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Doctors for Global Health
Reporter

"Mason Martinez" Laboratory Ready to Open in Estancia, El Salvador

By José Ramiro Cortez Argueta and Shirley Novak

A big, long-time dream to improve overall health in the communities in Estancia, Morazán, El Salvador has included having a laboratory operating in the community. Four years ago the clinic physician died, Dr. Juan Carlos Martinez, who was the first young person born and raised in Estancia to become a physician. At that time, thoughts arose to create a basic laboratory within the CAIPES (*Centro de Atención Integral para la Prevención y Educación de Salud* /Center for Integrated Prevention and Health Education), paid for by memorial funds donated in his name. Investigation however found it impossible due to governmental regulations at that time.

Then, more recently, CDH (*Asociación de Campesinos para el Desarrollo Humano*/Farmers for Human Development) and the community received word of directed donations to DGH for this specific purpose. Funds included: a significant directed donation from the parents of a recent Syracuse, NY visitor to the community, Sherwin and Joan Kroll; major donation by Roberta Lanford in memory of her mother, Evelyn Mason; funds raised by a former preschool teacher from Estancia now living in the US. This time a different response came regarding legality of a lab in their remote community. To the community's great happiness, a local lab is now possible!

> **"Currently when the doctor at CAIPES, writes a script, the options for filling it are limited: the closest lab is more than an hour away."**

Currently when Dr. Samuel Garcia, the doctor at CAIPES, writes a script, the options for filling it are limited: the closest lab is more than an hour away. The trip includes first walking to the bus stop or, with luck, hitching a ride to the bus or all the way to town. It is not unusual for a patient to make two or three trips to a lab in "nearby" Cacaopera or San Francisco Gotera before finding a lab open with a technician present to attend to the client. This is costly both in time and money – not to mention the difficulty of travel for ill patients – and often precious time is wasted before a diagnosis is communicated back to the patient's physician (?). Some patients opt not to even have lab exams done due to the obstacles involved.

According to CDH Director, José Ramiro Cortez Argueta, "It has been a difficult, complicated process." There is a lot involved in getting governmental legalization of the laboratory, with tedious steps and many twists and turns along the way. You have to acquire a license and hire a company to collect the medical waste, have a refrigerator to safely store required

reagents, etc. The Salvadoran government does not make it easy, especially considering the remote location of Estancia and the lack of direct transportation to arrive at the lab.

Another difficulty in getting the lab "off the ground" was to locate the right technician for the job. A professional person with the appropriate academic training was mandatory but with Estancia located so far from any city, this presented a major obstacle; before getting a permit, it was necessary to identify who would be working in the lab.

This problem was successfully resolved when Cecilia Awena Portillo agreed to accept the job, even though she lives a good two hours away via public transportation! The plan is to have her board in Estancia during the week, and return home on weekends. The community is accommodating her needs to make things as comfortable as possible. The lab will be open Monday through Friday, from 7 am – 3 pm.

Cecilia has already been working with CDH for several months, helping to organize lists of necessary materials, ordering equipment, and working with Ramiro on the legalization process. Ramiro performed physical work himself, helping to transform one exam room in the CAIPES into the lab, upgrading electrical outlets, counter tops, etc. Basic blood, urine and stool samples, HIV and pregnancy testing are routine examinations that will be done in the lab; results will be available much more quickly with the technician on-site in the clinic than the system that currently exists.

"The trip to the closest lab includes first walking to the bus stop or all the way to town. It is not unusual for a patient to make two or three trips to a lab in "nearby" Cacaopera or San Francisco Gotera before finding a lab open with a technician present."

Charges for lab tests appear to vary throughout El Salvador but prices within each department are about the same. The Mason Martinez Lab will charge the 'going rate' in all of Morazán; CDH hopes that the lab will be self-sustaining. The goal is that Cecilia's salary and cost of replenishing materials will be covered by the fees patients are charged for the examinations. There will be an analysis after the first few months of operation.

CDH is anxiously awaiting positive results to finalize the process of legalization, hoping that the MASON MARTINEZ LAB will open soon. This will be a huge benefit for the entire Estancia community. In memory of Evelyn Mason and Dr. Juan Carlos Martinez, a long-time dream will be realized. The diagnosis of simple and more complex medical problems will be done right in Estancia's community clinic, with testing charges the same as in town but without the transportation costs and wasted time. This will be another step forward toward improvement of health in rural Estancia

The lab is ready to open!

