



Doctors for Global Health Reporter

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Preschool at the Barrio Edgar Lang Community Center in Managua.

DGH PROFILE: SAUL CONTRERAS MARTINEZ

By George Pauk, MD

Dr. Saul Contreras Martinez was born in a small town in Guatemala. His family has a history of achievements and his medical degree is one of them. When he was forced to flee the killing and violence of the wars, he joined other family members already in Toronto. But he soon returned to work in health care in war-torn El Salvador and then settled in Nicaragua. In addition to his already busy work schedule, Saul is now also the Doctors for Global Health In-Country Coordinator in Nicaragua.

Saul's life is based in the large "developing" infill tracts of the sprawling city of Managua, the capital of this impoverished country. Many of the streets are rough and unpaved. The good neighbors watch each other in the day and retreat behind walls and wire at night. Some of the homes double as local business places serving the food, auto repair, building and other needs of the community. Vendors move efficiently through the maze of streets calling out their presence. Dogs, chickens and an occasional pig know how to act in the scheme of this communal but individual life.

In the cooling night, with the workday over, the people can take a breath and dream of a better life for their families. Guards keep watch on businesses and some homes that have material stores. Some guards blow whistles intermittently through the night to broadcast that they are there and awake. The chickens sleep a few hours and then crow and cluck in the dark. With first light, the music cacophonous of Managua begins.

For the past six years, Saul has been able to make his dream a reality. He is working within a broad definition of health, reaching many people in a way that uplifts and transforms their lives permanently. He has set up a nonprofit organization in Nicaragua—a great accomplishment in itself—to assist and accompany increasing numbers of people in urban and rural communities. While he operates clinics that deliver free or low-cost care and medicines, he is mostly working through the training of health promoters. He has written an excellent manual for health promoters that has a comprehensive approach to community and environmental health.

The promoters, mostly women selected by their communities, now number approximately 100. They are very well grounded in subjects ranging from community diagnosis, proper referral practices, health education and primary care. Their skills range from

“For the past six years Saul has been living his dream of working within a broad definition of health. He is reaching many people in a way that uplifts and transforms their lives permanently.”



Dr. Saul Contreras (far left) and visiting DGH volunteer nurse, Jennifer Perry-Hidalgo, (far right) meeting with health promoters at the Acahual Women's Clinic in Managua.

malaria treatment to suturing minor wounds. In other words, they serve the frontline needs of their communities. After their extensive training, they continue to meet monthly at the central villages in their Districts to receive continuing education and a re-supply of medications.

This supply of medications make up the bulk of their *botiquin*, or first aid kit, and it is very useful to the poor people of Nicaragua who are otherwise faced with impossibly costly drug prices. Most of the promoters come many kilometers to these meetings and have to walk all or much of the way. They are the superstars of their neighborhoods and each has a personally compelling story. They are well versed in public health and commu-

nity development. Saul is pleased that some of them are also interacting with other NGOs and expanding their work. In the last year, the promoters have diagnosed the chief needs of their communities and new projects have been started. Because the health promoters have been well grounded in their approach to community health, they have worked with Saul to help fight one of the main determinants of ill health: poverty. They work on projects to increase economic development for their communities. DGH's work and mission and that of Saul mesh very well. Saul supervises the DGH projects and assists DGH volunteers as needed in Nicaragua. The relationship began with the development of free or low-cost clinics and pharmacies. DGH is also funding small poultry co-operative projects in very remote rural locations. These co-ops are supervised by the health promoters from the communities who work with groups of neighbors. In general, this is an effort to make raising poultry more efficient and sanitary by keeping chickens from roaming the areas around and in the homes of people in the community. Each group of families will have a post and wire chicken coop with partial sheet metal roofs and a starter supply of a few chickens. A Nicaraguan agronomist is training all of the health promoters and visiting and supervising the construction of the small coops. He is also teaching them special skills, such as how to vaccinate the chickens.

Saul, in his role as coordinator, has likely become the physician with the most advanced knowledge of chicken farming in Nicaragua. Saul knows a lot about many things in the lives of economically poor people of Central America. He is involved with many issues, including legal rights and defense of abused women, job training, and team sponsorship of sports for children and young people, and most recently, sewing machine co-operatives in neighborhoods.

By reinvigorating basic social justice principles, he and DGH are building on the local fabric of cooperation in neighborhoods. The chain of DGH and its supporters, Saul, and Health Promoters is very effective in many localities. This chain provides a diffusion of influence to thousands of people living in poverty to build a future with the spirit of community. DGH and Saul are accompanying people on their road to self-sustaining development. 🌿

Update on DGH Nicaragua Projects: From Managua to Mulukukú

Acahual Women's Clinic, Acahualinca Barrio, Managua. The clinic provides medical care with two doctors, one for the half day of the mornings and the other, funded through DGH, for the afternoons. Comprehensive care provided includes screening for cervical cancer and treatment of cervical lesions. The clinic also manages activities for children in a nearby library and provides continuing education sessions for its health promoters. The clinic truly practices community oriented primary care and is very active in the community. The clinic has recently organized a group of gays and lesbians who are in crisis. They also hold public health-based group meetings

with sex workers. In addition, the clinic coordinates its services with families of the nearby *Dos Generaciones* Center.

Dos Generaciones, Acahualinca Barrio, Managua. Students at Davidson College in North Carolina continue their special DGH project support and fund raising for *Dos Generaciones*. The *Programa de Niños Trabajadores de Acahualinca* continues with emphasis on training of the entire family for skills that will lead to jobs giving them an alternative to the dismal work in the dump (*La Chureca*). Trainees and staff participated in the construction of a new community library next to the Center.

