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# THE CHANGE AGENT

Adult Education for  
Social Justice: News,  
Issues, and Ideas



## HEALTH: THE BIG PICTURE

**Inside** • Find out how learners took charge of their health by creating a community garden. • Discover new approaches to health insurance.  
• Take the workers' rights quiz. • You think healthy habits are a chore? Wrong. Read about how friendship and sex are good for you! • Explore the cultural roots of different health practices, alternative treatments, and home remedies. • Hear from students about how they exercise, eat right, and manage stress. • Get inspired by all the stories about how people take action, individually and with others, to improve their health and their communities. **This mural, "Community Caring, Community Healing," by David Fichter, is on the Martha Eliot Health Center in Boston, MA.**

*The Change Agent* is the biannual publication of The New England Literacy Resource Center. Each issue of the paper helps teachers incorporate social justice content into their curriculum. The paper is designed for intermediate-level ESOL, ABE, GED, and adult diploma classes. Each issue focuses on a different topic that is relevant to learners' lives.

In New England, *The Change Agent* is available free of charge in limited quantities through NELRC's affiliated state literacy resource centers (SABES, ATDN, CALL, Vermont Adult Education Board, Literacy Resources/Rhode Island, New Hampshire Department of Education). Contact these centers to learn how to receive your free copies. PDF versions of *The Change Agent* can be downloaded from our Website.

#### Submissions

**Our next issue is about the economy.** See the "Call for Articles" on the back cover. We welcome submissions from teachers and students in our field as well as activists and thinkers from outside the field. For submission guidelines visit <[www.nelrc.org/changeagent](http://www.nelrc.org/changeagent)> or contact us at 617-482-9485 or [changeagent@worlded.org](mailto:changeagent@worlded.org).

#### Subscriptions

A one year subscription (2 issues) is \$10 (\$12 Canada). *The Change Agent* is also available in bulk sets (25 copies, twice a year) for \$60. See the back cover and/or our Web site for details.

Editor: Cynthia Peters

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## Meet the Editors

The muralist David Fichter (see the front cover) says that a central image of his health mural shows a doctor with a stethoscope "listening to the heartbeat of the surrounding community." Our title "Health: The Big Picture" is meant to acknowledge the connection between what is happening in our community and what is happening in our bodies. Our editorial team for this issue brought together their amazing resources and talents to create this informative, inspiring, action-oriented issue. Thank you, editors! And thanks to all our readers, the true "heartbeat" of the magazine, who are out there doing the hard work of deeply exploring issues that matter. — *Cynthia Peters*



*Char Caver is the director of the education program at Project Hope in Roxbury, MA.*



*Linda Hamilton-Korey teaches at the Jamaica Plain Adult Learning Program in Boston, MA.*



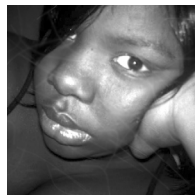
*Myriam Hernandez-Jennings works in family planning at JSI.*



*Silja Kallenbach is the director of the New England Literacy Resource Center.*



*Winston Lawrence implements the Health Literacy Initiative at the Literacy Assistance Center in NYC.*



*Antoria Lee, formerly a student at Project Hope in Roxbury, MA, leads a book group for WE LEARN.*



*Julie McKinney works for World Education, Inc. and the National Institute for Literacy.*



*Loyda Navarro is a student at Project Hope in Roxbury, MA.*



*Alicia Pantoja was the Education Director at English for Action in Providence, RI.*



*Cynthia Peters is the editor of The Change Agent.*



*Graciela Rios works in Juarez, Mexico, on domestic violence, and in El Paso, Texas, as a family counselor.*



*Rafael Risk is a student at the Jamaica Plain Adult Learning Program in Boston, MA.*

# Posing Problems, Creating Solutions

## How our class combined ESL learning, health literacy, and community gardening!

*Alicia Pantoja*

At English For Action (EFA) in Providence, RI, we often use a tree as a metaphor for the problems our students are facing. With the roots feeding the large trunk, which in turn supports branches, leaves, and fruit, the tree provides a wonderful visual for seeing the larger context for individual problems. In one ESL class with a focus on health literacy, the teacher asked the learners to sketch all the health problems that came to mind. The learners described what they had drawn: “sick, tired, and hungry people walking in trash-filled streets.” The problem, as the students had posed it, is represented by the trunk of the tree.

It’s easy to see that a tree trunk doesn’t live in isolation. By asking what feeds the trunk, the teacher can prompt students to explore the “roots” of the problem they have identified. Next, the class can reflect on what type of leaves and fruit this tree will likely have. The leaves and fruit are the consequences of the original problem.

EFA also encourages learners to create final projects as a way of using their newly acquired English skills to bring change to their personal lives or to their community as a whole. These projects are often the results of weeks of exploring

root causes to problems that learners see in their community, as well as identifying possible solutions.

The process of problem-posing and taking action on solutions stems from Paulo Freire’s Popular Education principles, which emphasize that education should be guided by the needs and interests of the learners. Freire believed that education should be a process of dialogue, reflection, action, and transformation. Examples of EFA final projects that have improved the health of our communities include: collective neighborhood clean-ups, letters to local government requesting more trash cans for the neighborhood (and successfully receiving them!), and the creation of a community garden for learners and other community members to grow their own organic vegetables.

A final project takes a few weeks to envision and complete. On the next few pages, you will find a series of cartoons that tell the story of how an EFA class created a community garden in Olneyville, Providence’s poorest neighborhood. The garden still thrives and supports the health of many families. It is an example of how our adult education classrooms can be the starting place for community transformation.

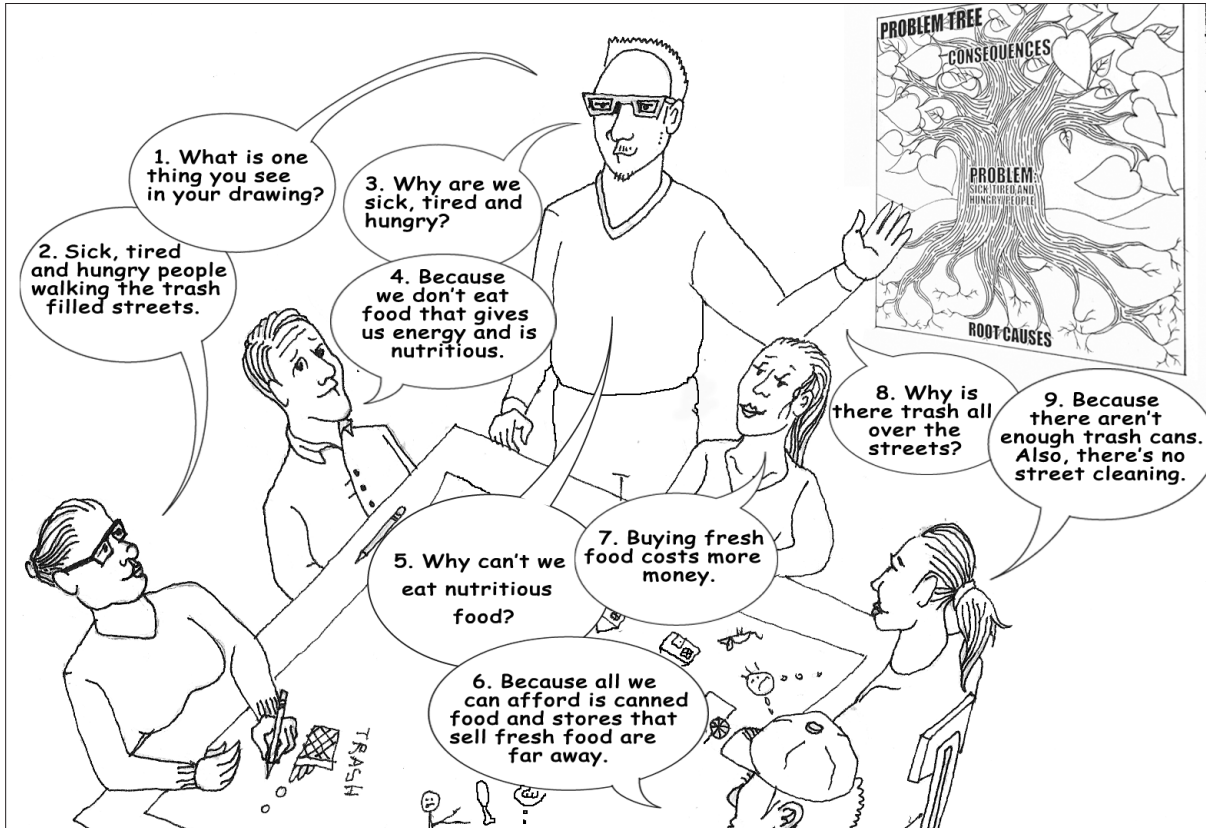


### For Discussion

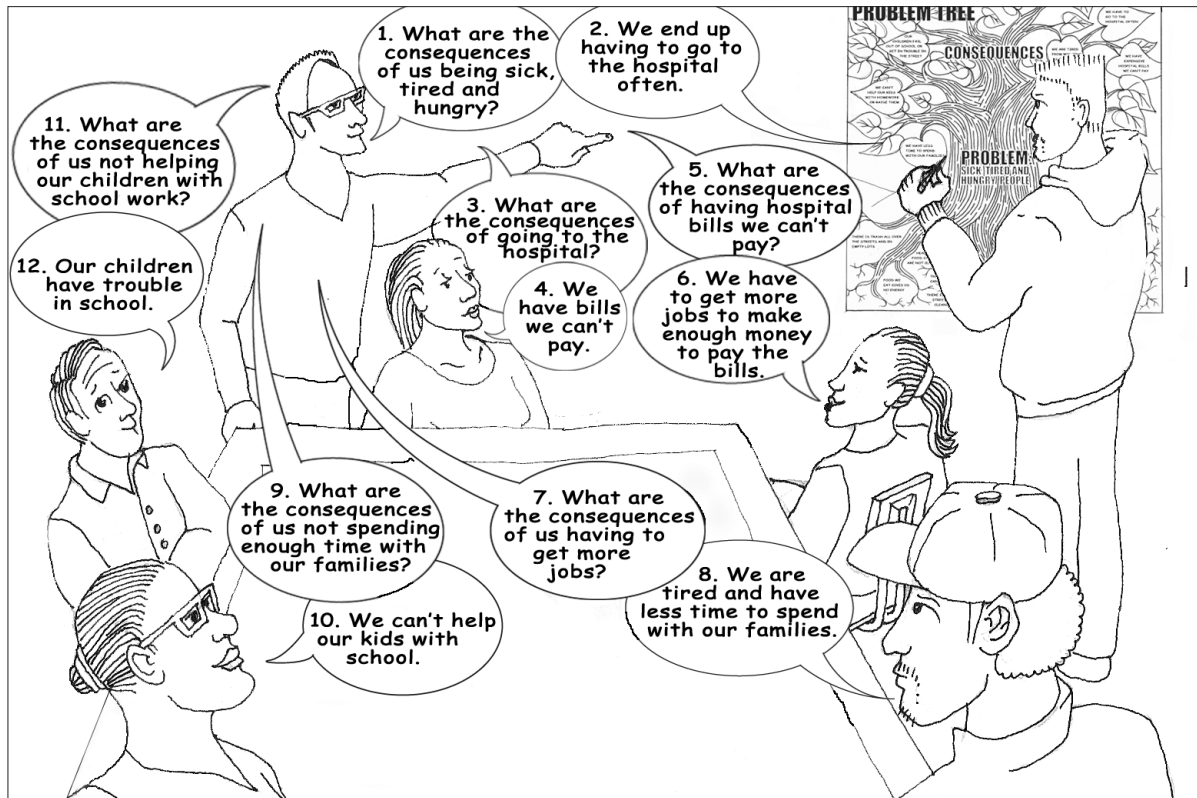
**After reading and discussing** the story on pp. 4-7, try making your own “problem tree” in class. Consider possible solutions and final projects that might make those solutions a reality. Imagine the *opposite* of the problem: make a vision tree! (See p. 7.)

**Use this technique** for other sets of problems (and visions) related to health that you’ll read about in this issue.

*Alicia Pantoja has spent almost six years exploring and loving popular education through English For Action in Providence, RI, where she was Education Director. She is committed to continuing to support adults as they learn and develop their communities and themselves. The image above is from “Community Caring, Community Healing,” a mural by David Fichter at the Martha Eliot Health Center in Boston, MA. See also the front cover.*



Illustrations by Camilo Gaston-Greenberg



Illustrations by Camilo Gaston-Greenberg

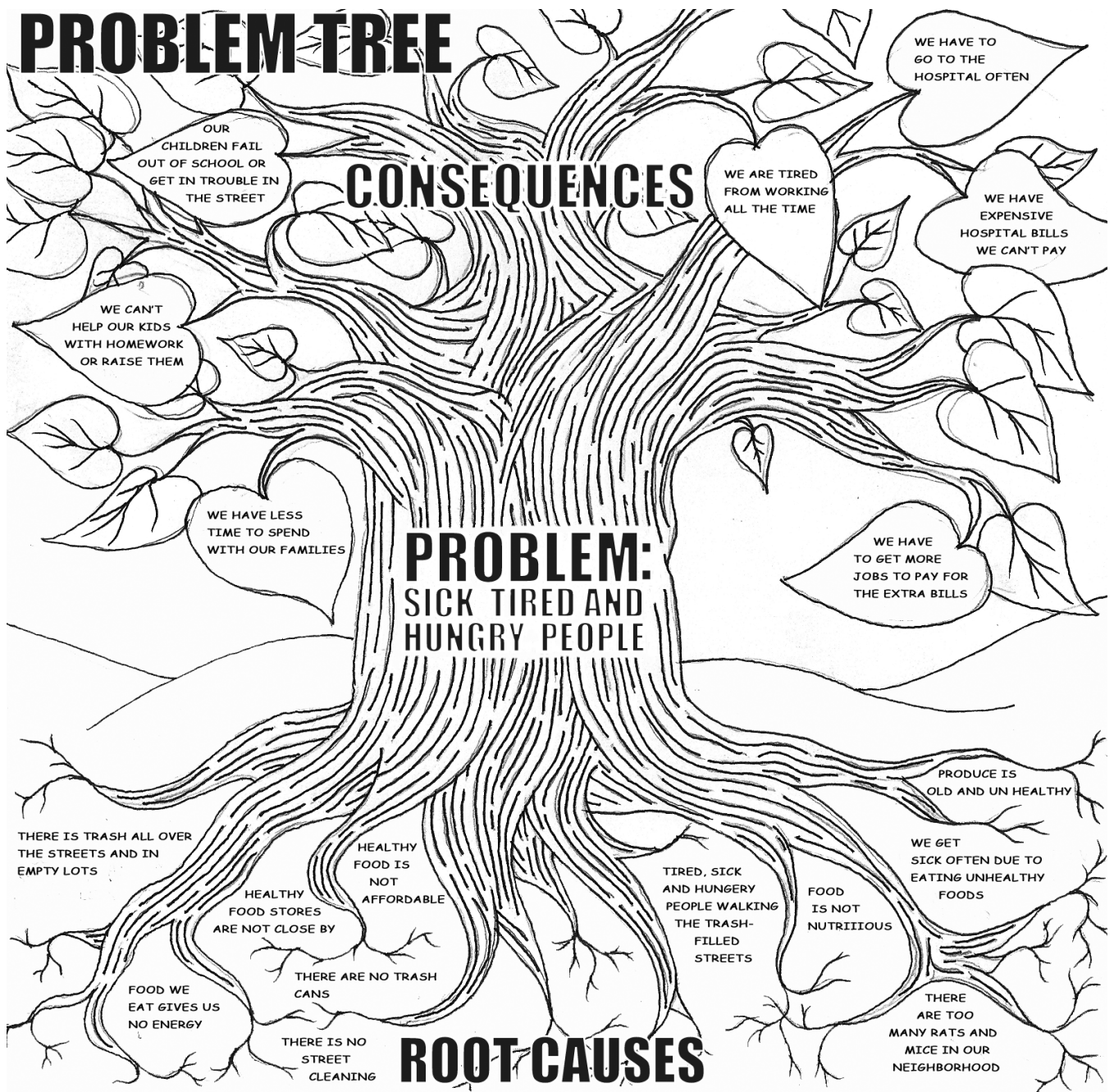


Illustration by Camilo Gaston-Greenberg

**Learn how to make your own problem tree** by examining this model. The “root causes” feed the “problem,” which bears leaves and fruit (or “consequences”). The ESOL class at English for Action generated this problem tree. What solutions did they discover? Read the cartoon story on pp. 4-5 to find out. List their solutions. Add your own solutions.

