

EL SALVADOR: HEALTH CARE UNDER SIEGE

Violations of Medical Neutrality
During the Civil Conflict



A Report by Physicians for Human Rights
February 1990

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PHYSICIANS FOR HUMAN RIGHTS

Physicians for Human Rights (PHR) is a national organization of health professionals whose goal is to bring the skills of the medical profession to the protection of human rights. PHR works to prevent the participation of doctors in torture, to defend imprisoned health professionals, to stop physical and psychological abuse of citizens by governments and to provide medical and humanitarian aid to victims of repression.

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Cover photo: Health care workers during the November conflict, 1989, (Reuters)

Title page photo: Squatter settlement on the outskirts of San Salvador, June, 1989,

CONTENTS

PREFACE	ii
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PART I: BACKGROUND

INTRODUCTION	1
CONDUCT OF THE MISSIONS	4
PROBLEMS OF EVALUATION AND VERIFICATION	5
HISTORY OF EL SALVADOR	7
Political and Economic Conditions	7
The War	9
Overview of the Health Care System	12
Malnutrition and Other Health Indicators	14

PART II: A PATTERN OF ABUSE

POPULATIONS AT RISK	17
The Displaced	17
Refugees	19
LIMITING ACCESS TO HEALTH CARE: THE EFFECTS OF POLARIZATION	22
CRIPDES Workers and Patients Harassed	23
FMLN Assassination Campaign	26
Five Types of Medical Workers	26
OBSTRUCTION OF MEDICAL SERVICES	28
Effects of the Safe-Conduct Pass System	30
Obstruction of Vaccination Campaigns and Other Health Services	31
Deportation	35
REFUSAL OF GOVERNMENT SERVICES	37
ASSAULTS ON MEDICAL FACILITIES, PERSONNEL AND PATIENTS	38
Torture	38
Military Torture and Assassination of FMLN Medical Personnel and Patients	41
FMLN Attacks on Military Medics and Medical Transports	42
Problems of Identification	43

EVACUATION OF WOUNDED COMBATANTS	44
INDISCRIMINATE USE OF LAND MINES	45
INCURSIONS INTO HEALTH CARE FACILITIES	46
Attack on Calle Real Refugee Camp Infirmary	46
Patrolling Hospitals and Interrogating Patients	47
Execution of a Patient	49
HEALTH SERVICES AFFECTED BY FMLN ATTACKS	49
MEDICAL EDUCATION	50

PART III: THE NOVEMBER OFFENSIVE

AN OVERVIEW	53
RESCUE EFFORTS AMID THE OBSTRUCTION OF MEDICAL CARE	55
CHURCH HEALTH CARE WORKERS AND PATIENTS ARRESTED	57
RAIDS AND SEARCHES OF CHURCHES AND HUMANITARIAN ORGANIZATIONS	60
ARRESTS AND EXPULSION OF FOREIGN HEALTH CARE PROVIDERS	62
ATTACKS ON PUBLIC HOSPITALS	65
CONDITIONS IN THE HOSPITALS	67
EVACUATION AND TREATMENT OF WOUNDED COMBATANTS	69

PART IV: CONCLUSIONS AND RECOMMENDATIONS

SUMMARY OF FINDINGS	71
RECOMMENDATIONS RELATING TO RESPECT FOR MEDICAL NEUTRALITY	73

PREFACE

Physicians for Human Rights (PHR) is interested in the particular problems facing health workers in times of war. We are especially concerned that extra precautions be taken to protect the neutrality of medical personnel, hospitals and clinics during such times.

The Geneva Conventions of 1949 and the Additional Protocols of 1977 describe the rights of all wounded and sick to medical care during times of conflict. They also call for the respect and protection of medical personnel in conflict situations.

In June, 1989, PHR sent a medical mission to El Salvador to investigate and report on allegations of violations of medical neutrality and other human rights abuses reportedly committed by both sides in the civil war. To our knowledge, this was the first such study conducted by physicians in nearly five years.

Our delegation investigated the obstruction of health care to the civilian population; the assault, intimidation, arrest and torture of health workers; attacks on hospitals and clinics; and the impact of ten years of civil war on El Salvador's medical institutions. The delegation consisted of five physicians, an attorney, and an observer from the Select Committee on Hunger of the U.S. House of Representatives.

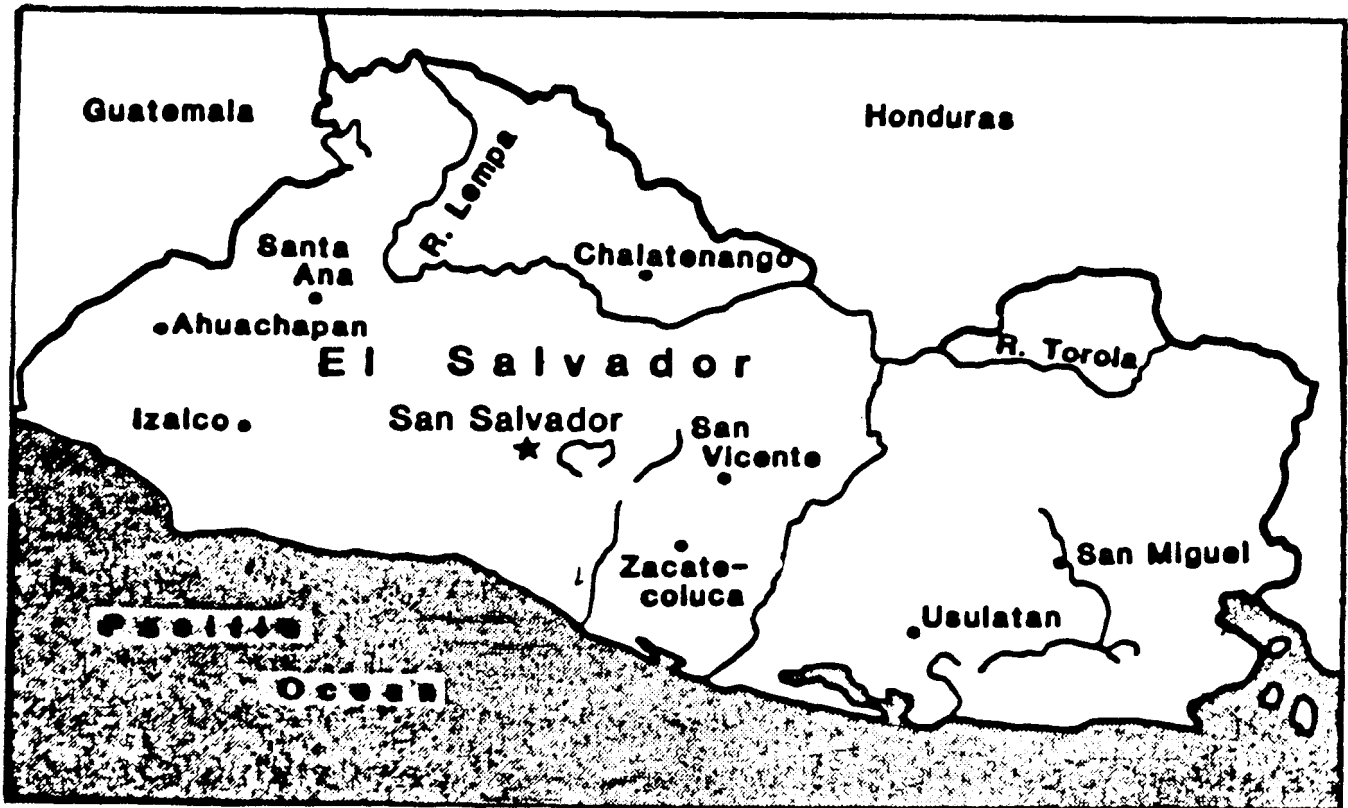
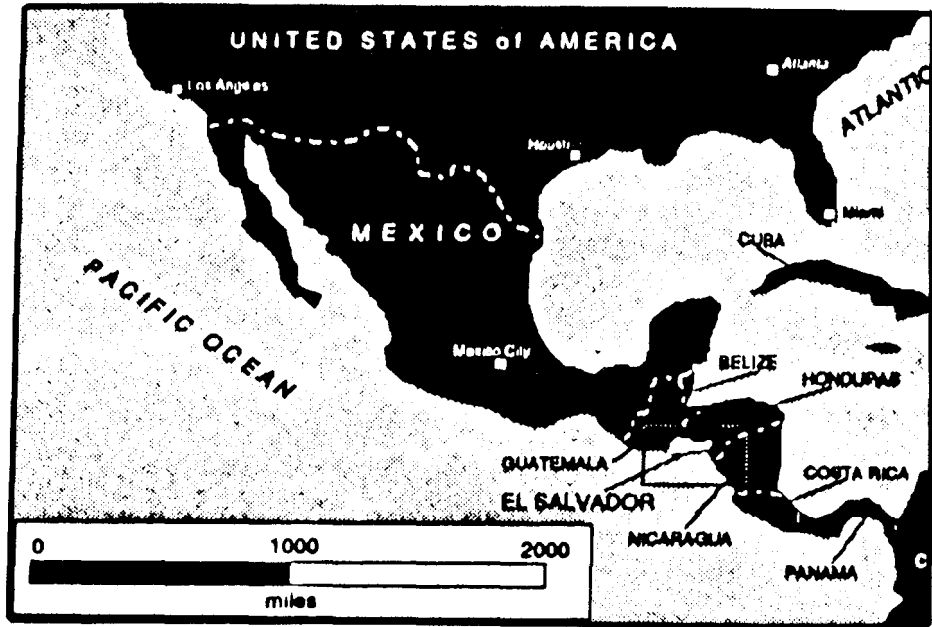
As we were about to send this report to press, in mid-November, 1989, the violence in El Salvador escalated dramatically, bringing the conflict into the capital of San Salvador. During a period of intensive fighting between the FMLN and Salvadoran military, violations of medical neutrality, previously documented by PHR, intensified. Physicians and health workers were arrested while treating patients, clinics were shut down, ambulances were fired upon, hospitals were invaded. We have described these recent abuses in Part III of this report.

It is our hope that the detailed documentation of these assaults on health and health workers in El Salvador will convince the international medical community, governments and the general public that the protection of medical neutrality is an essential element in the safeguarding of fundamental human rights.

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Map of El Salvador



Holy Bishop/AAS

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ACKNOWLEDGEMENTS

Many Salvadorans have contributed substantially to this report, often at personal risk. In many cases their anonymity must be preserved. For this reason, in several instances we have not cited them individually.

We wish to thank Robert Goldman, Professor of Law at American University, and Jemera Rone of Americas Watch for offering their legal expertise and consultation in preparing this report. We gratefully acknowledge the logistical and technical assistance of our guides in El Salvador, without whose support this mission would not have been able to succeed. The report was written by delegation members, and reviewed and edited by Susannah Sirkin, Jonathan Fine, and Nancy Henson of Washington D.C. PHR also gratefully acknowledges the assistance of the International Human Rights Internship Program.

The Geneva Conventions of 1949

Art. 3. In the case of armed conflict not of an international character occurring in the territory of one of the High Contracting Parties, each Party to the conflict shall be bound to apply, as a minimum, the following provisions:

(1) Persons taking no active part in the hostilities, including members of armed forces who have laid down their arms and those placed hors de combat by sickness, wounds, detention, or any other cause, shall in all circumstances be treated humanely, without any adverse distinction founded on race, colour, religion or faith, sex, birth or wealth, or any other similar criteria.

To this end, the following acts are and shall remain prohibited at any time and in any place whatsoever with respect to the above-mentioned persons:

(a) violence to life and person, in particular murder of all kinds, mutilation, cruel treatment and torture;

(b) taking of hostages;

(c) outrages upon personal dignity, in particular humiliating and degrading treatment;

(d) the passing of sentences and the carrying out of executions without previous judgment pronounced by a regularly constituted court, affording all the judicial guarantees which are recognized as indispensable by civilized peoples.

(2) The wounded and sick shall be collected and cared for.

PART I: BACKGROUND

INTRODUCTION

The Geneva Conventions of 1949 and Protocol II¹, to which El Salvador became a party in 1953 and 1978, respectively, describe the right of the wounded and sick in times of non-international armed conflict to receive medical care "to the fullest extent practicable and with the least possible delay."² They also call for the respect and protection of all medical personnel in the performance of their medical duties compatible with medical ethics "regardless of the persons benefitting therefrom."³

The civil war in El Salvador is now in its tenth year. It has caused nearly 70,000 deaths, destroyed much of the economy, led to the internal displacement of over 10 percent of the population, and forced over a million Salvadorans to flee the country.⁴

Between 1980 and 1985 four medical delegations on human rights visited El Salvador. Each detailed a pattern of harassment, torture, murder, and disappearance of doctors, dentists, nurses, other health workers, and medical school

¹ House Committee on Foreign Affairs, comps. "The Geneva Conventions of 1949," Common Article 3, and "Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Protection of Victims of Non-International Armed Conflicts" (Protocol II), In: Human Rights Documents: Compilation of Documents Pertaining to Human Rights, (Washington, D.C.: Government Printing Office, 1983), 326, 547-559.

