



# Doctors for Global Health Reporter

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## AN INVITATION OF RENEWAL FROM DR. LANNY SMITH, DGH FOUNDER

November 1, 2023

Dear DGH Community,

Welcome, *Bienvenidas y Bienvenidos*, to our renewal of purpose, perspective and planning. In this issue of the *DGH Reporter*, we will explore many facets of DGH. We are changing in some ways but maintaining our Liberation Medicine action-ethos, our strength from poetry and other art, our commitment to work with communities who have been silenced, forgotten and underappreciated, where we are invited.

On August 7, 2023, meeting with the *Junta Directiva* (Board) of CDH (Campesinos for Human Development), behind the CAIPES (Health Center) of

Estancia, El Salvador, I listened to the most extraordinarily inspiring story: A local community that knows what it wants and is actively planning its own destiny. We were in a circle, with each member reviewing their vision, their role and their plan. The fiscal details were breathtakingly specific, the work-plan mindfully community-building; there was review of projects done and proposals submitted, patients seen and laboratory action, collective errors and successes visited. All were presented and discussed with clarity of vision. One theme I had not anticipated though:

“We are all in this work together. What can CDH do, in concrete ways with contacting past volunteers and using our shared experience, to help DGH itself continue strong?”

We had met together about a year before, in September 2022, my first visit since COVID-19. Then CDH had been on community-building-fire. Now they were even more impressive and insisting on being part of DGH renewal. *Un reto*, a challenge-meeting other challenges from other places working with DGH.

We will read (p. 3) how Dr. Joel Sawady, who lived with his family in Estancia as a DGH volunteer 15 years ago, interacted with CDH a week after my August visit, then returned to Boston to do a community presentation, a formal teaching session and hospital Grand Rounds featuring the work in Estancia. He too was inspired and renewed by CDH!

Read on to learn how DGH continues to serve in Kisoro, Uganda, with the extraordinary Village Elders program (p. 6). This



work goes forward despite the unfortunate recent hateful Ugandan law targeting LGBTQIA+ communities, which rivals some US state laws focused on hating non-binary individuals, youth especially. In Mexico, we'll see a brief update on the ongoing community-building work of DGH partners in Oaxaca (p. 5), as well as in Chiapas (p. 4) where Dr. Monica Dhand was volunteering recently, in the eye of a local political hurricane of violence. (This resurgence of violence unfortunately has temporarily put on hold our search for volunteer Pediatrician/Child-Care Clinicians.) Dr. Dhand is on the Tulane (NOLA, LA) faculty, serving on the DGH Board, and helps guide the local Tulane DGH student group in their activities. They will be having a Mini DGH General Assembly on November 4, 2023. This is the second DGH Mini-GA in as many years; the last was November 2022 in Boston, MA—a four-day event we called November 5,6,7,8 *Linneando*—in honor of Dr. Linnea Capps, DGH past president and continued inspiration. May she Rest in Power.

We celebrate the hours-long online conversation meetings (five to date) led by DGH-Mexico together with DGH-Europe, held in Spanish, with participation from many corners of the world. These important conversations seek to move beyond the COVID-19 and fascism pandemics to build a better world out of the chaos.

We are planning a small DGH Get-Together on November 10 in Atlanta, GA

just before our DGH-sponsored American Public Health Association (APHA) presentation about Environmental Racism on November 13. Patty Medina (DGH Board Secretary) and I will moderate this official session with featured presentations by Peter Nataren on the Santa Marta 5 Water Defenders (update on their case on page 5) and the Law of Exception in El Salvador; CAR (Committee Against Racism) Atlanta on Stop Cop City; and Dr. Shamsher Samra, DGH Board Member, with JusticeLA on stopping construction of a major prison. By the way, Peter Nataren, through his joining APHA for this presentation and at the invitation of one of the Socialist Caucus leaders to DGH to apply, has been selected to receive a 2023 APHA Environmental Award for himself and the Santa Marta Community!

