



# Doctors for Global Health Reporter

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## DGH PROFILE: JUAN MANUEL CANALES

By Linnea Capps

By the time we reach the place where we have to start walking, the sun has come out and the fog is gone. The mostly uphill walk through pine forest and coffee fields takes another two hours, much of it on narrow footpaths. Juan Manuel is the Mexican physician Doctors for Global Health (DGH) supports to coordinate community health work at Hospital San Carlos in Altamirano, Chiapas. Juan Manuel's work consists of training health promoters from the communities and helping them carry out projects in their villages, such as vaccination campaigns. The agenda for this visit includes further work on a community vegetable garden he has helped them start. He is bringing a visiting agronomist with him to offer advice. I am joining him on this trip as the DGH project coordinator and as a physician who volunteers at Hospital San Carlos a couple of months every year.

Juan Manuel's project involves working with indigenous Mayan communities surrounding Altamirano, many of which are small and geographically isolated. Most of them are supporters of the Zapatista movement and consider themselves to be "in resistance." They therefore do not accept any services from the Mexican government.

Not that the government ever offered them much. The lack of even the most basic of government services for the indigenous population was one of the reasons for the Zapatista uprising in 1994. Chiapas is one of the poorest states in Mexico, with rates of tuberculosis and malaria among the highest in the country. The Mexican government's own data show that immunization coverage in children in Chiapas is significantly lower than that in Mexico as a whole. Only 76.1% of children under one year of age had completed the basic immunization series in Chiapas in 1996, as compared to 91.8% in Mexico overall. Access to medical care is limited by the scarcity of physicians in some rural areas of Chiapas. In municipalities where the indigenous population exceeds 70%, the ratio of physicians to population is 1 to 25,000 (the United Nations recommends one physician for 1,000 people).

There is little other data on access to health services, but a study by Physicians for Human Rights found evidence of barriers to care

“When I returned to Chiapas I found that most of the problems I had seen during my social service year 20 years ago still exist. There may be examples of modernization, but the illnesses that affect the poor in rural communities haven't changed much at all.”



Juan Manuel with indigenous children in a community in Chiapas.



Dr. Juan Manuel Canales training community health workers in Chiapas, Mexico.

experienced by indigenous residents. These include the continued militarization in Chiapas and the often poor quality of services in the government health system. Non-Spanish-speaking indigenous residents of Chiapas often avoid taking advantage of publicly-funded health services for fear of being misunderstood or threatened. This is one reason for the popularity of Hospital San Carlos which, unlike the government hospital, offers round-the-clock translation services to patients who do not speak Spanish.

Hospital San Carlos served over 13,000 patients in 2001. The hospital records reveal that these patients came from over 400 villages in 29 municipalities of Chiapas, meaning that many or most had chosen to bypass Mexican public hospitals in order to travel to this private facility. In addition, since the government has failed to implement the agreement it made with the Zapatistas during the negotiations of 1996, the communities that support the Zapatistas feel they have been deceived and that the government has no real interest in ending the impasse and bringing social justice to their communities.

The first day we spent with the promoters this trip included classes on better methods to prepare the soil and plant vegetables to improve nutrition, such as carrots and radishes. There was also practice actually working in the garden. The next day was devoted to discussions of medicinal plants. Juan Manuel is trying to help the promoters find effective plant-based remedies for some of the simple problems they see. Medications

are very expensive and difficult to carry into the community because it cannot be reached by vehicle. We also met with a newly-organized women's collective that is trying to start some projects to produce things for their families (like bread and children's clothing), as well as possibly selling them to raise money.

Juan Manuel remembers seeing the enormous differences between the lives of the rich and poor in Acapulco where he grew up. His parents never got past primary school and earned a modest living running a small store and restaurant in their home. They earned just enough so that all their children could go to school. While a student, Juan Manuel worked occasionally as an assistant to a carpenter. He recalls going to work in the elaborate mansions of the wealthy and then passing by the make-shift homes of the very poor. This influence stayed with him during

the early 1970's when he graduated from high school and was considering going to the university. Being sympathetic to the plight of the poor, he decided that he wanted to become a physician as a way to help them. He went to Mexico City to attend the university there in 1971.

During the years he was in medical school, there was a very strong student movement with demonstrations and strikes. At first he didn't get involved thinking that he had come to study and not to be involved in politics. In 1974, conditions for the students became nearly intolerable due to cuts in the budget for public education, so he went on strike with other students. He also became involved with students who had progressive political views and were interested in community health. It was with them that he started to work on a special project in community health in Chiapas. During his social service year at the end of medical school he worked with a group of 10 doctors, each of whom were assigned to give medical attention to five or six remote communities in the jungle near the Guatemalan border.

He then spent several months in Guatemala and was trained in surgery in the field and worked with health promoters in indigenous communities, teaching them first aid. After a few months, he went back to his family in Acapulco. His parents were worried about him and tried to persuade him to start a medical practice in his home city. But he soon went back to Mexico City where he was re-united with the same group of doctors he had worked with in Chiapas.

This was in the early 1980's at the beginning of the civil conflict in El Salvador. He worked with solidarity organizations and collected material aid. In 1982 he went to El Salvador and spent several years in the northern area, serving as a physician. "I learned so much from the *campesinos* we worked with," he says. "We all lived and worked for years in extreme deprivation, but the spirit of struggle was what sustained us." In 1988 he went to live in Santa Marta, El Salvador, a community made up of people who had fled their homes during the war and returned to their communities when conditions made it possible.

He decided to return to Mexico in 1999 to finish his studies for a masters degree in public health, which he had started years earlier. He was happiest doing work in rural communities and wanted to stay in Mexico and find community health work.