PHOTOS: Front Page: Cecilia, the new lab technician at work. Left: Ramiro Cortez, CDH Director, at work upgrading electrical outlets in lab. Right Top: Cecilia, unpacking and setting up new lab equipment. Right Bottom: Cecilia using the microscope to check for parasites.

2019 DGH General Assembly Report Back

By Anna Landau, Jenny Abrams and Linda Sharp

The 24th annual Doctors for Global Health General Assembly (GA) was held August 2nd–4th, 2019, at the University of Arizona in Tucson. The theme was "Healing Justice: Undoing the Borders That Divide Us." Healing justice as a concept promotes healing as a form of liberation and social justice in communities in historically oppressed or marginalized communities. The term 'Healing Justice' is rooted in healing spaces created by queer and trans people of color, and notably in work done by Cara Page and others around the 2010 US Social Forum in Detroit. We are grateful to this movement to be able to build on these and other principles during our General Assembly.

Tucson, our host city, has been home to Native communities since 2100 BC. The name of the city, *Tucsón*, is derived from the Tohono O'odham word *Cuk Ṣon*, meaning "(at the) base of the black [hill]," referring to the nearby mountain known as Sentinel Peak. Tucson has a rich activist history, including Native active resistance against settler-colonialism for over 500 years. Tucson is also the home of the Sanctuary Movement in the US, which began in the 1980s providing support and solidarity to those fleeing violence in Central America. Today, the community of Tucson continues to provide support, build bridges and work in solidarity with migrants and other communities in need. We were fortunate to learn more about the incredible work being done by so many while at the assembly.

Above: DGH GA participants brave the desert heat as they tour the border wall and militarized zone along the Sonora–Arizona border.
Below: DGH partner community representatives share the work they are doing in Uganda, Mexico and El Salvador (Gerald Paccione, Juan Manuel Canales, Jose Ramiro Cortez Argueta, Irma Cruz Nava.)

To start off, on Thursday we had a pre-conference guided tour to the US–Mexico border wall along the Arizona–Sonora region. We were joined by journalist and author Todd Miller, who has written several books about the border crisis including *Border Patrol Nation: Dispatches from the Front Lines of Homeland Security* (City Lights, 2014). We learned about the expansive and growing militarization of the border over the last decade, which is part of a larger global border militarization industry worldwide and were able to see the massive wall in front of our eyes, a hulking metallic symbol of division, fear and violence.

Friday we visited Casa Alitas Migrant and Asylum-Seeker Shelter, where our very own board member and GA host Dr. Anna Landau, coordinates medical care for migrants. Casa Alitas works with migrant families, mostly from Central America, who have left their home countries to escape violence and poverty. The shelter provides care and a place to rest. Volunteer staff support migrants through their migration journeys: coordinate efforts to connect migrants with family in the US and provide orientation to immigration proceedings.

The official GA got underway on Saturday morning, starting with a beautiful, sacred land acknowledgement and blessing by Dr. Carlos Gonzalez and his wife, who are members of the Pascua Yaqui tribe of Arizona. We were invited to reflect on the historical origins of the land we were occupying for the weekend and to ground our work in awareness of colonization and its consequences. They provided us with a uniting and healing dimension to the intersectional work we are doing, which carried us through the weekend.

During the conference, we had simultaneous interpretation in Spanish and English, from a local group of interpreters, Language Justice, as well as from three Sandy Kemp Scholars Ivette Casas, Cesia Dominguez Lopez, and Chuy (Jose) Valle.

Our first keynote speaker on Saturday was Isabel Garcia, a lawyer and co-founder of the *Coalición de Derechos Humanos* in Arizona, who spoke with us about her decades of work on immigration and refugee rights. She challenged the mainstream hysteria regarding stereotypes of migrant communities and invited us to learn the true history of immigration in the US, which is not taught in our schools. She connected the dots of border militarization, international trade agreements, the prison industrial complex, and its deeply unhealthy and violent impact on our communities and ourselves. She passionately shared many harrowing stories of avoidable deaths and harms to migrants and families at the hands of US Border Patrol and ICE. She invited us to return to our home communities with a greater understanding of the humanity that is within each of us, and to work together to end the avoidable deaths, family separations, and deep harm that exist today as a result of US immigration policies and border militarization.