Edgard Lang Clinic and Pharmacy,

Barrio Edgar Lang, Managua. The new DGH-funded APS Edgard Lang Clinic of the APROPOCAPO community association is providing much primary health care for this very poor *Barrio*. They hope to expand the hours of physician services. The clinic has recently added a better gynecological examining table to replace the modified table. A clinic laboratory with a technician now provides diagnostic services on site. The low-cost pharmacy is slowly expanding and provides a major remedy for the largest barrier to medication access: cost. Currently, DGH funding from the wonderful bequest of DGH Founding Board Member

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EL SALVADOR: CHANGING FROM WITHIN

By Isabel Quintero

It is 5:00am, and I am waking up to another day in Santa Marta. The roosters already have been crowing for an hour. Far off somewhere a radio is blasting out some good old *ranchera* music and, right outside, Lita has already begun sweeping—her number one chore of the day. Finally, at 5:30am I get up. Lita, the 60-year-old woman who is sharing her house with me, wishes me good morning and sets off for the *molino* to grind the corn she has perfectly managed to balance on her head. In the meantime, I am outside spying on the *campesinos* I see riding up the road to the *milpa*, machetes slung over their backs, when two shy little kids come to buy sugar. Lita's house, which consists of one room, is also a shop. In my five months here I have learnt all the respective prices for the items she sells, both in *colones* (the previous national currency) and dollars (now the national currency).

A year ago, I would never have imagined the experiences that were awaiting me.

In preparation, I must have spent hours upon hours searching the web for volunteer opportunities. There are so many NGOs around, but whether it was for religious, political or economical reasons (some organizations actually charge hundreds of dollar fees for your volunteer work), something always held me back. Apparently volunteering has turned into the new fashion among adventure travelers. Patiently I weeded out the less convincing organizations until I came across DGH. Finally, I found an organization willing to take on a physical therapist.

So, from my first contact with DGH, I eventually was introduced to Denise Zwahlen. It didn't take long for her to convince me that Santa Marta was the place that best suited my skills. That's how I flew into San Salvador's international airport on the fourth of February 2004, not to return home to Spain for another five months.

I worked as a physical therapist (PT) in the Rehabilitation Center in Santa Marta, alongside two health promoters: René and Lucía. The first day I walked into the Rehabilitation Center accompanied by American therapist Brenda Hubbard they both looked at me, their eyes full of expectation. There had not been a PT volunteer in years and here I was, finally someone had answered their plea... all the way from Spain.

Feeling an enormous weight of responsibility on my shoulders, in times of trouble and throughout my stay, I focused on the point of my being here: to create a lasting impression on René and Lucía; to empower them with knowledge and give them the skills that will improve the quality of their work. Finally, in order to ensure success, we needed to promote the Rehabilitation Center among the community.

The Rehabilitation Center itself has an impressive history. Brenda and René worked together doing house visits since the early 1990's. The war was still on and Santa Marta's refugees had recently come back home to devastation. In 1992 the first Rehabilitation Center opened its doors to the community. It was a very basic mud house with a dirt floor and a tin roof. In 1995 the present cement structure was built with a grant from the European Union. However, work flowed and ebbed as there was no consistent funding to support the project. In 1999 DGH started providing funds to support René, the health promoter. At the same time DGH donated a much-needed nebulizer. Needless to say, attendance for that year shot up. Now the Rehabilitation Center has Lucía as well, but for the past year work had been sluggish and motivation seemed to be waning.

There was a lot of work to be done. For the first month or two, René enthusiastically searched around the community for prospective patients, bringing them in for me to treat on a daily basis. Right from the start we doubled our time schedule. We were lucky to have another DGH volunteer, medical student Sara Doorley, at the health clinic next door. We worked side by side on expanding the treatment options provided to the community. After a while, we got so busy it was no longer necessary to actively search for patients. More and more

people started coming of their own accord.

Lucía's "Women's Space" program of massage for women finally began to expand, with women of all ages benefiting from her massages. In between patients we would get out the anatomy charts and learn about muscles, therapeutic exercise and neurology. Together we promoted the Rehabilitation Center in the community by creating weekly workshops on massage, early stimulation for babies and exercise.

I managed to travel to Chalatenango and visit the community-based rehabilitation project that ALGES (El Salvadoran Association for War Victims) was working on. It was wonderful to see a whole team of physical therapists distributing their skills to many different communities by training a group of health promoters. I managed to establish connections, which will hopefully lead to Lucía and René receiving some of the classes.

This is how, at some point, my books lay unread, hammock untouched and tropical fruits at bay as I became deeper and deeper involved in the work. There were house visits to do, workshops to present, meetings to attend, reproductive health classes for the women to teach alongside Sara, and dance classes to lead at the local school.

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Photography by Illie Sawady
DGH

MUSINGS FROM THE HOME OF THE GREAT VOLCANO CHAPARESTIKI

By Chris Dodd

As long as you can remember, your spouse, your five children and you have been living in Sonsonate, El Salvador, about an hour drive from the capital city of San Salvador. You work at a nearby *maquiladora* (factory) cutting and assembling clothes for export to the United States. Your spouse has been working for ten years at the Izalco Sugar Company, which is owned by one of the wealthiest families in all of El Salvador. The working conditions at your job are bad, but those at your spouse's are even worse. No job safety, low wages (a skipped meal occurs all too often) and no health benefits.

It's sometime in the fall of 1978, and the 1,700 workers at your spouse's job decide to go on strike, refusing to leave the plantation. When security forces arrived to break it up, they separate out 22 of the workers and let the rest go. As you feared, since your spouse was active in organizing the strike he or she was one of the 22. They took your spouse to National Guard Headquarters and held him or her incommunicado for four days, culminating in a military tribunal and a six-month prison sentence. At first, you did not know where your spouse was being jailed but, after finding out, you went to visit him

or her in Santa Tecla Prison. Your spouse told you how he or she had been tortured and beaten repeatedly, then hung from the ceiling and beaten again, a torture described as "the airplane".

After your spouse is released from prison you both decide it would be unsafe to remain in Sonsonate, so you move the family to San Salvador. After getting settled in the capital, people begin to tell you about a Catholic priest who is not like all the others in the country who rarely, if ever, speak of the horrible injustices that have become a regular part of life in your Central American nation. His name is Oscar Romero. Father Romero was recently appointed the Archbishop of El Salvador (1977). Your family's life is hard, but each Sunday you look forward to hearing the Archbishop give Mass.

Archbishop Romero regularly confronts the growing violence in the country, specifically addressing the plight of the poor, contradicting much of what you have always heard from other priests. He teaches that it is not God's will that you should live in suffering.

