Chapter 16

Doctors for Global Health

Applying Liberation Medicine and Accompanying Communities in Their Struggles for Health and Social Justice

Lanny (Clyde Lanford) Smith, Jennifer Kasper, and Timothy H. Holtz

Doctors for Global Health (DGH) began in 1995 in rural El Salvador during the years that the country began to rebuild after a devastating twelve-year civil war.[1] Founding members of DGH had been invited three years prior by local community leaders to engage with them in transforming the fundamental causes of ill health plaguing their communities and to create together a new and stable environment for the war-torn region. Since 1995, DGH has grown from a small, informal group working in one area of El Salvador to a more formal international nongovernmental organization whose member-volunteers work with communities in their struggles for social justice and human dignity—in El Salvador, Guatemala, Chiapas and Oaxaca (Mexico), Uganda, Peru, Burundi, the United States, and other countries. Key principles of health justice have guided its work, especially the concept of liberation medicine, "the conscious, conscientious use of health to promote social justice and human dignity."[2] DGH has created transformative experiences for volunteers and communities by channeling idealism and social activism into concrete action and by serving as an alternative model to U.S. imperialism and the global political and economic status quo.

Introduction

Let us first take you to a gathering of the twelfth annual DGH general assembly held in October 2007 in El Salvador.[3] Imagine people singing, teaching, conversing, and rejoicing in a retreat-center architecturally molded to the outer edge of a volcano. Many of us had first met decades prior in dire times when we were working to fight repression. We are health promoters and *campesinos*

(a term that literally translates as "peasants" but carries a meaning of respect not expressed in the English word) from El Salvador, Nicaragua, Guatemala, and Chiapas; artists, students, health and education professionals, participants from the United States, and others, united in the quest for health and social justice. At this meeting, we discuss at length topics such as privatization of health care, transnational corporations and environmental threats, women's rights, and community empowerment. Lively theater, local musicians, and performances by small children remind the group of the *alta-alegremia* required to confront the violence that suppresses social, mental, and physical well-being around the globe. Alta-alegremia means "high blood-happiness"; that is, to be full of the joy of being human despite devastation or tremendous suffering.[4] It is an expression that was coined by Dr. Julio Monsalvo of Argentina, a DGH advisory council member.

After the meeting, we ride by bus through El Salvador's rural landscape to visit the project sites where DGH began. Visitors to these sites get and give counsel and inspiration, and experience how and where our legacy lives on. In Estancia, Morazán, in the northeast region of the country, there are now six child development centers; the community-built Jaime Solórzano bridge; and an enthusiastic, campesino-run, local NGO focused on primary health care. In Santa Marta, Cabañas—a highly organized community of former refugees who returned collectively midwar to repopulate their community in defiance of the violence—the dynamic youth group *Comité Contra el SIDA* (CoCoSI, Committee Against AIDS) inspires locals and visitors alike, as do myriad other projects. In El Mozote, we remember and honor the hundreds of people whose names are carved on the wooden memorial wall. El Mozote is a former pacifist community in Morazán where, in 1981, hundreds of mostly children and women were massacred by Atlacatl, a Salvadoran battalion trained by the U.S. Army's School of the Americas (SOA).[5] Forensic pathologists from Argentina, working with the United Nations Truth Commission after the signing of the 1992 peace accords,[6] gently unearthed from a mass grave in El Mozote more than one hundred infant and child skeletons, horrific evidence confirming the eyewitness account of lone survivor Rufina Amaya.[7] Such site visits as these, which form part of every DGH general assembly, are a way to become even more active with the local community organizing that year's meeting. In the case of the El Salvador gathering, the visits connected DGH with both its foundation and its future.

In the first part of this chapter, we look at the history and growth of DGH—how DGH went from working in a cluster of rural, isolated communities in postwar El Salvador to working with multiple communities around the world and becoming a key active member of the global People's Health Movement

(PHM), a broader social movement begun in the year 2000, to revive the principles of the 1978 *Declaration of Alma-Ata,* calling for "Health for All by the Year 2000" (see chapter 12).[8] We then examine how DGH has linked its global health efforts to local and national concerns in the United States, demonstrating the continuity and universality of health and human rights issues. We also review the principles of action, and in particular the concept of liberation medicine, upon which DGH as a volunteer-based, not-for-profit organization is built.

