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DGH IN EL SALVADOR: THE HEALTH RISKS OF PESTICIDE USE

By Masaya Kato, Ph.D., MPH

I arrived at Santa Marta, a remote community in El Salvador, on September 4, 2001. My first task was to find the members of my host family. Dolores and Geraldo live with four sons and one daughter, and

My mission as a DGH

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Dolores' mother, who is 90 years old. Despite my poor Spanish, we tried to communicate, drawing pictures and playing cards. Lots of flowers bloomed in their garden. "I like this family," I felt. So much so that I slept very well, despite being in a strange bed. For four and a half months, I really enjoyed being with this family.

One day, Geraldo and Dolores cooked an armadillo for me. Feeling some hesitation, I ate only a little. Then, Dolores cooked another dish for me. She ate that dish with me, saying, "When I was young, I did not like to eat armadillo. Now, I do not eat armadillo either. But during the war, I had to eat it, because we were so hungry."

During the war, people in Santa Marta had to flee to Honduras. On March 18, 1981, people were crossing the River Lempa to Honduras. It was not

an easy cross, especially for parents taking their children. To make matters worse, government military helicopters appeared. About 50 people were shot from the sky. The unforgettable scenes of the massacre are today commemorated in murals throughout the community.

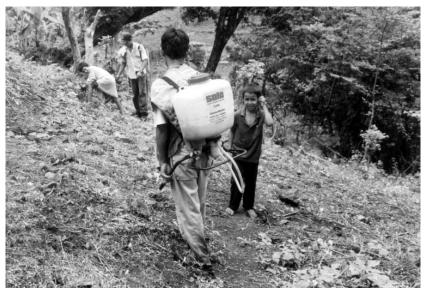
My mission as a DGH volunteer in Santa Marta was to prepare a project to reduce the negative health impact of pesticides used in agriculture. It has long been a concern of Brenda Hubbard, a physical therapist originally from the US, who came to live with the people of Santa Marta more

than 10 years ago. As soon as she came to the community, she was surprised at how pesticides were used. "No protection and no precaution," she explains with dismay. Children and pregnant women engage in the spraying. Every year mothers bring their teenage children to her rehabilitation clinic suffering from pesticide poisoning.

I worked with Brenda and Denise Zwahlen (a DGH volunteer). Our first step was an assessment, for which we recruited local junior high school students. I started a dialogue with them. "Are agrochemicals used appropriately in our community? If not, what problems do you see?" The students listed their observations, such as: "People wash their spraying



Masaya (center) with local students he trained to do pesticide survey.



A high proportion of young boys are engaged in agriculture, spraying hazardous pesticides

tanks in the creek and just down the creek women use the same water for bathing and washing." "People use pesticide containers to store drinking water." "Farmers do not use protective equipment when they spray."

We worked with the students to transform these observations into a questionnaire, which was then revised and tested amongst themselves. We taught them about sampling, ethics and safety, and we provided interview training. The community radio station announced our study every day for a week before the interviews began. Still, it was a challenge for these young people. One noted afterward, "I felt anxious that people might reject us when we visited them to ask the questions in our interview. But, I learned that there is no need to be afraid in our own community."

After the students conducted the necessary interviews, they learned to use computers and entered all the data. They were very excited. For most of them it was the first time they had even touched a computer.

As I worked with them, I was very impressed by the tremendous aspirations and capacities of these young people. For example, Leonel Hernández, 16 years old, does farm work every morning, removing weeds, harvesting beans and carrying corn, all without any machinery. In the afternoon, he goes to school. He also works for a project of ADES, a local NGO, building environmentally friendly cooking stoves with bricks and cement. He is also enthusiastic about reading.

He particularly likes philosophy. He has only one book on philosophy and reads it repeatedly. The books are generally neither available nor affordable for kids in Santa Marta. He also studies math in an advanced grade. At times, he would come to ask me questions about things like standard deviation. His dream is to study physics at a university, but he thinks it will be very difficult. He is not even sure if he will be able to go to high school.

Another of the students, Marleny López, 17 years old, spends lots of time working for her family, preparing meals, hand-washing clothes, looking after her young cousin, and bringing food to family members working in the field. In the afternoon, she goes to school. She likes singing and is a member of the church choir. Yet, she was incredibly dedicated to our project. She is very articulate and her work as an interviewer produced excellent examples for our record-

ing questionnaire, as she added her own observations. She also demonstrated her math aptitude in analyzing the survey data. I was very happy to attend her graduation, as she finished the ninth grade while I was there. She told me it is difficult to find resources to pursue education, but her dream is to study business administration so that she can contribute to the development of her community. The other six youths on the team were similarly ambitious, capable and impressive.

At last, after four months of hard work, the results were presented to the community by the students themselves. We had an audience of about 50, including the community council, teachers and farmers. One of the team members described the experience, "I came to feel a little freer when

I was presenting the work we did in our group, and also to feel that one person can become more useful in our community."

Our survey confirmed the students' initial observations. For example, 29% of farmers discard the contaminated water used to wash the spraying tank in the creek. One out of four farm-

One of the students is very enthusiastic about reading. He particularly likes philosophy. He has only one book on philosophy and reads it repeatedly.

ers (23%) use pesticide containers to store drinking water. Most farmers do not use personal protective equipment. The study also revealed that highly hazardous pesticides are widely used. For instance, methyl parathion, banned in many countries due to its high acute toxicity, is used by 60% of farmers. It also showed that a high proportion of the community's male children work in agriculture, putting them too at high risk of dangerous exposure to pesticides.

The public health impact of pesticide use in agriculture is tremendous in developing countries—99 percent of deaths due to acute pesticide poisoning occur in the developing world (*Acute Pesticide Poisoning: A Major Global Health Problem*, J. Jeyaratnam). We need to understand the root causes of this health problem. Hazardous pesticides are not effectively regulated in developing countries. Multinational corporations export pesticides to poor countries that are restricted or banned in the wealthy countries, and promote their heavy usage. Protective equipment is too expensive for farmers in poor countries, and what is available is not practical in tropical climates.

