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Doctors for Global Health Reporter

MEMORIES KEPT ALIVE IN MORAZÁN

By Shirley Novak

what humid week of my July 2017 visit to Canton Estancia, Morazán, El Salvador. The sun shone brightly every day; the stars came out most nights, but the customarily cool – sometimes cold – nights were absent. I was told that only a hard rain would cool it down, but the rain stayed away, even on cloudy nights. The *milpas* (corn fields) were bright green against the blue sky as the growing stalks held the promise of corn that would fill up the metal silos, and in turn the stomachs of those who would eat corn tortillas each day in future months.

Against this familiar backdrop, activities of *Campesinos para el Desarrollo Humano* (CDH, Peasants for Human Development) members were anything but routine. Tuesday evening, sitting at a table on a porch under a single light bulb, Lucia Sanchez and I traced and cut out glittery foam letters that would create the backdrop for the next day's gathering. CDH was preparing to celebrate the completion of a new building and accompanying project, designed with much forward thinking toward community advancement of health and well-being. Wednesday morning was a scurry of activity as two large tent canopies were raised to provide the attendees shelter from the intense sun and potential showers (which never materialized). An enormous metal pan full of fresh, cut-up chickens was moved closer to the open fire cooking area behind the new building. Potatoes and rice were bubbling away and the slap slap of corn masa was heard as it was shaped into enough tortillas to serve the 100 guests who would arrive

Toward the end of the rainy season not a drop of rain had fallen during this hot, some-

“Bringing greetings to the community from DGH, I was able to comment on our joint, long, rich history, which began right there in Morazán over 20 years ago, and to share what the close relationship has meant to me and so many others.”

by noon. Everyone would be served a full plate of food!

The dedication of the *Centro de Usos Múltiples* (Multiple-Use Center) event began with a report on a reforestation project that had just come to a successful closure, a joint venture between CDH and a local non-governmental Salvadoran group, FAIES. DGH was recognized and thanked as an important NGO that has provided long-term essential financing and volunteers for CDH and the community at large. I was called up to sit at the *mesa de honor* (table of honor) as DGH representative, alongside Ramiro Cortez (Director of CDH), representatives of the municipality and ADESCO, Silvia Martinez (mother of Dr. Juan Carlos Martinez) and Reina Portillo (daughter of Don Saturnino



Ramos). Bringing greetings to the community from DGH, I was able to comment on our joint, long, rich history, which began right there in Morazán over 20 years ago, and to share what the close relationship has meant to me and so many others.

In a recent mailing, DGH reported on generous funds donated by Roberta Lanford, in loving memory of her mother, Evelyn Mason. Construction on a multi-use building was completed some months back and it was already being used to prepare daily lunches for the CDH staff working at the nearby clinic. This replaced the “temporary” kitchen that had been built by CDH over 20 years ago.

More than a kitchen, this block and tile facility was designed as a space to accommodate workshops and classes for the community, focusing on improved health and nutrition, holding much promise for the entire community. A resource library will soon be filled with an odd collection of books, large pots, food drying racks, freshly harvested vegetables and mangos, offering hands-on instruction in cooking for patients with diabetes, high blood pressure, and heart disease; classes to combat malnutrition in children and preserve the overabundance of mangos in season.

All this work holds the promise of coming together to advance the health and nutrition in the community. It will be funded by donations in honor and in mem-

ory of the late Dr. Juan Carlos Martínez, a fitting tribute to improve the health of his patients and their families for generations to come.

The plaque honoring Evelyn Mason is now hanging on the front wall of the multi-use building. Silvia Martínez, Juan Carlos’ mother, accepted the plaque in his memory. CDH not only unveiled plaques for Evelyn and Juan Carlos that day in July, but Don Saturnino Ramos was also memorialized. An elder of the community who lived there into his 70s, he is remembered with love and honor for his life-long dedication to Estancia and its people. Don Saturnino raised his family, worked the *milpa* and *trapiche de cana* (sugar cane press), even continuing the work during wartime. Although he chose not to leave and join the rebel forces as so many from the community did, Don Turno “did his part” by clandestinely carrying important messages to the FMLN hidden in cakes of *panela*, openly dressed as a *campesino* taking his crop to market. He suffered greatly for the rest of his life after being captured and tortured seven times by government troops, but he revealed nothing that would endanger his people.

