchange/CHRIA and the San Carlos Foundation. She continues to work with DGH by giving presentations about her experience to groups such as the American Public Health Association. 

## A Day's Life . . .

My first week of working with the MDM mission started off with much activity. My main responsibility during this first week was to help in the clinic [in El Tablón]. My first day in the clinic went very smoothly as we weren't too busy and I was able to just observe. But that changed quickly the following day when I was in the clinic alone with Irma, one of the doctors. Since there were only two of us I was forced to see patients on my own, which was a little more than challenging when my Spanish was far from fluent and I had difficulties understanding the country colloquialisms, especially when some of the patients did not have teeth to enunciate. Furthermore, after studying Spanish in the quiet town of Xela for seven weeks, I felt out of touch with medicine, particularly outpatient rural medicine. Fortunately, when placed in moments of need and desperation, one usually rises to the occasion, and that's what I did.

But, in addition to rising to the role of doctor, Irma and I were also receptionists, pharmacists and janitors, as after a long day of seeing 24 patients we also had to clean up the clinic to prepare it for the next day.

After the excitement of my first week in the clinic and meeting all of

the Health Promoters, I finally noticed the natural beauty of El Tablón, especially the scene behind the clinic. I had never dared to think that there could be such a beautiful view of breathtaking rolling hills to look out upon in between seeing patients. My prior reference of the crowded, dirty streets of the Bronx made this clinic setting appear almost surreal.

My second week in El Tablón was more relaxing than the first. There

was another week of studies for the Visual Health Promoters, but there were fewer of them and Fatima, the physical therapist, and two optometrists, were responsible for their education. I observed the difficulty of teaching optics to a group of people with minimal formal education. Optics is challenging simply by its nature, but imagine the difficulty of grasping such abstract concepts without a science background or, for that matter, much formal education. But, Fatima and her team are a creative

**The cost of eyeglasses is prohibitive to the people in this area. The MDM/MDS Optometry Program trains Visual Health Promoters to exam the patients' eyes for disease, test their acuity and, hopefully, match them to a donated pair of used glasses.**

and patient group of teachers and soon these Health Promoters will be performing visual exams and bringing eyeglasses to communities that would have never had a chance for improved vision.

— Julie Taw, MD, December 1996

# Human Rights around the World

It is 50 years since the Universal Declaration of Human Rights (UDHR) was proclaimed by the General Assembly of the United Nations (UN). Developed in response to the atrocities of the Second World War, the UDHR represented a collective determination never to return to those dark days. It was an important milestone in a discourse that stretches back through thousands of years of human history:

what are the qualities that make us human and what rights, obligations and responsibilities do these create in our relationships with each other?

The UDHR sets out the human rights which are fundamental to the dignity and development of every human being. These range from economic rights, such as the right to work and to an adequate standard of living, to political rights, such as freedom of opinion, expression and association. They include civil rights, such as equality before the law, and social or cultural rights, such as the right to education and to participate in the cultural life of the community. The UDHR proclaims that all these rights belong to all people. In effect, the UDHR was a promise made by governments to work towards a world without cruelty and injustice; a world without hunger and ignorance. Fifty years after its proclamation, how far have governments lived up to that promise? To what extent have the rights set out in the UDHR become a reality throughout the world?

Much has been achieved in the last half century. Struggles against colonialism and apartheid have changed the map of the world. Mass movements against race and gender discrimination have transformed societies. The rights enshrined in the UDHR have become a rallying cry for human rights defenders and ordinary people throughout the world. They have been elaborated upon and codified in international human rights treaties and declarations, as well as many national constitutions and laws. They have provided a foundation for UN and regional initiatives to secure peace and to reduce poverty, combat illiteracy and safeguard health.

But for most people the rights in the UDHR are little more than a paper promise. A promise that has not been fulfilled for the 1.3 billion people who struggle to survive on less than us\$1 a day; for the 35,000 children who die of malnutrition and preventable diseases every day; for the billion adults, most of them women, who cannot read or write; for the prisoners of conscience languishing in jails in every region of the world; or for the victims of torture in a third of the world's countries.

— Excerpted with permission. Read the complete report online ([www.amnesty.org](http://www.amnesty.org)). © Amnesty International Report 1998, ISBN 1-887204-13-X.