² Ibid., Protocol II, Part III, Article 7, 553.

³ Ibid., Protocol II, Part III, Article 10, 554.

⁴ Rebecka Lundgren and Robert Lang, "There is No Sea, Only Fish': Effects of United States Policy on the Health of the Displaced in El Salvador," Social Science and Medicine (London: Pergamon Press, 1989), 697.

See also Douglas Farah, "El Salvador Civil War--New Tactics, Old Stalemate," Washington Post, July 23, 1989, p. A21.

faculty, and assaults on health care institutions.⁵ The delegations' findings accorded with those of international human rights agencies for the same period.⁶

Compelling evidence implicates both the Salvadoran government and rebel forces in violations of human rights; however, it appears that government forces are responsible for the majority of these abuses.⁷ Until recently, human rights agencies were reporting a substantial decline from the early 1980s in the number of civilians murdered by the military for political reasons. But in 1988, they concluded that "this trend has been reversed."⁸

Americas Watch reports that, in addition to an increasing number of political killings and disappearances, the Salvadoran military has "embarked on a campaign to obstruct the work of international religious and relief workers in conflictive zones" by "repeatedly block[ing] the delivery of supplies" to refugees, displaced persons, and other groups.⁹ It indicates that repeated obstruction and disruption of the delivery of curative and preventive health care services, emergency food supplies,

⁵ Alfred Gellhorn, "Medical Mission Report on El Salvador," N Engl J Med 308 (1983): 1043-1044.

Carola Eisenberg et al., "Health and Human Rights in El Salvador," N Engl J Med 308 (1983): 1028-1029.

Committee for Health Rights in El Salvador, "Abuses of Medical Neutrality--Report of the Public Health Commission to El Salvador," (New York, 1980).

San Francisco Committee for Health Rights in El Salvador, "El Salvador 1985: Health, Human Rights, and the War--A Report of the Third U.S. Public Health Commission on El Salvador," (1985).

⁶ Americas Watch, Reports on El Salvador, (New York: Human Rights Watch, 1982-1985).
Amnesty International, Reports on El Salvador, (London, 1980-1984).
Lawyers Committee for International Human Rights and Americas Watch, "El Salvador's Other Victims: The War on the Displaced," (New York, 1984).

⁷ See supra, note 6.

⁸ Americas Watch, "Nightmare Revisited 1987-88; Tenth Supplement to the Report on Human Rights in El Salvador," (New York: Human Rights Watch, 1988), 1.

See also Amnesty International, "El Salvador 'Death Squads'--A Government Strategy," (London: 1988), 1.

⁹ See Americas Watch (1988), supra, note 8, 72-73.
See also Americas Watch, "Settling Into Routine: Human Rights Abuses in Duarte's Second Year; Eighth Supplement to the Report on Human Rights in El Salvador," (New York: Human Rights Watch, 1986), 32.

and other essentials of survival continue unabated.¹⁰

Previously documented abuses by Salvadoran rebels include the assassination of government officials and other public figures and the indiscriminate use of land mines. Moreover, the guerrilla forces have engaged in a campaign of economic sabotage, attacking power installations and disrupting transportation.¹¹

In June, 1989, PHR sent a medical mission to El Salvador to investigate and report on allegations of violations of medical neutrality and other human rights abuses reportedly committed by both sides in the civil war between the Salvadoran Armed Forces (FAES) and a guerrilla opposition, the Farabundo Marti National Liberation Front, (FMLN).

As part of our mandate to explore violations of medical neutrality, our delegation investigated the following concerns: (1) the reported obstruction of the delivery of health services, supplies, and other humanitarian aid to populations in contested rural areas, refugees, and displaced persons; (2) allegations of assault, intimidation, harassment, and torture of health workers; (3) reports of attacks on hospitals and clinics; and (4) the impact of ten years of civil war on El Salvador's medical institutions.

The June delegation consisted of five physicians, an attorney, and an observer from the staff of the Select Committee on Hunger of the U.S. House of Representatives. Several of our delegation members had prior experience in the region and were fluent in Spanish.

In November 1989, a member of the June delegation returned to El Salvador to determine how medical neutrality had fared during the escalation of fighting now in El Salvador's cities. The findings reveal fresh evidence of violations of medical neutrality by both sides to the conflict and are presented in Part III of this report.

¹⁰ See Americas Watch (1986), *supra*, note 9.

Lawyers Committee for International Human Rights and Americas Watch, "El Salvador's Other Victims: The War on the Displaced," (New York: 1984).

¹¹ See, e.g., Americas Watch, "Land Mines in El Salvador and Nicaragua: The Civilian Victims," (New York: Human Rights Watch, 1986).

CONDUCT OF THE MISSIONS

In the course of the two missions we met with representatives from international and domestic organizations including human rights associations, UNICEF, the Pan American Health Organization (PAHO), church groups from several denominations, the International Committee of the Red Cross (ICRC), and relief agencies. We also met with President Cristiani, representatives of the U.S. Embassy, the U.S. Agency for International Development (USAID), and the Spanish and British Embassies. We spoke with the Salvadoran Minister of Health (MOH), Minister of Planning, and senior and middle-level members of the National University (including medical school faculty,) and interviewed high-ranking officers in the Salvadoran military, as well as representatives of the guerrillas.

We interviewed more than 20 lay health workers from seven of the country's 14 departments (provinces) and health professionals from six humanitarian agencies. We reviewed documents from human rights monitors and took testimony from political prisoners, health workers, patients, and family members who stated that they or their relatives had been detained, interrogated, and tortured. We visited hospitals and clinics in the capital city of San Salvador and its surrounding areas and traveled to a remote community of repatriated refugees in the northern department of Chalatenango, which the military has designated a "conflictive" area.



(Left to Right) June, 1989, delegation members Jose Quiroga, Stephen Gloyd, and Julia Devin interview lay health workers in northern El Salvador.

PROBLEMS OF EVALUATION AND VERIFICATION

In investigating our concerns, we relied primarily on eyewitness accounts. We attempted to judge the credibility of the people we interviewed as objectively as possible, by considering factors such as the interviewee's interests, political affiliation, and background. We also compared their statements with other direct testimony as well as with reports from other human rights agencies. We relied on direct observation and multiple sources of verification wherever possible and deliberately sought contact with people and groups of widely differing backgrounds and political persuasions to obtain an unbiased picture. When we received contradictory information we have tried to clearly present both viewpoints in this report. We have also included some cases personally investigated by the individuals reporting them to us. We judged these in the same manner as eyewitness accounts and do not cite them without corroboration.

We found serious violations of human rights committed by both the guerrillas and Salvadoran military; however, our investigation focused primarily on violations of medical neutrality. In this area, the June delegation found that the overwhelming majority of abuses are committed by Salvadoran military and police. At that time, although our delegation made a determined and detailed effort to obtain examples of incidents in which the guerrillas have engaged in violations of medical neutrality, we found no systematic disruption of health care by the FMLN. However, during the November, 1989, offensive, both sides failed to observe the principles of medical neutrality on numerous occasions.

The June delegation also found that the FMLN is responsible for other types of serious human rights abuses such as the assassination of mayors and other public figures and the planting of land mines.¹² In addition, periodic FMLN attacks on the economic infrastructure affect the provision of health care in El Salvador. Although not necessarily direct violations of medical neutrality, we attempted, wherever possible, to investigate incidents of this type that were reported to us.

The lack of credible health statistics in El Salvador added to the difficulty of evaluating the information we received. The last national population census was conducted in 1971. Since that time El Salvador has undergone huge demographic changes as a result of the war: more than 70,000 deaths, over a million refugees, hundreds of thousands internally displaced, depopulated areas, repopulated areas, repatriated refugees, and squatter settlements.

¹² See *supra*, note 11.

Many recent official health statistics ignore these changes and persist in using the 1971 census, thus often significantly overestimating the denominator of population-based figures. Conversely, mortality and morbidity are grossly underreported from rural zones of conflict, often resulting in the underestimation of numerators. The end result is that rates improve at the same time that real conditions may worsen. Experts from PAHO, the Ministry of Health, the Demographic Institute of the National University and UNICEF agree on the near impossibility of making valid estimates of health conditions in El Salvador.

Our findings are based only on those incidents that we were able to document, personally or through credible testimony or evidence. Many allegations against both sides in the conflict remained uninvestigated because of limited time and the conditions created by the war. The magnitude of the problem clearly demonstrates the need for continued and increased monitoring of human rights in El Salvador by impartial outside observers.



Injured child in Bloom Children's Hospital. (San Salvador, June, 1989.)

HISTORY OF EL SALVADOR

Political and Economic Conditions

Situated on the Pacific coast between Honduras to the north and east, and Guatemala to the west, El Salvador is the smallest, most densely populated country in Central America--approximately five million people live in an area the size of Massachusetts. Most of the country is a fertile volcanic plateau about 2,000 feet high. The country is politically divided into 14 departments, 39 districts, and 269 municipalities. The capital is San Salvador.

Within the last year both Legislative Assembly and Presidential elections have been conducted in El Salvador. The rightist ARENA party, founded by Roberto D'Aubuisson in 1981, won a majority of seats in the Assembly. Alfredo Cristiani, also an ARENA party candidate, won the Presidential election. Taking office on June 1, 1989, Cristiani succeeded Christian Democrat, Jose Napoleon Duarte.

Since Cristiani took office, violence and human rights abuses, reportedly committed by both sides in the conflict, have increased. A majority of the people we interviewed reported fearing a return to the high levels of violence, terror, and death characteristic of the early 1980s, particularly after the events of November. Most also supported a negotiated political settlement to the conflict. Recognizing the huge economic and social problems plaguing their country, people on both sides of the conflict stressed to us that the war will not end until some of the underlying economic and social injustices in El Salvador are addressed.

In 1984, the National Bipartisan Commission on Central America (the "Kissinger Commission") identified "poverty, underdevelopment, feudal social structures, and lack of democracy as root causes of instability in Central America."¹³ Land-tenure issues have been prominent in Salvadoran politics since the Spanish conquest. In an agricultural economy based largely on the production of coffee, cotton, and sugar cane, a small landed oligarchy has owned most of the nation's wealth and dominated its economic and political life.¹⁴ According to a 1989 British economic report, as late as 1975 "ownership of land in El Salvador was so badly

¹³ Kissinger Commission, cited in Agency for International Development Report #6, "El Salvador: The Impact of U.S. Economic Aid," (Washington, D.C., February 15, 1989), 2. (hereafter cited as USAID Report #6).

¹⁴ USAID Report #6, 2.

skewed that six families owned more land than 133,000 small farmers."¹⁵ Today, despite efforts at land reform in the early 1980s, this maldistribution of wealth continues, leaving El Salvador with the highest ratio of landless families to total population in Latin America.¹⁶

In addition to the economic consequences of a prolonged civil war, El Salvador has had to cope with a 1986 earthquake that destroyed a large part of the country's physical infrastructure, including much of the public health sector. During 1987, drought, hurricanes, and flooding destroyed much of the nation's agricultural production. And, over the past 10 years, the collapse of world commodity prices for El Salvador's principal exports have caused additional huge economic losses.¹⁷ Soon after taking office in June 1989, the newly elected government of President Alfredo Cristiani declared that 60 percent of the population, 3.3 million Salvadorans, live in "extreme poverty," unable to "acquire the basic nutritional necessities."¹⁸ In October 1988, the New York Times reported that "ravaged by drought and war, more Salvadorans are living in abject poverty than at any time in this century."¹⁹

¹⁵ "Country Profile: Guatemala, El Salvador, and Honduras," (London: Economic Intelligence Unit, 1988-1989), 36.

¹⁶ *Ibid.*, 36.

¹⁷ Lindsey Gruson, "Salvador's Poverty is Called Worst of Century," New York Times, October 16, 1988.

¹⁸ "Cristiani Embarks on a Campaign Against Extreme Poverty," Excelsior (Mexico City), July 8, 1989, p.2A.

¹⁹ See *supra*, note 17.

The War

In 1980 Salvadoran rebels formed a guerrilla army, the Farabundo Marti National Liberation Front (FMLN). Rooted in popular rural and industrial organizations formed in the 1970s, the FMLN is a Marxist-led insurgency that relies on grass-roots support. The FMLN reportedly receives war materiel and international aid from socialist block countries, including Cuba and Nicaragua. An FMLN official told members of our delegation that a large portion of the rebels' arms actually come from the Salvadoran military: either from corrupt soldiers who sell their weapons, or from attacks on military installations.