The day before my leaving, the students organized a farewell party for me with their own money. We ate *pupusas* and danced. A very happy time indeed. What also made me very happy was that my host family accompanied me to the airport. When we said goodbye, Dolores hugged me tight and said, "Come back anytime." I now have my new family in a village in El Salvador.

– With financial support from DGH, local farmers have started a pilot project to introduce an alternative way of agriculture to help reduce pesticide use. DGH has also provided some funds for a project started by ADES, to provide high school education in Santa Marta.

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DGH PROFILE: SHIRLEY NOVAK

By Lanny Smith

"Go find Shirley and the Hermanamiento (Sister Community) quickly, before they leave," Maria Isabel and other members of the Estancia Community Board told me in 1994. "They come here once a year

L I've seen what it's like to

live in a world of Community with

a capital 'C'. The people I've met

know what is important in life,

they know that people are more

important than property.

with resources. We want you to talk and coordinate with them. Please." It was an afternoon in February when they made the unusual request, emphasizing that the group would return to Syracuse from San Salvador the next day. I left Morazán for the city immediately.

"Who is this woman who enjoys such respect and affection from the Estancia community?" I wondered, as I began to search the usual group rooming houses in San Salvador for Syracusan boarders. Doña Everilda had spoken of her, as had Leoncio, Ramiro and Abraham. Finally, I found them, celebrating late into the evening of their last night in El Salvador after ten days of vis-

iting five hamlets of Estancia. They were at a place called "El Izote," named for the stubborn white Salvadoran flower that many find delicious fried with eggs, and which is a symbol of the Salvadoran struggle—cut this tree down, it grows back even more beautiful. A brief explanation of my mandate at the door facilitated a group welcome, followed by discussion. That night began my admiration for Shirley, now going on nine years.

"When I first noticed injustice, major injustice, in the world I was a little less than 8 years old," recalls Shirley Fischer

Novak. She was reared in upstate New York near the Niagara River. "Hooker Chemical and other companies would dump into the river, causing massive fish kills." Her father, a conservationist and environmentalist, would report these fish kills routinely and collect water samples for the New York State Conservation Department, serving as a volunteer. Shirley remembers the Department's water-sample analysis truck parked for one or two days outside her door on multiple occasions. Such work usually resulted in a \$1,000 fine for the company involved, a symbolic but economic slap on the company's wrist. "I also remember my parents taking care of baby raccoons whose mothers had been hit by cars. And, my father had a good friend who worked with the Niagara Falls City Mission, which served the homeless. After we moved to Wilson, in the countryside, I remember bringing quart jars of preserved vegetables and bushels of fruits to the Mission."

Shirley describes growing up as a "dutiful daughter" to her mother. She was the middle child of three girls. Shirley's father died when she was 11. She recalls sitting with her mother at the kitchen table trying to decide what bills to pay. She was the only daughter who drove the family

tractor, whether mowing or plowing their long entrance road free of snow. Of course, she drove that tractor long before she learned to drive a car. Both her parents had voted conservatively, her father all his life and her mother until Vietnam. Her mother was always proud that she didn't vote for Reagan the second time around, saying her eyes "were opened."

Shirley was afflicted early with illness—rheumatic fever. She was kept in bed from ages four to six, and ever after was constantly told, however ineffectually, not to participate in any strenuous activities. She had daily penicillin pills until the age of 21, at which point she sought and found a doctor willing to help her terminate that regimen.

Raised in a Methodist Church in a small, conservative, rural community, Shirley sang in her high school choir and attended youth group activities. When she left home to go to college, she joined thousands of other students in questioning the beliefs she had inherited from her parents. She began attending religious services of different denominations with friends and on her own.

Shirley was in college during the Vietnam war. At Buffalo State she majored in Home Economics. She didn't go to protests, was not involved in anything political. What she did was start an after-school tutoring program for 5th and 6th graders with an African American church in the heart of Buffalo.

Well into this period of searching, she started dating a Jewish student, Larry Novak. "When we began attending synagogue at my suggestion, a comfort level was gradually reached that seemed to satisfy my religious questioning," she explains. After making the difficult decision to convert, she attended reli-

gious classes and counseling with a rabbi for nearly two years, and officially converted in 1970. She married Larry that same year, just two weeks before he started medical school in Albany.

There she began teaching inner-city kids in 6th through 9th grades, and it was tough.

Most were emotionally disturbed and came from very dysfunctional families. They tried everything to make her work hell. For six months she went home and cried daily. And suddenly, somehow, she loved her job and figured out how to work with the kids. This experience led her to attend the College of St. Rose for a Masters in Special Education/Mental Retardation.

When they moved to Baltimore for Larry's Residency in Family Medicine, she worked for one year in a "nice suburban school," and

(Continued on page 8)



Shirley Novak and students in the new kinder in Caserío Colón, La Estancia, during her annual visit to El Salvador, February 2001.

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WHAT WE DO AND WHY WE DO IT

Summary of Keynote Speech By Jack Geiger, MD

What is it that we really do? Why do we do it? And how long will we have to do it? The "we" here is all of us is this room and all of the people who are engaged in human rights work, in volunteer health work, in social justice work in the world. It is a collective "we" of some of the most important and precious efforts that

have gone on, that are going on, and that are going to have to go on.

Let me begin with a reference to a book I came across a couple of years ago, by a historian at the University of Chicago, Philip Klinkner, called, *The Unsteady March*. This historian's analysis is so named to dispel the myth that in the US we have made some sort of steady,

seamless, uninterrupted, if slow, progress toward equality, social justice and racial justice. That is not the way it's happened at all.

As he documents, progress in these areas has occurred in short bursts of 5 or 10 years at most, which have occurred only when, by and large, three major conditions have been met in our history: we have to be at war; we have to have an ideological enemy that requires our political leaders to start to emphasize democratic rhetoric and ideologies; and we have to

Certainly we are in a time of extreme reaction of imperialism, of imperialist aggression at home and abroad, of oppression and civil rights violations and threats at home that I think are unparalleled, not just since the 1950's but since the Palmer Raids of the 1920's. To site one example, John Ashcroft and the Justice Department now have the legal power to compel book sellers to report to them the book purchases of anyone they're interested in. And they're being very creative about the other invasions of civil liberties that have accompanied the so-called war on terrorism.