Then on Sunday, March 24, 1980, a beautiful day in San Salvador, your family is seated in the pews of San Salvador's Divine Providence chapel listening to Archbishop Romero saying Mass. Just yesterday, he had made the following appeal to the men of the Salvadoran armed forces:

"Brothers, you came from our own people. You are killing your own brothers. Any human order to kill must be subordinate to the law of God, which says, 'Thou shalt not kill'. No soldier is obliged to obey an order contrary to the law of God. No one has to obey an immoral law. It is high time you obeyed your consciences rather than sinful orders. The church cannot remain silent before such an abomination. ...In the name of God, in the name of his suffering people whose cry rises to heaven more loudly each day, I implore you, I beg you, I order you: stop the repression!"

Today, he is speaking of the parable of the wheat, "Those who surrender to the service of the poor through love of Christ will live like the grain of wheat that dies. It only apparently dies. If it were not to die, it would remain a solitary grain. The harvest comes because of the grain that dies. We know that every effort to improve society, above all when society is so full of injustice and sin, is an effort that God blesses; that God wants; that God demands of us." Just as he finishes this sentence you hear a gun shot blast, and you realize that the Archbishop has fallen to the floor:

“ We help reinforce hope within a lot of people in these communities. We let them know there are people who think about them, who care about them. In some ways that inspires them to care about their own lives. ”



This beautiful moment of lunchtime at the kinder in Estancia was captured by photographer Ilille Sawady.

A single bullet killed him, and with that one bullet, much of the hope of the Salvadoran people—most of whom are devastatingly poor—was shattered. Archbishop Oscar Romero was dead at the age of 63, and with his assassination the country plunged into a brutal civil war that raged for 12 long years.

It was in the aftermath of the civil war that Lanny Smith, a Georgia-born recently trained internist, decided to journey to war-torn El Salvador to explore the possibility of a 'Health as Reconciliation' project. He was under the guidance of the founder of the modern-day health and human rights movement, the late Dr. Jonathan Mann, whose life was cut short by the tragic Swiss Air plane crash in 1998. Dr. Mann taught the world that there is "an inextricable link between health and human

rights,” and spent his professional life advocating for human rights all around the world.

So, in 1992 Lanny arrived in El Salvador, and began to work with the French organization *Médicins du Monde* (Physicians of the World). Lanny thought it would be a great idea to bring the groups that had just recently been at war with each other together under the common goal of promoting health. The site Lanny decided on was the isolated, very war-torn and minimally organized community of Estancia, in the northeastern department of Morazán.


What was to be a one-year project turned into six years. The communities of Estancia told Lanny that they needed health care and education, and after a lot of hard work by all they got that and much more. When Lanny left Estancia, four early childhood development centers had been built, as well as a health clinic, a pharmacy and a bridge over the River Chiquito, which had been an impediment to accessing school, health care and commerce for many residents.

And the work continues. Lanny had this to say about the work: “I think we help reinforce hope within a lot of people in these communities. We let them know there are people who think about them, who care about them. In some ways that inspires them to care about their own lives. I’ve been incredibly lucky in my time there to work with an incredible people. People who have taught me a lot about suffering and not complaining; about having a positive attitude even when your family has been killed; about not giving up.”

It was out of his work in El Salvador that Lanny created Doctors for Global Health (DGH). Lanny often speaks of the work he does as that of Liberation Medicine, which he defines as “the conscious, conscientious use of health to promote human dignity and social justice.” He explains that Liberation Medicine has the potential to inspire medical students, physicians, lawyers, public health professionals and others. Once inspired, DGH can offer them a clear, concrete and manageable way (community by community) to accompany the many peoples around the world (including in the US) who have difficulty making their voices heard—the “voiceless” as Archbishop Romero called them. And indeed, many physician and student volunteers from El Salvador, the US, and other countries have had their vision changed about what their role is in the world as a result of their time volunteering with DGH.

Indeed, I learned a lot during my short time in Estancia. How to shuck corn with speed and

grace. To manipulate the outer husk of the corn to create the envelope for the tasty *tamale*. I made my first home visit in nearby Colon to see a woman who had been sick in bed for more than three weeks with what is likely the beginnings of a stomach ulcer. It was a humbling experience to empathize with her and imagine what it must feel like to live in an isolated area where there really is no doctor. It validated in me the necessity of becoming the best doctor I possibly can. It also reinforced my understanding of just how vast the inequity is in our world. Where was the nearest x-ray machine I felt was necessary to diagnose a potential abdominal aortic aneurysm? Some two plus hours away. Anger surfaces. Something must be done.

It was clear to me, however, that while the people of Estancia do not have much in the way of material possessions, they have something that helps them survive: a community that knows how to share. Archbishop Romero would be proud. Now if only the government of El Salvador and those entities that support it, including the US government and the 300 American Corporations currently operating in the country, could learn to do the same. 

A Day’s Life...

I remember before my first trip to El Salvador in 1993, one member of our little group mentioned hoping to find “it.” She did not know what “it” would be but was certain she would recognize it when “it” was found. Well for me it did not take too long before the important discovery was made. I call what I have grasped onto “The Gift.”

That Gift has been given freely to me by so many, over and over again, asking for nothing in return but perhaps friendship. Part of what I have received is “The Gift of Example.” I have spent time amidst women and men whose suffering I can only imagine, yet these are the very people who live their lives with hope that tomorrow will be better than today. Their lives are rich examples of faith in a supreme bring, the dignity of self-worth and the spirit of Justice and Community.

I was the recipient of “The Gift” when Doña Aniceta attempted to raise her limp arm and head to greet me, struggling to raise herself up in the hammock that was her invalid bed. While this community fights a daily struggle against malnutrition, that a full plate of food is insistently put in front of me three times a day is another example of “The Gift.”

I have always felt uncomfortable when, year after year, I have been thanked in this Salvadoran community for my visits and for our DGH accompaniment. Thanked for “making the sacrifice” of leaving my comfortable home, of leaving my family and job for a week or two, of traveling by plane and then by truck and finally by foot, up and down the breath-taking mountains. Sacrifice? Me? Hardly. I consider it much more a privilege than a sacrifice to make that *schlep*, to be in their midst, to share. But mostly to learn.