**“ Anyone reading these lines is invited to join DGH’s all-volunteer efforts to continue moving forward after the COVID-19 pandemic, especially if you are a former and/or possibly a future DGH volunteer. All ideas and counsel on DGH renewal we welcome! ”**

Anyone reading these lines is invited to join DGH’s all-volunteer efforts to continue moving forward after the COVID-19 pandemic, especially if you are a former and/or possibly a future DGH volunteer. All ideas and counsel on DGH renewal we welcome! We seek out anyone who looks to heal through health and social justice. If you think you might want to be part of a DGH Mini Assembly in your community, sponsor a DGH Get-Together, learn to host a DGH

Cookie Fundraiser (p. 8) or a Festival of DGH Muse, we welcome you. So far, the Cookie and the Muse events have been Boston-based, but there is no reason why you couldn’t organize one in your own community. Each of these events is a way of celebrating music, good food, good company and health justice. Please reach out to us to learn how to get started: [dghinfo@dghonline.org](mailto:dghinfo@dghonline.org).

In moving forward, it is often important to revisit the past. One of the persons I most respect in this world is Jose Antonio Franco. I went to him for DGH-visioning counsel last month. Jose (life story shared with permission) worked with the Maryknoll community; his friends Maryknoll Sisters Maura Clarke and Ita Ford, Ursuline Sister Dorothy Kazel, and lay missionary Jean Donovan were murdered on 12/2/1980 (<https://is.gd/sORuc9>). By miracle he was not killed in his catechist base-community-building activities, though he was detained for them by the Salvadoran military. Jose later became the Chief Logistician for MDM France (1984-7) until that group first left El Salvador in 1987. I’d heard about Jose, recruited him back and he joined us again with MDM-France when I was Coordinator. Jose again became Chief Logistician, also working closely with DGH from our very very pre-beginnings in El Salvador.

Jose is wise with an extraordinary sense of humor. Anyone who knows him knows why I keep seeking him out any chance I can. Jose counsels DGH to again hold meetings, get-togethers large and small, inviting people to work as catalysts for health and social justice in their own communities, wherever they live, and in solidarity abroad.

**So, here’s the invitation: Please join us – or rejoin us! We have a lot to do, together.** 🌿



ALL PHOTOS IN EL SALVADOR: FIRST PAGE: Outdoor meeting with CDH Board. ABOVE LEFT: Lanny at dinner with MDM team more than 30 years ago. ABOVE CENTER: Lanny visiting with Don Jose Antonio Franco this year. ABOVE RIGHT: Lab technician Wendy in the Mason-Martinez Laboratory in Estancia.

# THIRTY YEARS OF ACCOMPANIMENT IN ESTANCIA

By Joel Sawady

For thirty years Doctors for Global Health (DGH) members have been accompanying the people of Estancia, El Salvador in their struggle for health and human rights. The community of Estancia was hit hard by the Salvadoran civil war in the 1980s, and many members escaped to Honduras. On their return they set about rebuilding their communities. DGH members were invited to help and have been with them ever since.

During those 30 years, the people of Estancia have achieved remarkable advances. Twenty years ago they founded the organization CDH, *La Asociación de Campesinos para el Desarrollo Humano* (The Association of Peasants for Human Development) to provide a framework for their community building. CDH has run many health and human rights promoting activities: a clinic/health education center, a microfinance program, agricultural support, a new bridge and more.

The results have been transformational. Medical care is accessible, affordable and high-quality. Roads are much better—meaning that people can transport crops to town, travel for work, education and medical care. Households can access loans to support better agriculture or to start a business. Thousands of people who were living in rudimentary structures with no way to dispose of human waste now have good roofs, solid walls and latrines. Parasites and other infectious diseases are much less common.

The foundation of all this work is an investment in the capacity of the staff, board and members of the local community-based CDH. This is described in Spanish as *fortalecimiento institucional*—literally “institutional strengthening,” but better translated as “capacity building.” Running an NGO in El Salvador is challenging, to say the least: the legal and regulatory requirements are daunting and funding is scarce. Doing so as a community of *campesinos*, most of whom grew up during a war, is truly amazing.

