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TWO MONTHS AFTER MITCH: DGH IN HONDURAS

By Arthur Seiji Hayashi, MD

The 18-hour delay in San Francisco, the overnight lay-over in San Salvador, and the seven-hour ride to our first destination from Tegucigalpa seemed like an appropriate introduction for two family practice residents wishing to “help out” in the Central American country where Hurricane Mitch lingered overhead for seven days.

Upon our arrival at the airport in Tegucigalpa on December 12, 1998, Colleen Townsend and I were met by Neamias, one of the CCD’s (Comisión Cristiana de Desarrollo) many drivers/logisticians. He helped us load 200 pounds of medicines we brought from San Francisco into the mini-van and proceeded to drive us directly to the “zona.” Five hours later, we arrived in Quimistan, a small town in the northeast province of Santa Barbara where CCD has its office. There, we met Alba, the office administrator, and waited for a driver to take us to the village of Paso Viejo where a medical brigade had been working since the day before.

Josué, our driver, arrived a few hours later, and we loaded our backpacks and medical supplies on the Toyota pickup. After a two-hour truck ride into the mountains, we arrived in Paso Viejo where we were met by the CCD volunteers and staff at the local school. The CCD field coordinator was Jessica Culley, a recent college graduate with enormous organizational skills. The volunteer team consisted of two nurses, two nurse practitioners and two physicians from the US, as well as a local Regional Health Promoter.

The next morning we rolled up our sleeping bags and laid out our basic equipment to begin our clinic. Dozens of people were already waiting outside. Vilma, our health promoter, registered every patient and elicited the chief complaints. The Spanish-speaking volunteers were paired with non-Spanish speakers, and we began to see patients in the one-room classroom. Karyn and Kit staffed the closet-turned-pharmacy and began to hand out medications, “Una tableta dos veces al día por tres días...” Most people came in with the common diseases of poverty: upper respiratory infections, diarrhea and skin infections. The clinic closed by noon so that the crew could return to Quimistan for New Year’s Eve.

On our drive back from Paso Viejo, we came across an over-turned pickup truck with three policemen staggering out. Just a few minutes before, the truck’s breaks had failed and the driver tried to stop the vehicle by running it into the embankment. We assessed the situation and got to work.

“Despite his blindness and contracted arm, Raúl had been functioning well until he fell and injured his legs during the hurricane. He had been bed-bound ever since.”



Dr. Arthur S. Hayashi examining an infant in Paso Viejo, Honduras.

One officer was bleeding from multiple lacerations on his face. Another was complaining that he couldn't move his leg. The third was carefully guarding a practically severed finger tip. Colleen and Kit worked on the facial lacerations while Bob splinted the possible knee fracture. I carefully cleaned the open fracture on his finger. The roadside emergency room worked marvelously. The nearest hospital was two hours away, so we gave each officer an antibiotic shot for their dirty wounds, and one of our trucks was sent ahead to call for help. Later we heard that the officers refused to go to the hospital.

The following day, the group took a day off and visited the ruins at Copan. Most of the volunteers had been there for more than two weeks and had been working hard every day. Colleen and I had arrived at the end of their stay. New Year's Eve was spent in Quimistan where we feasted on a large turkey and exchanged stories before heading to the New Year's eve Mass. Firecrackers were going off everywhere in town.

Since Colleen and I arrived during the holidays, we were out of sync with the other brigades. There were no plans for another health brigade for a week. I asked Jessica if it would be possible for Colleen and I to visit a site on our own. Jessica remembered a village called Quebrada Seca that had not been visited by a health care worker for months, even before the hurricane. As we discussed our plans, we recruited Nikki and Kit to stay on longer to join us on this trip. The five of us

set out for Quebrada Seca in the afternoon of the first of the year. Máximo, another CCD driver, dropped us off two hours later at the trailhead that would eventually lead us to the village. The trail led us through a beautiful valley. We had to hike for one and a half hours, but it felt even longer since we all carried half our weights on our backs. Several times I contemplated leaving the water or medicines on the trail. Our hike was not made any easier when we encountered a friendly drunk who insisted on escorting us to the village. As our guide staggered along the trail, a handgun fell out of his pocket, but we made it to the village without incident. There we were met by the surprised villagers. Jessica had met the people before and quickly explained the purpose of our visit. Within a few minutes, arrangements were made for our stay and messengers were sent to tell nearby villages about the gringo clinic that would be available the next day.

Quebrada Seca is a small village of about thirty households, but it is very well organized. The village had many cooperative projects including water, sanitation, livestock and coffee. Unfortunately, many of these projects were severely damaged by Hurricane Mitch.

There are four other communities within an hour's walk of Quebrada Seca from which patients came. The clinic opened promptly at 8:00 a.m. on January 2. As Jessica registered the patients, Colleen and I gave consultations, Kit dispensed the medicines, and Nikki treated minor wounds and gave massage therapy. By the time we left the village the next afternoon, we had seen over 100 patients. That was my first experience with injuries directly caused by Hurricane Mitch. A young man limped into the clinic helped by his father. With further examination by Colleen, it became apparent that he had weakness on the entire left side of his body and had difficulty speaking. He had fallen and hit his head during the heavy rain.

We also met Raúl, an 82 year-old elder at the home where we took our meals. David, his son, mentioned that he has a father who was "dying" so we need not even examine him. We asked David if we could see Raúl to at least offer pain medications, if nothing else.

We entered the dark house with our flashlights and immediately smelled the stench. We found Raúl sitting on the edge of his bed hunched over. His legs were swollen to his knees with pus oozing from large ulcers. He cradled his contracted right arm with a large ulcerating mass. We timidly introduced ourselves and he lifted his head, surprising us with his lively response. He was no where near dying, but was in obvious pain. Despite his blindness and contracted arm, Raúl had been functioning well until he fell and injured his legs during the hurricane. He had been bed-bound ever since. Kit, Nikki and Colleen carefully cleaned Raúl's wounds, while Jessica and I provided light and clean supplies. After nearly two hours, Raúl's legs were neatly bandaged, his bed cleaned and he had received a shot of antibiotics. Raúl thanked us profusely while tears welled up in his discolored eyes. Before we left the village the next day, we visited Raúl again. His legs were already visibly less swollen and he raved about the fact that he had slept

through the night for the first time in two months. We left his family a bag of medicines along with instructions for his care.

After precariously traversing the river that runs through the valley three times, we met Máximo at the same place he had dropped us off two days earlier. We loaded our gear and arrived back in Quimistan soon after. In Quimistan, we met a group of volunteer civil engineers from the US. They were working with CCD to analyze the soil for various construction projects that would soon replace medical brigades like ours as the main focus of CCD's post-Mitch work.