The Sociopolitical Reality of El Salvador

DGH was born of international solidarity during the brutal conflict that plagued El Salvador from 1980 to the signing of the peace accords in 1992. During this time, Salvadoran armed forces funded by the United States government actively participated in human rights violations on a mass scale. They murdered seventy-five thousand people, disappeared innumerable others, and forced at least one million to flee as refugees. This had a devastating effect on the country of only six million inhabitants at the time. The Salvadoran government's massive bombardment and use of napalm caused severe deforestation, with accompanying deleterious effects on human settlements and health. Among the earliest murders was that of Catholic archbishop Oscar Arnulfo Romero (1917–1980), a liberation theology leader and advocate for the "voiceless." Inspired by the liberation theology premise that heaven should be created on earth, he was an indefatigable promoter of human rights and worked according to the principle of a preferential option for the poor.[9] The Salvadoran military response to Romero's message was to circulate the slogan: "Be a patriot: kill a priest." Romero's murder by an SOA-trained Salvadoran death-squad leader on March 24, 1980, marked the war's beginning.[10]

The war lasted for twelve years. During that time, El Salvador cut its health budget in half. The few health posts that existed in conflict areas were abandoned. The Salvadoran government, rather than respect human rights, encouraged their flagrant desecration, enabled by the massive financing and unwavering complicity of its northern sponsor—consecutive U.S. government administrations (see chapter 13).

Community-Based Solidarity Leading to the Foundation of DGH

In 1992 DGH founder Lanny Smith, a physician from the United States, went to El Salvador as a volunteer with, and subsequent country coordinator and legal representative of, the French organization Médecins du Monde (MDM, Physicians of the World) at the direct invitation of several communities in Morazán, a department in northeastern El Salvador adjoining Honduras that saw some of

the worst fighting during the civil war.[11] Community leaders, some of them ex-combatants of the Farabundo Martí National Liberation Front (FMLN), wanted to address health as a human right and to stop the fundamental causes of ill health plaguing their communities.[12] In consultation with Smith, they developed a project called "Building Health Where the Peace Is New," which focused on community-oriented primary care (see chapter 6),[13] centers for integral child development, medical student training, women's health and human rights, community-based rehabilitation, nutrition, and participatory evaluation.[14]

That same year MDM had considered leaving El Salvador, following the lead of the International Red Cross, Médecins Sans Frontières (Doctors Without Borders), and most international groups that had been there during the war years. Global solidarity movements were literally disappearing with the apparent resolution of conflict offered by the peace accords. But Building Health Where the Peace Is New, with its participatory process, inspired MDM to remain active in El Salvador for another decade and served as the foundation for DGH.

From the start, the project was fulfilling vital needs. Although the conflict in El Salvador was officially over, daily crises provoked by the structural violence characteristic of a war-ravaged nation—that is, poverty and lack of access to health care, education, and economic opportunities—had escalated. By 1994, twenty-two homicides were occurring daily, greater than the average during the civil conflict.

Communities in Morazán urgently needed outside witnesses to their travails as well as infrastructural aid, including financial support and other resources, from Salvadoran and international volunteers.[15] But no international solidarity group appeared ready or able to accompany the Morazán initiative, and MDM's support was at that point only a commitment from year to year. The people of Morazán urged MDM volunteers to create a participatory association (which in 1995 became DGH)—and through it broader social solidarity to support local needs. The aim was to demonstrate that collective work—inspired, directed, and implemented by community members with assistance from local, national, and international partners—could amplify the voices of those previously silenced and promote social justice.

In order to help build health infrastructure based on the principles of health as a fundamental human right, Building Health Where the Peace Is New encouraged political action and mobilization at several levels. Local communities chose candidates for health promoter training. Salvadoran medical students assisted in public health interventions as part of their community medicine course. The MDM team recruited Salvadorans and internationals living locally

to promote the concept of health as reconciliation.[16] The civil conflict had caused deep divisions among the people. We highlighted the idea that health is a universal public good (and human right) and used it as a catalyst for both physical and mental healing. People formerly on opposite sides of the armed civil conflict, including other NGOs, the Ministry of Health, mayors, community leaders, and representatives from Catholic and Protestant churches, were brought together through a mega cluster-committee, in which representative leaders of groups based or working locally convened to shape and participate in rebuilding efforts.

Practicing health as reconciliation, sharing credit for achievements with the Ministry of Health in providing access to health care as a human right rather than as a political tool (to punish or reward backers or promote the ruling party), and inviting international solidarity[17] were important techniques that the local MDM team and local and international volunteers used to address death-squad threats and build health in Morazán and the greater El Salvador community. Salvadoran volunteer professionals and community leaders adopted this effort as their own and became active in seeking local and international resources. International students and fully trained volunteer professionals arrived to work under local leadership.

Figure 16.1 Dr. Lanny Smith (*top center, in white t-shirt*), training Community Health Promoters using the Universal Declaration of Human Rights (the papers in hand) in 1994, Cantón El Tablón, Municipio Sociedad, Departamento de Morazán, El Salvador.