CDH has grown and thrived over the last 20 years. They have put in place the structural basics that enable them to function: solid leadership, meticulous accounting and an ability to carry out a variety of projects. They have successfully bid on and completed several externally funded projects, the largest of which was an award-winning bridge over the Río Torola. In addition to community members, they have also hired and supervised Salvadoran professionals, such as civil engineers, agronomists and nutritionists to do this work.

DGH has accompanied CDH throughout this journey. We have had more than sixty volunteers working from a month to a year in Estancia over the years and countless more supporting this work. We have donated supplies for their clinic and preschools. We have given advice and technical support where we were able. Most importantly, we have provided the core of their funding since the founding of CDH in 2003—we fund the things that cannot be funded by grants. This core funding allows CDH a stable base from which to operate and from which to seek other funds. Funding for NGOs in El Salvador is scarce and fickle. It rises and falls with the visibility of El Salvador on the world stage and aligns with the vision of the funders rather than the needs of poor, marginalized rural communities. The basic work of running an NGO—keeping the books, maintaining the infrastructure and paying the salaries of core staff—is not glamorous but it is what allows CDH to advocate for, receive and manage grant funds for particular projects.

Among their projects, CDH’s work in health has been particularly remarkable. The core of their health work is *La Clínica CAIPES* (Center for Comprehensive Care, Prevention and Health

Education). CDH employs a full-time physician and a health promoter, who together provide care and education to patients from Estancia and beyond. With a Salvadoran physician, CDH has been able to build bonds with the Ministry of Health, ensuring referrals can be made for patients with complex health needs. Finally, since 2019 the *Laboratorio Mason-Martínez* has provided patients with blood, stool and urine tests in real-time and without the need to travel outside Estancia. Creating and running the lab has been a major undertaking for CDH, involving licensing, purchasing of equipment, hiring of a professional lab technician and

“ DGH and CDH have grown up together. We started as a group of volunteers and community members, some of us with medical knowledge and connections to sources of funds, others with deep personal knowledge of the community and a drive to meet the community’s needs. ”



Members of CDH at the time of the organization’s founding, 20 years ago.

ongoing maintenance. The result is a well-functioning, high-quality clinic that provides excellent care within the community.

DGH and CDH have grown up together. We started as a group of volunteers and community members, some of us with medical knowledge and connections to sources of funds, others with deep personal knowledge of the community and a drive to meet the community’s needs. In 30 years, we have worked together to nurture the two organizations. Together we have built both organizations and touched the lives of countless volunteers and community members. Our partnership and our model of long-term accompaniment have brought about a lasting improvement in the lives of the people of Estancia. Our hope is that it can serve as a model for sustainable progress in health and human rights throughout the world. 🌿

## CHIAPAS UPDATE

By Monica Dhand

In these heavy times of worldwide upheaval, one can more acutely appreciate the importance of revolutionary movements and a focus on community. As we increasingly look at the world through eyes guided by violence on the news, the devastating reality is that we have seen this before. One needs only to read history to see what humans will repeat in the future. And all contexts are a microcosm of the same suffering: in Chiapas, no matter who is in the “right” or the “wrong,” political unrest and conflict directly affect an already precarious population. Through countless shifts in power, those who predictably suffer are the poor. In these terrible but predictable cycles of human violence, the emphasis on community is imperative.

Hospital San Carlos (HSC) has maintained patients as their focus through the clouds of violence. This region of Chiapas was the epicenter of Zapatista organization in the 1980s and 1990s. The area remains poor with difficult access to healthcare. HSC has provided free or sliding scale medical services to the community of Altamirano and its large catchment area for decades. Though a government hospital is nearby, patients preferentially seek care at HSC, in part related to its reputation for respectful care, access to specialists from many countries and staff who speak Tzeltal, the most common regional indigenous language.

