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Doctors for Global Health Reporter

A PAST VOLUNTEER'S REFLECTIONS ON HOSPITAL SAN CARLOS IN CHIAPAS

By Steve Kelly

Thanksgiving 2014 was a day I will never forget. My wife, Liz, and I were nearing the end of our month in rural Chiapas. An emergency physician, I was assigned to the one-bed “ER” at Hospital San Carlos. Liz was using her skills as a kindergarten teacher to help out at the local primary school. Both of us hoped our presence there had been of some use – both of us were somewhat skeptical, as is so often the case with volunteer work. The hospital was wrapping up another busy work day and I was looking forward to visiting the internet cafe to phone my family for the holiday.

It was then that one of the younger Mexican doctors came running down the corridor and told me I was needed urgently in Pediatrics. This was a surprise, as the pediatric ward was run by Carlos, a highly skilled general practitioner from Spain. Up to that point he had graciously tolerated my presence in the ER, but certainly had not required my assistance. Indeed, I had been hoping to follow him on rounds in order to learn more about pediatric care in the low-resource setting. I hurried off toward Pediatrics.

Pulling open the door, I saw a team of nurses at the bedside of a 14-year old girl we’ll call Maria. She was flaccid and unresponsive, with shallow respirations.

Her blood pressure was severely elevated and her pulse slow. She had been a healthy child until a few days earlier, when she had been admitted with what seemed to be isolated ataxia, or difficulty with balance and coordination. We had no way to obtain a CT or MRI of her brain, nor did we have access to consultation with a neurologist. Carlos briefly presented her case and

“ At Hospital San Carlos, at least, when a sick patient arrives today at the door, they will be treated with dignity and compassion – regardless of their individual circumstance. And so there is hope. ”

looked at me – any ideas? We examined the child together and ran through the differential diagnosis. Could she have a cerebellar tumor? Intracranial hemorrhage? Post-infectious ataxia? Acute botulism? Why the sudden deterioration – was she herniating? We agreed to give a dose of IV mannitol to lower her intracranial pressure.

I racked my brain for some brilliant idea, a life-saving intervention learned during my residency training in the US, anything at all to help this critically ill child – but I had nothing to offer. I knew if I was home in New Jersey, I would intubate her to protect her airway, order a stat CT scan and arrange a helicopter transport to the children’s hospital, where



the pediatric neurology team would be waiting. But this was not New Jersey, nor was this a wealthy family in Mexico City with private health insurance. Maria's family was indigenous, uninsured, poor. The closest CT scanner was a bumpy two-hour drive away, at a government hospital with no pediatric neurologist or ICU – and a tendency to refuse transfers of uninsured patients.

Carlos sat down with Maria's parents and spoke to them gently. They understood she was worsening, that she might stop breathing at any moment. Her only chance was a transfer – but even then, she might not survive. There was a family discussion lasting only a few minutes, and they indicated their decision to Carlos, who nodded. I looked at him expectantly. "They will take her home now," he said.

I stood frozen in place, watching the nurses disconnect Maria from the cardiac monitor and remove her IVs. Her father carried her limp body, still breathing, out of the hospital and laid her gently on a blanket in the back of a pickup truck. As he left, holding back tears, he paused to thank Carlos for taking care of his daughter.

I left the hospital that night too late to call home. I thought of my family gathered at the table celebrating Thanksgiving. I thought of Maria's family gathered around her bedside as she passed away. A healthy teenager dying from an undiagnosed condi-

tion – one that might or might not be treatable. I could not understand then the family's decision, and it is still difficult today. As Carlos later explained, imagine your child gets sick and you are told by your local hospital that her only chance for recovery is transfer to a far-away place to which you've never been. The cost of transport is beyond what you can afford; the lost wages will threaten bankruptcy and your ability to provide for the rest of your family. The hospital staff will not speak your language or provide an interpreter; you will have nowhere to eat or sleep in the city. And you have heard stories of patients being turned away at the door, of inhumane care, of parents being kept out of their dying child's room for lack of formal birth records. Ultimately, Maria's family accepted that the hospital they trusted had done everything possible

“ I am usually able to reassure myself that everything possible was done. I realize now that this is a luxury – one that doctors in low-resource settings, like Carlos, don't have. ”

but could not save their child. They chose to take her home to die surrounded by relatives and loved-ones, even knowing that there had been some possibility of a cure. I cannot imagine the guilt and anguish they felt.

