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COVID-19 Statement (Continued from page 5)

mented immigrants helping keep us all alive through their unsung work, people who farm and pack our food, work as custodial staff, at cash registers in grocery stores, pharmacies, delivering groceries and medications.

Stay hopeful. Work in your communities. Fight to change stupid, unscientific policies and to hold politicians accountable for callousness and self-serving words as well as actions.

Don't forget the root causes of the pandemic, among them: climate change, for-profit corporate health over people's health, systemic racism and willful ignorance for political gain. Remember the words of Dr. Martin Luther King, Jr.:

"All this is simply to say that all life is interrelated. We are caught in an inescapable network of mutuality; tied in a single garment of destiny. Whatever affects one directly, affects all indirectly. As long as there is poverty in this world, no man can be totally rich even if he has a billion dollars. As long as diseases are rampant and millions of people cannot expect to live more than twenty or thirty years, no man can be totally healthy, even if he just got a clean bill of health from the finest clinic in America. Strangely enough, I can never be what I ought to be until you are what you ought to be. You can never be what you ought to be until I am what I ought to be."

DGH Announcements

► **DGH 25th General Assembly Postponed.** Our 2020 GA, previously scheduled to be held July 31 to August 2, 2020 in Los Angeles, CA, has been postponed due to the global COVID-19 pandemic. Please check the DGH web site [www.dghonline.org] regularly for information about how we will gather together to celebrate *Liberation Medicine: 25 Years of Action, Reflection, and Living Theory* in a virtual assembly.

► **Thank You for Your Incredible Support During Giving Tuesday!**

Your generous backing helped raise \$9,700 on that day. This is a very challenging time for everyone, but particularly for marginalized communities around the world. We are grateful to all of you! To help us continue to work with our partner communities to stay safe and healthy, please consider setting up a monthly donation online: <https://is.gd/lu1j11>

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 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.



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Doctors for Global Health
Reporter
 25th Anniversary Special Edition

DGH AT A QUARTER CENTURY: TODAY TO YESTERDAY TO TOMORROW
 By Lanny Smith, DGH Founding President

I. COVID-19 and DGH.
 As I write these words on May 18, 2020, more than 1.5 million people have been diagnosed with COVID-19 in the United States of America, and nearly 90,000 people have died.

The pandemic that the world is going through now brings to mind *A Journal of the Plague Year* by Daniel Defoe. It is a first-person account of one man's experiences during the bubonic plague that struck London in 1665. Defoe contrasts the experiences of the rich and the poor during that plague, excerpted here:

"It was about the beginning of September, 1664, that I... heard in ordinary discourse that the plague was returned again in Holland... whither, they say, it was brought, some said from Italy, others from the Levant, among some goods which were brought home by their Turkey fleet; others said it was brought from Candia; others from Cyprus. It mattered not from whence it came; but all agreed it was come into Holland again."

“Practice social distancing; wear a mask; be smart; stay healthy and safe so you will be able to tell those tales in years to come.”

Are there lessons to be learned from reading that historical text in 2020? Two of our DGH founders survived COVID-19 in what was considered by the CDC their own country, the Diamond-Princess. Their grandson, having earned a voyage by virtue of his work at Alaska's Denali National Park, had brought them and his brother with him.

Both Clyde and Renee Smith, my parents, are now, as I write, back home in Georgia certified COVID-19 free by the CDC. But their journey, with nearly a month's stay in a Tokyo government hospital, is sobering indeed [<https://is.gd/9AJDD0>].

As to our interactions with this plague, we have health professionals in Seattle working to



contain contagion in the direst conditions; on the border of New York State and Massachusetts in their own cluster; and elsewhere around the world from the UK to Boston; and LA active and at ready. There are experiences to share and tales that will be remembered for generations.

Practice social distancing; be smart; wear a mask in public [www.masks4all.co]; stay healthy and safe so you will be able to tell those tales in years to come.

