



# Doctors for Global Health Reporter

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## DGH PROFILE: HAL & CHERRY CLEMENTS

By Jonathan Harris

remembered his daughter Cathy in a short remembrance that was read at his memorial service this past October. "He often said he could not return home until he filled a plastic bag."

Those dozens, hundreds, thousands of cans which Hal brought home with him on his walks and collected from his congregation at North Decatur United Methodist Church over the years, undoubtedly helped make the world a more beautiful place. The money earned from his weekly trips to the recycling center also helped support the work of many non-profit groups, including DGH health projects, which received over \$1,000 over the years from Hal's tireless recycling efforts.

It was one of many outward indications of just how much this quiet and determined man cared about those around him. Friends and family who knew him well say he worked for the good of others in a sincere way not often seen nowadays. This man, whose favorite theme for living was, "This is the day the Lord has made, let us rejoice and be glad in it," didn't seek recognition for the things that he did. In fact, because of his natural tendency towards silence and humility, the full and generous scope of his giving will probably never be known. But it will most certainly continue to be felt.

Discoveries are still being made. "He left a request for an endowment to Georgia Southern University for scholarships," said Cherry Clements, his wife of 58 years, who probably knew him better than anyone. "He didn't tell me or the children about it," she said. She discovered it only after his death. Hal died on October 13th of last year due to complications resulting from a stroke, just short of his twenty-year anniversary volunteering with Meals on Wheels.

Cherry spoke recently about her memories of Hal, while seated at the kitchen table where she has served many an outstanding meal in her Atlanta home. It is the house where Cherry and Hal lived together through more than four decades, and where they raised their children to be environmentally and socially conscious adults. Today, though Cherry is alone, she is as capable as ever. She is surrounded by the

Hal Clements often had a higher purpose in mind, even when he was just walking down the street in his neighborhood. "He picked up empty cans on those walks,"

“Hal considered his greatest accomplishment to be his 19 years delivering food with Meals on Wheels. Every Friday, Hal would spend several hours delivering meals and chatting with people along his route.”



The Clements at a fundraising walk for the Wesley Community Center.

awards that she and Hal received both jointly and individually over the years, including the Martin Luther King, Jr. Community Service Award, being named Alumnus of the Year in the Field of Education by Georgia Southern University, and Cherry's *Unsung Heroine Award* from the organization 100 Black Women of Atlanta. Cherry says she was inspired to help others by what she experienced as a child growing up in rural Georgia. "I saw so much poverty," she recalls. She in turn inspired Hal. "As I volunteered, Hal went with me," she added.

Though she doesn't cook as much as she used to, Cherry is especially proud of the culinary legacy of her mother, "Monga M.a." Cherry preserved her cooking secrets by writing her own series of cookbooks.

On a windowsill sits a bird house that Hal built for Cherry. He made more than twenty such personalized birdhouses for different friends over the years and even sold some to benefit Habitat for Humanity, but this one, which he built for his "one and only," is special. A piece of slate from Hal's birth home in Rockmart, GA, slants down at an angle on the roof. An old Plymouth decal just under the tiny round entrance is a reminder of the wedding gift that Cherry's father gave them. Also appearing on the birdhouse are the initials WAND (for the Women's Action for New Directions—a women's group Cherry

worked particularly hard with) and UMW (for the United Methodist Women). Prominently displayed is also the date on which the two united their lives: June 8, 1941.

"We married when times were hard, just before the war," Cherry remembers. At that time, they were promising grad students, both on prestigious Rosenwald fellowships. They were in their late twenties when they met on a blind date—a picnic one sunny afternoon. They soon fell in love and decided to marry. They didn't have to wait long for a response from someone who knew them both. "It won't work," declared the Dean of their graduate school. They got married anyway after graduating and, with \$60 in hand, began their new life together.

Hal was an elementary school principal for several years in Claxton, south Georgia, where he earned a reputation of being stern but fair. When he left after six years he had such an outstanding reputation

that the local newspaper called his departure an "immeasurable loss" to the school. They noted that he "is a master of detail and has the rare knack of carrying out projects with the minimum of fanfare and the maximum dispatch." The editors of the *Claxton Enterprise* mourned the loss of Cherry as well, calling her a woman of "vast vitality" who would just as deeply be missed.

During World War II, the Clements moved to Norfolk, Virginia, where Hal enlisted as a Chief Petty Officer in the Navy. During their time there, Cherry was also doing her part for the war effort, in a role not many hear about today. "I was a secret communications officer," she revealed. She and other women were responsible for reading communications logs for the Navy and Cherry was investigated thoroughly before they would give her the position. "They went to every town I had ever lived in to investigate me," she explained.

After the war, Hal was hired by the Georgia Department of Education, bringing the Clements to Atlanta where they have remained. They picked out a house near the Fernbank Museum of Natural History—a museum Hal swore to never set foot in due to the trees razed for its construction. Cherry became a favorite math teacher of students at Druid Hills High School, where she worked for nineteen years, chairing the department for nine of those years. In fact, she was Lanny Smith's eighth grade algebra teacher. "She was both vigorous and inspiring, an educator of the first order," recalls Smith fondly. He was obviously not the only one who felt that way: Cherry received several National Science Foundation scholarships over the years, which she used to study and constantly improve her knowledge and technique. In 1971, she was voted Outstanding Math Teacher in the State of Georgia and was named Atlanta Woman of the Year in Education.

All that time, Cherry and Hal were becoming an indispensable part of the Atlanta community as educators, church members and community activists. Cherry also gained a name for herself as a gifted cook. She served up food to the Gores and Clintons during a Habitat for Humanity event, and also fed the homeless and lucky church goers. One of her children once wrote that Cherry could "'get up' a meal...in less time than it takes most cooks to make out a menu." Hal, of course, benefited from her cooking over the years and even had his own meal named after him in one of her many self-published cookbooks. His meal consisted of stuffed peppers, pasta, stewed apples and bread pudding. For a man who craved hearty comfort foods, Cherry's culinary artistry was unequalled as a source of satisfaction.

Following Cherry's lead, Hal became involved in numerous causes after his retirement in 1980. These included becoming Founding Board Members of DGH, joining The Open Door Community, The Atlanta Women's Day Shelter and the Appalachian Women's Alliance. The latter reports it has received more donations in Hal's honor (after his death) than during any other donations drive in its history. Hal also served with Cherry on the board of Habitat for Humanity and undertook so many small causes championing peace and justice that no one will ever know of

*Continued on page 11*

**“Cherry was inspired to help others by the terrible poverty she witnessed as a child growing up in rural Georgia.”**



Cherry Clements presents Dr. Bill Golden, President of the Georgia Southern University Foundation, a check to establish the Cherry W. and Hal W. Clements University Honors Program Scholarship to aid Georgia students in the Honors Program.