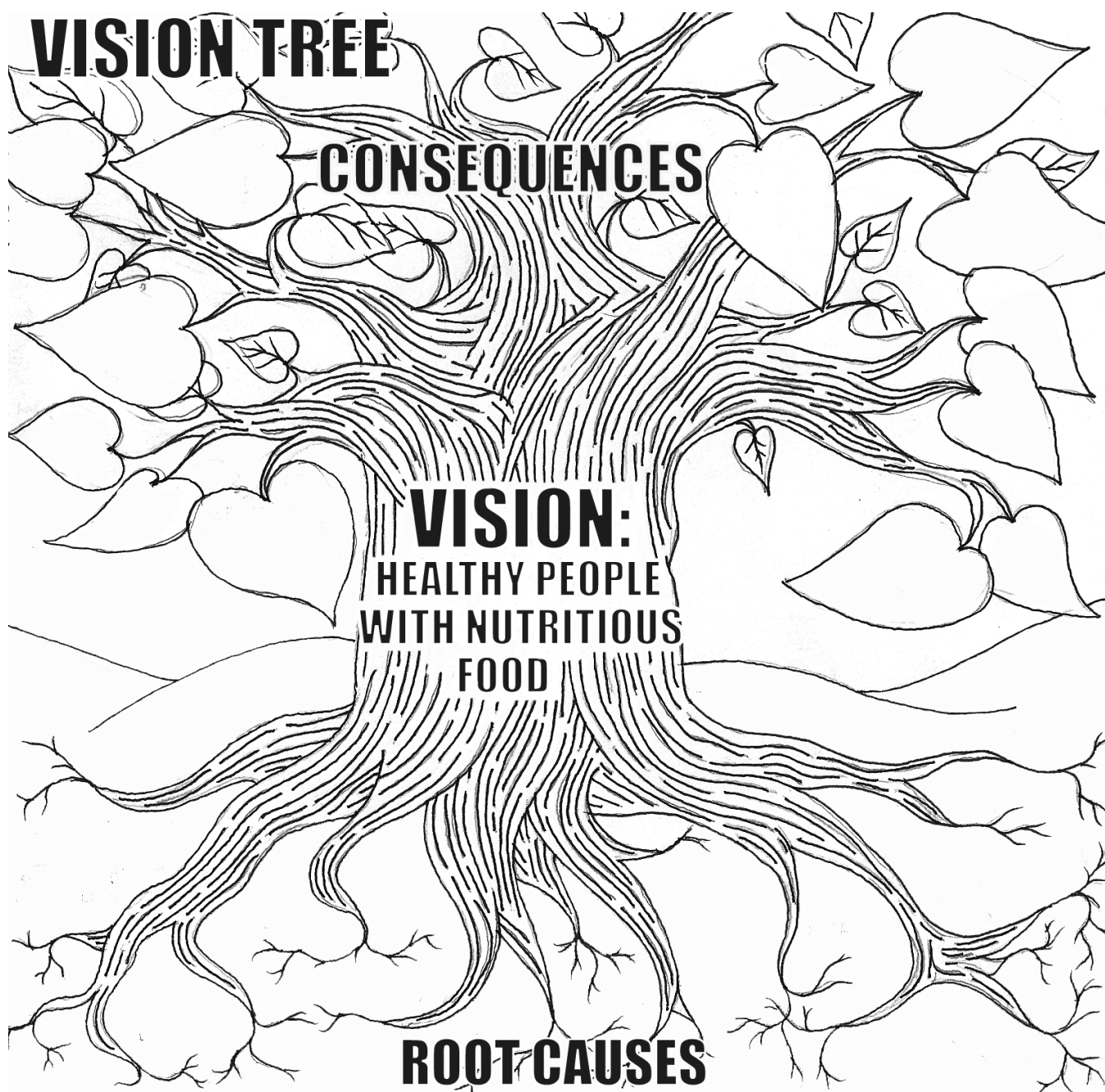


Illustration by Camilo Gaston-Greenberg

**Re-frame the issue by naming your vision instead of your problem.** This “vision tree” puts forward an idea that contrasts with the one in the “problem tree” on the preceding page. Work with others to determine the “root causes” and “consequences” of having “healthy people with access to nutritious food.” Fill in your answers above.

# Stress: The Silent Illness

Alsira Valderrama

There is a silent illness known as stress. It comes from the pressure of being responsible for taking care of our family. Our responsibilities have grown. Many people are experiencing crises in their lives, such as losing their jobs or their houses or both.

We support our family here and my husband's family in Cuba.

We ask ourselves, "How can we pay the bills when our wages are the same and everything we need is more expensive?" The stress of dealing with all these financial problems results in an imbalance in our lives. It is difficult to stay physically healthy when your mental health is suffering.



Alsira Valderrama moved to the U.S. from Colombia in 1999. She is studying ESOL at the Methuen Adult Learning Center.

## Where is the Wealth?

**The top 10%** of the income-earners own 71% of the wealth.

**The middle 30%** own 25% of the wealth.

**The bottom 60%** own 4% of the wealth.

**Look at the picture on the right. Draw a circle around each grouping of people and their wealth. How did the illustrator use images of people and wealth to represent the different percentages? Does access to wealth affect access to health? Make your own drawing of how you think wealth should be shared among people.**

**Source:** *The Measure of America*, Sarah Burd-Sharps, et al., 2008, p. 6.



Illustration by Yusuf Stroud



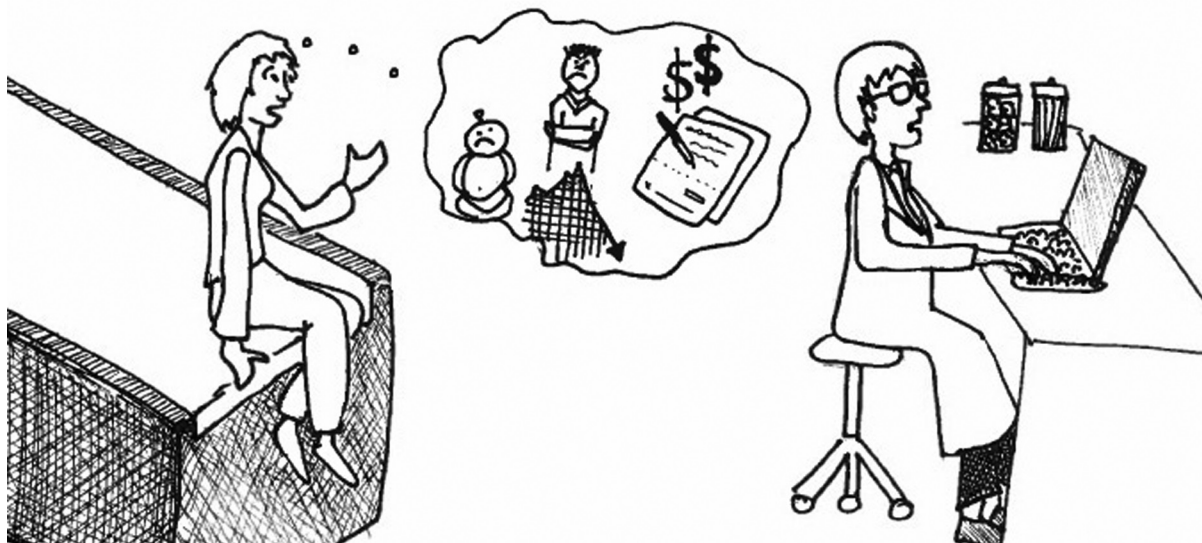
# Rx for Stress: More Support!

Cynthia Peters



Stress is not just an emotional feeling. It has a physical effect on your body. Stress can increase your heart rate and your blood pressure, weaken your immune system, and interfere with digestion, causing constipation, diarrhea, and other problems. What are some of the ways that stress affects your body? What would help reduce your stress? What do you think of the doctor’s recommendations in the cartoon below? Write yourself a prescription for what you need.

Cynthia Peters is the editor of *The Change Agent*. Read one learner’s suggestion for a society-wide support: “Staying Healthy During Hard Financial Times,” by Sorol Banaj can be found at <[www.nelrc.org/changeagent.org/extras](http://www.nelrc.org/changeagent.org/extras)>.



Doctor: “I recommend more money, health insurance, free child care, and helpful husbands.”

## Caption Contest

*The Change Agent* asked participants at the Massachusetts Coalition for Adult Education conference to write captions for this cartoon and vote for the favorite. Read the winning caption (by Laurie Sheridan) above. The second place caption: Doctor: “You don’t need a referral. You need a vacation.” Participate in our next caption contest! Visit our website for details <[www.nelrc.org/changeagent](http://www.nelrc.org/changeagent)>.

## Activities:

1. Write your own caption.
2. Discuss what this patient might need to be healthy.
3. After reading about the technique on pp. 3-6, draw a “problem tree” with “Stress” as the trunk. What is feeding the roots? What results are in the leaves? Make a “vision tree.”

# Unequal Access to Health & Wellness

*How Learning about Health Disparities Empowered Students from Project Hope*

*At Project Hope in Roxbury, MA, participants in the health and wellness class, taught by Char Caver, have been studying health disparities. Cynthia Peters interviewed five of the participants, Edna Ruth Ross, Tammy Gusler, Loyda Navarro, Crena Joseph, and Silvia Regalis.*

*What does the term “health disparities” mean?*

**Loyda:** It means that health resources and services are not fairly distributed. Some people have access to better care and to lifestyles that allow them to be healthier. Other people don't.

*Are there certain groups that tend to have less access?*

**Silvia:** Yes. Latinos, African Americans, the poor, gays and lesbians, various minorities. Almost all of us in this class are living with health disparities.

*How do you experience health disparities?*

**Tammy:** My neighborhood has no trees, no parks. That's a health disparity. It's not safe for the kids to play outside. When I walked out of my apartment recently, I saw blood in the stairwell.

**Crena:** In my neighborhood, there are a lot of car repair shops. We're breathing the fumes from all the cars. There's no place to buy fresh vegetables. There are only convenience stores, which sell a lot of junk food. This is a poor neighborhood, but we pay double at the corner store for food that isn't even good for us.

**Edna:** Once, I was at a health fair where they tested my blood sugar. They told me it was okay but a little high. I went to see my doctor, who told me my blood sugar was elevated. He said I

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**When I learned about health disparities, it unlocked the knowledge inside me.**

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might have diabetes, but he didn't make any suggestions about how I should change my diet or get exercise. He said we should just monitor it. I had

a few appointments like that. Then one day they called and told me I was diabetic. They told me to pick up a prescription at the drug store and to make an appointment with the diabetic clinic. I got the medicine and started taking it, and I called for the appointment. The earliest appointment was a month away. Meanwhile, I was suffering from the side effects of the medicine. But I still hadn't seen a doctor to consult with about this new medication.

**Tammy:** I have depression and anxiety. Sometimes I have suicidal thoughts. I call the doctor, but they don't call back.

**Loyda:** Doctors are not good at dealing with depression. I used to be energetic, but then I started isolating myself. I lost my job. I went to the doctor. He said, "There's nothing wrong with you. It's all in your head."

**Crena:** When you tell the doctor what neighborhood you're from, it's almost like you can tell how they're going to treat you. If you're from a poor neighborhood, they make assumptions about you.

**Silvia:** Doctors don't talk to me seriously. They don't inform me about my health.

*How has learning about health disparities affected you?*

**Crena:** When I learned about health disparities, it unlocked the knowledge inside me. I've been living health disparities, but now my eyes are open. Now I look at my own community and I see what is going on. Now I have a mission. I feel like a new person. I have to let my voice out to help my community. We are all suffering.

**Edna:** Before I learned about health disparities, I didn't know how to advocate. I wouldn't speak



Clockwise from upper left: Edna Ruth Ross, Tammy Gusler, Loyda Navarro, Crena Joseph, and Silvia Regalis.

up or ask questions. The doctor would tell me something, and I would accept it. Now I ask questions. When they told me I had to wait a month to get an appointment at the diabetic clinic, I called and insisted that they see me sooner. If I hadn't learned that I had the right to demand better care, I wouldn't have done anything.

**Loyda:** It taught me that I am not alone. And it made me want to fight back. It's not just me who suffers from health disparities. This injustice hurts my whole family. It hurts my whole community. We take action because we're not the only ones.

### Take it Further

1. Share your own stories. Do you believe health disparities play a role in your experiences?
2. What does Loyda mean when she says that even if you had "the same number of quality clinics in every neighborhood, you would still have health disparities?"
3. Get the facts! See <[www.familiesusa.org/issues/minority-health/facts](http://www.familiesusa.org/issues/minority-health/facts)>.
4. Compare the following two questions. How might the different ways of framing the question affect our

*What can you do about health disparities?*

**Tammy:** You can spread the word. I started with my own family. I told them what I had learned.

**Silvia:** You can be a strong advocate. My son has learning disabilities. I spent years knocking on doors trying to get help for him. Now, at 9, he's finally been diagnosed and he is receiving the proper care. If I hadn't advocated for him, no one would have. If I don't take action, no one will.

**Edna:** You can fight for changes in your community. Go to City Hall and the State House, talk to city

**It taught me that I am not alone. And it made me want to fight back.**

councilors and state legislators. Tell them, "You need to clean my neighborhood. Get rid of the liquor stores and the McDonalds. Plant some trees."

**Loyda:** If you want to get rid of health disparities, you can't talk about one thing. Even if you had the same number of quality clinics in every neighborhood, you would still have health disparities because of all the reasons we've talked about. Some neighborhoods are more polluted. Some people have to deal with the stress of poverty and violence. Some people can't let their kids play outside. Some people don't have health insurance.

**Silvia:** Education is key. The more you know, the more you can advocate.

understanding? List some actions we might take in response to A. Do the same for B. Are your lists different? If so, how?

- A. How can we promote healthy behavior?
- B. How can we change the conditions of how we live and work so that they promote health?

5. Find out how your literacy program can respond. Read "How the Environment Affects our Health" (pp. 12-13) by Winston Lawrence. Watch the video "Unnatural Causes" and download the toolkit from <[www.unnaturalcauses.org](http://www.unnaturalcauses.org)>.

# The Environment Affects our Health

*Winston Lawrence*

Living in certain low-income communities can be hazardous to one's health. Literacy programs can be a source of empowerment for students by providing curriculum that explores the roots of health problems and emerges with possible solutions.