We spent the next morning getting ready for our ride back to Tegucigalpa. At the CCD office in Quimistan, we met a volunteer named Merlin. CCD was providing Merlin with a scholarship to go to college in San Pedro Sula. During breaks from school, Merlin volunteered in the region. Juan Ochoa, a



From left to right: Colleen, Jessica, Arthur, Nikki and Kit, hiking to Quebrada Seca, a remote village in Honduras that had not seen a health worker in over six months.

DGH Announcements

► **The American Journal of Public Health Devotes Issue to Human Rights.**

The October issue of this prestigious medical journal includes articles by Garfield, Wise, Waldman, Sidel, Marks, Farmer and more. Subjects covered include economic sanctions, South Africa, Haiti, Afghanistan, welfare reform, and American women and HIV. There's also a good section on books and web sites.

► **DGH SPONSORS VISUAL ARTS CONTEST.**

Our previous Health and Human Rights Contest was very successful. It commemorated the 50th Anniversary of the Universal Declaration of Human Rights with poetry that explored the theme of DGH's mission, *Promot-*

ing health and human rights with those who have difficulty making their voices heard. The Visual Arts Contest will address the same theme through a variety of visual art mediums. Look for details in the up-coming months on the DGH web site (<http://www.dghonline.org>).

► **SEND YOUR RECOMMENDATIONS FOR THE NEXT HUMAN RIGHTS IN THE ARTS.** Every Spring issue of the *DGH Reporter* lists 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.

► **FIFTH ANNUAL GENERAL ASSEMBLY.** Don't miss out on all the fun! You have plenty of time

to plan joining us at the next General Assembly, which will be held August 13th to 15th, 2000. It will be held 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 (tell us in advance of special diet requirements).

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

former activist for Central American liberation, was our driver back to Tegucigalpa. Kit, Colleen and I bid our farewells and five hours later arrived at the CCD retreat called Montecarmelo.

At the airport the next morning we bid farewell to Kit and made our way to the CCD central office where we met Martha, the coordinator of the medical brigades, and Mark, an aspiring photographer from Boston. Martha drove us through the devastated areas of the capital. Businesses were already operating and the city was congested with people going about their daily routine, but the sight of half-buried cars, water marks near the top of two-story buildings, and washed out bridges made it impossible for us not to imagine the deluge.


After lunch, we thanked Martha and boarded a bus to Choluteca. We arrived in Choluteca late in the afternoon and were met by the CCD staff from the nearby town of Nacaome. Choluteca is a sizable town near the pacific coast along a river with the same name that swelled to several miles wide during the week-long rain. After the water had receded, the course of the Choluteca River had changed, and a "New River" flowed parallel to it. The mud deposited by the flood was baked into dust by the summer sun, already a month old. During our half an hour ride to the CCD office in Nacaome, we passed through very few places untouched by the waters.

Once there, we met the coordinators Carlos and Patricia. They briefed us on the damage sustained by the people in the region and of the relief efforts. Tens of thousands of people had either a partial or total loss of their homes. The majority of homes lost were those of the poor since their adobe houses melted away with the rising water. Most farmers lost entire harvests, but had food left over from prior harvests. This could not sustain them until the next harvest, however, or even provide enough money to buy seeds for the next planting season.

In the morning, we took a tour of Nacaome and the surrounding region. I stood at the edge of the road that was once connected to a large steel and concrete bridge, now a pile of twisted metal 50 yards downstream. I was trying to imagine what this place must have looked like when the river 40 feet below rose to this height. I looked around and realized that the trees and some rooftops were the only things higher than where I was standing. It must have looked like an ocean.

We then packed our belongings again and headed towards the Salvadoran border at Amatillo. But before we reached the border, we made one final stop at a government clinic. The only doctor at the clinic took some of his valuable time to show us data regarding the emerging dengue fever and malaria he has been monitoring since the hurricane. The numbers were still low, but it was obvious that the numbers had been climbing steadily over the past two months.

Mark, Colleen and I thanked the CCD staff at the border and crossed the bridge into El Salvador. Two months after Mitch, I had expected to see a country in mourning. But, as a true testament to human resiliency, people were rebuilding and moving forward with their lives. Villagers already spoke in terms of "before Mitch" and "after Mitch." Yet Mitch will be remembered only as another set back among other natural disasters, armed conflicts and social injustices that plague the region. As most foreigners who visit developing countries would agree, we learned and perhaps took away more than what we were able to give. The experience in Honduras gave me renewed vigor and a fresh perspective, and the work we do at our public hospitals seems even more important now. The resources we have in the US give us the responsibility to create a healthier society for all people.

– *Dr. Hayashi, a Family Practice Resident at San Francisco General Hospital, was born in Japan and moved to the US at the age of 12. He first worked with DGH in El Salvador as an MDS volunteer for one year (1995-1996) while a fourth year student at Albert Einstein College of Medicine. CCD is a non-profit, non-governmental group promoting Community Development in Honduras since 1984. DGH has made monetary and equipment donations to CCD and will continue to recruit volunteers to work with them.* 

A People Dammed: The Chixoy Dam, Guatemalan Massacres and the World Bank

By Matt Pacenza

Manuel and Luis would like to forget what happened to their village of Río Negro in 1982. They are tired of the nightmares and headaches that accompany their memories.

“What happened to Río Negro in 1982 was so unjust,” Luis says, “but we were not innocent. We had committed many crimes: the crime of being indigenous, the crime of being Catholic, and most importantly the crime of being united, of working together to fight that cursed dam.”

The “cursed dam” was part of the Chixoy Hydroelectric Project, a massive dam, reservoir and power station built by the Guatemala state electricity company (INDE) with funding and technical support from the World Bank (WB) and Inter-American Development Bank. The village of Río Negro stood in the path of the project. The WB counseled Guatemala that the Chixoy project would bring the poor Central American nation cheap, sustainable power. Soon after Guatemalan authorities announced their plans to build this “development dream,” the WB promised \$72 million and the IDB \$105 million, although adequate feasibility and social and environmental impact studies had not been conducted.

One example of the planning flaws that characterized the Chixoy project: neither INDE nor the WB consulted the people that lived along the river to be flooded by the Chixoy dam. Almost two years after project construction began, in 1977, INDE officials flew by helicopter into the small village of Río Negro to inform residents that they would need to abandon their homelands.

These Maya Achí people had maintained a rich cultural heritage along the fertile banks of the Río Chixoy for hundreds of years. “Life was hard, but it was good,” one elder remembers. “People were content. Everyone lived nearby, we all knew each other, and we lived peacefully.” Río Negro villagers were angered by the abrupt announcement that they would soon need to leave their land. “Many people

A DAM THREAT

By Audrey Lenhart

On May 1, 1999 the Coalición de Comunidades Lencas Anti-Represa (CCL, Anti-Dam Coalition of Lencan Communities) was formed in El Salvador in response to the proposed construction of a hydroelectric dam along the Torola River in the regional department of Morazán near the Honduran border. Rumors concerning the possible construction of a dam in the region have existed since early 1998, when surveyors and population relocation experts first visited the region for feasibility studies. The CCL was formed by community leaders to coordinate local opposition to the proposed dam, which would displace an estimated 15,000 people. Should the dam be constructed, the affected population would include many of the communities accompanied by Médicos por el Derecho a la Salud (MDS), one of DGH’s local partner organizations in El Salvador.