## BURMA

By Naw May Oo

Burma is a country in South East Asia sharing her borders with China, Bangladesh, Laos and Thailand. The British took it over in three stages, starting with the first Anglo-Burmese war in 1824. By the third Anglo-Burmese war in 1885, the whole of Burma became a British colony. Burma gained independence from Britain in 1948. Less than a year later, a variety of political parties with differing ideologies began to oppose the then democratic government, some of them joined by dissident Burmese Army units. Some of the ethnic peoples, including a sizeable portion of the Karens (my ethnic group), also began armed revolution, demanding self-determination and autonomy from the government, which was naturally dominated by the majority ethnic Burmans.

Although Burma is a country rich in cultural and ethnic diversity, it is also a country still suffering from the distortions of colonial rule. The first military coup was led by General Ne Win in 1962, and the same military government transformed itself to a quasi-civilian government in 1974, along with constitutional reforms. The only political organization allowed in the 'new' government was its Burma Socialist Program Party. The country was ruled by what amounted to a nationalist gov-

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## Preamble

The Universal Declaration of Human Rights recognizes the inherent dignity and equal unalienable rights of all members of the human family as the foundation of freedom, justice, and peace throughout the world.

## EAST TIMOR

By Kristin Sundell

The resignation of Indonesian dictator Suharto last May brought new hope to the island country of East Timor, a former Portuguese colony located 400 miles northwest of Australia. East Timor was invaded by Indonesia in 1975 and has since been held under an incredibly brutal military occupation that has claimed the lives of at least 200,000 people—one-third of the pre-invasion population. This hope exists despite continuing military oppression and brutality. Armed bands of paramilitary thugs (called *ninjas* by the East Timorese) continue to roam the countryside terrorizing supporters of an independent East Timor. Arbitrary executions and arrests, rape, torture, and night-time raids on people's homes are common. On July 11th, ten young East Timorese, who were part of a night-time neighborhood defense group attempting to protect their community from the nightly raids, were detained and tortured in Dili (the capital city).

Recognizing that Indonesia's illegal military occupation of East Timor is damaging to Indonesia's international image, B.J. Habibie (Suharto's successor) has made some symbolic gestures in an attempt to signal flexibility on the East Timor issue. For example, he recently

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## NICARAGUA

By Darcey O'Callaghan

Nicaragua is still struggling to emerge from a history of perpetual strife. The country is also burdened by debt so great that it is second only to Haiti as the most indebted country in the western hemisphere. The government hopes that 'free trade' will help improve the economy. In less than a decade, Nicaragua's export market, once known for coffee, sugar and seafood, has been transformed by the force of free-trade zone production. Export-Processing Zones (EPZs)—as they are now commonly known—employ over 12,000 Nicaraguans daily and stand like fortresses behind their 20 foot, barbed-wire-topped walls.

In 1992, EPZs produced \$2.8 million worth of goods. Only five years later, in 1997, that figure had rocketed to \$164 million. Transnational corporations were enticed by promises of no export taxes and a young work force so desperate for jobs they would accept any wage. Taiwanese factories alone brought in \$110 million and employed over 50% of the EPZ work force. The number of jobs in the sector is expected to hit the 20,000-mark by year's end—a considerable number given that the total workforce in manufacturing is between 31,000 and 38,000, according to the Nicaraguan Social Security Institute (INSS).

So, in early 1998, when Taiwanese-owned Chentex, the largest clothing manufacturer in Nicaragua, announced that it would close shop and relocate to Mexico, politicians and Chentex employees alike, began a fierce protest. Many saw the announcement as a traditional union-busting move designed to scare organizers into complacency and deny the workers their right to bargain collectively.

As reported by Robert Fonseca for the InterPress Service, 77% of Chentex employees are women and the majority are between the ages of 15 and 25. Young women are traditionally favored for EPZ factory jobs in both Central America and Asia because they are believed to be more submissive. Furthermore, the announcement came just one month after a union in the Chentex factory was granted legal recognition. (In spite of all the odds against them, there are now six unions in the free-trade zone, according to Gilberto Wong, president of Las Mercedes, a state-owned Free-Trade Zone Corporation.)