Being healthy is not just about the body – what you privately feel and experience. It is also about your environment – where you live, work, play, worship, and go to school. Those who live in a poor community or a community that is mostly people of color are more likely to suffer from chronic health conditions such as asthma, diabetes, and heart disease. In these communities, there are many environmental conditions and structures that are likely to lead to poor health. These include waste dumps, bus depots, chemical factories, apartment buildings with lead contamination, and other such places. A revealing statistic indicates that living in a disadvantaged neighborhood leads to a 50-80% increase in risk for heart disease. Tobacco, liquor, and fast foods are everywhere, but fresh produce is not.

Across the nation, research data shows racial disparities around a whole range of environmental hazards including air pollution, pesticide exposure, and the nearness to chemical toxins. Toxic waste sites abound in cities and low income neighborhoods. These hazards pose serious health threats such as contamination of ground water by seepage from buried chemical waste and air pollution from chemical plants and idling buses.



Many related conditions such as the lack of access to fresh food, unreliable transportation, and unsafe public spaces, contribute to poor health. Job loss, unemployment, and underemployment add significant wear and tear on the body. The associated stressors grind into the body and leave victims and their families with ill health.



An interesting phenomenon that affects our students is what researchers call the “Latino paradox” – that most Latino immigrants come to the U.S. healthy and after about 5 years they start to show the same illnesses as native citizens. In fact, they are 1.5 times more likely to have high blood pressure and to be obese. Clearly, environmental factors are at play.

In addition to creating curriculum that teaches about environmental hazards, literacy programs could support students to join with others to fight for cleaner neighborhoods. There are numerous environmental justice organizations in neighborhoods across the United States and they are making an impact.

In New York City, the South Bronx Clean Air Coalition rallied community members to take action against toxic emissions that were extremely unhealthy for residents, particularly children. Their organizing work was instrumental in closing a medical waste incinerator plant that was located a few blocks away from a large housing development and several schools.

In West Harlem, another community group called West Harlem Environmental Action <[www.weact.org](http://www.weact.org)> mobilized residents to close or clean

up the bus depots in their neighborhoods. They persuaded the governor and key state legislators to mandate the Metropolitan Transportation Authority (MTA) to retrofit diesel buses with compressed natural gas. The MTA now boasts it has the cleanest fleet in the nation.

Consider working with your students to assess the environmental hazards in nearby neighborhoods, envision alternatives, and take action! The following guidelines could help you create lesson plans on environmental health:

### **Investigate (and Envision) Your Own Environment**

- Describe your neighborhood. What businesses are in it? Is there heavy industry or light industry? How many homes and lots are vacant? Are there abandoned factories? Are there parks? Playgrounds? Bike paths? Does it feel safe to let your children play outside?
- Write about or draw your ideal neighborhood.
- Describe your home/apartment. Do you live in an older building that may have a lead problem? Do you have a problem with roaches and/or rodents? Do you feel safe in your home/apartment building?
- Write about or draw your ideal home.



*WE ACT's Deepti KC installs an air monitor across from the 100th Street Bus Depot.*

- Find out about health conditions around neighborhoods where there are environmental problems. Check the health statistics from your health department.
- Test air quality around neighborhoods where there are bus depots or dumps.

### **Take a Field Trip**

- Visit a farmers' market to see the produce and to taste the freshness of the products.
- Visit urban gardens and talk to the gardeners about what it's like growing food.
- Visit a reclaimed toxic site.
- Go on a tour of abandoned sites and other toxic dump sites around the neighborhood.
- If you live close to a river/waterway, take a tour and see its condition.

### **Find Out What Others are Doing**

- Teachers can bring case studies, video documentaries, and films that tell the story of a community dealing with environmental hazards. (See the video "Unnatural Causes.")
- Invite a guest speaker from the community to come and share how they identified a problem and organized to address that problem.

### **Take Action**

- Design your own action plan.
- Find out about an already existing effort to address environmental health and join it! Help to design fliers or pass on information about meetings or activities.

**Sources:** Mary Lee, "The Health Challenge: Creating a Policy agenda Focused on Place," National Black Latino Summit <[www.nationalblacklatinosummit.org/bls\\_health.pdf](http://www.nationalblacklatinosummit.org/bls_health.pdf)>; "Unnatural Causes," video by California Newsreel 2008; <[www.unnaturalcauses.org](http://www.unnaturalcauses.org)>.

*Winston Lawrence implements the Health Literacy Initiative at the Literacy Assistance Center in New York City. He provides professional development around health literacy and helps to broker partnerships between medical facilities and literacy programs. He has taught at the University of Guyana and in adult education programs in the United States.*

# I Got Sick from my Job

*Anonymous*

I work in room service in a hotel. One day, my friend was cleaning trays with a cleaning solution. The smell was strong. It hurt my nose. I felt the fumes in my throat. That was eight years ago, and ever since then I have had allergies. I never had allergies before.

I am embarrassed because I have to blow my nose every few seconds. I cannot breathe through my nose. My eyes get wet and red like I am crying. I get a headache and back pain.

Now, whether I'm at work or at home, there are so many things that make my allergies worse. I chop onion and garlic. I use vinegar and many spices. The smells are too strong for me. I use flour, and it makes me sneeze. Laundry detergent, gel, lotions, and all kinds of



products make me sneeze and give me watery eyes.



The doctors have not helped me. My doctor told me I would suffer from allergies my whole life. She told me to buy allergy medicine at the drug store. I tried many different medicines, but they never helped me. The allergy attacks kept coming. I have to bring tissues with me wherever I go. Then she gave me a spray to put in my nose. It was very strong. It burned.

In my childhood, I did not have good nutrition. Maybe poor nutrition gave me a weak immune system. I am trying to treat my allergies by making my immune system stronger. I am taking Echinacea and vitamins. Echinacea is an herb that helps make your immune system stronger. I am trying to eat a healthy diet to make me stronger.

*The author of this piece works in a major hotel.*

## Workers' Rights Quiz: True or False?

1	There is a government agency that is supposed to protect most workers from health and safety hazards.	True False
2	You have the right to a workplace that is free of known hazards.	True False
3	Your boss does not have to give you information about safety and health hazards on the job.	True False
4	You have the right to refuse dangerous work if you believe that you could be immediately hurt or killed <i>and</i> you asked your boss to eliminate the danger <i>and</i> there was no safer way to do the job.	True False
5	Your boss can punish you for using your health and safety rights.	True False

Print out a list of your rights and your employer's responsibilities at: <[www.cpcs.umb.edu/lep/documents/OSHARights.pdf](http://www.cpcs.umb.edu/lep/documents/OSHARights.pdf)>. Undocumented workers also have rights. See: <[www.cpcs.umb.edu/lep/UndocChart.pdf](http://www.cpcs.umb.edu/lep/UndocChart.pdf)>. Find a local health and safety organization at: <[www.coshnetwork.org/COSHGroupslist](http://www.coshnetwork.org/COSHGroupslist)>.

Answers: 1. True. 2. True. 3. True. 4. True. 5. False.

# More Workplace Hazards



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Write about the hazards these workers face. What health problems might they have? Are they different from the hazards you face? Turn the page to see how workers can respond.

Images by Matt Kristek reprinted with permission from the UMASS Labor Extension Program's Workers' Rights Curriculum. Find the full curriculum at [www.cpcs.umb.edu/lep](http://www.cpcs.umb.edu/lep).

# Workers Demand a Safer Workplace



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Write about what these workers are doing. What do you think their signs should say in the top picture? What do you think their buttons should say in the bottom picture? Write a petition that demands safer conditions at your workplace.

Images by Matt Kristek reprinted with permission from the UMASS Labor Extension Program's Workers' Rights Curriculum. Find the full curriculum at [www.cpcs.umb.edu/lep](http://www.cpcs.umb.edu/lep).

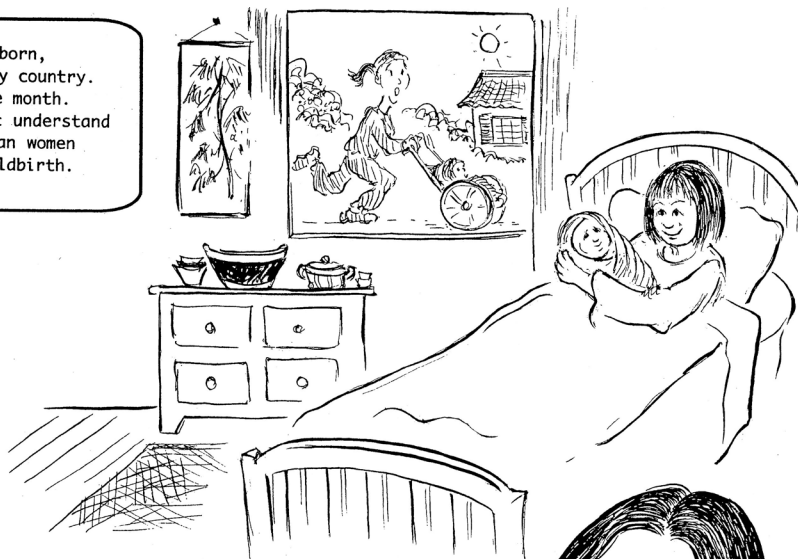


# Childbirth in Taiwan and in the U.S.

When my daughter was born, I followed the custom of my country. I stayed indoors for one month. My white neighbors could not understand what I was doing. American women exercise right after childbirth.



Yes, but it was not that easy to do here in the United States. I did not have my family here to take care of me. If I had been in Taiwan, my mother and mother-in-law would have cooked for me. They would have made sure I rested and ate hot food.



You practiced "Zuo Yue-Zi"? I remember when I was growing up in Taiwan, I heard women say that if you did not practice this custom after childbirth, you could get sick.



Those customs in Taiwan were important. They helped mothers and babies survive by protecting women from hard work on the farm. They made sure mothers had enough to eat.



Connie Huang is an ESL student at Literacy Source in Seattle, WA. This dialogue is based on a conversation she had with a friend. Illustration by Ann Cleaves.



# Living with Mental Illness

Anita Johnson

**BEFORE YOU READ:** Look at the component parts of the words “bipolar” and “schizophrenia” (below). Write a definition of bipolar disorder and schizophrenia. Look online for definitions of these disorders and compare them to what you wrote.

**BI:** two

**POLAR:** related to the north or south pole; diametrically opposite

**SCHIZO:** from the German verb “to split”

**PHRENIA:** from the Greek word for “mind”

I have bipolar disorder and schizophrenia. Sometimes people stare at me when I lose my temper or argue with the voices in my head. I have lost so many friends because they don't understand my condition or they don't want to understand. My own family doesn't really understand.

At work, sometimes people complain to the manager about me because I am not acting “normally.” I want people to understand that I need

their compassion, not their judgment. The voices in my head are real to me and they cause major problems for me. I can't drive because they argue with me in the middle of turning a corner. I take medications, but it only lessens the problem. It does not make the problem go away.

I try to eat right and exercise because the doctors say it will help the medicines work faster. It still doesn't take the bipolar or schizophrenia away. My husband is bipolar as well and we always snap at each other because it's hard to control our tempers. It causes friction in our marriage, but we love each other and know it's not our fault. We don't mean to say hurtful things to each other.

Living with a mental illness is not easy. We are human, and we have feelings too. We can't help the way we are. Anyone can have a mental illness and not know he has it, or it can come after many years of being “normal.” Just remember it can happen to anyone!

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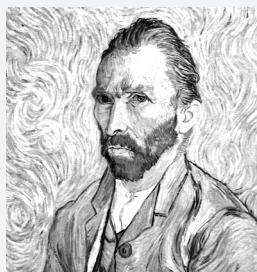
*Anita Johnson graduated from the GED program at Bristol Community College in Attleboro, MA.*

## Did You Know?



Mental disorders are common. An estimated 26.2 percent of Americans ages 18 and older — about one in four adults — suffer from a diagnosable mental disorder in a given year. About 6 percent, or 1 in 17 Americans, suffer from a serious mental illness.

Source: <[www.nimh.nih.gov](http://www.nimh.nih.gov)>



Studies show that artists and writers may have 2-3 times more incidences of mental disorders compared to people in less creative professions. Researchers believe that the painter Vincent Van Gogh (self-portrait on left) may have had bipolar disorder.

Source: <<http://news-service.stanford.edu>>

# Do the Mentally Ill Receive Proper Care in Prison?

Adam Forbes

The United States prison system is suffering from overcrowding, and a good number of those inmates suffer from mental health issues of one type or another.

I, myself, was a guest of MCI Shirley, a prison in Massachusetts, and I witnessed first-hand a number of people with mental illness struggling to survive in a place that did not offer proper treatment. A lot of inmates complained about how it took a month or two to get an appointment. The inmate in the cell next to mine hanged himself. Ironically, they called for him over the loudspeaker the next day to tell him that he had a mental health appointment. The correctional officer did not find the man until seven p.m. cell check. If that man had better care, maybe he would not have taken his own life.

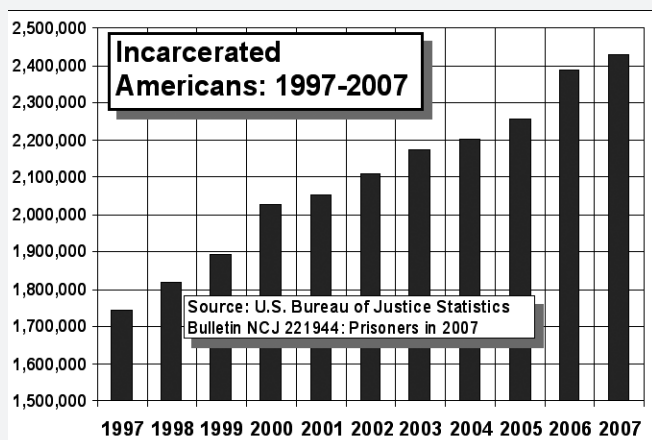
By placing these individuals in the prison system, the state of Massachusetts is only making

the mentally ill worse. We could begin to address the problem by at least putting the non-violent mentally ill offenders in a place that is equipped to deal with them instead of locked up behind barbed wire and concrete walls. The mentally ill offenders who are violent would need a higher security placement, but it should include adequate treatment. They might deserve their sentence but they don't deserve to be thrown into an already crowded prison that lacks the services they need.



Adam Forbes is a student at Bristol Community College in Massachusetts.

## Did You Know?



Source: <www.november.org>

Look at the chart on the left. Write three statements that you can make about the U.S. prison population based on this information.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

# Sexual Health

*Cynthia Peters*

## **Pre-reading:**

1. Before you begin, think about what some of the challenges might be to discussing sex and sexuality in the classroom. Brainstorm ways to deal with those challenges. Get agreement on ground rules.
2. Is sexuality part of health? What do you think?
3. Vocabulary: coercion, transmitted, sexuality, reproduction, wellbeing, dysfunction, infirmity

## **Reading:**

Read and discuss the World Health Organization's definition of sexual health.

## **Activities/Projects:**

1. Read "Top Ten Ingredients for Healthy Sexuality" on the next page. Add your own "ingredients" to the list. Which items are most important to you? Re-write the list in order of priority.
2. Which items on the list do you agree or disagree with? Why?
3. Which items do you have control over? Which ones does society control?
4. Find out how sex is good for your health. Not only does it burn calories, reduce stress, and boost your immune system, it even reduces your risk of prostate cancer. Learn more at <[www.cbs.com](http://www.cbs.com)> (search for top 10 reasons to have sex).
5. Look up the lyrics of "Sexual Healing" by Marvin Gaye. Listen to the song in class. What do you think about the idea of sexual healing?