In years past, HSC had a robust profile of services, including general surgery and OBGYN. This has changed significantly in recent years, with the hospital cutting its surgical program entirely, mainly related to inconsistent staffing. Following the hiring of a new medical director last year, HSC has seen many positive changes and, perhaps most importantly, a clear ambitious vision. The hospital is staffed by general doctors who have not completed a residency. Indeed the only residency trained physician is the

“ Though a government hospital is nearby, patients preferentially seek care at HSC, in part related to its reputation for respectful care, access to specialists from many countries and staff who speak Tzeltal, the most common regional indigenous language. ”

medical director who is both an Internist and Oncologist. The nursing staff has extensive experience, many with over 20 years at HSC. Patients present with severe illnesses, frequently having delay in care due to financial constraints. Fungal pneumonia, tuberculosis, uncontrolled diabetes, late stage malignancies, severe malnutrition, parasitic infections, liver failure, and chronic lung diseases are commonly treated diagnoses. The hospital boasts an X-ray, laboratory, pharmacy and nutrition program that complement its adult and pediatric services. A new ventilator and defibrillator were purchased this summer with the intention to decrease patient transfers to the local government hospital which is frequently at capacity. HSC attracts many international medical specialists who conduct large campaigns at the hospital. Surgical campaigns are scheduled multiple times per year and have been a temporizing measure to substitute for the lack of long term surgical services.

As violence in Altamirano flared in August, all future surgical campaigns were cancelled for safety concerns. I myself had to evacuate in late September, the day before large scale kidnappings and violence began. Once again those affected are the poor, now unable to enter the town for medical care or leave for higher level of care. The nearby government hospital closed and evacuated medical staff, giving local pregnant women no other option than to seek care at HSC, which has no surgical facilities for obstetric emergencies.

DGH’s focus as a long time partner to HSC must be to mobilize support for this essential hospital in a critically under-resourced area. In addition to direct monetary donations, a long (and/or short) term volunteer pediatrician is the most useful and realistic skill set DGH can organize. In the meantime, we are in the process of creating telemedicine pediatric services, though inconsistent WiFi and phone signal is a significant barrier. As NGOs worldwide face difficulty raising funds and are forced to cut short their programs for lack of finances, the value of our long term accompaniment to select projects shines through. DGH has resources and access to motivated experienced staff and we can mobilize these resources to support our colleagues in Chiapas.



Dr. Monica Dhand (center) and the general doctors in HSC.

## Conflict in Altamirano, Chiapas

By Juan Manuel Canales

Although one tries to be okay, the violent conflicts in different parts of the world make us sad and angry! And here in Mexico, we have more than 30 years of a drug trafficking war in practically the entire country. We are exposed to disappearances, persecution and torture, massacres, confrontations, and blockades by the different mafia cartels.

Because of the government corruption and the infiltration of drug traffickers in gov-

ernment we have runaway “illicit enrichment,” “influence peddling” and “white collar crime,” leaving serious consequences on the mental health of the population, orphans, widows, and a lack of good social services.

Here in Altamirano, the blockade of the town that we have had since August 8, has been lifted. On the one hand, we are happy about that but the results of this conflict due to the dispute over power and control of the

## OAXACA UPDATE

By Irma Cruz Nava

In Rural Communities in Cooperation (*Comunidades Campesinas en Camino*, CCC), in the Isthmus of Tehuantepec, Oaxaca, Mexico, we work in the production and processing of sesame seeds, participate with farmers in the care of the land, promoting agro-ecological techniques that help improve health. We are also focusing our efforts on valuing women more in general, both in the countryside and in the city. One of our programs is creating training programs in communities with topics that promote health in all its aspects while including self-esteem promotion as an essential part of the process. Women need to be listened to since they can be particularly vulnerable when facing situations of poverty, violence, unemployment, illness, etc. In this way, women include their sons and daughters, their knowledge is strengthened and you can look for conditions to move forward. In our culture, women are the center of the family. If the woman is well, a good family environment is favored and in turn good community health is possible. 🌿



CCC Health Promoters and their kids in Oaxaca, Mexico, sharing feelings at end of meeting.