The Salvadoran military, on the other side of the conflict, is supported by the United States, which has given almost \$4 billion in economic and military aid to El Salvador since 1980. The United States maintains at least 55 military advisors in the country.²⁰ The Salvadoran military has grown from approximately 12,000 in 1980 to 56,000 today, including 11,500 members of the three security forces.²¹ Rebel troop strength, on the other hand, is estimated to have diminished from 12,000 to 7,000 in the same period.²²

Although FMLN representatives told us that they do not "control" territory (in the sense of maintaining a permanent presence), the rebels have consolidated positions in substantial parts of half of the country's 14 departments, including northern Morazan, northeast Chalatenango, eastern Usulután, northern San Miguel, Cabanas, part of La Unión, and Cuscatlán. The military has designated other rural areas as "conflictive zones"--areas that neither side can claim as its own but in which, often, the guerrillas have gained considerable support. The territory covered under this designation frequently changes. Moreover, few people agree on its definition. Nonetheless, health workers reported that, at the time of our visit in June, conflictive zones comprised substantial portions of 10 of the country's departments.

²⁰ U.S. Embassy, delegation interview with Barry Jacobs, June 14, 1989.
See also Farah, *supra*, note 4.

²¹ U.S. Department of State. "Country Reports on Human Rights Practices for 1988," (Washington, D.C.: Government Printing Office, 1988), 552.

²² See Farah, *supra*, note 4.



El Salvador's 14 departments: In June, 1989, the rebels had consolidated positions in substantial parts of half of the departments.

The war in El Salvador is characterised as a low-intensity conflict in which the present "aim of the Salvadoran military is not so much to wrest territory from the rebels as it is to isolate them and erode their civilian base of support."²³ Salvadoran military commanders with whom we met told us that they believe urban and rural communities of displaced persons, refugees, and residents of zones of military conflict often give humanitarian assistance and supplies to the guerrillas.

On the basis of this belief many civilians have become the object of intervention, harassment, and restrictions by the Salvadoran armed forces. Health professionals and others working with these civilian communities, or with grass-roots organizations sympathetic to the FMLN, have also become military targets. The military has classified many church groups, labor unions, student organizations, the National University, human rights associations, and repatriated communities as "front" groups for the FMLN, often regarding their members as guerrillas themselves or, at the very least, guerrilla sympathizers. As such, members of these groups are also often interrogated, intimidated, tortured and murdered by the military and by the police.

²³ See Farah, *supra*, note 4.

ENEMIGOS DEL PUEBLO



Cover of pamphlet distributed by COPREFA, Comite de Prensa, Fuerza Armada de El Salvador (Press Committee of the Salvadoran Armed Forces) denouncing grassroots organizations and unions as FMLN "Enemies of the People."

Overview of the Health Care System

The Minister of Health told us that 80 percent of the nation's population depends on the Ministry for health care, but that current funds would barely suffice to cover a quarter to a third of the need.

Health care in El Salvador has not escaped the devastating effects which the war, severe economic conditions, and natural disasters have had on the country over the last 10 years. Sources in the U.S. Congress estimate that while Salvadoran military spending rose between 1980 and 1985 by 154 percent in real terms, nonmilitary spending dropped by 5 percent in the same period.²⁴ Colonel Gilberto Lisandro Vasquez Sosa, the Minister of Health, told us that 80 percent of the nation's population depends on the Ministry for health care, but that current funds would barely suffice to cover a quarter to a third of the need.²⁵ In the country as a whole, he said, 10.5 percent of all government health units (ranging from health posts to hospitals) have been closed as a result of the war;²⁶ in Eastern El Salvador, a region of intense military conflict, more than 25 percent of the health units have been closed.²⁷

The Minister of Health stated that there are no longer any Ministry of Health services for civilians in areas controlled by the FMLN. He reported that 90 percent of the Ministry's establishments are currently located in urban areas where approximately 50 percent of the population now lives. The Ministry has 3.4 physicians, 0.4 dentists, 2.9 nurses, and 6.0 assistant nurses for every 10,000 inhabitants--ratios lower than those of 1978, before the war began. Moreover, the MOH recently stopped purchasing new equipment and severely curtailed

²⁴ M. Hatfield et al., "U.S. Aid to El Salvador: An Evaluation of the Past, a Proposal for the Future--A Report to the Arms Control and Foreign Policy Caucus," (1985).

²⁵ Additionally, the Minister of Health reported that 15 percent of the population depends on the Institute of Social Security and 5 percent relies on the private sector for health care.

²⁶ The Ministry of Health has 324 health establishments located throughout El Salvador's 14 departments: 4 specialized and 10 regional hospitals, 26 Health Centers, 106 Health Units, and 178 Health Posts. The 34 health establishments the Minister reported closed were all in conflictive zones.

²⁷ USAID, "Health Sector Overview and Program Plans," (El Salvador, 0810v.5/25/89).

expenditures on drugs and medical supplies. We learned that often patients must depend on family and friends for food and medicine while in the hospital. Also, maintenance of equipment and vehicles has virtually ceased.²⁸

We found El Salvador's only children's hospital to be seriously overcrowded. It has functioned in temporary buildings and borrowed schoolrooms since the former hospital became unusable after the October 1986 earthquake in the capital, San Salvador. The earthquake caused approximately \$32 million in damage to the government health sector alone, and destroyed nearly a third of the capital's hospital bed capacity.

Meanwhile, the overall need for medical services continues to increase as the civil war compounds the inevitable health consequences of poverty, malnutrition, disease, poor environmental sanitation and illiteracy.

Members of our delegation interviewed political prisoners in the Salvadoran Womens' Prison, Ilopango. One of the women, a social worker, reported being arrested, interrogated, and tortured because of her work helping displaced persons to receive medical care.

Describing the poor conditions of the public hospitals, she explained how the hospital's lack of resources made it necessary for family and friends to care for patients. She, herself, had worked with families to provide patients with both meals and prescribed medications.

For example, before her arrest she was caring for an infant in the children's hospital, Benjamin Bloom. The child was from a remote village in a very conflicted part of El Salvador. Upon her arrest, there was no one to bring the infant the required medication and food, and the child died.

²⁸ USAID, "Health Program," (El Salvador, 0317i.3/16/88).



June delegation member, Carola Eisenberg, visiting with a child at Bloom Children's Hospital, San Salvador, 1989.

Malnutrition and Other Health Indicators

The U.S. Embassy and the Agency for International Development (USAID) have published figures indicating significantly improved health status for Salvadorans in recent years. A June 1989 health report from USAID claims that the infant mortality rate has fallen from 77/1000 live births in 1979 to 50/1000 in 1988, and that acute childhood malnutrition has decreased from 18 percent in 1979 to 15 percent in 1988. These numbers contradict those of the recent health surveys cited below.

Although reliable vital statistics are extremely difficult to obtain in El Salvador, all of the available data indicate that malnutrition and infectious disease are widespread, particularly among children. We saw numerous cases of both kwashiorkor and marasmus in Benjamin Bloom, the pediatric hospital.

A 1988 National Family Health Survey reported that 29 percent of children under age five had seven or eight episodes of diarrhea annually, 48 percent of them with indications of severe gastroenteritis or dysentery.²⁹ The Institute of Nutrition of Central America and Panama (INCAP) also conducted a nutrition survey in 1988: Of 978 children under five years of age, 60 percent were undernourished,--27 percent moderately or severely so as judged by height for weight,--and 39 percent had experienced diarrhea in the preceding 15 days.³⁰ The two-week period prevalence of diarrhea was 42 percent in rural areas and 34 percent in urban areas; of respiratory diseases, it was 39 percent. Only 40 percent of the children under one year of age had received the intended measles vaccine. These figures are all worse than those in a similar INCAP survey in 1987.³¹

Since January 1989, a nationwide measles epidemic has afflicted more than 9,000 people, with a fatality rate of one percent, reflecting the lack of immunizations and impaired nutrition of children. Children's health is also affected by the war through the loss of limbs and other injuries from land mines and shooting by both sides, the disruption caused by mass displacements and migration, orphaning, poor housing and sanitation, and the psychological effects of war and violence. We found these health problems to be greatly exacerbated by the unavailability of many health services to people living in conflictive zones and to other displaced persons and former refugees.

²⁹ Asociacion Demografica Salvadorena, "El Salvador, 1988 Family Health Survey," (Atlanta: Division of Reproductive Health, Centers for Disease Control), 75-76.

³⁰ Asociacion Demografica Salvadorena, "Evaluacion de la Situacion Alimentaria Nutricional en El Salvador," 1988.

³¹ Instituto de Nutricion de Centro America y Panama (INCAP), "Situacion Nutricional en El Salvador 1980-1987," 1988.

Protocol II

Art. 17, Prohibition of Forced Movement of Civilians

1. The displacement of the civilian population shall not be ordered for reasons related to the conflict unless the security of the civilians involved or imperative military reasons so demand. Should such displacements have to be carried out, all possible measures shall be taken in order that the civilian population may be received under satisfactory conditions of shelter, hygiene, health, safety and nutrition.
2. Civilians shall not be compelled to leave their own territory for reasons connected with the conflict.

PART II: A PATTERN OF ABUSE

POPULATIONS AT RISK

In investigating violations of medical neutrality we found some populations to be particularly affected. These include: persons displaced by the war or earthquake, refugees returning to the country to rebuild their homes, other persons living in areas of military conflict, persons assisting these populations--including both local and foreign health and humanitarian workers,--and all other individuals and groups which the government believes support the FMLN.

The Displaced

"Desplazados," literally "the displaced," are El Salvador's internal refugees. Numbering in the hundreds of thousands,³² they are Salvadorans who have been forced from their homes and still reside within the country. Many fled their places of origin due to fighting, aerial bombardments, forced relocation, loss of crops, deliberate depopulation, or other consequences of the war. The 1986 earthquake displaced several thousand others. It is estimated that more than one in 10 people have had to flee their homes since the civil war began in 1980.³³

We met with displaced people, most of whom lived in conflictive zones. Others we met lived in "colonias marginales" (squatter settlements) in which they have pieced together shelters along roadsides or on the outskirts of urban areas, particularly San Salvador. Only one in 10 displaced persons are reported to have settled in designated refugee camps.³⁴

³² The exact number of displaced persons is difficult to determine. Although in recent years the number has decreased, most estimates indicate that at least 500,000 people were displaced in the early 1980s.

See also *supra*, note 21, p. 562 and Lundgren and Lang, note 4, p. 697, citing the 1985 Third U.S. Public Health Commission to El Salvador.

³³ See Farah, *supra*, note 4 and Lundgren and Lang, note 4, p. 697.

³⁴ See Lundgren and Lang, *supra*, note 4, p. 699.



Growing up in a "squatter settlement" on the outskirts of San Salvador, June, 1989.

Members of our delegation drove for almost an hour through a depopulated area approximately 50 kilometers north of San Salvador. We saw no vehicles, people, or animals. Most of the houses were destroyed. When we arrived at our destination, Suchitoto, the local military officials allowed us to visit only the hospital, even though we had obtained permission and all the necessary safe-conduct passes to enter a nearby resettlement community. We later managed to meet with health promoters from this community in San Salvador. It was from areas such as this that many of the displaced people we met had fled.

A recent study by Lundgren and Lang of the health of the displaced reports that this population is made up primarily of women and children. The study states that among the displaced persons registered with the *Comite Nacional de Desplazados de El Salvador (CONADES)*, the government agency responsible for helping displaced people, the study says that 51.4 percent are under 15 years old. In some camps children comprise, on average, 71.5 percent of the entire population. Sixty-seven percent of the households are headed by females; adult men are commonly absent from camps partly because males over 14 are often suspected of

being guerrillas and their presence in the camp can be dangerous for themselves and for the community.³⁵ Moreover, families without men are also often those most likely to need refuge.

Lundgren and Lang conclude that the health of the displaced living in the conflictive zones is generally poorer than that of those who have fled to government-controlled areas, and the health of the displaced living in designated camps tends to be somewhat better than that of those living in the squatter settlements.³⁶

Refugees

Nearly one million Salvadorans have fled El Salvador in the last 10 years.³⁷ The U.S. government estimates that more than 500,000 Salvadorans are living illegally in the United States.³⁸ Another several hundred thousand are refugees in other Central American countries and in Mexico. Although difficult to estimate, former refugees and displaced persons may make up approximately 30 percent of the population of El Salvador.³⁹

Many refugees, fleeing the political violence of the late 1970s and early 1980s, sought safety in refugee camps in Honduras. The Mesa Grande camp, located some 50 kilometers from the Salvadoran border in the Honduran department of Ocotepeque, is one such camp officially recognized by the United Nations High Commission on Refugees (UNHCR).⁴⁰

In the past few years, many refugees have started to return to El Salvador. According to the UNHCR, between 1984 and 1986 almost 7,000 refugees returned

³⁵ See also Lawyers Committee, *supra*, note 6.

³⁶ See Lundgren and Lang, *supra*, note 4, p. 699.

³⁷ See San Francisco Committee for Health Rights in El Salvador, *supra*, note 5 and Lundgren and Lang, *supra* note 4, p. 697.