*The Kiss is an 1889 marble sculpture by the French sculptor Auguste Rodin.*

## **The World Health Organization's Definition of Sexual Health**

Sexual health is a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

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*Cynthia Peters is the editor of The Change Agent.*

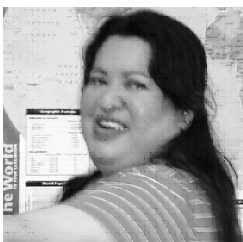
# Top Ten Ingredients for Healthy Sexuality

Match the images with the text. Discuss your decisions.

1. Being able to identify, understand, and reflect on your own feelings and desires.
2. Being able to communicate about your feelings.
3. Understanding sexually transmitted diseases (STDs) and how to prevent them.
4. Having access to good, affordable health care, birth control options, and STD prevention.
5. Finding relationships that are based on respect and that do not include violence or coercion.
6. Living in a society that does not discriminate based on sexuality and that promotes respect (not exploitation) between people.
7. Living in a society that does not use sexuality to sell products.
8. Living in a society that does not associate sexuality with shame but affirms people's right to pursue and experience pleasure responsibly.
9. Understanding and being able to make choices about reproduction.
10. Being able to talk to friends who can help you make good choices about your sex life.



# From our Class to Yours: Students Share Tips and Tricks for Health



## Walk, Dance, Move!

I walk to the park or walk on my treadmill for about twenty minutes two or three days a week. Furthermore, I go to the mall and I spend around thirty minutes or an hour walking. Sometimes, I dance. My husband bought me some videos of Samba to help keep me moving and to maintain my energy and get out the stress.

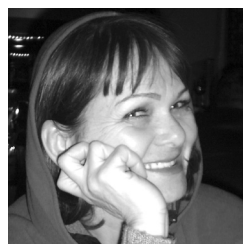
*Guadalupe Ticas is in an ABE class at Bristol Community College in Attleboro, MA.*



## Visit your Doctor

Make sure you have a primary doctor. It is very important to have a physical exam every year. You can ask the doctor any question that you have or discuss any problem that you have been dealing with.

*Ronald Mejia studies English at the Adult Learning Program in Jamaica Plain, MA.*



## Don't Smoke

Almost everyone knows that smoking causes cancer, emphysema, and heart disease and that it can shorten your life by ten years or more. How come people are still lighting up? The answer is: Once you start, it's hard to stop. Yes, it is hard. But health is the most precious treasure in the world, and there is no money to recover what the cigarettes destroyed. Think twice before starting.

*Maria da Conceicao Vieira Caldas is a student at SCALE in Somerville, MA.*



## Think Positive

I feel better when I think positive. I see the glass as half-full, not half empty. I think everyone has a problem or two, so it's better to try to relax and avoid getting stressed out. Being stressed leads to trouble sleeping and being angry. It weakens the body. To stay positive, I need my friends and family, music and tea, time for me every day, and a hobby. My husband taught me to think positive. When I first came here, he said, "Don't worry about your English or about getting a job. You can do it. It will all work out."

*Nunung Lewek is a student at the Hamilton-Fulton-Montgomery Board of Cooperative Educational Services in Johnstown, NY. Her goal is to study English and get a good job. She currently works at McDonalds.*

## **Drink Water**

I drink eight glasses of water every day. Water helps my body in many ways. It keeps my skin and organs hydrated. Water has no sugar, no fat, and no sodium.

*Helkin Navarro studies English at the Hamilton-Fulton-Montgomery Board of Cooperative Educational Services in Johnstown, NY.*



## **Relax**

To maintain good mental health, I occasionally listen to soft music. Reading books helps liberate me from stress. Writing in a journal helps take my mind off my problems. Playing dominoes with my friends is also a great way to relax because focusing on strategies to play a good game helps me to stop thinking of my troubles.

*Abel Reyes is a student at the Adult Learning Center in Methuen, MA.*



## **Cook at Home**

Preparing food at home gives you control over what you put in your body. For example, you can reduce the amount of oil you use. If you do cook with oil, you can make sure to use healthier oils like canola oil or olive oil. When you eat outside of your home, you don't know what kind of oil the restaurant uses. Too much oil in your food leads to high cholesterol and excess weight. Cook at home. It is cheaper and healthier.

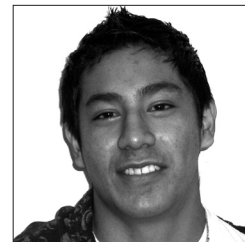
*Alexander Rivera grew up in the Dominican Republic. He works at an Italian restaurant at Hampton Beach and studies ESOL at the Adult Learning Center in Methuen, MA.*



## **Exercise**

Exercise helps the body to be in good condition. It helps the respiratory and cardiac system transport oxygen and nutrients to the cells. It also helps prevent diseases, heart attacks, and high cholesterol. Exercise builds muscles that make us stronger. Physical activity helps to harden the bones too.

*Christian Vallejo is a student at the Hamilton-Fulton-Montgomery Board of Cooperative Educational Services in Johnstown, NY.*



## **Don't Forget about Home Remedies**

Gargling with warm salt water is good for sore throats. I have tried it, and it works. The salt kills the bacteria that are making you sick. One of the oldest remedies of all, and all doctors recommend it, is sleep. Your immune system does not function very well if you have not gotten enough rest. I make sure everyone in my family gets plenty of sleep when they are sick.

*Dawn Mays is a student at the Mid-State Literacy Council in Philipsburg, PA.*



# The Problem with Insurance is: Will It Cover Everything We Need?

Christina Monasmith



My mother's health is in pretty bad shape. She has something called Vitamin D Resistant Rickets, which is really just a fancy name for saying that instead of absorbing vitamins and minerals, her body rejects them. She also has arthritis in both of her hips, a deteriorating tailbone,

no cartilage in either of her knees, weak muscles, joint stiffness and pain, fluid retention, two chipped vertebrae which caused a hole in her spine, double scoliosis, epilepsy, migraines, asthma, and a vitamin B12 deficiency.

Right now she takes 21 medications – over 30 pills a day. Some of the prescriptions would cost over \$150 if she didn't have insurance. She is trying to exercise and eat right, but with as much pain as she goes through each day, it's very hard for her to even get out of bed.

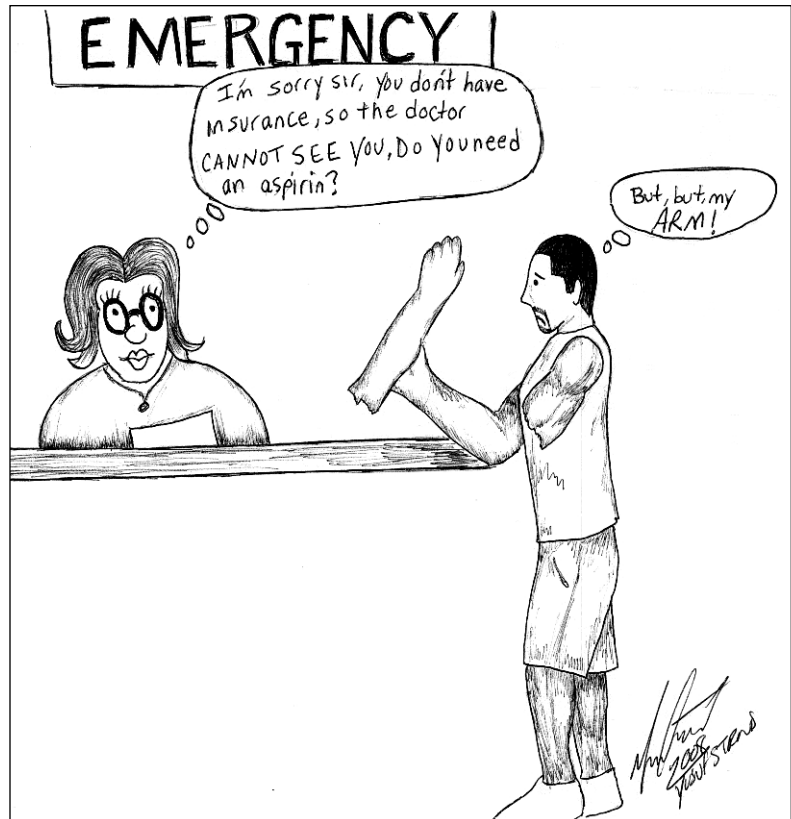
It's bad enough that my mother has to have all these scary problems. But the scariest part of all is worrying about whether the insurance will cover her. It is especially frightening because within the next three to four years she will need a double hip replacement and possibly a knee replacement, and we all know that it's not cheap. For low-income families such as mine, it's always a question whether or not you'll wake up the next morning still having health

insurance. In my mother's case, it's a life or death situation. She needs all of her medications or she will die.

Having health insurance is a necessity. We have a new president in office. I wonder if he will make changes in our health care system, or if it'll get left in the dark like usual?

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*Christina Monasmith is a 22-year-old student at the ABE Program at Bristol Community College in Attleboro, MA. She lives with her son, Orion, and her mom, and in the fall, she will be starting school to become an EMT.*



Cartoon and dialogue by Yusuf Stroud, adult learner from Atlanta, GA.



# The Problem with Health Care is: Most of Us Can't Afford it!

Michael Donthnier



I think the most challenging aspect of health care is that most of us can't afford it. You can't afford to get sick or go to the hospital. What about eye care, or going to the dentist? You just can not do it. If you have a low-income job, you probably don't have health insurance,

and you definitely don't earn a living wage. You're probably struggling to pay the rent and put food on the table. Right now, the best jobs where I live are in the factories, but they only pay \$9 per hour. It now takes two jobs to make ends meet.

We should have free health care centers in our communities so people can see a doctor or a dentist when they need to. The provider could bill the State, and the State could set up a fund for this purpose. Each county could set up their very own, all-in-one type clinic just for this purpose. Just

think if you could walk in to one of these clinics, and be able to get whatever type of medical service you need!

Just think of how much better life could be for some of us, if not all of us, in today's workforce. Even employers would benefit because they would have healthier employees. Is it too much to ask for the State to make a commitment to the poor that are in dire need for these services? After all, are we not the backbone of this country when it comes to the labor force? We need to stay healthy.



Can you imagine another interaction? Write your own dialogue above.

Michael Donthnier, age 50, was going to be hired at the Plastipak factory in Jackson Center, OH, but they rejected his application when they noticed he doesn't have a high school diploma. He is now doing temporary work while he studies to get his GED at Auglaize Mercer Adult Basic Literacy Education in Celina, OH. Read another student's opinion about health insurance: "Dreading the Cost of Getting Hurt" by Amber Demeray at <[www.nelrc.org/change-agent/extras](http://www.nelrc.org/change-agent/extras)>.

# Four Basic Models of Health Care

T. R. Reid

There are about 200 countries on our planet. Each country has its own arrangements for meeting the three basic goals of a health care system: keeping people healthy, treating the sick, and protecting families from financial ruin due to medical bills.

But we don't have to study 200 different systems to get a picture of how other countries manage health care. Health care systems tend to follow general patterns. There are four basic systems:

## The Beveridge Model

This model is named after William Beveridge, the daring social reformer who designed Britain's National Health Service. In this system, health care is provided and financed by the government through

tax payments, just like the police force or the public library.

Many, but not all, hospitals and clinics are owned by the government; some doctors are government employees, but there are also private doctors who collect their fees from the govern-

ment. In Britain, you never get a doctor bill. These systems tend to have low costs per capita, because the government, as the sole payer, controls what doctors can do and what they can charge.

Countries using some version of the Beveridge plan include Great Britain, Spain, most of Scandinavia, New Zealand, and Cuba.

## The Bismarck Model

The Prussian Chancellor Otto von Bismarck invented the welfare state as part of the unification of Germany in the 19th century. This model is named after him. Despite its European heritage,

this system of providing health care would look fairly familiar to Americans. It uses an insurance system — the insurers are called "sickness funds" — usually financed jointly by employers and employees through payroll deduction.

Unlike the U.S. insurance industry, though, Bismarck-type health insurance plans have to cover everybody, and they don't make a profit. Tight regulation gives government much of the cost-control clout that the single-payer Beveridge Model provides. This model is found in Germany, of course, and France, Belgium, Japan, Switzerland, and, to a degree, in Latin America.

## The National Health Insurance Model

This system has elements of both Beveridge and Bismarck. It uses private-sector providers, but payment comes from a *single* government-run insurance program that every citizen pays into. Since there's no need for marketing, no financial motive to deny claims and no profit, these universal insurance programs tend to be cheaper and much simpler administratively than American-style for-profit insurance.

The single payer has considerable market power to negotiate for lower prices; Canada's system, for example, has negotiated such low prices from pharmaceutical companies that Americans have started buying pills north of the border. National Health Insurance plans also control costs by limiting the medical services they will pay for, or by making patients wait to be treated.

The classic NHI system is found in Canada, but some newly industrialized countries — Taiwan and South Korea, for example — have also adopted the NHI model.

## The Out-of-Pocket Model

Only the developed, industrialized countries — perhaps 40 of the world's 200 countries — have established health care systems. Most of the nations

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**These four models should be easy for Americans to understand because we have elements of all of them in our fragmented national health care system.**

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on the planet are too poor and too disorganized to provide any kind of mass medical care. The basic rule in such countries is that the rich get medical care, and the poor don't.

In rural regions of Africa, India, China, and South America, hundreds of millions of people go their whole lives without ever seeing a doctor, though they may have access to a village healer.

In the poor world, patients can sometimes find enough money to pay a doctor's bill; otherwise, they pay in potatoes or goat's milk or child care or whatever else they may have to give. If they have nothing, they don't get medical care.

### And in the United States?

These four models should be easy for Americans to understand because we have elements of all of them in our fragmented national health care system. When it comes to treating veterans, we're Britain or Cuba. For Americans over the age of 65

on Medicare, we're Canada. For working Americans who get insurance on the job, we're Germany.

For the 15 percent of the population who have no health insurance, the United States is Cambodia or Burkina Faso or rural India, with access to a doctor available if you can pay the bill out-of-pocket at the time of treatment or if you're sick enough to be admitted to the emergency ward at the public hospital.

The United States is unlike every other country because it maintains so many separate systems for separate classes of people. All the other countries have settled on one model for everybody. This is much simpler than the U.S. system; it's fairer and cheaper, too.

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*This is excerpted and adapted from T.R. Reid's upcoming book on international health care, titled "We're Number 37!," referring to the U.S.'s ranking in the World Health Organization 2000 World Health Report. The book is scheduled to be published by Penguin Press in early 2009.*



*"It's our revised retiree medical plan. A selection of tasteful cards."*

# The National Health Care System

David Patrick McDonnell

I had the chance to experience the National Health Care Service while vacationing in Europe back in 1991. For many years I got bad stomach aches in my teens and twenties. I was doubled over in agony but the doctors could never tell me what was causing them. Many times my father had to drive me to the hospital during the early hours of the morning. If I was given a shot of Demerol and fell asleep for awhile, the pain subsided and I would feel much better. These aches caused me to miss time from school, work, and band practice.

While on vacation in Ireland, I traveled to County Cork where my dad was born. On the first day there I did a lot of walking, and by late afternoon I could feel an ache coming on. It worsened as the evening progressed, and I spent the whole night doubled over in pain.

The next day I took a taxi to the hospital. I had to fill out some forms and explain that I was an American tourist. I also had to get blood work done. Then the surgeon pressed down on the lower right side of my abdomen and I nearly went through the roof! He told me my appendix would have to be removed. This was the cause of all my

aches. Once it was removed, I never got stomach aches as intense as that again.

After I returned home, I was billed in Irish pounds, the equivalent of \$600.