Meanwhile, the Nicaraguan government has been less than supportive of the workers. Nicaragua's Minister of Labor, Wilfredo Navarro, criticized the many expressions of international solidarity towards the workers during this latest protest as an, "International campaign aimed at damaging the process of improving employment in the country." This charge was made despite the fact that the Chentex factory is no stranger to worker dissent. It has been violently occupied twice during the previous year by members of the Sandinista Workers Central (CST), who were demanding better and safer working conditions.

After several months of bargaining, union leaders and Chentex officials agreed to resolve their differences through peaceful negotiation

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## UNITED STATES OF AMERICA

By Diana Bowser

The Universal Declaration of Human Rights (UDHR) was ratified in 1948 by all member countries of the UN, including the US. The rights enumerated in the UDHR's 30 articles fall into two main groups, those of civil and political rights and those of social, economic and cultural rights. The civil and political rights free one from torture, slavery, rape and arbitrary imprisonment. The social, economic and cultural rights are of the type found in Article 25(1), "The right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing and medical care and necessary social services..." As US citizens, we often forget that many within our borders lack these basic rights, especially children.

In 1995, J. Lawrence Aber, director of the National Center for Children in Poverty (NCCP) of the Columbia School of Public Health (<http://cpmcnet.columbia.edu/dept/nccp/>), cautioned that the increasing number of poor young children reflects a 20-year trend that is having devastating consequences on children today, whether they are toddlers or teenagers. "The number of poor children under six grew from 3.4 million in 1972 to 6 million in 1992. The significance of these figures for our society cannot be overstated because we will pay the costs for the next several decades. Poor young children are not very visible to the rest of us. They live in isolated neighborhoods and are rarely noticed until they reach first grade and 'fail,' become adolescents and 'get in trouble,' or reach adulthood and can't find jobs. Our country's lack of attention to them has created a serious situation of growing proportions."

A factor in this lack of response was recently reported by the Feed America Organization ([www.FeedAmerica.org](http://www.FeedAmerica.org)). It explained that while many Americans believe the US government spends a great deal on the poor, that is not the truth, "Half of all government payments go to non-poor families, largely through social security payments, unemployment payments, and other transfers not based on income." Yet, poverty has

### Article 25

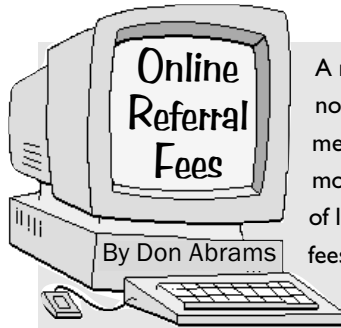
**1. Everyone has to the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.**

serious neurological consequences. According to a 1997 NCCP report, "Researchers have gathered new evidence on the importance of the first years of life for children's emotional and intellectual development. Unfortunately, millions of American children are poor during these crucial years. Almost one in four (24%) of America's children under age three lived in poverty in 1995. These 2.8 million poor children face a greater risk of impaired brain development due to their exposure to a number of risk factors associated with poverty." The report enumerated these risk factors: Inadequate nutrition, maternal depression, exposure to environmental toxins such as lead, substance abuse, trauma/abuse, and poor quality of day care.

*Continued on page 11*

# Creative Fundraising

These folks have broken out of the traditional mind-set that donating means writing a check. They have found fun and creative ways to support DGH. Perhaps they'll inspire you. In turn, perhaps you can send us other inspiring ideas that will allow us to help build more latrines, train more health promoters, educate more young, hungry minds, and find more volunteers to accompany those who have difficulty making their voices heard.



A new feature of the DGH web page now provides a no-cost means for members and supporters to raise money for DGH. The addition is a set of links to businesses that pay referral fees for routing customers to their web pages. Commissions range from five to seven percent of

purchases made by any web user who goes through the DGH page on their way to one of these sites. There is no added cost to the user. Currently, links are provided to CDNOW and CD Universe (online music stores), and Amazon.com (an online book store). Soon, there will be a link to Barnes and Noble. Direct bookmarks and links on other web pages do not qualify. To earn a commission for DGH by buying things you plan to buy anyway, follow these simple steps:

1. Go to <http://spot.dwabrams.com/don/dgh/reflinks.html>
2. Click on the link to the store from which you want to buy
3. Make purchases on the store's web site following their normal directions (their computer automatically keeps track of the fact that you came through DGH and credits our account)

You can also help by asking your friends and family to use the DGH links for their purchases. To confirm that credits are being properly applied, send an e-mail to ([don@dwabrams.com](mailto:don@dwabrams.com)) when you make a qualifying purchase. Send suggestions for other links that pay referral commissions to the same address.