## WATER DEFENDERS CASE UPDATE

By Peter Nataren

On January 11, 2023, police arrested 5 Water Defenders in Santa Marta, El Salvador. You can read about their cause and why the case against them is seen as politically motivated at: <https://is.gd/5bsGPg>. The 5 Water Defenders are currently being held under house arrest. They cannot leave their homes or go to a hospital without an order issued by the Judge on the case in Sensuntepeque. Until now they have not received medical checks at home and the State has not provided medicines to treat the health conditions they acquired in prison. Only three of them have been taken to the hospital by the police. They will be under house arrest at least until February 2, 2024, when their trial is scheduled to begin. More updates at: <https://is.gd/9UjF94>. 🌿

municipality left: one dead and injured, more than 30 houses and vehicles (cars and motorcycles) burned, stores looted and a government hospital closed for a week, creating an environment of great fear and uncertainty, displaced families, lack of medical care, etc. And finally, one of the paramilitary groups kidnapped 60 people, including the leaders of the movement who are calling for the dismissal of the current Municipal Council. Fortunately, they did not kill anyone and they reached an agreement, lifting the block-

ade and releasing the hostages.

We had to go and talk to the leaders of the movement so as to not attack or close the hospital, to maintain the right to health and international agreements for the care of people affected by the conflict and the sick. At the moment we are relatively calm. Let's see what happens later.

We need all of us to reject violence no matter who or where it comes from. We do not want wars or killing! We want to defend our lives together among all!

## PAST DGH VOLUNTEER UPDATE

By Patty Medina

DGH and its partner communities in Central America want to express our heartfelt gratitude to Geoff Gusoff, his new wife, Leah Donnella, and their families and friends for their wedding donations to DGH.

Geoff was a DGH volunteer in Estancia, El Salvador for 7 months in 2012-2013, an experience that has deeply informed his approach to economic and health justice work to this day. Geoff shared this with us: "The incredible team at CDH and the broader Estancia community are living witnesses to the ideal of Liberation Medicine. As a small way of supporting their work, my wife and I asked guests at our wedding to consider donating to their favorite organizations, including DGH. We found this to be a great way to introduce their community to the important work of DGH, which received the most donations of all the organizations."

Geoff is currently a public health fellow at UCLA, practicing primary care part-time at a county clinic, and studying and developing worker-cooperative models in home care to improve health and economic outcomes for older adults and home health aides. Leah Donnella is the senior editor for an NPR podcast called *Code Switch* on race and identity.

Geoff and his continued support exemplify 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. 🌿

We have not learned from history! Wars and its consequences affect our lives and accompany us until the end of our lives, at all ages. And as for humanity, our rulers lead us toward a devalued and forgetful society full of hatred, violence, selfishness, meanness and commercialism (the business of war). This disaster they have plunged us into has many names...but it takes spirit and a lot of courage to continue our peaceful struggle and resistance to keep living, working and loving our community through it all.

# KISORO ELDERS PROJECT

By Patricia and Harrison Bloom

In May 2023, walking on paths among lush “Irish potato” and “climbing bean” fields, we approached the clearing next to a potato storage shed with our friend and Project Director, Moses Iraguha. There, we were greeted by brightly clad ladies, a few gentlemen, and Marion, the Village Health Worker (VHW). The drawn faces of the assembled villagers lit up as they recognized Moses as the son of Sam Musominali, a frequent visitor to their village over the past 17 years, Director of the VHW Program. We stepped around the circle of a few benches and chairs to greet each attendee of this opening session of a new depression support group. We were honored and humbled to be allowed to participate in what ensued over the next 90 minutes.