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Human Rights around the World

Latest attack on Immigrants to the US: Change to Public Charge Rules

By Gilberto Granados, Jyoti Puvvula and Shamsher Samra

In a recent community meeting in Los Angeles, mothers spoke about their fear and confusion surrounding the current administration's unending attacks (both verbal insults and rule changes) aimed at hurting and alienating immigrants of color. They felt that a big part of the attacks were being directed toward Latinos and other similar groups. *Sonia*, a married mother of two girls tearfully spoke about her five year old, *Jennifer*, who was born in the US, and has been doing well since she started getting therapy for a speech delay that was picked up by her physician. However, with recent news about impending changes to immigration rules, against the advice of health providers, she decided to disenroll her US citizen from her needed speech therapy program. *Sonia* dropped her from her Medicaid health insurance plan altogether. She now only takes *Jennifer* to cash accepting physicians in the community and only when she is very sick. When asked why, she described her confusion over current immigration rules and the fear of future changes to immigration laws aimed at immigrant populations. She and her husband, both of whom are legally here in the country, are applying for Green Cards. They fear the new rules will affect their application. Even when we explain that Medicaid for her citizen daughter is not affected by the new rules, *Sonia* shares the chronic anxiety she feels about the future for her family and children, and her fear that the rules may continue to change.

"With recent news about impending changes to immigration rules, against the advice of health care providers, she decided to disenroll her US citizen daughter from her needed speech therapy program."

We are repeatedly hearing similar stories from many immigrants in our communities and from our patients. In a series of focus groups conducted in a predominantly immigrant community, participants expressed similar concerns, anxiety and fears. To them, their immigration status is critical to their future chances of successfully caring for their families. For millions of Americans with mixed status families, in which one or both parents is not a US citizen and one or more children is a US citizen, these new rules are already having a powerful chilling effect in their utilization of needed public programs, even for their citizen children.

This August, the Trump Administration's Department of Homeland Security published new Public Charge rules, governing inadmissibility determinations by US Citizenship & Immigration Services. These rules are to take effect on October 15, 2019 if not delayed or blocked by legal challenges, and are to be used to determine if an individual applying for a green card or seeking to enter the US (not when applying for citizenship) is likely to become dependent on government services. While there are many factors used in the determination, currently an individual may be deemed a "public charge" for using predominantly cash benefits for income support, such as Temporary Aid for Needy Families (TANF, also known as "Welfare" or SSI) or for long-term care paid by the government. However, under the new rules an individual may be deemed a public charge even for the utilization of non-cash publicly funded benefits such as Medicaid, Supplemental Nutrition Assistance Program (SNAP, known as "Food Stamps") and Public Housing benefits. Also, now instead of assessing whether an applicant is likely to become primarily dependent on the government for income support, the new rule defines public charge as a person who receives any number of public benefits for more than an aggregate of 12 months over any 36-month period. Each benefit used counts toward the 12-month calculation; so if an applicant receives two different benefits in one month, that counts as two-months' use of benefits.

There are exemptions, including children adopted by US citizens, those serving in active duty and formerly cleared asylum seekers, among others, as well as health related benefits for certain vulnerable noncitizen groups such as children, pregnant women, individuals with certain disabilities, and for emergency medical services. The new rule over what constitutes a public charge adds more confusion to an already complicated process, moving many immigrants to disenroll from programs that are essential for them or their families' welfare.

These new rules are especially concerning for poorer immigrants who tend to work in difficult and low wage industries such as hospitality, restaurants, gardening, agriculture, janitorial or domestic work. These low wage jobs in turn make them more prone to need public assistance even if intermittently to make ends meet and to afford health insurance for their families. Although immigrants are in general underutilizers of public benefits compared to their non-immigrant counterparts, immigrant families may now further curtail their utilization of badly needed public programs for themselves and their families. Given how misunderstood these new rules are, they will likely impact not just poor immigrants of color but all immigrants, including naturalized US citizens.