The first long-term international volunteer in El Salvador accompaniment arrived in 1994.[18] On this volunteer's first day, he experienced a tragedy that would later be transformed into a catalyst for change. He was working with local Salvadoran medical and pharmacy students to deliver supplies to the communities in Morazán. At the time, the only way to get there was to swim across or travel around the Río Chiquito (Little River, a branch of the Torola River). While swimming against the strong current in an attempt to cross the river, a Salvadoran pharmacy student, Jaime Solórzano, drowned. His death struck a chord with local people and the international volunteers who would ultimately create DGH and marked an important turning point in their relationship. Together, they shared their sorrow and strengthened their common purpose.

For forty-two years the communities had been petitioning their government to build a bridge near the very site where Jaime drowned. He was one among many who died trying to ford the river. Twenty recorded deaths over the course of twenty years had been documented, five in 1994, including two children under ten who had to cross the river daily to attend school. In 1995 the MDM mission and the newly formed DGH group began working with the community to construct a bridge that would be named in Jaime's memory. In eighteen months, with $100,000 raised from many sources (including U.S. schoolchildren's bake sales), local community members and volunteers from fourteen communities, under the direction of a volunteer engineer from Spain, built a two-lane vehicular bridge. The bridge literally became a lifeline. No one else has drowned in the Río Chiquito since. Transport of critically ill patients to the nearest hospital has been greatly expedited. And the bridge connects previously isolated communities to each other and to the outside world and has facilitated construction of a health facility, six child development centers, and several government-run public schools.

In 1995, the Salvadoran MDM mission and associated volunteers became more organized. The group began fund-raising among its international solidarity contacts in order to continue its vital work while waiting for funds promised by the European Union. Former and current volunteers were invited to speak at conferences, universities, and other venues around the world, as part of an outreach effort to educate others about the health and human rights reality of El Salvador and the work being done in Morazán. An extensive global support network sprang from this fund-raising, education, and volunteer-recruitment effort. This set the stage for the formal incorporation in 1995 of DGH as a 501(c)3 not-for-profit organization in the United States. This status allows DGH to engage in fund-raising that is tax deductible for the donor but restricts DGH's direct participation in political processes in the United States.

DGH adopted a community-based, grassroots approach, initially staying relatively small in scope. It invested the first years in focused, comprehensive, holistic work in Estancia, Morazán, learning with the campesinos while collaboratively addressing acute and chronic health care needs identified through community participation. Issues and projects prioritized by the communities included the following: nutrition; soil conservation; cooking classes using local produce from community gardens; community-based rehabilitation; women's health and human rights; early child education; adolescent mentoring; and veterinary, medical, and dental care. DGH employed a praxis model, borrowed from liberation theology, which involves "observing, reflecting, acting, and then evaluating." DGH facilitated twice-yearly participatory evaluations to reflect on successes and failures and to plan future activities.

Since these formative days, the Salvadorans who inspired and gave birth to DGH continue to serve as advisors, members, and partners. In 2001, DGH helped to form *Asociación de Campesinos para el Desarrollo Humano* (CDH, Peasants for Human Development) through a partnership with members of the Estancia community. A testament to DGH's long-term capacity building, the Salvadoran government officially recognized CDH as a nonprofit organization in August 2004. Its mission is "to bring together, strengthen, and organize our communities in order to find solutions to the common problems we face, bringing about comprehensive human development."[19] DGH supports CDH with its operation of the Estancia community health center and six Centers for Integral Child Development (*Centros Infantiles de Desarrollo Integral,* CIDIs)—places where children aged two to six receive early childhood development instruction from community education promoters as well as Ministry of Education professionals (the latter were incorporated into the centers after a negotiated agreement with the Salvadoran government in 1998). Children are fed a hot meal daily, prepared by parent volunteers.[20] DGH also supports CDH through broader community health and development projects—microenterprises, high school scholarships, the building of another bridge (this one over the Torola River), as well as a campaign to stop the World Bank's plan to dam the Torola. Solidarity born from pragmatic action is the glue that binds us together.

Guiding Principles

Continued solidarity with local partners has been among the goals of DGH since its inception. The mission of DGH is "to improve health and foster other human rights with those most in need by accompanying communities, while educating and inspiring others to action."[21] The key aspect of this statement is the notion of accompaniment. This means we do not do things *to* people or

Figure 16.2 Jennifer Kasper (*right*) making a home visit to a mother and her children in Estancia, El Salvador, 1996. At the time, Kasper was serving as a volunteer pediatrician for Doctors for Global Health.

Copyleft. Courtesy of Doctors for Global Health.

for people but in solidarity with them, following their lead and guidance. This approach affirms people's right to control their own destiny, both at the community and the global level.