## Gifts with a Conscience

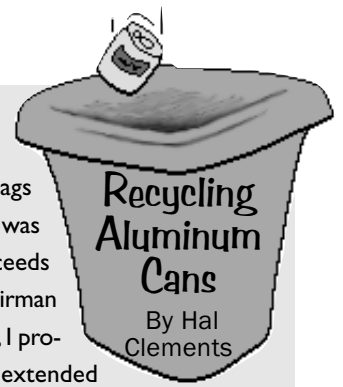
By Elyanna Ratcliff

It's a special occasion for that special someone and you don't know what to give. How about a donation to DGH on their behalf? Last Christmas, I didn't know what to get for my in-laws. When I received a request from DGH for a holiday time donation, I decided to combine the two and donate to DGH on my in-laws' behalf. I sent a nice card to my in-laws, describing DGH and providing the DGH website address. My in-laws' also received a note from DGH informing them of the donation.

I recently learned that other people have done this as well. Don Abrams, the DGH Webmaster, says, "I've made DGH gifts to celebrate birthdays, mark the birth of a friend's granddaughter and commemorate the life of a good friend who passed away. And, if you're as forgetful as I am, you may have occasion to use a DGH contribution as a last-minute gift. I like the fact that I don't have to go near a mall, worry about size and color, or rummage for wrapping paper!"

Ten years ago my wife Cherry and I walked regularly on the streets in our neighborhood. We took along plastic bags and picked up aluminum cans. Our plan was to recycle the cans and donate the proceeds to one of our church's missions. As Chairman of the church's Commission on Missions, I proposed that members of the church be extended the privilege of bringing in aluminum cans for recycling. Our church members responded in a great way and the program continues today. In fact, as of September 1, 1998, a total of \$5,330 has been raised.

Two years ago we decided to donate all funds raised from the can project to Doctors for Global Health. Lanny Smith grew up in North Decatur Methodist Church and we wanted to support him and his work in El Salvador. Aluminum cans brought to the church are collected and brought to our home. Every week I crush them—crushed cans bring one cent more per pound—bag them and take them to a nearby recycling center. I sell them on Wednesday so I can get another cent per pound for being a senior citizen. Also, an additional cent is given if the total weight is over 100 pounds. The last five weekly sales have averaged \$61.00. Recycling is good for the environment and good for Doctors for Global Health. Give it a try!



## Making Dough

By Renée Smith

Seventh grade is certainly not too early to begin teaching global awareness. Some seventh grade students in a school in Georgia already know about helping those less fortunate. After hearing about the work of

DGH and how this organization is trying to improve health and human conditions in El Salvador, they wanted to do what they could to help. When they learned about the desperate need for a bridge and how children had lost their lives simply trying to get to school, the Georgia students decided that they would contribute funds to help build this bridge. But where does a twelve-year-old get money for something like this? These kids simply put their creativity to work.

Hundreds of brownies and cookies were prepared and sold to classmates and teachers for \$.25 each. With the addition of a few small donations from parents and teachers, they contributed over \$250 toward the construction of the bridge. But, they gained much more than the satisfaction of completing a successful project and contributing money toward a worthy cause. They also experienced an attitude adjustment, from "Me first" to "What can I do to help?" They are now aware of health and human rights conditions beyond their doorstep and want to help change those conditions.



## BURMA

(Continued from page 6)

ernment that did not tolerate ethnic diversity, and this contributed to the prolonging of a civil war that continued until another military coup in 1988. Thus, Burma was renamed Myanmar and became a military dictatorship for the second time. The military regime, which began as the State Law and Order Restoration Council (SLORC), became the State Peace and Development Council (SPDC) in November of 1997.