This was when he came across DGH and its work with Hospital San Carlos in Chiapas. "When I returned to Chiapas," he says, "I found that most of the problems I had seen during my social service year 20 years ago still exist. There may be more highways and other examples of modernization, but the illnesses that affect the poor in rural communities haven't changed much

**“The model of community health that we want to build starts with how they want their community to develop, not what we think is best for them.”**

*Continued on page 10*

# People's Health in People's Hands: What Works and Who Decides?

By Denise Zwahlen and Karen Leiter

"Friends, we come in the spirit of solidarity and sharing." These were the opening words of Drs. Thelma and Ravi Narayan at a Community Forum in Boston on March 12, 2003, entitled *Globalization and Health: Health For All or Health For All Who Can Pay?* DGH volunteers organized this event to bring together health care practitioners and advocates, labor and environmental activists, educators, and others working and organizing in local communities. The Narayans, leaders of the People's Health Movement (PHM) from Bangalore, India, also spoke to medical and public health students and faculty, and to South Asian activists at two other events in the Boston area. This was one stop on their March 2003 speaking tour in the US. The tour was co-sponsored by DGH and the Hesperian Foundation to invite participation in the North American Circle of the PHM and included presentations in Berkeley, Seattle, New York City, Boston and Washington, DC.

When we volunteered to coordinate the Narayans' visit to Boston, we thought it would be a great opportunity to get to know organizations working locally to promote social justice in the same spirit with which DGH advocates for health and human rights abroad and at home.

We were ourselves unfamiliar with the PHM. We knew little about the speakers beyond the fact that they were academic researchers, activists and founders of the Community Health Cell, a Society for Community Health Awareness, Research and Action that had played a key role in the formation of the People's Health Movement in India. We were curious to see how they would approach the topic of the ill effects of globalization on health.

Our experience was an extremely positive one. The process of contacting and working with local organizations (such as the Association for India's Development and the South Asian Center, and Jobs With Justice, a coalition of labor and community organizations) paved the way for future collaborations. And the eloquence, dedication, solidarity and curiosity of the Narayans left us with several messages and principles to inspire and challenge our volunteer health and human rights work. We would

like to share just a few of these here:

► **There is already a people's health movement happening in the US.** In three weeks of visiting, Ravi and Thelma were surprised to meet so many individuals and organizations working on environmental, labor, poverty and other justice issues at the grassroots level. They identified these groups as "fellow travelers" and remarked that the groundswell of peace activism in the States against the war in Iraq can be the seed of a national PHM mobilization.

► **The People's Health Movement is formed by individuals and community groups letting their voices be heard and taking an active role in shaping alternatives to the current situation.** Testimonies, like that of Barbara Walsh, a disabled Medicaid recipient who spoke at the Community Forum, have been and should continue to be part of building the PHM. Empowering individuals to take action for change is essential—just as Barbara does by joining Health Care for All, an organization fighting for universal health care access in Massachusetts. Ravi's description of the trains that brought people from all over India to an organizing meeting in Hyderabad for the People's Health Assembly in 2000, complete with rolling workshops and popular theater at each stop, struck us as a wonderful example of this principle.

► **Community empowerment projects must be accompanied by national and international policy change efforts.** Ravi described the need to work in both arenas. Empowerment without policy change risks co-optation and the creation of parallel institutions absolving governments of their responsibilities for health and health care. On the other hand, when international organizations move away from people-centered agendas for change and public health specialists become jet-setting consultants, greatly influenced by transnational corporations, all the resources poured

into initiatives have little effect on the basic determinants of health (such as hunger, poverty, draught and environmental contamination). This was clearly demonstrated by the failure of a twenty-year World Bank project in India.

► **Look to the local level, where politics are more open to change.** Many of us are frustrated by state budget cuts eliminating services and programs, not to mention the politics of national policies. A successful alternative strategy that Thelma modeled was her description of women's empowerment at the district level and the achievements of 18 networks of community-based organizations collaborating to produce educational materials and mobilizing the PHM in India.

Where do we go from here? Thelma and Ravi closed each presentation in Boston by telling us not to despair. Indeed, we recognized many common and resonant themes in their analysis and experiences. Overall, the Narayans' visit left us with a renewed eagerness to forge alliances and to continue to learn and share locally towards the goal of having an active US presence at the next People's Health Assembly in Brazil in 2004.

One immediate and concrete way to participate in the People's Health Movement is to add your name to The Million Signature Campaign ([www.TheMillionSignatureCampaign.org](http://www.TheMillionSignatureCampaign.org)), which endorses the People's Charter for Health, reaffirming the principles of the Alma-Ata Declaration and joining thousands around the world demanding "Health for All, Now."

— For more information or to subscribe to the PHM-USA listserv, visit the DGH web site at [www.dghonline.org/phm.html](http://www.dghonline.org/phm.html).



LEFT TO RIGHT: Drs. Linnea Capps, Thelma Narayan, Diana Ramirez, Ravi Narayan and Lanny Smith, speaking on a Social Medicine panel in NYC.

# THE TIRELESS WOMEN OF MULUKUKÚ

By Jennifer Perry

I awoke to the insistent crying of my two year old neighbor whose wails easily carried through the thin-walled partition separating us. It was 4am and the toddler's young mom was up making *tortillas* and *gallo pinto* (a typical Nicaraguan dish of black beans and rice). Her son's cries were heart wrenching. I pictured her working in the dark of the early morning, preparing breakfast for her family and wondering how she would attend to both her crying son and the fire over which she cooked. I heard her husband's snores adding to the ruckus.

I thought of all the women of Mulukukú making *tortillas* before the roosters' call, hauling water from the well in large buckets on their heads, consoling crying children so the rest of the family would not awaken. These same hardworking women built their community and continue struggling daily against abuse and economic hardship.

I arrived in Mulukukú over a month ago and have had the pleasure of working with the nurses, *promotoras* and natural health practitioner of the Maria Luisa Ortiz Women's Center. Mulukukú is a town of

resettled Nicaraguans who left their homes during the contra war of the 80's. The town was literally built by the sweat and muscle of the women of the Maria Luisa Ortiz Cooperative. It is located midway between the North and South Autonomous Atlantic Regions in eastern Nicaragua and is divided by the Tuma River. Mulukukú was once rich in vegetation and wildlife but today the 7,000 inhabitants live in a denuded area stripped of trees and replanted with grass for cow pastures. Fresh milk is trucked out of the community and, for those families who can afford it, powdered milk is the only available option.