The communities that would be affected by the construction of the dam are impoverished and somewhat isolated. Most of the communities have no access to electricity or running water, and many lack basic services such as roads, schools and clinics. Some of the last pockets of indigenous culture in El Salvador (people mostly of Lencan ethnicity) are located in the region that would be left under water by the dam. Some of the heaviest fighting of El Salvador’s 12-year civil war (1980-1992) took place along the Torola River in Morazán, and many of the families living in the region fought for the land they may now be forced to leave.

A public meeting attended by community members and Comision Ejecutiva del Río Lempa officials (CEL, the Salvadoran electric company responsible for the project) was held in the region in the spring of 1998. The communities spoke out strongly against the dam, and the CEL

did not want to leave and stood up for their rights,” Luis remembers. He was a leader of a committee chosen by the community to negotiate with INDE.

INDE and the Río Negro committee reached an agreement on a resettlement package in 1980. However, when the people of Río Negro saw the rocky, marginal land that was supposed to sustain them in their new lives—the farm of Pacux—they refused to leave Río Negro unless they were provided with basic resources needed—fertile land and water—to rebuild their lives. Luis recalls how INDE responded, “They told us, ‘If you don’t leave, we’ll send the army to drive you out with bullets.’ And that’s what happened.”

Violence first struck on March 4, 1980, when three INDE security officials arrived in the community to arrest several community members for stealing from a local store. “We told the soldiers to leave,” one resident recalls. “They began shooting, killing seven of us, and then they attempted to flee. One escaped, the second we caught and later released and the third drowned in the river. For this, we were accused of murder.”

“The proposed dam would displace an estimated 15,000 people, including some of the last pockets of indigenous culture in El Salvador.”


In July 1980, two Río Negro committee members went to meet with INDE officials at the dam site. They were carrying the community’s only records of the resettlement and cash payment agreements that had been reached with INDE. Both men “disappeared.” Their heavily tortured bodies were found a week later. The records were never recovered.

These acts of violence terrorized the people of Río Negro, and peaceful efforts at negotiation broke down. Stubbornly, they remained on their land, hoping that a miracle would allow them to stay. Project construction continued and, by the start of 1982, was nearing completion. The people of Río Negro were in the way, and that year they paid the price.

The first massacre suffered by Río Negro was on February 13, 1982. A local military commander ordered 74 men and women from Río Negro to report to the nearby village of Xococ for weapons training. Upon arrival, they were tortured, raped and murdered by the Xococ civil defense patrol, an involuntary civilian wing of the military employed to terrorize neighboring villages. Witnesses to the massacre recount that the

officials seemed to indicate that it was probable that the dam would not be constructed on that site. However, no final word was given one way or another, and given the history of dam construction in developing countries (see sidebar), the people are not convinced that the dam will not be constructed. Since the beginning of the presidential campaign season in the Fall of 1998, curiously little information concerning the proposed dam has been publicly circulated.

Hard facts concerning the construction of the dam have been difficult to find. One probable theory is that the dam would provide electricity to be sold to Honduras and is part of a World Bank structural adjustment plan for El Salvador. Although it appears that the World Bank is not directly sponsoring the project, it currently is collaborating with CEL on several other projects related to hydroelectric dams in El Salvador. CEL has indicated that its feasibility studies along the Torola River are happening under the auspices of a Japanese funder. This may indicate the Japanese want to sponsor construction of the dam to power a state of the art port they are investing in on the Pacific Coast of El Salvador (Puerto El Tunco in La Union department). As global warming continues to lower water levels in the Panama Canal, the Japanese are investigating the possibility of constructing a “dry canal” from the Pacific Coast of El Salvador through to the Atlantic Coast of Honduras as an alternative means of shipping. The two ports would be connected by a major highway. This network of ports would require significant electric energy to operate, much of which could come from the proposed dam along the Torola River.

The public outcry by the communities that would be affected by the dam is a resounding one, and the formation of the CCL has effectively institutionalized the grassroots struggle against damming the Torola River. The newly elected government in El Salvador has yet to address the issue directly, but the coming months could be crucial to the struggle against the dam as CEL continues to investigate future hydroelectric possibilities in El Salvador. 

soldiers told the 177 women and children before they were killed that they were being punished for being “guerrillas.”

The WB backs this interpretation in several of its Chixoy documents, referring to “insurgency activity in the project area” as the cause of “resettlement problems.” A survivor of the massacre responds, “How can innocent women and children, many of them pregnant, be mistaken for guerrillas? They couldn’t be. None of us were. We were peasants trying to make a living from the soil like our parents and our ancestors. I’ll tell you the real reason for the violence: they wanted our land for their cursed reservoir and dam, and we were in the way.”

Terrified, survivors of the February and March massacres abandoned Río Negro and hid nearby. One group of 84 Río Negro refugees was discovered and killed by soldiers and patrollers at Los Encuentros, five miles from Río Negro, on May 14, 1982. Witnesses who worked at the nearby dam site in Pueblo Viejo assert that several hours prior to the massacre, soldiers stopped at the INDE office there, borrowed an INDE truck and

drove to Los Encuentros to commit the massacre. After they had finished in Los Encuentros, the soldiers proceeded to Río Negro, burning the abandoned village to the ground.

Four months later, on September 13, civil defense patrollers and soldiers killed 92 people in Agua Fria, another village near the dam site. The soldiers forced the victims into a community house, barred the door and machine gunned the house. When all were killed, the house was burned to the ground. Thirty-five of those killed were orphaned children from Río Negro, whom the people of Agua Fria had taken into their homes. In total, 369 Río Negro villagers were murdered in 1982. Survivors fled, and their village was destroyed. No one remained “in the way.” The Chixoy Reservoir began to be filled in late 1982, and what remained of Río Negro was soon underwater.

The WB was not only involved closely with INDE and the Chixoy Project prior to the violence, but granted an additional \$44.6 million loan three years later, in 1985. The April 1996 publication of a Witness for Peace report on the Chixoy Project violence has prompted public questioning of the Bank’s role. WB Pres-

ident James Wolfensohn responded to these questions on June 18. In a letter to Witness for Peace and the International Rivers Network, Wolfensohn wrote that a preliminary investigation had found “no indication that Bank staff had any information...that Río Negro had been attacked in order to clear the way for the reservoir.” One Bank official told Inter Press Service on condition of anonymity that the Bank did indeed know about the massacres as they were occurring, but claimed, “There was nothing we could do about it.”

