



Doctors for Global Health Reporter

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REFLECTIONS OF VOLUNTEER TIME AT HOSPITAL SAN CARLOS, ALTAMIRANO, CHIAPAS, MEXICO

By Gilberto Granados

I have had the privilege of providing care in communities similar to the one I grew up in but beyond our borders in countries like Sri Lanka, Greece and India. However, my longest stretch of such work was with Hospital San Carlos, a small hospital set in the mountains of Chiapas, Mexico's southernmost state and home to a large concentration of indigenous populations. Introduced to this beautiful place by our friend Dr. Emily Dow, my partner, Dr. Jyoti Puvvula and I worked there from 2001 through 2010. We would work for two weeks at a time often bringing family medicine residents with us

and timing our visits to allow the local doctors to go away to take their specialty entrance exams. We would stay with our DGH "in-community site director", Dr. Juan Manuel Canales. Dr. Canales is a Mexican doctor with a long history of working with repressed peoples in El Salvador during the civil war; he later moved to Chiapas to work with the Zapatistas. He is also the recipient of the Jonathan Mann Award for Health and Human Rights in 2006. The hospital has a rich history in the region dating back to before the Zapatista uprising of 1994. However, since the uprising, Hospital San Carlos has played an important role in providing medical care to Zapatista communities in resistance. It is a beautiful hospital with pediatrics, obstetrics and an internal medicine ward along with an operating suite.

It also has an outpatient and urgent care operation out front. All of the wards are connected by a beautiful garden and a covered pathway that protects you from the seasonal torrential rains.

The hospital is administered by the "Little Sisters of Charity", a Catholic order of nuns. These are one of the hardest working and most humble people I have ever met. They are also understanding of the hospital's role in the region.

I remember my first tour of the hospital. I noticed small crosses on the walls, to be expected of course, but I also saw a picture of Che Guevarra in the OR suite! These were my kind of nuns. The nuns also take call and are tireless workers, incredible problem solvers and spiritual supporters for the families.

The main groups of indigenous patients were Tzeltal, Tzotzil

“ The hospital is administered by the “Little Sisters of Charity”, a Catholic order of nuns. These are one of the hardest working and most humble people I have ever met. They are also understanding of the hospital’s role in the region. ”



and Tojolabal. Each group with their customary dress could easily be identified (if you paid attention). They each speak different languages and the nurses and medical assistants served as translators. The non-indigenous or “Ladinos” were from Altamirano and other local towns and spoke Spanish.

Patients come from far and wide often traveling for days to get to the hospital and often arriving in the middle of the night. The nuns set up a hostel known as *La Quinta* for those who came from far away so that they could stay for their evaluation, along with family members of those patients who were sick enough to be admitted to the hospital.

The hours were long and writing notes using old typewriters was challenging but it was also a great opportunity to learn. In the first few years we mostly saw infectious diseases including tuberculosis, hookworm, ascariasis, upper respiratory infections and malnutrition. It was not uncommon to find patients with hemoglobins below 5 (normal is about 12-14) usually from a combination of malnutrition and hookworm. If we had a case of congestive heart failure it was from chagas disease and not from chronic hypertension or coronary artery disease.

In later years however, we continued to see those illnesses, but with the progressive infiltration of soft drinks and other processed foods into even the most remote communi-

ties, we started to see more chronic diseases, such as hypertension, diabetes and obesity. Sadly, these are more familiar illnesses for us from the US and a testament to the health struggles of many indigenous peoples throughout the world.

We would take call, covering urgent care and all the wards; and when we were not on call we would either work in the hospital during the day or the outpatient clinic. The cases were fascinating, but also heartbreaking. Advanced cancers, sepsis and children with parasitic diseases, etc. Working as a team with the local doctors was an opportunity to exchange ideas and learn to practice medicine with limited technology and relying more on physical assessments. There was a strong sense of partnership and our communal dinners were spent brainstorming about our more challenging cases. Often, however, someone would break out a guitar and we would sing (or listen to) songs well into the night. There was an international feel with doctors from the US, Mexico, Switzerland, Italy, Spain and other countries often volunteering at the hospital.