Naturally, the peoples' struggle against tyranny did not abate. It has gone on for five decades and, for the most part, can be blamed on the mishandling of ethnic conflicts by, and the selfishness of, the military dictators, which has also resulted in relegating one of richest nations to one of the poorest. The generals' brutality and failure to recognize people as human beings, has transformed a beautiful land into a state of filth where injustice prevails. This culminated in 1988 when the military cracked down on a peaceful demonstration of students, monks, teachers, doctors and nurses, who were demanding a democratic government with properly elected representatives. In 1990, a surprisingly honest multi-party election was held by the SLORC government. For the first time in 28 years the people of Burma had a chance to freely express their will and choose their government. The National League for Democracy (NLD), led by Aung San Suu Kyi, 1991 Nobel Peace Prize Laureate, won over 80% of the parliamentary seats. But, the military regime refused to give up power. As it continues to practice extreme cruelty, and neglects the people and their needs, an increasing number of Burmese have fled the country. Many daughters of Burma are now in brothels in Thailand. Their terrible lot is compounded by being labeled illegal immigrants by the Thai government, making them subject to frequent arrests. It is also estimated that as of April 1998, there were 120,000 Burmese refugees along Thai-Burma border, predominantly women and children. Some refugee camps consist of plastic sheet roofing with no school for the children or clinic to care for their health. The camps are also often sieged across the Burmese border.

Meanwhile, Burma's military spending has risen to 42% of the State's budget and maintains 400,000 soldiers. All this for a country with no external enemy. The enemy is the Burmese people's struggle for freedom, justice, peace, human rights and dignity. In fact, hundreds of political activists have been jailed in the past few years inside Burma, and the military regime has just arrested not less than 41 members of parliament from the NLD party. At the same time, the military regime has sent its troops to stage major offensives against ethnic insurgent troops and to wipe out the rest of the internally displaced people.

A Karen revolutionary leader once said, "When we are seen as victims, we get sympathy. When we are seen as people who are struggling for justice, we get cooperation. We appreciate sympathy from others, but it will not help us to end the injustice." Since some people in the US are so prepared to engage in business with the Burmese military dictatorship, I would like to call on those whose principles are based on justice and freedom to start engaging in the struggle of the people for freedom, justice and peace with human rights and dignity.

## Article 5

## EAST TIMOR

(Continued from page 6)

offered to give East Timor an undefined 'special status' and to free imprisoned East Timorese political leader Xanana Gusmao in exchange for international recognition of Indonesia's annexation of the territory. Gusmao, the Portuguese government and East Timorese Nobel Peace Laureate José Ramos-Horta, have all rejected the proposal unless it allows for an eventual referendum on self-determination (as called for by international law). But, Habibie has refused to consider the possibil-

**No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.**

ity of eventual East Timorese independence or of a UN-supervised referendum on self-determination. Recent reports have stated that Indonesia is training 2,000 to 4,000 individuals to take part in destabilizing activities in East Timor. This activity is part of Indonesia's attempt to prevent a referendum from taking place on the grounds that a free election in East Timor would result in civil war.

The US has provided both military and diplomatic support to Indonesia throughout its illegal occupation of East Timor—90% of the weaponry used was supplied to Indonesia by the US. Daniel P. Moynihan, the 1975 US ambassador to the UN, writes in his memoirs that he was instructed by the State Department to ensure that the UN prove "utterly ineffective" in its response to the Indonesian invasion of East Timor. In his own words, "I carried that assignment out with considerable success." In March, 1997, it also was revealed that US Green Berets have been providing military training to the Kopassus, the most feared divisions of the Indonesian army. Its members commonly conduct torture sessions and are known to have opened fire on non-violent demonstrations for democracy and human rights.

People have been working to ensure that no more weapons or military training should be provided to Indonesia by the US until the repression of political freedoms and human rights in Indonesia and East Timor ends and until arrangements have been made for a UN-supervised referendum on self-determination in East Timor. On July 10th, the US Senate unanimously passed Senate Resolution 237, which urges the Clinton administration to "Work actively...to support an internationally supervised referendum on self-determination [in East Timor]." A similar resolution (Res. 258) has been introduced in the House of Representatives. Now is a crucial time for us to be in solidarity with the people of East Timor! Please write or call your Representative and ask him or her to co-sponsor the following legislation: House Concurrent Resolution 258, which supports East Timor's right to self-determination; and International Military Training Accountability Act (H.R. 3802). This bill would close loopholes for US military training of Indonesian troops, banning all such training.