## PRESIDENT'S LETTER

By Lanny Smith, MD

with my left arm, here at the social security hospital in San Salvador. One of our friends has just had open heart surgery and needs twenty more units! I invite anyone reading this letter to give a unit this week in our friend's honor, no matter where you are. It is a great privilege—a form of Liberation Medicine. As I told our intubated but very alert Salvadoran friend, I prefer to give my blood for his country unit by unit, rather than all at once as so many of our other friends were forced to do. We are very lucky, indeed.

April 25, 2000 – Now I am back in Boston after the brief trip to El Salvador, which was sandwiched between an official Harvard School of Public Health student and faculty visit to Cuba and another school-based investigation of a 1996 flood in a “favela” (slum) of Rio de Janeiro, Brazil. This flood killed over fifty people, displaced thousands

more for over a year, and yet was never internationally reported because it happened just prior to Carnival (startled tourists mean less cash). Many of the families who lost their homes were relocated to new one-room structures built on a thin layer of soil that was laid over an industrial waste dump. Tubes leading from the waste to the air just above head-level allow fumes to escape. Sometimes the municipality throws a match in the tubes to provide a

combination of torch-light and toxic smoke. “My boy went into a coma for five days and was in the hospital for eight, after breathing that smoke,” said one flood survivor. Why must people live like this in this very rich world? What can we do about it? I hope these are neither idle nor rhetorical questions. I want practical ideas for concrete action. Maybe I want too much, but I am betting you want that much too.

What about El Salvador? MDS, a local partner of DGH, is going strong with the project in Morazán. Five Health Promoters, some of whom had never had access to school during the armed civil conflict, are about to graduate from high school and another from college, thanks to MDS. (One of these Promoters, Abraham, is presently hospitalized with a compound leg fracture; he sends his greetings of solidarity to DGH from that frustrating hospital bed.) A fourth Center for Integral Child Development, CIDI, in Copante, has been completed with a grant procured through DGH from The International Foundation, and the fifth CIDI in Colon is under construction. One MDS volunteer recruited by DGH (the sixth generation of volunteers from Albert Einstein College of Medicine), is enjoying her work in Morazán, and another is scheduled to follow her.

In Chiapas, DGH continues to work on both the preventive (through Health Promoters and local physicians) and curative (through hospital-based Volunteers) aspects of Health and Human Rights. A constant stream of Volunteers assist there.

New work is being done in Nicaragua with the orphanage-school “Los Chavalitos,” in coordination with the non-profit group Friends of Los Chavalitos in New York. DGH Volunteers are scheduled to work in the orphanage the month of May.


And, among other places in the world, DGH continues with educational initiatives in the US, contributing toward the Physicians for Human Rights and Harvard International Student Association for Health and Human Rights Conference, “Breaking the Chains, Building the Links,” which was held in March. DGH Volunteers have been giving numerous conference presentations on Liberation Medicine: from the American Medical Student Association national conference in Washington, DC, to the Hippocratic Society

April 7, 2000 – Back in El Salvador for a brief time and what am I doing? Writing with my right hand while giving blood

of MIT/Harvard, to the P. Catholic University in Brazil, to the Rollins School of Public Health at Emory University in Atlanta (see page 4). DGH is also sponsoring a photography contest emphasizing Health and Human Rights, as a follow-up to last year's enthusiastically received poetry contest.

DGH has begun to receive even more worthy invitations by communities around the world to accompany them through education and other concrete projects. We need your financial help to do this, so please give what you are able. And a warm thank you to all of you who have made our work possible so far. We also need your active

participation to continue molding who and what we are. Please visit the web site at [www.dghonline.org](http://www.dghonline.org) and give us your suggestions. Even better, come to the DGH fifth anniversary celebration and reflection at our annual General Assembly in Atlanta, August 11–13. We want to work with other groups who have similar goals, so if you are part of one let's see how we can learn from, and work with, each other to promote social justice.

Drawing upon Health, Human Rights, Education and Art, let us build with the synergy that comes at the intersection of these currents. “As long as there is poverty in the world I can never be rich,” said Dr. Martin Luther King, Jr. “As long as diseases are rampant and millions of people in this world cannot expect to live more than twenty-eight or thirty years, I can never be totally healthy . . . I can never be what I ought to be until you are what you ought to be. That is the way the world is made.” At DGH we recognize this interdependence and wish to celebrate it through accompaniment and concrete community action. We have mentors and every-day heroes. Through their lives and example we know it's not going to be easy. But, can we do anything else, given the way of the world and recognizing our own good luck within it? 

**“ Thank you to all of you who have made our work possible so far. We need your active participation to continue molding who and what we are. Visit our web site and give us your suggestions. Better yet, come to the DGH fifth anniversary celebration and reflection at our annual General Assembly. ”**

### **C O R R E C T I O N !**

**The last issue of the newsletter published the wrong dates for this year's General Assembly. The dates are August 11–13.**

# What Liberation Medicine Means to Me

BEYOND CHARITY. Asked to offer some of my thoughts on Liberation Medicine, I first turned to one of my favorite books: the dictionary. Liberation means freedom, emancipation; to liberate is to release, to unfetter, to set loose. So I guess we must first ask ourselves if this is the current state of the world's people, i.e. is everyone truly free? The majority of the earth's people make less than \$1 a day; 800 million are malnourished; millions in Africa are dying of AIDS (and the \$400 billion pharmaceutical industry cannot seem to find a way to get appropriate treatment to them); millions of indigenous peoples in India are literally watching the ground beneath their feet wash away thanks to World Bank-funded dam projects in the Narmada Valley. It distresses me to know I could use the rest of my allotted time to simply quote statistics and I would not finish.

I struggle with my role in this world, how I might be a facilitator in the emancipation of people, the poorest individuals of the world, the ones who consume the least in terms of material goods and get consumed the most by preventable diseases, political struggles and the powerful wealthy. For me, Liberation Medicine requires a melding of health in the broadest, most holistic sense, with human rights. The World Health Organization defines health as a state of complete physical, mental and social well-being, and not merely the absence of disease. Couple this with article 25 of the Universal Declaration of Human Rights—which states clearly and concisely that all have a right to food, clothing, shelter, health and education—and the intricate, intertwining nature of these two spheres is evident. Health and Human Rights are not mutually exclusive.