II. Linnea: Light and the Sum of Light, a Festival of Lights.

It seems like 100 years of solitude ago when I asked Linnea Capps to consider running for the DGH Board of Directors. “You must be crazy, Lanny,” she said to me. “Every Board I’ve been a part of has disappeared with its group while I was on it!” That, no doubt a gross exaggeration, was in reference to groups such as AESCHELPLUS and NCAHRN, which had been at the vanguard against US government intervention in Central America in the 1980s and by 1999 – when we were having this conversation in Altamirano, Chiapas – had disbanded with the changing times.

“Exactly why I am asking,” I told her. “I want you to keep DGH from dissolving when times are different than now – unless our job is done and we can rest, which we both know will be never.”

As respite from her work in Harlem Hos-

pital, Linnea had at first decided to return to El Salvador for her 1999 sabbatical, the country where she had spent two years in the 1980s, serving quietly in a war zone during the heat of armed civil conflict. She asked about joining DGH in our work within Morazán.

“I have another idea,” I told her, “and you are the perfect fit. We’ve been asked by organized communities in Chiapas to do a project there with the precept of Health as Reconciliation, like the project from which DGH began, “Building Health Where the Peace is New.” You’d be working closely with organized communities. Also, with nuns.” She looked at me with a coy smile, the one I imagine she wears when ice-skating, one of her favorite pastimes.

“A low intensity conflict war zone,” she replied, “and we’re invited. Perfect. Some people think I pass well as a nun, look like one – and act like one, too.” Again, the smile. Linnea spent 1999 in Chiapas as the DGH volunteer, in a time when she was always pretending (like any of us visiting) to be a tourist frequenting the ruins of Palenque and keeping a profile so low she never cast a shadow.

A year before, DGH founding member, Audrey Lenhart and partner Clay, had slipped into Altamirano for a few intense days to install internet capacity within Hospital San Carlos, allowing the nuns to access their global networks for fundraising and witness. These were the days of Bishop Samuel Ruiz’ Chiapas leadership. The timing was just two years after the Acteal massacre

“I want you to keep DGH from dissolving when times are different than now – unless our job is done and we can rest, which we both know will be never.”

of Las Abejas, five years into the Zapatista rebellion with Sub-Comandante Marcos, just after Tom Hanson, a former director of Pastors for Peace in Mexico and Executive Director/Founder of the Mexico Solidarity Network (of which DGH was a founding network member!) had just himself been officially exiled by the Mexican government. Linnea built DGH accompaniment and confidence in the Autonomous Communities, eventually joined by Dr. Juan Manuel Canales Ruiz who continues that work and has photos of her and so many who have followed under the glass of a tiny magic dining table in his home.

Where did Linnea come from, exactly? Some say she flew to Harlem from Kansas in the left wing of a fighter jet carrying passengers bound for residency training. I have hundreds of favorite memories with Linnea, from before DGH when she was just omnipresent in the social movements of the late 1980s and early 1990s, perhaps introduced to me by my Boston hero Alan Meyers, perhaps just appearing in event after event I also attended at the American Public Health Association (APHA) National Conferences. I almost cannot recall a time I did not feel confident to call Linnea and ask her counsel about anything from a difficult computer program (she had a Peacenet email account and used PGP “pretty good privacy” software encryption), to



FRONT PAGE: LEFT: Lanny Smith with Salvadoran medical students and Logistician, Jose Franco, in San Salvador, El Salvador in 1994. RIGHT: Jen Kasper making a home visit in Morazán, El Salvador in 1995. ABOVE: LEFT: DGH Board of Directors at 2011 General Assembly (GA) in Los Angeles (Linnea Capps is second from right in first row). RIGHT: Linnea Capps (far left) and Irma Cruz Nava (far right) at 2007 GA in El Salvador.