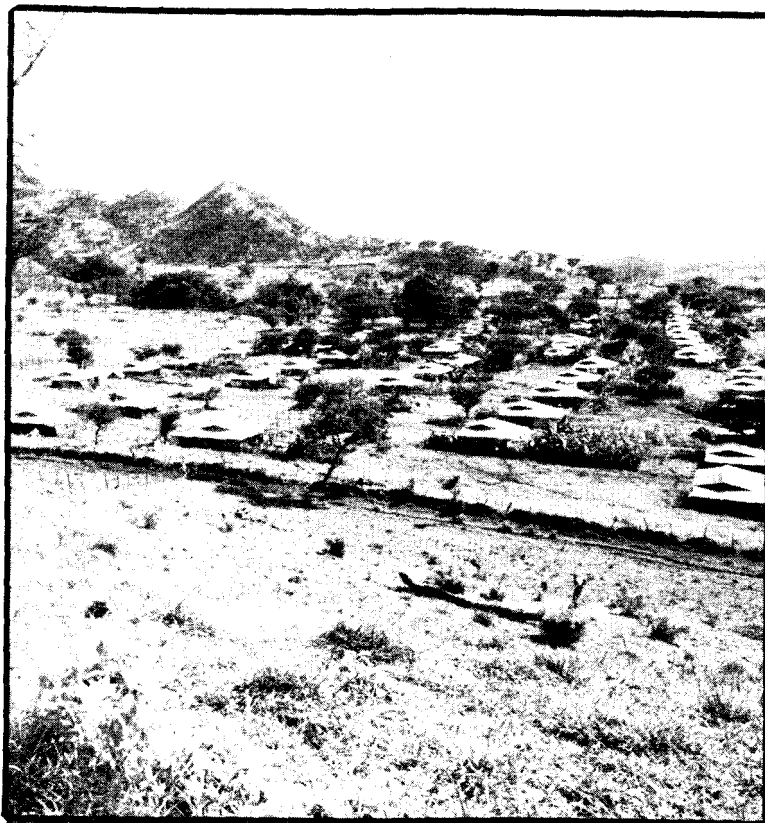
³⁸ See *supra*, note 21, p. 562.

³⁹ See Lundgren and Lang, *supra*, note 4, p. 697.

⁴⁰ Amnesty International, "El Salvador: Human Rights Violations Directed Against Repatriated Refugees and the Displaced, and Against Church, Relief and Refugee Workers Assisting Them," (London: July 27, 1987) (hereafter cited as AI Report).

from other Central American countries. In October 1987 several thousand other Salvadorans voluntarily returned from the Mesa Grande refugee camp to rebuild their homes in their places of origin.⁴¹ This was the first of several groups of refugees to return together to El Salvador. Thousands more are planning to repatriate by 1990. Many of the "repatriations," as the resettled villages are commonly called, are located in conflictive areas and are often sympathetic to the FMLN.

Members of our delegation traveled to a repatriation site. The village, a cooperative of 357 families, formed in 1987 when most of its residents returned from the Mesa Grande refugee camp. While in this village, we met with members of several other cooperatives, some of whom had traveled on foot for two days through the mountains to meet with us. Although we saw FMLN soldiers pass through the village, the people living in the community appeared to be civilian non-combatants.



A repatriated community of refugees in northern El Salvador. (June, 1989).

⁴¹ UNHCR reports that 4,400 refugees returned to their homeland from the Mesa Grande refugee camp in 1987, while the U.S. State Department reports that 2,100 refugees have returned from the Mesa Grande refugee camp since 1986.



Colonel Ivan Diaz, Chief of Military Intelligence, in conference with delegation members. (June, 1989.)

The Salvadoran military commanders with whom we met described these repatriated communities as FMLN strongholds. Salvadoran authorities have long alleged that refugee camps in Honduras have served as "safe havens" for guerrillas and have thus been eager to detain and interrogate returning refugees.⁴² Colonel Ivan Diaz, Chief of Military Intelligence, told members of our delegation that both foreigners working in the Honduran refugee camps and members of the FMLN indoctrinated the refugees. When these refugees are repatriated, Col. Diaz asserted, the FMLN uses them to obtain materiel, and for logistical and popular support. Although he agreed that many are not armed combatants, Col. Diaz clearly regarded former refugees, displaced people and others living in close proximity to the guerrillas, as the enemy and therefore legitimate military targets.

⁴² AI Report, *supra*, note 40, p.1.

LIMITING ACCESS TO HEALTH CARE: THE EFFECTS OF POLARIZATION

Salvadoran society has become so polarized that it is difficult for any of its members to escape being labeled by either the government or the FMLN as supportive of one side or the other in the war. Often a person's political sympathies are presumed on the basis of where one lives or works, who one's employer is, or one's socio-economic status. Although such presumptions often may be correct, Common Article 3 of the Geneva Conventions and Protocol II protect civilians from military actions regardless of their political views or associations.⁴³

Protocol II

Art. 13, Protection of the Civilian Population

2. The civilian population as such, as well as individual civilians, shall not be the object of attack. Acts or threats of violence the primary purpose of which is to spread terror among the civilian population are prohibited.

Despite these protections, both the Salvadoran military and the FMLN have carried out military actions against civilians, creating a climate of fear that affects almost every aspect of daily life in El Salvador, including the provision of health care. The availability of physicians and access to medical services for most Salvadorans is influenced by one's political affiliations, whether real or imagined.

For example, we found that many repatriated refugees had fled to Honduras in the early 1980s because the Salvadoran military declared the areas in which they lived to be free fire zones. Now, returning from Honduran refugee camps, the repatriated refugees are often suspected by the army of being guerrilla sympathizers due to the military's view, described above, that the Honduran camps are "safe-havens" for FMLN combatants, as well as the fact that many repatriated communities are still located in conflictive areas.

Similarly, because many displaced persons had to flee their homes in conflictive areas quickly, they often do not have the identification cards that every

⁴³ See *supra*, notes 1-3.

Salvadoran is required to carry. Regardless of where they now live, we found that their lack of proper identification or their status as displaced persons, often leads the government to presume that they work with the FMLN.

Finally, we found that the government suspects health and humanitarian workers of giving aid and comfort to the guerrillas solely on the basis of their work with displaced and refugee communities. Particularly suspect are workers in guerrilla-controlled zones, contested areas, or those affiliated with churches, human rights groups, or grass-roots organizations that the military has classified as subversive.

CRIPDES Workers and Patients Harassed

The Christian Committee for the Displaced (CRIPDES) is a national organization that helps refugees and displaced persons. The government has classified it as an FMLN front, and continually harasses its members. On April 19, 1989, the National Police, the Treasury Police and the First Brigade of the Army surrounded the CRIPDES office in San Salvador. They arrested and forcibly removed 54 people, including women and children, to the Treasury Police headquarters. Many arrested in the raid reported being interrogated, threatened and, in some instances, tortured by the military. After 72 hours, all but six leaders of the organization were released.

Members of our delegation interviewed some of the CRIPDES leaders in prison. The person in charge of helping refugees and displaced persons find health care told us that because physicians often fear repercussions from the military, if they are seen as supporting the guerrillas, it is very difficult to find a physician willing to treat CRIPDES' clients. Thus, according to the CRIPDES worker, if a displaced person or refugee needs medical care at one of the hospitals it is best to keep silent about any connection to CRIPDES.

In addition to physicians being harassed by the military, the worker reported that CRIPDES-associated patients have also been harassed, interrogated, arrested, and in some cases, severely beaten by military and government security forces because they live in the repopulations, repatriations, and cooperatives which the army thinks are centers of FMLN support. In almost all of the interrogations, questions reportedly concerned the person's involvement with CRIPDES and allegations that the organization helps the guerrillas. Although the leaders have been released from prison, they have been publicly labeled in news reports and pamphlets as "terrorists" for their work with the displaced.

The Spanish Ambassador, who also represents the European Economic Community (EEC), confirmed that few public or private physicians in El Salvador dare to serve the rural and urban poor because to do so might "mark" them as guerrilla sympathizers, a label that he said can have deadly consequences. Of the 35 community health workers trained in one eastern department since 1984, according to a health promoter from the area, one has been killed and 10 have been arrested and held for varying lengths of time by the military. Similarly, an American physician told us that of the 24 health-care providers he worked with in 1983, 11 have been killed, 5 have been imprisoned and tortured, and 3 have fled the country in fear for their lives. Although the EEC has received a request from repatriated refugees for foreign physicians to serve their communities,⁴⁴ the recent escalation of the conflict and revival of the "anti-terrorist" law may prohibit such interaction.

Protocol II

Art. 4, Fundamental Guarantees

1. All persons who do not take a direct part or who have ceased to take part in hostilities, whether or not their liberty has been restricted, are entitled to respect for their person, honour and convictions and religious practices. They shall in all circumstances be treated humanely, without any adverse distinction. It is prohibited to order that there shall be no survivors.
2. Without prejudice to the generality of the foregoing, the following acts against the persons referred to in paragraph 1 are and shall remain prohibited at any time and in any place whatsoever:
 - (a) violence to the life, health an physical or mental well-being of persons, in particular murder as well as cruel treatment such as torture, mutilation or any form of corporal punishment;...

⁴⁴ Spanish Ambassador, Interview with delegation members.

Our delegation met with a Salvadoran social worker who was imprisoned for her work with CRIPDES. She described her job as helping people displaced by the war to find medical care. Although she said that some of the people she assists have natural illnesses, she reported that most live in conflictive zones and have been injured by bullets from the police or national guard, or by mines left by either side to the conflict.

As she has no formal medical training, this worker said that much of her time is spent merely trying to find a doctor who is willing to risk attending to the needs of the people she is trying to help. The rest of her time is spent trying to obtain funding for the medical services of the physicians.

In the interview, the social worker reported that on April 19, 1989, she was with her 17 year-old son at the CRIPDES office in San Salvador when the police forced their way in and began to arrest everyone inside. As they were being forced into a military truck, she said that she saw the police throw her son, who had been separated from the others, face down on the ground with his hands tied behind his back. She climbed out of the truck and went to help him, but the police hit her with their clubs as she tried to pull him away. While she struggled to get him into the truck with everyone else, the police hit him in the head with a club. She was also hit several times in the stomach.

She reported that at the Treasury Police Headquarters she was interrogated and tortured. Most of the questions were about her work. She said that because of her association with CRIPDES, the police accused her of working with the guerrillas. When she explained to them that she was a social worker helping displaced persons receive medical care, the soldiers responded by saying "Oh, so you take care of the guerrillas!"

She alleged that she was forced to stand naked for three days. On two different occasions the police covered her head with a plastic hood laced with lime, known as the "capucha." She reported that she was repeatedly beaten and threatened with rape. She told us that, as a result of her torture, she still has severe headaches and blurred vision. She reported being unable to get adequate medication in prison, and is only given aspirin for her ongoing anemia.

FMLN Assassination Campaign

The FMLN has also carried out actions against civilians which impede health care. According to the MOH, the guerrillas' assassination campaign prevents physicians from working in conflictive areas. Municipal officials have been threatened and, in some cases, assassinated by the FMLN because of their cooperation in government counter-insurgency programs. The MOH reported that physicians who support the government refuse to serve populations in conflictive areas for fear of similar reprisals against them by the FMLN.

Although the FMLN has recently renounced its assassination campaign, in May and June of 1989 four government officials were killed. While the FMLN denied responsibility for some of the deaths, the incidents intensified the climate of fear surrounding the provision of health care.

We know of no instance in which the FMLN assassinated a physician. However, the director of a regional government hospital, himself a physician, told us that the FMLN abducted him from his home one evening and forced him to attend a wounded FMLN combatant. The following day, after treating the patient, he was released, shaken, but unharmed.

Five Types of Medical Workers

We met with five types of health workers serving different populations: military medics and physicians, Ministry of Health officials, community- or church-based health workers, FMLN medical personnel, and other humanitarian assistance groups. Their roles help to explain how political associations affect access to medical care.

Salvadoran military medics and physicians generally serve wounded combatants and work in the military's civic action programs. They noted few problems in delivering health care to their patients, but did report being attacked by the FMLN.

Although the Ministry of Health (MOH) is officially part of the civilian government, the current Minister is a colonel in the armed forces. He reported that Ministry of Health clinics are primarily located in areas permitted by the military and employ only those health professionals approved by the military. Although the Minister of Health told us that the FMLN has never attacked Ministry of Health facilities, many clinics have been closed because of the war. Furthermore, he said,

MOH doctors fear for their safety working in guerrilla-controlled areas where the fighting is most intense and the guerrillas have assassinated government officials. In still other instances, we found that communities in conflictive areas, or those that sympathize with the FMLN, have voluntarily refused MOH services because of its ties to the military.

The majority of the health workers we interviewed were associated with grass-roots organizations, churches, and other humanitarian agencies including representatives of the Catholic, Lutheran, and Baptist Churches, agricultural associations, and other community co-operatives. Many of these groups reported that they assist a cross section of Salvadoran society, including people living in both government-controlled areas and conflictive zones. Others work solely within their local communities, which are generally in conflictive areas, or with other communities of displaced persons. All of these health workers told us that they are often detained, questioned, and harassed by the military, and that their supplies are often delayed or confiscated, when they provide health care and services to people believed by the government to be supporters of the FMLN. Conversely, they said, they do not encounter problems from the FMLN when they serve people living in government-controlled areas.