DGH's development and activities have been guided by the principle of a preferential option for the poor and the marginalized. That is, we choose to work together with, rather than ignore, these groups, while serving the entire community. It is a principle inspired by the Salvadoran people, including Archbishop Romero. Just as Romero's mandate was to be a "voice for those without voice," DGH works "to amplify the voices of the silenced."[22] DGH proactively avoids neo-imperialism (acting in the interest, economically or politically, consciously or unconsciously, of industrialized countries, rather than those of partner communities) by working with local partners only after they have extended a written invitation and by taking care to work at their rhythm and within their defined priorities. Local partners define their own criteria for cooperation and evaluate all potential international volunteers desiring to work with them. This means that DGH, in contrast to some other aid organizations, does not set the agenda or terms of its cooperative efforts but instead responds

to locally defined needs and approaches based on DGH experience, resources, and principles of action.

The World Health Organization views health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."[23] DGH fully endorses this definition as well as the "Health for All" goal from the 1978 Alma-Ata Conference, which states "health is a fundamental human right, and attainment of the highest possible level of health is a most-important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector."[24] A set of principles of action, described in Figure 16.3, guides the vision and everyday work of DGH.

Another defining aspect of DGH's work is the concept of liberation medicine, defined by Lanny Smith as "the conscious, conscientious use of health to promote social justice and human dignity."[25] Liberation medicine emphasizes using practical tools (notably *The Universal Declaration of Human Rights* and related documents, art such as street-theater, and community-oriented primary care) to plan and effect palpable action. Smith first used the term to describe DGH's work in El Salvador at the second Health and Human Rights Conference at Harvard University in 1996—organized by the late Dr. Jonathan Mann, one of the founders of the health and human rights field—and later that year at the American Public Health Association (APHA) annual meeting in New York City. Inspiration for this concept came from Ignacio Martín-Baró's *Writings for a Liberation Psychology,* which describes the community and international solidarity found in Morazán.[26] DGH members have given hundreds of presentations and workshops on liberation medicine around the world. Since 2001, a sixteen-hour seminar course on liberation medicine has been part of the core curriculum of the residency programs in social medicine at the Montefiore Medical Center, part of the Albert Einstein College of Medicine in New York.

DGH also recognizes the importance of celebrating the beauty of life through art and other means and of providing a "vaccination of hope"—against cynicism—to those engaged in the struggle against social injustice. DGH puts this spirit—this "alta-alegremia"—into practice during its assemblies, board meetings, and other fund-raising and educational activities. Volunteer musicians or other artists typically accompany each event. Besides being part of the meetings, they play music or exhibit their art in order to raise funds, raise consciousness, and celebrate the human spirit. Among the most important functions of DGH as a social movement is the creation of a space where observation about, reflection on, and action toward health and social justice can take place.

DGH affirms that every human being regardless of race, gender, class, religion, sexual orientation, physical or mental disability, culture, age, or other attribute has the right to a life of dignity, equal treatment, and social justice.

A. DGH works with those who are among the most poor, the most vulnerable, and the stigmatized of the world's population, amplifying their voices that they be heard.

B. DGH's approach is to accompany communities with small, community-oriented health initiatives that also promote human rights, encourage sustainability, and respect environmental concerns.

C. DGH sets an example for how medicine should be practiced by promoting liberation medicine: "The conscious, conscientious use of health to promote human dignity and social justice."[a]

D. DGH promotes health equity as more basic and fundamental than private, corporate interests. Its mandate is to strive for the optimal health and well-being of all members of the human race regardless of ethnicity, sex, sexual preference, or religion.

E. DGH is committed to advocacy and working for social justice both locally and globally. It encourages its members to take action in their own communities and participate in the accompaniment of communities around the world.

F. DGH pledges to be active in the struggle to expose and confront the pervasive and destructive nature of racism and classism (personal and institutionalized, conscious or unconscious) and all other forms of discrimination, both within DGH and in the world at large.

G. DGH is a volunteer organization that invites and encourages those with a desire to help humanity by providing them with a vehicle to use their unique talents and skills in support of the DGH mission. Special efforts are made to reach out to youth, students of all ages, and people with the wisdom of experience.

H. DGH respects and invites those of all backgrounds and beliefs who agree with its mission and principles to join; proselytizing is contrary to the mission and principles.

I. DGH integrates artistic expression that promotes healing and celebrates all life into its activities. These expressions include literature, music, drama, painting, drawing, sculpture, and other art forms.

J. DGH is vigilant to ensure that its projects, programs, affiliations, and fund-raising efforts don't involve even subtle compromise of its values.

K. DGH participates only in investigations, publications, and/or research initiatives that are important to the work of DGH, ethically sound, benefit the involved communities, and are compatible with DGH's mission. Both the involved local communities and the board must approve these efforts.

[a]"Liberation Medicine," www.dghonline.org/libmed.html (accessed January 28, 2009).