Having had the honor of working alongside campesinos, community health promoters, kindergarten teachers and midwives in rural El Salvador for nearly two years, as well as a couple of brief stints in Honduras, I have learned that true development requires meeting people's basic human needs and education. I recall my struggles with foundations who wanted to give our organization money to build things (buildings, roads, bridges), but which did not—could not—see the merit in providing a livable wage to the health promoters so that they could receive an education and provide important health services to their communities. I would rather have hollow buildings than hollow minds. I wanted donors who were interested in building the infrastructure of a person's mind and heart.

It's funny, because as a pediatrician I am constantly asking parents how their children are doing developmentally: Are they sitting without support? Have they said their first word? Have they started walking? Would that we paid such meticulous attention to the birth, growth and development of each community. Has the community learned how to organize itself and use the talents of all its members? Has the community spoken its first word of what it wants for its people? Just as human development takes time and care, so does the development of a community. —Jennifer Kasper, MD, MPH

**TOWARD A LIBERATION MOVEMENT.** The obvious association I made upon first hearing the term was to Liberation Theology. But the life of seminarians and theologians seems far removed from those of the rest of us. That is why taking that concept and extrapolating it to another profession seemed so right. First it takes the religion out of the mix. Second—and I think most importantly—it proves that everyone can use their own field of expertise to help others and to make this a better world. My mind immediately extrapolated the concept to my own profession. I am a magazine writer and editor. I do my best to support the promotion of Health and Human Rights by volunteering with DGH. Thus, you could say I am practicing Liberation Editing.

It may sound silly, but just think of the possibilities. Even the most unlikely of occupations can be turned into a vehicle for empowerment. The Trickle Up organization, for example, gives small loans to help people start their own businesses. FINCA International also loans working capital to destitute women who would never qualify for regular bank loans. What these organizations are doing could be

labeled Liberation Banking. The plumbers who donate their time and expertise to Habitat for Humanity are practicing Liberation Plumbing. The computer expert who volunteered to network the computers in El Salvador was practicing Liberation Computer Science. My mother, a surrealist painter, often uses her medium to denounce the injustice we have created in this world, which qualifies as Liberation Art. There is no end to the possibilities.

In an article about Liberation Medicine we published in the *DGH Reporter*, Dr. Lanny Smith wrote that one of the goals of promoting the concept of Liberation Medicine is to address and remove the sense of isolation described by Dr. David Hilfiker in his book *Not All of Us Are Saints: A Doctor's Journey with the Poor*. Dr. Hilfiker states that, "Medical practice in a community of poor people often seems a solitary specialty without research, common cause or shared experience." That feeling of isolation is not limited to doctors working with the poor. It is often experienced by anyone who wants to make a difference in more than just their personal bank account. But imagine the community that could be built if everyone working to improve their own backyard could feel a part of a much larger group of people doing the same. A Liberation Movement, made up of Liberation Medicine, Liberation Editing, Liberation Engineering, Liberation Banking, Liberation Plumbing, etc., etc., etc.

Of course, simply doing "charity" does not qualify as Liberation anything. Some of the most oppressive forces in our society do a lot of "charity" work. Any type of Liberation work requires working for and with our fellow human beings with full awareness that the same chains bind us all, even if some of us have an easier day to day life. That is why it is important to extend the definition for Liberation Medicine to this concept: "The conscious conscientious use of one's own vocation to promote human dignity and social justice."

—Monica Sanchez

The following are excerpts from some of the personal perspectives presented at a DGH-sponsored workshop at the American Public Health Association annual conference in Chicago last November. The full text of all the presentations can be found at [www.dghonline.org/libmed.html](http://www.dghonline.org/libmed.html)

**CARING, COMPASSION AND HUMILITY.** Modern American Medicine is based on the Biomedical Model. The Biomedical Model emphasizes science and technological innovation. Feelings and relationships get shoved aside. More and more, our Medicine is bumping up against the limitations of technology. If your heart is sick from years of eating feedlot beef, we bust your blood clots, balloon your arteries, bypass your blockage and even replace your heart. But if you're heartsick because you're a single mother who can't make ends meet, and the kids always do without, and the guys always just take what they can get—then don't waste your time seeing a typical doctor. We need a different mental construct. We need to improve other aspects of Medicine, not build a better PET scanner. Instead of yet another machine, yet another drug, what we need to do is use what we know about human misery and how to alleviate it. Let's shift the focus from technology to values. Three key values are caring, compassion and humility.

The patient wants to know how much you care before they care how much you know. Let's adopt caring as our central value, our central organizing principal. Rather than just striving to "practice good medicine" let's strive to "take good care of the patient." That, of course, is just a start toward "caring." The caring relationship requires nurturing patients and caring about what happens to them. Let's not crusade against death. Rather, let's devote ourselves to caring for our fellow travelers—with love, with wisdom and with compassion.

Compassion means "suffering with." The best doctors feel as their own the suffering of their patients and the patients' loved ones. But in American Medicine, on the whole, we need a lot more compassion. Compassion means empathy and kindness. Sometimes patients need these much more than they need another test. In fact, if your patients trust you, they'll often volunteer the key information needed to solve the case—data that thousands of dollars worth of tests could not provide.

Now we come to the really big deficit. Humility. We doctors have to have strong egos, strong self-confidence. But to truly understand a person requires a feeling of equality. This person here asking for my help might have a third grade education, or Down's syndrome, or an annoying lack of access to soap and water—but they don't really understand death, or the joys of birth, or the other great mysteries, any less than I do. Together we can discover our humanity.

The great Brazilian educator, Paulo Freire, taught that big money interests transform everything into objects of their domination. The modern health care system does just that, moving patients—the objects—through the assembly line with maximum efficiency.

At least some of us heard a call to be doctors. I did not hear any call to see at least 20 patients a day, nor did I hear a call to make a lot of money. I was called to help people, to serve, to relieve suffering. Only by dialogue with our patients—as equals—can we doctors and our patients become fully human—and healthy. — **Ken Hilsbos, MD**

applications of Liberation Theology, Gustavo Gutierrez (one of the most well known and well respected Liberation Theologians) contrasts the concepts of 'development' and 'liberation.' I think this theme is especially relevant to public health. Development has acquired a negative connotation in recent years because it usually connotes a connection to groups that are closely tied to organizations and governments that control the world economy. Hence many development initiatives have posed no real threat to the status quo and have ensured that the interests of those organizations and governments in power are safeguarded. This is usually done at the expense of any type of sustainable development initiative that seeks to benefit the poor by significantly raising their quality of life. As a result, poorer countries are realizing that the only way true 'development' can come about is to break their ties with the dominant organizations and governments, and thus liberate themselves to be engines of their own change. In public health, I understand this as change arising from the grassroots. As public health professionals, our role in this is that of 'accompanier' rather than administrator. We are called to turn the power structures around and work in the interest of human liberation rather than efficiency.

