A compilation of visual and written works by Haverford and Bryn Mawr College interns sponsored by the Center for Peace and Global Citizenship during Summer 2015

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Compiled, edited, and designed by Anya Bernhard HC ‘18

Photo by Anya Bernhard HC ‘18
Wandering through wine country in Mendoza, Argentina
Among the Roots

This summer I had the opportunity to work at Weavers Way Community Programs (WWCP) in Philadelphia. I mostly worked at the Aubury Arboretum Farm, the Stenton Family Manor Hope Garden, and the MLK High School garden. At first I assisted with the student group tours at Aubury, and by the end of the summer was able to lead some of the lessons myself. I also helped with the Garden Club program at Stenton by writing lesson plans and working with the kids. While spending time with the students, I developed a new appreciation for plants and local fresh food.

Farm work, like weeding, hoeing, trellising, preparing beds, and harvesting was a substantial and rewarding part of the internship. Working in a small organization, I appreciated getting to know everyone, learning from the staff, and feeling valued for my work. Working alongside such dedicated and knowledgable people while seeding kale, pruning tomatoes, or making gazpacho, were among the favorite parts of my experience. Working cooperatively created a strong sense of community shared by the staff as well as the coop farmers.

Because grant writing is essential for nonprofits, there was a space for us to share stories and moments from the farm and to talk to donors, which helped remind me of the importance and broader context of our day-to-day work. I learned so much from working at WWCP and will miss the staff, students, hard work, and fresh produce when I head back to college this fall.
Last summer was the summer I relearned to ride my bicycle: it was the summer I used hand signals and biked in the road, not on the sidewalk; the summer I carried my bike up and down two flights of stairs when the elevator broke; the summer I learned the sound of a loose fender and how to use a hex key to fix it. It was the summer riding a bicycle went from being a leisure activity to being my primary form of transportation. Riding my bike every day to and from my internship at the Groundwork Center, I was often rapt in romanticizing my pedals and wheels. I was enchanted by the notion that to ride a bike was to be free, free of the chains of oil, the environmental burden of an automobile. I was moving on the power of my heart, lungs, and muscles combined with the simplicity of a pair of rubber wheels and a few metal gears. In riding my bike to farmers markets and my environmental internship, I was living out my deep green fantasy.

There were plenty of menial office tasks at my internship to tarnish the glow of this fantasy. However, I was genuinely excited to be working for the Groundwork Center. The Center promotes local food, clean energy, and smart transportation in Northwest Michigan. It does this through a variety of projects including efforts to acquire funding for local food in public schools, petitions to shut down an oil pipeline, and attempts to reestablish passenger rail between Traverse City and Ann Arbor. I believe that this work is incredibly important to the region and also to the world as we all fight to reduce our impact on the climate. The daily struggle of the work, filling out Excel spreadsheets and verifying donor information, was always awash in the idealism of the mission, and the feeling that I was part of a larger movement. This was more than an internship. It was living in a world of environmentalists. It was working at an office with a compost bucket. It was riding my bicycle.
The Criminal Justice Policy Foundation holds a legacy as one of the oldest drug policy reform organizations in the United States. Since 1989 the staff has worked in alliance with workers, environmentalists, businesspersons, and policymakers in order to impart sensible reforms to U.S. drug policy.

In the last four decades, the United States government has spent more than a trillion dollars on increased border security, drug-related arrests, and drug testing in schools and workplaces. These measures have largely had the inverse effect policymakers had hoped. Illegal drugs are more available and more easily trafficked in and out of the United States than they were 30 years ago. The issues surrounding drug policy-making have become ensconced in racial and socioeconomic status. Thus human rights, civil liberties, violence, poverty, education, and community development have become pertinent to the national dialogue on advancing health.

The CJPF aims to address each class of drugs uniquely, in the context of society and historical precedent. Educating the public about differences between different drugs, the CJPF believes each drug can be properly addressed within the legal system based on purity, potency, illegality, and sentencing precedents.
Over the summer I had the opportunity to intern with HITAP (Health Intervention and Technology Assessment Program), an office that functions out of Thailand’s Ministry of Public Health. I spent two months conducting research and a literature review of consumer health protection as part of a larger project to improve Thailand’s Food and Drug Administration. I also had the chance to learn about HITAP’s international work and the development of health benefit packages through a two-week graduate seminar at Naresuan University. During my spare time, I explored temples, markets, and other vibrant cultural sites in Bangkok, Northern Thailand, and various islands in Phuket.

Photos and excerpt by Tobi Alliyu HC ’16
This summer I worked at Portland Rehabilitation Management (PRM), a homeless shelter in Port Antonio, Jamaica, for 10 weeks. The mission of the PRM is to help individuals who are homeless restructure their lives and reunite them in the community with families and friends. The PRM further strives to help individuals sustain their own independence. Many of the residents at PRM deal with mental illnesses such as schizophrenia, bipolar disorder, and depression. As a result, the PRM also works to combat the stigma associated with mental illness and bring awareness to the community regarding this issue.

When potential residents first come to PRM, the staff and volunteers sit down with them and conduct interviews. The interview is an essential part of the intake process because potential residents are able to explain how they got to this point in their lives. When individuals come to the shelter, many feel unloved, unheard, and shameful. Interviewing them is a chance to hear about their suffering rather than just making judgments about them. When people who are accustomed to being marginalized and stigmatized members of society have an opportunity to speak, others are able to get a better sense at what it is like to walk in their shoes. Conducting interviews and building relationships with residents were opportunities to allow the truth to be heard. When the truth comes out, assumptions can no longer be made and it is an important first step into making change, moving forward, and combating stigma.