LEFT: Shirley and Larry Novak (back row, center) accompanying medical students in Uganda. RIGHT: Women's Health Charla in Estancia, El Salvador.

attendance at DGH GAs. Both Sandy Kemp (a professor at Davidson College) and Audrey (then a student, now a world expert in viral illnesses with the Centers for Disease Control and Prevention) were among the Founding Members of DGH. One of Audrey’s accomplishments during that year was establishing a close relationship with Santa Marta, Cabañas, a “returned” Salvadoran community (refugees who had lived in Mesa Grande, Honduras returned in the middle of the war to their communities of origin, with international accompaniment). Eventually, Santa Marta would become a new DGH site comprising three projects; one of its members, Piter Nataren, was recently elected to the DGH Board of Directors.

In 1999, DGH received an official invitation from the Dean of the Mbarara University of Science and Technology, MUST, formed by the presidents of Uganda and Cuba specifically for the training of community nurses and physicians. I had volunteered there briefly following my study of tropical medicine in London; the Dean had appreciated the teaching and the concepts of DGH with its Principles of Action and anti-colonialist perspective. Jerry Paccione, responsible in part for my MDM–France-linked visit to El Salvador in 1992, had been twice volunteering in El Salvador with us in Morazán and eventually began to work closely with MUST in Uganda. Together with Linnea, Jerry developed the current program in Kisoro, Uganda which works hand in hand still with MUST faculty and students in a site many, many hours south at the oft-troubled border with Congo and Rwanda.

Meanwhile in the year 2000, student organizers of the Harvard – Massachusetts Institute of Technology (MIT) pre-medical conference invited DGH to give a workshop on Liberation Medicine. Attending the conference were two persons destined to become very active in DGH – Joel Sawady, who later came with his family to live a year in Estancia, and Denise Zwahlen, a Physician Assistant who shortly thereafter became a DGH Volunteer in Santa Marta. Denise helped coordinate DGH work after the 2001 Earthquake in El Salvador, at which time David Dereczyk, PA and another of the original DGH Founding Members, returned to volunteer; Salvadoran native and future Board Member Guillermo Hidalgo also joined the efforts.

In 2000, six members of DGH, among them Steve Miller and myself, participated in the first People’s Health Assembly (PHA) in GK Savaar, Dhaka, Bangladesh with nearly 2,000 others. DGH was an original signer of the People’s Charter for Health and organizer of the People’s Health Movement (PHM), within which we continue strong participation [www.phmovement.org]. We have presented at the subsequent PHAs in Cuenca, Ecuador 2005; Cape Town, South Africa 2012; and again Dhaka, Bangladesh 2018. At PHA4, one of our presentations included four graduates of Cuba’s Latin American Medical School, ELAM – three of whom are

“Linnea built DGH accompaniment and confidence in the Autonomous Communities, eventually joined by Dr. Juan Manuel Canales Ruiz who continues that work.”

US citizens, women serving vulnerable communities in the USA; and one is a Salvadoran physician serving the community where DGH was born, Morazán, El Salvador.

We began teaching the course on Liberation Medicine (LM) within the Residency Programs in Social Medicine and Primary Care of Montefiore Medical Center, Albert Einstein College of Medicine, in 2001, and gave a Renegade presentation at the Society of General Internal Medicine later in 2001. The LM course has continued yearly uninterrupted through 2020.

DGH continues vibrant, to fight social injustice through a broad definition of health. DGH invites coordination with all groups and persons similarly purposed. DGH is still run, in direction and leadership, by its members as an organization where they are able to channel their renewable energy. We accompany partner communities, we teach, we serve and create.

Each of these years, DGH has gathered at least once a year in our General Assembly, two of which happened under the express direction of local partners (San Salvador, 2007 and Chiapas, 2014). Volunteers dedicate time, energy, creativity and vision to the long-term accompaniment of marginalized communities, and to resistance in any corner of the world where social injustice appears, including within the USA. Please join in our endeavor to achieve Racial Justice, Well-being, Equity and Health for All, Now! 🌿

“IT’S NOT EASY TO PUT WORDS TO PAIN” – MENTAL HEALTH CARE IN SANTA MARTA

By Hermenegilda Argueta

Mental health has always been and will continue to be a vital necessity for all the communities around the world, although providing it has been of little importance to many governments so far. Mental health needs in Santa Marta have special characteristics, since it is a community of survivors of inequality, poverty and violence.