The highway from Rio Blanco to Puerto Cabezas passes through Mulukukú and serves as the only way in and out of the town. Some say this "highway"—a dirt road navigable only by truck or bus that is completely impassable at times during the rainy season—speaks to the government's lack of concern for the area. Public transportation is expensive, infrequent and unfeasible for the majority of Mulukukeños.

In 1988, Hurricane Joan flooded and destroyed most of the town. At this time the women of the *pueblo*, whose husbands were fighting the contras or were killed in the war to defeat the Somoza regime, organized themselves into a cooperative. They set up a brick-making and a carpentry workshop, and began building their homes. After the conservative UNO party came to power in 1990 and the contras were no longer funded by the US, these ex-contra men settled in the area with their families. Taught to kill and destroy the Sandanista "enemy," these men knew nothing but violence. Ten years later, Mulukukú has problems that directly stem from these violent tendencies: abuse against women, children, animals and the environment. The Maria Luisa Ortiz Women's Cooperative has responded to this by implementing a women's consulate within the police department, a legal office to deal with cases of abuse against women and children, and a health clinic.

The health clinic began in 1990 after Grethel Sequeira, a cooperative founding member, met Dorothy Granada, a nurse from the US who was in Nicaragua as a Witness for Peace volunteer. Dorothy's original plan was to stay a couple of years in order to help get the clinic started. Those two years turned into 13 and still counting.

The clinic's services focus on disease prevention, and women's and children's health. Since Nicaragua is the third country in the world with the highest rate of deaths from cervical-uterine cancer, a program for the early detection and treatment of the disease is a large focus of the clinic. The *Instituto Centroamericano de Salud* is now providing the clinic free Pap smear lab analysis, follow-up biopsy pathology reports, and treatment for women with cancer. The clinic also provides family planning education and contraceptives, along with monthly prenatal care. General consults are available for all and a simple laboratory and pharmacy are on site. The clinic has a good working relationship with the Ministry of Health's (MINSa) small, bare-bones clinic in town. Referrals are made to the MINSa doctor by the co-op nurses and vice versa.

During Aleman's corrupt presidential term, he took aggressive action against non-governmental organizations in Nicaragua and the cooperative's clinic was affected. The government viewed the clinic as a threat, claiming it only treated Sandanistas and that abortions were performed there. Dorothy was deported and the clinic shut down in late 2000. Thanks to national and international supporters, the women were able to welcome Dorothy back and the clinic reopened with the Ministry of Health demanding a long list of "revisions."

“Mulukukú is a town of resettled Nicaraguans who left their homes during the contra war of the 80's. The town was literally built by the sweat and muscle of the women of the Maria Luisa Ortiz Cooperative.”



Dorothy Granada, the founder of the Mulukukú Women's Clinic.

Continued on page 10

# MARCHING IN THE STREETS OF SAN SALVADOR

By Denise Zwaalen

It is still dark and quiet in Santa Marta on this Saturday morning in November 2002. The rainy season has ended but the heavy daily downpours have left huge ruts in the path. I make my way cautiously to the top of the hill, savoring the relative silence and solitude of the village. But I am acutely aware of the presence of many: men heading for the field, women chopping wood to light the fire, children attending to different chores.

A group of us slowly gather to board the two buses that will take us to San Salvador, the capital, to join in a mass demonstration to protest the government's plan to privatize the health care system. I know most of the people who arrive one by one to make the trip to the capital. They are a pretty good representation of the community: farmers, housewives, students, young mothers, teachers, community-council members, health promoters. A week ago I saw many of them in Sensuntepeque, the Departmental capital, joining in a local protest on the side of physicians and nurses from the area hospital and others from neighboring communities.

As the sun rises, the old school buses, colorfully painted, make their way up the steep road picking up more passengers along the way. I love that ride out, with a great view over the mountains of Honduras some 15 kilometers away.

As we get closer to the center of town, larger and larger groups of people converge. Music, songs of protest, slogans and speeches become louder as we approach the heart of the action. Faces attest to the diversity of the crowd (farmers with their hats and machetes, women with their traditional aprons and head scarves, young men with their baseball caps, doctors in white coats, nurses in uniforms and many more in white t-shirts). Many organizations have come. Each carries its own banner, linking its struggle to the fight against the privatization of the Social Security System: workers unions, student groups, women's organizations, disabled veterans of the armed conflict, health care workers' and non-governmental organizations. 'Health is not sold, it is a right,' 'Privatization=Death,' 'The privatization of health and violence against women are crimes,' 'Neither firings nor repression will stop the union struggle,' 'Privatization: Pay or Die.'

It is hard for me to remain a by-stander and just take pictures. I chant along, raise my fist, run up and down the street to catch a good view of the huge march. By the time we arrive at our destination at the National Cathedral, the crowd has swelled to thousands (estimated at 150,000). This third *Marcha Blanca* (white march) will play a key role in putting the pressure on the legislative assembly to approve a decree that outlawed the privatization of health care.

It was inspiring to witness this impressive social movement in action after having heard about the struggle of the Salvadorian population against the privatization of healthcare. When I returned from a six-month stay as a DGH volunteer in El Salvador last year, I was anxious to continue my involvement in support of the people I had come to know and love. But it is not difficult to stay connected in the US, since over a quarter of the Salvadorian population now is living here, forced to emigrate for economic or political reasons.

This on-going strike began in the Fall of 2002, when workers from STISSS (the health care workers union) held a one-day strike to protest privatization and the firing of union leaders. Since then, the movement has gained tremendous momentum under the leadership of both health care workers' and physicians' unions. It has the wide support of the general population. I had learned more about the struggle from Ricardo Monje, Secretary General of STISSS, at a conference convened by 1199/SEIU (Service Employees International Union) in the Dominican Republic.

*Continued on page 8*

# La Marcha Blanca: An Insider's Point of View

By Virginia Rodrigues, MD

When the ARENA party came to power in El Salvador in the late 1980's, it began the structural adjustments to pay the external debt recommended by the World Bank and the International Monetary Fund. They called for reduction and privatization of many state services, including the healthcare system.