Small support groups for older adults with mild to moderate depression had been piloted in six villages in the Kisoro District the year before COVID-19, to universal acclaim. Participants had begged to have them continued: “It’s like a miracle, before I couldn’t get out of bed, and now I’m happy!” “We have to continue, you don’t throw away a baby just because it’s weaned.” The small groups had been run by Moses, MSW, Director of the Kisoro Elders Project, and Immaculate Owembabazi, RN, mental health specialist at Kisoro District Hospital. VHWs, who have worked in their villages for

17 years since the inception of DGH Uganda in 2006, had screened and referred older adults for participation. (Moderately to severely depressed, or suicidal older adults received immediate attention from the mental health outreach team.) The groups were able to resume once the COVID-19 ban on group gatherings was lifted and now three new groups were beginning. Over three days we participated in the initial session of the new groups, and watched with amazement as the older adults, 6-10 per group, responded to the warmth and competence of the VHWs they know well and trust. Prior to the initial meetings, Marion, Annah, Harriet had been trained by Moses to administer the depression screening instrument, and to conduct the meetings using a methodology adapted from Interpersonal Therapy (IPT), developed for low-resourced countries at Columbia Teachers College in New York City.

“It’s like a miracle, before I couldn’t get out of bed, and now I’m happy!”

They started with greetings, reviewed the reasons that older adults are likely to experience depression and then invited each individual to tell their story. One by one they opened up, sadly recounting episodes of abandonment, abuse, financial inability to care for grandchildren who had been left in their care, social isolation, conflict in the family.

A few reports necessitated immediate intervention, like the alcoholic adult grandson, raised by his grandmother who was beating her. For all, telling their stories was a powerful balm and the feeling of group support, along with the promise that subsequent groups would help them brainstorm solutions, left them feeling hopeful. Then the magic: Immaculate got them up singing, clapping and dancing. Peals of laughter, singing and *ululating* (traditional dances), all sent them on their way with smiles. We were thrilled to be able to observe firsthand the promise of these new groups. Currently, VHWs for 10 additional depression groups are being trained.

Small groups for depression support are part of Phase 2 of the Kisoro Elders Project, along with the solar light initiative. A fortuitous partnering with Let There Be Light International, along with a very generous gift from one of our loyal supporters, have allowed us to provide solar light units to 1,746 households, giving older adults who previously sat in the dark at night, or suffered adverse health consequences of kerosene candles, the transformative gift of safe lighting. Other adults come to converse, children come to study by the light, and social isolation is reduced.

Phase 1 of the Kisoro Elders Project, started in 2017, continues with great success. Our goal has been to empower VHWs to screen and make interventions for common problems of aging that significantly impair function and quality of life: problems with vision, hearing, mobility, and pain. Interventions for 3,615 older adults (>60) living in the 52 rural villages served by the VHWs of DGH Uganda include 2,282 pairs of reading glasses; 690 removals of impacted earwax, which impairs hearing; 92 “listeners” for elders with profound hearing loss; 671 canes, made by the town carpenter; 3,450 recipients of paracetamol (acetaminophen) for pain; and 586 elders treated with acupuncture for chronic pain. In 2021, VHWs conducted a Geriatric Health Assessment to identify all older adults in their villages: their living conditions, their level of function, and their contributions to their families and communities.

The Kisoro Elders Project would never have accomplished so much in such a relatively short time period without the amazing infrastructure of the Kisoro Village Health Worker program to build upon. Established by Kisoro District Hospital in 2007, in partnership with DGH Uganda, the VHW program has been providing preventive services, clinical care and health education to 52 rural villages for 17 years. Ongoing education and supervision of VHWs by DGH Ugandan clinical staff and Project Directors is also key.

Moving into 2024, we are embarking on establishing the Center for Advocacy for Aging in Africa with Moses Iraguha as Director. Our goal is to raise awareness of the rapidly expanding older population in African countries, and of the wisdom of supporting these highly contributory members of their communities. Our model of low-cost, high impact geriatric care, delivered by VHWs, is one which we hope will be replicated in other regions in Uganda and countries throughout the world.