The hardest lines in the community’s history were written from 1980 to 1992. The Salvadoran government tried to stifle the voice of the poor who, tired of their condition of misery, rose in protest, demanding better working conditions, pay, etc. These “subversive” acts made them victims of military operations that aimed to suffocate the protests through torture, summary executions, rapes, massacres, exile and more. All these acts sought to silence the voice of those who, for the first time, tried to speak.

Twelve years trying to survive on the front lines of the civil war or in exile left no time to cry, much less talk about pain. Sub-

sequently, an amnesty law eliminated the opportunity to access justice or reparations and, with them, any possible reconciliation. The report describing the numerous human rights violations committed by the government during the war was named “From War to Peace.” However, from war to peace there was once again no time to grieve. No one can truly ignore the effects that wars have at the psychosocial level, but generally little is done around the world to help people repair the damage.

“ In young people, self-esteem, adequate communication, emotional intelligence and life project have been promoted in the schools. Between 2016 and 2019 around 350 students participated. ”

In El Salvador, the first efforts to address the psychological effects of war on former guerrilla fighters were made in 1992 through a commission created under the peace agreements that was called “Committee of January 16th.” However, the civilian population directly affected by the war did not participate because of all the myths about mental health. In addition, in 1994, the Ministry of Health eliminated mental health care from the services it provided until 2001, after the country experienced two major earthquakes that caused a lot of human and material losses.

Starting with the first leftist government in power, the mental health coverage of the Ministry of Health has been strengthened, but most efforts have been diluted by the emergency caused by the current social violence perpetrated by gangs.

In 2011, with the accompaniment of the organization Psychologists Without Borders in Santa Marta, the effects of the war began to be analyzed at the individual psychological level and at the community level. First they opened a series of safe spaces to hold support groups where people can talk and cry about, and share, their griefs. Then, in 2014, they created a document that outlined what they found about the psychological and psychosocial effects the war had, specifically on the community of Santa Marta. Since 2015, thanks to economic support from DGH, the community has been able to continue holding support groups where people

affected by war and other forms of violence can put words to their pain, resignify these events and recognize their own resilience.

There have been, however, a number of difficulties along the way. One is the myths that still exist that stigmatize mental health care. Many people believe that psychological care is exclusively for patients suffering from a serious mental illness. To counter this idea, community groups worked to educate the population about what trauma from violence can do to people’s mental health, as well as what appropriate psychological care is and what it can do for people suffering from trauma. Volunteers went house-to-house to talk to families about mental health and its importance in individual and family well-being. Volunteers have also designed public service announcements for the radio about the importance of mental health care. These have been transmitted by Radio Victoria so that the information can be shared with a wider audience, to all municipalities of Cabañas (the department where Santa Marta is), as well as communities from the departments of San Vicente, Cuscatlan, and even the southern part of Honduras.

These strategies have allowed people who participate in the workshops to be more aware of their grief and be more willing to speak not only in the support groups held by the Mental Health Project, but also in the psychological care provided in the Health Clinic. From the Mental Health Project, support groups have been established for adults to know and talk about their grief. Since 2016, seven processes of three sessions each have been developed, covering a total of 80 people, 90% of whom have been women. In young people, self-esteem, adequate communication, emotional intelligence and life project have been promoted in the schools. Between 2016 and 2019 around 350 students participated.



Mandala workshop with women who participated in grieving processes counseling.

Other processes have also been developed with young people and adults to promote self-care and follow-up on people who have participated since the beginning of the Project to see how they are doing. Workshops have been held on reconnective healing, bio-dance, focusing, mandalas and enneagrams. Since the end of 2016, a meeting place has been open with the people who have participated in the Project, with the aim of sharing learning and a time of joy and conviviality.