You can contact write your Representative by calling the congressional switchboard at 202-224-3121 or by writing to: US House of Representatives, Washington, DC 20515. For more information or to get in touch with an East Timor Action Network chapter in your area, you can call 914-428-7299 or e-mail [etan-us@igc.apc.org](mailto:etan-us@igc.apc.org).

## PROMOTER PROFILE

*(Continued from page 4)*


Ramiro's first project involved drawing a risk map and conducting a diagnosis of his whole community. This consisted of first visiting each house in his community, assessing their standards of living, taking a general census, investigating the illnesses found in each, and evaluating the conditions of the roads and any other structures, such as churches, soccer fields and stores. This was just the first of many projects Ramiro has accomplished with his community. Since then, he has helped open a clinic in El Tablón, began taking classes to finish high school and, this past year, helped start vegetable gardens in six surrounding communities. This upcoming year he plans to focus on the need for latrines in a nearby village.

## Article 1

**All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.**

Throughout all this haze of activity, Ramiro and the other Promoters have to continue their training, which consists of a one-week course every six weeks. As one of the original Promoters, Ramiro also has the mentoring of newer Promoters on his plate. He has also been recently elected to the Board of Directors of MDS. Yet Ramiro has still found time to court and marry a young woman named Sylvia, who works in the same community as he does as a health promoter for a women's organization. They are the proud parents of a delightful toddler named Javier.

Ramiro is so dedicated to helping his community that he has worked as a full-time MDM/MDS Health Promoter since the beginning of the project, despite the fact that he was unpaid for the first three years. Even today, because project resources are limited, he does not earn a large salary. As Ramiro sees it, though, his job as a Health Promoter fulfills a genuine need in his community. "The health centers are far away and hard to reach," he observes. He

feels that the most important things he knows as a Health Promoter are how to use different medications correctly and how to stitch up wounds. However, his love for his people shines through as he admits that his favorite part of the job is making house visits. "It allows me to really talk with the people," explains Ramiro, expounding on how important it is to know as many different aspects of the community as possible in order to truly understand the health situation of its members. 

## A Day's Life . . .

My two months here have passed me by more rapidly than I could have imagined possible. The truth is that I arrived in February fairly naive to the reality of life in El Salvador. Yes, I had read books, studied some history, followed current events, and had even recently spent more than two months in neighboring Guatemala. But it was not enough to prepare for what I was to see and hear. War had almost exclusively been nothing more than a history subject to me. Strategic battles, offensives and retreats, negotiations and peace treaties, all safely tucked away in the past and removed. I did not understand the immediacy of the war here, the degree to which it affected peoples lives and how it continued to shape the present. I heard of the fear that people lived with, that they were forced to live with, and that had stayed with them. Their struggles were inconceivable, but they survived them. One person I saw sticks out in my mind. He was a worker at the construction site in Copante for the new kinder. Fatima, a physical therapist, had been seeing him over several months and working with him to help him rehabilitate the use of his right hand. A government soldier had attacked him with a machete while he was defenseless and he suffered nerve injury in his right shoulder that resulted in a partial paralysis in his right hand. He had improved greatly during his time working with Fatima and was very excited about being able to work again. I just could not fathom being attacked by someone wielding a machete. This man and his story epitomized for me both the brutal nature of the war that had recently been part of every day life in this country, and also the strength and will that people had to move on and to begin to live as normal a life as possible again.

— Matthew K. Belcher, MD, March 1997

El Salvador's brutal civil war raged for 12 years, finally coming to an end with the signing of the Peace Accords in 1992. It is estimated that over 75,000 Salvadoran men, women and children were killed.

The parties in conflict were the government of El Salvador and the guerrillas of the Farabundo Marti National Liberation Front (FMLN). The UN's Truth Commission on El Salvador Report stated that, "This outburst of violence has deep roots in a history of violence in El Salvador that permitted political opponents to be defined as enemies and eliminated."