Starhawk, an activist, organizer and author touring the US last year spoke in my home community: “Those who are out to dominate, to destroy, to conquer through Globalization and corporate greed are telling the world one story... It is we who must tell another story. The story of people all over the world who are struggling for survival.”

So, for *los ancianos y ancianas* who have outlived their own children in La Estancia, El Salvador; for *los niños y niñas* in a rural community in Chiapas, Mexico that it took two hours to reach hiking a mud-caked path; for the five abandoned babies living with AIDS at an orphanage in Ibanda, Uganda: Now your story is told. You are not forgotten. Each of you has given me another piece of “The Gift.” Sharing your stories of courage, of survival and of hope, is my small gift in return.

— Shirley Novak, *El Salvador*, 2003

Human Rights around the World

HAWAII

By Kim Hoffman

On the north shore of Oahu lies a breathtakingly beautiful valley and beach called Makua. Rich in Hawaiian history and culture, this land was once where the ancient warrior tribe Olohe practiced the martial art of bone breaking called *lua*, a sacred act of self defense. The Olohe people grew sweet potatoes in the valley, officiated at rituals that initiated young hula dancers into *halaus*, and practiced their highly religious and spiritual lifestyle. Other chiefs occasionally called on the highly respected Olohe warriors to settle disturbances and rid them of troublemakers.

Today, another warrior tribe has taken over the valley, and the Olohe no longer exist to rid Makua of these troublemakers. The US

Army first arrived at Makua in 1929.

There was minimal activity until martial law was declared in Hawaii in 1942 and the army occupied Makua. The original stated intention was to stay for an additional six months

after the end of World War II. Now, over half a century has passed and the army shows no intention of leaving Makua. The only people who have left are the native people who, decade after decade since the occupation began, have been forced out of their homeland. The Army calls these native Hawaiians "squatters".

Hawaiian genealogies indicate that Makua Valley was occupied continuously for 35 generations (approximately 800 years). Throughout the centuries of Hawaiian occupation, the water was clean, the fish abundant, the soil productive, and the natural resources healthy. In the half-century of US Army use, the natural and cultural resources of the area have been abused to the point that many may never be retrieved.

The health, safety and well-being of neighboring low-income and predominantly Pacific Islander communities have been threatened by fires, smoke, noise, toxic contamination and military transport clogging the only highway. The Army uses the land for live fire training, at the expense of both the environment and local health conditions.

The fires that the Army sets (both deliberately and accidentally) burn the valley sides and threaten endangered plants and snails. In

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HAITI

By Nick Mantini

Throughout the past 100 years, foreign influence has made Haiti into the most unstable country in the Western Hemisphere. In fact, the Haitian military was created in 1934 by the US government as a response to the Cacos rebellion, which resisted the Marine occupation of Haiti. The US needed a force to undermine further social discontent with its reforms. During the 60 years following its creation, the Haitian military quelled the voice of popular democracy and kept murderous dictators in power.

In 1995 Aristide, the first democratically elected president in Haiti, passed an amendment to the Constitution abolishing the military, a military that had never fought anyone but its own people. Two years

later members of the disbanded military met in the Dominican Republic to plan their return with support from powerful players in the US. The National Endowment for Democracy, National Democracy Institute, and International Republican Institute (IRI) all participated in projects to undermine the fragile Aristide administration. The IRI helped fund and train the former military forces, giving them 20,000 M-16's through a Dominican arms dealer.

On February 5, 2004, the military (officially referred to as the paramilitary since the Haitian military was legally disbanded) burned down the police station in Gonaives and razed others to the ground in cities throughout Northern Haiti. They gained control of the city of Cap Haitian on February 22. Roger Noriega, Assistant Secretary, US Bureau of Western Hemisphere Affairs, urged the opposition not to compromise with Aristide on February 28. The following day the paramilitary forced the ouster of President Aristide, reclaiming the role in civil society that the US created for it 70 years earlier. The reincarnated military currently occupies cities throughout all parts of Haiti and maintains a visible force within Port-au-Prince.

I traveled to Haiti for three weeks this past August and worked for the Institute for Justice and Democracy in Haiti. I investigated human rights abuses in several cities. Save Port-au-Prince, each city I saw had a charred police station and burnt houses, left by the paramilitary as they blazed a trail to Cap Haitian. In Cap Haitian, the former police chief had to flee in fear for his life and still cannot return. The story is the same for hundreds of Lavalas (Aristide's political party) supporters.

Internal displacement has become a necessity for Lavalas supporters. Some chose to remain in their homes, hoping the paramilitary will

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Did You Know?

In early 2003, an armed conflict started between an alliance of the Sudanese government forces and ethnic Arab militia and two non-Arab African rebel groups. Instead of fighting the rebels, the government has waged a systematic campaign against unarmed civilians belonging to the same ethnic groups as the rebel groups.

— Human Rights Watch (www.hrw.org), 2004

IRAQ DIARY

By Ed Kinane

Ed Kinane of Syracuse, NY, spent five months in Baghdad before, during and after the US invasion. He worked there with Voices in the Wilderness, a grassroots human rights network based in Chicago. Voices and its founder, Kathy Kelly, have been nominated three times for the Nobel Peace Prize for their work to oppose the UN/US sanctions against Iraq. Ed lives in Syracuse and is on the DGH Advisory Council.

Sept. 4, 2003, Basrah. Today we met with Dr. Firas. He works at the Abn Gazwan Pediatric Hospital, a teaching hospital. He told us:

“After the invasion there was a tremendous outbreak of vomiting and diarrhea—200 to 300 cases—because of contaminated water. There are no lab facilities for diagnosis. There was only our hospital still open for a population of one and a half million. We treated 140 wounded civilians during the war. A doctor and ten members of her family were killed in her home.

“Fifty Brit tanks came and with them looters on foot. Strange sight. I saw them invade our garage and other buildings. I was shocked and worried about their invading the hospital and affecting the electricity; we had many children on incubators.

“I sought out an officer; I was angry and anxious. ‘Why don’t you prevent looters from destroying things? Please prevent this.’ The officer said, ‘This is not my job; I’m a fighter.’ I said, ‘According to the Geneva Conventions you are to protect civilians from looters. This is a hospital.’