FMLN medics and health personnel primarily treat guerrilla combatants and wounded civilians living in conflictive zones. Although we did not meet directly with any FMLN medics, we did talk to an FMLN field commander and an FMLN physician who had worked for five years in a conflictive zone. Both reported frequent attacks on FMLN medical workers by the Salvadoran military.



Delegates meet with an FMLN field commander. (June 1989.)

A number of humanitarian assistance organizations appear to work in fairly close cooperation with the Salvadoran government. It was our impression that these groups work mostly in government-controlled areas. However, a representative from one of these groups reported that his organization worked throughout El Salvador and never experienced any problems from either side of the conflict. When members of our delegation spoke to members of this same organization in the United States, they claimed that the representative in El Salvador feared harassment from the military if he reported the problems the organization encounters from the Salvadoran armed forces. They said that their health and humanitarian workers are, in fact, frequently harassed and obstructed by the Salvadoran military in their efforts to deliver health care to civilians in conflictive areas. They said that they do not encounter problems from the FMLN.

As a result of these interviews, it was clear that the provision of health care in El Salvador is based as much on one's political sympathies as on one's medical condition. We found that most of the obstacles to health care and violations of medical neutrality reported to us were committed by the Salvadoran military and police forces, and that the harassment, intimidation, and scarcity of resources available to medical workers associated with grassroots organizations, churches, and other humanitarian agencies, FMLN health personnel, and the populations they serve, was far greater than that affecting other groups.

OBSTRUCTION OF MEDICAL SERVICES

In response to the decline in government health services, a network of community-based Salvadoran lay health workers has emerged with the support of international relief agencies and religious, medical, and other humanitarian organizations, mostly from abroad. "Community health promoters" are trained to give simple preventive and curative care within their communities. They usually live and work with populations in conflictive areas. In light of the absence of MOH services in FMLN dominated and conflictive zones, we found that health promoters are often the only source of medical care available to the hundreds of thousands of former refugees, displaced persons, and others who live in conflictive areas or who are suspected of being guerrilla supporters.

Many of the health promoters trained in refugee camps in and outside of the country. Some said they were trained by personnel from "Medicos Sin Fronteras,"

(the Paris-based organization "Medecins Sans Frontieres"), who staffed the Mesa Grande refugee camp in Honduras. Others received training from various grass-roots organizations within El Salvador. More health promoters are trained each year.

We interviewed more than 20 of these health promoters from seven of El Salvador's 14 departments and six different humanitarian agencies. All reported that they had been repeatedly denied access to rural areas and described numerous instances of military restriction or confiscation of medicines, food, and other supplies.

Protocol II

Art. 9, Protection of Medical and Religious Personnel

1. Medical and religious personnel shall be respected and protected and shall be granted all available help for the performance of their duties. They shall not be compelled to carry out tasks which are not compatible with their humanitarian mission.
2. In the performance of their duties medical personnel may not be required to give priority to any person except on medical grounds.

Art. 10, General Protection of Medical Duties

1. Under no circumstances shall any person be punished for having carried out medical activities compatible with medical ethics, regardless of the person benefitting therefrom.
2. Persons engaged in medical activities shall neither be compelled to perform acts or to carry out work contrary to, nor be compelled to refrain from acts required by, the rules of medical ethics or other rules designed for the benefit of the wounded and sick, or this Protocol.
3. The professional obligations of persons engaged in medical activities regarding information which they may acquire concerning the wounded and sick under their care shall, subject to national law, be respected.
4. Subject to national law, no person engaged in medical activities may be penalized in any way for refusing or failing to give information concerning the wounded and sick who are, or who have been, under his care.

Effects of the Safe-Conduct Pass System

The Salvadoran Army now has a nationwide requirement that medical and other relief workers obtain safe-conduct passes from the Military Intelligence Office of the Armed Forces High Command prior to visiting any conflictive zone. The passes must be applied for in advance and are generally not granted for overnight visits or for more than a few visits per site per month.

Nearly all main roads in rural areas are controlled by military roadblocks. Safe-conduct passes are no guarantee of access. Health workers told us how they spent days or weeks securing passes, only to be turned back at the roadblocks. Sometimes the reason given was the safety of the health workers. Sometimes it was because of suspicion that the medicines they were carrying would be used for the guerrillas, and sometimes the military gave no reason. Our delegation, though equipped with all the necessary passes, was turned back at roadblocks and denied entry to two of the three repopulation centers to which we had been promised access.

Health workers reported that at most roadblocks, nearly every item of supplies must be accounted for in the quantity specified on a list that has been preauthorized for each individual for each trip,--including food, medicine, and building materials. They explained that quantities greater than individual courses of medicine are seldom allowed to pass (prescriptions must be produced); thus, in many rural communities they reported that very few medicines can be stocked for ongoing needs and emergencies. Items such as rice, cooking oil, powdered milk, and salt, which are not produced in rural areas, are also restricted.

Denying civilians and health workers access to communities in conflictive areas is, at times, a legitimate safety precaution. Similarly, the military's interest in blocking supplies to the guerrillas can be understood. However, we found that the military does not appear to have any standards for granting safe-conduct passes or for distinguishing between legitimate humanitarian assistance and aid to the guerrillas. When we questioned military commanders about these specific issues, they agreed that some humanitarian aid to civilians is warranted. However, they could not explain how they distinguish between legitimate aid to civilians and aid to the guerrilla forces. Their statements indicated that in order to prevent supplies from going to the FMLN soldiers they grant or deny access to communities in conflictive areas often on an arbitrary, and case by case basis.

Protocol II
Art. 14, Protection of Objects Indispensable
to the Survival of the Civilian Population

Starvation of civilians as a method of combat is prohibited. It is therefore prohibited to attack, destroy, remove or render useless, for that purpose, objects indispensable to the survival of the civilian population, such as foodstuffs, agricultural areas for the production of foodstuffs, crops, livestock, drinking water installations and supplies and irrigation works.

Obstruction of Vaccination Campaigns and Other Health Services

In the past few years the Salvadoran government has instituted a vaccination program. However, health workers reported military interference with many of these efforts. We interviewed one physician who spent two full weeks acquiring a safe-conduct pass, vaccinated a village population, and then was barred from reentering the village to administer the required subsequent doses. Similarly, a few months before our visit, in January 1989, a team of church-associated village health workers, accompanied by several foreign medical professionals, attempted to vaccinate some 1,000 children from seven communities in the rural department of Chalatenango. Although the campaign was coordinated with the Ministry of Health, Salvadoran army troops confiscated the vaccines, detained the medical personnel, and would not allow them to proceed with the vaccination program. The health workers were held overnight, and two other foreign church workers and their young child were arrested in the same area and detained for 19 hours for their work in the vaccination campaign.

While not exhaustive, the following are other examples of harassment, intimidation, detention, delay and confiscation carried out by the military. They were reported to us directly by the numerous health promoters and professionals with whom we met, including those in the villages that we visited in northern Chalatenango.⁴⁵

⁴⁵ Many of the people reporting these examples to us feared for their safety. Although we have specific names and dates on file, the interviewees asked that they not be identified.

-- A health team from the Lutheran Church tried to begin a community health program in the repatriation community of Santa Marta, but was repeatedly denied access by the army in 1988 and 1989. In some cases the Army's High command refused to issue the necessary safe-conduct passes; in other cases, safe-conduct passes were issued but then were not honored by local military authorities.

-- In April 1989 a health worker was stopped by national police while attempting to reach the capital of a rural department. One week later a 20 year-old health promoter from the same capital was arrested and beaten by government forces for no apparent reason and then released after 72 hours. Subsequently, medical supplies such as aspirin, tylenol, penicillin (mainly in pediatric doses), gauze and adhesive tape were not allowed into the town.

-- The Lutheran Church's health team was not able to enter Copapayo during the National Vaccination Campaign in February 1988, even though they had a letter of authorization from the Ministry of Health.

-- A foreign health professional attached to a Salvadoran church sought to provide health services to a community of refugees in early 1988. The health professional was repeatedly denied access to the community by the military, and despite denials was accused by the military of using health work as a cover to polarize the civilian population and carrying out orders from the guerrilla forces.

-- On April 22, 1989, the military detained three health promoters after they completed one day of a two-day church-sponsored campaign in which they vaccinated approximately 40 people in a village in Chalatenango. Although they were released later that evening, the soldiers accused them of working with the guerrillas, claiming that an informer had seen one of the three with members of the FMLN. The next day, only a very few people came to be vaccinated. The villagers explained that FAES soldiers had told them that the health promoters were guerrillas and the vaccines were poisoned.

-- Two foreign health professionals working with the Catholic Church were arrested in Chalatenango in May 1988, as they escorted patients to hospitals in San Salvador. They were transferred in military vehicles to local Army headquarters and ultimately to the High Command in San Salvador, where they were released. They returned to their work in Chalatenango but were subsequently detained by military authorities on other occasions.

-- Another foreign health professional working for a Salvadoran church was captured and detained by Air Force soldiers in August 1988, while attempting to make a weekly produce delivery to displaced persons in the department of La Paz. The health professional was accused of delivering food to the guerrillas.

-- A Spanish physician was denied permission by the military to continue visits to resettlement sites in El Barillo and Copapayo, jurisdiction of Suchitoto, department of Cuscatlan, although he had been visiting them regularly since 1987.

-- A health worker with a Salvadoran church and two villagers on their way to a dental promoter training course were detained and beaten by the military. Upon their release, they did not continue with the training because they feared further harassment.

These and other consistent reports from health workers and from our own observations made it evident that the Salvadoran army harasses people they believe support the FMLN and obstructs access to their communities. The arbitrary refusal to allow the delivery of medical services, medicines, food, and other essential goods imperils the health of many Salvadorans and violates Common Article 3 of the Geneva Conventions and Protocol II.

This conclusion is consistent with the testimony presented to the U.S. Congress three months before our visit by a consortium of six humanitarian and religious organizations including Catholic Relief Services, Church World Service and Lutheran World Relief. The consortium testified before the House Committee on Foreign Affairs that more than 60 church workers, relief and medical personnel, and international visitors had been detained or arrested by government military forces in 1988. They also described frequent military interdiction of food shipments destined for rural communities and delays and denials of relief-supply deliveries, which cost more than \$38,000 in one seven-month period, not including the value of food and medicines which spoiled while awaiting delivery. The consortium concluded that restrictions placed on relief assistance to civilians have become "so pronounced that they jeopardize the continued viability of the assistance programs we administer or support."⁴⁶

⁴⁶ Catholic Relief Services et al., "Safety and Survival: Safeguarding Humanitarian Assistance And Protecting Civilians in Rural El Salvador," (Testimony for the Subcommittee on Western Hemisphere Affairs, House Committee on Foreign Affairs, March 7, 1989), p.1.



Salvadoran children learn to brush their teeth at a community dental clinic.
(Photo: Dr. Natan Kamliot)



"Popular dentists" at work in a make-shift clinic. (Photo: Dr. Natan Kamliot)

Deportation

The deportation of international medical and humanitarian workers further obstructs civilian access to medical care. This is of particular concern given the scarcity of resources and harassment of many Salvadoran physicians.

In September 1988, a foreign health professional, who had worked with the Catholic Church in El Salvador for over a year and was returning from leave, was detained by immigration and customs officials at the International Airport in Comalapa and deported. Other medical personnel have been prohibited from doing their work and, in some cases, given thinly veiled threats from the Salvadoran military. A recent incident reported to members of our delegation in August 1989, after we returned to the United States, involved the detention, interrogation and deportation of two foreign medical workers. Although not technically deported, they were forced to stop their work and leave the country after being threatened by Salvadoran authorities.

Dr. Natan Kamliot is a Brazilian physician trained in France. When members of our delegation interviewed him in the United States, he told us that he, his wife, a Brazilian nurse named Beatrice Colapietro, their housekeeper, and a 20-year-old male patient who was recovering at their home were arrested in connection with their work setting up dental clinics in rural areas and marginalized communities on the outskirts of San Salvador. According to Dr. Kamliot, the oral health project is sponsored by the Archdiocese of San Salvador and organized by the Diocese of Chalatenango, the Coordinating Council of Repopulated Communities of Chalatenango (CCR), the National Coordination of Repopulations (CNR), and local parishes.

Seven dental clinics currently serve marginalized communities of displaced persons and repatriated refugees living in conflictive areas. Dr. Kamliot reported that all of the clinics are run by "popular dentists" who, like health promoters, are local Salvadorans trained to provide a wide range of dental services to their communities. More than 100 of these dentists are now working in the community clinics, serving an average of 30 people per clinic per day.

Dr. Kamliot presented us with the following testimony about his work in El Salvador, his recent arrest and deportation.