According to the Commission's Report, "For more than a decade a convulsion of violence seized El Salvador. The army, security forces and death squads linked to them committed massacres, sometimes of hundreds of people at a time. They also carried out targeted assassinations of many others, including the country's archbishop and six Jesuit priests. The FMLN guerrillas also followed a logic of violence that led to grave human rights violations." While the Commission denounced the brutality perpetrated by the FMLN and urged them to renounce forever all forms of violence, "The vast majority of abuses studied by the Commission were committed by members of the armed forces or groups allied to them."

## DGH Announcements

► **DGH POETRY CONTEST DEADLINE EXTENDED.** The deadline for the DGH Poetry contest has been extended until October 16, 1998. Entry is open to all persons. Students are specially welcome. Entries must be original, based on the theme "Promoting health and human rights with those who have no voice," and never been published, submitted for publication or entered in another contest.

If you are interested, see our web site or contact the DGH office for contest guidelines.

► **EIGHTH ANNUAL INTERNATIONAL-EL SALVADOR COLLOQUIUM ON HEALTH.** Since 1991, the Medical School of the University of El Salvador's Colloquium has been an important opportunity for the discussion and teaching of issues vital to health, human rights, education, democracy and community development. This year's academic journey will include nationally and internationally-known specialists who will tackle various

aspects of the theme, *Health and Violence*. Topics will include: The Socio-Economic Dimensions of Violence; Types of Violence and Health; Violence Against Children and Youth and their Health; Violence and Mental Health; and Legislation, Justice, Violence and Health.

This year's Colloquium will be held from the 23rd through the 27th of November, 1998, in the Medical School Building of the University of El Salvador in San Salvador. Please join us either as a physical participant or as an individual or institutional sponsor.

The registration fee is \$30. Participants are responsible for their own transportation, housing and meals. Contact the DGH office for more information.

► **FOURTH ANNUAL GENERAL ASSEMBLY.** You have plenty of time to plan joining us at the next General Assembly, which will be held August 13th to 15th, 1999. After the success of this past Assembly, we have agreed to once again hold it at Fort Yargo State Park's "Will-A-Way" Group Camp, in the Metro Atlanta area.

There we are provided with a meeting space and bunks (bring your own bedding) for Friday and Saturday nights, and park kitchen staff prepare our meals (if you have any special diet requirements, please notify us in advance).

Check-in is any time after 2:00 p.m. on Friday and check-out is 10:00 a.m. on Sunday. A swimming pool, canoes and fishing (requires a fishing license) are available for free-time recreation. The cost is \$50 per person for the conference, room, food and recreation equipment. We will work out some transportation arrangements to help people coming in to the Atlanta airport or bus station.

► **SEND YOUR RECOMMENDATIONS FOR THE NEXT HUMAN RIGHTS IN THE ARTS.** The last issue of the DGH *Reporter* listed various forms of artistic expression that explore human rights issues. Send a short review of a book, song or movie you would recommend to our readers to: Monica Sanchez, P.O. Box 1761, Decatur, GA, 30031, U.S.A., or e-mail it to [newsletter@dghonline.org](mailto:newsletter@dghonline.org).

## NICARAGUA

*(Continued from page 7)*

rather than violent occupation. But, while progress is made by the unions, some seemingly backward steps are simultaneously being taken by the National Assembly. Recently it passed a law that, according to the Nicaragua Network Hotline, "Authorizes the creation of a Presidential Police Force that is assigned both intelligence and paramilitary functions, separate from the already existing National Police."

The law states that this newly formed Police Force is to report to the president and to the Ministry of the Government, and that it is responsible for, "Directing and coordinating activities to obtain information and evaluating it in order to guarantee domestic order, citizen security, crime prevention." Because each of these responsibilities falls under the domain of the National Police, many believe that the purpose of this new law is to increase the power of the president. Claiming that this law violates the Constitution, the Frente Sandinista de Liberación Nacional (FSLN) walked out on the vote. They argue that articles of the Constitution specifically prohibit, "Agencies of the Army, the Police, or any other institution of the State from exercising activities of political espionage."