As someone who deals with death and dying every day in the ER, I've had to learn to detach, at least in the moment. It is a necessary evil in order to function effectively, and to stay sane. However, it is impossible not to be affected by the most tragic cases. At those times, I am usually able to reassure myself that everything possible was done. I realize now that this is a luxury – one that doctors in low-resource settings, like Carlos, don't have. As I left the hospital that Thanksgiving night, I felt grateful that I was lucky enough to be born in a place where I will never be faced with the decision that Maria's parents had to make. I felt thankful for my very stressful job that at least gives me access to all the resources I need to take care of my patients. Mostly, I felt a profound admiration for doctors who choose to work in this environment, passing up higher salaries and easier jobs because they know it's where the patients need them most.

Maybe that's the silver lining – the fact that good doctors like Carlos do exist, battling every day to care for the underserved and the marginalized. But my mind drifts back to the image of Maria being carried home to die, and I am not comforted – I am furious. How is this possible in an “upper middle income” country, one that professes to offer universal healthcare? How can we fix this social injustice? I don't have a solution, just as I didn't have a solution that night. But I do know that better people than I are working for change every day, from the bottom up. Full-time doctors, social-service year trainees, nurses, nursing students, volunteers, nuns and ancillary staff – they embody the “preferential option for the poor.” At Hospital San Carlos, at least, when a sick patient arrives today at the door, they will be treated with dignity and compassion – regardless of their individual circumstance. And so there is hope.



PHOTOS: FRONT PAGE: Children of families like those who are served by Hospital San Carlos (HSC) in Altamirano, Chiapas, Mexico. LEFT: Staff of Hospital San Carlos. RIGHT: Doctor and nurse doing rounds at Hospital San Carlos, where patients appreciate the respectful treatment they receive at the HSC facility, in part because most of the nursing staff and other employees are indigenous and thus able to communicate with the patients in their native language.

THE PEACE OF THE FUTURE, 25 YEARS LATER

By Peter Nataren

Official events regarding the signing of the Chapultepec Peace Accords on January 16, 1992, which brought an end to the twelve-year civil war in El Salvador, are the subject of criticism, even by some who signed them. The current desperation experienced by the vast majority of Salvadorans perhaps explains the discontent that is felt towards the commemorative speeches.

The year 2016 closed with a pandemic of 5,278 people being violently assassinated in El Salvador. The emigration of minors has turned into a humanitarian crisis over recent years, mainly in response to the search for a safe refuge to protect their lives, and the fact that the economy is not at all hopeful, in the short term, for these sectors of the population.

Political interests continue to be extreme among our country's ruling class; thus they defend their own interests, as opposed to the national interest. In short, two categorical sides who, throughout 25 years, have been negotiating the lives of a country tired of this madness.

Although the agreements undoubtedly are worthy of a commemoration, they also merit hard, national reflection and concern, with much responsibility on behalf of those who govern this country, and more so for us, those who are governed.

The historic will for reasoning at the time and for putting an end to a war based on genocide, and to begin another period that offered the opportunity of developing a peaceful nation, without causing more deaths, was something that marked a great precedent for the 20th century. Alas, this illusion began to be lost, little by little.

The agreements did not negotiate an equal distribution of the economic development throughout the nation and, although the elite agreed to dismantle the repressive security forces and even reform the army itself, this was done without democratizing the sources of wealth, even though this had been the trigger for the same war that they were putting an end to via the signing of the accords. Thus, the accords enabled both sides to politically negotiate: all the institutional reconstruction that was necessary for an ideological struggle via a representative democracy. However, in the long run, this could not necessarily guarantee that the vast majority would be able to live in peace.

Between that historic moment and the new social process experienced over the last 25 years, there is now another historical reality that is difficult to overcome. Why? How were people able to resolve their lives and those of their families? It is true that thousands of ex-combatants were given great support for re-entering society, however they were missing the necessary education and weren't even given notions on how to use the resources that the demobilization had left them. Furthermore, the greatest tragedy of all was the perverse destruction of the social organization achieved after decades of war, leaving aside the glory of collective feats, with each person trying to individually defend themselves within the new process.