Working at a public hospital every day we see immigrants in our primary care clinics and emergency rooms. Many patients in our

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Lady at the Top of the Building: Puerto Rico Finds Strength After Hurricane

By Irís Mónica Vargas

When the winds had made full display of their fury in September 2017, and silence had befallen, a hurricane had only then had begun its onslaught. It is what happens after what changes you, and not the roaring of the invisible, wide, spiraling mouth arriving from the sea.

Years ago, when I was a little girl, my family and I experienced Hurricane Hugo. We lived then in a small barrio in the mountains of Puerto Rico. Our house was humble as was everything else around us. We didn't have much in the way of economic resources. No common pleasures, such as dining out on Fridays or any other day of the week, no vacation trips to other countries, no fancy schools, no luxuries of any kind. A single gift each Christmas. We lived in a house that my father built all by himself, with wood that soon enough had rotted at the bottom, through which I became acquainted daily with the varied population of insects with whom we shared our surroundings. The structure we called home had one window in the front of the house. Everything else – the entire one bedroom/bathroom the house contained – was dark. My father worked very hard, changed jobs every few years, and saved money all of his life, diligently, so that one day he could build what would become our next house: a structure made of cement that would take 30 years of work (by all of us), and patience (from all of us), to almost finish. It was that structure, a quarter of it already erected, that helped us survive after Hurricane Hugo.

> **"When news was published that our Governor and members of his cabinet spoke mockingly about Puerto Ricans — the grief accumulated over the past two years underwent a powerful transformation."**

Every year my school required my father to fill out a survey in which there was a line he would fill the same way every time: $19,000/year. It was the same every year. The job, we would always joke, was always a different one. We were a family of four.

After Hurricane Hugo, we spent three months without water service and two without electricity. We learned to ration water when we cleaned up, using a small *palangana* (basin) in which we would place – and reuse during that same cycle – not more than half of a gallon of water for adults, and not more than a quarter of a gallon for us kids. My mother kept everything in place so that life didn't feel as messy and chaotic as it was. Antibacterial detergent was our savior.

These are the stories of my – and of many – families.

Two years ago, the moment I heard the news – a hurricane had formed and was approaching – all those memories of my childhood in rural Barrio Bajuras came back. I knew well that the emotional experience of hearing the sounds of the wind in the darkness, however threatening, would be the least of anyone's worries. This time, though, I was a mother. No longer living in an economically disadvantaged situation, like I had for so many years of my life, the winds had dwindled and three weeks had gone by, when I was seeing our supply of rice and beans grow shorter; I heard the radio hosts of the only station in the country that was broadcasting daily candidly acknowledging that they had just found out they were the only station that could be heard in the entire island. They then requested reporters – anyone, really – with information and a way to get to their quarters to provide it and to describe for the rest of us what was happening outside our hometowns, the state of our country, our island. Then I felt a particularly poignant sense of urgency and even fear.

The world had kept on moving, but ours had somehow stopped and nobody could hear us. In a literal sense, most cell phone towers were down. We were, in practice, now isolated from the rest of the world. I don't think I had ever understood what our political condition meant – being a part of the US yet not really, formally referred to as a commonwealth. Otherwise we existed as a colony of a world political power, not having the authority to pursue our own economic treaties and negotiations with other countries; existing, oddly, as the property of the government of a group of people, most of whom have never individually known our culture or even, in some cases, our geographical location. Never before had I been consciously aware of what it meant never to be regarded as an equal.

As the weeks went by, the lines for gasoline grew longer at the gas stations and longer at the supermarkets for whatever food was left or had just been received (lines could last an entire day for each). People began daily searching the highways and smaller streets for jets of water coming down the mountains to collect with their containers and take home. As we all searched for the elusive cell phone signal that would prompt hundreds of people to stop anywhere along Highway 52 just to have the opportunity to tell someone, using the last bit of energy on their communication devices, and the last bit of gasoline in their tanks, that we were "okay" – we understood we were alone.