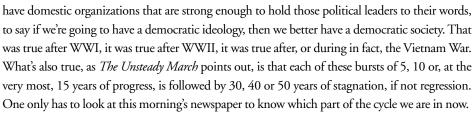
I wrote a chapter on terror and civil liberties for a book called, *Terrorism and Public Health* that will be out at the time of the American Public Health Association meeting. It is indeed scary. In researching that chapter, I read a comment by John Ashcroft when he was asked about how come it was 5,000 people, all of Middle Eastern descent, whom he rounded up immediately after 9-11. He said, "Oh no, it wasn't ethnic, it wasn't racist. We just went and rounded up a set of people who fit a set of generic parameters." That is the all-time classic euphemism, I think.

It occurred to me that would have been a perfectly apt description of the Nazi Nuremberg laws. I started to think about what had preceded the Holocaust. It significantly involved physicians in Germany, the courts and other institutions in German society. Really, the beginning was with the euthanasia, the murder of the physically disabled, of the mentally retarded, and others who were characterized—and this is the key phrase that I want to talk about this morning—as life unworthy of life. "Life unworthy of life." That phrase was involved in that Holocaust, involved in every genocide, involved in one way or another in many of the human rights violations and examples of social injustice that we have dealt with for so long.

What we deal with in our work, quite apart from the extremes of genocide, is a variant of that: "Lives less worthy of life." When we say that the poor have a mortality rate that is multiple times the rate of the rich, when we say poor children die in our country and in the developing world at rates far higher than those of the better off, we are saying that we permit a condition

which in effect says they are less worthy of life. We are sending this message because we let it happen, because we have social policies that almost assure that it will happen, and we let it happen stubbornly and continually.

In 1950, the overall mortality rate for African Americans in the US was 50% higher than the white rate. In 1995, the overall mortality rate was precisely the same, 50% higher than the white rate. These are persistent, stubborn, manifestations of a social belief that there are lives less worthy of life than others. And it is this fundamental premise that underlies the inequities we confront both domestically and internationally. And we know that the size of the gap between the top and the bottom economically, between nations and within nations, is an almost perfect correlate of morbidity and mortality. The greater the gap—and as the gap grows—the greater the level of morbidity and mortality. Yet the global community pays relatively less attention to it.





What we are really say-

ing to the people we work

with is that their lives are as

worthy as our own; that

their lives are as worthy of

life as everyone else's; that all

life is equally valuable.

Steve Miller and Jack Geiger at the DGH General Assembly in Cambridge, MA, in 2002.

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Dr. Jack Geiger, Keynote Speaker at the 7th Annual DGH General Assembly

Jack Geiger, MD, MSCIHYG, SCD, is the Arthur C. Logan Professor Emeritus of Community Medicine, City University of NY Medical School. His professional career has been devoted to the problems of health, poverty and human rights. He initiated the community health center model in the US, combining community-oriented empowerment and development initiatives, and was a leader in the development of the national health center network of more than 800 urban, rural and migrant centers currently serving some nine million low-income patients.

Dr. Geiger's work in human rights (HR) spans over six decades. He was a founding member of one of the first chapters of the Congress of Racial Equality (CORE) in 1943 and was Civil Liberties Chairman of the American Veterans Committee from 1947-51, leading campaigns to end racial discrimination in hospital care and admission to medical schools.

In the 1960s he was a founding member and National Program Chairman of the Medical Committee for Human Rights (MCHR) and Field Coordinator of its Mississippi program to protect and provide medical

care for civil rights workers. He is a founding member (1986) and immediate past-President of Physicians for Human Rights (PHR), a national organization of health professionals whose goals are to bring the skills of the medical profession to the investigation and documentation of HR abuses, violations of medical neutrality, war crimes and crimes against humanity, and to provide medical and humanitarian aid to victims of repression. He served as medical consultant on the UN Human Rights Center's mission to former Yugoslavia (1992), and led PHR missions to Bosnia (1993), Iraq and Kurdistan (1991), the West Bank and Gaza Strip (1990, 1998). He has also been very active in pre- and post-apartheid South Africa.

Dr. Geiger was a founding member of Physicians for Social Responsibility in 1961 and was a co-author of the first major publications in the US on the medical consequences of nuclear war (*New England Journal of Medicine*, 1962). He has published over 25 scientific articles and book chapters on the medical and biological effects of nuclear weapons, lecturing widely on this subject in the US and Europe.

Yesterday the *New York Times* ran a big article about the new black South African elite, and not a word about the townships where mortality is unspeakable, to use the right word. The last time I was in Durban, just about a year ago, I walked through a pediatric ward with 70 babies and 70 mothers, all of whom were going to die of HIV infection, much of which was preventable. All of it reflecting what one can clearly say about the world's response to the AIDS epidemic: that we have decided, as we have for people of color, as we have decided for people in the developing world, that those are lives less worthy of life than our own lives.

Now it would be easy to say in our work that we are just nibbling at the edges, that we are not really capable of making structural change; that we don't have the resources; that we are dwarfed by governments and corporate power; that we are not really making a difference in the way the world is going to be a year later, 5 years later, 10 years later; that we are unable to change the systems. And that would not only be wrong, it misses the point in a fundamental way. The real message in our volunteer work and in our human rights work is threefold:

- ▶ What we are saying to the people we work with is that their lives are as worthy as our own; that their lives are as worthy of life as everyone else's; that all life is equally valuable. By our presence and our work we demonstrate a commitment to the idea of equity, not as an abstraction, but as something that has to do immediately and directly with the lives of the people we work with.
- ▶ Second, what our work does—beyond our medical tasks of prevention and cure, because of the way we work, not only in the detail of community-oriented primary care, but in the principles of working with the community, and in a very real social and political sense—is empower people and communities. That is the real lesson of this burst of 15 years and the regression that followed, empowering people and communities is the only thing that makes those 15 burst years happen and is the most important thing that we do.
- ► The third thing we are really doing is saying to the people we work with that we presume there will be a future. We presume social change. We presume a future that will be different.