Immediately gangs appeared to rob cars, raid shops, kidnap. The large majority of antisocial people were youth who had been traumatized by the war. Thus, in the same decade as the peace accords, the *pandillas* (gangs) of today were born.

While the shock of this decomposition prevailed, the right-wing immediately began dismantling the state, privatizing everything that

could provide wealth for a few families and robbing the future governments from the income to invest in society. Thus, the new Salvadoran State was born, with a millionaire class, who first had to assault us from the government to then become economically rich.

The result of this looting was tragic for thousands of us who were children traumatized by the sounds of war. We were left without psychological treatment and without a quality education. Considering the present violence, its roots can only be found there, during those years.

How was it possible that so many countries involved in the financing of the process of reconstruction of El Salvador did not invest in the future of society? To expect a developed country was impossible; if we look at the education in these financially secure countries as an example, we see that their children are at school from 8am to 4pm, receiving quality attention and education in order to become the new "designers" of society. In contrast, we barely had access to school from 8am to 12pm, if we were lucky. The rest of the time we were innocents out on the street, where we could rarely find a positive social education. This phenomenon is still ongoing in this country, and the same situation takes place in all countries condemned to being poor and violent.

(Continued on page 7)

“ The current desperation experienced by the vast majority of Salvadorans perhaps explains the discontent that is felt towards the commemorative speeches. The year 2016 closed with a pandemic of 5,278 people being violently assassinated in El Salvador. ”



Monument to Reconciliation, a piece of public artwork the government inaugurated to commemorate the peace agreements.

Human Rights

In the Arts

DOLLS OF HOPE

By Linda Sharp

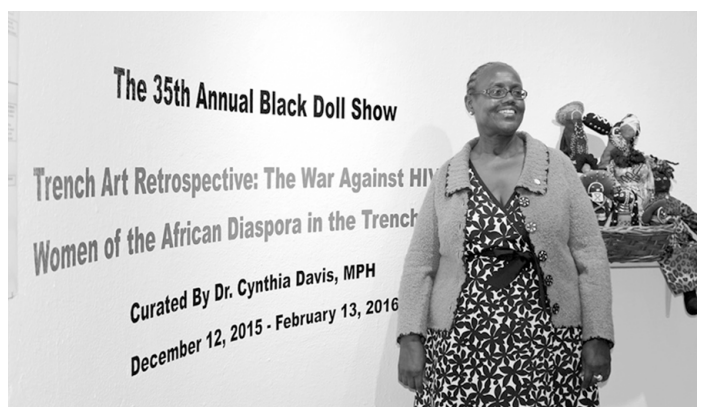
Professor Cynthia Davis is a leader in the local and global HIV/AIDS community, and has been doing organizing and HIV activism for over three decades. She is a public health professor at Charles R. Drew University of Medicine and Science in Los Angeles, California, where she works in community-based HIV/AIDS-related education, risk reduction and HIV testing programs, and provides services to at risk, hard-to-reach populations including sexually active youth, women, substance abusers, and the LGBT community. Beginning in 1991, she has been Program Director for the Drew University HIV Mobile Testing Project, which, since its inception, has provided free screening services to over 60,000 community residents in the Watts, Compton and other LA neighborhoods. It is one of the most successful outreach community based HIV efforts of its kind.

Part of Professor Davis' outreach work extends beyond the usual world of clinical and public health work of preventing and screening for disease. To confront the stigma of HIV and to provide hope for those with HIV, Professor Davis turns to art and culture. An avid doll maker and collector, in 1998 Professor Davis began the Dolls of Hope project, making handmade cloth dolls for HIV/AIDS orphans around the world. She worked with master doll maker Ingrid Andrews and local volunteers and sent letters to HIV/AIDS service provider agencies nationally and internationally to create an exchange of the Dolls of Hope. In exchange for their dolls, the project initially received over twenty dolls from these agencies. They were handmade by people living with HIV/AIDS around the world and women in local income generating programs. These first Dolls of Hope were showcased in the Charles R. Drew University lobby on World AIDS Day, December 1, 1998.