I was told that an appendectomy in the United States would have cost \$4000!

If you get sick in Europe, you do not have to worry about the cost of health care because the government covers you. Health care is funded by tax revenue and regulated by the legislature. The United States is the only wealthy, industrialized nation that does not provide universal health care for all citizens. We can land a man on the moon and spend billions of dollars for a war, but if you get sick and do not have proper health coverage you can go broke overnight. I am proud to be an American and love America but we need to get our priorities straight.

Health insurance costs are rising faster than wages or inflation. In 2001, half of all people filing for bankruptcy in the United States did so due to medical expenses. The European system is not perfect. Sometimes patients must wait for a period of six months or more for surgeries. However, no one is left without coverage as is so common in the United States.



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**We can land a man on the moon and spend billions of dollars for a war, but if you get sick and do not have proper health coverage you can go broke overnight.**

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## Take it Further

**Write about** an experience you had with health insurance in this country or another one. Compare your story with others in the your class.

**Distinguish between fact and opinion.** Circle three facts and underline three opinions in McDonnell's essay. Compare your choices with others in the class.

**Write a letter to the author.** Tell him which parts of his article you agree with or disagree with. Explain.

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*David Patrick McDonnell is a student at Bristol Community College in Attleboro, MA.*

# What Is Single Payer Health Care?

## Mass Care

Single Payer Health Care Systems cover everyone under a single, publicly financed insurance plan that provides comprehensive health care. Almost all developed nations have some form of universal, publicly financed health care.

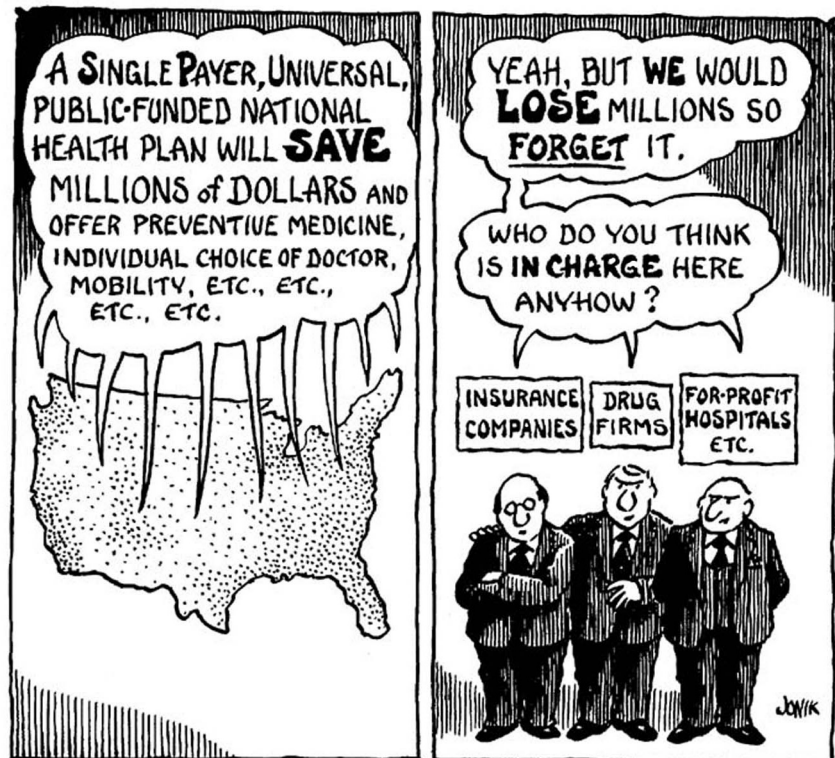
### The Current U.S. Health Care System:

- *Costs a lot!* The United States spends more per person than any other country on health care.
- *Hurts families, businesses, and government budgets!* These enormous costs are paid disproportionately by low-income people and small businesses.
- *Is not good for our health!* Under this system we actually live shorter lives, and receive much less of the care we need.
- *Discriminates!* Health care disparities along lines of race, ethnicity, class, gender, and age are unmatched in the developed world.
- *Reduces provider overhead!* When hospitals and physicians send all their bills to one payer (the public insurance plan), they don't need a billing department to juggle different forms for hundreds of insurance companies. Doctors waste less time on paperwork and devote more time to actual care.
- *Lowers costs:* When there is only one payer for basic medical services and goods, that payer can bargain the best possible prices. This drives down the cost of prescription drugs.

Mass Care acts as the grassroots organizing umbrella for more than 100 groups in Massachusetts, representing over 500,000 residents in the state fighting to make health care a right. Find out more about them at <[www.masscare.org](http://www.masscare.org)>. Read student perspectives on health insurance elsewhere in the magazine and on our website <[www.nelrc.org/changeagent/extras](http://www.nelrc.org/changeagent/extras)>.

### A Single Payer Plan:

- *Gives everyone access to preventive care!* This means you don't get sick as often.
- *Allows you to get care when you need it*—instead of waiting until you can afford it! (It is better for you and less expensive, too, to treat your illness or injury before it becomes serious.)
- *Reduces insurance overhead!* Private insurance companies spend 10-30% of every health care dollar on overhead: public insurance spends less than 5%.



# What do Voters Think about Single-payer Health Insurance?

The following question appeared on the ballot in ten districts in Massachusetts in November 2008: *Should the representative from this district be instructed to support legislation creating a cost-effective **single payer** health insurance system that is available to all residents, and oppose laws penalizing those who fail to obtain health insurance?* The chart below shows the total number of no and yes votes. Study the chart. Read the article on p. 29 and think about how would you vote. Round the numbers to the nearest thousand. Calculate the approximate ratios of no to yes votes. The first three are done for you.

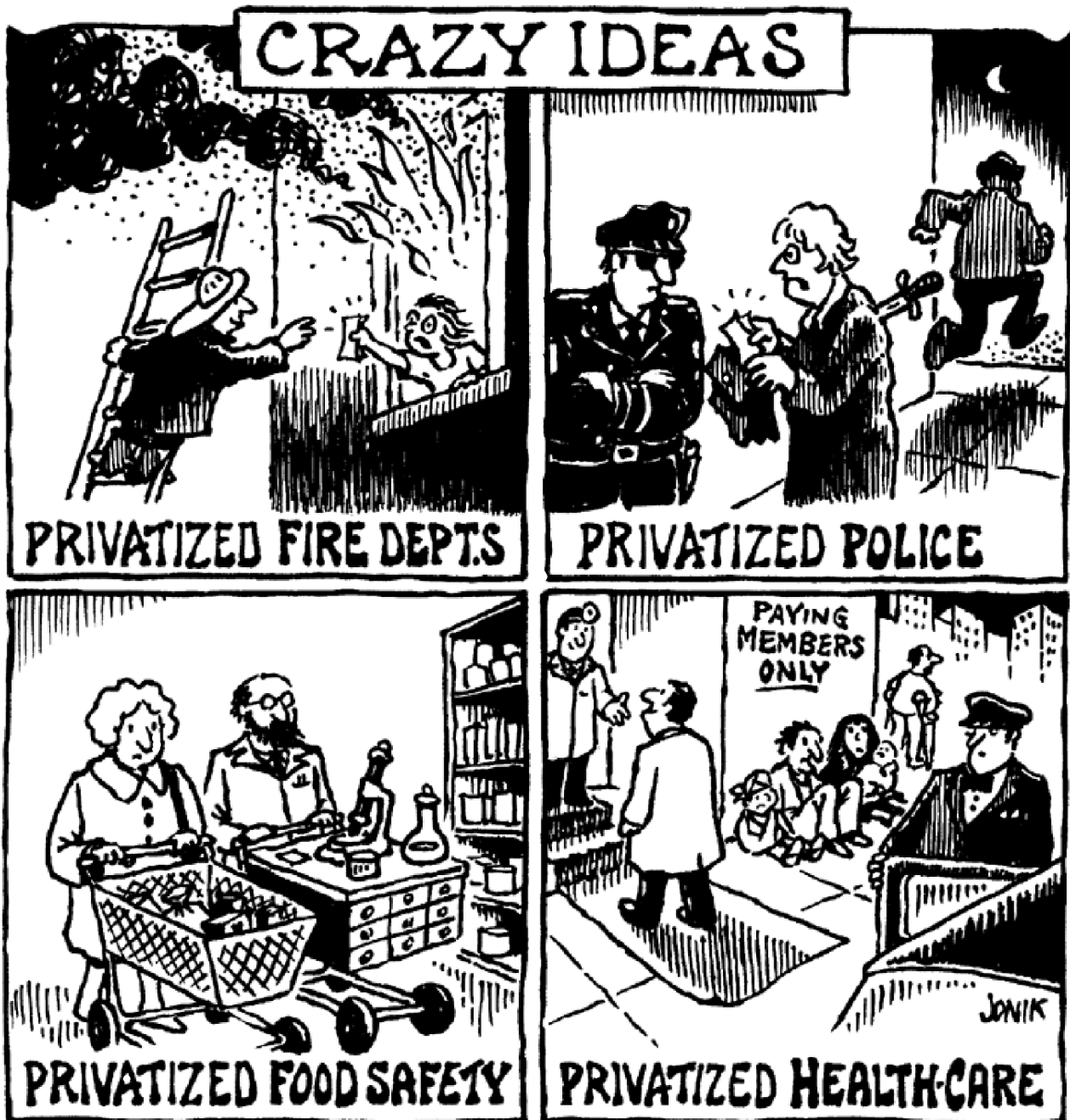
DISTRICT	NO	ROUNDED TO NEAREST 1000	YES	ROUNDED TO NEAREST 1000	APPROX. RATIO OF NO/YES
1ST BARNSTABLE	6252		13341		1 : 2
4TH BARNSTABLE	6897		17262		7 : 17
BARNSTABLE, ET AL.	5702		15816		3 : 8
2ND FRANKLIN	4162		12471		
1ST HAMPSHIRE	4085		16395		
3RD HAMPSHIRE	2571		11437		
5TH MIDDLESEX	6263		11896		
12TH MIDDLESEX	4384		11556		
4TH PLYMOUTH	5312		15381		
10TH SUFFOLK	5221		10757		

## Did You Know?

**Congress is considering a law that would create single-payer health care.** The House of Representatives bill 676 would extend and improve Medicare so that all U.S. residents would receive high quality and affordable health care. There would be no restrictions on what providers they could visit. If passed, the National Health Insurance Act would cover primary care, dental, mental health, prescription drugs, and long term care.

**Find out what your congressperson thinks.** Visit <[www.congress.org](http://www.congress.org)> to find out who your congressperson is. Then go to <[www.opencongress.org](http://www.opencongress.org)>. Is your congressperson an endorser?

**Write a letter** to your Representative and tell him or her how you feel about H.R. 676.



What is happening in each of the pictures above? Do you agree with the cartoonist that these are crazy ideas? Why or why not?

# Taekwondo Builds Mental and Physical Strength

Kerry Chemelowski

The reason why I take care of my physical and mental health is that those are the most important things in my life. Without my health, I would be in a lot of trouble. I would not be good for anything. For example, I would look flimsy and have a blank stare. That is why I exercise and take care of myself. I do all sorts of activities like boxing, fishing, basketball, swimming, jogging, ping pong, volleyball, running, jumping, and football. But my favorite sport is Taekwondo.

Taekwondo builds mental and physical strength. It puts you close to the ground, so it builds your core muscles. When I am training, I am strong. You have to train every part of your body if you want to be more prepared and stronger than your opponent. By practicing Taekwondo, I get to know myself and my limitations and others' limitations. That's how you become a great fighter. In Taekwondo, you focus on your breathing, and that is where your power and strength come from. I get my power from within, from breathing.

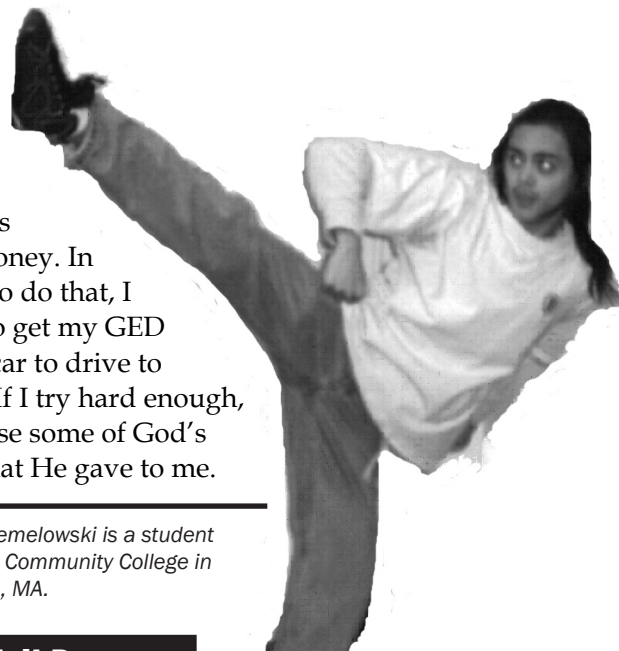
Not only is Taekwondo a great work-out, it also relieves stress and anger. It is a form of meditation. Taekwondo helps with self discipline and control. I was one bad kid before, but now that I do Taekwondo, I don't do bad things any more. I think that's because I have more self discipline.

The reason why I worry about my health so much is that my family has a history of getting cancer. I hope that by taking care of my health, I'm preventing myself from getting cancer. Also, I like to be fit. It is an advantage in life. Your body does not work well if you have lots of weight on it. Your heart beats faster because it has to work harder to pump your blood.

I am losing my health insurance, so I need to train and stay healthy. I hope to get a job with

more benefits and money. In order to do that, I need to get my GED and a car to drive to work. If I try hard enough, I can use some of God's gifts that He gave to me.

*Kerry Chemelowski is a student at Bristol Community College in Attleboro, MA.*



## Break it Down

**Make some notes** in the chart below about how Kerry describes himself before and after starting Taekwondo.

BEFORE	AFTER



# Children Need Healthy Lunches

*Kathleen Rogers*

Our children are being shortchanged in the lunch line at school!

Up to half of the food a child eats in a day is consumed at school lunch. Some children also eat breakfast at school. But these meals are often not balanced and can contribute to poor eating habits and poor health. Many schools don't offer fresh fruits and vegetables, and almost a third of schools only offer the minimum recommended servings.

There are many reasons why schools don't provide nutritious lunches. One reason is that our government subsidizes meat and milk production. Meat and milk make fatty products like burgers, chicken nuggets, and pizza. These are the foods that schools feed to our children. Schools also buy inexpensive foods that require little preparation. The result? Children wait in long lines to be served food that is not even healthy!

Minorities and low-income children are disproportionately affected by this growing problem. Many of these children develop health problems such as obesity, high cholesterol, heart disease, diabetes, and weak immune systems.

What can we do to improve the food our children consume at school? We can petition our elected officials to feed all children and feed them well. Congress should ensure that school lunches meet health standards set out by the Department of Agriculture and Physicians' Committee for Responsible Medicine.

The Child Nutrition and Women, Infants, and Children Reauthorization Act is set to expire in September 2009, which gives us a wonderful opportunity to address this serious issue. You can take action by contacting the U.S. Department of Agriculture and demanding increased funding and health guidelines for school lunches. For more information, visit <[www.earthday.net/policy](http://www.earthday.net/policy)>.



## Activities and Discussion

**What do you** remember about your school lunches? What do you think of your children's school lunches?

**Read the** highlights of the Child Nutrition and WIC Reauthorization Act of 2004, which you can find at <[www.nelrc.org/changeagent/extras](http://www.nelrc.org/changeagent/extras)>.