Let me tell a true story. In 1957, I was fortunate as a medical student to go for six months to study with Sidney and Emily Kark, the inventors of community-oriented primary care, in South Africa. The Pholela Health Center where we worked was in one of the most impoverished, sickest, poorest areas in sub-Saharan Africa. 600 square miles of a Zulu tribal reserve. Men were off eleven months a year in the factories and mines. Women, children and the elderly were left behind in near starvation, in toxic environments, on land that wouldn't grow very much, with not enough water. There were enormous rates of illness, but the health center did start to turn that around.

Two years after I was there, the apartheid government closed it down, along with a network of health centers that the university and the Karks had started, and all went into exile. One of the people that had been the clinical director there was the great social epidemiologist John Cassle. About 10 years later, John returned to South Africa and decided to visit the Pholela area, to see if there was any residual evidence that the health center had been there. He was struck by the fact that, in comparison to other areas similar in size, composition and population, there was a visibly, markedly higher degree of educational aspiration and level of educational achievement.

When John Cassle told me this, I was startled because we had seen exactly the same thing in Bolivar county, Mississippi, in our own health center work. Indeed, the Delta Health Center Project was a copy of the Pholela project. We had 600 square miles of Northern Bolivar county, the difference was the land was rich rather than poor. But the poverty, the illness and the morbidity were as extreme. This population had a mean educational level of 5th grade, and most of that was in inferior, rotten, segregated schools. One of the things the health center had done was open an office of education, simply to put people in touch with educational resources, knowledge of scholarships, knowledge of how

(Continued on page 10)

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If the Mango Tree Could Speak

A Collaborative Poem

If the mango tree could speak, it would be honest.

It would tell us how it feels inside.

It would touch our hearts and we would know what is good and bad.

It would talk about my people and say how they live.

It would talk about my broken heart of memories, My broken heart of my past My broken heart hearing people cry for their relatives.

If the mango tree could speak it would weep with the fear of thousands of years.

It would cry for all the suffering of the people.

It would say what happened a long time ago.

It would speak about what has been lost.

It would teach numbers by counting how many people it has seen killed.

It will tell how the people are suffering.

It would say that the children are strong.

If the mango tree could speak, it would be a storyteller, It would be shy. It would know great and sad stories.

If the mango tree could speak it would say that the people are beautiful and that they have love to give.

It would say "help the poor people."

It would sing
"Hope lives on
Peace can come
Wave its banner in my leaves."

If the mango tree could speak, it would say "Do not cut me, please."

It would say "I love you."

The mango tree would tell the truth.

-The Mango Tree poem was written collectively by the children of the "Writing Out of Darkness" program in Tucson, AZ. The children's thoughts were gathered into one poem after they watched a video of children who had stayed behind in their countries of origin: El Salvador, Guatemala and Nicaragua. The children in the group are from families who had to leave their countries during the civil wars and oppression of the 1980's because of threats of torture or death.

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 other issue 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 with a brief description to Monica Sanchez at newsletter@dghonline.org.



WE WISH TO INFORM YOU THAT TOMOR-ROW WE WILL BE KILLED WITH OUR FAMILIES, by Philip Gourevitch, Picador, 1999, Nonfiction, ISBN: 0312243359. For anyone interested in, and confused by, the genocide in Rwanda, this book is an essential read, and provides clarity into a situation that was often very cloudy. As the International Criminal Tribunal on Rwanda slowly hands out verdicts, Gourevitch's historical account of the gross crimes against humanity gives us perspective of all sides of the slaughter. By documenting the failure of the international community to respond to an emergency that quickly engulfed a continent and led to the deaths of millions of people, it sounds the alarm that disinterest in the rights of the disadvantaged can have disastrous consequences.

MEDICINE BETRAYED: THE PARTICI-PATION OF DOCTORS IN HUMAN RIGHTS ABUSES, British Medical Association, Zed Books, 1996, Nonfiction, ASIN: 185649 103X. In 1992 the BMA took the bold step of publishing this volume documenting the participation of medical professionals in human rights violations around the world.

WAR AND PUBLIC HEALTH, edited by Victor Sidel and Barry Levy, Oxford University Press, 1997, Nonfiction, ISBN: 019510 8140. The first collection of articles to address the public health and human rights aspects of warfare, including the effect on civilian populations, economies and the environment. Dr. Sidel has been a human rights activist for over 40 years, from his seminal

article in the *New England Journal of Medicine* in the early 1960s about the population effects of a nuclear attack on Boston, to his involvement with community health in the Bronx, to being an eloquent activist for a single payer health care system in the US. Dr. Levy is a nationally recognized occupational health specialist. Both are past presidents of the American Public Health Association.

KING LEOPOLD'S GHOST, by Adam Hochschild, Houghton Mifflin Co, 1999, Nonfiction, ISBN: 0618001905. A fascinating and gripping account of the fight against the rule by King Leopold of Belgium over the Belgian Congo, arguably the first human rights campaign of the 20th century. It proves that the concerted efforts of a few concerned citizens can direct world attention on gross violations of human rights, embarrass a major world power, and lead to structural changes at national and international levels.



Arts

LIVING MAYA, by Walter F. Morris, Jr. and Jeffrey Jay Foxx, Harry N. Abrams, 2000, Nonfiction, ISBN: 0810927454. This is the first volume to document the life of the Maya of today, a remarkable people who are the direct heirs to the magnificent Maya culture of Pre-Columbian times. Morris, a highly respected expert in the field, and Foxx, a well-known ethnographic photographer, capture the spirited story of this extraordinary people, who live in Central America and southern Mexico. Living Maya reveals daily rituals, religious ceremonies, colorful markets and stunning landscapes. Myths, legends and songs are explained and depicted, and there is a special emphasis on the Maya's weaving, the one art form to have persisted virtually unchanged throughout the last 2000 years. Includes 25 photographs in full color, 60 line drawings, and two maps (see photos below).

THE SPIRIT CATCHES YOU AND YOU FALL DOWN, by Anne Fadiman, Farrar Straus & Giroux, 1998, Nonfiction, ISBN:



LEFT: A man from Zinacantan, in the highlands of Chiapas, Mexico. Photo by Jeffrey Jay Foxx.

ABOVE: Mol Domingo is a Chamula *curandero* (native healer). He is standing at the altar where he performs curing ceremonies. Often, one of the 'ingredients' in the ceremony is the drinking of Pepsi Cola. Photo by Jeffrey Jay Foxx.