It has not been easy to put words to pain. The silence that was promoted in the people of the Santa Marta Community has permeated their lives. This silence not only limits talking about the events that occurred during the war, it also prevents us from talking about other forms of violence that are still present, such as sexual abuse, domestic violence and migration, among others. The Mental Health Project - Connected with Life - as it is now called, seeks to break that culture of silence through new tools, the result of various training processes, and therapeutic experiences.

DGH COVID-19 Statement

The Board, Community and Family of Doctors for Global Health commends the work of all in our communities actively fighting social injustice exposed in the COVID-19 pandemic, wherever you are in the world. Since it was founded in 1995, DGH has fought to challenge injustices that contribute to social inequities, and continues to be dedicated to that work in the midst of this global pandemic. The community of DGH, health professionals, educators, people from all walks and dances, is active in the trenches of this COVID-19 fight in many communities throughout the US – from Seattle to Los Angeles to Boston, Washington, Georgia, Texas and New York and many more. We are working with our partner communities in Mexico, Uganda and El Salvador, and accompanying through the People’s Health Movement action on every continent where COVID-19 has killed.

Two DGH founders were among the first US citizens to contract COVID-19 [[https://is.gd/9A\]DD0](https://is.gd/9A]DD0)]. Luckily, they survived and are now donating their serum for science and healing. They are actively building community in Georgia as they have been for most of their over 80 years, working with Mutual AID in their Atlanta community.

“Science is real,” sings a group of rocker-parents They Might Be Giants. Yet governments of many countries – most notably the United States of America, and with Brazil’s current president a copycat en extremis – have shown with their actions and their words that letting people die needlessly is the preferred COVID-19 code that mocks science. President Trump stated as recently as 3/23/20, “we can’t let the cure be worse than the problem” and “if it were up to the doctors, they’d say let’s keep it shut down, let’s shut down the world.” Governor Kemp of Georgia was widely and justly ridiculed for politicizing his “ignorance” of viral transmission – and with Georgia being among the minority of states to deny health for its citizens via blocking Affordable Care Act Medicaid Expansion, this may help explain why the current COVID-19 death rate in Georgia is currently over 3%. In Albany, Dougherty County, the current epicenter of Georgia’s epidemic, estimates are that the majority of the COVID-19 dead, perhaps 90%, have been African-Americans. The virus impacts people of color in similarly disproportionate ways in Chicago, Detroit [<https://is.gd/hUdPnN>], Milwaukee County, Wisconsin, and New York [<https://is.gd/QqQ74E>].

We recommend action to continue speaking the truth around

the current COVID-19 pandemic that has enhanced biases, racism and health disparities. This is evident in the higher mortality rates for African Americans from COVID-19 compared to the general population and in the increase in anti-Asian hate crimes, no doubt fomented by the President’s inappropriate referencing to the virus. Racism is a public health issue that must be confronted. We support the efforts of Sen. Elizabeth Warren and Rep. Ayanna Pressley, who are advocating for the federal government to collect racial data on those who have tested positive for the coronavirus to address the impact on communities of color. We stand united with those fighting against racism and xenophobia.

We know that the US government’s mandated Public Charge, with more restrictive policy changes, has removed crucial resources from immigrant families, creating special vulnerability for older immigrants as well as children during the current pandemic. Within the USA, we have supported the focus on stopping ICE detention and deportation. A Guatemalan man with COVID-19 infection was recently sent back [<https://is.gd/4BkR0S>], exposing and likely infecting the other 40 men with him on the plane – an example of the USA exporting a disease which will potentially propagate to kill thousands. We have urged the

release of those currently incarcerated for non-violent charges, as jails and prisons show great potential for mass death within their walls given the viral infectivity. Please add your voice to the sum of light in these policy decisions wherever you live.