Survivors of the Río Negro massacres assert that their life has improved little today. Most of them live in Pacux, the farm that INDE purchased for them as compensation for the lands they lost in Río Negro. The rocky, bare soil in Pacux discourages planting, employment is limited and families struggle daily to earn enough cash to buy food.

The economic track record of the Chixoy Hydroelectric Project demonstrates the breadth of its failure. The project has never produced more than 70 percent of capacity. Cost overruns inflated the price tag from \$270 million to \$1.2 billion. And, because of a failure to conduct studies which would have predicted that the erosion of the Chixoy Basin’s badly denuded hillsides would result in reservoir siltation that will soon shut down the power turbines, recent estimates predict that the Chixoy will cease to produce electricity in 20 years. Such clear indicators have forced INDE and the WB to admit the project was a bad idea. In 1987, an INDE president described the Chixoy as “a financial disaster...which never should have been built.” The WB in 1991 stated that the Chixoy “had proved to be an unwise and uneconomic investment” and Wolfensohn in his June 18 letter acknowledges that “this was a very weak project on technical and economic grounds.”

Luis wants the WB to know about their continued suffering, and asks “that they find a solution, an immediate solution, because it happened over 10 years ago, and all that was promised hasn’t been fulfilled...We from Río Negro continue to suffer.”

— Excerpted with permission from the Multi-national Monitor, July/August 1996.

Human Rights around the World

COLOMBIA

By Jonathan Power

It is “very much in our national security interests to do what we can.” When a US president uses these code words it essentially means that the backbone of the US military, intelligence and national security bodies has decided that, if necessary, the US is prepared to go to any lengths, even war, to deal with the problem.

If US intervention were likely to be even-handed perhaps there could be an argument for it. After all Colombia is often exhibit 1 for those who say, look what happens when the outside world doesn't intervene: the local fires just burn brighter and fiercer.

But “even-handed” does not appear in the current lexicon in the Pentagon's thinking on Colombia. Almost perversely, the Clinton Administration seems to be ignoring what the New York-based Human Rights Watch

describes as “the root of these abuses...the Colombian army's consistent and pervasive failure to ensure human rights standards and distinguish civilians from combatants.”

Terrible violence is being inflicted both upon each other and on civilian innocents by all three sides in the armed struggle. But by no stretch of the independent reporting available, whether it be done by Human Rights Watch, Amnesty International or the very few outside journalists who have dared to risk their lives studying the situation close up, can it be said that the left wing guerrillas are the most vicious or the most responsible. The clear consensus is that the army is in league with the right wing paramilitaries who, in turn, are in league with the drug mafia. It is they who consistently set the pace in assassinations, organizing death squads, inflicting torture and practicing widespread intimidation.

The army has not only failed to move against the rightist paramilitaries in any significant way, it has tolerated their activity, even providing some of them with intelligence and logistical support. On occasion it has even coordinated joint maneuvers with them. In a report last year the Bogota office of the United Nations High Commission for Human Rights observed that “witnesses frequently state

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The US commander in chief, Bill Clinton, said last month that vital American interests were at stake in Colombia.

UNITED STATES

By Timothy Holtz, MD

In 1948 the United Nations drafted the Universal Declaration of Human Rights. In a clarion call for common dignity and humanity among all persons, Article Five states that “no one shall be subjected to torture or cruel, inhuman, or degrading punishment or treatment.” The right to life is regarded as one of the core principles of human rights, a right that is universal and underogable (never can be violated).

On our own shores, the imposition of the death penalty is as old as Jamestown. As many as 20,000 persons have been lawfully punished by

death on this continent in the last 400 years. Only five states have managed to keep death penalty abolition on the books since the 1840s. Over the years there have been many setbacks and compromises on this issue.

In 1972, in *Furman v. Georgia*, the US Supreme Court invalidated hundreds of scheduled executions, declaring that existing state laws were applied in an “arbitrary and capricious” manner, thus violating the 8th Amendment's prohibition against cruel and

unusual punishment, and the 14th Amendment's guarantees of equal protection under the law and due process. Just four years later, in *Gregg v. Georgia*, the Court resuscitated the death penalty, ruling that it “does not invariably violate the Constitution” if administered in a manner designed to guard against arbitrariness and discrimination, such as requiring judges and juries to take specific factors into consideration when deciding whether to impose the death penalty.

The closest challenge to the death penalty since that time has been the case of *McCleskey v. Kemp*, brought to the Supreme Court in 1987. Statistical evidence was presented—which the Court did not dispute—demonstrating that the death penalty does not deter crime. In its 5-4 decision, the Court held that evidence of an overall pattern of racial bias was not sufficient to strike down the death penalty and went so far as to state that 1) if we acknowledge racial disparities, it will open the floodgates, so if one can't prove racial bias still continues, the law should be upheld; and 2) a quantum of racial bias is inevitable.

There are now 3,600 people on death row in the US, and nearly 500 people have been put to death since 1977. As recently as 1996 we have witnessed the death of citizens by firing squad (still legal in Idaho and Utah) and hanging (an option in Delaware, New Hampshire, and

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Did You Know?

\$8 billion a year is spent on cosmetics in the US, but \$6 billion would pay for basic education for all. The \$12 billion spent on perfumes in the US and Europe would cover the cost of reproductive health for all women. While Europeans spend \$50 billion on cigarettes, basic health and nutrition for all would cost \$13 billion.

— 1998 UN Human Development Report

ANGOLA

By Maria Rio-Benito

I first arrived in Angola in February 1998. This large country in southwestern Africa is potentially one of the richest in sub-Saharan Africa. It boasts oil, copper, gold, uranium, diamonds, coffee, tobacco, and many other agricultural and mineral resources. But, since achieving independence from Portugal in 1976, it has been engulfed in a civil war between the government (MPLA—Popular Movement for the Liberation of Angola), aided by the Soviet Union, and a rebel organization known as UNITA (National Union for the Total Independence of Angola), assisted by the United States.

When I arrived, the country was enjoying a short-lived peace. My first memories are of the putrid smell and the shantytowns of Luanda, the capital. This greatly contrasted with the better-cared for Menongue, the capital of Kuando-Kubango, the most south-eastern province, where I spent most of my time while in Angola. Except for some handwork of wood and ivory, I saw little productive activity in Menongue. The common meal was *funge* or *pirao*, which are corn or manioc based. Meat was very expensive, and fruits could be obtained only when the roads from Benguela in the west coast of the country were safe. The labor market had collapsed due to the fear of land mines, which also accounted for the lack of wild animals. When I left the country in August 1998, the war had resumed, and with it a humanitarian crisis of catastrophic dimensions.