DGH volunteers likely remember Don Turno for his wide-brimmed hat, warm smile and tight hugs; folks in Estancia continue to reap the benefits of his generosity and love. His plaque now hangs on the front of CAIPES (clinic building), built on land he donated to the community. Don Turno’s plaque hangs next to that of Juan Carlos, his grandson who became

“Continue struggling for a more just, more humane world... for those who want it and dream it...” May Juan Carlos’ own words inspire other Estancia youth to dream high, work hard and realize their own lofty goals.

the first young doctor in Estancia – the same *campesino* teen who left home for six years to study medicine in Cuba, and who became a young man who worked hard to achieve his dreams. Returning home as a physician, he worked in Estancia’s clinic, only to become ill and die much too soon. “Continue struggling for a more just, more humane world... for those who want it and dream it...” May Juan Carlos’ own words inspire other Estancia youth to dream high, work hard and realize their own lofty goals. Juan Carlos Martínez, ¡Presente! Evelyn Mason, ¡Presente! Don Saturnino Ramos, ¡Presente! ¡Hasta la victoria siempre!



FIRST PAGE: Juan Carlos Martínez’ mother, Silvia Martínez, accepting the plaque in his memory. ABOVE TOP LEFT: Memorial Plaque for Evelyn Mason. ABOVE TOP CENTER: Memorial Plaque for Don Turno. ABOVE TOP RIGHT: Memorial Plaque for Juan Manuel Martínez. ABOVE LEFT: Setting up *la mesa de honor*, the head table. ABOVE RIGHT: Making decorations for the Multi-Use Center official opening celebration and Memorial Plaques dedications.

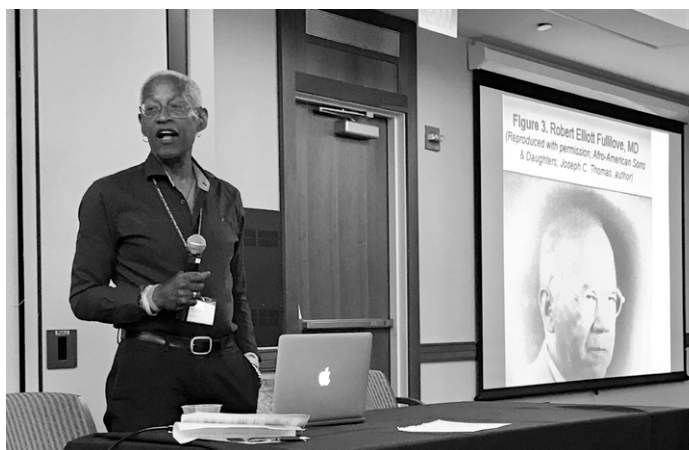
RAISING OUR COLLECTIVE VOICES

By Linda Sharp

Between August 4th-6th, 2017, Doctors for Global Health held its 22nd Annual General Assembly in Decatur, Georgia at Agnes Scott College. This marked the 8th time of the event in the Atlanta area, and the second time we have had our GA at Agnes Scott. On Friday afternoon, participants visited The Martin Luther King, Jr. Center for Nonviolent Social Change, which chronicled the life and times of MLK during the Civil Rights era in the US. We also visited The Carter Center, founded by former US President Jimmy Carter and First Lady Rosalynn Carter, whose mission is to advance human rights and alleviate unnecessary human suffering. Among other things, The Carter Center is involved in groundbreaking work to address neglected and emerging infectious diseases around the world.