I have worked as a doctor in El Salvador since 1985. After the earthquake of October 1986, I began working in San Salvador in coordination with the Archdiocese of the Catholic Church. Concentrating mostly in the southeastern zones of the capital, in the marginalized communities served by the parishes San Roque, Santa

Ursula, and Santa Maria Madre De Los Pobres, I provided emergency medical treatment to the earthquake victims. Additionally, I organized and trained teams of health promoters. Beginning in 1987, I developed an oral health project for the repopulated communities in the countryside and the marginalized communities of San Salvador.

On July 17, 1989, my wife and I were arrested in connection with our work. We were imprisoned in CITFA (Information Transmission Center of the Armed Forces), the Treasury Police headquarters, and a municipal police jail. During our imprisonment we were psychologically tortured and mistreated. We were threatened with death, experienced simulated executions, and we could constantly hear the screams of the Salvadorans being tortured in adjacent cells.

The accusation against us was that we work with the Archdiocese of San Salvador, where they said the bishops are "communists" and help the guerrillas. Our torturers said that they had already killed Monsignor Oscar Romero and that the other religious workers would likewise be killed.

On July 21, 1989, four days after our arrest, we were expelled from the country. They did not have any evidence against us, and we still have valid visas and resident papers. However, they gave us a strong warning to leave the country. The Director of Immigration told us that we could be killed 'by one side or the other' if we stayed in El Salvador for longer than 72 hours. This type of warning is often the prelude to disappearance or death.

Dr. Kamliot and his wife are currently in the process of obtaining permission to return to El Salvador and continue participating in the oral health project. Since they left the country, 12 of the popular dentists working in their clinics have been arrested.

REFUSAL OF GOVERNMENT SERVICES

In addition to overt obstruction of health care, denial of access to medical services, and harassment or deportation of health workers, fear further limits the provision of health care. Some communities voluntarily refuse government health services, which are often provided by military personnel. We interviewed people from communities refusing to accept health services sponsored by the government and the military. All of those interviewed said that their refusal was based on their support of the FMLN and a corresponding fear of military repression.

The interviewees said that they did not want to be associated with the government or military in any way because they feared the counter-insurgency component that often exists in military operations and government sponsored programs. We found that the Combined Civic Actions (CCAs), in which health care and other social services provided by the military to civilian populations, are often seen by Salvadorans as a source of information that is later used to identify FMLN supporters. Interviewees from conflictive zones said that for this reason they do not allow CCAs in their communities.

One health promoter, from a community in Chalatenango, explained that her village refuses to participate in CCA programs because they believe that the programs "are mostly political, used to control the population." While in Chalatenango, we were also told that government informers were in almost every village, and we heard of incidents in which people identified by these informers as FMLN supporters were taken, beaten, and sometimes imprisoned or killed. One health worker reported that the Army had arrested a teacher and the head nurse of the village health clinic, on the suspicion that they worked with the guerrillas. The health promoter said that an informer in the community had identified the two.

Military and government officials claimed that some refugees and displaced persons refuse their services because they fear reprisals from the FMLN if they are seen as government supporters or informers. However, none of our interviewees who refused government services reported fearing the FMLN, nor did people in communities receiving health services sponsored by the military report any actual repercussions from the FMLN.

In summary, the arbitrary refusal to allow the delivery of medical services, medicines, food and other essentials, and the harassment and abuse inflicted on medical personnel is in violation of the Geneva Conventions and Protocol II, and contravenes long-standing principles of humanitarian behavior and medical neutrality. Moreover, the climate of fear resulting from military actions against civilians further limits the provision of health care services.

ASSAULTS ON MEDICAL FACILITIES, PERSONNEL AND PATIENTS

Torture

In 1988 the U.S. Department of State cited torture by government security forces as one of the continuing human rights abuses in El Salvador. Stating that most allegations involve "abuses that leave no marks and thus are extremely difficult to prove or disprove," the State Department lists several examples of the types of torture reported to them.⁴⁷ Our delegation documented cases of alleged torture through interviews with two imprisoned lay health workers and several patients, as well as through documents and testimony provided by diverse groups and individuals who monitor human rights within El Salvador. The following is a compilation of the types of torture reported to us in firsthand interviews with victims.

Practices described include the "capucha," or rubberized hood, often laced with powdered lime, which is held over the victim's head; and the immersion of a victim's head in water, or at times in sewage, to the point of suffocation. Other victims reported that they were required to stand for long periods of time--in some cases up to 72 hours during interrogation--causing severe pain and swelling of the feet. All of the victims interviewed reported being prevented from sleeping, being denied food and water for long periods of time, and not being allowed to relieve themselves. Many stated that they were repeatedly kicked and beaten by hand and with rifle butts. Some said that they were kept naked and blindfolded, and were threatened with rape, electric shock, and death. Many also reported hearing the screams of adults and others they believed to be children in adjacent cells. Although we also heard, from reliable secondary sources such as Tutela Legal (the Legal Aid Office of the Catholic Church), reports of physicians providing advice on torture techniques, we were unable to confirm those allegations.

The testimony of a 20 year-old woman interviewed in prison by Drs. Carola Eisenberg and Stephen Gloyd is representative of the types of experiences reported to us:

I live in a cell with thirteen other women, all political prisoners. Before my arrest I was one of the leaders of an organization which helps refugees and displaced persons.

⁴⁷ See supra, note 21, p. 557.

On April 19, 1989, our office was surrounded by the Army. At the time, it housed many displaced persons who had come to the capital seeking medical care. The military forced its way in and arrested everyone in the building including children and pregnant women. All but six staff members were released the following morning. I was one of the six.

I was kept blindfolded for about two and a half days, and was given neither food nor water. I was forced to stand and was not allowed to relieve myself. I was stripped naked and slapped repeatedly. The police threatened to rape and kill me. A "capucha" was placed over my head and tied tightly around my neck so that I was suffocating.

After they beat me and threatened me again with rape, I was given "water" which tasted peculiar; within a few minutes, I began hallucinate. I was then suspended three times from a beam by a strong nylon cord tied across my breasts.

She told Drs. Eisenberg and Gloyd that after three days she was taken to court, accused of being an FMLN supporter, and sent to the Ilopango jail to await further court proceedings. According to Drs. Gloyd and Eisenberg, she exhibited symptoms of posttraumatic stress syndrome including nightmares, hyper-responsiveness to loud sounds, severe headaches, anxiety, and vivid memories of torture.

Details of these and other cases given to us directly by victims and eyewitnesses correspond closely with reports by others such as Americas Watch and Tutela Legal, the non-governmental Human Rights Commission, and the U.S. State Department 1988 human rights report.

A History of Violence: One Woman's Story

The following testimony is from an interview conducted in prison with the woman who related her torture by the Salvadoran police forces (see pp38-39). The following events occurred in 1980, during her childhood:

As one of fourteen children, she grew up on a small farm. The family had little money, but were generally contented. One evening, three hungry and exhausted men came and asked for food and lodging. Her parents allowed them to stay, fed them and gave them a corner of their hut in which to sleep. After three days, the men left. The following morning, the young girl thought she saw the most marvelous toy in the sky. It was a big plane with people in it. Later she was to learn it was a helicopter watching her home.

Shortly afterwards, the military came and accused her family of housing three guerrillas. The soldiers handcuffed her father and two uncles who were visiting. Two of her teenaged brothers returned from the fields where they had been working all day. When they realized what was happening they offered the soldiers all their savings to buy their father's freedom. But once the money had been produced on this promise, the soldiers took the funds and her father, her uncles, and her twin brothers away without explanation. Her family and some nearby neighbors tried to follow them. The soldiers fired in the air to indicate that all would be shot if they continued to follow.

Some hours later, neighbors living several kilometers away, came to report that the father had been shot and decapitated. A few hundred feet down the road they killed the brothers with their bayonets and hung them upside down from a tree. The decapitated head of the young woman's father was left hanging. Both were a warning to the peasants not to give lodging to guerrillas. When the small girl walked down that road at dusk, she saw her father's head atop a tree.

Military Torture and Assassination of FMLN Medical Personnel and Patients

In February 1989, the Atlacatl Battalion of the Salvadoran armed forces attacked FMLN medical personnel in Chalatenango. Colonel Ivan Diaz, Chief of Military Intelligence, stated that the attack was on an FMLN military outpost, and that the FMLN medical personnel had died in battle. He asserted that the attack did not violate the terms of the Geneva Conventions because the outpost bore no medical insignia and was not identifiable as a hospital. Colonel Diaz congratulated the FMLN medics for having "the military courage to die like fighters, not doctors."

An FMLN official stated that the victims of the attack were FMLN doctors and their patients at a mobile field hospital. He said that the medical personnel and patients were unarmed, explaining that carrying weapons often provokes attack from military forces. Similarly, he added, the hospital bore no medical insignia because identification of FMLN field hospitals invariably draws fire from the military. In contrast to Diaz's version of how the medics died, he asserted that two of the victims were held for over two hours, tortured and then executed.

According to an independent investigation conducted the day after the attack by Tutela Legal, the site of the attack was an FMLN field hospital. Five FMLN health workers and five maimed or wounded patients were killed. The investigator found the bodies of two of the dead, a female Mexican physician and a female Salvadoran paramedic, buried near a village toward which they had fled. The bodies bore heavy bruises consistent with severe beating and attempted or accomplished rape. Both had several bullet wounds to the head and body.

We received reports of similar attacks resulting in the destruction of FMLN field hospitals in San Vicente in April 1989, and in Cabanas in the fall of 1988. In the latter episode, the Spanish ambassador to El Salvador told us that his direct intervention was necessary to effect the safe evacuation of a wounded Spanish physician.

International law requires medical facilities to be marked with a medical emblem or insignia. Moreover, while allowing medical personnel to carry light arms, it prohibits them from engaging in combat. However, in the above incident, regardless of whether the FMLN medical unit assumed a combatant's role or the military was able to identify the facility as a hospital, the physical abuse and murder of captured medical personnel, or any other person, are clear violations of humanitarian norms and human rights law.

FMLN Attacks on Military Medics and Medical Transports

Military officials told us of at least two instances in which the FMLN reportedly attacked medical transports. In one instance, the director of the central military hospital told members of our delegation that in April 1989, the FMLN fired on a marked ambulance transporting unarmed nurses in Usulután province. Several people were wounded and others killed in the attack. Direct testimony from a survivor contradicted the director's account. One of the wounded, a male medic, stated that the transport--a beige army truck--did not bear any medical insignia and carried 25 other male medics, some of whom were armed with rifles. He reported that they were hit by a remotely detonated explosive charge (possibly two) placed in the road and by small-arms fire. The attack ended as he and others gathered up the casualties and flagged down a passing civilian vehicle for help.

In the other instance, an officer in the Fourth Brigade accused the FMLN of firing on army medical helicopters that he said were clearly marked with a red cross. An FMLN field commander from the same region and an American physician who worked in the area both stated to us that they had never seen a military helicopter displaying medical markings and that they believed all military helicopters to be armed.

Protocol II

Art. 11, Protection of Medical Units and Transports

1. Medical units and transports shall be respected and protected at all times and shall not be the object of attack.
2. The protection to which medical units and transports are entitled shall not cease unless they are used to commit hostile acts, outside their humanitarian function. Protection may, however, cease only after a warning has been given setting, whenever appropriate, a reasonable time-limit, and after such warning has remained unheeded.

Problems of Identification

In our interviews with military and FMLN commanders, each side accused the other of intentional attacks on hospitals, medical personnel, and transports. When questioned about these allegations, FMLN representatives denied such attacks, while military commanders placed them within the limits of international law by emphasizing the absence of any medical insignia on FMLN "hospitals" and the alleged arming of FMLN medics.

Our delegation found that neither side is fully complying with the standards set forth in Protocol II requiring that all medical facilities, transports, personnel, and supplies be clearly marked with an easily recognizable medical insignia or emblem. Without such identification protection of medical personnel and the provision of health care under international law are difficult to guarantee.

The immunity of medical personnel and units from direct attack under Protocol II, as a practical matter, depends on the extent to which they are so identified. If a medical unit does not clearly display a medical insignia, it is left up to the opposing forces to try and determine, on a case by case basis, whether the object is a legitimate military target or a medical unit.

This determination is complicated by the provision under international law allowing medical personnel to carry light arms and to use reasonable force in defending themselves and their patients against violent assaults and crimes. International law does not authorize medical personnel to carry anything more than light arms, use their weapons for purposes other than those of a purely defensive nature, or engage in combat.⁴⁸ Should medical workers violate these conditions, they lose their neutral status and the corresponding protections offered under international law.