Thereafter, over an eight-month period, local volunteers made over six hundred dolls, which were sent to local and international AIDS Service Organizations as part of World AIDS Day. The exchange of these dolls has gone on ever since. To date, over 6,000 Dolls of Hope have been shared locally, nationally and globally in the following countries: South Africa, Tanzania, Uganda, Nigeria, Kenya, Mozambique, Ghana, Honduras, Cuba, Haiti, Brazil, Peru, Dominican Republic, Thailand and India.

Last year, Professor Davis curated the 35th Annual Black Doll Show at The William Grant Still Arts Center in Los Angeles. Titled 'The Black Doll Show, Trench Art Retrospective: The War Against HIV/AIDS—Women of the African Diaspora in the Trenches', the art exhibit highlighted the impact of the HIV/AIDS pandemic domestically and globally on women of color, with the goal of empowering beyond stigma and shame, and breaking the silence around HIV/AIDS. The Black Doll Show displayed approximately 200 artists' handmade dolls, as well as sculptures and a sample of the community-created handmade dolls from Professor Davis's Dolls of Hope Project, artist-designed altars, and more.

Also included in the exhibit was a section of the AIDS Memorial Quilt on loan from Atlanta, Georgia. Regarding her work with the Dolls of Hope, she says, "I do this because of my passion. If I can prevent one new infection, it's a success. This is one strategy I use to break the silence around HIV/AIDS and to reduce the stigma."



TOP: Cynthia Davis, Professor at Charles R. Drew University of Medicine and Science in Watts, California, created the Dolls of Hope project to address stigma around HIV. BOTTOM: Professor Davis curated the 35th Annual Black Doll Show in 2015-2016 entitled, "Trench Art Retrospective: The War Against HIV/AIDS—Women of the African Diaspora in the Trenches."

HUMAN RIGHTS IN THE ARTS: QUICK TAKES



Global Health Law, by Georgetown Law Professor Lawrence O. Gostin, Harvard University Press. In his book, Gostin offers a comprehensive exploration of the law and global health justice. He shows how critical it is for institutions and international agreements to focus not only on illness but also on the essential conditions that enable people to stay healthy throughout their lifespan: nutrition, clean water, mosquito control and tobacco reduction. Policies that shape agriculture, trade and the environment have long-term impacts on health. Gostin proposes major reforms of global health institutions and governments to ensure better coordination, more transparency and accountability. He illustrates the power of global health law with case studies on AIDS, influenza, tobacco and health worker migration (<https://is.gd/lmF0yI>).



“Erin Currier: Art Is a Necessary Element of Every Revolution,” by Dahr Jamail, *Truthout*. In this interview, American artist Erin Currier discusses her work, how it celebrates the underprivileged people of countries to which she travels and her thoughts on revolution and the power of art. Currier shares: “What is most important to me is to see, firsthand, how people live and what the day-to-day existence is like for the majority of people in the country I am visiting. As you know, this is best achieved (whether by you, the journalist, or me, the renderer), by living as people live to the best of one’s ability: travelling on foot, by local bus, or city train; renting a humble place where one can cook and buy produce at nearby markets; attending language courses; making friends. I have never been content in, accepting at face value, that which the mainstream media and the government of my country tell me in regards to a place and its people. Travelling to places has proved how biased and one-dimensional such information can be. For example: Growing up in the rural USA, and relying on major networks and popular magazines for news, one could easily come to the conclusion that south of the Mexican border is one vast jungle of narcotraffickers. However, when one travels to Central and South America, one instead encounters a place of rich cultural variation - with myriad languages, musical and theatrical traditions, religions, music, dance. Every ethnicity, as well as every natural ecosystem, is represented.”

– Read the full interview at: <https://is.gd/EjDGcJ>.



“Jacob Lawrence’s Art as Journalism: The painter’s migration series was a first draft of history for one of black America’s defining moments,” by Syreeta McFadden, *The Nation*.