On Saturday morning, Professor Cynthia Davis of Charles Drew University and AIDS Healthcare Foundation delivered the first keynote address of the weekend. Her speech was the perfect introduction to this year's GA theme: "Raising Our Collective Voices for Health and Social Justice." Professor Davis has been working to end the HIV/AIDS pandemic her entire career. Early on, part of what helped her identify with the struggle of people with AIDS was the story of her own grandfather, who died from acute appendicitis because he was refused medical treatment as an African American living in the Jim Crow South. Her early work in the 1980s with AIDS Hospice Foundation showed her how young gay and bisexual men suffered similar neglect because the public health infrastructure did not take action. As a result of this neglect, gay men formed ACT UP!, which led to the AIDS Hospice Foundation, where people could die with dignity, surrounded by loved ones, and with support. Professor Davis was invited to be a founding member of the Los Angeles AIDS Hospice Foundation, and through this and other work, she joined the struggle of those living with HIV and AIDS. Her speech was titled "Working in Community towards Health and Social Justice: Lessons from the HIV Epidemic."

During her many years in this field, Professor Davis learned that one has to always be ready to challenge the system, to struggle to promote dignity and quality healthcare for all. Later, when she was asked to join the AIDS Healthcare Foundation (AHF), she was provided further opportunity to subvert the unfair, two-tiered system that neglected the poor and marginalized; she and others built quality compassionate care for people with AIDS regardless of ability to pay. This battle became even more intense after the commercialization and medicaliza-



TOP: Professor Cynthia Davis opens the DGH 2017 General Assembly with her keynote presentation on August 5th at Agnes Scott College, GA. BOTTOM: Dr. Robert Fullilove shares the work of his father, a physician who practiced medicine in a segregated society, where black physicians were not allowed to practice in most hospitals in the US.

tion of HIV treatment. Thirty-eight years into the AIDS epidemic, she pointed out how many people are still not on anti-retroviral therapy and how there are still areas of neglect when considering the needs of people living with HIV in the US.

Throughout her talk, Professor Davis offered advice to young activists. She encouraged young people to keep working for social justice: "work hard and diligently to leave no one behind." She admits that taking this position has gotten her in trouble at times, but it has also earned her great admiration. Some of the powerful words that Professor Davis shared with us: Never be afraid to speak truth to power; Get to know the community, work with individuals who are community gate-keepers, and establish relationships with them; Align yourself with other like-minded organizations, do not come into communities to try to change their way of life.

Our Sunday keynote speaker was Dr. Robert Fullilove, from Columbia University, who delivered an address entitled: "Health Equity in the Age of Trump: Mission Possible?"

Dr. Fullilove teaches at the Bard Prison Initiative (BPI) that offers AA & BA degrees in six NY State Prisons. He created a concentration in public health to train students to be prepared for entry-level jobs as community health workers, which has had a major impact on recidivism rates. A study showed that overall 77% of men return to prison within 5 years of being released. Only 4% of prisoners enrolled in the Bard program and 2.5% of those who completed a degree, returned to prison.

"If you work in public health, you are involved in working toward equity. I've been at Columbia for 25 years, and it's been my mission to understand that there's a history

(Continued on page 5)

Human Rights World around the

INCORRUPTIBLE: DOCTOR'S STRIKE IN KENYA

By Dhu'lkifl A. Franklin, MBCHB

"The greatest tragedy is not to live and die, as we all must. The greatest tragedy is for a person to live and die without knowing the satisfaction of giving life for others."

– Cesar Chavez

It's been almost a year since doctors in Kenya ended their 100-day-long strike that began December 5, 2016. A Return to Work Formula is now in place with timelines for recognition and implementation of the Collective Bargaining Agreement.

That was without a doubt the most painful industrial action in the country's history. Final pockets of resistance within the government are yet to fully comprehend the social revolution that has just taken place. They remain dumbfounded by the unprecedented unity of purpose to ensure better healthcare for the populace.

"*¿Sí se puede!*" reiterated Dr. Ouma Oluga, Secretary General of the Kenya Medical Practitioners and Dentists Union, during his weekly Facebook address to its 4,000 members. He emphasized the importance of solidarity in the unending fight to ensure better conditions for healthcare workers and patients alike.

Union officials were jailed for their sheer will to bring change, but amid the heat of intimidation and bribery they held strong. Incarceration only served to strengthen their resolve.

As *The Washington Post* article, "Kenya jails doctors' union representatives as impasse over medical strike deepens," by Rael Ombuor, February 13, 2017 reported:

"The union is demanding a 300 percent salary increase based on an agreement

signed between the doctors and the government in June 2013. The current lowest salary (with bonuses) for doctors is \$1,200.