Images courtesy of Jeffrey Jay Foxx from the book *Living Maya* (see description above).

0374525641. Anne Fadiman spent seven years interacting with the Hmong community in Merced, California and the medical professionals that serve them. This book tells the story of a young Hmong girl born with an intractable seizure disorder, and the subsequent years of understanding and misunderstanding between physicians at the local hospital, her family, and the Hmong community in Merced. It is a compassionate account of how culture and context are important in the understanding of health and illness, as well as an illuminating history of the political economy of the Hmong people and the role of the United States in the War in Southeast Asia in the 1960s. A must read for everyone interested in cross-cultural medicine. A National Book Critics Circle Award winner.

WOMEN IN THE SANCTUARY MOVEMENT, by Robin Lorentzen, Temple University Press, 1991, Nonfiction, ISBN: 0877227 683. The sanctuary movement in the United States began in the 1980s in response to growing numbers of Central American refugees seeking political asylum. While the media portray male clerics as the leaders of this religious-based political movement, women outnumber men at all levels of organization. Using twenty-nine in-depth interviews with women involved in eight local sanctuary sites, Robin Lorentzen explores the workings of the sanctuary movement; the

reasons for their commitment to this illegal activity; and the relationship between their activism, liberation theology and feminism.

HUMAN RIGHTS AND HEALTH: A READER, edited by Jonathan Mann, Sofia Gruskin and Michael Grodin, Routledge, 1999, Nonfiction, ISBN: 0415921015. Quickly becoming the standard text for health and human rights courses around the country, this book is a compilation of seminal articles from the *Journal of Health and Human Rights*, published by the François Xavier-

Bagnoud Center for Health and Human Rights at Harvard University School of Public Health. Even though it was published after the untimely death of one of the founders of the modern health and human rights movement, Dr. Jonathan Mann, it serves as a core representation of the ideas and principles that he and his colleagues are dedicated to promoting. You will find yourself going back to the articles again and again.



1900, Directed by Bernardo Bertolucci, Starring Robert De Niro and Gérard Depardieu, 1976. Tracing 45 years in the lives of two men born just after the turn of the century, Bertolucci's four-hour-plus epic dramatizes the class politics that tore Italy apart. Alfredo is a wealthy padrone who finds himself aligned with the fascists, while his boyhood friend and double, Olmo, is a peasant-turned-socialist agitator. Their friendship, lives, and loves are strained past all limits by the brutality, prejudice, and warfare that erupt all around them.



On Tape

EL MENSAJE (THE MESSAGE), SUMAJ CHASQUIS, 1994, SUMAJ CHASQUIS PRODUCTIONS. The CHASQUIS were the messengers of the pre-Columbian culture. Sumaj CHASQUIS, meaning GOOD MESSENGERS, was founded by Bolivian Indian and Mestizo musicians in order to foster appreciation and conservation of the culture and music of the Bolivian Andean Highlands. Sumaj CHASQUIS performs their music in three languages: Aymara, Quechua and Spanish. They have performed throughout North America with great acceptance. A Sumaj CHASQUIS performance gives you a feeling for their ancient culture of BOLIVIA and makes sure that you get THE MESSAGE while having an extraordinary experience. For more information, write to 54 Canal Street, Medford, MA, 02158.

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The Sanctuary Movement By Joy Mockbee

In the early 1980's refugees from El Salvador, Guatemala, Nicaragua and Honduras started

finding their way to the United States as they fled the US-funded wars in Central America. They came across the border with scars from torture, many having had their families murdered, often fleeing death threats. Rather than being welcomed as refugees, they were treated as criminals by the US government, arrested and detained, or worse, deported back to their home countries where they would almost certainly face further torture or death.

For everyday US citizens who learned about the refugees a moral question arose–do we support people fleeing for their lives or do we submit to US policy? A small group of clergy and other people of faith answered this question with a public announcement that they were going to follow their consciences. They banded together to form a modern-day underground railroad offering public sanctuary. The movement grew, eventually becoming the largest civil disobedience movement in the US since the Vietnam war.

Sanctuary workers helped refugees cross the border safely, gave them shelter, and invited refugees to live in their homes and places of worship. They helped them to move on to safer cities, learn English and find jobs. Their lives were changed as they came to know the refugees and learned from them the terrible atrocities that had taken place, as well as the resilience of those fleeing them. Sanctuary workers saw the connection between the policies of their own government and the suffering of the refugees they interacted with, and started working to change the US policies.

Taking part in the sanctuary movement was a significant risk. The US government sent informants into sanctuary meetings and into people's homes and places of worship. Several key figures were arrested, tried in federal court and convicted.

Ultimately, the sanctuary movement was about ordinary people choosing between violating an unjust law and helping other human beings in grave need. But the choice between following an unjust law and doing what is right is one we will continue to face.

DGH Profile: Shirley Novak

(Continued from page 3)

hated it. Compared to her prior job, there was no challenge. So, when she became a mother to her daughter Jennifer (now a social worker in New York City), it was not that hard to decide to stay home to raise her. They moved to Syracuse, NY in 1977 and, shortly afterward, Hannah was born (recently working with Human Rights Watch, now in a public policy program at Johns Hopkins).

Shirley returned to teaching when her children were in upper elementary school. Twelve years ago Shirley was offered part-time work at a Spanish-language pre-school, MANOS. Her special education training qualified her for her second current part-time job with the County Health Department, teaching educationally challenged pre-schoolers and their parents.

When thinking back on her life, Shirley divides it into pre-Sanctuary (the Home Economics major) and post-Sanctuary (the radicalized Social Justice defender). After she encountered the Sanctuary Movement in 1984, her eyes were opened. "As we in the US began to take clues from the Salvadorans, listening to their stories, getting informed about their reality, learning about the connections between our military and their sufferings, we moved beyond hospitality to resistance," remembers Shirley. "The more I learned about US involvement, the more I tried to change that policy. Our government was paying about \$1.5 million a day to support this civil war," she explains. "In the mid-80s the US Government tried to stop the Sanctuary Movement and began to arrest Sanctuary workers and refugees. However, this had the opposite effect than intended. People felt they were doing the right thing, the human thing, and more and more communities declared themselves places of Public Sanctuary." Someone from Shirley's synagogue told her of a Salvadoran living in Sanctuary in Rochester. He was invited to speak in Syracuse and Shirley was moved by his story. "That was it," said Shirley, "I never turned back."