“ The COVID-19 pandemic certainly has impacted the world’s oppressed peoples disproportionately and the indigenous communities of Mexico have been no exception. ”

Through DGH we have continued to be in touch with Dr. Canales and support his work. The COVID-19 pandemic certainly has impacted the world’s oppressed peoples disproportionately and the indigenous communities of Mexico have been no exception. In response to the pandemic, the governing leadership of the Zapatista movement decided to seal off their communities to all outsiders until further notice. This means that

Dr. Canales has also had to suspend his community health worker programs within the Zapatista communities. Prior to the pandemic he would supervise anywhere from 30 to 50 health workers spread out in various localities providing badly needed access to care. His schedule was filled providing training sessions, clinical consults and conducting immunization campaigns. The sites are remote enough to often necessitate an overnight stay. He continues to support these communities instead with telephone consultations and connecting patients with Hospital San Carlos when necessary. He has also redirected his energies to supporting the hospital as a clinician, which is also in dire straits with a lack of providers.

There has been a scarcity of local and international health professional volunteers, especially in this time of COVID-19 and limitations in international travel. There is an urgent need for internists, pediatricians and primary care doctors. Dr. Canales reports that the hospital is now seeking and is able to host volunteer doctors for various lengths of stays. Volunteers are expected to have a good command of Spanish, are not paid, and must cover the cost of travel and lodging with the nuns during their stay. If there are any doctors or other healthcare providers out there interested in helping, please inquire through the DGH website.

Some of my most fond memories of being a doctor are set in this beautiful hospital. As tired as Dr. Puvvula and I would return home, we were also always inspired.



FIRST PAGE: The author examining a young patient in Hospital San Carlos’ ambulatory clinic. ABOVE LEFT: DGH Volunteers, Drs. Emily Dow and Jyoti Puvvula, with the nuns who run Hospital San Carlos. ABOVE RIGHT: Dr. Juan Manuel Canales training health promoters from the autonomous communities.

To Partner with Change: Realigning Our Relationships with the Worlds Around Us

By Xavier Coughlin

“The mystery of life is not a problem to be solved, but a reality to experience. A process that cannot be understood by stopping it. We must move with the process. We must join it. We must flow with it.”

– Frank Herbert

I write to you on a beautiful spring morning, the sun shining through the windows, and the warm breeze bringing forth the promise of summer. Here in upstate NY, the ancestral home of the Mohican peoples, I feel a tension between the calm and the chaos of our world today. In the so called “United States,” it feels that many of us committed to goals of liberation and justice are finding it difficult to find hope. Last week, an unprecedented leak from the Supreme Court seemed to ensure that the vague and limited protections from the Roe v. Wade and Planned Parenthood v Casey rulings will be overturned, thus adding to the ability of states to further limit reproductive rights. In Ukraine, we seem to be watching an escalating massacre unfolding, played out with Russian bombs funded by European energy needs and US death machines perfected through the devastation of black and brown populations around the world. The silent bombs still drop in Yemen as the most unheard of crisis rages. COVID-19 continues to demonstrate its defiance of any country’s desire to go back to “normal.” On a global scale, politics as we know it is dying with a deep polarization of the populace in contrast to the continued allegiance of politicians to a growth economy – the same economy that continues to marginalize the oppressed worldwide. And lest we forget, India, Pakistan and New Mexico have become a small version of hell, reminding us that the climate crisis has not gone anywhere.

Yet the trees still bud, babies are still being born and elders continue to build community. How are we, those committed to a medicine of liberation, to move forward? What is our next step amidst the chaos? We can return to the tenets of any liberation movement. First we must observe – we must study the world to work to understand the issues from both a macro and micro scale. Then we judge who is the oppressor and who is the oppressed. And in the era of climate change, let us broaden our scope of who is oppressed, and see that the more than human world has often been left out of “Western civilized” plans. Finally, we act in accordance with the desires of those oppressed. But as expected, this is no easy solution; it is merely an invitation to realign our relationships with the worlds around us.