"Yet despite agreeing to the raise earlier, the government is now refusing to implement the agreement, saying it is not in line with guidelines for public service salaries.

"The government has been considerate toward the plight of doctors, but what their union is seeking is not within the framework of the public service," said Health Secretary

“Kenyan doctors aim to reclaim not only their own dignity, but also that of the voiceless people they wholeheartedly serve. The custodians of health in government have disregarded their needs, preferring instead to line their own pockets.”

Cleopa Mailu in a news conference a month ago.

"The doctors have halted all talks with the government pending the release of their officials.

"The contentious agreement between the ministry and the union covered several issues, including working conditions, promotions, transfers and pay.

"It also calls for the Health Ministry to hire at least 1,200 doctors annually for the next four years to address Kenya's dire doctor-patient ratio."

Kenyan doctors aim to reclaim not only their own dignity, but also that of the voiceless people they wholeheartedly serve. The custodians of health in government have disregarded their needs, preferring instead to line their own pockets. Corruption has torn at the fabric of the health system leaving doctors to carry the cross. They'd had enough.

The conscious awakening began with the first doctors' strike in 1994, advocating for improved working conditions and upgraded healthcare delivery infrastructure from the city hospital down to the village health center. Fast forward to 2007, the initial uprising had been politically suppressed but not written off in the hearts of young doctors. Backed by a new constitution, doctors formed a union despite strong opposition by political forces and powerful lobbyists, akin to those traversing the corridors of Capitol Hill.

Political malpractice and mismanagement of healthcare by the powers that be led to doctors realizing that they are the change they seek, for the people and themselves.

Through social media, grassroots mobilization began. #LIPAKAMATENDER took social media by storm (meaning "pay like a tender" – a jab at the hefty bribes government officials accept to unfairly award contracts).

Doctors from the most remote rural sub-county hospital to the national referral facility put down their tools, turning to Facebook and Twitter to share harrowing experiences. Their demands: better pay, better working conditions and infrastructure, postgraduate training opportunities, increased healthcare allocation in the national budget.

It took 100 days of pain for the parties to accede to a Collective Bargaining Agreement. With its signing, the political class has been put on notice; it will not be business as usual. Just like the Arab spring, revolution has begun.

that's brought us to where we are today," Dr. Fullilove explained. "In 1985, Margaret Heckler was the Secretary of Health and Human Services. She announced the cause of AIDS and HIV. Heckler also produced one of the first reports on the part of the federal government about health disparities among African Americans and other ethnic minorities. Looking back, many of the expectations we had back then are being threatened now under the current administration. In the US we have gone from an AIDS epidemic that was largely among gay men, that has now become an epidemic among African Americans, with higher mortality rates in this population. And what's more, health inequalities don't just reference differences in health status between groups, but these are driven by social structures, such as mass incarceration."

Dr. Fullilove went on to define health equity as "the fair distribution of health determinants, outcomes, and resources within and between segments of the population, regardless of social standing." He also provided some historical background on the subject: "Consider the historic Hill Burton Act – August 13th, 2017 is the 71st anniversary of this Act. This was introduced at the end of The Depression and was the first argument that government should provide access to hospitals to all people. In order to get it passed, they had to agree that patient access could be 'separate but equal,' allowing segregation of blacks and whites in hospital settings. In 1959 the head of Howard University did a study of hospitals in the South and found that only 6% of hospitals accepted African Americans. Of the segregated hospital facilities, 33% admitted no African Americans. Only 10% of Northern hospitals accepted African American interns or residents, and only 20% of these facilities permitted them to be on staff.

"My grandfather, born in 1875, son of slaves, was an apprentice to a white physician and started practicing medicine in 1896 and then went on to get his medical degree... My father, a physician and urologist, was one of the first African American Julius Rosenwald fellows. Julius Rosenwald financed a study looking into the infection rate of syphilis in the South (after this study was stopped, the US Public Health Service continued the Tuskegee study where they did not treat people with syphilis). Forty years after finding a cure for gonorrhea and syphilis, 80% of my father's practice was still dedicated to treating these diseases. My father went on to become the first African American president of his local chapter of the AMA and he said 'cures are not the answer – if we do not see the social drivers of disease, we will not make an impact.'"