“For three days I saw the same looters. Four doctors and 13 other medical personnel stayed in the hospital unarmed facing the looters as they tried to invade the hospital. Why? My hospital is greater than myself. Therefore we are ready to give our lives to save the hospital....”

During the First Gulf War the region around Basrah was heavily bombed with shells tipped with depleted uranium (D.U.). This material is toxic and radioactive. Because of it, Dr. Firas said, “Other doctors and I fear when our wives get pregnant.”

Sept. 5, Basrah. This morning we returned to the hospital and talked to its chief administrator, who said:

“We have no computers, no Internet. I have so much paperwork. I have a pain in my finger from so much writing. There’s no one we can talk to about these problems.

“Yesterday a patient needed an operation, but the lift doesn’t work. Same problems as under the sanctions, but more so. No spare parts.

“Yesterday someone from the CPA

[Coalition Provisional Authority—the occupation forces] came and gave me a form about prioritizing our needs. “I told him, ‘I won’t fill out any more of these; I’ve written enough. Come and I’ll show you the problems and you write it,’ and he did come. We have problems with lifts, with roofs, with sanitary systems. We need to extend outpatient buildings. We have no intensive care unit—can you believe this?!”

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GUATEMALA

By Matt Anderson, MD

On January 11, 2004 former Guatemala City Mayor Oscar Berger was sworn in as Guatemala’s new President, ending a bruising political campaign that had begun in May of 2003. Berger, a wealthy businessman and rancher, defeated Alvaro Colon in a runoff vote in late December. The US was quick to congratulate the Guatemalan people on an election that “met international standards,” a conclusion dutifully echoed by the US media. But one has to wonder about those standards, for this was a violent and politically vacuous contest between wealthy, middle-aged men posing as populists.

The early part of the campaign was dominated by the attempts of former dictator Efraim Rios Montt to run for office. Rios Montt originally came to power in a coup in March 1982. He ruled the country for a bloody 17 months that saw the razing of several hundred indigenous villages before he was overthrown. When civilian rule was re-established, the new Constitution specifically prohibited individuals involved in coups from running for President.

Rios Montt, however, made his ambition to become President well known. In 1998 he formed the Guatemalan Republican Front (FRG) and made two attempts to run for President, both rejected by the courts as unconstitutional. In 1999, however, the FRG won the Guatemalan Presidency under Alfonso Portillo, and Rios Montt assumed the Presidency of the Congress.

In 2003, on his third attempt, Rios Montt finally won approval from the country’s highest court to run for President. The circumstances surrounding this vote were somewhat questionable and opposing candidates quickly challenged the Rios Montt candidacy in the courts. The FRG bused several groups of peasant supporters into Guatemala City on Thursday, June 24 for two days of carefully choreographed riots that terrorized the city and left one journalist dead.

“Black Thursday” seemed consolidate opposition to Rios Montt. He ended up with only 11 percent of the vote during the first round of elections on November 9. As no candidate won a majority, an automatic runoff between Berger and Colon

took place in December.

The Rios Montt candidacy was only the most visible problem in this election. The attempted purchase of votes was widespread, and notably absent from the electoral process was any serious discussion of the issues facing Guatemala, such as those outlined below.

Peace Accords and Human Rights.

Eight years ago, the Guatemalan government signed Peace Accords with the National Revolutionary Union of Guatemala, thus ending the country’s decades long civil war. The Peace Accords, which promised a broad set of political and social reforms, have not been fully implemented. In fact, 2002 and 2003 saw the acquittals of military personnel convicted in high profile human rights cases (specifically, the

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Did You Know?

Ethnically, Sudan is made up of 39% Arabs and 61% Africans. Religiously, Muslims make up 70% and the rest are Christians and traditional believers. The central government has been dominated by Arabs and Muslims since the country’s independence in 1956.

—*Human Rights Watch (www.hrw.org), 2004*

UPDATE ON NICARAGUA PROJECTS

(Continued from page 2)

Sandy Kemp provides support for the clinic. A DGH volunteer has begun to study the impact of the clinic on the neighborhood.

La Conquista Poultry Project. This new project, also currently funded by the Sandy Kemp bequest, has been quickly implemented by Dr. Contreras and the health promoters of the rural region around the village of La Conquista. Seventeen strong post and wire enclosures are now set up mostly in remote sites at a cost of approximately USD\$200 each. Cooperatives of neighbors are working to create an efficient and sanitary poultry and egg production micro-enterprise. With training from an agronomist, each health promoter has made agreements with six to eight neighbor families to jointly run a poultry project near their homes. They are taught how to properly manage and administer vaccines to the chickens, bringing preventive health to a previously unserved rural chicken population. There are many communities that could benefit from similar chicken co-op project, which offers nutrition and economic development. DGH hopes to expand if much needed funding is available.

Casa de la Mujer, Tipitapa. There are many needs in the poverty stricken city and rural areas of Tipitapa where the *Nora Astorga Casa de la Mujer* struggles to pro-

vide legal counseling and mental health therapy for abused women. Serving hurricane disaster survivors and *maquila* workers, the Center is opening a free primary care clinic and pharmacy. They are also planning to train a new class of health promoters.

Health Promoters. The most amazing people that DGH assists are the growing number of health promoters who work as volunteers in their communities throughout Nicaragua. With kits of medicines and supplies they give front-line primary care to the many rural areas that are their homes. Monthly training sessions bring them together where they interact and share their experiences. They are experts in community diagnosis and community development. Recently, they have been starting poultry and sewing cooperatives. They vie for fencing and sewing machine supplies as diligently as they do for medical supplies.

Garden Project, Ometepe Island. A small project is being developed with the agronomist training the health promoters in gardening. The gardens then become a training ground for children in agricultural techniques, such as piped irrigation. The



Playful young resident of Ometepe Island, Nicaragua.

children will supply food produced in the garden to others in need.

Maria Luis Ortiz Cooperative and Women's Center Mulukukú, Northern Autonomous Region. DGH volunteers are playing an increasing role in the Center, which is located in the remote site of Mulukukú, a very large, underserved area. Outstanding programs and moving experiences are the norm in the Center's clinics, counseling and shelter activities, such as the Defense of Women and Children Against Violence project. Volunteers have recently worked to survey tuberculosis prevalence and strengthen data systems for cervical cancer detection and care. The Center is working to start a class of health promoters to increase out-reach to more people in the surrounding area.