Historically, the native Bantu and other peoples founded kingdoms in what is present day Angola. Their first contact with Europeans was in the 15th century, when the Portuguese navigator Diogo Cio arrived in the kingdom of Kongo, starting a trade relationship that would develop into colonial domination. More and more Portuguese traders, missionaries, soldiers and even criminals arrived, settled, and established the slave trade, which ultimately supplied two million slaves to their colonies, especially Brazil. Throughout the centuries there were numerous indigenous revolts, culminating in those of 1961 when the MPLA fight for liberation officially began. The MPLA grew out of the long struggle for reform of the colonial system carried out in the urban centers. UNITA was founded in 1966 as one of the minor nationalist movements in the struggle for independence. It was made up mainly of people from the Central Plateau, and controlled approximately 80% of the country's diamond trade and there are suggestions that it collaborated with the Portuguese. The Marxist National Front for the Liberation of Angola (FNLA), was the third player in the struggle for independence and the ensuing civil war.

In January 1975 the three groups signed the ALVOR Accord, which defined the transitional mechanisms to transform Angola from a colony into an independent country. The ALVOR Accord failed in March 1975 when civil war broke out. As one of the cold war battle-

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SIERRA LEONE

By Daniel Bausch

With the sound of gunfire coming ever closer, Aiah Kanu told his two younger brothers to "Take what's important to you and let's go." Seven years later, he finds himself one of an estimated 500,000 Sierra Leonean refugees in neighboring Guinea. The toll of eight years of civil war for Aiah: His house and village burned, father killed, sister missing since 1996, a promising career in engineering turned to that of a driver/mechanic. Aiah's tale is all too common in Sierra Leone. Between 100,000 and 150,000 people have been killed in this small West African country of five million people. Another 10,000 have been maimed, many by the rebel's trademark deliberate chopping off of limbs. Virtually no one has been left untouched by the violence, both physical and emotional, which will take generations to heal.

This wasn't always that way for this would-be tropical paradise. For a time Sierra Leone seemed to have it all: broad sandy beaches, lush rain forest, and a good-humored English Creole flair. The country sported the first university in sub-Saharan Africa and vast diamond mines. But trouble was brewing. The governments replacing the British after independence in 1961 practically institutionalized corruption. The standard of living deteriorated, prompting an uprising in 1991 from a rebel force called the Revolutionary United Front (RUF) led by Foday Sankoh.

This may at first appear to be a remake of the conflicts in El Salvador or Chiapas: Suffering peasants given no choice but to take up arms against their oppressors. But if the rebels ever had a noble motive, it quickly deteriorated to self-serving mayhem. Virtually everyone agrees that the government was corrupt and changes needed to be made; virtually no one supports the rebels. What could have been a struggle for social justice turned into a campaign noted for its brutality and greed. James' brother and sister-in-law, making do in Freetown, the capitol, with one arm left between the two of them, bare tragic testimony.

To understand the situation in Sierra Leone, one has to consider it in the context of its neighbors, Liberia and Nigeria. In the late 1980s, powerful and violent warlords vied for control in Liberia. Among them was the eventual winner and current President, Charles Taylor. In attempts to stem the violence, a West African peace-keeping force, the Economic Monitoring Group (ECOMOG), was established, comprised mostly of Nigerian troops. With the Liberian capital Monrovia too insecure, ECOMOG chose nearby Sierra Leone as its base.

Most claim that the RUF started as a mix of Sierra Leoneans, Liberians and Burkinabes organized and armed by Taylor to get revenge for Sierra Leone's cooperation with ECOMOG, simultaneously keeping ECOMOG troops too busy to "meddle" in Liberia. His statement "Sierra Leone will taste the bitterness of war," lends credence to the theory.

Then, of course, there are the diamonds—an estimated \$300 million

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Did You Know?

Less than 4% of the combined wealth of the world's richest 225 people (\$40 billion) would be enough to achieve and maintain universal access to basic education for all, basic health care for all, adequate food for all, safe water and sanitation for all, and reproductive health care for all women.

— 1998 UN Human Development Report

ADA JENKINS CENTER PARISH NURSE PROGRAM UPDATE

By Frank Hague

The Ada Jenkins Center Parish Nurse Program in Davidson, North Carolina began its second year of operation in July. Beth Bleavins, RN, MPH, the program's nurse, is based in an office in the Ada Jenkins Center, where she counsels patients and conducts various health screenings. But the majority of her work is conducted out in the community she serves, getting residents the services they need, such as helping them understand their medical bills, linking home-bound clients to services like Meals on Wheels, or finding volunteers to help provide them with transportation or regular visits. "Sometimes, that's the best medicine of all," Bleavins says, "just knowing that there's someone there for support and companionship. It's that whole mind, body and spirit connection."

The first year of the Program was highly successful and revealed that the community had a number of health needs that were not being addressed. In addition, existing health resources in the community were often not being accessed and lacked any form of coordination. An important function of the program is to make residents aware of all of these services and to act as a mechanism to ensure that they work cooperatively.


In 1999, the Parish Nurse Program accomplished a lot. It was responsible for over 500 home visits and consultations (combined), as well as several health education presentations to the community on topics such as prostate and breast cancer, nutrition and exercise, and child safety. It began monthly health screenings for senior citizens, and worked in close collaboration with Ada Jenkins Center service providers (family counselor, clinical social workers) to develop an integrated approach to the health problems of community residents.

The Center's nurse also receives ongoing support and training from the Parish Nurse Development Program at Presbyterian Hospital in Charlotte, North Carolina. The ability

to tap into this network has been a great benefit to the development of this program. Bleavins now works with Presbyterian Hospital to help promote and mentor Parish Nurse Programs that are in development at other community centers throughout the state. The model adopted by the Ada Jenkins Center is one that may be attractive to smaller communities that cannot effectively offer a community nursing program through any one church or organization.

Bleavins' goals for this year are to expand the reach and impact of the program in the Davidson community and to increase the numbers of community members who participate as volunteers. Volunteers provide respite care, visit patients in the home, and provide transportation for patients to get to medical appointments. Bleavins is supported by a Health Cabinet composed of representatives of several local churches and organizations. Health Cabinet members keep Bleavins aware of health issues in the "parish" and will be called upon in year two to actively help her recruit more volunteers and organize programs. In the spring of 1999 the Health Cabinet sponsored a series of lectures on Aging presented by a local Geriatrician, Dr. Michelle Stowe Ong. This series was well attended and brought citizens from many different corners of the Davidson community together to discuss their concerns about Aging and care for the elderly.

The goals for the year 2000 include offering programs that will address alcohol and drug abuse treatment and prevention, providing good health practice information for all ages, and celebrating cultural diversity. The Program will be sponsoring a teen health fair in the Spring of 2000 and will continue to offer educational programs, vaccinations, and health screenings throughout the year. Additionally, outcome measures for the program will be revised to better reflect the improved health status of the community as a result of the efforts of the Parish Nurse.