We invite and urge you reading these words to work building hope in your communities, with physical distancing and wearing masks in public, of course. Please, those of you who have access to a place in which shelter is imaginable, find the local Mutual AID group in your neighborhood [<https://is.gd/tcZJJY>] and support that project in any way you can. Show what you are capable of doing. If there is not an active organizing network near you, please consider starting one. A DGH board member near Troy, NY and Western MA has helped provide mental health resources for health professionals working with COVID-19 and is active locally as well. See one of his interviews (from March 19, an excellent, elegant, educational talk) here [<https://is.gd/PsXF9j>]: “It’s kind of like a free fall...but you know that this thing is about to happen. It’s fairly terrifying...Don’t panic. Believe in humanity. Work in Mutual AID in your communities.”

We recognize especially the silenced people risking their lives for all of us, many of them undocu- *Continued on page 8*

DGH AT A QUARTER CENTURY

(Continued from page 3)

Squads active and a very fragile peace; we endeavored to build a bridging project which caught the imagination of MDM–France: “Building Health Where the Peace is New,” born of participatory investigation, community grown primary care and human rights.

Volunteers from Canada, the USA, England, New Zealand, France, Peru, and other places came to continue the ‘Eyes of the World on El Salvador,’ essential for Human Rights. It became clear that a group with similar precepts to that of MDM–France would be an important ally to have in the USA and no existing groups were up to the task. We therefore created DGH with 20 original Founding Members and an Advisory Council of more than 100.

Very active in the work in Estancia, having volunteered there some years before MDM–France arrived or DGH was born, was Dr. Irma Cruz Nava, currently directing DGH accompaniment work in Oaxaca, Mexico. She was integral to the work with Women’s Rights and Reproductive Health, working together with Steve Miller, the first year-long volunteer from Albert Einstein College of Medicine. Steve became a Founding Member of DGH and later DGH’s second President. Also working with the Women’s Rights Program was Wendy Hobson-Rohrer, who eventually become a Board Member.

Parallel to the foundation work of MDM–France, the Sister Community of Syracuse, NY had for years been working with Estancia. One day several community leaders insisted I find the Sister Community *Hermanamiento* and seek to coordinate with them, since we lived in Estancia and the Sister Community came usually once a year with boundless enthusiasm. That’s how Shirley Novak, member of the Sister Community and bilingual early child-development educator, connected to become a Founding Member of Doctors for Global Health.

In order to try and learn more about “Green” medicine for El Salvador, we’d made a journey to Cuba the year prior (accompanying the organized Salvadoran Youth Front), just as the DGH papers were being registered for incorporation in Georgia. That visit included DGH Founding Members Maria Anselma (Maruca) Figueroa and Renée Smith, along with Irma and myself.

“Very active in the work in Estancia, having volunteered there some years before MDM–France arrived or DGH was born, was Dr. Irma Cruz Nava, currently directing DGH accompaniment work in Oaxaca, Mexico.”

In 1996 DGH was also invited by Jonathan Mann to present our work at the 2nd International Conference on Health and Human Rights of the Harvard School of Public Health. We had our first workshop entitled Liberation Medicine, the beginning of a discipline. We presented Liberation Medicine again that year as a Renegade Session within the APHA, assisted greatly by Joy Mockbee who had volunteered with the Women’s Rights/Reproductive Rights second round when a student at Harvard School of Public Health. Joy was later elected to the DGH Board.

A couple of other persons became Founding Members of DGH: Tim Holtz, who had volunteered a year in Dharamshala, India, and later worked for the CDC; and Dan Bausch, who had spent 18 months himself volunteering in El Salvador, and just recently left the DGH Board after serving for decades. Dan currently teaches at the London School of Tropical Medicine & Hygiene as Director of the UK Public Health Rapid Support Team.

Our first DGH grant was for community literacy and mental health in Estancia, Morazán, obtained through the Ignacio Martin-Baro Foundation. One of our first DGH Volunteers was Jennifer Kasper in 1996, having just finished her Chief Residency at Boston City Hospital. Jen was destined to become the third President of DGH, and continues to do tremendous work in development, finance and teaching with our group.