Figure 16.3 Doctors for Global Health Principles of Action.

What Makes DGH Unique?

DGH membership includes not only health professionals but also people from diverse fields who are dedicated and willing to work for universal well-being and justice. DGH welcomes members from all walks of life and from any geographic location. Anyone who believes in DGH's mission and principles of

action can join and make a difference; there is no membership fee. More than six thousand supporters have formally endorsed DGH and more than five hundred are members.

Participatory democracy is a major goal of DGH, which influences group processes at all levels of the organization, from leadership election to partnership interaction. A DGH member who actively works on health and social justice projects for at least one year, either individually or with any group, can become a voting member. At each general assembly, active voting members elect from their midst six persons to serve on an eighteen-member board of directors for a three-year term. Candidate presentations during elections provoke discussion and debate, which enhances the effectiveness of DGH as a social movement. Several members of communities that DGH accompanies have become voting members in the organization.

DGH has volunteers from the United States, Europe, New Zealand, Japan, Canada, Peru, Mexico, and many other places. It runs a virtual office using Internet, fax, phone, and mail communication. The DGH Web site maintains an archive of the semiannual newsletter, the *DGH Reporter* (which is mailed out to members), as well as the principles of action, official solidarity letters and statements, project descriptions, volunteer opportunities, and membership application forms.[27] Volunteers in the United States, some of them after having served in the field, manage all communication and bank accounts, provide space for DGH activities and files, plan fund-raisers, and make educational presentations about DGH, among other things. There is no paid staff within the United States. Local workers at the project sites, such as community health promoters, receive a living wage.

In addition to having necessary skills, DGH volunteers must understand the area's historical and sociopolitical background, speak the local language (or in the case of certain indigenous languages, at least the very basics to be respectful), and serve with humility and flexibility while respecting the local people, their work, and their culture. All applications must be approved by a DGH committee made up of former volunteers and by members of the community inviting the volunteer. The interview process—which usually includes a telephone interview following discussion of the written application with local partners and in committee—sparks participatory communication between DGH, partner site, and potential volunteer.

All volunteers pay their personal expenses. Industrialized country board members who earn a living wage pay their own transportation, lodging, food, and other fees to attend twice yearly board meetings. Other board meetings, usually held monthly, like the committee meetings, are conducted by telephone or

through Internet communication. Frequent flyer miles donated by board members and friends help facilitate travel from global project sites to the United States and other meeting locations for those who otherwise cannot afford to attend.

Funds for community accompaniment and the *DGH Reporter* come from individual donors, institutions, and foundations compatible with DGH principles. To date DGH has not accepted funds from any government or the World Bank, or corporate grants from pharmaceutical company foundations or tobacco foundations. The principles of action that inform the group's work include clear directions on funding sources. It may seem odd that DGH chooses the source of its finances based on its principles rather than its needs, steering clear of special-interest donations, but that very quality has been cited by many local partners and donors as an important reason to work with DGH—because there is no perceived or actual ulterior influence or motivation. This differentiates DGH from countless international NGOs and aid agencies.

DGH's goals include promoting health and social justice in response to partner organization invitations, educating groups worldwide about the realities of social injustice, inspiring people toward constructive action, and implementing conscientious, process-oriented action as well as making concrete, measurable, positive differences at the community level. At the individual level, persons can participate in DGH in many ways, from assuming elected leadership positions to doing committee work, to volunteering globally or in their own community.

Global to Local Accompaniment

Over the past decade, we have learned a tremendous amount from the campesinos of Morazán in El Salvador. They informed our work as we expanded our efforts to other countries. DGH has been particularly active throughout Latin America.

In 1996 leaders from communities in Chiapas, Mexico—who had been facing low-intensity armed conflict since the signing of the North American Free Trade Agreement (NAFTA) in 1994—asked DGH to assist them in implementing health and human rights projects. Their first request was to have an Internet connection installed and to receive e-mail training so that they could quickly broadcast human rights violations, invite international solidarity, and enhance fund-raising. DGH helped to staff a local referral hospital and since 1988 has been working with Dr. Juan Manuel Canales, winner of the 2006 Jonathan Mann Health and Human Rights Award, to facilitate community health worker training and community-oriented primary care, teach in the community-run high school, and assist with the women's rights and economic development project (women from the community run a sewing, artisan craft, and restaurant cooperative).

In 1997, DGH was invited to support community-based rehabilitation projects in Santa Marta, Cabañas, in northern El Salvador near the Honduran border. The people of Santa Marta, like those in Estancia, had been singled out for being sympathizers of the FMLN. At one point during the armed conflict they were attacked by both the Salvadoran and Honduran military as they were attempting to cross the Río Lempa and seek shelter in Honduras. Hundreds died in what became known as the Río Lempa massacre. Initially DGH was asked to focus its efforts on helping in the rehabilitation clinic, work that has come to include early childhood development and stimulation, elder health and well-being, attention to asthma, and massage. DGH now collaborates with CoCoSI, a dynamic youth group that produces radio programs on human rights, gender, self-esteem, HIV/AIDS, and pregnancy prevention. DGH members also contribute to a scholarship program that enables high school graduates to attend universities in San Salvador and Cuba.