The doctors' movement to improve the healthcare system and fight privatization began in 1998 with the appointment of Dr. Jose Marinero Caceres as president of the *Colegio Medico* (the Salvadoran Medical Association). Inside the Salvadorian Institute of Social Security (ISSS), doctors who had already organized a union began to demand their rights. As a surgeon in Hospital Rosales, the largest public hospital in El Salvador, and an active member of the *Colegio Medico*, I have an insider's perspective on the struggle.

When initial negotiations with administrators failed, we began small demonstrations and one-day strikes. The government agreed to negotiations, which resulted in a signed agreement stating that the government, the *Colegio Medico* and civil society together would plan a stronger healthcare system.

Soon after current President Flores Perez took office, the ISSS saw that privatization was going forward when two hospitals were given in concession. As a result, lobbying began again inside the ISSS, spreading through the

*Continued on page 8*



Health workers marching against the privatization of El Salvador's healthcare system.

# Human Rights around the World

## WORLD

By Jennifer Kasper, MD, MPH

While the world's technological, agricultural and medical capacity has developed by leaps and bounds, the plight of children around the world has continued to deteriorate. UNICEF's State of the World's Children report describes their situation in a simple and succinct way. It calculates that if we gathered 100 children in a room to represent all the children in the world, this is what we would find: 32 would suffer from malnutrition before their 5th birthday; 27 would not be immunized against any diseases; 9 would die before they reached 5 years of age; of the remaining, 18 would never go to school, 18 would have no access to safe drinking water, and 39 would have no access to sanitation.

Such simplicity is very effective in drawing a vivid portrait, but in order to understand the magnitude of the problems children face, the hard statistics are necessary. Worldwide 150 million children are malnourished. Children make up a large percentage of the 1.2 billion human beings who try to survive on less than US\$1 per day, the 1.1 billion whose drinking water is anything but safe, and the 2.4 billion who have no safe sanitation. Two hundred fifty million children between the ages of 5 and 14 are working like adults. More than 8 million of them are being trafficked, sold into bonded labor and sexually exploited. The interplay of economic, environmental and political toxins results in the deaths of 12 million children under the age of five annually to respiratory infections, diarrhea, malnutrition, measles and malaria. These toxins have created 35 million refugees and displaced people, of whom 80% are women and children. While \$1.5 trillion exchanges "hands" on the world market daily, HIV/AIDS is stampeding through our youth. Since the onset of the epidemic, 4.3 million children under the age of 15 have died, and more than 13 million have been orphaned. Of the 1.4 million children under the age of 15 living with HIV, 80% live in sub-Saharan Africa. And a harrowing statistic that portends poorly for the future is the fact that half of all new cases of HIV occur in young people 15 to 24 years of age.

*Did You Know?*

**With poverty a major factor, 150 million children in developing countries are underweight, which increases the risk of death and inhibits mental and physical development. Millions of children under five die each year from diseases easily preventable by vaccines.**

— *The State of the World's Children 2003, UNICEF*

## SLOVAKIA

By Timothy Holtz, MD, MPH

The Roma people, or Gypsies as they are commonly called, have been living in European countries for centuries. There is no good statistics on their numbers, but conservative estimates put their population between 6 and 10 million spread across Europe. Originally thought to have come from Northern India, many have continued to keep a nomadic lifestyle despite living in industrialized countries of Western and Eastern Europe. Many associate the Roma with flamboyant costumes, exotic music, dancing, and moving from city to city putting on colorful festivals. Though some did inherit this lifestyle, the Roma have moved into many different aspects of European life and occupy positions in business, finance, law and medicine. Some have found their way to the US as well.

Yet the history and present-day reality of the Roma has been one of persecution. They were exterminated in large numbers by the Nazis. Estimates place the loss of life in German concentration camps between 500,000 and 700,000 Roma. Unfortunately, the Roma continue to suffer prejudice and persecution. They are the region's most vulnerable and marginalized people. Roma children rarely go to secondary school and less than half finish primary school. With a severe lack of professional or skilled workers and unemployment rates near 70%, the

Roma are unofficially relegated to living in abject poverty.

The list of human rights violations is long indeed, including the denial of proper education, adequate housing and sanitation, fair and equitable employment opportunities, and access to basic medical care. Life expectancy for the Roma is about 10 years less than an average European. They have the highest birth rates in Europe, but also have the highest infant mortality and a very high number of birth defects. Tuberculosis is endemic and vaccination coverage for children is very poor.

Instability and economic crisis have increased long-standing discrimination and violence against the Roma. Emerging nationalist movements in Eastern Europe have reawakened anti-Roma sentiments, previously held in check under communist rule. Racist incidents against Roma are now a regular occurrence. One prominent politician brazenly stated during a political rally that the "problem of the Roma" had to be dealt with in a serious manner because, given their higher birth rates, in "40 years the Roma people will be more than half the population."

Reports of involuntary sterilization of Roma women have been circulating for years, though no serious effort has been made by any gov-

*Continued on page 9*

*Continued on page 9*

## WORLD SOCIAL FORUM

By Victor Penchaszadeh, MD

Anyone who knows me, knows that I am not much of a writer of tales

and impressions. Nevertheless, the experience of participating in the World Social Forum (WSF) has been so powerful that I want to share it. I believe that the WSF is already a “classic,” where one can come to join the “beautiful people” of the planet (taking “beautiful” as a moral, not a physical attribute); the fighters for social justice, the right to health, a sustainable economy to the service of the people, the right to work, the rights of the disabled, and the globalization of justice, as well as those who struggle against large corporations, discrimination, poverty, the payment of the immoral and obscene external debt, and the militarization of the world.

The energy at the Forum was sensational. It was in all the people. Not just in the participants of the Forum, but also in the millions of inhabitants of the city of Porto Alegre, which I have baptized “The City of the Beautiful People.” The inauguration march for the Forum was stupendous and I am a veteran of many marches. It was an indescribable pleasure to see scores of activists with banners, intoning happy choruses. Happiness was really the common denominator at the march; people with smiling faces and hearts brimming with optimism. Those of us lucky enough to have been in Porto Alegre, Brazil, between January 23rd and 28th, 2003, can have no doubt that “another world is possible” (the theme of this year’s conference). Besides, after participating in the discussions and debates at the WSF, it became very clear that “another world” is not just possible, it is absolutely necessary.