The program continues to successfully attract funding from various organizations and will build on the partnership it has formed with the Davidson community, the basis of which is the belief that the health needs of our neighbors must be addressed by an integrative and active community effort. The Ada Jenkins Parish Nurse Program is also working toward the development of an international service project. This would include promoting the mission of DGH and perhaps helping DGH locate medical supplies and equipment to be donated for use abroad. 

Remembering Dr. Mabelle Arole, DGH AC Member

By Lanny Smith

"In most societies, women are the keepers of health in their households and therefore their status, knowledge and attitudes influence health," writes Dr. Mabelle Arole, in the book *Jamkhed: A Comprehensive Rural Health Project*, which she co-authored with her husband Dr. Rajanikant Arole. DGH was saddened to receive news of Dr. Mabelle's death this past September. Both Drs. Arole have served on the DGH Advisory Council since 1998. Their book—with its radical success stories promoting community health through Women Health Promoter/Midwives and community partnerships—has been a tremendous inspiration for the project in Morazán, El Salvador. Each Health Promoter there owns a copy translated into Spanish, and it is used as one of their text books. Dr. Raj even personally

taught two of the MDS Health Promoters (Armando and Eduardo) on a visit to Honduras in September of 1998. It was through his introduction that DGH was able to coordinate with the Christian Commission for Development (CCD) for Hurricane Mitch relief in the ensuing months. I recall the kindness of both Drs. Arole on my visit to Jamkhed (India) in 1998, where I was able to present slides of the work in Morazán to Dr. Mabelle and the Jamkhed Health Promoters for their inspection, critique and suggestions. A true healer, Dr. Mabelle changed the way many of us perceive community work and the ability of women to bring about change within it. In solidarity with Dr. Raj and their children, Ravi and Shobha, DGH thanks Dr. Mabelle's healing spirit, which remains strong among us.

COLOMBIA

(Continued from page 6)

that massacres were perpetuated by members of the armed forces passing themselves off as paramilitaries.”


It is true that both the preceding government of Ernesto Samper and the present, relatively new one, of Andres Pastrana have moved to suspend or close down particular units, such as the army’s notorious Twentieth Brigade. Yet officers are rarely, if ever, prosecuted, and some have even been promoted. Occasionally there is a dismissal.

“Defending human rights in Colombia is a dangerous profession”, says Susan Osnos of Human Rights Watch. Yet it continues to attract unusually dedicated people. Last year when assassins gunned down the president of a human rights committee in his office in Medellin, the drug traffickers’ home town, it was the fourth president to be killed since 1987. But still someone has taken his place.

The Clinton Administration’s attempts to be even handed have been derisory. It allows the State Department to issue human rights reports that are highly critical of the Colombian establishment, even, in last year’s report, accusing the government of “tacit acquiescence” of abuses. In May last year the US revoked the visa of one particularly corrupt and cruel general. Nevertheless, the main direction of the Clinton Administration is clear—increasing levels of aid for the Colombian military, less strings attached to how it is used and the deployment of CIA and Pentagon operatives to work with Colombian security force units that have not been give a clean bill of health on human rights abuses. Last year General Charles Wilhelm, head of the US Southern Command, told a committee of the US Congress that criticism of military abuses was “unfair.”

Now with the pace being set by US General Barry Mc Caffrey, the Administration’s top anti-narcotics official, Washington is giving more and more aid to the Colombian military, supposedly for combating the drug menace, but in practice aimed disproportionately at the left-wing guerrillas. Already Colombia is the third largest recipient of US aid after Israel and Egypt.

Washington’s sense of frustration is understandable. The left wing guerrillas have not responded well to the significant steps taken towards them by President Pastrana. But then nobody in their right mind expected the betrayals, bad memories and fears of 40 years to be quickly set on one side by handshakes and face to face meetings. But, if the US, angry at the slow pace of events in Colombia, allows itself to be drawn in it will be quite counterproductive. The path to peace in Colombia lies where it has long been—in honest and human government within the country and serious moves by the world’s largest drug consuming nation to pull the rug out from under the drug barons.

— Excerpted with permission from *The Transnational Foundation for Peace and Future Research*. Copyright 1999 By Jonathan Power. 

UNITED STATES

(Continued from page 6)


Washington). While most industrialized countries have abolished the death penalty, the United States continues to legally kill more of its citizens than all other countries combined, except Saudi Arabia and China. South Africa, known for its racist apartheid rules until 1991, now specifically prohibits the death penalty, calling it “inhumane punishment.”

Beyond the debate over the morality of capital punishment, the facts show that the imposition of capital punishment in the US is racial-ly and economically biased. Since the resumption of executions in the early 1980s, 40% of those executed have been black. According to a Congressional subcommittee on civil and constitutional rights in 1993, 89% of the death sentences carried out since 1976 have involved white victims, even though 50% of the homicides in this country involve black victims. A 1990 Government Accounting Office report found a “pattern of evidence indicating racial disparities in the charging, sentencing, and imposition of the death penalty after the Furman decision.” Another study of sentencing patterns in Georgia in the 1970s concluded that someone accused of killing a white person was 4.3 times more likely to be sentenced to death than a person accused of killing a black person. Discrimination against the poor is also well established. As Justice William O. Douglas noted in *Furman v. Georgia*, “One searches our chronicles in vain for the execution of any member of the affluent strata in this society.”

Furthermore, there is no evidence that capital punishment deters crime. Since the re-imposition of death penalty statutes in 1976, the US national murder rate has fluctuated around 8, anywhere from 7.9 to 10.2. There is no obvious or consistent trend downward since that time.

Add to that the fact that it costs more than life imprisonment. “The death penalty in not now, nor has it ever been, a more economical alternative to life imprisonment.” A study in Maryland from 1979-1984 concluded that a death penalty costs approximately 42% more than a case resulting in a non-death sentence. Florida spends about \$3.2 million on each death row inmate, compared to about \$550,000 for an average of 40 years for each prisoner sentenced to life.

And, perhaps most damning of all, Capital Punishment kills innocent people. The Stanford Law Review found 350 capital convictions in this century which were later overturned, though many of these convicts were executed before their innocence was proven.

In 1997 the American Bar Association (ABA) concluded that inequities in our system undermine confidence in the outcome of capital trials and appeals. This led the ABA, which has never taken a position for or against the death penalty, to call for an immediate halt to executions. The UN Commission on Human Rights has also issued a condemnatory report on the US death penalty, urging the US government to halt all executions while it brings the states into compliance with international standards and law. As the Marquis de Lafayette said in 1830, “I shall ask for the abolition of the punishment of death until I have the infallibility of human judgment demonstrated to me.” 

Did You Know?

\$781 billion per year is spent on military expenditures, 78% of which is spent by developed countries. The US exports over \$50 billion in arms every year, more than all other countries combined.