I hadn’t realized that scholarship and reportage of black migration was so scant, because the story was always so present in my own life—we lived in Milwaukee and spoke in Southern accents. Yet when viewing the exhibit now, something becomes viscerally clear to me that I hadn’t considered when I first saw these paintings together 20 years ago at MoMA. History, reportage, and craft merge in Lawrence’s work, making it dynamic and urgently present. We see, through the eyes of a 23-year-old man who is wise beyond his years, the political order and cultural chaos of the 20th-century black experience, which itself reshaped America and its politics indelibly.

Lawrence was born in 1917 in New Jersey. His parents had migrated north years earlier,

from South Carolina and Virginia. He moved to Harlem in 1930, joining his recently divorced mother, where he dropped out of high school at 16. At the time, black male unemployment in Harlem was near 40 percent, the exhibit notes.

Lawrence drifted between odd jobs and began attending free classes in 1933 at the 135th Street library. He studied later at the Harlem Community Arts Center, taught by prominent artists who were largely unknown to him, but who were significant arbiters of a burgeoning black consciousness that we now call the Harlem Renaissance.

Lawrence made an impression on his instructors that would forge critical relationships, which in turn shaped his career. Charles Alston and Augusta Savage were pivotal figures. Savage and Alston co-founded the Harlem Artists Guild, a professional organization essential to supporting black artists during the Depression. Alston taught Lawrence and provided him with studio space to paint; Savage also taught him and advocated for his enrollment as an easel painter in the WPA’s Federal Arts Project. Lawrence has said he doubts he’d be a painter had Savage not escorted him to the downtown offices of the WPA to sign him up. The Guild served as a clearinghouse for black artists, emerging or otherwise, who needed an institutional affiliation, résumé, and track record to be eligible for WPA funding and other fellowship opportunities.

In telling this history, “One-Way Ticket” underscores the importance of teaching artists. The professional class of writers and artists of the Harlem Renaissance made itself accessible to the ravaged neighborhood’s poor and working-class youth. Savage and her contemporaries were as much activists as they were working artists, in that they recognized the importance of creating a kind of cultural infrastructure to support black artists, and by extension a rich black consciousness.

– Read the full article at: <https://is.gd/tZlJOi>.

DREAMERS TO DOCTORS: UCLA MEDDREAMERS

By Jyoti Puvvula

The room filled with students fell silent as Marcela choked up, holding her tears back as she recanted the day more than ten years earlier when she last saw her family. Marcela, a child of Chinese immigrants living in Mexico, attended school in Mexico and then California, crossing the border each weekend to visit her parents, until one day when her sister was detained at the border. Until then, Marcela and her sister were unaware that they were studying illegally here in the United States. With a passion to learn and become a doctor, Marcela a young teenager at that time had to make the difficult choice: choose between staying permanently in the US in order to pursue her dreams, or going back to Mexico to be with her family. Today as a second year medical student she is joined by other “MedDreamers,” each with a unique yet similar story of arriving to the US as young children without legal authorization.


There are 1.9 million undocumented youth in the US, many with deep aspirations of higher education and a tremendous talent to serve and contribute to our society. For every Marcela, there are many more talented students who relent from their educational aspirations because of their inability to access financial and other forms of support.

With the passage of Deferred Action for Childhood Arrivals (DACA) in August of 2012 by the Obama Administration, undocumented students were allowed to legally work and obtain a social security number. This was followed by a coura-

geous move by Loyola University Stritch School of Medicine to become the first school to publicly welcome undocumented students. While this has paved the way for other medical schools to open their doors to some very talented Dreamers to pursue medical careers, their journey even after they get into medical school is fraught with struggle. While other students are worrying about the next shelf or board exam, Marcela and other Dreamers have the added stress of figuring out how to make the next installment of tuition, books or rent. Furthermore, with each new administration comes uncertainty and threatens their future as their dreams hang in limbo. With the current administration’s staunch and aggressive anti-immigrant policies, there is not

only the uncertainty but also the fear of being deported at any time.

In the next ten years there will be a shortage of 124,000 physicians nationwide. Many of these Dreamers provide a valuable source of a linguistically and culturally diverse workforce. Not only are the Dreamers among one of the most talented groups of medical students, they also have shown tremendous persistence and resilience as they seek to find innovative solutions to achieve their dreams. In California, undocumented students have been organizing and, with the help of advocacy groups such as California Pan-Ethnic Health Network, they are attempting to pass legislation that would allow undocumented medical students to apply for financial aid, loans and residency programs.