Prior to the WSF, I participated in the Forum by the Health of the Towns, organized jointly by the Latin American Association of Social Medicine and several international organizations for the right to health. We debated how to make this right a reality, even though it has been so degraded by the commercialization of health care. I gave a presentation on the risks of genetic research done by bio-tech and pharmaceutical industries, which contribute to expanding the terrible inequities in healthcare, and how to face that risk without adopting anti-scientific positions. I also presided over a panel organized by the geneticists of Porto Alegre on the social aspects of genetics in the context of health, the commercialization of genetics and healthcare, racism and, of course, cloning.

The main task before beginning each day was to analyze conscientiously the program of hundreds of simultaneous activities and to decide how to distribute one’s time to take advantage of as much as possible. There were at least three main places in distant points of the city where meetings were held: the Gigantinho (a sports stadium), port warehouses (enormous sheds transformed into conference rooms and round tables) and the

*Did You Know?*

**Since 1990, over 2 million children have been killed and 6 million have been seriously injured in wars. Nearly 120 million primary-school-age children are not in school, 53% of them girls. 14 million children currently under 15 years old have lost one or both parents to AIDS.**

– *The State of the World’s Children 2003, UNICEF*

*Continued on page 11*

## UNITED STATES

By Rafael A. Torruella

From a young age I was fortunate enough to visit the Island of Vieques. I have enjoyed the beauty

of Punta Arena, Puerto Diablo, Navío, Media Luna and Sombe. I have seen the sunset from Esperanza and admired the bioluminescence of its bays. But above all I have enjoyed the beauty of the people of Vieques. As a teenager I was able to sail around the island and to my surprise the United States Navy was dropping bombs. I could hear the strong explosive detonations followed by a cloud of dust rising towards the sky like a war movie preview. But it was not a movie, it was the day-to-day reality of the island that I cared for and loved so much.

Little by little I was learning more about Vieques’ reality. Vieques is a 22-mile-long island off the eastern coast of Puerto Rico, which was taken over by the US Navy during World War II. It has been used as a target range for training bombers and naval artillery ever since. Two thirds of Vieques is now a Navy base. On the western part of the island is one of the Navy’s largest ammunition dumps. The eastern part of the island has been systematically pounded and polluted as the Navy’s bombing range. The North Atlantic Fleet Weapons Training Facility there is one of the largest live weapons training grounds in the world.

It was on April 19, 1999, when two Marine Hornets from the aircraft carrier USS John F. Kennedy dropped two bombs on an observation tower killing David Sanes Rodriguez instantly and injuring four other people, that my conscience and morality were outraged. How could this happen in Puerto Rico? How is it possible that people are dying in what is called a ‘time of peace?’ How can the over 9,000 residents of Vieques live right next to a bombing range?

I left Puerto Rico in order to study abroad, but I never forgot what I witnessed in Vieques: bombs exploding close to a land where human beings live. I am working now on the last years of my doctoral studies in social and personality psychology at the City University of New York, and as a psychologist I can say that what is going on in Vieques is

the dehumanization of both the people of Vieques and the agents of the violence: the US Navy. How can I explain this? When a person negates another person the right to live in peace, he denies the oppressed his right to be truly human, but he also denies it to himself.

By expropriating the people of Vieques from their land, the US Navy, as well as the Puerto Rican Government, violated the most precious and

longed-for right in this life: Peace. How can the US Navy and all of the US Armed Forces claim to be working for world peace and welfare by making war if they are the first to violate our civil and human rights? Every day there is more evidence of this: the use of agent orange, Napalm, and depleted uranium, all tested on Puerto Rican soil. Just last week the US Department of Defense publicly admitted to testing

*Continued on page 11*

## LA MARCHA BLANCA

(Continued from page 5)

*Colegio Medico* and the public hospitals. This time hospital doctors dared to strike and participate in *marchas* (protest marches) in November and December 2001. The government responded with the use of tear gas, powerful water hoses and firing at people inside the hospitals. The leader of the protest movement received threatening phone calls.

The administration ignored the previously drafted agreement, but when doctors threatened to leave the hospitals, Flores Perez temporarily stopped his policies. After several months of work, another document was signed that proposed improving the health-care system and not privatizing both ISSS hospitals (although details about exactly how to carry it out and pay for it were still pending).

The government, however, continued to undermine its own agreement. The director of the ISSS was replaced by Ramos Falla, who had been the key advisor in the privatization of Salvadoran telecommunications. Meanwhile healthcare-system reform was put on hold due to the first dengue outbreak, the conversion from Salvadoran *colonos* to US dollars as the official currency, two big earthquakes, and a second outbreak of dengue.

Astonishingly, the government did nothing to repair the damage the hospitals sustained after the earthquakes and they would have remained in their battered state had it not been for direct international aid.

It was not until after the meeting of the National Association of Private Enterprises (ANEP) in 2002 that the privatization of the ISSS emerged as one of the President's principal goals. Health care worker representatives tried to speak with Salvadoran business leaders from ANEP, as well as people in the executive branch and the ministries of labor and health. Nobody listened, prompting a one-day strike at the main hospitals, which was not taken seriously. Then, on September 27, 2002, doctors at the Oncology hospital of the ISSS walked out. When they continued to be ignored, doctors staged walkouts at the Medical, Surgical and Specialty Hospitals as well.

When President Flores Perez sent his privatization proposal bill to the Salvadoran Leg-

## MARCHING IN THE STREETS OF SAN SALVADOR

(Continued from page 5)

lic. Delegates from many countries met to discuss the impact of Globalization and Privatization on the healthcare systems in the Americas and to elaborate an action plan. Monje took time away from his important organizing work to make us aware of their fight, to garner support and to encourage participants in their own struggles against privatization in all sectors of society.

Wherever the participants came from, whether from the first or the third world, all had observed the negative impact of privatization: access to quality health care had never been there for the majority or had been severely curtailed in recent years. Privatization means that governments with their current limited resources allocated to health are further abdicating their responsibility to serve the most vulnerable and disenfranchised in their population. In many cases, it is the majority. When large corporations take over the delivery of health care services, more than ever it reinforces a two-tier system: those who can pay versus the poor. Health as a human right is replaced by health as source of profit for stock holders.