From 2000 to 2004 DGH aided indigenous people near Iquitos, Peru, in legally establishing their land rights and cooperated with a German NGO in providing medical and dental services there. DGH members also helped identify health threats from pollutants being dumped into the Amazon River by transnational mining and oil corporations. Partnership with a parochial clinic in Cusco, Peru, from 2008 to 2012 addressed unmet health care needs for marginalized populations.

Since 2001, DGH has facilitated resource gathering for *Guatemala's Fundación Esfuerzo y Prosperidad* (Work and Prosperity Foundation), an organization of women working on community health and child development projects in poor, marginalized neighborhoods. And in 2009, DGH began working with *Primeros Pasos,* a local Guatemalan NGO promoting primary care in Quetzaltenango (more commonly known as Xela).

Starting in 2005, DGH has accompanied indigenous health promoters in Las Lomitas, Argentina, in projects focusing on women's rights and nutrition. Though not usually focused on disaster relief, DGH assisted in post–Hurricane Mitch relief in Honduras and Nicaragua in 1998, where we accompanied several community-based organizations in their reconstruction and development efforts, and in post-earthquake relief in El Salvador in 2001.[28]

In 2011 DGH expanded its work in Mexico by partnering with *El Centro Popular de Apoyo y Formación para La Salud* (CEPAFOS—The Community Center for Health Training and Support), an NGO in Oaxaca that serves marginalized communities through health promoter training and sharing of cultural knowledge, in part through promotion of traditional healing practices. One of the main goals of CEPAFOS is to strengthen community autonomy.

DGH has also expanded its work beyond Latin America. Invited to Uganda in 1999, DGH worked in coordination with other NGOs and Mbarara University of Science and Technology, along with New York's Montefiore Medical Center, to support local health professional education and hospital services. Through these efforts, the medical school and teaching hospital have improved health services and trained greater numbers of health professionals, most notably local Ugandans. In the more rural Kisoro District in southwestern Uganda, DGH has been promoting community health since 2006 through diverse projects that include village health worker training, malnutrition rehabilitation, and cervical screening.

As our work expanded, we recognized a need to work in solidarity with other people and organizations focused on a ground-up orientation to community development and advocating for reinvigorating the principles of the 1978 Alma-Ata Declaration, including "health for all." We learned of nascent plans for a People's Health Movement in 1999 and DGH members have been involved since its inception. Six DGH members joined the first People's Health Assembly held in Bangladesh in December 2000, attended by fifteen hundred people from seventy-five countries and leading to the official founding of PHM. Since then DGH has become a significant actor within PHM, with representation on its global steering group. DGH participated in the second assembly in Cuenca, Ecuador, in 2005, which had close to two thousand participants from more than ninety-two countries. In January 2007, a DGH contingent joined the PHM at the Nairobi World Social Forum (WSF), the sixth WSF that DGH members attended. DGH also helped PHM organize the first International People's Health University in the United States.[29] Designed as a series of short courses for health activists, to date IPHUs have been held in over fifteen countries, including Bangladesh, Brazil, Canada, Ecuador, Egypt, Greece, India, and the United States, and attended by over one thousand people from more than sixty countries. At the third People's Health Assembly held in Capetown in July 2012, DGH representatives helped coordinate workshops to unite the global justice fight against extractive industries around the world.

DGH Activism in the United States

DGH has also brought many of the insights and lessons learned from international involvement to domestic activism. When we work with local initiatives and groups, for example, we do so at their own pace and according to their own agenda. We do not necessarily take credit for, or put the DGH name on, projects we help inspire. Since its inception, DGH has encouraged people to work at a local level, within a global perspective, which has helped to connect

country struggles. People who act locally have been celebrated via DGH's Hal and Cherry Clements Award, named for two DGH founding board members who are now deceased.[30] Cherry was a teacher who also worked with homeless women. Hal was a school principal active in social justice.

Since 1995 DGH has inspired the creation of a community health center in Davidson, North Carolina; worked with Montefiore Medical Center in the formation of a South Bronx health promoter group; and joined in solidarity against U.S. Navy practice bombing in Vieques, Puerto Rico. DGH advocates against socially unjust policies supported, financed, or otherwise carried out by the U.S. government, such as the practices of the SOA and the Western Hemisphere Institute for Security Cooperation; U.S. torture practices and rendition policies; U.S. antidemocracy activities in El Salvador and Nicaragua; U.S. anti-women's rights policies such as the "Global Gag Rule"[31] and domestic discrimination against immigrants as a result of the 2001 U.S. Patriot Act and similar legislation. And since 2005, DGH has also recruited health professionals to the Common Ground Health Clinic in post-Katrina New Orleans, and cosponsored with Tulane University a conference on the health and human rights dimensions of the effects of the hurricane and its aftermath.