In the meantime, each of us can support the Dreamers’ journey by donating, becoming a loan co-signer and getting involved in legislative actions to support the students. Learn more about the UCLA MedDreamers’ struggles and ways we can all support them on their website: www.meddreamers.org. 



Inaugural Fundraising Event for MedDreamers at UCLA 2015.

The neoliberal economic system of the time began to be designed without any prepared generation, without competitiveness towards the members, with a class of businessmen who were fierce with their own people, leading thousands of people towards disgrace. The exodus of thousands of emigrants or economically exiled people with no opportunity here inevitably was soon to follow.

Corruption has reigned during these 25 years. Many of our friendly countries, including the US, which now complain about the arrival of illegal immigrants to their borders, kept quiet, generating the first complicity for this social disruption that was being experienced.

What happened at the time configured the country into a time bomb. If we think of the criminal violence that exists, we must accept that we have been on the brink of a failed state, and one that was to become territorially fragmented. There are illegal groups everywhere controlling the lives of the citizens, establishing where people can live and who must pay illegal taxes. Therefore, the path to free the country from this reality has been through using, once more, the last resource of intolerance: the war against these groups of wayward youths who are in fact a product of the same system that our leaders and international partners defend. This way, nothing positive shall take place in the long term; it shall just be the same routine and destiny.

In this economy, for example, a large percentage of the local businesses support their income thanks to remittances. Our model of society in the crisis was spurred by an involuntary exportation of people outside our borders, made to work under undignified conditions in order to send the remittance money that family members need to survive.

This means that a collapse in the transactions of thousands of millions of dollars in remittances could mean the end of a bubble of fictitious development, and the beginning of a social crisis that may be the most determining of all for our nation.

Let's say that if I were to build a shopping center or a municipal market tucked into a far corner of our country without the remittances of our compatriots, the problem is that

“Immediately gangs appeared to rob cars, raid shops, kidnap. The large majority of antisocial people were youth who had been traumatized by the war. Thus, in the same decade as the peace accords, the pandillas (gangs) of today were born.”

most earnings actually depend on the remittances, and therefore without remittances these businesses would fail, as the jobs that are generated by these businesses would also disappear.

What would happen if Donald Trump adds to the problem by accelerating this destiny, committing such madness of hunting down people on the US border and prosecuting our undocumented compatriots? The only escape valve and breather that our country has – and that any political class needs to stabilize the control over power – would be closed once and for all.

It is not at all easy to reverse this situation. Only by implementing fundamental reforms, such as changing the fiscal system of this country, can an economic revolution can take place to change this destiny.

On this 25th anniversary, I hope we reflect on how we got to this point. To argue that it is time for a new accord in this nation, of understanding each other like we did at that time, while at the same time maintaining the interests of the elite, would be like playing with dangerous fire.

My generation cannot continue to be a spectator of the great social and political brutality that is committed, because then we would be accomplices of another 25 years without peace.

– Peter Nataren is a member of: the Editorial Board for *Abriendo Brecha* and *Sin Farsas*; several social and political movements, and economic alternatives on both a national and international level (i.e. the *Network of Intellectuals and Artists in defense of the humanity of Latin America*); and the Board of Directors of *Doctors for Global Health*. Peter has been invited to give talks on the Salvadoran reality in several International Universities and Institutions such as the US Congress. He presently directs the program of volunteer training in methods of alternative agriculture, INVER, which recruits youth of different ages and mindsets in the community of Santa Marta, El Salvador.



The historic signing of the Peace Accords in Chapultepec, on January 16, 1992, ended the 12-year Salvadoran civil war that led to the death of about 75,000 people, many of them women and children.



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DGH Announcements

► **Save the Date!** The 22nd Annual DGH General Assembly will be held August 4-6, 2017 at Agnes Scott College in Decatur, GA (on the outskirts of Atlanta). This year's theme will explore: "Raising Our Collective Voices for Health and Social Justice." Register now at: www.dghonline.org.

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The Printing Center Team: Walt McDermott and Terri Antone.

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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.

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