The discussion of this phenomenon seemed particularly vital at a time when the United States is trying to force seniors with Medicare into managed care plans, despite rampant proof that they are less cost effective than the government-run system, and exporting this private "model" to the rest of the world. Furthermore, CAFTA (Central America Free Trade Agreement) implementation requires from participant countries that they privatize the different sectors of their economy and open their doors to transnational corporations.

I came back from my trip last fall inspired by what I witnessed and participated in, and with a renewed commitment to international solidarity and local activism. What can you do?

- ▶ Support striking workers in El Salvador by sending letters to the President of El Salvador and the Salvadorian Desk Officer at the US State Department, and donating money to the Emergency Fund in support of union workers ([www.cispes.org/english/Newsletter/](http://www.cispes.org/english/Newsletter/)).

- ▶ Put pressure on our own US representatives to oppose the implementation of CAFTA.

- ▶ Participate in the movement to provide health care for all and to save Medicare in the US.

- ▶ Bear witness to the effects of globalization and advocate for the voiceless. 

islative Assembly, the *Colegio Medico* sent a counter bill with a "state guarantee of health and social security," which was surprisingly approved by the Assembly and passed to the executive branch for final approval. To force the passing of the bill, the first *Marcha Blanca* (named for the health workers' white coats) was carried out with 50,000 doctors, nurses and other concerned citizens on October 16, 2002. Seven days later, the second *Marcha Blanca* brought out 200,000 people. A week after that, President Flores Perez withdrew his privatization bill from the Assembly. On November 9, the third *Marcha Blanca* brought hundreds of thousands of people to the streets. The *Colegio Medico's* bill became law 1024 on November 20.

Immediately after it was passed, however, the President, his administration and the deputies of ARENA began to show their disapproval. They suggested the bill was unconstitutional and began to create chaos inside health

institutions in order to blame it on the new law. They did this through strategies, such as not renewing the contract for the treatment of hazardous waste and firing all doctors with annual contracts. The *Colegio Medico* continued the strike, though repression and threats against the *marchas* began to escalate.

To the people's surprise, law 1024 was revoked on December 19 and replaced by law 1025, which permits any type of privatization. The government opened negotiations with the doctors mediated by the Catholic church, but were not serious about negotiating, proven by the fact that one of the ISSS hospitals was taken over by the police. When the *Colegio Medico* asked for an international mediator, the government halted all negotiations. Now that the elections have passed, the government seems more interested in negotiation because the ARENA party lost a lot of votes due to their authoritarian attitude.

So the struggle continues!



Lest we forget about the children within our own borders, there are sufficient statistics to remind us that much work needs to be done here. One in six children in the United States, the wealthiest nation in the world, live in poverty. African Americans, Latinos and immigrants are disproportionately affected. In many cases, so-called welfare reform has only exacerbated this trend. More than 14 million children are hungry or on the brink of hunger. More than 500,000 are homeless and 10 million do not have health insurance. Less than laudable is the treatment of gay, lesbian, bisexual and transgender youth; homeless youth; unaccompanied minors in INS detention; and juveniles in detention. To what extent do we recognize the inherent dignity of these marginalized young people?

Dr. Jack Geiger, keynote speaker at the 2002 DGH General Assembly, said it cogently, “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 in effect that says they are less worthy of life, because we let it happen, because we have social policies that almost assure that it will happen, and we let this happen stubbornly and continually.”

And yet we possess a document that can be used as a template and catalyst for what can and should be done: the United Nations Convention on the Rights of the Child (UNCRC). As human rights documents go, the UNCRC is a monumental achievement. It is the first of its kind to include social, cultural and economic rights (e.g. right to highest attainable standard of health, right to education) with civil and political rights (e.g. right to freedom of thought, conscience and religion; protection from economic and sexual exploitation), thereby recognizing their equal stature and interdependence. It is also the most universally accepted, legally binding international human rights document in the world, with only two signatories glaringly absent: Somalia and the United States.

The UNCRC is viewed as the blueprint for describing, assessing, and promoting infant, child and adolescent health and well-being. It has at its core that the best interests of the child should be a primary consideration in all actions concerning children. It is a challenging document: it requires governments to critically appraise the situation of children in their countries, and exert political will to allocate attention and resources where they are most needed. Equally, it exhorts the international community to assist those countries that carry the burden of morbidity and mortality, thus stressing our collective responsibility. The establishment of the UNCRC is itself evidence of the serious problems affecting children and governmental recognition of the importance of addressing them. Our common goal should be the progressive, expeditious implementation of the UNCRC.

**Did You Know?**

**Some 180 million children aged 5-17 are believed to be engaged in the worst forms of child labor—one child in every eight worldwide. Every year, 1.2 million children are trafficked.**

— *The State of the World's Children 2003, UNICEF*

ernment to investigate them. The Center for Reproductive Rights (CRR) performed two separate investigations during the fall of 2002 in Slovakia to document these allegations and make an attempt to medically document women’s reproductive histories. As a member of DGH, I accompanied CRR on one of these missions.

What we found was shocking, even by developing country standards. Living conditions in many Roma settlements, often placed outside the town environs, were basic if not downright degrading. Housing was dilapidated, overcrowding was the norm, and access to running water and basic sanitation was scarce. But what surprised us most was the way Roma women were treated in Slovakian health care institutions.

The local lawyers on our mission had power of attorney documents from dozens of women to gain access to their medical records. They were systematically told this access would be allowed only to be turned away repeatedly at the last moment by hospital administrators and OB managers. Even when Roma women got up enough courage to ask for their own records, they were often turned away and refused access with obscenities and insults being shouted

at them, even in the presence of our mission members.