DGH and its members are active in professional and academic circles in Atlanta (as a founding member of the Atlanta Alliance for Health and Human Rights), North America, and beyond, regularly presenting work at APHA and other conferences, schools, and religious and civic organizations. DGH also helped found the U.S.-based Mexico Solidarity Network and was among the program leadership of the 2004 Boston Social Forum and the first U.S. Social Forum held in 2007 in Atlanta.

Challenges

Some of the challenges faced by DGH are unique to its particular modus operandi, while others are similar to those encountered by any humanitarian organization. Because DGH works primarily through volunteers, its membership and especially its leadership are relatively exclusionary. DGH requires people to work without pay and to finance their own travel and other expenses, such that only people of substantial economic means—or those highly creative at achieving personal sponsorship—can volunteer. DGH tries to address this potential tendency toward elitism by helping secure support for persons from cultures underrepresented on the board to enable them to participate. DGH also created the Sandy Kemp Scholarships, which cover annual general assembly registration fees for people requesting assistance. One of our international challenges involves political obstacles to facilitating global participation at DGH events. United States

embassies in El Salvador, Nicaragua, and some other countries have often treated local country DGH members who have applied for visas to travel to events in the United States as if they were inferior humans or would-be criminals, yelling at them for no reason, challenging their right to travel, and ignoring letters of invitation from universities and other legitimate sponsors. Since 2005, over 90 percent of visas applied for by DGH members have been denied, despite efforts by some U.S. congresspersons. This visa-rejection phenomenon—reflecting a clear racial and class bias—was one reason for locating the 2007 meeting in El Salvador, so that partners in Central America could readily attend.

Acquiring sufficient funds to address commitments to partner organizations is a difficulty not unique to DGH, but this is made perhaps more challenging given the group's self-restrictive and principled funding stipulations. DGH has many individual donors who give an astoundingly high portion of their limited income and a few others who are able to donate large sums. Sometimes private foundations have difficulty supporting ongoing projects even if the work is exemplary and they have been shown to make a positive difference in people's lives. At the same time, the commitment DGH has made to working at the rhythm, and according to the priorities, of local partners sometimes makes its goals and actions seem too flexible or open-ended for funding agencies that prefer to keep their recipients' work neatly packaged.

Future Directions

DGH would like to work itself out of a job. But as long as there is social injustice, DGH and groups like it will need to persist and persevere. Even if health and social justice become the norm globally, some must remain vigilant in monitoring and safeguarding the well-being of people worldwide. As a social movement, DGH is motivated to become ever more effective at inspiring action and affecting change.

In the future, DGH accompaniment will continue to take on a broad scope, well beyond the provision of basic health care and fully addressing the social determinants of health.[32] We will continue our work in El Salvador, where the threat of a dam on the Torola River in Estancia has proven a focal point for recent community protest involving DGH and other international groups. Such a dam would destroy the economic and social lives of thousands. As a consequence of a Salvadoran version of the U.S. Patriot Act becoming law in 2007, Salvadorans can face years of incarceration simply for participating in peaceful protests, such that activism for health and related concerns means potential privation of liberty. In 2009 death-squad activity began again with the killing of Santa Marta community activist Marcelo Rivera on June 18 and subsequent death threats to DGH local partners. DGH publicized and condemned these acts.

In order to confront the current global climate of social injustice, DGH will continue to apply the tools of liberation medicine and celebrate the beauty of humanity through art and participatory democracy. DGH will continue to accompany communities and to grow our social movement toward health and social justice.

Notes

The authors would like to thank DGH founding members Shirley Novak, Clyde Smith, and Renée Smith for their tireless editing of this manuscript, DGH volunteer extraordinaire Zenaida Izquierdo, and all members of DGH and its partner communities for their inspiration and accompaniment in the struggle for health and social justice.