Photos and excerpt by Tolani Babatunde HC ‘16
Aimee

I was out there in Kingston, in society living a normal life. I had worked in the private sector for seven years at a computer store. Then the global recession happened; it had a very adverse effect on my life. Job cut. Eviction. My life deteriorated rapidly; I couldn’t compose myself materially or emotionally. My experience traumatized me mentally; I didn’t know I could be reduced to this state. I had to resort to the shelter. This place is a haven for care and protection. I am now here to reintegrate back into society and bring normality to my life. I am working hard on getting back on my own, working with the resources I have available and with what the shelter has to give. This place is a very G-d blessed place, it’s a refuge center, taking care of one’s desperate needs. My dreams are to initiate my independence, to pay for all my own meals again and get around freely. I’m doing a lot of saving so that I can start again, from ground zero.

Danna

Before coming to the shelter I was at home. My brother was beating me up, early on this year he abused me with a machete and rope and so on. I had to go to the hospital, and they brought me to the shelter. I find it nice here, things are okay. I’ve been doing different things, like going to the craft market and helping to sell things for the shelter. I’m looking to go to HEART to learn about nursing or early childhood teaching. I want to become a teacher. I want to build my own little house.

Kaela

I was living at my grandmother’s for some time but the space wasn’t there so I couldn’t stay there. I was on the street for weeks. Nobody tried to help me, not even my family, just one woman would get me some food. Then a family friend called the shelter to see if I could stay there and they sent a taxi for me that carried me here. At first I was afraid, but I got used to everybody and then things were okay. The shelter is helping me to build a house and get back on my feet. They helped me find some work. They’re helping me get in touch with my family and helping with the problems I face along the way with building my house. Through being at the shelter I have hope. Since being here things have been picking up. I could be on the street and a whole heap of things could have happened to me. But being brought here saved my life. The shelter is a nice place here, and a lot more people can come here to get help to help themselves.

Source: PRMhomeless.org

*Note: Names have been changed for patient confidentiality. Photo provided by Tolani Babatunde HC ‘16; drumming activity with PRM residents
Working for CRSA in Montero, Bolivia, I found myself in a multiplicity of roles: translator, practitioner, outsider, anthropologist, teacher...

Consejo de Salud Rural Andino (CRSA) is an organization that works towards enhancing community health of the disadvantaged. This mission is translated into action through the work done in community-based health care, health projects, and local health networks.

Like the predominantly represented ethnic group, mestizos, Bolivia is a mixture of its Amerindian roots and European influence. While Spanish is the predominant spoken language, Quechua and Aymara remain as a representation of a pre-Columbian world.

Health in Bolivia is greatly influenced by the poor quality of public education and socioeconomic disparities. Bolivia ranks among the highest levels of income inequality in Latin American countries and the world. Girls and children living in indigenous, rural populations are less likely to be literate and to complete primary education. Bolivia’s lack of clean water and sanitation infrastructure, especially in rural communities, continues to contribute to the burden of disease.

My work with CRSA taught me about the connectivity between structural inequalities and health, the importance of non-hierarchical relationships between doctors and their patients, and using community bonds as a lynchpin for advancing health in under-resourced communities.

Photos by Yanira Santos BMC ‘16
More than Tango...

Mental Health Advocacy in
Palermo, Buenos Aires, Argentina

Today, Wednesday, there were two “talleres” (workshops) planned for the day, the first being the weekly “asemblia” (assembly). In assembly, the doctors and treatment team sit in a group and discuss concerns about the organization and community life. Assembly is intended to be a space where patients can voice their problems or concerns about the activities or to resolve conflicts which might require the staff to help facilitate. I am introduced, and observe the discussion. After this, a maestra de Yoga (Yoga teacher) holds a session for the participants, my fellow intern (a 20-year-old woman from Argentina), and I to take part in. This is where a grand metaphor for my experiences of the last two days hits me...
In the same pair of boots I wear to work every day, I walk down the two flights of stairs making a melodic echo. Exiting the apartment, I walk out onto the curb and loiter until the light changes to green. Avenida Santa Fe greets me each morning with a gust of the city’s miasma. It is one of the large avenues that act as a vein throughout this part of Buenos Aires, connecting my neighborhood, Palermo, to the center, commercial part of city as well as the northern residential barrios of Colegiales and Belgrano. Each morning I was made to be something larger than myself, a cog in the metropolitan machine. Taking stock of each sight and smell, boutique clothing shops and panaderias (bakeries) wafting scents of freshly baked pastries and empanadas, I prepared myself for the tasks awaiting me at work. I practiced colloquialisms I learned the day before. I primed my brain for patience, observation, and for speaking and listening in Spanish.

These 15 minutes were essential. I clung to the daily instances that gave me routine, that gave me a familiarity in an inherently unfamiliar setting. During these 15 minutes I acclimated myself to the neighborhood that many of my patients called home, trying to inform myself about the culture I found myself immersed in. Something as seemingly arbitrary as the way people interact on the street, the headline of a newspaper, the dynamics of the place could be overlooked. These threads, slowly patched together, allowed me to understand my patient’s behaviors. Mental illness and its treatment are inextricably linked to cultural expectations, associated stigmas of behavior, and the norms of medical treatment. The expansiveness of the city, the tall buildings, crowded streets, and vast open skies interloped into my mind. On these walks I possessed my very own sanctuary, a space to go and evaluate the meaning of my work and my function in this place.

Essay by Anya Bernhard HC’18