CRR succeeded in collecting stories from dozens of Roma women about mistreatment in OB services. Especially common were stories of segregated wards where Roma women got less food, clean bedding and towels, and less support for their newborns. We often heard stories about emergency C-sections without consent or signed under duress, and frequently performed for their second delivery. The women report being unable to conceive again after these C-sections. We suspect tubal ligations were performed during the operation, a simple procedure that renders a woman infertile. We had hoped to check for radiographic confirmation of this procedure by doing *hysterosalpingograms* (dye injected into the uterus and fallopian tubes), but we could not find a radiologist there willing to perform the procedures. Without radiographic or visual confirmation (looking at the uterus and tubes through a laparoscopy camera), proving these allegations is impossible.

Our investigation revealed that there is overwhelming evidence of forced or coerced sterilizations; extreme misinformation in reproductive health services; racially discriminatory access to health care; extensive physical and verbal abuse by medical providers; and widespread denial of access to medical records for the Roma.

The issue of sterilization of Roma women in Slovakia is particularly relevant now, as Slovakia might be applying for membership in the European Union (EU). If such allegations of involuntary sterilization of an oppressed minority are found to be largely true, this would severely limit their chances of EU membership. Our hope is to continue to collect histories from women and to eventually medically confirm that they have been sterilized, forcing the government to end this practice.

— *Read the CRR report Body and Soul: Forced Sterilization and Other Assaults on Roma Reproductive Freedom, at [www.reproductiverights.org](http://www.reproductiverights.org).*

## THE WOMEN OF MULUKUKÚ

(Continued from page 4)

Two thousand and three promises to be a successful and busy year for the cooperative. A social worker, in collaboration with the nurses, is working on implementing public health teaching in eight communities. A physician is joining the staff in April and will be starting an adolescent health clinic in Mulukukú. A natural medicine practitioner, who is also a licensed acupuncturist, has joined the clinic full time and is in the process of creating an herbal pharmacy. With the help of a delegation of students from Canada, a medicinal plant garden has been started.

I have been following the political hardships of the women's clinic via the internet since the year 2000. It has been wonderful to be able to put a human face to the stories, and a privilege to share the experiences and learn from the women of the Cooperative. Their daily work to seek refuge for battered women, justice for abused children, and access to dignified health care is incomparable. These women work tirelessly and love what they do. They serve as a wonderful example of community and solidarity for Mulukukú and for the global community as a whole.

– DGH helps recruit volunteers for the Mulukukú women's clinic. Dorothy Granada will be the Health and Human Rights speaker at the Eighth Annual DGH General Assembly in Berkeley, CA, from July 25 to 27. Check the DGH web site for details.

### 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](mailto:newsletter@dghonline.org).

DGH is administered by a volunteer **Board of Directors** whose members have volunteered with DGH a minimum of two 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 in 1995 and registered with the IRS as a 501(c)3 not-for-profit, **DGH welcomes your donation, which is tax deductible**. To donate, please make your check out to *Doctors for Global Health* and mail 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.

## DGH PROFILE: DR. JUAN MANUEL CANALES

(Continued from page 2)

at all." In addition, the violations of human rights have only become worse. He notes that there are government institutions that are supposed to monitor the situation but there is rarely any punishment for violators of human rights. Paramilitary groups operate with impunity.

Juan Manuel sees a side of rural Mexico that is rarely noted by the many tourists who pass through. Most of the people in these communities depend on coffee for the little cash they earn. The dramatic fall in the world price of coffee has had a major impact on them. They are now getting about 50 cents for a kilo of coffee, which in some cases does not even pay for their costs of producing and transporting it. For many of them this means there is almost no cash income at all, and therefore no money for clothes, shoes, medicines or other necessities for their families.

"If you ask the *campesinos* the price they are paid for the coffee they grow and the price of the necessities for their families, then you will have an idea of how hard their lives are," he explains. "If you look inside their houses, you see the difference between what our government says and the reality. The social programs of the government don't do anything to stimulate development of the communities. They have a paternalistic attitude and try to limit the political growth and understanding of the people. In contrast, we are trying to work with the communities in a way that respects their autonomy. The model of community health that we want to build starts with how **they** want their community to develop, not what we think is best for them."

When asked about his association with DGH, Juan Manuel says, "It is important to me to be working with people who have the same world view. We all have to do something to make changes in the world. Too many people who see poverty don't have any opinions about what should be done. But we have to be a part of the movement for change and as a group we can work more effectively than any one of us alone." He also wants to encourage DGH members to continue to be part of the struggle to change the policies of the US government because its decisions have such a huge impact on marginalized people around the world.

As we were finishing the discussions with the promoter group, talking about their progress in improving health in their communities, Miguel, the coordinator of the group, said, "When Dr. Juan Manuel came to work with us, we had nothing. We didn't know how to start our health projects. We are still very poor and we have a long way to go, but now we can see how working together we can make our community better." One of the women added, "We are so grateful for the help of Juan Manuel and DGH. We know we are not alone."



Juan Manuel examining children in the remote indigenous communities of Chiapas, Mexico.

## WORLD SOCIAL FORUM

(Continued from page 7)

Catholic University (with small and large classrooms). In all these centers there were swarms of people of all ages who were transformed instantly from strangers to new friends. I returned with a notebook loaded with names and addresses from around the world.


The theme around which the agenda was organized was the telling of stories of people around the world confronting the effects of corporate globalization. One was the fight against the privatization of water. I must confess I had not realized corporate greed had already gone so far as to threaten the vital liquid produced and recycled by the Earth that should be the patrimony of humanity and an essential public utility.

I dedicated myself to sessions on new social movements and the analysis of the political situation in Latin America. My wife Graciela lent special attention to the movements of women, and those that contribute to the empowerment and autonomy of communities. As a proud father, I cannot help but mention the activities of our daughter Analía, who works in the American organization Jobs With Justice, which last year received the Letelier Moffit prize for its work for the rights of workers, and which headed a delegation of 60 people to the WSF. Analía marched like an ant attending to its multiple commitments: translating between English, Spanish, French and Portuguese, and representing her organization in a fascinating debate on the interface between social movements and political parties.

Also very important were the activities denouncing militarization and the wars that the US empire and the large multinational corporations are carrying out in our continent, above all in Colombia. Great importance was also given to the movement against war with Iraq. It was exciting to see and to listen to American peace activists promising to fill the streets of New York with a million persons against the war.