**Contact** your representative in congress and let him/her know how you feel about this bill.

**Print out** the survey from <[www.angrymoms.com](http://www.angrymoms.com)> and use it to find out how people in your community feel about school lunches.

**Compare** this article to the one on p. 32. What type of action does Kerry Chemelowski take to improve his health? What type of action does this article ask you to take?

*Kathleen Rogers is the President of the Earth Day Network.*

# Who Will Take Care of the Soldiers?

*Gabriel Payan*

I was in the military for 10 years, and I served in Iraq from 2004 to 2005. When I came back, I experienced a lot of anger and anxiety. I had suicidal thoughts. I had a hard time leaving the house. It was a big challenge for me to function in a normal way.

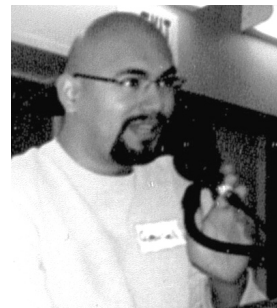
I went to the clinic. The physician's assistant listened to me for about 10 minutes and then told me I had chronic indigestion. He told me to take an antacid.

The military uses us until we are too broken to use and then they discard us.

I now find comfort in speaking to other young people about my experiences. To this day, I continue to fight for the right to decent care.



*Gabriel Payan in Iraq.*



*Gabriel Payan speaking out about his experiences.*



*Gabriel Payan (middle) marching with Iraq Veterans Against the War at a peace demonstration in Boston.*

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*Gabriel Payan, originally from California, is a first generation Mexican American. He is a member of the Iraq Veterans against the War <[www.ivaw.org](http://www.ivaw.org)>.*

## Did You Know?

- **About 44,000 U.S. troops** have been wounded in Iraq and Afghanistan. Many injured veterans wait months to get help.
- **Nearly 20 percent of military service members** who have returned from Iraq and Afghanistan—300,000 in all—report symptoms of post traumatic stress disorder (PTSD) or major depression. Only about half of them have sought treatment. Of those, only half received treatment that was “minimally adequate” for their illnesses.
- **Suicides among soldiers in 2008** rose for the fourth year in a row, reaching the highest level in nearly three decades.

**Sources:** <[www.msnbc.msn.com](http://www.msnbc.msn.com)>, <[www.sciencedaily.com](http://www.sciencedaily.com)>, <[www.icasualty.org](http://www.icasualty.org)>, <[www.nytimes.com](http://www.nytimes.com)>.

# Finding a Program that Can Help

*Rafael Risk*

For eight months, I have been attending a free program that teaches me how to practice yoga, meditation, and relaxation. This program supports people with disabilities or illnesses, like depression, anxiety, alcoholism, or drug abuse. The instructors teach us techniques to develop good habits. It is a good program. It has supported me and many others to live a better and healthy life.

In the Dominican Republic, where I was born, it is difficult to find programs like this. I appreciate that the U.S. government supports this kind of program and makes it available to everybody with nothing to pay. You might be able to find a program in your area.



Rafael Risk is a student at the Jamaica Plain Adult Learning Program.



## How can you find a program?

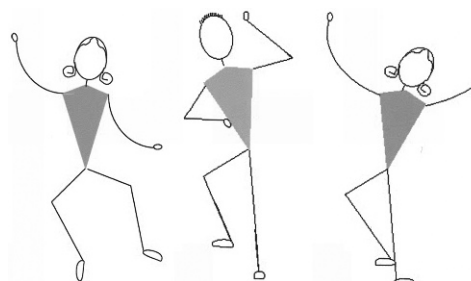
- Talk to friends.
- Talk to your doctor or ask at a local health clinic or hospital.
- Search on the internet for yoga, meditation, or relaxation classes.

## Find out how one teacher activates students' minds and bodies for learning:

- "The Advantages of 'ESOLcise' or How I Learned to Make Learning Active (Literally) in Every Class," by Hillary Gardner tells the story of how an ESOL teacher integrates exercise into every class. (Includes sample scripts for stretching, vocal warm-ups, grammar, and vocabulary options for the exercise circle!) Download it from <[www.nelrc.org/change-agent/extras](http://www.nelrc.org/change-agent/extras)>.

## Bring body work, meditation, and relaxation techniques into the classroom

- *Move the Body, Stretch the Mind: Open yourself to learning through breathwork, movement, and meditation* by Judy Murphy is designed for adult learners and teachers. Use it in the classroom or at work, alone or with others, to release tension, relax, be present and focused, and affirm yourself. Find out more at <[www.windsound-learning.ca](http://www.windsound-learning.ca)>.



# Constructive Anger can be Positive: Lessons from the AIDS Movement

David Harvey

## Pre-reading:

1. What does HIV/AIDS stand for?
2. Share what you know about HIV/AIDS.

*David Harvey founded the AIDS Alliance for Children, Youth, and Families and served as the executive director for 13 years. In 2007, he left his position there and became the President of Pro-Literacy, an international literacy organization. Cynthia Peters interviewed him in December 2008.*

*Why did you start the AIDS Alliance for Children, Youth and Families?*

Prior to our formation, women and children struggling with HIV/AIDS didn't have much of a voice. This disease was affecting their lives, but they had no way of being heard.

*Why couldn't you depend on the government and health care system to provide the care that children, youth and families needed?*

There is so much stigma and shame associated with HIV and AIDS because of the way people get it, which is often through unprotected sex and drug use. Because of that stigma, the federal government did not respond at all. In the early days of the disease, the government did nothing to educate people. It did not move quickly to find treatments or cures.

*Has that changed?*

Yes. Government inaction prompted a massive grassroots effort. That effort was started and led by the gay community. A key feature of this movement was that it empowered consumers to speak for themselves, to advocate for themselves, and to help shape the health care systems that served

them. It changed the doctor/patient relationship. It changed the power equation by having educated and empowered patients who were actively informed about the disease that was affecting them. They could work in partnership with doctors, who traditionally had called all the shots.



*How did people in the HIV/AIDS movement convince the government to pay attention? What actions did they take?*

There were a number of grassroots organizations, and they were active in all sorts of ways. For example, one group called ACT UP (AIDS Coalition to Unleash Power) had a massive demonstration at the Food and Drug Administration (FDA). ACT UP members felt that the FDA was moving too slowly to test and release drugs that people needed to stay alive. That demonstration, without a doubt, helped get drugs tested and released more quickly.

*How did all that organizing affect the Alliance for Children, Youth, and Families?*

We benefited from what the first wave of activists accomplished. They paved the way. Their work made it easier for us.

*What sorts of actions did your members participate in?*

Grassroots activists in our network called their legislators. They wrote letters and emails. They came to Washington, DC, and met with their congress-people about how HIV/AIDS was affecting them.

They educated their congresspeople. It was ordinary people working together that got the Ryan White Care Act passed.

*What is the Ryan White Care Act?*

This Act is the largest federally funded program for people living with HIV/AIDS. The Ryan White Care Act funds programs to improve availability of care for low-income, uninsured, and underinsured victims of AIDS and their families.

*Does the advocacy work you did around AIDS hold lessons for other health issues that people might be dealing with?*

AIDS is not the only health issue with a history of political organizing. The disability rights movement, led by disabled folks and parents of disabled children, has had a huge impact. The breast cancer movement, led by women affected by the disease, has also had a huge impact. These grassroots movements have fundamentally reshaped public policy. They have changed the way doctors deal

with patients. They have resulted in incredible progress.

*You left the HIV/AIDS field, and now you work in literacy. What lessons have you brought with you to the field of literacy?*

Constructive anger can be positive. Dynamic tension can bring change. It's a good thing to have healthy debate about what constitutes good public policy. We need more of that in the field of adult literacy. Since coming to the adult literacy field, I have been talking a lot about advocacy and activism. The response has been positive. It's an indication that folks are hungry for this. But things don't change overnight. It takes a while to build a community that's in a position to speak and be heard. I have to be a little patient.

But a lesson from the HIV field is: it's good to be a little impatient too.

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*David Harvey is the President of ProLiteracy. Cynthia Peters is the editor of The Change Agent.*



*Activists use this phrase, to bring attention to the AIDS crisis.*

1. In what sense do you think silence could equal death?
2. Name other health conditions that you know of that are made worse by silence. How?
3. Think of some words that are the opposite of silence. Make your own phrase (modeled on "Silence=Death") that includes an antonym to silence, the equals sign, and then another word.

**If I'm dying from anything, I'm dying from the fact that not enough rich, white, heterosexual men have gotten AIDS.**

*From a speech by Vito Russo at a protest at the Dept. of Health and Human Services, 1988.*

1. Why do you think AIDS activists demonstrated at the Dept. of Health and Human Services?
2. Vito Russo had AIDS when he gave this speech. But he says he is not dying from AIDS. What do you think he means by that?
3. Do you think it would have made a difference if more "rich, white, heterosexual men" had AIDS? Explain.

# Can't Afford to Take a Sick Day?

## Join the Club.

### Some not-so-fun facts and figures about paid sick leave

*Drum Major Institute; Adapted by Cynthia Peters*

- A. Rank of “stay home when you are sick” on the list of Centers for Disease Control (CDC) recommendations for preventing the flu: **2**
- B. Proportion of employees without paid sick leave who worry that taking time off when they are sick would jeopardize their job: **1 in 3**
- C. Percentage of employees without paid sick leave who say they cannot afford to take unpaid time off work when they become ill: **58**
- D. Number of countries that require employers to provide a week or more of paid sick leave annually: **136**
- E. Number of days of paid sick leave guaranteed by the United States: **0**
- F. Number of private sector employees in the U.S. without a single paid sick day at work: **46 million**
- G. Percentage of Americans who agree that employers should be required to provide paid sick days, according to a 2007 poll: **80**
- H. Average lost productivity to businesses per employee per year when employees show up to work despite suffering from a respiratory infection: **\$133.84**
- I. Maximum number of hours the flu virus remains alive on an inanimate surface like a door knob, office desk or telephone: **8**
- J. Percentage of food and accommodation workers who don't have paid sick leave: **86**
- K. Percentage of N.Y. City restaurant workers who say they had gone to work sick: **52**
- L. Number of well-baby check-ups the American Academy of Pediatrics recommends for healthy children during the first year of life: **7**
- M. Number of workers who do not have paid leave to care for sick children or bring them to the doctor: **86 million**
- N. Odds that a woman living in poverty loses pay when she stays home from work to care for a sick child: **3 in 4**

**Source:** Find the original piece and sources at <[www.nelrc.org/changeagent/extras](http://www.nelrc.org/changeagent/extras)>.



Illustration by Matt Kristek reprinted with permission from the UMASS Labor Extension Program's Workers' Rights Curriculum. Find the full curriculum at <[www.cpcs.umb.edu/lep](http://www.cpcs.umb.edu/lep)>.

### Take it Further

1. Look at A on the previous page. What do you think is the CDC's #1 recommendation? Check your answer on the CDC website. Make a list of 10 things you could do to prevent the flu. How does it compare to the CDC's list?
2. Look at D and E. Are you surprised? Look up the source. Do you trust the information? Can you find another source to back it up? Do you think a government should require employers to provide sick days? Why or why not?
3. Write about a time that you needed to take a sick day.
4. Look at C. If there are 100 million payroll employees in the United States, how many of them say they can't afford to take unpaid time off work when they become ill?
5. According to G, 80% of Americans think government should require employers to provide paid sick time. If there are about 200 million adults in America, how many is that? What actions could all those people take to convince the government of their beliefs?
6. Write a caption for the cartoon above. Draw a cartoon showing what happens next.

# This is What I Do To Stay Healthy

*Luzmila Quispe*

There are many ways to maintain good physical health, such as eating the right amount of calories your body needs per day, exercising regularly, not smoking or drinking alcohol, and getting your physical check-up regularly.

One way that I stay healthy is by eating small portions of food, eating more vegetables and fruits daily, and not eating late at night. I'd rather cook my own food, because it is healthier for me and my family too. Also, every morning I make fresh juice out of fruits and vegetables to make sure that my family gets the vitamins and nutrients that we need. I also drink a lot of water and milk to make sure that my body is hydrated.

Another way that I stay healthy is by going to the doctor regularly to get a physical check-up. At the doctor's office, I find out how my blood pressure is and other important information that indicates my health, such as my cholesterol level.

I really don't do anything special to exercise, but I'm always active. I walk everywhere, and I stay busy by doing lots of work around the house. I try to stay away from people who smoke because I know that second-hand smoke is bad for your lungs.



Finally, to stay healthy, a good night's sleep is also important. It's important to make sure that you get enough sleep to be rested for your daily activities.

I have been very lucky to stay healthy by sticking to these habits. I recommend them to my family and friends so that they can stay healthy too.

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*Luzmila Quispe is originally from Peru and has been living in Methuen, MA, with her family since 1996. She studies ESOL at the Methuen Adult Learning Center.*

## Did You Know?

**If you sleep less than seven hours** per night on average, you are three times more likely to develop cold symptoms than people who sleep an average of eight hours.

**If you have a hard time falling asleep** or you wake up in the middle of the night, your chances of getting a cold are five and a half times greater than someone who sleeps through the night.

**People who are sleep-deprived** make fewer antibodies, which is the substance your body needs to fight disease.

**Source:** Archives of Internal Medicine, January 12, 2009.



# Why I Decided to Use Acupuncture

*Paloma Alvarez*

I used to suffer from anxiety, depression, and migraines. My doctor gave me medicine to treat these problems, but I felt bad side effects. When I went home to the Dominican Republic, I decided to try acupuncture. Acupuncture is a technique used by the Chinese for thousands of years. The doctor inserts very thin needles into certain points in the body. This process helps balance the energy in the body so that the patient can be healthy.

When I arrived at the acupuncture clinic, they asked me to take off my shoes. I noticed that everything was white – the chair, the bed, the table, and the doctor’s clothes. I was afraid because I saw a small table with many needles of different sizes. I was worried that these needles would make me bleed and cause pain. But the needles did not hurt too much and I did not bleed.

I went to the acupuncture treatments twice a week for almost three months. I began to get positive results. The depression, anxiety, and migraines almost disappeared. My experience with acupuncture was very pleasant. I had no bad side effects.

Since I moved back to the United States, I have not been able to get acupuncture treatment. It is too expensive, and is mostly not covered by



health insurance. I believe health insurance companies should pay for acupuncture treatments. They work. And they do not cause side effects like some drugs can.

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*Paloma Alvarez is from the Dominican Republic. She is a single mom with two wonderful kids. In the Dominican Republic, she earned a degree in television journalism. She is studying English at the Adult Learning Program in Jamaica Plain, MA. Read another learner’s perspective on alternative medicine: “Homeopathy Eased My Father’s Pain” by Gladys Clymer can be found at <[www.nelrc.org/changeagent/extras](http://www.nelrc.org/changeagent/extras)>.*

## What Do You Think?

In the chart below, list some of the advantages and disadvantages of alternative medicine, like acupuncture.

ADVANTAGES	DISADVANTAGES

# Stay Healthy by Working Hard

*Hawo Mhando*

I remember when I was back home in Africa, in a refugee camp in Kenya. I used to work so hard. For example, I used to cook using firewood. I had to go to the forest to fetch firewood. I also walked a very long distance to fetch water because we did not have running water in our home. I carried the water and the firewood on my head. I walked home without using a car. I also chopped wood. That was hard work, but I got used to it because it was a daily job.

When I came to America, I was very happy because I did not have to travel by foot. I did not have to cook using firewood. And I did not have to fetch water from outside. I got everything in my house by pressing a button or turning on the tap. I really appreciated the American government because it saved me from a difficult situation. But after three months, I became very fat and I was unable to walk for a long distance.