Liberation Medicine is a channel of 'radical change' through which true development can come about. Liberation frees poor countries from the detrimental influence the dominant principalities and powers have on most sustainable development initiatives. Gutierrez describes liberation as a "permanent cultural revolution" whose historical consequences are ongoing. Liberation allows the poor (which entails the vast majority of most countries' citizens) to decide for themselves what they need and empowers them to explore different ways of achieving their goals. Once the poor are empowered, true development, and in our case Liberation Medicine, can occur.

— **Audrey Edmundson Lenhart**

**LIBERATION MEDICINE'S ROOTS IN LIBERATION THEOLOGY.** Although Liberation Medicine is not aligned with any particular religion, some of its ideological roots can be found in Christian Liberation Theology. I will mention some of the main themes of liberation theology that I feel are most relevant to this emerging concept.

Liberation Theology emerged in the Catholic Church after the Second Vatican Council during the early 1960s. It is based on a preferential option for the poor and oppressed. God is seen as coming from the poor through God's incarnation in Jesus Christ. During Jesus' time on Earth, Jesus surrounded himself with the poor. Jesus met a similar fate, void of justice, as the powerless and oppressed of the Earth. Jesus is understood as being subversive to the dominant power structures of his day, and is seen as the liberator of God's people. Through Jesus' example, oppressive poverty is understood as an affront to human dignity and therefore an affront to God.

One of the cornerstones of Liberation Theology is action informed by ideology, or *praxis*. In an attempt to outline practical

For Dr. Jonathan Mann,  
Of Whom Many Say:  
"He Changed My Life,"  
A Thank You

It is of a man walking purposefully and very quickly toward the destinies of others, when I think of you, of a man who heals with his eyes and his gift to show that the listener, the watcher, the wordsmith in your presence is one-on-one, as essential and important to his own and the world's plans as any being alive.

Rather than being "nice" to an oppressive person or idea, you spoke with truth, respect and love. Even your critics wisely praise you now. Dare they do other? Their destinies depend on you; not yours on theirs. Interested in and tolerant of others and their opinions, yes; yet, fighting injustice, you were merciless.

Tireless, yet essentially so very human; enough to fear and make mistakes; enough to overcome them.

Image: your last moments, probable that death was near, you drew your soul-mate close and with her strongly fought like hell to live. Prioritized. Having called your loved ones. Having shown enough to insure that we, the to-be-vaccinated, the masses, the friend-shared, the intimate, the family, we keep on.

"Sweet blood," they call it in Morazán, the from-within flow of goodness, caring and judgment without stigma which makes a leader of the spirit and the mind. You have it. Listen to what the "unknown" people say about your having come and gone. Listen to our loss, and yet our inspiration. Listen to the pain.

How many persons are loved both by their families and by the "unknown" persons of this world?

Crystal clear is the river you have led us to, the stream of Health and Human Rights, the revolution for human dignity and social justice, as individuals, as communities and as healers in and of this world. Difficult water, yet you did not work for thanks. We navigate and hold compass with your inspiration.

— By Lanny Smith

# Human Rights

At DGH we believe there is an intrinsic relationship between art, health, education and Human Rights. Art, in its various forms, inspires our daily work. Every Spring we'll share some of the books, movies and music that have touched us. We invite you to recommend some works that have moved and enlightened you. Send your suggestions to Monica Sanchez at P.O. Box 1761, Decatur, GA, 30031, U.S.A., or e-mail it to [newsletter@dghonline.org](mailto:newsletter@dghonline.org).



## In Print

**A LESSON BEFORE DYING**, By Ernest J. Gaines, Alfred A. Knopf Books, 1997, Fiction, ISBN 0-679455-61-2. On a night in 1948, a retarded black man accepts a ride from friends and ends up the lone survivor of a bloody shootout. Despite his innocence, he is condemned to death. Refusing to eat or speak, he accepts his subhuman status, until a caring teacher takes on the task of inspiring him with strength and dignity.

**BLOOD & TEARS: POEMS FOR MATTHEW SHEPARD**, Edited by Scott Gibson, Painted Leaf Press, 1999, Fiction, ISBN 1-891305-15-8. When Matthew Shepard was found tied to a fence in Wyoming in October 1998, beaten and left to die, the *New York Times* reported that his head had been covered in blood except for a clean spot where he'd been crying and the tears went down his face. In this anthology, 75 poets honor his memory.

**THE GOD OF SMALL THINGS**, By Arundhati Roy, Harper Collins, 1998, Fiction, ISBN 0-060977-49-3. Set in the India of 1969, this beautifully written novel tells the story of young twins and their family. But behind the compelling personal tragedy of the characters is a sweeping background of civil unrest and societal breakdown.

**WHAT LOOKS LIKE CRAZY ON AN ORDINARY DAY**, By Pearl Cleage, Avon Books, 1998, Fiction, ISBN 0-380794-87-X. This gritty and surprisingly funny novel follows a woman as she learns to live and love with HIV. According to *The Atlanta Journal Constitution* this is "a smart novel that will have readers laughing in recognition of the foibles

of human nature as it lays bare its character's—and our own—assumptions about class, sexuality, AIDS and love in unexpected and thoroughly gratifying ways."

**SECRETS OF THE TALKING JAGUAR**, By Martin Prechtel, Putnam, 1998, Nonfiction, ISBN 0-87477-900-6. This is a true love story: the author's 14-year love affair with a Tzutujil Mayan village in Guatemala. His spellbinding narrative is an ode to the people he so clearly respects and finally found a home with.

**DYING FOR GROWTH: GLOBAL INEQUALITY AND THE HEALTH OF THE POOR**, Edited by Kim, Irwin, Millen and Gershman, Common Courage Press, 1999, Nonfiction, ISBN 1-567511-60-0. DGH Board Member Tim Holtz is a contributing author to this extraordinary collection of 14 hard-hitting case studies exposing the truth about who wins, who loses and why a fifth of the world's population is consigned to live—and die—on less than \$1 a day. The studies are rooted in the lives of ordinary people around the world



# In the Arts

waging heart wrenching struggles against a new systemic form of poverty. Among the factors considered are the effects of international restructuring strategies on the poor, the increasing control transitional corporations exert over world health and the impact of US drug policy on global inequality.