—1998 UN Human Development Report

IRAQI SANCTIONS: A CRIME AGAINST HUMANITY

By Wolfgang Kluge, MD

The war against Iraq continues. Ongoing bombing of the Northern and Southern “no-fly zones” (unilaterally declared by the US and UK) results in scores of civilian casualties. But the real war against the Iraqi people makes few headlines: the economic sanctions imposed on Iraq after the Gulf War are killing hundreds of thousands every year.

Earlier this year I visited Iraq as a member of an international medical delegation, endorsed by Washington Physicians for Social Responsibility (PSR) and International Physicians for the Prevention of Nuclear War (IPPNW). The group of 26 consisted of physicians, other health workers and peace activists from Australia, Canada, the US and Palestine, as well as several representatives of the media. During our week in Baghdad we visited several hospitals (among them Al Mansour Pediatric Teach-

ing Hospital and Saddam Pediatric Hospital) and a school. We met with the Faculty of the Medical School of the University of Baghdad, representatives of the UN, UNESCO, the Red Cross/Red Crescent Society, as well as church, school and government officials. In addition, we defied US economic sanctions by taking medicines, respiratory equipment, medical textbooks and journals with us, the latter most enthusiastically received by the heads of the departments and the students of Baghdad University alike.

The conditions of the hospitals we visited are deplorable—from lack of medications and modern equipment to the poor state of the facilities (only 1 of 6 elevators was working in one) and the impurity of the drinking water (resulting in diarrheal illnesses in patients and physicians alike). Families often sell their possessions to buy medicines on the black market in order to supplement the sporadic and inadequate hospital supply. Patients’ families have to bring them food as well.

Before the Gulf War the Medical School of the University of Baghdad was recognized as one of the best in the Middle East, and Iraq’s health care system was one of the best in the region. Oil made the country prosperous; many nurses, technicians and other trained personnel from surrounding countries worked in Iraq. Lack of funds and inflation (1 US\$ now equals 1,800 Iraqi Dinar) have resulted in a severe economic decline. The specialists left the country and all salaries are now pitifully low: a hospital staff physician now earns 2–3 US\$ per month! Health care in Iraq has declined severely and is now similar to many poor countries in the Third World.

As a cardiologist I was able to make rounds with my Iraqi colleagues in the Cardiac Care Unit (CCU) of the University Hospital. My heart went out to them: they treated the same difficult cases as I do back in the US, but cannot order even some of the most basic lab tests, much less any of the more sophisticated tests we rely on at home.

Many diseases, previously eradicated or controlled, have reemerged: most childhood diseases, malaria, tuberculosis, cholera among them. We saw patients with Kwashiorkor, inadequately treated thalassemia, leukemia and other blood disorders. About 25% of all children under five

years of age are malnourished. This results in lowered resistance to infectious and other diseases, an increase of overall mortality and still emerging social and psychological problems.

Sanctions have affected the entire society: children drop out of school to help earn some money, academics and other professionals work as cab drivers and sell ice cream. Crime and prostitution are on the increase. The current UN Humanitarian Coordinator for Iraq, Hans von Sponeck (who replaced Denis Halliday, who had resigned his position in protest), considers the destruction of education, skilled trades and professions, to be one of the most serious consequences of the sanctions and calls it “intellectual genocide.”

We returned from this trip shaken by what we saw and by the fact that our government still defends economic sanctions as a major aspect of its foreign policy (see *State Department Impedes Congressional Trip to Iraq* on this page). To help our Iraqi colleagues with their medical education, Washington PSR sent a group of professors to the University of Baghdad to teach in October of 1999. 🌿

State Department Impedes Congressional Trip to Iraq

The October 3, 1999 issue of *In These Times*, reports that the US State Department refused to validate the passports of a group of congressional aides for travel to Iraq.

The article “State of Denial” by Terry J. Allen, disclosed that the State Department cited danger from “friendly fire” and anti-American sentiments as reasons for its refusal. According to an official in the State Department’s Office of Consular Affairs, the delegation “was denied because it was deemed not to fall under narrowly defined exceptions.” The department only approves visits to Iraq for journalists, Red Cross workers, humanitarian considerations such as a family crisis, and travel in the national interest.

Yet in a letter to National Security Adviser Sandy Berger, the delegation cited national interest among its reasons for making the trip. Its purpose, reads the letter, was to “examine the effect of economic sanctions in Iraq on the civilian population, governmental policy,

and US economic and strategic interests.”

Phyllis Bennis, an organizer of the trip and a fellow at the Institute for Policy Studies, says, “The State Department has been using every possible means to discourage the fact-finding mission, including threats of prosecution not based on sound law.” The article goes on to state that by denying the request, the executive branch of government was in effect telling the legislative branch how and what it could investigate, what risks it can take and what is in the national interest.

In defiance, the five staffers from the offices of Representatives Sam Gejdenson (D-Conn.), Earl Hillard (D-Ala.), Cynthia McKinney (D-Ga.), Danny Davis (D-Ill.), and Bernie Sanders (I-Vt.), left on August 27 for five days in Iraq. This was the first congressional trip to Iraq in nine years and the first ever to examine the effects of sanctions on the population there.

— *In These Times* is an independent, biweekly news magazine. For information, call 800-827-0270.

ANGOLA

(Continued from page 7)

grounds, Angola's many natural resources, its size and its strategic location, made it too tempting a prize. Apartheid South Africa and the US supported UNITA. Cuba, the former USSR, and the Scandinavians supported MPLA. These groups also received logistical, technical and moral support from neighboring countries where they established permanent bases: Congo Brazzaville and Zambia supported the MPLA, and the FNLA received the backing of Democratic Congo.

When the MPLA won in 1976, the FNLA fell apart, but UNITA continued to fight the new regime. The US refused to recognize the Angolan government and supported UNITA, even though that same year President Ford signed the Clark Amendment, which prohibited US involvement in Angola. US support continued in the 80's under President Reagan. The 1988 New York Accords brought an end to direct interference by Cuba and South Africa in Angola. However, the Angolan civil war continued, now with UNITA supported by the US through Zaire (a support publicly proclaimed by President Bush).