Within DGH, we have been honored to walk the path of Liberation Medicine and relationship building with communities in Mexico, El Salvador, the US, Europe and Africa for over 25 years. We continue the struggle to reframe our understanding of the world, to join with the forces fighting against extractivism, neo-liberal policies and exploitation. It is a slow, long process; one that takes lifetimes, and brings in the ancestors before us and the angels yet to come. We support our communities locally and globally, to see the

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importance of the balance between large and small actions. And we allow ourselves to change. As we continue to support our partner communities, we are also working to reorganize DGH, consider a name change and restructure. We thank you for your continued support in this process and will have more information at an upcoming General Assembly, to be held virtually in the fall of 2022.

As we continue to move forward into the unknown, let us remember that the apocalypse is already here. Our indigenous comrades and the extinct species of the world remind us daily of that fact. And yet they continue their struggle towards right relationship with the world. Let us not try to solve the unsolvable, but rather to be moved by the world, to allow ourselves to flow with it, to be in relationship with the world around us. Let us walk and question, together, into the chaos. 🌿

DGH Reporter

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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.

THOUSANDS OF ASYLUM SEEKERS REMAIN IN DANGER IN MEXICAN BORDER TOWNS

By Carol Kessler

Writing this in the season of Passover and Holy Week, we are reminded of peoples' liberation from bondage; people crossing the sea; people witnessing crucifixion and standing in hope of resurrection. And this season we witness the plight of today's refugees. Our screens are filled with images of Ukraine. I am heartened to speak with my aunt in Germany as she shares of neighbors opening their homes to welcome Ukrainian strangers and thereby greeting angels unawares.

Yet my soul is heavy with more than three decades of accompanying Central Americans fleeing violence, yet still so many not being granted asylum in the US, where my German parents immigrated after WWII. I carry that legacy by feeling responsible to witness the concentration camps of my time and to cry out to the world of their existence. My ties to El Salvador began when I volunteered for a health project of the Salvadoran Archdiocese in 1987, in the conflict zone of Chalatenango at a time when the Salvadoran government's slogan was: "Be a patriot! Kill a priest!" At a time when US health professionals were in demand since we were less likely to be targeted by the Salvadoran military, which was getting an average of one million dollars a day from the US government.

During 12 years of war, only one percent of Salvadorans were granted political asylum since the US considered El Salvador a democracy it was supporting against the threat of communism. I recall the day in Long Island, NY, when I accompanied an attorney from the Central American Refugee Committee to support a 13-year-old boy I had evaluated psychiatrically and deter-

mined to suffer from Acute Stress Disorder and Major Depression as he faced the threat of deportation at a time when the Salvadoran military routinely took boys from rural buses to convert them into child soldiers. Exasperated, the immigration judge shouted, "Do you want me to grant all Salvadoran boys' political asylum?!"

Peace accords were eventually signed in 1992 as the FMLN became a political party and the military/death squads were disbanded. A civilian police force was created to replace the National Police accused of torture and disappearances. At this fragile time, the US opened prisons that housed thousands of members of MS13 and Calle 18 gangs—gangs formed by undocumented Salvadorans in LA who lacked a legal path forward as they confronted the gang-ridden LA streets. As a result, the Northern Triangle of El Salvador, Honduras and Guatemala, has become a homicide center, where gangs reign supreme.

Consequently, for the past couple of decades, Central Americans flee primarily gang and domestic violence, risking their lives with the hope of crossing over to the US, where they might find asylum/safety from extortion, kidnapping, rape and murder. As a volunteer psychiatrist with Physicians for Human Rights' Asylum network, I have provided countless affidavits documenting the invisible psychic wounds inflicted by gangs; for the odds of being granted asylum increase tremendously with such expert documentation of harm.

Yet the US has increasingly looked with horror at caravans of Central Americans arriving at



The author in Chalatenango, El Salvador, in 1987. She was there training health promoters. She is pictured with her goddaughter and her siblings, who were displaced from San Jose Las Flores, El Salvador.

the border, deeming them villains and failing to acknowledge the harm that US intervention has caused their homelands. Most were horrified by Trump's "zero tolerance policy" in 2018 that separated children from their parents as they were prosecuted for the "crime" of crossing the border. More than 2,000 children were placed in custody of the Office of Refugee Resettlement and sent to detention centers to await placement with a US-based family member or foster parent, or voluntary departure to their home country.