Life in the huge dump of the Acahualinca Barrio in Managua, Nicaragua.



DGH Board Members visiting *Casa de la Mujer* in Tipitapa, Nicaragua.

HAWAII

(Continued from page 6)

addition, there are detonations of munitions and use of harmful chemicals. There are abnormally high cancer rates on the Wai'anae coast where the Makua Valley lies. Munitions have been scattered everywhere into this once productive valley, making it unsuitable for any human activity, even the training of soldiers for combat.

Like the situation in Vieques, Puerto Rico, there is a long history of resistance to the occupation of Makua. For decades, the local community repeatedly asked the US Army to disclose all impacts associated with training at Makua to no avail. In 1998, a local group, Malama Makua, represented by Earthjustice, reached a settlement with the US Army compelling the agency to comply with the National Environmental Policy Act (NEPA) for training. NEPA requires federal agencies like the Army to analyze potential environmental impacts before taking actions that might cause significant environmental harm. The Army finally agreed to assess the environmental impacts of training-related activities at Makua. As a result of the settlement, the Army was not able to train in the valley from September 1998 to October 2001.

Then, the September 11, 2001 attack changed everything. Training resumed that October to meet military readiness requirements and to prepare soldiers for deployment to Afghanistan. Under a settlement brokered between Earthjustice and the US Army, the Army was allowed to train in the valley as long as it completed an environmental impact statement within three years. In return, Malama Makua was granted limited visitation privileges each month and was allowed to have its members observe what the Army did in the valley.

In July 2003, an Army "controlled burn" got out of control and scorched half of the 4,190-acre Wai'anae Coast, including Makua. Making national headlines, the fire burned over 70 federally listed endangered plants and more than 2,000 acres, which included essential recovery habitat for dozens of endangered plants and animals, as well as areas containing scores of cultural sites eligible for the National Historic Register. The army admits the fire raged out of control, but contends the fire did not affect any individual *elepaio* or tree snails (both are endangered) or *pueo* (federally listed as a species of concern).

The recent war in Iraq meant increased environmental and cultural desecration of Makua. With 4,500 Oahu-based soldiers deployed to Iraq, the army has stated that "we must use all of our available training areas to train our soldiers. Makua Valley is essential to conduct the convoy live-fire training that will save our soldiers' lives in combat."

While the Olohe tribe is no longer present in Makua to protect the land, Malama Makua courageously continues to fight for the land of their ancestors, the cultural sites that still remain, and the environmental health to which the people of this sacred *'āina* are entitled. 🌿

Did You Know?

About a million people have been forced from their homes in Sudan. The U.N. estimates that by September 2004 there were be 2.2 million people at risk and in need of emergency assistance in Darfur.

— Human Rights Watch
(www.hrw.org), 2004

HAITI

(Continued from page 6)

not make arbitrary arrests. Many who adopted this strategy have not fared well. Residents of Fort San Michel, a coastal neighborhood in Cap Haitian, described how bodies drifted ashore for weeks after the paramilitary invasion of Cap Haitian. The paramilitary deposited its victims in the harbor near the customs office with a cinder block or car battery tied to the feet. When the bodies decayed and came unfastened the current carried them across the harbor to Fort San Michel.

The paramilitary wields unchallenged authority as well as the tacit support of the police and UN. Judges in Cap Haitian and San Rafael confirmed the paramilitary's control, but noted the climate of fear that prevents any change.

As soon as Michel Manno, the paramilitary leader in Cap Haitian moved his unit's base from the customs office to 21st street, he established a system of cooperation with the police force. The paramilitary currently makes the majority of arrests. They then transfer their prisoners to the *commissariat civil* (police station), where the police formally process the prisoner.

Manno personally reported to me that UN forces have come on several occasions to the paramilitary base and transferred prisoners from 21st Street to the *commissariat*. A meeting with UN officials in Cap Haitian corroborated Manno's claims.

Yet paramilitary perpetrated human rights abuses abound. They never make arrests with a warrant. They arrested a man solely for wearing dreadlocks (a trait associated with Lavalas). In addition, a survey of the prisons shows a trend of political motivation for arrests.

The cities of Jacmel, Okay, Gonaive, and Petit Goave all shared a similar fate. Thousands from these towns remain in hiding. The daughter of a Petit Goave deputy stayed to finish school while her family fled. The paramilitary group there raped her as a punishment for her father's political affiliation. Endless accounts of similar violence are emerging from cities throughout Haiti. Yet the US Embassy in Haiti still refuses to recognize that Aristide supporters are targeted for violence.

An unmistakable aura of fear pervades the central police station in Port-au-Prince. On August 16 the paramilitary abducted five police officers in the Central Plateau. The five officers managed to escape and arrived in Port-au-Prince the next day. The only one who would speak to me reported that the police would not seek retribution. It is undeniable that the police fear the paramilitary.

On August 28th the paramilitary expelled the police from Petit Goave and commandeered control of "Radio Timoun" in Jacmel. They have stepped up efforts to gain official recognition and ten years' back pay from the government. The Interim President, Gerard Latortue, has called for negotiations with the paramilitary. When considered alongside Latortue previously calling the paramilitary groups "freedom fighters", one must question whether negotiation implies re-institutionalization. In addition, the UN's lethargic disarmament effort reflects international tolerance for an illegal force. The Haitian people deserve a stronger commitment to democracy. 🌿

EL SALVADOR: CHANGING FROM WITHIN *(Continued from page 3)*

What an experience this has been! Most of all, I have learnt about community empowerment. It is wonderful to see how a little bit can go so far. Lucía spontaneously talks about the shoulder blade, and René mentions such and such tense muscle. I see them evaluating patients, then incorporating the techniques I have shown them into their treatment plan. Once-only patients start becoming regulars, the word spreads and attendance increases. I now see a glint of satisfaction (or is it amazement?) in René's and Lucia's eyes when they monitor a patient's progress from one session to the next. Our workshops become well known—we even run out of chairs and need to buy more—and they will be continued after my departure.