**SLAVES IN THE FAMILY: A WRITER'S JOURNEY INTO HIS FAMILY'S SLAVE-OWNING PAST, By Edward Ball, Random House, 1999, Nonfiction, ISBN 0-345431-05-7.** Using his family's plantation records, and black and white oral tradition, Ball tells the story of the people who lived on his ancestor's lands—the violence and opulence, the slave uprisings and escapes. *The Village Voice* praises his courage: "By daring to zero in on his own family's role, Ball breaks hundreds of years of silence from white people—the only way to begin this dialogue between black and white."

**20 YEARS OF CENSORED NEWS, by Carl Jensen and Project Censored, Seven Stories Press, 1997, Nonfiction, ISBN 1-888363-52-5.** The founder of Project Censored, a media watchdog praised by Walter Cronkite and others, compiles twenty years of news that

wasn't the real news at all. In 1994, for example, "the news media flooded America with O.J. Simpson sensationalism," while the EPA retreated in its stance on the ozone crisis.



## On Film

**MATEWAN, Directed by John Sales, Starring James Earl Jones, Mary McDonnell, William Oldham, 1987.** This unflinching and involving film chronicles the dramatic real-life strike staged by the mine workers of West Virginia in 1920. A great history lesson to remind us all just how much blood was spilt getting us the rights we now take for granted—and are quickly losing.

**NORMA RAE, Directed by Martin Ritt, Starring Sally Field, Ron Leibman, Beau Bridges, Gail Strickland, 1979.** This inspiring true-life story of a poor female textile worker who helps unionize a southern mill won Sally Field the Oscar for Best Actress.

**ROGER & ME, Directed by Michael Moore, Documentary, 1989.** Moore's sarcastic wit and touching interviews paint a vibrant portrait of just how unconcerned corporations (in this case GM) are with the fate of their American blue collar workers as they pay homage to the all-mighty bottom line.

**WINDHORSE, Directed by Paul Wagner, 1998.** Filmed clandestinely in Tibet, Katmandu and other remote locations in the Himalayan mountains, this movie tells the story of an aspiring Tibetan pop singer who

wins favor with the Chinese government of occupied Tibet, but faces a crisis of conscience when her cousin, a Buddhist nun, is imprisoned for her beliefs. The singer and her brother join forces to secretly videotape the testimony of their cousin and sneak it out of Tibet. Though fictional, the story serves to illustrate for

audiences the tragic outcome of over forty years of Chinese occupation of Tibet and the struggle of Tibetans to preserve their traditional culture and political freedoms.

**HISTORIA OFICIAL, Directed by Luis Puenzo, Starring Norma Aleandro, Hector Alterio, Argentinian, Spanish with English Subtitles, 1985.** This emotionally gripping movie follows the political awakening of an Argentinian professor as she starts to look past the 'official' story and learn her country's truly tragic history. Along the way she discovers just how personally the injustices perpetrated affect her own family.

**CARLA'S SONG, Directed by Ken Loach, Starring Robert Carlyle, Oyanka Cabezas, Scott Glenn, 1996.** A Glasgow bus driver risks his job by giving free rides to a mysterious Nicaraguan woman he is infatuated with. He soon learns the reason for her sadness: her boyfriend was tortured by the CONTRAS. He goes with her to Nicaragua to help her come to terms with her past, as he discovers more about himself and the politics of injustice.



## On Tape

**FAREWELLS & FANTASIES: THE PHIL OCHS COLLECTION, Wea/Altantic/Rhino, 1997.** Phil Ochs' songs against social and political injustice remain powerful, entertaining and in some cases topical over 30 years after he recorded them. This 3 CD set collects his work between 1964 and 1975, as well as several previously unreleased tracks, including his anti-war classic *I Ain't Marching Anymore*.

**THE BLACK PRESIDENT: THE BEST OF FELA KUTI, MCA, 2000.** *Z* magazine reports that Nigerian Afrobeat innovator Fela Anikulapo-Kuti's propulsive blend of West African sounds, jazz and funk will be available to American audiences with 20 original albums being released this year. The place to begin is this recently released two-CD anthology. With tracks assailing Westernization, poverty, political and military corruption, this set traces an evolving activist art boldly attacking reigning regimes through a fiery African-based brand of pop.

LEFT: *Sodbuster-San Isidro* (detail), 1981, 84 x 288 x 63 inches. RIGHT: *Border Crossing (Cruzando El Rio Bravo)*, 1989, 127 x 34 x 54 inches. Both sculptures are realized in fiberglass with urethane finish.

Working Class Heroes, a traveling exhibit of Luis Jiménez's work will be showing at the Mexican Fine Arts Center in Chicago from Jan. 14 to May 28, 2000. It features seven of Jiménez's huge fiberglass sculptures, sculptural maquettes, drawings and prints. This is the first touring retrospective of the work of one of the country's most celebrated contemporary Latino artists, and covers 30 years of his work, from 1967 to 1996. The exhibit is organized by ExhibitsUSA, a national division of Mid-America Arts Alliance.



# TREATING THE UNINSURED

By Wendy Johnson, MD

The uninsured are in the public eye again and none too soon. During the past few years, the problem of access to health care may have faded from the political stage, but it has only grown worse for the burgeoning number of people (nearly 45 million at last count) struggling to take care of themselves and their families in an increasingly hostile system.

Those of us who treat the uninsured or underinsured have been forced to become specialists in a niche with few medicines or tests and almost no high-tech studies. We become experts at getting a few precious drops from the sea of medical technology that surrounds our patients, but is denied to them. Often we face problems we can do very little about. Like the pregnant woman who thought she just had the flu and waited until she couldn't eat or drink to come into the hospital because she couldn't afford a doctor's visit. She miscarried from an overwhelming infection. Or the young mother with a sudden onset of intractable headaches, nausea and vomiting who had to choose between paying the rent and paying for a CAT-scan to rule out the possibility of a tumor. Or the Nicaraguan immigrant who could not afford

**“Those of us who treat the uninsured or underinsured have been forced to become specialists in a niche with few medicines or tests and almost no high-tech studies.”**

a mammogram to investigate an ominous mass in her breast. Or the 35-year-old man with diabetes who doesn't have the money to pay for critical blood testing to monitor his illness.

Simply by living in poverty, these patients share increased risk for infectious diseases, asthma and complications from chronic illnesses. Many don't even make it into my office, as seen in the higher infant mortality rates and shorter life expectancies found in the poorest neighborhoods.