1. The civil war took place from 1980 to 1992 between the Salvadoran government (which received up to five million USD a day from the U.S. government to prop it up) and the Frente Farabundo Martí para la Liberación Nacional (FMLN, Farabundo Martí National Salvadoran Liberation Front). Seventy-five thousand persons died during the war, most noncombatants.
2. Lanny Smith with Ken Hilsbos, "Liberation Medicine: Health and Justice," *DGH Reporter,* 3 (1999), www.dghonline.org (accessed September 23, 2009).
3. General assemblies are held every year, where all members and any others interested are invited to gather, discuss health and social justice issues, participate in the DGH election process, and talk with local partner representatives.
4. See "Alta Alegremia," www.altaalegremia.com.ar/ (accessed July 6, 2008).
5. In 2001 SOA was renamed the Western Hemisphere Institute for Security Cooperation. Located in Columbus, Georgia, it has been responsible for instructing thousands of Latin American military officers in torture techniques and other counterinsurgency training measures.
6. The peace accords, signed on January 16, 1992, were part of a negotiated ceasefire agreement between the Salvadoran Government and the FMLN.
7. Mark Danner, *The Massacre at El Mozote* (New York: Vintage, 1994); Mark Danner, "The Truth of El Mozote," *New Yorker,* December 6, 1993: 50–133; Leigh Binford, *The El Mozote Massacre* (Tucson: University of Arizona Press, 1996).
8. See PHM Web site for a more complete explanation of the group and a look at the PHM charter: www.phmovement.org. More information on Alma-Ata can be found in chapter 12.
9. Liberation theology is founded on the belief that human suffering and social justice are matters of concern to God, and that it is the duty of spiritual persons to fight for social justice for the marginalized, the silenced, and the stigmatized. Preferential option for the poor—sometimes called "O for the P"—is a concept from liberation theology that religions and social movements should preferentially work with the poor and stigmatized.
10. Michele Gierck, *700 Days in El Salvador: An Australian Woman's Unexpected Journey from Suburbia to a Guerilla War* (Melbourne, Australia: Coretext, 2006).
11. It currently possesses among the worst poverty indices in the country, while receiving among the least aid.
12. The concept of health as a human right was advanced by the late Jonathan Mann (1947–1998), a DGH founding advisory council member and first director of the World Health Organization's Global Program on AIDS (until 1990). He argued that health is indeed a human right, that all human rights in their aggregate are necessary

for good health, and that health and human rights, when operating together, produce a synergistic effect.

13. Community-oriented primary care was developed by Sidney and Emily Kark in Pholela, South Africa (see chapter 6), and subsequently implemented in many areas of the world as a way of working together with communities in a participatory, empowering, effective manner.
14. Lanny Smith, "Building Health Where the Peace Is New in Near-Postwar El Salvador," *Development* 50 (July 2007): 127–133.
15. The concept of witnessing implies not only accompanying persons and communities but also helping to amplify their voices in places and on occasions where those voices are silenced by oppression (or are not being heard).
16. Health as reconciliation means using health as a way to facilitate rapprochement between former enemies.
17. "Keeping the eyes of the world on El Salvador" as Ramiro Cortez and other health promoters termed this presence.
18. Accompaniment is a DGH term meaning to be with a community, both physically and in solidarity with their actions.
19. "History of DGH in the Community," http://www.dghonline.org/our-work/estancia-el-salvador (accessed September 15, 2011).
20. Centers are located in Estancia as well as Agua Blanca, Cacaopera. Cacaopera is a municipality in Morazán.
21. See DGH Web site, www.dghonline.org (accessed September 11, 2009).
22. See DGH Web site, www.dghonline.org (accessed September 11, 2009).
23. Preamble to the Constitution of the World Health Organization as Adopted by the International Health Conference, New York, June 19–July 22, 1946.
24. "The Declaration of Alma-Ata," www.righttohealthcare.org/Docs/DocumentsC.htm (accessed July 6, 2000).
25. Smith, "Liberation Medicine." See DGH Web site for more detailed information on liberation medicine: www.dghonline.org.
26. Ignacio Martín-Baró, *Writings for a Liberation Psychology*, ed. Adrianne Aron and Shawne Corne (Cambridge, MA: Harvard University Press, 1994).
27. See DGH Web site, www.dghonline.org (accessed September 11, 2009).
28. Hurricane Mitch brought terrible destruction to Honduras, and to a lesser extent Nicaragua and El Salvador.
29. Laura Turiano and Lanny Smith, "The Catalytic Synergy of Health and Human Rights: The People's Health Movement and the Right to Health and Health Care Campaign," *Health and Human Rights Journal* 10 (2008): 1–12.
30. Because DGH has members from around the world, acting locally means within one's own community in any country.
31. Also known as the "Mexico City Policy," a U.S. policy put into place by presidential mandate under Ronald Reagan in 1985, reinstated by President Bush in 2001, and repealed first by President Clinton in 1993, then by President Obama in 2009, that prohibited NGOs that received any U.S. funding from performing, advocating for, or simply discussing abortion under any circumstances, even if they used non-U.S. funds for these activities.
32. Commission on Social Determinants of Health, *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health. Final Report of the Commission on Social Determinants of Health* (Geneva: World Health Organization, 2008).