All I can say is that I wish more and more NGOs out there would contemplate including physical therapy into their projects. With a strong emphasis on prevention, the use of manual and physical agents can be a very cost-effective treatment strategy, especially in places where resources are scarce, and the right medicine is hard to come by.

I shall never forget this life-changing experience. I am eternally grateful to the community here and to DGH for granting me this opportunity. May El Salvador progress towards a better future. 🌿

DGH Reporter

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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** comprised 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. **DGH has no paid employees.** 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.

Your Contributions to DGH Go Far

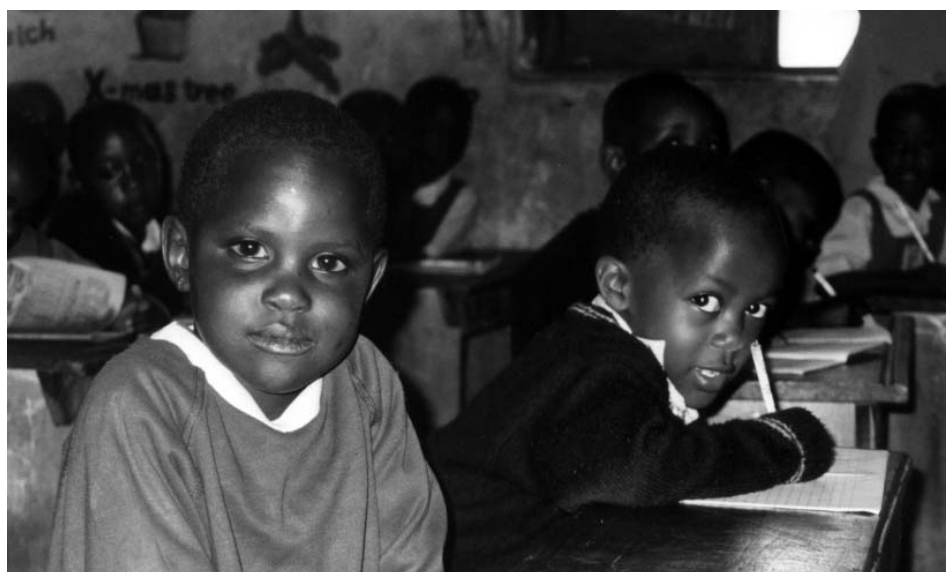
DGH funds go far in the projects that receive your contributions of United States dollars. The economic environment of the nations where DGH works is severely and chronically poor. A major characteristic of this is huge international debt and local unemployment. Health workers of all types are typically in great need by the communities, but paradoxically they have difficulty finding employment. Nurses, physicians, educators, lab technicians, dentists, and the many necessary roles for various aides and counselors are not employed where they are most needed. Financial support for these workers is simply not present or organized where the majority of the population lives in sometimes desperate circumstances.

Your support through DGH will produce an amazing effect. A health worker can be put to work with as little as USD\$100 per month. This assistance may allow the local health center to organize continuing local support. A "free clinic" may eventually sustain itself by developing management and outreach skills in the community and collecting very small fees. Visits to health workers by patients may "add up" to the continuing self-sufficiency of a clinic, even when the average charge for a visit is only thirty cents and based on ability to pay. Similarly, many medicines are routinely used that are very cheap compared to their counterpart in the US. Some sites have made significant use of effective, low-cost herbal treatments.

There are many other amazing ways we use your contributions to DGH. For example, our chicken co-op project in La Conquista, Nicaragua, a rural community without electricity or running water, provides a renewable high protein source (eggs) for several families at a start-up cost of just USD\$200. This project can be expanded at an even lower cost, as each co-op will share some of its chickens with new coops. Our garden project in Ometepe, Nicaragua, which teaches children the basics of organic agriculture and feeds those most in need, makes the USD\$500 start-up cost a long-term bargain.

There are many comparisons of practices in the so-called "third world" that recall frugality long lost in the US. Gloves usually considered disposable in the US are carefully washed and reused many times. Unfortunately, there is also much sorely lacking in proper health, nutrition and educational support. Please help improve these conditions. Your tax-deductible contribution will allow DGH to accept the invitation of additional communities around the world to work alongside them in the fulfillment of our mission:

"To improve health and foster other human rights with those most in need by accompanying communities, while educating and inspiring others to action."



No books, 1 teacher, 35 students: Primary 1 class, Uganda Martyrs Primary School in Mbarara.

IRAQ DIARY

(Continued from page 7)

The administrator disagrees with the Voices in the Wilderness anti-war stance. “The only way to get rid of Saddam was to have had the war.” Dr. Mohammed Kamil had entered the room as our interview began. Dr. Kamil has been silent up till now, but says to the administrator, “I disagree. The Americans and Brits only want oil.”

The administrator responds, “Under Saddam I got \$10 a month salary—26 years a doctor! If I told Saddam I wouldn’t work, he would kill me. Now I’m getting \$180 a month.”

He wraps up: “One patient dies per month from cancer, but ten die from malnutrition. Saddam was concerned about the one. I have joined no political party; I’m not a political person.”

Dr. Kamil walks us upstairs to the leukemia ward. He says, “The previous regime was better than now. Now there isn’t security inside or outside the hospital. We’re concerned about the depleted uranium. Cancer is increasing. Yet we have no studies on depleted uranium.”

Dr. Janan Hassan, oncologist and pediatrician, joins us together with several doctors in training. Dr. Hassan tells us, “All this [leukemia] comes out of the first Gulf War. Everything is contaminated—earth, soil, water. The air we inhale daily. About 20 doctors in Basra have cancer. The mortality rate of these leukemia children is over 80 per cent. Also, there are congenital deformities.”

In the persisting assault on Iraq, the fatalities are not always a matter of bullets or shells. According to UN studies, the 13 years of sanctions—lifted only since the invasion—led to hundreds of thousands of premature deaths.

One of my teammates made friends with Joana, an Islamic girl stricken with leukemia. One day we visit Joana and I am immediately taken with the girl’s grace and dignity—by her luminous beauty. The next day we learn that Joana died about an hour after our visit. She was 14 and had only been ill a few months.