It is easy to see how serious problems can arise when the status of a target is unclear. If an FMLN field hospital does not display insignia, then its medical personnel and patients are protected under international law only if the military somehow knows that it is dealing with a medical unit. If the medical personnel fire their weapons in response to an attack, this will add to the difficulty of identifying the target as a hospital. Nonetheless, as soon as the military can reasonably ascertain the medical nature of the facility or personnel, they must stop the attack and afford the medical unit and staff every protection guaranteed by Protocol II. Under no

⁴⁸ Dr. Alma Baccino-Astrada, *Manual on the Rights and Duties of Medical Personnel in Armed Conflicts*, (Geneva: The International Committee of the Red Cross, 1982), 32.

circumstances can any person--whether combatant or non-combatant, medical personnel or non-medical personnel, patient or non-patient--be subjected to torture, beatings, other forms of cruel and unusual punishment, or murder.

Protocol II
Art. 12, The Distinctive Emblem

Under the direction of the competent authority concerned, the distinctive emblem of the red cross, red crescent or red lion and sun on a white ground shall be displayed by medical and religious personnel and medical units, and on medical transports. It shall be respected in all circumstances. It shall not be used improperly.

EVACUATION OF WOUNDED COMBATANTS

On January 26, 1987, the government of El Salvador under President Jose Napoleon Duarte, and the FMLN, agreed in Panama City "that the evacuation of the war wounded and maimed for their medical attention will occur without being subject to negotiations and exchanges." This agreement is consistent with medical and humanitarian norms. Based on this accord the International Committee of the Red Cross (ICRC) carried out several evacuations of 186 FMLN wounded, allowing them to receive adequate medical attention in other countries: 39 people were evacuated on January 30, 1987; 20 on March 4, 1987; 98 on June 29, 1987; and 29 on April 4, 1988. The last evacuation was of four wounded from a refugee camp run by the Archdiocese.

In May 1989, President Duarte agreed to evacuate 106 more FMLN wounded. The ICRC was to carry out the action, and Monsignor Arturo Rivera y Damas supported the plans. The military and the newly elected Arena government strongly opposed the evacuation action and on May 17, 1989, one day before it was to take place, President Duarte, under pressure from Arena, suspended the evacuation indefinitely.

An FMLN field commander who had worked in Chalatenango, where many of the evacuees were located, told us that on May 17, 1989, the army attacked the area. On May 18, the ICRC was not allowed to enter the village even though many of the wounded were waiting to be evacuated.

In August 1989, approximately 48 of the wounded occupied the San Salvador cathedral to call international attention to their plight and to pressure the Arena government to allow their evacuation. They were finally given asylum by the Mexican Embassy and flown to Cuba for medical treatment.

INDISCRIMINATE USE OF LAND MINES

Land mines are a serious cause of injuries to civilians in El Salvador. Both the armed forces and the FMLN use them. While it is sometimes difficult to tell which side places the mines that cause the most injuries to civilians, it is generally believed to be the FMLN. In any case, however, the injuries are usually severe and long-lasting. Members of our delegation interviewed several people who had been injured by mines.

One young man from a rural town in Chalatenango reported that on July 21, 1988, while on his way home from work in the fields, he stepped on a land mine, was thrown, and fell unconscious. He now has an amputation below the left knee and walks on crutches. He did not know who had placed the mine. Another interviewee was blinded by a land mine on January 26, 1986, in northern El Salvador.

While in the countryside north of San Salvador, members of our delegation met a woman living in a small house made of corrugated cardboard and tin. Her husband, almost 30, had stepped on a land mine several years ago and lost both his legs. Now he is unable to work as before, she said, and therefore has difficulty providing for the family. The woman believed that the Salvadoran military had placed the mine in the field. She claimed that when the FMLN place mines, they usually tell people which fields to avoid, whereas the government never gives such warnings.

In addition to civilian injuries, by 1986 land mines had become one of the leading causes of casualties among government soldiers. In our visit to the Central Military Hospital, we spoke to several soldiers who had been wounded by land mines, presumably placed by the FMLN.



At the military hospital in San Salvador in June, 1989, Anthony Gambino and Dr. Stephen Gloyd talk with a soldier who was injured by a land mine.

INCURSIONS INTO HEALTH CARE FACILITIES

Attack on Calle Real Refugee Camp Infirmary

In January 1988, in a widely reported incident, an FAES unit entered the Calle Real refugee camp, a facility--now closed--that was run by the Catholic Church on the outskirts of San Salvador. According to an eyewitness whom we interviewed, a contingent of soldiers went directly to the camp infirmary, pulled an amputee from his bed and attempted to remove him at gunpoint. An attempt was also made to forcibly remove a foreign physician on duty at the infirmary who had insisted on

accompanying any patient taken by the soldiers. The intercession of a crowd of refugees and church officials prevented the soldiers from detaining the physician and the patient. The following night rifle fire was directed from outside the camp into the infirmary compound, wounding one patient and necessitating an emergency laparotomy.

Patrolling Hospitals and Interrogating Patients

Many of the health promoters, former refugees, and displaced persons we interviewed described to us their fear of seeking assistance and treatment at the public hospitals or other MOH-and government-sponsored medical clinics because they are usually patrolled by the Salvadoran Armed Forces. They reported incidents in which the military interrogated and, at times, abducted from the hospital, civilians seeking treatment for wounds that were not incurred through fighting but resembled combat injuries.

For example, the amputee from Chalatenango who had stepped on a mine on July 21, 1988, also described to us how he had been interrogated by the police on numerous occasions while in Rosales Hospital in San Salvador. He reported that the police investigated almost all patients with combat-like injuries and that he had been closely monitored by the police during his recovery in Rosales. Upon his discharge, he said, the National Police detained him for three days. He was confined in a small cell with only a chair and a table, blindfolded, beaten, threatened, and hit on his right leg cast. He stated that he was given no food or water and was deprived of sleep. He reported being interrogated constantly and accused of being a member of guerrilla groups.

We also met a young mother of two who had been admitted to Rosales Hospital with two gunshot wounds to the abdomen. She alleged that her injury was caused by shots fired by government soldiers outside of her home on May 31, 1989. A third shot killed her four year-old son. She told members of our delegation that, while in the hospital, she had been under constant military surveillance and was threatened by a man claiming to be a justice of the peace. She reported that a day after her surgery this man came to see her in the hospital. He told her that he was assigned to investigate her injuries. She did not believe him because, she said, he offered her money and threatened to harm her two surviving daughters if she did not sign a statement saying that it was not the military but a civilian who wounded her and killed her son. She refused to sign the statement. Soon after, she was released from the hospital.

Friends of this woman asked us to see her. They said that because of the military's interest in her case, they were having a difficult time finding a Salvadoran health professional willing to treat her. When we saw her she had not returned to her home for fear that the military would further harm her or her family. Physical examination and a review of her x-rays revealed a small displaced fracture of the crest of iliac bone. She reported a fear of paralysis, but we assured her that with bed rest she would be fine. In fact, on our second visit to review her condition, although she displayed a great deal of grief over the loss of her child and considerable fear of the military, she showed some physical improvement and was greatly encouraged by our medical report.



(Left to Right) Drs. Scrimshaw, Eisenberg, and Schlenker examine a young woman shot by soldiers outside of her home, June, 1989.

Execution of a Patient

One of the most blatant violations of medical neutrality was reported to us by the non-governmental Human Rights Commission: a young man was admitted to the Santa Tecla Hospital on June 11, 1988, with wounds suffered in a machete attack. According to the commission, a charge nurse told family members that a short time after the young man was admitted to Rosales, uniformed members of the national police entered the hospital and removed him without medical permission. The next day the police reported his "death by suicide" and delivered his body to his family. The family requested that the nongovernmental Commission for Human Rights investigate. Examination of the corpse showed that death was caused by one bullet wound to the head, with the entry point in the occipital region and the exit wound in the forehead, clearly suggesting murder and not suicide.

HEALTH SERVICES AFFECTED BY FMLN ATTACKS

The director of the Central Military hospital reported to us that the two main military hospitals in San Salvador and San Miguel had never been attacked in any way by the FMLN. He stated further that the field hospitals that had suffered damages did not seem to have been singled out by the rebels. Since they are usually integrated into the command and barrack structures at each site, the director said, the field hospitals are sometimes incidentally damaged. MOH and USAID officials reported similar conclusions, stating that none of their sites had ever been attacked by the FMLN, nor had they experienced particular obstructions to health care as a result of guerrilla activities.

Our delegation found, however, that the FMLN campaign of economic sabotage has had indirect effects on the public hospital system. For example, Col. Ivan Diaz reported that FMLN attacks on electrical transmission lines have sometimes cut off power to public hospitals. In our visits to the major public hospitals in San Salvador and the surrounding area, and in interviews with physicians, we found that the hospitals' backup generators were often inadequate. Additionally, the interruption of bus service--often the only transportation available--by FMLN attacks on public roads has in effect prevented some Salvadorans from receiving timely medical care.

MEDICAL EDUCATION

Medical education in El Salvador has suffered not only from budget restrictions similar to those endured by the MOH, but also from the hostility of the Salvadoran government. Until 1984 the only medical school was run by the state-sponsored University of El Salvador (UES).⁴⁹ Historically, the faculty and students at the UES have been very critical of the military government, and the campus is considered an intellectual center for the opposition. In 1980 the military, claiming that the university was an FMLN bastion, invaded and closed the campus, killing students and faculty in the attack. The university was not permitted to reopen until 1984, and then its budget was not sufficient for daily operations, let alone reconstruction. The 1986 earthquake caused further damage. In December 1988 bombs destroyed the university's biology department, which housed much of the medical school's research section. Reconstruction of medical school facilities and replenishing its supplies, although supported by the PAHO and the European Community, has been slowed greatly by continued military repression of the UES.

The U.S. Congress appropriated two million dollars as reconstruction aid to the university after the earthquake in 1986. However, these funds have not been released and have recently been slated for return to the treasury. In a letter to Congress the State Department explained why it was refusing to release the funds. The State Department stated that the University had been run by a guerrilla-affiliated network of teacher, student, and labor groups which had converted the campus into a "safe-haven for guerrilla activities."⁵⁰

Several members of the medical school faculty told us that the military repression stems from the fact that the UES has criticized the government. Moreover, they said, because many medical students complete their field work in conflictive zones and in other marginalized communities, the government suspects them of being guerrilla sympathizers.

The faculty described a milieu of intimidation and violence directed against the university. Military presence around the campus has been constant since the

⁴⁹ The faculty of medicine in the UES has two schools: the School of Medicine, with 11 departments oriented to training medical doctors, and the School of Medical Technology, which teaches nine paramedical professions: clinical laboratory, physiotherapy, echocardiography, radiotechnology, health education, nutrition, anesthesiology, nursing and maternal/child care.

⁵⁰ See also, Janet Gruschow, "University of El Salvador Attacked," Report on Science and Human Rights (AAAS: 1989), 3-4, citing Pat Butenis, U.S. State Department, letter to Chester Wickwire, February 7, 1989.



All that was left of the University Medical School library. (El Salvador, June 1989.)

presidential elections in March 1989 and is regarded by university officials as threatening rather than protective. Only days before our June visit, a university official fled the country after receiving a series of death threats. A few months ago, the body of a third-year medical student, bearing bullet wounds and evidence of torture, was discovered in a cardboard box in the capital. Tutela Legal ascribed the killing to right-wing death squads.

The situation is made even more critical by the large class size, due to a new open enrollment system, combined with the scarcity of resources available to the UES medical school. In June, the School of Medicine has approximately 3,200 students in its eight-year curriculum. The entering class has grown from 40 students in 1979 to 800 students in 1988, many of whom reach the clinical level. Although there is an agreement between the UES and the MOH allowing medical students to train in the four hospitals in San Salvador, these hospitals have few resources. The quality of clinical training provided most students is therefore seriously limited. The medical school library, which had subscribed to over 800 professional journals prior to 1980, can now afford to subscribe to only 6.

During the last few years three unregulated private medical schools have been founded. They also function without laboratories, library, or hospital facilities and offer essentially no clinical training. They have a total of 1,500 students.

During the escalation of fighting in San Salvador in November 1989, the UES campus was once again closed by the military. Many of the buildings and supplies were destroyed. Although the campus remains closed indefinitely, the medical school is attempting to hold classes in abandoned buildings and in private homes throughout San Salvador.



Residents of Zacamil, a suburb of San Salvador, search through the rubble of their homes after they were destroyed by aerial bombardments in November, 1989.

PART III: THE NOVEMBER OFFENSIVE

AN OVERVIEW

In November 1989, the ten year-old civil war between the Farabundo Marti National Liberation Front (FMLN) and the Salvadoran Armed Forces (FAES) escalated dramatically. With this escalation, the number of violations of medical neutrality and human rights abuses increased, once again creating the climate of terror and violence characteristic of El Salvador in the early 1980s.

Although negotiations took place in the fall of 1989 between the newly-elected government of President Alfredo Cristiani, a member of the Nationalist Republican Alliance Party (ARENA), and FMLN leaders, they came to an abrupt halt when an explosive was placed inside the headquarters of FENASTRAS,⁵¹ one of the leading labor unions in El Salvador, during the lunch-hour on October 31. Ten labor leaders were killed, including some of the leading figures in the Salvadoran labor movement.