There was also no lack of “stars” giving testimonies and presentations at the WSF: Noam Chomsky, Eduardo Galeano, Samuel Ruiz, Adolfo Gilly, Aleida Guevara, Sebastiao Salgado, Samir Amin, Gustavo Gutierrez, Leonardo Boff, Ignacio Ramonet, Olga Marquez, Norita Cortiñas, María Adela Antokoletz, Adolfo Perez Esquivel and many more.

Although there is a great deal more I could recount, I will finish here. But not without emphasizing that what was most gratifying and exciting at the WSF was not to listen to the “stars” of the international social movement. It was the contact with the common people of the entire world who went to share their experiences in the struggle to make “another world” of justice and peace possible. I close these impressions with the conviction that the majority of the people of the planet wants peace and social justice, and that the history of man is a constant struggle for those objectives. And so the struggle continues.

— For more information on the WSF and the hundreds of sessions presented there, visit the web site ([www.portoalegre2003.org](http://www.portoalegre2003.org)). 

*Did You Know?*

**Children who are not registered at birth are denied their identity, a recognized name and a nationality—all imperative for participation in society. In 2000, over 50 million babies were not registered, 41% of births worldwide.**

— *The State of the World's Children 2003, UNICEF*

## UNITED STATES

(Continued from page 7)

biological weapons in the Vieques bombing range in 1969. Is this not one of the crimes that the United States uses to accuse other governments of being terrorists? In Vieques the US can experiment with anything they want and it is called “national security,” but in other places in the world they call it “terrorism.” My message here is that if one standard is used to judge those from the famous “axis of evil” we should also use the same standard to judge those who proclaim to be the liberators and institutionalizers of democracy.

Today I do not say these words to change this system, which I know to be unjust. If the system wanted to hear the pleading voices of the Vieques community it already would have. I come before you only to express my feelings and to denounce what is happening in Vieques as simply wrong. I do not say this using a political argument, nor an environmental or biological one, each of which have immeasurable validity. Today I use a civil and human rights argument, because what is being violated in Vieques is the human right to peace and liberty.

For trying to bring peace to the people of Vieques, I served 30 days in the Metropolitan Detention Center (MDC) of Guaynabo City, where the treatment I received was as dehumanizing as the treatment I got from the US Navy in Vieques. In the MDC I better understood that this system is about making money and dehumanizing those who are already oppressed. It is not about improving this society of ours.


I was arrested for civil disobedience—entering the restricted area the US Navy calls a bombing range necessary to maintain world peace and national security. I entered because of a moral obligation and willingly became a prisoner of conscience because I peacefully oppose war. I despise it from the depths of my soul. I also despise dehumanization, military expansionism and neo-liberalism. Of all of this I am proud. Today I am freer than yesterday as I join more than 1,800 Puerto Rican civil disobedients who desire peace above all things. We join thousands of others who, like Martin Luther King and Gandhi, love peace.

Why do we engage in civil disobedience?

Because this system gives us no alternative. The citizens of Vieques who suffer from high rates of cancer and have high concentrations of heavy metals in their blood, demand demilitarization, decontamination, devolution of the lands, and sustained development.

Now the US Navy says it will leave Vieques. If they do leave it is because we forced them out, not because they simply decided to leave. It was, and it continues to be, the civil society

that has fought this battle. And after we force them out, we still have three more demands to accomplish: decontamination, devolution of the lands, and sustained development. Until all these demands are met you will see more civil disobedience.

— *Rafael A. Torruella, a native Puerto Rican now in graduate school in New York City, gave this presentation at the VI Congress on Liberation Social Psychology in Guadalupe, Mexico, in November of 2002.* 

## A Day's Life . . .

One of the things that struck me most during my four-month trip to El Salvador was the strong sense of community and mutual support. The health promoters often helped each other. I found that those who were done with their work would offer to help others finish their jobs. This happened in the clinic as well as in the community work (making house calls, for example) and strengthened the sense of solidarity.

This didn't happen just within the group of promoters. Throughout the community one felt a sense of strong interaction. People were often talking together: women prepared meals together, washed clothes together, took care of their children together. This characteristic of being so interactive was a helpful lesson for me, coming from the land of over-independence, where from a very early age we hear about the importance of 'individual rights' and 'independence,' and are encouraged to break free from 'confining norms.' Seeing people helping each other was a good lesson, especially since their daily conditions are so challenging. It was a reminder that while we live in different contexts around the world, with varying ranges of possibilities, ultimately we have people around us. And how nice it is to be able to lean on our neighbors for the various trials that confront us.

I was very inspired by the efforts on the part of the health promoters to learn more and to contribute to the well-being of their community. While just about all the promoters had families to take care of,

with multiple children (some are single mothers), they found time to invest in the organization. While they are now paid, they were volunteers for many years. Their work requires a lot of commitment and time, including preparation, lectures, training, walking all over the communities (each is responsible for approximately 52 families), giving talks, working in the clinic, and much more.

Another great source of inspiration for me was Don Rosa. A man of around 60, his distinguished wrinkles reflected the warmth of his soul, as well as the suffering he endured during earlier years. He was a man full of candor, warmth, enthusiasm and action, and always involved in his community. He either organized larger projects or helped out in the community day-to-day. He was paid for a certain part of his participation as a community leader but his involvement and, more importantly his loving leadership, was far beyond what was expected of him. He never once complained and somehow always encouraged people around him to act the same. He is illiterate and yet regularly went to meetings with different district, county and city officials, seeing how he could help make a difference. During the civil war in El Salvador he helped create a water supply for the people in the region where he lived and beyond, walking from region to region, talking with people, arranging meetings, and much more. He also organized a group of people to build latrines in the neighborhood, since so many people were falling ill due to lack of sanitation.

— *Domnica Fotino, Estancia, El Salvador, 1999*



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- DGH Profile: Juan Manuel Canales . . . 1**
- People's Health in People's Hands . . . 3**
- The Tireless Women of Mulukukú . . . 4**
- Marching in the Streets of San Salvador . . . 5**
- La Marcha Blanca: An Insider's Point of View . . . 5**
- Human Rights Around the World . . . 6**

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