While no one can prove D.U. caused Joana’s leukemia, in areas of Iraq where D.U. was dispersed by US shells, the rate of childhood leukemia tripled in the years after the First Gulf War. We know that the US used an unknown, but vast amount of D.U. during the recent invasion as well. However, because D.U. is such an effective weapon (its hardness enhances the ability of shells to penetrate armor), the US government does not encourage research into its health effects. Nor, because of the astronomical expense, does the US take responsibility for cleaning up the civilian areas it has contaminated. Nor are US soldiers adequately informed of their vulnerability to D.U. In some US military training videos that I have seen, soldiers are advised that although D.U. is radioactive, there is no immediate risk of harm; there is no mention of D.U.’s potentially dangerous long-term effects. ✨

Did You Know?

HRW investigations uncovered large-scale killings in 14 incidents in Dar Masalit alone in which more than 770 civilians perished between September 2003 and late-February 2004. These are not the only incidents that occurred there during those six months, but rather those which HRW was able to corroborate with testimony from witnesses and other credible sources.

— *Human Rights Watch (www.hrw.org), 2004*

GUATEMALA

(Continued from page 7)

murders of Bishop Gerardi and anthropologist Myrna Mack).

Social conditions. A 2003 World Bank (WB) report noted that in 2000, over half of all Guatemalans—about 6.4 million people—lived in poverty. About 16 per cent lived in extreme poverty. Noting that poverty rates have likely risen since 2000, the WB said that economic growth in Guatemala “has not been particularly pro-poor.” The WB added that malnutrition rates among Guatemalan children are among the worst in the world. Almost half of children under five are stunted.

HIV/AIDS. Since 1995 our small group, HIV Medicines for Guatemala, has been working closely with the Luis Angel Garcia Family Clinic (an AIDS clinic) at the Hospital General San Juan de Dios, one of Guatemala’s two national hospitals. In the December 2003 issue of *International Journal of STDs and AIDS* we published data from 1999 and 2000 showing that AIDS represented 5.6 per cent of admissions to the medical and surgical wards. Currently the Chief of Medicine estimates 14 per cent of patients are HIV positive. These patients are largely young (mean age 33), economically active and heads of households. The mortality among these patients was a horrifying 23 per cent, more than double the mortality of the non-HIV patients on the wards. In 2003 the Guatemalan government was ordered by the Inter-American Human Rights Court to provide anti-retroviral therapy to AIDS patients, but has done very little.

CAFTA (Central America Free Trade Agreement). CAFTA is an oddly named treaty under negotiation between the US and Costa Rica, El Salvador, Guatemala, Honduras and Nicaragua (there are also plans to include the Dominican Republic). It was negotiated essentially in secret over the course of 2003, and it was not until the end of January 2004 that the final text was released. Under current Fast Track Authority, Congress will have no say in the details of this treaty; it is given 90 days to either approve or reject the treaty in its entirety. Critics, such as the Council on Hemispheric Relations, point to Mexico where, following

the adoption of the NAFTA, the percentage of Mexicans living in poverty rose from 58 to 79 per cent.

The following resources offer information about Guatemala: **The Council for Hemispheric Affairs** (www.coha.org) publishes frequent press releases about news throughout Latin America. **The Network in Solidarity with the People of Guatemala** (www.nisgua.org). **The UN Verification Mission in Guatemala** (www.minugua.guate.net) publishes

human rights reports and updates on fulfilling the 1996 Peace Accords. Our **website for HIV medicines** has some background on the AIDS situation in Guatemala (www.macaw.com/hivmeds/). More complete information can be found on the website of the **Asociación Aguabuena** (www.aguabuena.org). Breaking news on CAFTA is available at the **Stop CAFTA** web site (www.stopcafta.org). ✨

DGH Announcements

► **Mark Your Calendar Now!** Come help us celebrate “10 Years of Accompaniment” at the 10th Annual DGH General Assembly. Join us in New York City on the weekend of August 5–7, 2005.

► **Conference Announcement: Lessons Learned from Rights-Based Approaches to Health.** The Institute of Human Rights of Emory University, in collaboration with the World Health Organization, CARE USA, the Carter Center human rights office, the U.S. Centers for Disease Control and Prevention, and Doctors for Global Health, proudly announce an international conference on health and human rights. The conference will explore evidence-based relationships between health and human rights. Featured speakers include former US President Jimmy Carter and United Nations Special Rapporteur on the Right to Health Paul Hunt, along with other leaders in the fields of health and human rights. The conference will be held at the Emory University Conference Center in Atlanta, Georgia, on April 14–16, 2005. Visit: www.humanrights.emory.edu for more details.

► **DGH Founding Board Members Honored.** Renée and Clyde Smith were honored at the 9th Annual DGH General Assembly in August 2004, for their long service and devotion to DGH and health as a human right. Renée has retired from the board, but continues to be very involved with DGH. Clyde has stayed on as Treasurer.

► **People’s Health Assembly II.** The People’s Health Assembly II, will be held in Cuenca, Ecuador, in July 2005. The first People’s Health Assembly in 2000, led to the creation of the People’s Health Movement (PHM), which has driven a worldwide civil society effort to counter the ill-effects of Globalization on Health and Health Care. PHM is helping to promote a host of activities focused on the goal of Health for All NOW!: a movement that promotes geographical circles of health professionals and activists; organizing street level rallies, policy debates and dialogue; public education; advocacy with WHO and other international health players; and health campaigns. For more information visit www.phmovement.org.

► **Converge on Ft. Benning on November 19-21.** Together we will shut down the School of Assassins! The School of the Americas (SOA), renamed the Western Hemisphere Institute for Security Cooperation or WHISC, is a combat training school for Latin American security personnel located at Fort Benning, Georgia. This “School of Assassins” has, in the guise of promoting democracy, graduated eleven Latin American dictators, including Manuel Noriega of Panama and Efraim Rios Montt of Guatemala. Graduates of the school have been consistently linked to human rights violations and to the suppression of popular movements whose only crime has been to demand access to land, safer working conditions and control of their own natural resources. For more information visit www.soawatch.org.



DOCTORS FOR GLOBAL HEALTH
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Join Us at the 10th Annual DGH
General Assembly in New York, NY

10 Years of Accompaniment

August 5-7, 2005