In 1986 she and others in Syracuse decided to invite a family into Sanctuary within their community. This became a major part of her life and that of her entire family. At this point Shirley had not yet started working outside her home, so she was asked to attend to logistical matters, such as driving the family to their doctors' appointments and registering the children in school. Roberto and Gloria, the chosen couple, had three children just a little younger than Shirley's. For one and a half years the family was in Syracuse. "Their kids and ours spent lots of time together," said Shirley, "and this had a huge impact on my own children."

Then, suddenly, they left. Based on many test cases, the family was highly unlikely to get legal status in the US. With the Sanctuary group, they decided it would be best to go to Canada. At that point the borders were relatively open. On Martin Luther King, Jr. weekend Shirley and the family drove to a religious community in Maine and crossed the border with its assistance.

This experience made Shirley want to visit El Salvador, but the circumstances were never right. Finally, after the Peace Accords of January 16, 1992, Gloria was temporarily working with the Ecclesiastical Base Communities in El Salvador. She returned to Canada with several fundraising requests. At first the idea was just to send a donation from Syracuse in response. Then Shirley and Ann Tiffany (DGH Advisory Council member) decided to deliver the money themselves. Shirley spent many hours working on the proposal for the journey. Her daughter, Hannah, became involved as she watched her mother write the funding proposals and invitations so Shirley decided to invite her. Two weeks of reflection later, Hannah accepted. So, with Roberto as guide—returning to his country after 13 years in exile—the local Sanctuary group came full circle as the Syracuse-Estancia Sister Community made its first Salvadoran journey in February 1993.

In 1994, Shirley made two trips, the second as an election observer (with DGH AC member John Paar). And she has returned each year with two trips in 2002; a total of 12 trips to date. Each time she has grown closer to the community of Estancia. On the Sister Community trips, the group would get to know the daily reality of Estancia, but also seek to know more about El Salvador. For instance, in 1995 they went to El Mozote a second time with Rufina (the only survivor of the massacre). They also went to Segundo Montes, the National Cathedral in San Salvador, the Museum of the Revolution in Perquin, and the Central American University (where the six Jesuit

Priests, their housekeeper and her 14 year old daughter were killed on November 16, 1989).

On a typical visit, the Syracuse delegation spends time sharing with each of the five communities in Estancia. They learn of any changes since their prior visit, including new additions (a school, clinic, kinder). Shirley was even able to teach songs in the kinders. But most of all, she has made true friends. During the 1996 visit to El Salvador, Shirley learned by telephone that her mother had died. Her Salvadoran friends offered solace and accompaniment in her grief.

Jose Franco, a Salvadoran who has worked with MDM (Physicians of the World–France) since 1981, and who had to inform Shirley of her mother's death, says of her: "She is a person who is committed to those living in the poorest communities of the Department of Morazán. The problems of the Third World have converted her into someone with an incredible social sensibility, engaging her to seek opportunities of greater justice for people everywhere."

Shirley credits much of her motivation toward Sanctuary and the Sister Community to her Jewish faith. She makes the connection with the Sanctuary movement and those who rescued Jewish people during the Holocaust. She counts attending The Gathering (of Jewish children hidden during the Holocaust) on July 9, 1991 as a major influence on her own perspective. In the alternative Passover seder that Larry and Shirley lead every year for family and friends, as they discuss the past slavery of Jews in Egypt, they bring awareness to the slavery that still exists around the world in the form of oppression and political injustice.

"I met Shirley nearly ten years ago," Irma Cruz writes from Morazán. "She is someone working for a better life for all, especially for those who need it the most. In this struggle she involves her friends, her family and all the persons or institutions that she can possibly unite."

A DGH Founding Member, Shirley has contributed profoundly to the growth of the organization, currently serving as its Second Vice-President and Advocacy Counsel. She made the connections leading to DGH 's participation as a founding group of the Mexico Solidarity Network, and has provided leadership in DGH's participation in the movement to close the US Army's School of the Americas (the school's name has been changed to protect the guilty, but "School of Assassins" describes its function well). In 2001, Shirley and her husband Larry volunteered over a six month period with DGH partners in Uganda, Chiapas and, of course, El Salvador.

"Why do you do what you do?" I asked Shirley one day. "Because I can't do otherwise," she replied without pause. "Once I began to learn the reality and understand the full extent of injustices, I could not walk away. My life has become so rich, with such a variety of experiences and people. I have learned so much from the people of El Salvador. I have lived a life of privilege in the US, by the color of my skin, the places I have lived, my education, and it is in some way at the expense of people who haven't had privilege. I can't ignore that. When I think of how many people live in the US not knowing their neighbors either across the street or housed above them, I

see how we live in an isolated world. But, I've seen what it's like to live in a world of Community with a capital 'C'. The people I've met know what is important in life, they know that people are more important than property. When speaking at schools, I am sharing a message that we in the US have lost along the way: Leave the world a better place than it was when you came. Realize that the connections and the people are the most important."



Shirley Novak and Barbara DeFrancqueville raising money for the kinders in El Salvador by selling matatas (string bags hand made from natural fiber of the maguey plant) at a Latino Festival.

DGH Announcements

▶ DGH Hires First Employee. As DGH has grown, requests by communities for our accompaniment have increased. Our budget and board have struggled to keep up with our desire to respond to these requests and specific communities' needs. We soon realized that further growth would necessitate hiring our first employee. After an extensive search, we hired a full-time Development Coordinator to help build our human and financial resources. Mollie Williams, a graduate of the University of Michigan School of Public Health, joined us on May 1, 2002. She brings with her extensive experience in public health program management, project evaluation and fundraising, as well as a commitment to social justice and enthusiasm for DGH's mission. Join us in welcoming her to the DGH family! You can contact Mollie with fundraising ideas or suggestions at development@dghonline.org.