Therefore, when I compare my health in Africa and my health in America, I prefer how I felt in Africa. In Africa, I was stronger than I am here. I plan to start doing some activities like I did in Africa very soon; for example, walking long distances and carrying heavy things on my head. My advice is: if you want to be healthy, make sure you work hard, drive less, and walk more.



*Hawo Mhando is studying English with Vermont Adult Learning in conjunction with the Community College of Vermont in Burlington. She lives in Winooski, VT, with her husband and two children.*

## *Step Out! Here's where it will take you...*



*Brisk walking burns about 150 calories in 30 minutes.*



*Exercise helps you sleep better.*



*Exercise stimulates brain chemicals, which may leave you feeling happier and more relaxed.*



*You'll look better and feel better when you exercise regularly.*

# Walk, Don't Drive

*Tang Vo*

In Vietnam, most people walked and rode bicycles to work or to go to the market. They were generally healthy, and they lived a long life. Only some families had a car, but most did not.

In the United States most people use cars, even if they want to go somewhere close to their home. For example, I have noticed that even if someone lives near a coffee shop, they drive to buy a cup of coffee.

I think that people in this country could be healthier if they made a decision to walk every day. Even walking just 30 minutes every day can have a positive and healthy effect on your life. It's especially good to take a walk after eating a meal. It's much healthier to take a walk than to lie

in bed or on the couch after eating! If people make it part of their everyday routine to take a walk, they will soon enjoy the health benefits.



*Tang Vo emigrated to the U.S. from Vietnam as a young woman looking for freedom after the fall of Saigon in 1975. She studies ESOL at the Adult Learning Center in Methuen, MA, and is the proud mother of two sons.*

*...Every little bit counts!*

*Walking makes your bones stronger and helps prevent osteoporosis.*



*Exercise helps your heart and lungs work more efficiently, which means you'll have more energy to do the things you enjoy.*



*Exercise delivers oxygen and nutrients to your body.*



*Build little bits of exercise into your day. Have fun!*



Source: <[www.mayoclinic.com](http://www.mayoclinic.com)>

# Child Obesity: How the Community Can Help

Jennifer Salmons

Child obesity rates are dangerously high in our country. Obesity puts children at risk for heart disease and diabetes. Children represent the future. As a community, we are responsible for them. They need us to do the right thing and provide them with programs that they need. Here are some ideas for how we could support them to lose weight and live healthier lifestyles:

## Fast Food Math

**Add up the calories and fat found in this meal. What percent of your daily allowance of calories and fat would you get? Do you think restaurants should provide this information? Would it affect what you buy for yourself and your children?**

FOOD	CALORIES	FAT
Hamburger	310	13
French fries (small)	230	11
Chocolate shake (small)	410	15
<b>TOTAL IN THIS MEAL</b>		
<b>TOTAL RECOMMENDED DAILY ALLOWANCE</b>	2000	65
<b>% OF DAILY ALLOWANCE IN THIS MEAL</b>		

**Source:** Nutrition information is based on items from a typical fast food restaurant. Visit <[www.foodfacts.info](http://www.foodfacts.info)> to look up nutrition information on other fast food menu items.

- We should make sure that schools give kids plenty of time to run around and play.
- Outside of school, our children should have access to free programs that help them get interested in fitness and a healthy lifestyle, such as swimming, sports, safe parks, and clean playgrounds. Sometimes people need a little encouragement to help them get motivated.
- Another thing the community could offer for free would be nutrition classes and seminars to teach healthy eating habits.
- Fast food restaurants should prominently display information about calories, fat, sodium, and vitamins in their food.
- School lunches should be low in fat and include fresh vegetables and fruits (see p. 33).
- We could organize more community walks for causes such as AIDS, elder care, and breast cancer to name a few. Whole families could participate together. People are more willing to do a physical activity if there is a cause behind it and if they are doing it with others.

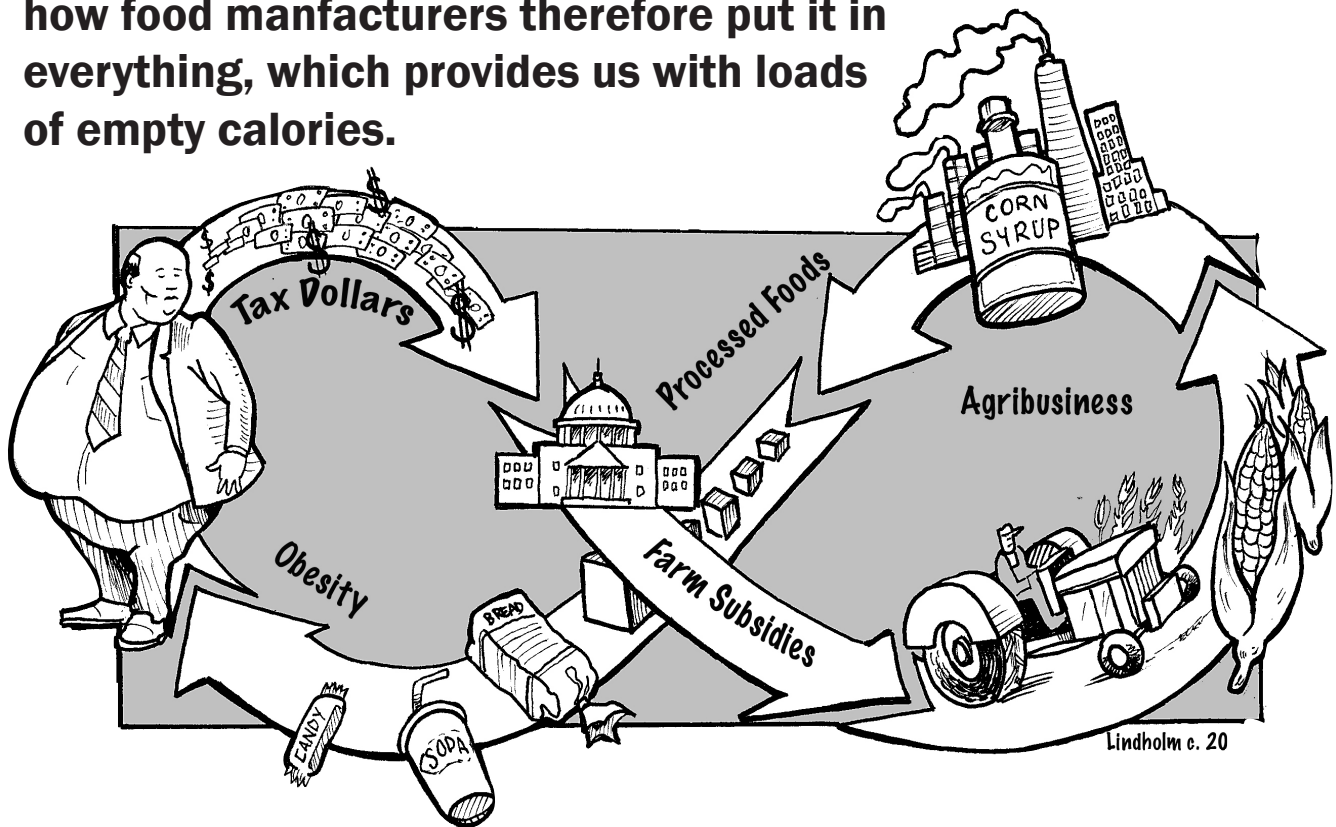
How would the community pay for all these free activities? One idea is to have fundraisers. People would work together to raise money and then decide how the money should be spent. Another idea is to hold more community meetings where people can come and bring new ideas about how to spend money that has been raised. At these meetings, people could also decide how tax revenue should be spent.

Our children's future depends on what we do today to help them lead a healthier lifestyle. Let us get together as a community and fix the problem of child obesity. It is our job to protect the future.

*Jennifer Salmons is a student at Bristol Community College.*

# My Tax Dollars Paid for That?

The quick and dirty story of how public money subsidizes corn syrup, which makes it cheaper, and how food manufacturers therefore put it in everything, which provides us with loads of empty calories.



John Q. Public pays taxes to the government. *Why?* Because he expects the government to spend the money to make society work well. The government gives a lot of that money (\$56 billion to be exact) to agribusiness. *Why?* In the 1930s, the government wanted to make sure there was enough food for everyone, so it paid farmers to grow corn. Today, we grow too much corn, but the corn subsidy continues. *Why?* Because agribusiness has a powerful, well-financed lobby that convinces Congress to keep up the funding. With all the corn available, food manufacturers try to figure out different uses for it. *Why?* Because it's so cheap!



One of their inventions is corn syrup, a sweetener that is high in calories and low in nutritional value. Now John Q.



Public has a lot of empty calories in his diet. *Why?*



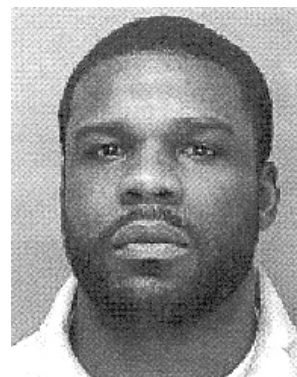
See if you can answer that by telling the story in your own words.

Source: *The Measure of America*, by Sarah Burd-Sharps, Kristen Lewis, and Eduardo Borges Martins, 2008.

# I Know I Will Get Through My Struggles

Oliver Davis

I try not to feel stress about the things that I have no control over. It is not easy being in prison. I have to comply with a lot of institutional rules and deal with lots of different personalities. Most of the day, I'm locked in a small cell with another



inmate. I can't see or talk to my family as much as I want to, and dealing with all this is very stressful. But I accept that I got myself in to this situation, and that puts less of a strain on me.

control, which leads them to do terrible things either to themselves or to others. I try not to stress at all about the upsets of my life. Keeping a healthy mind is very important, and the reward is great. If you can maintain a stable mind, you will overcome tough times and stressful situations. I go about it by keeping a positive mind frame, by focusing on school, and by acquiring knowledge.

I accept that I'm going through tough times. I'm staying as positive as possible and loving myself. By doing all this, I know I will get through my struggles.

**I accept that I'm going through tough times. I'm staying as positive as possible and loving myself.**

A lot of people find themselves in tough situations, and they really let it get to them. They lose

*Oliver Davis is in the GED class at SCI Greene in Pennsylvania.*

## Did You Know?

Oliver Davis's choice to focus on school as a way to survive tough times is a good one. Research shows that educated citizens, on average:

- have better health
- live longer
- participate more in society
- have stronger social bonds
- enjoy greater personal happiness

More education usually means a higher income. Look at the chart on the right. What does median mean? What level of education helps you make a living wage?

Education Level	Median Income
Not finished high school	18,435
High school graduate/GED	25,829
Associate's degree	31,566
Bachelor's degree	43,954
Graduate degree	57,585

**Source:** *The Measure of America*, by Sarah Burd-Sharps, Kristen Lewis, and Eduardo Borges Martins, 2008.

# The Power of Positive Thinking

Yulisa Depena

The foundation of good mental health is to keep positive thoughts in our minds. Life imitates our thinking. Positive thinking draws positive people and positive events closer to us. It is our job to choose whether we want to have a positive or negative attitude. Nobody else can do it for us.

The mind is a very powerful thing, and we have more control over it than we think. The mind is just like a car that we must carefully drive in the street. We must take care of our minds with our thoughts.

If I have a bad day at work, at the end of the day before going to sleep, I take notes in a journal

**The mind is a very powerful thing, and we have more control over it than we think.**

and I write how the day was. For example, I write answers to questions such as, what was the beginning of the problem, how I felt at that moment, how I feel now,

what I can do to resolve the situation, what I need to improve, or how I can help my co-workers.



After I write, my situation is clear compared to before, when it was gray. When I write about my goals and wishes, my mind changes color and my face smiles because I have changed a negative situation into a positive one. When I finish thinking about my goals, I forget the bad feelings.

Although the mind is very powerful, there are, of course, many times when our positive thinking cannot change the challenges we face. When children lose their lives during wartime, for example, they are victims of other people's negative thoughts and decisions. Also, if we have a family history of cancer or other diseases like diabetes or high blood pressure, positive thinking alone cannot cure the situation.

Still, having a positive attitude can help give us a better and a happier life. We should all take the time to think positively.

*Yulisa Depena is from the Dominican Republic. She works full time at the Colombo Yoplait Methuen Plant as a Processor. Her next goals are to become a U.S. citizen and to go to college.*

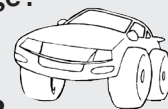
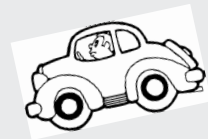
## Take This for a Drive!

1. What do you think of Yulisa's statement that the mind is like a car that we must "carefully drive"?

2. Try extending the analogy. What do you need to drive the "car" well? What does the car look like? What does the road look like? Are you alone in the car? Where did you get your driving lessons? Are there any driving habits you wish you could change? Draw a picture of your mind as a car.

3. Think of more analogies that help describe your mind.

4. Lastly, have you ever tried journal writing or writing about your goals?



# Smoking Killed My Grandfather, But I Managed to Quit

*William Morales*

One of my earliest memories is of running in what seemed like a giant living room. The room was full of chairs facing a long wooden box. Everyone was dressed in black. I didn't know what was going on. I just wanted to run and play. My mother was crying. The reason she was sad was because the living room was really a funeral home. Her father was in the long wooden box. He passed due to lung cancer from smoking cigarettes.

I was too young at the time to understand what cancer was, so I didn't pay attention to it. As I got older, I took up the habit of smoking myself. I didn't realize that if I kept it up, my mother would have been in that same room crying because it would be my turn to be in the wooden box.

Up until the past few years, practicing healthy habits was last on my list of things to do. Even though my first experience with death was my grandfather passing away from smoking, I still started smoking when I was about 15.

At first I used to steal my mother's cigarettes. I did that until I learned that if I handed \$10 to an adult and told them to buy me a pack of Newports and they could keep the change, nine out of ten would agree. When I first started, a pack of New-

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**As I got older, I took up the habit of smoking myself. I didn't realize that if I kept it up, my mother would have been in that same room crying because it would be my turn to be in the wooden box.**

---

ports would last me a few days. By the time I was old enough to buy cigarettes myself, I was smoking two packs a day.

The thought that my grandfather died from smoking was always in the back of my mind,

but it was going to take more than that to make me stop. One day, I noticed my fingers. They had a yellowish tint to them from holding the cigarettes. It was the tar from the smoke. I thought about how that tar was probably in my lungs also. Suddenly smoking seemed disgusting and useless. I was killing myself and wasting money. I wanted to stop right away.

Quitting smoking was not easy. I literally weaned myself off of cigarettes. I craved smoking the most in the morning and after meals. So I made a plan. I didn't light a cigarette as soon as I woke up for about a week. I just smoked after I ate and throughout the day. Then I only smoked after I ate. I was down to three cigarettes a day. I did that for about two weeks. One day, I waited until after dinner to light up. I was now smoking only one cigarette a day. Then I went a whole day without a cigarette, then a week, and then a month. Before I knew it, I didn't crave smoking at all.

Once I quit smoking, I started exercising. After about a month of doing light calisthenics, I noticed a change. Not only was my body stronger, but my mood was better. I seemed happier and I had more energy. I felt good! I have been exercising, watching what I eat, and practicing other healthy habits for two years. I have lost 30 pounds and I feel all around better about myself. I am also proud to say I have been cigarette-free for two years. I know my grandfather is smiling down at me because of who I am today.