There are no residencies for this “specialty.” Many of us trained in Internal Medicine, Family Practice or Pediatrics. We found residencies in inner cities and rural areas so we could learn the combination of social work, advocacy and medicine needed to care for patients in this terribly flawed system. We know which antibiotics and blood pressure medications are the cheapest, and often prescribe drugs on the basis of cost rather than more medically respectable grounds like efficacy or side-effect profiles. We learn to pare down to the essentials, narrowing our diagnostic studies to a vital few. We practice at public hospitals or community health centers that attempt to provide “charity care” to the uninsured—at least those lucky enough to live near such increasingly rare

institutions. We do have a cobbled-together network of hospitals and clinics serving the uninsured, but people still fall through the cracks. Some live too far away, some are the immigrants—with and without papers—we allow to do our hardest labor while denying them basic health care. Some have problems, like drug addiction or mental illness, for which accessible treatments are even scarcer.

Of course, I don't like to practice medicine this way—spending an hour on the phone to find mental health services for a patient,

begging for free samples from drug company representatives, calling specialists to find one who will let patients pay off their bill \$10 a month. It certainly isn't what I was taught in medical school. But because of the growing recognition of our two-tiered practice of medicine, we now even have our own professional society, the Association of Clinicians of the Underserved. We are saddened that demand for our services is growing as the nation's policy makers show little interest in taking on the lobbyists who represent the private HMOs and insurance companies.

The uninsured are not alone. With more and more for-profit HMOs controlling access for the insured, a robust bottom-line becomes more important than a robust population. Nearly everyone has a personal tale of health care turned bureaucratic hassle. No amount of tinkering will cure the for-profit medicine industry. Of all the presidential candidates, only Bill Bradley has come close to offering a proposal for universal coverage and his idea does little to address the growing power of corporate CEOs in deciding what our health care system will look like in the future. Instead he proposes a vast voucher system that will funnel millions more tax dollars into the coffers of corporate medicine.

In this era of unprecedented prosperity and federal budget surpluses, we must do more. Two principles should guide health care reform: universal coverage and a move away from for-profit health care. Medicine moguls have botched the job, renege on their promises of cost-control and greater efficiency. Badly managed Medicaid HMOs are going under, leaving struggling public hospitals with millions in unpaid bills. Medicare HMOs illegally engage in picking the healthy patients and leave taxpayers to cover those who are actually sick.

It's time to say “enough” to exorbitant administrative costs of 20-30 percent of expenditures (public programs like Medicare cost less than 5 percent). With multimillion dollar tobacco settlements, state surpluses from welfare reform, a growing economy and a balanced budget, we can have what every other industrialized democracy has had for years: equitable health care for all. We lack only the will.

— Wendy Johnson, DGH Advisory Council member, is a Family Practice physician working in a public health clinic in Cleveland, Ohio. This piece was originally published by the Pacific News Service in December of 1999.

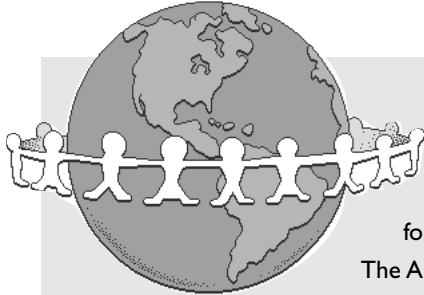


Dr. Wendy Johnson treats the uninsured and underinsured in Ohio.



# Thinking Globally, Acting Locally

DGH is made up of hundreds of volunteers working in their own communities and around the world to promote health and other human rights. Here are some of the smaller-scale projects being supported, organized and/or staffed by DGH volunteers. May they inspire new uses of DGH resources in many other local communities. Send your ideas to [projects@dghonline.org](mailto:projects@dghonline.org).



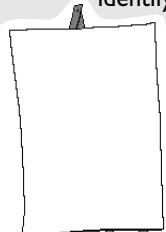
## Atlanta Alliances

DGH is a founding member of The Atlanta Alliance for Health and Human Rights.

The Alliance, a working partnership of organizations and individuals concerned with promoting Health and Human Rights, was organized exclusively for cooperation in non-profit projects and for scientific and educational purposes. Its goal is to promote awareness of the interdependence of Health and Human Rights and promote actions on global and local issues that will improve both.

The Alliance is an informal organization still under construction. Its concept stemmed from a training class on Health and Human Rights conducted by late DGH Advisory Council member Dr. Jonathan Mann. That class was preceded by a lecture series coordinated by faculty and students from Emory's Rollins School of Public Health and co-sponsored by various Atlanta-based Health and Human Rights-oriented organizations, including DGH.

Other groups represented in The Alliance include CARE, The Carter Center, Amnesty International, The Rollins School of Public Health, and the Task Force for Child Survival and Development. The Alliance hopes to help member groups gain synergy in identifying where Health and Human Rights intersect and to bring a human rights perspective to public health projects undertaken by any of them.



## DGH at the Movies: The Long-haired Warriors

On July 20th *The Long-haired Warriors*, a 60-minute documentary about Vietnamese women who were soldiers and prisoners of war during the American war in Vietnam, will be screened in Salt Lake City. The screening will be held at the Brewvies, a private local theatre. All donations and

tickets sales will go directly to help women in Vietnam who were affected by the war either medically or economically. Mel Halbach, the film's Producer, asked for DGH's sponsorship. He feels DGH's support will lend credibility to the event and enable him to arrange a special non-profit rate from the theater. DGH is proud to assist this worthy endeavor. For more information, you can e-mail Halbach at [mccmh@business.utah.edu](mailto:mccmh@business.utah.edu) and read some reviews of the film at [www.coastnet.com/~cinevic/docs99.html](http://www.coastnet.com/~cinevic/docs99.html) and [www.omen.net.au/~dakota/prog.htm](http://www.omen.net.au/~dakota/prog.htm).

## "Charlando" in NYC

DGH volunteers in New York City have been organizing Charlas, or work-



shops, for the Centro de Educación de Trabajadores (Center for the Education of Workers). This non-profit group teaches English as a Second Language and basic computer skills to new immigrants in the hopes of improving their job prospects and helping them make a dignified life for themselves in the US. Most of the students at the Centro are Spanish speakers from Latin America. Others are French speakers from various African nations. There are also a few Asians and Indians. The Charlas are done in both Spanish and English simultaneously. They offer basics on health topics of concern to this population. Andrew Schiavoni (who also managed a little French) gave the first Charla on how to access the health care system, covering everything from public hospitals to the use of emergency rooms. Guillermo Hidalgo, MD, spoke about nutrition, focusing on the change in diet that occurs upon moving to the US, the weight gain that usually follows and the health problems that can create. Future Charlas will cover mental health and work-related health problems.