The world knew more about what had happened to us than we, ourselves, did. And sometimes, the world thought it knew better. I would later become acquainted with a news article, for instance, citing a spokesman at the USNS Comfort, a NAVY hospital boat anchored near our shores, saying physicians there spent days attending but a reduced number of islanders, as though implying that we were misusing thoughtlessly the great, expensive resources allowed to us. In reality, however, that was one of the many resources to which we didn't have access. Many physicians didn't know about the hospital boat; for those who did, the referral process proved ineffective and complex. Roads were closed. Bridges had collapsed. Entire communities were isolated. People did not have access to Wi-Fi and could not communicate with each other or the rest of the world. Most people didn't even know there was such a boat. We didn't have access to news. Gasoline was scarce – a resource one used only cautiously. Men and women could not gain access to local hospitals, and many a time, when they finally did, their malady was deemed non-urgent, and they (*Continued on page 6)*

Latest Attack on Immigrants

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public hospital system have already disenrolled from their insurance plans choosing to pay for services in cash. Many have missed their follow-up appointments, seeking care only when seriously ill. Although emergency Medicaid is not directly impacted by the public charge changes, even here patients have endorsed deferring emergent care given concerns regarding the rules.

This latest change to our immigration rules demonstrates openly that the current administration is not only targeting the undocumented, but immigrants in general. This mean spirited attack on our immigrant communities is only one of many anti-immigrant executive orders and legislation attacking immigrants but could well be just the beginning of what lays ahead for all of us.

As our patients and immigrant communities navigate this complex web of changing rules, it will require all of us, in whatever field we are, to accompany those affected. Some ways we can support our immigrant communities is by first educating ourselves and others about these rules and keeping informed of the latest updates (visit *protectingimmigrantfamilies.org*). We can then educate patients and communities regarding the details of the rule changes. We should also educate physicians and others that immigration status is a unique social determinant of health in that is aggressively persecuted. Moving beyond education to practice, we can look at our own work and community spaces to develop protocols to protect those affected by these policies. We can also go beyond our homes and communities to advocate for local and state governments to fund services for immigrants to serve as alternatives for benefits that now count toward public charge. We also need to continue to support and stand with communities and advocacy organizations that are fighting to reverse these rules. But most of all, we must never lose hope of creating communities where immigrants will be seen for their true contributions to this nation and are able to live free of fear.

Puerto Rico After the Hurricane

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were instructed to return home to wait. Other times the hospitals themselves were not equipped to help. Delays in treatment occurred. Chronic conditions worsened. 4,645 Puerto Ricans – grandfathers and grandmothers, mothers and fathers, sons and daughters – became "contentious statistics" of hurricane aftermath. Their bodies, too, even after death, were covered with the grime of waiting – for their remains to reach San Juan so their condition of absence could be confirmed by a medical examiner, or for medical examiners themselves to be the ones traveling to the corpses so the "state" of the diseased could be recognized as "disaster-related." Even then, a President and a Governor denied them. "They had anywhere from 6 to 18 deaths," claimed a President. The official Puerto Rican death registry recognized only 64 diseased.

If the story of Puerto Rico has often been told without a heroic end, without the stamina and the energy its people possess, without the details of the hard work of fathers and mothers building their homes with dedication and sacrifice throughout the years – despite any circumstance, and the creativity and the persistence of its sons and daughters, the strength of its *Pueblo*, it is only because our story is seldom told through our own voice.

Millions of branches felled by the hurricane during its walk were cleared by neighbors all across the island the afternoon after the winds had finally subsided. Medical students, such as my colleague, Estefanía Rivera Mudafort, organized themselves throughout the country to help out. Estefanía, for instance, organized a Christmas tour that December to bring presents to children in economically disadvantaged, often forgotten neighborhoods in the town of Loíza. Walking alongside her down the streets of Loíza one day, I saw a neighbor wearing insulating boots as he attempted to untangle and organize high-voltage, live cables that had fallen and were now blocking the entrance to his house. In another barrio, high-voltage cables that were still threatening to fall, lay at the height of the kids' heads as they whisked by on their little bicycles.

All across the island, the country was aided, fixed and rebuilt by local volunteers – neighbors helping each other. From acts as complicated and dangerous as managing high-voltage cables, to those as mundane as removing meandering iguanas from a neighbor's house. From the labor of love of students helping to clean up their own schools, to gigantic, poignant signs arising in every corner of streets and highways with messages of union, support and encouragement of one another, Puerto Rico showed its resilience, integrity, stature and most of all, its inner strength.