Participants in the new small depression support groups for older adults of the Kisoro Elders Project.

# HUMAN RIGHTS IN THE ARTS: BOOK REVIEW

By Lanny Smith

As a starter, one might wonder why another book on Global Health when already there are good bad and ugly available, but just open the Introduction to *Doing Global Health Work: Approaches that Really Make a Difference* and invite the why to wonder. Here is essential, humble, local-voiced preparation to do effective community work, distilled from decades of mistakes, successes, observations and hard work: well worth the time investment. And wonderfully enough the book keeps getting better as one reads along, the latter part even more spot on essential than the first chapters, and all of them engaging with vignettes from diverse communities.

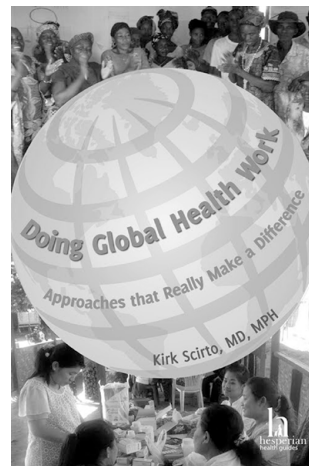
The book lands well but not by chance. Kirk Scirto, author, has made feedback (from health professionals local and global, community health workers, and more) the essential element of instruction as he passes forward what community leaders and global peers have taught him through the years. Clinicians and Community Health professionals who do not travel, but only work locally in the developed world, will also find this book very helpful with our daily healing actions and aspirations. Get your copy, get an appropriate beverage, and read it with a friend, in a health-centered book club or by your lonesome dove-tail hunger to be mutual-aid effective wherever you may be.

Anyone who has been a DGH volunteer in, say, Estancia or Santa Marta, El Salvador, or another DGH partner-site, should find the counsel on bidirectional learning resonates with experience: "...it's more equitable, effective and rewarding to both teach and be taught by" Community Health Workers, says Kirk. Much of the counsel and pearls, all written from a clear social justice and solidarity mindset, are strongly compatible with the DGH Principles of Action and Mission Statement. And, though he does not cite the organizations from which he draws examples, Kirk has confessed he drew strongly upon his experience as a past DGH volunteer when writing *Doing Global Health Work*—and many a DGH Board Member and People's Health Movement leadership member's name will be found in Kirk's acknowledgements and thanks. "Community problems need to be identified and solved primarily by people of the community, or else the solutions just won't be appropriate and enduring." "To keep communities in the driver's seat, only outside groups that are invited should jump on a plane." That's vintage DGH. So is his observation that: "Outsiders cause the demise of most of our health initiatives abroad by working to create our own solutions rather than facilitating local people to develop theirs." He also distinguishes between volunteers and facilitators.

Kirk's examples, generally compatible with DGH philosophy, also draw from global corners of the world that DGH has not (yet) visited. His footnoting of the published evidence behind his counsel is blessedly detailed, helpful to those who defend community-led initiatives from would-be deniers of power from below. His writing shows his own journey, his conscious, conscientiousness awakening, his refusal to deny his own privilege and his openness to channeling resources toward communities, written while seeking to amplify the voices of those with whom and whom he serves. One counsel he gives to those who would serve abroad (I would argue this is spot on for local service too) is "I encourage the reader to analyze your own current agendas" (why one is actually motivated to go abroad—Kirk has just spotlighted tourism and charity service, often offered blatantly together, as ways to do damage to communities), further saying: "Learn about the agendas of groups you're considering working with and then compare them to your own agendas." Very good advice. Similarly, Kirk puts forth 7 different Approaches to Global Health, analyzing each for its community health building potential. He gives rebirth to the word "empowerment" and sets empowerment of local communities as the principal goal.