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*After getting his GED, William Morales plans to learn how to be a barber. He is in the GED class at SCI Greene in Pennsylvania.*



# Moving from Depression to Joy and Confidence

*Loyda Navarro*

I thought I could be healthy by going to see my doctor regularly. But then I lost my job. I started to feel down. I did not have the energy to do my daily tasks. I started to lose focus and my worries escalated to a point that even simple things of life that make me feel joy, suddenly disappeared.

I went to see my doctor and I explained my situation. She told me that I was depressed. "Depression!" I thought to myself. "How could that be? I am a healthy person, hard working, and always on the go. And now I am mentally ill?" I felt scared and alone. There were times that I isolated myself and did not want to talk to anybody, not even my family. I lost interest in things. Going outside was a challenge. I remember there was a time that my sister had to come and get me out of the house. The worst thing was not knowing where to go for help. My depression got worse. I felt powerless.

A friend of mine told me about Project Hope and I enrolled in the GED class. This was a big step for me. I was scared. When I went to register for class, I thought I was going to have a panic attack, but the lady at the front desk greeted me with a smile. The other members of the staff welcomed me as if they had known me for a long time. They treated me as if I had something to offer to them.

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**I found out that I was not alone. Other people are suffering and dealing with the same thing. This process has not been easy. At the beginning, I felt ashamed of being depressed.**

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This made me feel good about the program.

I had an appointment with a counselor, and she discussed different ways of dealing with my depression. One idea was to take medica-

tion. Another was to see a therapist. I was skeptical about talking to a therapist because my culture thinks that people who get counseling are crazy. I visited the therapist anyway. I had to do what was best for my health. I am glad I did. My therapist told me that it was very important for me to tell my family so I could get their support.

I found out that I was not alone. Other people are suffering and dealing with the same thing. This process has not been easy. At the beginning, I felt ashamed of being depressed. Today it does not bother me at all.

The program at Project Hope focuses on education, but the staff pays attention to physical and emotional health as well. The classes have helped me to take care of my body, mind, and spirit. They showed me how to take action about my depression. I also learned about resources available for people with this illness and how to obtain them. I learned about incorporating nutritious food, exercise, walking, and doing inexpensive things that can keep me healthy both physically and mentally. I learned yoga, meditating, gardening, and taking time for myself to relax.

Project Hope has helped me to overcome many obstacles. With support, I have transformed my life. I feel more joy and confidence. I walk with a positive attitude toward life.




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*Loyda Navarro served on the editorial board of this issue of The Change Agent. She is still a proud student at Project Hope. She believes that to be healthy, we should remember the words of the teacher Elsa Gindler, who said, "Our well-being depends on the well-being of our neighbors and the world in which we live."*

# We Survived the Storm. Can We Survive the Mold?

Jennie Gorden

To be healthy, the people of New Orleans need clean water, clean air, and clean homes. Since Hurricane Katrina, we have had to deal with a lot of contaminants in our environment. One of the worst is mold. The mold built up in our homes after Katrina flooded our neighborhoods.

Hurricane Katrina is the disaster that keeps bringing more disaster. Even if we survived the storm, many of us are getting sick from the effects of the storm. Many homes were never gutted after the storm. The government did not show much interest in New Orleans. Mold still grows in the walls. Mold is bad for our young and old. It causes respiratory problems. I heard of a family that got sick because their home was full of mold.



The people of New Orleans are trying to clean and rebuild our neighborhoods. The students in my program, Literacy\*AmeriCorps, helped clear away weeds from a home in Lakeview. Weeds, like mold, have been a big problem in the flooded areas. We are also getting help from many outside organizations that have come to the city to help. But some homes have never been gutted or cleaned. The mold continues to grow.

*Jennie Gorden is a student at the St. Vincent de Paul Adult Learning Center in New Orleans. She survived Hurricane Katrina by walking to the interstate to get to dry land. Read more about her experience in The Change Agent, # 27, Sept. 2008, p. 15. For more on the health effects of Katrina, read "Katrina Fatigue" by Adrian McGrath at <[www.nelrc.org/changeagent/extras](http://www.nelrc.org/changeagent/extras)>.*

## Learn More About Indoor Air Pollution

**Draw a line between the pollutant (left column) and the reason it can be a problem.**

Cigarette smoke ]	[ Can cause sudden illness and death.
Carbon monoxide ]	[ Can cause children to develop anemia, stomach problems, and brain damage.
Mold ]	[ Triggers allergies and can weaken the immune system.
Household products such as detergents, paints, oven and drain cleaners, and pesticides. ]	[ Contain chemicals that can hurt you if you swallow, inhale, or absorb them.
Lead ]	[ Can cause respiratory problems and cancer.

**Discuss your experiences dealing with these pollutants. Join with others to make sure everyone has access to a home that is dry, pest-free, comfortable, and affordable. Visit the Alliance for Healthy Homes <[www.afhh.org](http://www.afhh.org)>.**

**Source:** <[www.nlm.nih.gov/medlineplus/indoorairpollution.html](http://www.nlm.nih.gov/medlineplus/indoorairpollution.html)>

# A Good Friend is Good for Your Health

Linda Hamilton-Korey

Most of us would agree that it is nice to have good relationships with friends and family. But did you know that good relationships can be good for your health? According to scientists, friendship boosts the immune system. Also, good friends support us to go to the doctor and to take care of ourselves.

Even if we don't have a specific medical concern, friends support our physical and mental health in other ways: They are with us when we are lonely, laugh with us when we are happy, listen to us when we need to talk, and comfort us when we are overwhelmed. In my life, my family and friends have nurtured me, protected me, and shaped me into a more whole and healthier person. Sometimes just being with friends gives us a feeling of well-being.

Of course, negative relationships affect people just as deeply, but in a destructive way. If I am in an abusive or controlling relationship, the hurt will become a tattoo on me that I will carry with me. If I spend a lot of time relating to people who are mean-spirited or who gossip or treat others unkindly, I can't be my own best self. When we are in relationships that are basically "sick" in nature, we can become physically and mentally ill ourselves.

During the last 25 years, research has shown that there is a connection between having friends and enjoying better health. There is "preliminary evidence" suggesting that people who suffer from

cardiovascular disease, cancer, and infectious disease, have a lower mortality rate if they have dependable friends and family. One researcher wrote, "Relationships are an essential part of health... Isolation and loneliness create responses in the body similar to those of stress. The body [functions better] when we are connected to other people."

Scientists will continue trying to measure the benefits of friendships. But for the rest of us, doesn't it seem like common sense that a strong social network, a loving family, and solid friendships make us healthier? We all benefit from having friends who will walk with us, encourage us to lose weight, remind us to go to the doctor, watch our kids while we get the test done, share healthy recipes, and let us vent. When we are sick, our friends support us. They might cook for us, clean for us, or just sit with us. They remind us that we are not alone. Having friends brings health and wholeness into our lives.

**Sources:** Uchino, *Social Support and Physical Health*, 2004, Yale University Press; Stibich, "The Impact of Relationships on Aging, Longevity, and Health," 2007.



Linda Hamilton-Korey teaches at the Adult Learning Program in Jamaica Plain, MA. She served on the editorial board of this issue.

## Activities

1. Discuss relationships that support you and make you feel good. Write about a friend who supports you or how you support a friend. Do you think friendships make you healthier?
2. Discuss relationships that are hurtful. What can people do to get out of them or change them?
3. Write about a friendship that has been important to you.

# Mammogram

*Lenore Balliro*

*The Tech:*

All day she flattens women's breasts,  
flesh squeezed between the flat black plates and fear.  
She lifts an arm here, tilts a chin, clicks the shutter  
like the man behind black folds who snapped  
the daguerreotype of her grandmother's face  
staring defiant, or maybe, she thinks, afraid.

*The Doctor:*

She fits two films together against the screen.  
Two halves form one breast, light leaks through them.  
She reads what she sees to herself.  
At night her dreams spill. Clouds of tissue fill her windows  
backlit by moonlight. Someone is pointing here and here  
to the denser masses, storms whorling in the night sky.  
Someone traces the small dots,  
bits of stars lost from their constellations, atypical,  
wandering into ducts, clogging the dark.

*The Patient:*

Waiting for the doctor's words, she remembers  
her mother's scars. Rivers, raised from their beds.  
Stems in search of flowers. Her daughter's  
nipples, no bigger than erasers.  
A reservoir of milk in her ducts.  
How the mouth fit to nipple at birth.  
Fingers seeking the familiar mound  
of comfort for sleep. Cheek resting  
against the body's pillows.  
The hospital gown is worn, thin as the ozone.  
She sits with hands in her lap,  
small animals frozen from the sudden  
flash of light, scent of danger.

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*Originally published in the Atlanta Review, 1998. Reprinted with the author's permission. Lenore Balliro is a poet and an adult educator.*

## How Can I Get a Mammogram?

**Mammograms are covered** by most private health insurance.

**If you have Medicare**, and you are over 40, you can get a mammogram each year. (For information about Medicare coverage, call 1-800-MEDICARE.)

**Even if you don't have private health insurance or Medicare**, you might still find low-cost or free mammograms in your community. Call the Cancer Information Service at 1-800-4-CANCER or the Centers for Disease Control and Prevention 1-800-CDC-INFO to find out more.

# Online Health and Health Literacy Resources

*Julie McKinney*

## Online Literacy

### How to Find Health Information that You Can Understand and Trust

[www.nelrc.org/changeagent/extras](http://www.nelrc.org/changeagent/extras)

Download this primer on how to use the internet to find information you can understand and trust. Includes activities, guidelines, and examples.

## Health Information in English

### HealthFinder

[www.healthfinder.gov](http://www.healthfinder.gov)

This site has a large collection of health topics written at a variety of reading levels. It also has online risk quizzes and information about finding doctors and insurance.

### KidsHealth

[www.kidshealth.org](http://www.kidshealth.org)

This colorful website has a variety of health information for kids, parents, and teenagers. Learn about basic anatomy, look up a specific illness, or play health information games.

### Medlineplus

[www.medlineplus.gov](http://www.medlineplus.gov)

Includes easy-to-read information and Interactive Tutorials with text, sound, and graphics.

### Healthy Roads Media

[www.healthyroadsmedia.org](http://www.healthyroadsmedia.org)

Learn about health issues by reading, listening, or watching a video or slide show. This site also has information in several different languages.

## Health Info. in Different Languages

### The 24 Languages Project

<http://library.med.utah.edu/24languages/>

### S\*P\*I\*R\*A\*L

[www.library.tufts.edu/hsl/spiral/](http://www.library.tufts.edu/hsl/spiral/)

### New South Wales Multicultural Health Communication Service

[www.mhcs.health.nsw.gov.au/mhcs/languages.html](http://www.mhcs.health.nsw.gov.au/mhcs/languages.html)

### Ethnomed

<http://ethnomed.org>

## Health Literacy Curricula

### The Florida Literacy Coalition's "Staying Healthy: An English Learner's Guide to Health Care and Healthy Living"

[www.floridaliteracy.org/literacy\\_resources\\_teacher\\_tutor\\_health\\_literacy.html](http://www.floridaliteracy.org/literacy_resources_teacher_tutor_health_literacy.html)

### World Education's Health and Literacy Special Collection

<http://healthliteracy.worlded.org/>

Includes lessons on a variety of skills and topics, such as caring for others, math and tobacco, picture stories on depression and stress, and more.

### Culture, Health, and Literacy, A Guide to Health Education Materials for Adults with Limited English Literacy Skills

<http://healthliteracy.worlded.org/docs/culture/>

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*Julie McKinney works for World Education, Inc. and the National Institute for Literacy. She writes curricula and develops resources to help teach people about health in simple, clear ways. She also helps adult literacy programs and health care agencies to work together to improve people's health, literacy, and communication skills.*

## SAVE THE DATE

November 16 - 17, 2009, the third national conference on Effective Transition in Adult Education, which will be held at the Crowne Plaza Hotel in Providence, RI.



The two-day conference will focus on strategies and promising practices that help adult learners succeed in postsecondary education and training.

Look for more information at <[www.collegetransition.org](http://www.collegetransition.org)>. Sponsored by the National College Transition Network at World Education, in partnership with the Nellie Mae Education Foundation.

## Through the Lens of Social Justice:

*Using The Change Agent in  
Adult Education*

Edited by Andy Nash

*Are you looking  
for ways to...*

- explore social justice themes,
- build skills, and
- address student goals?

Here's a resource that will help you bring popular education and social analysis into the contemporary adult education classroom.

For ESOL, ABE, and GED practitioners, this book provides specific strategies for using articles and lessons that help students connect to the issues, analyze the issues, and take action.

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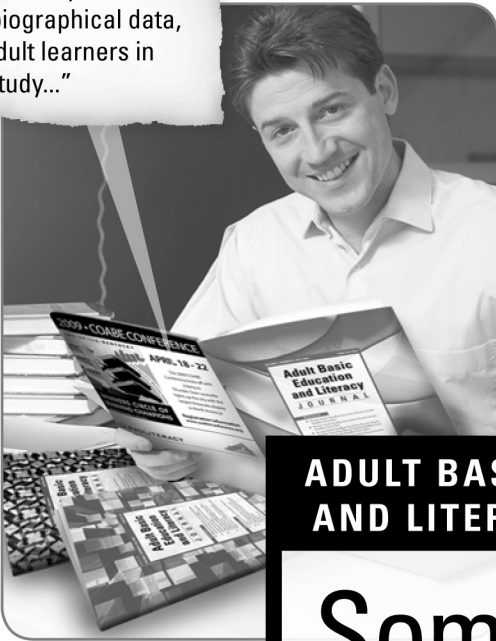
**To order your copy**, contact 617-482-9485 or [changeagent@worlded.org](mailto:changeagent@worlded.org) or <[www.nelrc.org/publications](http://www.nelrc.org/publications)>. 192 pages, \$18 (incl. shipping), published by NELRC/World Education.



"Based on my interviews and an analysis of the autobiographical data, the adult learners in this study..."

"When the student is done, ask which of these belong together. Draw lines between related words."

RESEARCH



PRACTICE

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TECHNOLOGY



"With the free Web site software, individuals or families can create comic strips using the characters and story ideas provided."



RESOURCES

"I laughed at some of Anna Frank's descriptions of the ABE class because they mirrored some of my own teaching experiences."

For More Information: [www.coabe.org](http://www.coabe.org)

## Change Agent CALL FOR ARTICLES

**THEME: THE ECONOMIC CRISIS** The next issue of *The Change Agent* will explore the roots of the economic crisis, look at the effects it is having on us and our communities, and imagine alternatives. We are interested in hearing from teachers, learners, and allies who would like to share experiences, stories, lessons, and reflections on the current economy. You may use the following questions as writing prompts, but don't feel limited by them. Pick just one or two questions and share your personal perspective.

### SAMPLE QUESTIONS TO CONSIDER:

- What do you think caused the crisis?
- Have you personally experienced the effects of the crisis? If so, how?
- What should individuals do in response to the crisis?
- What should the government do?
- What should small businesses and corporations do?
- Does your life feel very different now from how it was before the crisis? Explain.
- Has the media (TV, newspapers, radio) helped you understand what is going on? If you could influence media content, what would you push for (related to the economic crisis)?
- Describe your vision for how the economy should work and what needs it should meet.

**DEADLINE FOR SUBMISSIONS:** May 4, 2009. Please consider submitting illustrations, cartoons, and graphics on this theme too! The complete "call for articles" is on our website. See <[www.nelrc.org/changeagent](http://www.nelrc.org/changeagent)> for more information.



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