Dr. Fullilove went on to explain that, "Health occurs on a gradient that is often determined by social status. The Commission of Social Determinants of Health, published 10 years ago, has three main principles of action: Improve the conditions of daily life; Tackle the inequitable distribution of power, money, and resources; and Measure the problem, evaluate action, develop a workforce that is trained to take action on the social determination of health. These initiatives live on in Healthy People 2020."

"To achieve these goals, we have to look at many other sectors outside of the health sector," he asserted. "We must figure out how to do our work independently without as much funding. Work must begin with the communities that are most affected by health disparities and inequities. We must think back to

when public health was more about community organizing... I worked in SNCC (Student Nonviolent Coordinating Committee) in Mississippi. That was one of my most important organizing and formative experiences, and shaped the work I do today working in prison justice." Read more about the Bard Prison Initiative: <http://bpi/bard/ledu/>.

We also heard updates on Liberation Medicine in Action from our community partners in El Salvador and Mexico, where we learned about health initiatives as well as the human rights, environmental and political challenges they face. CDH, a humanitarian organization, was formed to develop the rural population in Estancia, El Salvador and to work toward integration and organization in the community. There is much inequality and uneven distribution of wealth in El Salvador, providing few opportunities to develop many of the rural areas. There also are high poverty rates in the rural regions of the country. CDH focuses on the areas of health, education, environment and microcredit to improve the economic and social conditions of their community and improve the social conditions that lead to poverty and disease.

We also learned more about the work in Oaxaca and Chiapas, Mexico. Dr. Irma Cruz Nava asserted: "We want to continue accompanying, working in solidarity with the communities. It is important to remember the term 'love for all' – if we don't integrate this into our work, our work becomes work, and

not a pleasure. With the spirit of service, visiting houses, helping them with their own household chores, creating spaces for children so that the women can continue to be involved in the work instead of having to do only childcare. It is urgent that we open our eyes, continue to learn from each other and continue to exchange ideas."

This is just a small part of the weekend's activities. For more information, please visit our live blog (<https://is.gd/bnXIse>) to read more about the work being done by our partner communities. 🌿



Liberation Medicine in Action, El Salvador panel: From left to right: Lucia Sanchez Martinez, assistant director of CDH; Cecelia Margot Martinez Lopez, CDH accountant; Alfredo Leiva Alvarez, involved in popular education with ADES; Francisco Ramirez, founder and active member of a group representing the Santa Marta immigrant community in Virginia.



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DGH Announcements

► **Finding Inspiration to Keep Up the Struggle!** This is a difficult time for those fighting for social justice and human rights, so we thought you, like us, might need some fortification. That is why we want to share with you the Keynote Address, "What We Do and Why We Do It," given by Dr. Jack Geiger at the 2002 DGH General Assembly. Dr. Geiger asked us to "dispel the myth that in the US we have made some sort of steady, seamless, uninterrupted, if slow, progress toward equality, social justice and racial justice. That is not the way it's happened at all... progress in these areas has occurred in short bursts of 5 or 10 years at most... followed by 30, 40 or 50 years of stagnation, if not regression... That is the real lesson of this burst of 15 years and the regression that followed, empowering people and communities is the only thing that makes those 15-burst years happen and is the most important thing that we do." Read all of his inspiring speech at: <http://www.dghonline.org/content/what-we-do-and-why-we-do-it>.

► **Mark Your Calendar! 2018 DGH General Assembly.** The 23rd Annual DGH General Assembly will be held in Austin, Texas, August 3rd-5th, 2018!

► **CISPES Action Alert! No walls, no militarization: Defend Central American migrant rights!** Call and then email your congressional representative today. Urge them to co-sign Rep. Lowenthal's letter calling on Secretary of State Rex Tillerson to make human rights, particularly the right to seek asylum, a priority at the upcoming Central America Prosperity and Security conference. You can email your representative using the form here (<https://is.gd/22lcPJ>), but personal calls are always the most effective. (Background information on the conference and full text of Lowenthal's letter can be found at the bottom of that page.)

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DGH Reporter

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