▶ DGH Founding Board Members Honored. Cherry Clements and her late husband Hal Clements, received the Eleanor Richardson Award for Social Justice in June 2002. Presented by the North Georgia chapter of the Methodist Federation for Social Action, the award honors the Clements in recognition of their long-time social activism.

► DGH General Assembly. Mark your calendar now! Join us in the San Francisco area the last weekend in July 2003. Visit the DGH web site for details in the coming months.

DGH Reporter

Edited and designed by Monica Sanchez. E-mail suggestions to P.O. Box 1761, Decatur, GA, 30031, USA, or e-mail them 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. As of May 2002, DGH has one paid employee. Incorporated in the state of Georgia and registered with the IRS as a 501(c)3 not-forprofit, DGH welcomes your donation, which is tax deductible. To donate, please make your check out to Doctors for Global Health and send it to the address above. You will receive a letter stating the amount of your gift for tax purposes, and the very good feeling of having helped make a difference.

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2002 DGH General Assembly, Boston, MA

The seventh Doctors for Global Health General Assembly is now history. On August 2–4, at Lesley University in Boston, 107 attendees (110 if you count those under 7) were inspired, enriched, entertained, and educated. The amazing benefit concert on Friday evening by Sol y Canto and Sumaj Chasquis was well-attended by friends of DGH and both bands. It was a fitting kick-off to the assembly. In keeping with the General Assembly theme, "Health and Justice: For All or Just US?", speakers Dr. Jack Geiger, Dr. Juan Romagoza, and Dr. Alan Meyers presented inspiring messages, and DGH volunteers gave up-to-date reports on projects in El Salvador, Nicaragua, Uganda, Mexico, Peru and the United States. Networking and good fellowship abounded throughout the assembly, especially during the Saturday evening barbecue. If you were unlucky enough to have missed this year's General Assembly, plan now to enjoy the Eighth Annual DGH General Assembly in the San Francisco area the last weekend in July 2003. Watch the DGH site for details.



Sumaj CHASQUIS, playing at the DGH Benefit Concert that opened the 7th Annual General Assembly. The CHASQUIS, meaning GOOD MESSENGERS, were the messengers of the pre-Columbian culture.

WHAT WE DO AND WHY WE DO IT: DR. JACK GEIGER

(Continued from page 5)

to apply, that they had been systematically cut off from by racist segregation. In the first decade in that county, our program produced seven doctors, five PhDs in health sciences, some 20 registered nurses, six social workers and others, so we had the same phenomenon.

Now fast-forward to the mid-1980s. The Committee for Health in Southern Africa used to organize a workshop in New York every two years and bring ANC people in exile to meet, give papers, and report on the struggle and what they were doing. One time a tall, distinguished pediatrician with advanced training in tropical medicine and public health, gave her talk. We were walking across the street afterwards, to get lunch, and I asked idly, "Where did you grow up in South Africa, where were you born?" She answered, "Pholela." I immediately asked, "How old were you in 1957?" and other rude things.

It turned out that as an 8-year-old girl she had been one of my patients when I had been there as a medical student. Indeed, she had a clear vision of this weird white foreign couple that had been working at the health center. Well, here she was out of Pholela, with all of this advanced training. It seemed like a perfect example of what John Cassle had described and what we had witnessed in Mississippi. So I asked her if she thought that the health center had made a difference in terms of educational aspiration and achievement.

She thought for a minute and replied, "Without question, contact with the health center, seeing the interactial team, seeing African nurses, seeing African medical students, looking at the interaction, discovering that people could be educated, could become professionals, had a very powerful impact." Then she thought a little more and said, "Well, I think for that effect to have occurred, you really had to be in that part of the tribal reserve that was close to the health center so that you were there frequently, had that kind of contact and a real chance to interact." That made sense to me. And then she thought some more, and added, "Well, you not only had to be in the tribal reserve closest to the health center, you had to be close to a highway." That did not make any sense to me. "Why is that?" I asked. "Because you had to really understand that there was a road out of this place," she replied. And that is what we do: make a road out. We work with people to build a road out of their circumstances, out of the inequity, out of the poverty.

Let me close with a quotation from Camus' *The Plague*. You will remember that the plague in a North African town so vividly described in that novel was clearly a metaphor for fascism, oppression, etc. At the very end of the book, almost on the last page, you discover that this novel has been the journal of the protagonist, who is a physician. Reflecting on the experience of that plague year, this physician realizes that this struggle would have to be repeated over and over again because reaction and regression, terror—the plague if you will—will surely recur. But that this effort will continue, and here I quote, "By all those who while unwilling to be saints, refuse to bow down to pestilence, and strive their utmost to be healers." That is what we are about. Like all healers we strive to heal. Like most healers, we refuse to bow down to pestilence. But we have an understanding of pestilence that it is not merely biological. It is also social, political and economic. This is the pestilence we fight along with the pestilence of biological agents and natural disease.

And to turn to the last question, how long are we going to have to do it? I think the answer is clear: for all of our lives, with the rewards and the obligation that comes with it. That is why it is so important that we have students here today. We have a responsibility to create the next generation of people who are going to do it for all of their lives. Because it is going to take that and longer. It is not a reason for despair. It is not a reason for pessimism. It is the nature of what is best in us as human beings: to join the struggle, to build a life around it, to commit to it, to make sure that it will continue. The struggle for freedom is about as old in one form or another as our species is, and we are part of the people who carry that burden. I congratulate you for what you have done. I commend you for this meeting. And I charge you with the responsibility for the next 60 years, and for raising the children who will be doing it after you are gone.

DGH 10

THE ONLY NICARAGUAN STONE

By George Pauk

It fell with a small thud on the muddy road we walked in the *Barrio* on the margins of La Chureca, the huge

dump in Managua, the capital of Nicaragua. It rolled to a quick stop in the weeds at the edge. Our guide Eddy and I exchanged a quick look. We both glanced again at the rock and then kept our eyes on the road. We ignored the potential discussion of the implications of the small gesture.

I was surprised to see the rock. It was truly a first event of its kind for me in Nicaragua. I had been to many remote sites in this beautiful country and this was the very first hint of personal

mischief. Nicas are wonderfully friendly people and it is difficult to visualize the kind of tension and threat that one might encounter in similar circumstances in the US.