My grandmother, an octogenarian women with a heart condition, remained without the service of electricity for six months after the hurricane. And two years after the event, when you look out Highway 52 into the horizon at different points along its extension, seas of blue tarps catch your eye. Thus, when a news report was published July 2019, of a private conversation in which the Governor of Puerto Rico and several members of his cabinet and close colleagues spoke mockingly about Puerto Ricans of different walks of life – people who were obese, disadvantaged, members of the LGBTQ+ community, victims of hurricane María, and even indirectly, those who had lost their lives in the aftermath – the grief accumulated throughout the past two years underwent a powerful transformation. I know it did in me.

How could someone who supposedly understood the challenges the people in our communities faced every single day, treat us in such a way – as though we were, as a People, invisible to him, and as though even in our own land we were, collectively, utterly unseen?

On a Facebook video gone viral, taken the afternoon that my compatriots were gathering in front of La Fortaleza to celebrate when the Governor announced his resignation, a woman of indecipherable age stood, moved to tears, atop a building. She watched as people went by singing down on the streets of Viejo San Juan, painting themselves clear, into perfect focus, such that everybody anywhere in the world could see and hear, the *Pueblo* that had found and seen itself, the one that had always existed, and the power to exist with dignity that has always been ours.

– Iris Mónica Vargas is a Puerto Rican writer with MS degrees in Physics and Science Writing.

2019 DGH General Assembly

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One of the brightest moments of the GA was Amy Juan's presentation about Indigenous Rights along the border. She is a member of the Tohono O'odham Nation and of the Border Communities Coalition. She vividly portrayed the restricted movement of indigenous people along the border and compared the experience of her tribe to other militarized zones around the world, including Palestine. She shared some of the humor this type of oppression brings out in her family members, and many other examples of resilience and resistance that her tribal community have employed to deal with the increased police and ICE presence on their lands. She and others have responded to the increased border militarization to advocate for free movement among Native people, a work that is ongoing.

Saturday afternoon, we learned practical tools for how to work with patients in health care and other settings to ensure that patients are safe and protected from detainment and deportation while seeking medical care. Dr. Sara Vazquez gave a fiery talk about how to use our rights. We learned that the majority of people in the US live within the 100-mile border zone, and are thus subject to increased surveillance and militarization that is allowed in that zone. We did a variety of role-plays for how to deal with situations, exerting our rights in critical moments.

On Sunday, our second keynote speaker, Marixela Ramos of *Radio Victoria*, gave us her perspective on the driving forces of migration and today's political reality in El Salvador. Marixela is an outspoken advocate of free speech, environmental protection, the rights of the poor, women, and other marginalized groups, and she works in coordination with many others at Radio Victoria to advance these causes. She gave us her view into life on the ground in rural El Salvador, the root causes of why people are migrating out of the community, and the ways that she and others are transforming themselves and their communities, while also changing the narrative about Central American migrant communities. They use the power of radio waves as their medium of communication in the struggle for human rights. They created a variety of programs dedicated to uniting communities to support human rights of poor and marginalized communities.

Throughout the conference, our partner communities discussed their work in multiple forums. On Friday morning, representatives from El Salvador and Mexico met to share their work and experiences with one another, and to build intersectional relationships and support. This meeting was meant to be action-oriented to support the people doing work on the ground. On Saturday, we heard from each of our partner communities regarding updates on the work we are doing on the ground in Oaxaca and Chiapas (Mexico), and in Estancia and Santa Marta (El Salvador), to introduce people who may not know as much about DGH and the work we do in partnership. On Sunday, we presented a panel called "Liberation Medicine: A challenge full of living theory, full of action and hope." In this talk, we summarized the philosophy behind Liberation Medicine, our guiding principles, and how this is reflected in the work we do. We heard examples from liberation work in Vermont, where DGH board member and social worker Rafaela Rodriguez works with dairy workers in rural Vermont to improve their living standards and help them advocate for fair working conditions. Dr. Irma Cruz Nava, founding member of DGH and currently working in Oaxaca with *Comunidades Campesinas en Camino*, implored especially the younger generations to fortify ourselves with our liberation ideas. This will ensure that our work can grow and expand to accompany communities, and help them achieve their needs in a way that optimizes autonomy, dignity, health and human rights.