## Physical Rehabilitation

DGH is working with the Centro de Rehabilitación, a rehabilitation project in some repopulated communities of central El Salvador. It was founded eight years ago, and continues to be run, by a physical therapist from Oregon. Under the guidance of a Salvadoran Rehabilitation Health Promoter she trained and in coordination with other Salvadorans, including a visiting psychologist, these communities now enjoy several rehabilitation programs. The Centro treats clients every weekday and opens its doors on the weekends for those—mostly children—on its Respiratory Treatment plan or for Emergency situations.

DGH recently got a special request for a blind member of the community, Alonso, who is in need of some supplies: Any Braille literature in Spanish (he learned to read Braille in Cuba), a Braille watch (his broke a long time ago), and some playing cards with Braille. We are told that Alonso is very special and quite an inspiration to all at the Centro. He plants his own corn and bananas, with a little help from his wife. He is very independent and a good father to his two little daughters. Contact the DGH office if you have anything to donate.

# LOW INTENSITY WAR ON HEALTH IN MEXICO

By George L. Pauk, MD

We arose at 4:00 AM and entered the sturdy pick-up truck. The health care evaluation team, four doctors, two nurses, a public health staff person, one student from the US and courageous women leaders from Enlace Civil sped into the cold dark of Chiapas. The general advice of “Never drive after dark” in Mexico must be ignored these days if we are to reach the remote EZLN villages and pass some of the many hassles of the Immigration and Army stops along the way before they open in the mid-morning.

Perhaps the first sign of discord in this environment was seen in meeting the large trucks hauling loads of sections of giant ancient trees. Then a view of huge lots filled with piles of the skeletons of the jungle forest. Whose land was being cleared?

Four hours of hard driving through the crisp dawn was like a dream. Our skilled driver was so filled with enthusiasm and empathy for her people that by comparison we were truly impartial observers. We approached the checkpoints with apprehension. Each of us retained some reserve of the confidence that comes with being a US citizen. “Only following orders,” was the commander’s reason for the recording of our passport and visa information. His soldiers surrounded us, stood ready with their weapons, and snapped numerous photos of all of us. We began to realize the much more significant impact of the immigration and military inspections, record taking and photographing could have on our courageous companions. We would leave the country in a few days, but will remain apprehensive for their safety in the days after our departure.

We were really tourists. None of us had met before. A varied group, our interests, education and careers were in liberal arts, science and health. Just as some tourist groups focus on some narrow aspect of culture, we continue our career interests by visiting the health

care sites of the Indigenous People of Chiapas. We were interested, but certainly not experts, in understanding the psychopathology of warfare. No one in our group had been to War College or the School of the Americas for training to understand modern military strategy. Most of us were novices who had to be convinced that a “low intensity war” was a real thing. We were educated by the experience of our days in Chiapas. We learned at least some small measures of the feelings of fear, intimidation, anger and misunderstanding that accompany the threat of present war.

We descend into their long, beautiful valley. The Zapatista villages we see are small, open, places preceded by signs that read, “No alcohol or drugs allowed.” People walk the road, hope for rides, but their main thoroughfare is under the cover of the forest that covers the peaks on each side of the road. There are no roads to countless encampments of displaced people in these hills and mountains. Someone asked about a road building program to improve the health care access to these new villages. The irony of warfare and fear was an obvious answer. A road to each site of hidden humanity would be convenient for them—and the army.

We ask for information and are invited to sit on the ground by the small stream under a grand fig tree. Children play in the water and people carry water up the hill. The health promoters give us excellent long speeches. They are very serious about their mission to detail for us their extensive knowledge of health care and plans for supplies they don’t have. This center of Zapatista life is building a new hospital and clinic. The people do not trust the government hospital, fearing the excessive interrogation and record keeping there.

The new Zapatista hospital is being built well back from the road. It is surrounded by trees and has its back against the steep wall of the dense jungle mountainside. The location reflects the need sick people and their families feel for nearness to natural beauty, privacy and security. One can envision clients coming and going on paths under the cover of the forest. The people and local workers take obvious pride in the new, modern facility, which will be a challenge to finish and supply. These courageous people are building their community and welcoming health care initiatives. This new hospital with its operating rooms and modern design is a gift from one of the many European sources that dominate the good works of Central America. European nations are counteracting US military and low intensity war support with the presence of observers and by funding the building of hospitals where the people are located.

We viewed the facilities and asked many questions. They answered us with direct, full and appropriate detail. The *promotoras* and *promotores* were well versed in health care with a public health viewpoint. They emphasized their lack of supplies and need for continued training, but they also included proper emphasis on basic issues such as sanitation and nutrition. We took note of the veracity of the deficiencies of their inventories.

We traveled further on through the valley and hills where the resistance fighters and their displaced supporters hide. Another wider and hard packed road passed by large military facilities and then abruptly into a large deserted village. Empty homes with deteriorated spots in the roofs and overgrown vines stretched out of sight before us. Memories of stories of “pacified villages” in the history of United States’ actions abroad and the displacement of American Indians from their North American lands jumped to our minds. Even more amazing was the large, two story, gleaming white, 22-bed government hospital and clinic sitting in grand isolation in this ghost town. During our short visit we counted thirty visible staff, but there was only one patient.

On the road back to San Cristobal de Las Casas we wondered at the strangeness and waste of the hospital. We also had to pull over for convoys of Humvies, manned machine guns on top of trucks, and transports packed with grim soldiers. This is a war. We resolved that we must do our best to make the situation clear in the US and change our nation’s policies. Our ambassador must not downplay the existence and significance of the war. We must stop supplying the weapons and our military specialists must stop teaching this special type of warfare.

**“Most of us were novices who had to be convinced that a “low intensity war” was a real thing. We were educated by the experience of our days in Chiapas.”**

## DGH PROFILE: HAL & CHERRY CLEMENTS


*(Continued from page 2)*

them all. “He wasn’t in it for the show,” remembered Reverend Jimmy Moor, who was Head Pastor at the North Decatur United Methodist Church for four years while Hal and Cherry were members. “He was in it because he thought it was right and what needed to be done.” Moor grew to know Hal through his regular church attendance and his tireless activities. But for Moor, it was the caring relationship that Hal developed with Moor’s son, Josh, during an inter-generational faith project at the church that was most meaningful to him. “Hal was never condescending to anyone. He continued to talk to Josh and to communicate and keep up with him after the process finished.” When Hal was hospitalized, Moor visited him and, though he could hardly speak, Hal asked him about Josh. “He always did,” Moor said.