For updates on this and other labor issues around the world (EPZ factories account for 25-30% of the people working in Central America's industrial sector), check Labor Net ([www.igc.org/igc/ln](http://www.igc.org/igc/ln)) or e-mail the Nicaragua Network Hotline at [nicanet@igc.org](mailto:nicanet@igc.org).

## UNITED STATES OF AMERICA

*(Continued from page 7)*

Dr. Jennifer Kasper, coordinator of a study to determine the level of hunger among legal immigrants (see page 5 for more information), asks, "How do we cope with the fact that 14% of low-income families report that they do not have enough to eat and the minimum wage (\$5.15/hr) is only 66% of the Federal poverty level for a family of four?"

Consider these other facts: ► The average poverty income line for a family of four in the US is \$16,050 a year; a 40-hour per week minimum wage job before taxes pays \$10,712—working 52 weeks a year. (US Census Bureau, 1997) ► Nearly 14% of the US population—approximately 36.5 million people—live below the national poverty line and 14% of poor Americans are children (US Census Bureau, 1997) ► 40% of the homeless population in the US are children (National Coalition for the Homeless, 1997) ► The 1996 poverty rate for children under age six (23%) was higher than for any other age group—more than double the rate for adults (11%) and the elderly (11%) (NCCP, 1998) ► In 1996, 63% of poor children had at least one employed parent, an increase of 16% over the previous three years (NCCP, 1998). ► In 1996, of the 5.5 million poor young children, 47% were 'extremely poor' (i.e., living in families with a combined family income below 50% of the Federal poverty line) (NCCP, 1998).

## Article 19

**Everyone has the right to freedom of expression, this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.**

# In Loving Memory of Dr. Jonathan Mann

By Dr. Lanny Smith

As the MDM/MDS Health Promoters receive a review in respiratory health, here in El Tablón, Morazán, complete with a set of lungs on loan from the University of El Salvador's Faculty of Medicine, I am thinking of the man who made possible my journey to El Salvador in the first place, Dr. Jonathan Mann. Jonathan, as he insisted I call him even upon my first visit to him at the Harvard School of Public Health (HSPH), is the one who suggested I work with MDM-France. He wrote my letter of recommendation to MDM and helped me make other connections that enabled us to start up this Mission in Morazán.

As the leader of a world-wide movement to recognize and promote the inter-relation between Health and Human Rights, he was one of the inspirations for the formation and direction of DGH. He also served on the DGH Advisory Council until he and his wife, Mary Lou Clements-Mann, died in the crash of Swissair Flight 111 on September 2, 1998. They were on their way to Geneva for meetings at the UNAIDS program headquarters.

Last night, I was at the wake of a Salvadoran colleague's brother, who died at the age of 36 of a disease that in a first-world tertiary care center would not have killed him so quickly—possibly not at all. The man is survived by his wife and eight-year-old daughter, who will have a difficult time of it. In El Salvador, as in many parts of the world, death—sel-

dom expected and yet terribly frequent—is shared with life, family and community. Jonathan is survived by his mother, sister, two brothers, three children, his first wife and other family members. I would like for them, and for all his friends, to know that in El Salvador, as in communities in Africa, Europe and throughout the world, the memory of Jonathan—especially his inspiration as a voice willing to take a stand and fight alongside of those who have difficulty making their voices heard—continues to work for human dignity and social justice.

Jonathan is perhaps best known as the founder and first director of the World Health Organization's (WHO) Special Programme on AIDS. From the beginning of the pandemic, he insisted on respecting the

*Continued on page 2*



From left to right: Timothy Holtz, Lanny Smith, Jonathan Mann and John McArthur, at the 1997 FXB Conference on Health and Human Rights.



## DOCTORS FOR GLOBAL HEALTH

Promoting Health and Human Rights  
"With Those Who Have No Voice"

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DGH *Reporter* is edited & designed by Monica Sanchez. Send suggestions to: P.O. Box 20111, London Terrace Station, New York, NY 10011.

DGH is administered by an elected Board of Directors drawn mostly from past and present volunteers with MDS. The board is assisted by an advisory council composed of 100 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. There are no paid employees. DGH is incorporated in the state of Georgia as a 501(c)3 organization. Donations are tax deductible.