A new movement or group needs a Voice through which to amplify the voices of the silenced, preferably a Voice incorporating art and health justice, which is how the *DGH Reporter* was born with Founding Editor and past Board Member, Monica Sanchez. Her mother, the Veristic Surrealist artist Mariu Suarez, designed the doves of peace that fly instead of snakes as DGH’s logo.

In 1997 Audrey and Clay Lenhart came to spend a year volunteering in El Salvador. Audrey had come first with Sandy Kemp, now known for the Sandy Kemp Scholarships that facilitate



LEFT: Consultation in the community with Steve Miller in Morazán, El Salvador.



RIGHT: Latrine Project to improve public health in Morazán, El Salvador.



LEFT: Health Promoter training on dental health in Morazán, El Salvador. RIGHT: Juan Manuel Canales Ruiz walking with Health Promoters in Chiapas, Mexico.



medical/community health questions to leadership and career counseling. She’d always been there for so many of us, a giant figure with a humble cloak, a wizard of human dignity, a friend.

Linnea was the fourth President of Doctors for Global Health. She was awarded the Tom and Cherry Clements DGH Community Service Award at the 2019 DGH General Assembly. (Tom and Cherry were octogenarian co-founders of DGH, high school principal and algebra teacher; fighters for local social justice; she the writer of three cookbooks; a militant for Women’s Action for New Directions, WAND, a US Navy decoder in WWII, justly feared by local anti-feminist bigots to her 2006 dying day.) As I write, Linnea is back in Kansas in assisted living with her cats and near her sister. I’m writing these lines with the inspiration of Eduardo Galeano, who wrote the following in *El Libro de los Abrazos*:

“Fue en la selva, en la Amazonia ecuatoriana. Los indios Shuar estaban llorando a una abuela moribunda. Lloraban sentados, a la orilla de su agonía. Un testigo, venido de otros mundos, preguntó: – Por qué lloran delante de ella, si todavía está viva? Y contestaron los que lloraban: – Para que sepa que la queremos mucho.”

“It was in the jungle, in the equatorial Amazon. The Native South-American Shuar were crying in front of an older woman who was very ill. They cried seated beside her suffering. A witness from another world asked them:

– Why are you crying like this in front of her, when she is still alive?
And those who were crying answered:
– So that she knows that we really, really love her.”

III. 25 Years Building Community Where the Peace is New.

The official start year of Doctors for Global Health is 1995. Our statutes were drafted on the template of Amnesty International (AI) USA and Médecins du Monde (MDM)–France by a lawyer working with AI at the time, Kerry McGrath, a specialist in immigration law who loves to sail and helped build the DGH ship to weather stormy seas. Honestly, my proposal for the group’s name was “People for Social Justice.” But my brother, a Macon, GA lawyer, said: “Let me get this straight. You want to start a group that does social justice work, but you want to be careful where you get your money. For instance, no money from pharmaceutical companies?” “No.” “Tobacco?” “Hell no.” “Soft drink companies, like the sponsor of a local university?” “No.” “Then you’d better name the group “Doctors for Global Health,” a name innately trustworthy so people can donate money to support it – then explain to people what you really do once you think they’re ready.”

We began our General Assemblies (GAs) meeting at Panola Mountain State Park in Georgia, and after a few years moved to Fort Yargo where we found cabins and a lake of mis-adventures.

“Volunteers from Canada, the USA, England, New Zealand, France, Peru, and other places came to continue the ‘Eyes of the World on El Salvador,’ essential for Human Rights.”

an article in *Development* called “Building Health Where the Peace is New,” and in a chapter of *Comrades in Health*, which

tells the beginning story of DGH.

A short version is that, following the 16 January 1992 Peace Accord, many of the international solidarity organizations were leaving El Salvador thinking their work was done. Three volunteers with MDM–France met with me on a visit in July 1992 and we agreed it would be disastrous for the world to turn its back on El Salvador when there were still Death

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