1990 was a turning point: Namibia became independent from South Africa, the African National Congress was legalized and Nelson Mandela came out of prison. UNITA and MPLA, under US and USSR pressure, signed the Bicesse Accord in 1991. This accord formalized the cease-fire and outlined a reconciliation process to be carried out during a transitional phase, which would lead to multi-party elections for the Legislative Assembly and pluralistic elections for the presidency. Free elections took place in 1992. The MPLA won the majority in the legislature. UNITA alleged fraud and resumed the civil war. However, UNITA was increasingly isolated internationally and forced to participate in UN overseen peace talks in Lusaka at the end of 1993. The Lusaka protocol was signed on November 20, 1994. UNITA assured the UN Secretary General in December 1996 that all troops had been demobilized, but they refused to give up strongholds and began retaking territory. In June 1998 the civil war resumed. Since January 1999, UNITA has taken control of 70% of the country. The UN is considering suspending assistance because 20% of the territory is inaccessible to humanitarian agencies. UNITA continues attacks on relief personnel, aircraft, and trucks, as well as daily mass killings of civilians. Massive starvation has engulfed Angola (200 Angolans are dying a day from malnutrition), millions of people are displaced, and the plight of 3 million people is utterly unknown. Those who are not displaced are terrified of working their farms because they have seen their neighbors killed or maimed by land mines while working their fields (in 1996 the UN estimated there are 9-15 million mines buried in Angola, with more being lain by both sides of the conflict). The declining access to basic medical care is beginning to be evident. There was a recent outbreak of paralysis in Luanda caused by poliomyelitis, an illness nearly eradicated in the world. UNICEF reports that three of every ten Angolan children will not survive to their fifth birthday.

Did You Know?

The top 20% of the world's people living in the high income countries control 86% of the world Gross Domestic Product (GDP); 82% of the world's export markets; and 68% of foreign direct investment.

— 1998 UN Human Development Report

SIERRA LEONE

(Continued from page 7)

worth in 1998. It is no coincidence that the war in Sierra Leone started in the diamond-rich eastern province. Although eventually no area of the country was spared, this region has always been the epicenter of the conflict. But it is not only West Africans who recognize the value of a diamond. Although hard to quantify, it is apparent that powerful international business forces from other parts of Africa, Europe and beyond have a hand in the conflicts. Ironically, Sierra Leoneans themselves derive little benefit from the jewels beneath their feet. The rock for which a "lucky" Sierra Leonean is paid a few hundred dollars may be ultimately sold in Belgium for thousands. The ground may be rich, but life above continues to be marked by poverty and violence.

Sierra Leone has seesawed since the onset of the war, descending deeper into chaos with each change. A series of military coups finally gave way to the election of a civilian government in 1996. Dr. Tijan Kabbah became president and shortly thereafter a peace accord was signed. With a cease-fire in place and Foday Sankoh under arrest, a glimmer of light appeared. But darkness again prevailed in the 1997 coup by a rebel splinter group, the Armed Forces Revolutionary Council (AFRC), led by Johnny Paul Koroma. Koroma gave little semblance of standing for anything but the AFRC's own self-interest. The war, which had been largely confined to the eastern diamond mining areas, now surfaced in the capital. Freetown underwent a ten-month siege of terror. Armed gangs from all sides—rebels, soldiers and sobels (soldiers by day and rebels by night)—roamed the streets freely with a "grab what you can" mentality. Six thousand people died of murder and starvation and a third of the city was destroyed. In early 1998, a major counter-offensive by ECOMOG forces reinstalled Tijan Kabbah and stabilized the capital. But Freetown's gain was perhaps rural Sierra Leone's loss.

Pursued by ECOMOG troops the rebels retreated back to the forest. The rural civilian population was trapped in the crossfire. Refugees flowed across the border. Finally, in July 1999, with the participation of the UN and Organization of African States, yet another peace accord was signed. Whether the conditions of the accords will be met remains

anybody's guess. Most Sierra Leoneans, having seen accords come and go, feel compelled to temper their hope for peace with skepticism. And will the often clandestine international marketeers who have made fortunes manipulating the Sierra Leone diamond mines ever relinquish their claims? Maintaining instability there has distinct advantages for them, and they are often powerful. "I don't think there would have been a war if we didn't have diamonds" says James Khomba.

Africans can't understand the world's aggressive responses to conflicts such as Kosovo or East Timor, which are relatively minor compared to those in African nations such as Sierra Leone and Rwanda. "For Africans, there hasn't been much done to make people feel like they are part of this world" says James.

Hal Williamson Clements: A Life of Service – March 9, 1915 - October 13, 1999

Hal Williamson Clements, a founding DGH Board of Directors member, died on October 13 from complications following a stroke. In 1998, writing to invite friends and family to join him at a birthday dinner, he wrote of his life: "The route I have taken has been circuitous and varied. It has been rich and marked by the association with many people from various walks of life. I have been blessed with a good heritage, a loving devoted wife and children. So who could ask for more?"

Mr. Clements was born on March 9, 1915, in Rockmart, Georgia. He began his education at Georgia Teachers' College (now Georgia Southern University) and received his degrees from the University of Georgia, B.S.Ed.(1938) and M.S.Ed.(1941). He met his wife, Cherry Waldrep Clements, while they were both attending UGA graduate school as Rosenwald Scholars. He volunteered for the US Navy and served four years, in Norfolk, Bermuda and Chicago.

Mr. Clements devoted his professional life to public school education, first as a classroom teacher in Polk County and Hinesville, Georgia, and as principal in Guyton, Claxton, Waynesboro and Canton, Georgia. He joined the Georgia State Department of Education in 1958 as State Director of Curriculum Development and also served as State Director of Instructional Materials and Library Services and as State Director of Administrative Services. In 1965, he joined Harper & Row Publishers, but he returned to public education in 1975 as Assistant Principal at Renfroe Middle School, Decatur City Schools. He retired in 1980.

Following retirement, Mr. Clements had a full career as a volunteer. He served on the Boards of Directors of Atlanta Habitat for Humanity, Doctors for Global Health, The Methodist Federation for Social Action, Georgia United Methodist Committee on Higher Education and Campus Ministry,

North Decatur Methodist Church and Wesley Community Center. He was most proud of his service to Meals on Wheels where he delivered meals for 19 years. He personally organized an aluminum can collecting project, donating the proceeds each year to one of the social action groups he supported. Following a heart attack in 1988, Mr. Clements joined the Emory Heart Health Program and was an active participant for eleven years.

In 1989, Mr. and Mrs. Clements were jointly recognized as Alumnus of the Year in the Field of Education by Georgia Southern University in 1992. They were jointly awarded a Volunteer Service Award by the Martin Luther King, Jr. Center for Social Change.

In lieu of flowers, please make donations to Red Bird Mission, HC 69, Box 700, Beverly, KY 40913 or Appalachian Women's Alliance, Dir. Meredith Dean, POB 688, Floyd, VA 24091 or North Decatur United Methodist Church, 1523 Church Street, Decatur, GA 30030.



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Box 1761, Decatur, GA 30031 U.S.A.
Tel. & Fax: 404-377-3566
e-mail: dghinfo@dghonline.org
<http://www.dghonline.org>

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DGH is administered by a volunteer Board of Directors whose members have volunteered with DGH a minimum of three years and are elected by DGH Voting Members. The board is assisted by an Advisory Council composed of nearly 200 physicians, students, retirees, teachers, 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 a non-governmental organization and is not affiliated with any religious group. DGH is incorporated in the state of Georgia as a 501(c)3 organization. Donations are tax deductible.