When I recently evaluated a woman in Guatemala who has been forcibly separated from her daughter for three years, she recalled the moment she begged the Border Patrol Agent not to take her child and was met with the response, "I am following my President's orders." My documentation of her ongoing psychic trauma on behalf of a project of Physicians for Human Rights seeks to denounce harm inflicted by US policy and to call for reparations. When I chose to work in a detention center for "unaccompanied" minors some time ago, I was morally compelled to leave rather than be complicit in medicating youth with psychoactive substances for symptoms caused by my country's immigration policies.

While the "zero tolerance" policy has been phased out, the plight of children and families at the Mexican border remains a humanitarian disaster, supported by current US immigration policies. Recent advocacy has led to the prospect of overturning Title 42, a policy that has prohibited entry of asylum seekers based on the premise of preventing COVID-19 transmission. Yet, opponents are finding ways to fight back against the dismantlement of Title 42.

Whether or not Title 42 is overturned, the Migrant Protection Protocols (MPP)—"Remain in Mexico"—that were enacted in January 2019, remain in place. In June 2021, MPP was briefly overturned as promised by the Biden Administration during the elections, yet was reinstated in December 2021 following orders of a Texas federal judge. At that time, the restrictions of MPP were extended to all asylum seekers from the Western Hemisphere,

not only those who are Spanish-speaking or Brazilian, as targeted during the Trump Administration. These protocols have been denounced since their inception by human rights groups for violating international law, which prohibits returning asylum seekers to places where they may be persecuted [<https://is.gd/xTEXDX>].

MPP protocols target primarily people of color, fleeing imminent threat in countries ravaged by US foreign policy. Those who flee have little hope of having their cases heard in a backlogged US immigration court. They have little hope of obtaining legal representation to inform them of their rights and advocate for a path to safety. Instead, they remain in dangerous border towns where they fall prey to omnipresent cartels and unsanitary living conditions. It is estimated that more than 71,000 asylum seekers were sent to Mexico by the Trump Administration between January 2019 and January 2021. Many have been waiting months to years for their cases to be heard. Meanwhile, human rights groups have documented thousands of reports of kidnapping, extortion and rape [<https://is.gd/xTEXDX>].

Most asylum seekers are unaware of an exemption to MPP, wherein those with physical or mental health impairments that face significant vulnerability have the right to enter the US where they might access appropriate medical care and prevent deterioration of pre-existing conditions. A review of affidavits by Physicians for Human Rights found that more than 10 percent of those returned to Mexico were entitled to the humanitarian exemption. As a result, people with critical medical conditions and invisible psychic wounds are systematically sent to border towns where their disorders will be exacerbated and where they will have no access to care [<https://is.gd/ljD6LF>].

A positive outcome of the pandemic is the widespread adoption of telehealth, which has enabled physicians to partner with attorneys in documenting the health needs of asylum seekers languishing in Mexico so they may be granted their right to cross a port of entry to the US. A pioneer in this effort is Jenifer Wolf-Williams, founder of HOME—Humanitarian Outreach for Migrant Emotional Health [homemigration.org]. This effort is also shared by Physicians for Human Rights Asylum Network, which has expanded its scope by training the network's physicians to provide forensic evaluations that may lead to letters advocating for humanitarian parole.

By joining this process, I met children with developmental and intellectual disabilities living in tents or single rooms for months to years without any professional support. I met a single mother with three young children who fled severe domestic violence only to remain confined to a room so as not to endure the common fate of kidnapping, rape or extortion. She waits to see if my letter on her behalf will help allow her to wait for an asylum hearing in the US, where she will hopefully have access to mental health services and respite from omnipresent cartels. I met a man who fled El Salvador to flee murder at the hands of gangs that wanted to convert his home into a refuge. He has been waiting three years to reunite with his mother and older sister with Down Syndrome who were successful in crossing the border but live in a car in Florida.