Happily, Kirk does not stop with showing agendas and approaches. His first chapters counsel a sort of "harm-reduction" approach to the classic neocolonial charity actions of many who prac-

tice global health. However, near mid-book he seeks to educate about root causes of global miseries. "Poverty isn't born out of laziness, but rather the abuse of power; we outsiders need to understand this reality in order to assist people living in poverty in a way that's more than superficial." He states in six good words: "Social justice is critical for health." He goes on to say, "It's critical to understand that 'inequality is the fundamental cause of



poor health and premature death" and he digs up colonialism and enslavement/stealing humans as root causes so essential to understanding poverty around the world today. He teaches about the social injustices of World Bank "structural adjustment" policies and even uses the story of fighting international gold mining in Santa Marta, El Salvador within a chapter entitled: "Who to Empower?"

Among the salient instructions are "Global Health is Public Health," for instance: "By asking community members to brainstorm and then prioritize anything and everything that affects their health, the resulting list will surely include both medical and public health problems." Also, "Do clean water and sanitation projects lie outside of the job descriptions, comfort level and training provided by the Western medical system? Usually, this is the case, and it demonstrates a humbling inadequacy in our training."

Kirk brings us up to date with very important evidence-based community engagement strategies, such as community walks, community mapping, focus groups, Participatory Rural Appraisal (PRA), Community-Led Total Sanitation (CLTS) and Asset-Based Community Development (ABCD), though for most past DGH volunteers, these descriptions will bring a welcome nostalgia to our decades-long community accompaniment strategies.

Kirk has put together an essential evidence-based guide that will be useful for newcomers and persons experienced in global solidarity and community accompaniment. 🌿



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## How to Hold a Cookie Party Fundraiser for DGH!

Every year for the last 14 years, the Boston-area members of DGH have organized a cookie fundraiser. Each person reaches out to family, friends and colleagues to tell them about DGH and to offer them a chance to buy a box of 20 homemade cookies for \$20 to support DGH's partner communities. Each person collects money for their own orders and tracks the number of boxes that have been ordered. On a weekend a few weeks before the holidays, the group gets together to pack and deliver the boxes of cookies.

Our process has evolved over the years. At first we baked all of the cookies together and packed them once they had cooled. Now we have too many orders to bake in one day in one oven, so each family prepares one kind of cookie ahead of time and brings them to combine with other people's cookies on the big Boxing Day. We place each kind of cookie around the edges of a table. Then we each fold a white box, put in a piece of parchment paper and we walk the box around the table, filling each box with 20 beautiful (and delicious!) cookies. We also add a card that describes DGH and says "Thanks for supporting DGH." We then put a ribbon on each box and stack them up for people to deliver to their friends and colleagues. Each person then sends the money they collected to DGH Treasurer at DGH address (see above).

### Tasks To Do Ahead of Boxing Day—

#### Designate who is responsible for each:

- Order boxes (we use 6"x6"x2.5" boxes), parchment paper (we use 10"-12" round paper) and ribbon or yarn
- One person creates a spreadsheet to track orders, number of cookies needed and who will be baking which cookies

- One person designs a poster or flyer or email everyone can use to solicit orders
- One person designs and prints cards about DGH to put in or on each box
- Everyone solicits orders and reports orders to lead organizer/spreadsheet owner
- Bake cookies (in Boston each baking group buys/donates their own baking ingredients)

## DGH Announcements

► **Save the Date!** The 5th People's Health Assembly (PHA5) of the People's Health Movement (PHM) will take place in Mar del Plata, Argentina, April 7-11, 2024. Health rights activists, human rights activists, ethnic people's rights activists, health workers, healthrights organizations, PHM's affiliated networks, partners and organizations members, health policy makers, academics, PHM Members and individuals are all invited to participate.

DGH is a founding member of the PHM and Lanny Smith is a member of the PHM Advisory Council, serving for many years on the Global Steering Group. Several representatives from DGH and partners have presented and participated in every PHM PHA around the world. Get more information or register at: <https://phmovement.org/pha5>.

► **Make Your Support the Most Sustainable!** Pledge \$25/month and become a DGH Sustainer through [www.dghonline.org](http://www.dghonline.org).