I would like to think that it was an impetuous youth. In my youth, I might have stepped out from a corner of cover and thrilled at the excitement of the toss. I prefer to suppose that this was the circumstance and not a political expression of reaction to US policies.

The Acahualinca Barrio is a place at the foundation of economics of the Americas. Nicaragua is now the country with the lowest per capita income in our hemisphere. Acahualinca is one of the places where urban conditions and this poverty intersect. The nongovernmental organization (NGO) *Dos Generaciones* (Two Generations)

works with 65 families living in the huge Managua dump. A place that seems to crawl and grow like a monster on the shore of Lake Managua. The dump is the main business of Acahualinca.

We visited the sites of a training center of *Dos Generaciones* and its office. We walked through the neighborhood stepping over the gullies of drainage from the houses and the daily rains. The sun dried the paths quickly, but in places the mud and refuse swilled into the lake just a few feet away. We got the usual "*Adios*" from the people we passed as they stood in front of their homes of tin, raw planks and paper.

Eddy is one of the talented directors of the many NGOs that are holding Nicaragua together at the seams. These men and women are superstars. They are among the few of the world that truly understand the intersection of the first and the two-thirds worlds. They have risen through the ranks of NGOs and hustled to the top of their organizations. The top is where they float in the poverty and misery of their neighborhoods. They are swept by the flood of problems of their communities but they also move the stream of events for many individuals slowly, and step by step for the better. They are superb teachers, managers, innovators, counselors, philosophers, and yet humble and unobtrusive organizers. They can do everything necessary, including fund raising at

any opportunity. I know a certain solution to the world's worst pressing problems. It would be to put these super talented and hardworking people into powerful positions, such as President, Secretary of State, Attorney General, and the chiefs of all Ministries of the world.

Eddy knows just how far to go. He knows who is ready for contact with us and who is not. We walk through the paths and gullies of the lakeside shacks and collections of salvaged pieces of plastic bags that are hung to be washed by the frequent rains. He takes us to a stupendous viewing point of the massive mountain of trash and garbage that rises from and above the shore of Lake Managua. The dump expels a cloud of smoke, and its surface is overrun with trucks and the dump families receiving each load. Everything can be found there in the refuse. Plastic, metals, needles, food—and abuse, prostitution and death.

On the edges of the dump are the new communities of Managua. We are explained the strategy of the NGO. Make a house for the fami-

ly to take shelter near the dump and then train them for jobs that may take them further away. It is a grand strategy and it works, for some. We meet one of them. She is the first to get a business degree from college and she beams and radiates pride as we congratulate her. Her photo is on the front of the newsletter being released today by the NGO.

She is gem quality. This stone will find its mark.

One goes away with a feeling of hope and expectation even though the Nicaragua employment situation is still dismal. One grasps at the hope that peace and justice will come again to Nicaragua.

Nick Mantini, a
 DGH volunteer, first

brought Dos Generaciones to DGH's attention. He was so impressed with their work that he asked DGH if he could raise funds for the dump project and make Dos Generaciones a DGH partner organization. In 2001, Monica Sanchez, a DGH board member, and George Pauk (now a DGH board member) visited Nicaragua. They did some leg work and determined that Dos Generaciones is a well established organization doing remarkable work, so Nick got the go ahead. His enthusiasm and hard work, along with that of some fellow students at his university, secured a \$10,000 grant from the Sunshine Lady Foundation, which will go to help more children escape life in the dump.

I had been to many remote sites in this beautiful country and this was the very first hint of personal mischief. Nicas are wonderfully friendly people and it is difficult to visualize the kind of tension and threat that one might encounter in similar circumstances in the US.



George Pauk with four beautiful residents of Los Chavalitos, a home, school and farm for orphaned and abandoned children in Boaca, Nicaragua.

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Sandy Kemp Memorial General Assembly Scholarships

It gives Doctors for Global Health great pleasure to announce the founding of the Sandy Kemp Memorial Scholarships. To recognize individuals who are demonstrating a commitment to DGH's principles and mission, these scholarships will be awarded each year to several select attendees of the DGH General Assembly.

A Spanish professor at Davidson College, Dr. Sandy Kemp taught her students far more than language. She exposed them to a world beyond their own by taking groups to El Salvador and Nicaragua to allow them to see for themselves the unjust living conditions of the poor who comprise most of the population in these countries and help her students understand that we North Americans are in many ways greatly blessed, but are not more deserving or better than others. The daughter of missionaries, Sandy developed a sense of justice that caused her to lead a life of dedication to improving the lot of the impoverished. She did without luxuries, driving an ancient Volkswagen

Beetle, and choosing to travel via long hot bus rides over airplane trips when attending conferences, so she could use her money for more important endeavors.

Sandy died March 30,2000.A founding member of DGH, she served on its Board of Directors until her death and was a major financial supporter. She always had sage advice to help DGH grow. She was a mentor to many of us. Before her death she established a charitable uni-trust so that her estate would be distributed to projects in Nicaragua through the agencies of the United Methodist Committee on Relief and the Quixote Center. Her frugal life style enabled her to leave more than a million dollars to improve the lives of the Nicaraguan people. Sandy's influence will forever live with DGH. Her life made a difference.

The first recipient of the Sandy Kemp Scholarship is a direct legacy of Sandy's. As a Davidson student he knew her well, and we see her influence in projects he has undertaken. Congratula-

tions to Nick Mantini on receiving the first-ever Sandy Kemp Memorial Scholarship. The other four recipients for the 2002 DGH General Assembly also show dedication to making this a better world. They are Nimi Dev, Riza Falk, Randy Frederick and Evelyn Erickson. Congratulations to them all.

We encourage you to donate to the Sandy Kemp Memorial Fund, so that next year we can offer even more scholarships in her memory.



Sandy Kemp (center) with Lanny Smith 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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DGH in El Salvador: Pesticide Use... 1
DGH Profile: Shirley Novak... 3
What We Do and Why We Do It... 4
Dr. Jack Geiger, GA Keynote Speaker... 5
Human Rights in the Arts... 6
The Sanctuary Movement... 8
DGH Announcements... 9
2002 DGH General Assembly... 10
The Only Nicaraguan Stone... 11