I have learned that family separations persist, no longer at the hands of Border Patrol but as the heartrending choice of parents/guardians who encourage youth to cross alone to safety from the omnipresent threat of rape and kidnapping by cartels, knowing that unaccompanied minors are exempt from MPP. Indeed, in the detention center where I worked as a psychiatrist, I encountered a young boy who begged his father to allow him to cross because he had heard that children in the US have the right to an education. I encountered children separated from guardians at the border due to lack of proper documentation of custody.

Holocaust survivor and psychologist, Ervin Straub, notes that we need not be passive bystanders: "For one active bystander can turn the tide toward genocide" (Straub, 2009). We each have a choice. We might actively seek information. Organizations, like Families Belong Together; Hebrew Immigrant Aid Society; Physicians for Human Rights (HIAS); The Young Center for Immigrant Children's Rights; Human Rights First... tirelessly share information easily accessible on their websites. The Young Center invites any of us to train to become an advocate for an unaccompanied youth facing the immigration system alone. HOME continues to seek mental health

professionals, attorneys, interpreters, grant writers and funders to assist asylum seekers in obtaining humanitarian entry into the US. HIAS has created an urgent appeal to sign a petition [<https://is.gd/3vmscY>] calling upon the Biden Administration to protect asylum seekers at the US-Mexico border and to implement a fair and humane asylum system.

Yael Schacher, deputy director for the Americas and Europe at Refugees claims that a ruling supporting the lawsuit of Texas and Missouri's desire to expand MPP would "further eviscerate current US asylum procedures and set a stark example for the undermining of refugee protocols throughout the world." She fears that these states "want to kill asylum" and instead expand detention of migrants in private prisons. Her expert opinion is that MPP has exposed issues rooted in the immigration courts' relationship with Department of Homeland Security. She urges Congress to consider "the establishment of an immigration court independent of the Department of Justice or the executive branch." [<https://is.gd/90AkLg>]

There is hope. To quote Margaret Mead, "Never doubt that a small group of thoughtful, committed citizens can change the world." This Passover HIAS shared a Haggadah inviting all global refugees to the Passover table. And I recall the faith of Salvadorans under siege, with whom I joined on Good Friday in the 1990's to sing from *Canto Hermano*/Songs of Brothers. If found in one's home, this hymnal could lead one to be disappeared by the US-backed military.

For me too they killed Him

And today we kill them too

In every brother who dies, He dies once again

In every sister who dies, He dies once again.

On Holy Thursday, many danced with Judas, that fearful part of ourselves that paralyzes us and kills hope. Many stood awaiting the promise of resurrection by a bonfire, joined in our common vulnerability, as active bystanders whose voices could not be silenced. May we all join in the song and dance. No longer passive bystanders, but companions creating a path through the wilderness and across the sea to new life. 🌿



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Women Preparing Natural Medicines in Oaxaca, Mexico

Doctors for Global Health works with *Comunidades Campesinas en Camino* (CCC, Rural Communities in Cooperation), a rural agricultural workers' collective that represents several thousand local organic farmers in indigenous communities in Oaxaca, Mexico.

Dr. Irma Cruz Nava leads DGH's health and wellness programs with CCC. She is a native of Mexico and has worked with DGH for all of its twenty-five-year history, and with the mission in El Salvador for a number of years prior.

DGH recently received a grant for \$15,000 from the Rapidian Foundation, directed toward work in Oaxaca promoting Community Health Worker training along with the cultivation and use of medicinal plants.



Community Health Workers from the *Comunidades Campesinas en Camino* (CCC, Rural Communities in Cooperation) in Oaxaca, Mexico, with locally made medicinal plant products.

► **Calling Your Creativity: DGH Art Contest.** Get those creative juices flowing! Do you enjoy art? Do you sketch, paint, take pictures or use multimedia? DGH believes art is integral to our health and well-being, and thus had poetry and photography contests early in its history. We are long overdue in again drawing our members and supporters into art. We are launching a fun and engaging opportunity where your art can be featured on the DGH website!

Stay tuned to www.dghonline.org for more information on themes, age categories, etc, as they are announced. And don't forget to follow DGH's Facebook page! AND send us an email if you'd like to be considered as a judge: dghinfo@dghonline.org.

► **Join us for the 2022 DGH General Assembly**, which will be held virtually this Fall. Check www.dghonline.org in the coming months for details.

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