That caring gentle side of Hal was something his children also grew to see in their stern father as they got older. Cathy vividly remembers when she first became aware of it during her first month at college, “Daddy sent me roses. I learned then about a gentle, loving side I had not paid attention to before.” His other daughter, Judy, was well aware of the things he did for others. “Whether it was taking mulch to Sally Wylde’s community garden or taking Jane Wright to therapy sessions after her shoulder surgery or taking a birdhouse for Rob Holley’s real estate office, he valued people and he made them his friends,” she wrote.

Hal was gentle in approach, but could be incredibly stubborn. “He had his steel side,” Reverend Moor said. “He didn’t let you push him around or make fools out of people. He stood up when it was necessary.” Out of all the many things he did, Hal considered his greatest accomplishment to be his nineteen years delivering food with Meals on Wheels. Every Friday, Hal would spend several hours delivering meals and chatting with people along his route.

He was also, like his wife, extremely generous. Cherry and Hal always kept separate checking accounts so that they could support the groups and causes they wanted without interference from the other, a tactic which she believes helped them live in marital bliss through the years. Hal was in charge of the finance committee for DGH and at the first ever board meeting, he and Cherry wrote the check that took the group’s newly founded treasury to \$1,000, to ‘even things up,’ as they wrote on a note that DGH’s treasurer Renee Smith still has and cherishes.

“A giant has fallen,” preached Reverend Moor at Hal’s memorial service. “He grew into the image of God and let that image direct his life.” As hundreds of friends, colleagues and family members packed into North Decatur Methodist Church to say goodbye, Moor remembered Hal with words of the prophet Micah 6:8. Words he believes personify Hal Clements better than any other. “What does the Lord require of you but to do justice, love kindness and to walk humbly with your God?” Hal Clements, who surely strove to live by those words, will be dearly missed by us all. 

### DGH Reporter

**Edited and designed by Monica Sanchez.**  
**Mail suggestions to P.O. Box 1761,**  
**Decatur, GA, 30031, U.S.A., or e-mail it to**  
**newsletter@dghonline.org.**

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 over 200 physicians, students, retirees, artists, nurses, business people and others. A diverse group of volunteers provides the vital core of DGH’s resources, including this newsletter. There are no paid employees. DGH is incorporated in the state of Georgia as a 501(c)3 organization. Donations are tax deductible.

## A Day’s Life . . .

Working in a makeshift primary care clinic, such as those we set up, may be one of the rawest ways I can think of for a person to learn about the challenges people face in their daily lives. We had arrived in Santo Thomas, a small village of adobe houses scattered over an extended ridge and plateau overlooking the Honduran border into El Salvador and beyond. Leaving before sunrise, we spent the last 90 minutes standing in the back of a large truck as it maneuvered rocky roads. At least 150 people had already been forming a set of lines in front of where we knew our clinic would be. The line was growing by the minute, and we eventually saw more than 220 people on this day.

Setting up the pharmacy in a partitioned area was first priority for myself and others who had this assignment for the first half of the day. Our medical interpreter and one of the flu-

ent physicians were beginning to organize a triage system. Pregnant women, malnourished infants, sick children, those with bloody diarrhea, respiratory infections, skin infections and others were being prioritized.

Four of the physicians and two fourth-year medical students were already seeing their first patients. Often they arrived as a unit, a young mother and some of her children. Impetigo and scabies [contagious skin infections] seemed to be endemic; at least 20 children presented with each, some with both. Malnourished bellies full of roundworms and hookworms were also common. A decent fraction of the women and children were clearly anemic.

Throughout the day, some of the saddest moments unraveled. A woman had brought in her paralyzed four month-old infant suffering from untreated Hydrocephalus [build up of fluid in the cranium that leads to destruction of the brain]. Another paralyzed one year-old

child was suffering from the after-effects of what was probably a preventable case of meningitis. A nine year-old girl had a granulomatous sore [firm tissue formed as a reaction to chronic inflammation], speculated as potential leprosy. We treated two children with bilateral cleft lips and cleft palates for respiratory infections. An 18 year-old man had an abscessing infection to the bone tissue of a maimed club foot, the second club foot seen that day; both of which would have been corrected at a young age in the US. Two patients were diagnosed with insulin-dependent diabetes and told about the negative long-term outcomes they faced considering their access to the care they needed. We tried to make arrangements for all their referrals, transport and offsetting the cost of needed tertiary care. Since we worked with grassroots organizations, they might actually get the care they need.

— Luke Rawlings, Honduras, November 1999

## In Loving Memory of Lois Anne "Sandy" Kemp — By Lanny Smith

Sandy Kemp, our friend, an example, DGH Founding Member and Board Member, died unexpectedly the 30th of March, 2000, from a stroke, in the midst of her busy life. Sandy was born in Angola, Africa, in 1928. She lived her life as if every moment were important to her and to others around her. I was in Cuba when she died and I know that would have made her happy. She had great respect for the educational and health gains enjoyed by that people (gains she had seen personally on her visit there), and opposed the US Economic Embargo of the Cuban people.

Sandy taught Spanish at Davidson College for 28 years until her death, serving as department head. During the summers, she would take students on field trips. I came to know Sandy through our common love of the Nicaraguan people and our solidarity with them against CONTRA atrocities. Sandy did not appreciate or tolerate injustice, and she lived her life so as to minimize the injustice

she found in this world. Each November, Sandy's home became a station on the "over-ground" railroad for DGH friends on a pilgrimage to Ft. Benning to rally for the close of the School of the Americas. She also volunteered with Habitat for Humanity, was active in the Davidson United Methodist Church Mission Committee and sent more than a ton of school supplies to Nicaragua during six of Davidson's "Clean Your Desk" campaigns.

When I moved to El Salvador in 1992, she asked to take a delegation from Davidson to visit the people of Morazán, a rich yearly tradition since 1993. In a 50th class reunion autobiography Sandy wrote, "Instead of academic credits, students with me do language study and then visit and participate in projects which help the poor to help themselves."

She was instrumental in the creation of DGH in 1995. I looked forward with great desire to her yearly holiday letters and the insights found within them. Just today I

received a letter from Sandy's family in which they wrote, "Sandy's entire estate will go to the United Methodist Foundation to be forwarded to selected activities in Nicaragua. She walked what she talked!" I feel so much richer and wiser for having known Sandy. So much energy she had, I even feel it now! We need her energy, just as we need her inspiration. Thank you, Sandy, for being with us still.



Left to right: Hal Clements, Lanny Smith, Sandy Kemp and Cherry Clements in a small-group discussion at the 1998 DGH General Assembly.



### DOCTORS FOR GLOBAL HEALTH

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"With Those Who Have No Voice"

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