In conclusion, there was much more to share than is possible to bring to this article. Many relationships were built and fortified, and we were inspired by our community partners, the people of Tucson and the border region and their courageous work, as well as our community of participants who shared their work and experience during our interactive discussions, social gatherings, and question and answer periods. We are grateful to the teams on the ground for an amazing GA, and we are excited to build on this work in our home communities.

What is Language Justice?

All people have the basic human right to speak in the languages in which they feel most comfortable at a given time. Language is powerful – it can either build barriers or bridges. When we are able to come together across language divides, we can build new ways of being in the world and relating to one another. Language justice advocates for multilingual spaces open to everyone, where no language is defined as dominant.

Language Justice also holds that interpretation should be provided to those who are not proficient or comfortable in the languages spoken in that space. "We do not make interpreters available for those who don't speak English; rather, we are there to facilitate cross-language conversation among any participants who do not share a language" (*antenaantena.org*). In the words of Sandy Kemp Scholar and community organizer, Chuy Valle: "I see language justice beyond just ethnolinguistics and communication, but rather inviting all aspects of identity into a space. For example, queering language like gender pronouns and shifting narratives out of binary frameworks, celebrate the differences in communication in regard to abilities and meet people where they are at in regard to fluency and education, all while accepting that we have limits. But the bridges to understand help create innovation in the world. I think most of the time language justice is seen as a way to allow people who are monolingual to access a space, but it should be seen more as a powerful tool to decentralize the modes of communication that are in power to create beneficial experiences, allowing leaders of many backgrounds to share, teach and learn. Including but not limited to race, class, ability, gender, sexuality, culture, and so on."

DGH strives to make it possible for people to express themselves in whichever language they choose and believe language justice is critical in the work of creating more equitable societies for all people.

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DGH Announcements

► **Congratulations to Linnea Capps, MD, for winning this year's Cherry and Hal Clements award!** Linnea is one of DGH's founding board members, past president of DGH, and an exemplary physician and advocate for global health equity. We are so grateful to Linnea and the work she has done over the years as a medical educator in New York, and her work as a DGH physician volunteer and advocate in El Salvador, Mexico, Uganda and beyond.

►**You are invited!** Our partner community in Santa Marta, El Salvador sends this special invitation to the DGH community to join them in Santa Marta this October 10th for their 32nd anniversary of the first repopulation to the Santa Marta community. The festival, *Regreso A Casa* will be an intergenerational and inter-community meeting space, between the various generations of the community and other sister communities that visit us and with which we have a common past. To learn more about how you can participate and lend support, please contact Leonel Rivas at *csantamarta1987@gmail.com*.

►**We are grateful for the hard work, solidarity, and inspiration we received from this year's Sandy Kemp scholars:** Bilal Bagha, Ivette Casas, Fiona Davey, Adan Garcia-Mecinas, Cesia Dominguez Lopez, Mikaela Mizuno, Yesenia Salazar, and Chuy (Jose) Valle. These young people are rising stars in their own communities and we learned so much from them about community organizing, language justice, liberation health movements in Canada and other parts of North America, and much more. Best of luck to each of you and welcome to the DGH community!

► **Consider volunteering with us!** DGH needs both local and international volunteers. Considering spending several months abroad? Our communities currently need physical therapists, psychologists and other mental health workers, volunteers with experience teaching English, popular education, or working with victims of trauma and PTSD.

► **Feeling Generous?** Please support our communities by donating to DGH! We do not take money from corporations, and depend on your support in order to continue our work. You can make a one-time or a recurring donation at: *https://is.gd/u1Jq1l*.

DGH *Reporter*

Edited and designed by Monica Sanchez. Send suggestions by mail to P.O. Box 1761, Decatur, GA, 30031, USA, or by e-mail to to *newsletter@dghonline.org*.

DGH has no paid employees in the US. DGH is administered by a volunteer **Board of Directors** whose members have volunteered with DGH in the past 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. Incorporated in the state of Georgia 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 send it to the address above. You will receive a letter stating the amount of your gift for tax purposes, and the very good feeling of having helped make a difference.