Then, on November 11, the FMLN launched an offensive in the capital city of San Salvador. Estimates indicate that two to three thousand guerrillas attacked military installations and took up positions in several civilian neighborhoods.⁵² The Salvadoran armed forces responded with both aerial and ground attacks on the civilian neighborhoods in which the FMLN was located and imposed a dusk to dawn curfew in which civilians were prohibited from leaving their homes for any reason.

In the ensuing combat, both sides showed blatant disregard for the lives of civilians. Thousands of civilians were caught in their homes, unable to escape the devastation of the aerial attacks, machine gunning, and cross fire. Neither the FMLN nor the military gave the civilian population adequate time to safely evacuate the areas of combat. Initial accounts reported guerrilla soldiers forcing civilians to stay in

⁵¹ FENASTRAS is the National Federation of Salvadoran Workers.

⁵² The Minister of Planning estimated that 3,500 guerrillas entered San Salvador; the U.S. Ambassador indicated that 1,500 to 2,000 guerrillas had participated in the offensive.

their homes in hopes of gaining protection from military attack.⁵³ Similarly, the military fired rockets and mortars indiscriminately on the civilian neighborhoods in which guerrillas were believed to be hiding, killing or wounding hundreds of civilians who had been forced to stay in their homes due to the curfew.⁵⁴

By the time a lull in the fighting occurred, almost two weeks later, it was reported that over 1,000 people had been killed or wounded, and over 70,000 civilians had been displaced from their homes. The Salvadoran military had ransacked churches and humanitarian agencies, and expelled foreign health care workers from the country. Church workers had received death threats. Unions had been closed down with their leaders forced into hiding or exile, and Salvadoran and foreign health and humanitarian workers had been arrested or imprisoned.

On November 23, the Legislative Assembly passed a new "anti-terrorist" law (the "Reform of the Penal Code") ensuring the dismantling of the grassroots organizations, unions, and political opposition groups which had been forced underground in the first two weeks of the offensive.⁵⁵ Although to date, President Cristiani has sent the proposed legislation back for revisions, the broad nature and scope of the proposed law would outlaw any organized opposition groups, including human rights monitoring agencies and many humanitarian assistance groups, criminalize criticism of the government, and thus, free speech, and greatly restrict press freedoms. In essence, the broad language of the law would institutionalize the atmosphere of repression presently existing in El Salvador.

Perhaps the most shocking incident during this time was the brutal murder of six Jesuit priests, their cook, and her 15 year-old daughter, in the early morning hours of November 16, 1989. An initial investigation revealed that the eight were killed by several high-velocity bullets fired at close range. Most recently, President Cristiani has arrested eight members of the elite Atlacatl Battalion of the Salvadoran armed forces in connection with the murders.⁵⁶

⁵³ Americas Watch, "Carnage Again: Preliminary Report on Violations of War by Both Sides in the November 1989 Offensive in El Salvador," (New York: Human Rights Watch, 1989), 59-61.

Americas Watch, "Update on El Salvador: The Human Rights Crisis Continues in the Wake of the FMLN Offensive," (New York: Human Rights Watch, 1989), 58-71.

⁵⁴ See supra, note 53, "Carnage Again," 50-59, and "Update on El Salvador," 58-71.

⁵⁵ See supra, note 53, "Carnage Again," 11-12.

⁵⁶ For more details and summary of the investigation, see supra, note 53, "Carnage Again," 14-29, and "Update on El Salvador," 6-15.

See also, Lawyers Committee for Human Rights, "The Jesuit Murders: A Report on the Testimony of a Witness," (New York: 1989).

In a less publicized, but just as brutal murder, six soccer players and one 14 year-old youth were assassinated by the military in San Luis, Cuscatancingo, a northern suburb of San Salvador. On November 17, 1989, after strafing the area, the military ordered the community to evacuate their homes because there would be further fighting. The six soccer players agreed to stay and guard the houses in the community from looting. However, on Saturday, November 18, when the soldiers entered the neighborhood at approximately 4:30 p.m., the six youths, and a boy who was selling bread, were lined up against a wall and executed. According to the community members, none of the youths had any ties to the FMLN.⁵⁷

In addition, Americas Watch has cited several other assassinations, including the murder of the former Supreme Court President, Francisco Jose (Chachi) Guerrero. Guerrero was reportedly shot on November 29, 1989, on a street in San Salvador by two members of the FMLN.⁵⁸

RESCUE EFFORTS AMID THE OBSTRUCTION OF MEDICAL CARE

In this milieu of terror and bloodshed, medical workers endeavored to provide health care to the wounded and sick: a task that proved difficult at best and, in many cases, impossible. Our study has revealed that the Salvadoran military and the FMLN committed many violations of Common Article 3 to the Geneva Conventions,⁵⁹ and Additional Protocol II. Both of these international agreements describe the right of wounded and sick in situations of civil conflict to receive medical treatment "to the fullest extent practicable and with the least possible delay," regardless of any considerations other than medical ones.⁶⁰

⁵⁷ See supra, note 53, "Update on El Salvador," 17.

⁵⁸ See supra, note 53, "Update on El Salvador," 15.

⁵⁹ See supra, note 1, "The Geneva Conventions of 1949," Common Article 3, 326.

⁶⁰ See supra, notes 2 and 3, Protocol II, Part III, Articles 7 and 10, 553-554.

The Salvadoran military refused to let the International Committee of the Red Cross (ICRC) enter the neighborhoods in which the fighting was most intense and in which many wounded were located.⁶¹ Numerous rescue workers reported that they were often caught in cross-fire, indicating that neither the FMLN nor the military ceased their firing to allow the rescue efforts of the medical teams.⁶²

Reliable reports indicated that at least seven ambulances were fired upon.⁶³ In most cases, the vehicles were caught in cross fire, making it impossible to tell which side had fired the shots. At least two of the vehicles, however, showed damage that looked intentionally inflicted.

In other instances, reports indicated that both sides had improperly used the cover of the medical emblem for military purposes. In one case, Salvadoran military troops were seen being transported in a vehicle marked with a red cross. In another case, an eye-witness reported seeing the guerrillas attack President Cristiani's house from an ambulance.

On November 15, the ICRC proposed a three to six hour truce in which to evacuate wounded civilians and deliver medical supplies to health personnel located in the areas of heaviest fighting. The government refused to agree to the proposal, reportedly for fear that the rebels would refortify themselves. The rebels called for a separate, but similar, cease-fire. The inability, or unwillingness, of either side to agree on conditions which would facilitate the provision of medical care to wounded and sick, greatly obstructed relief efforts, endangered medical and rescue personnel, and cost additional civilian lives.

Nonetheless, local Red, Green, and Blue Cross relief organizations made heroic efforts to evacuate people from their homes, in the midst of cross fire and shelling, to emergency clinics and shelters. The Archdiocese of the Catholic Church opened over 20 temporary shelters and provided medical services to anyone in need. The Lutheran church and other religious denominations set up similar health clinics throughout San Salvador and in other major cities.

⁶¹ Delegation interviews.
See also Americas Watch, *supra*, note 53, "Carnage Again," 70-71.

⁶² Delegation interviews with rescue workers.

⁶³ Delegation interviews with rescue workers.
See also Americas Watch, *supra*, note 53, "Carnage Again," 67-68.

A doctor working in one of these emergency clinics described the difficult conditions surrounding the provision of health care during the first few days of the November offensive:

By Monday, November 13, there were reports of heavy civilian (and combatant) casualties in the urban combat zones. Ambulances were consistently coming under fire, thus preventing them from evacuating the wounded from the sites of heaviest fighting. The Red Cross was broadcasting urgent appeals for blood. Civilians were arriving at the installations of the church clinic, where I worked, to ask for refuge, food, medical attention, and assistance in evacuating their family members from areas which the Red Cross and Green Cross had been unable to enter.

Refugees were coming to the church in groups of 30 to 100 at a time. Among the patients we treated, we saw infants with chicken pox, mumps, and diarrhea, and we began to worry about epidemics among the crowded refugees. By Thursday morning, November 16, Salvadoran Blue Cross vehicles and church workers arrived more or less hourly with sick and wounded patients, some of whom had been turned away from the public hospitals for lack of space, personnel, and supplies.

CHURCH HEALTH CARE WORKERS AND PATIENTS ARRESTED

Throughout the November offensive thousands of people trying to escape the violence filled churches and community centers, as well as every available facility in San Salvador, including the soccer stadium. Numerous health and humanitarian workers were arrested, including two health workers in San Miguel, and the head of the Episcopal Church, Luis Serrano. Moreover, as the documentation in this report indicates, due to the military's belief that church health and humanitarian workers are helping the guerrillas, they, for years, have been the object of military interference, interrogation, arrest, and in some cases, direct attack. With the recent escalation of the conflict, these activities have increased dramatically, further endangering many civilians and causing others to flee into hiding.

One of the health clinics run by the Catholic Church was in Mejicanos, a neighborhood in the northern part of San Salvador where the fighting was particularly intense. In interviews, the parish staff described the difficult conditions they faced during the first few days of the offensive and the subsequent arrest of health personnel and patients.

They estimated assisting 250-300 wounded during the height of the violence in their neighborhood, from November 15-18. A small team of health workers and several others volunteered to help evacuate wounded and sick. The workers provided whatever medical assistance they could in the church itself, and then carried as many of the wounded as possible to the nearest first aid station: a few cots placed about two miles down the road in a shopping center.

However, as elsewhere in the city, the evacuation of wounded, as well as civilians who had died in the conflict, proved to be extremely difficult. In some instances, churches and emergency refugee centers had to be used as graveyards. For example, Maria Julia Vasquez, a mother of two, and her ten year-old niece, Alma Yanira Vasquez, died after their house was destroyed by mortar and rockets on Saturday, November 17, at approximately 2:00 p.m. They were buried in the church courtyard as the fighting was too intense to remove them to a cemetery.

One emergency worker who helped provide health care to the wounded and sick in the parish clinic gave the following account:

Here, in Mejicanos, the conflict began on November 11, between eight and ten o'clock at night. We waited to see what our small health team could do to respond to the emergency. Mostly, we ended up providing simple first aid to persons injured, and a refugee center for those who were not confined in their homes because of the fighting.

On Tuesday, November 14, we began to receive wounded. Most of the people we saw, however, reached the church sometime between Wednesday and Saturday. The most seriously wounded we tried to take to a health post set up by the Blue Cross. This was very difficult because we were surrounded by gunfire and bombing. A few times the Green Cross was able to come through and evacuate wounded, but most of the time the army wasn't allowing them in to help, so it was up to us.

Most of the injuries we saw were caused from shrapnel. Some people were covered from head to toe with bits of shrapnel, others were injured mostly in the face, and some had been shot in their



Two civilians killed in the November, 1989, conflict were buried in the local church courtyard because the fighting was too intense to remove them to a cemetery.

buttocks as though they had been caught in cross fire trying to run to safety. We also treated people injured by grenade fragments and from bullet wounds.

Although we have a small health clinic here all the time, the medications we have are for normal illnesses. We were completely unprepared for this type of emergency. Fortunately, the Archdiocese was able to bring us some of the necessary supplies, but still, there was a time when we felt the emergency was just too much for us to handle. I was bringing in wounded with four others. Personally it felt like too much, as there were so many different needs. We have 70,000 people in the parish and, as a church, people in the community depend on us for food, medicine, housing, and safety.

On Thursday, November 16, we were able to evacuate a group of about 200 refugees, including some wounded, to the capital. The following Saturday, November 18th, we had a total of 24 wounded in the church. We had just finished evacuating all but eleven of them when the First Brigade of the Army came and arrested everyone. When they entered our clinic they asked who was in charge. Upon learning that the priests were not there, but that a man named David Hernandez was in charge, they tied him up and began to beat him. David had just been pitching in, helping to evacuate people. The soldiers arrested all four health workers, including David Hernandez. Later they came back and also took the eleven wounded, mostly women and children.

Three members of the health team were released the following Monday, but as of today, November 26, we don't know anything about what has happened to David Hernandez or the eleven wounded.

RAIDS AND SEARCHES OF CHURCHES AND HUMANITARIAN ORGANIZATIONS

Within the first two weeks of the November offensive, the military carried out many searches and raids on church clinics and other humanitarian offices. For example, the military or security forces reportedly searched all of the shelters run by the Catholic Archdiocese. By November 22, the searches and raids had become so

persistent that, after a meeting with Archbishop Rivera y Damas and several high-level officials of the Salvadoran government and military, President Cristiani issued an order prohibiting the security forces from entering any church, school, or humanitarian organization--regardless of the evidence of guerrilla involvement--without confirmation of an order to do so from Colonel Ponce, Chief of the Armed Forces High Command. However, as of November 25, according to a British consular official, police forces had raided at least two church facilities without a specific order.

In describing the problems the Church faces from the military, one church official gave the following explanation:

We are in a time when the church and others are encountering even more difficulties than previously in their humanitarian efforts. If before the offensive, the humanitarian work of the church was seen as suspect by the military, now it is seen as 100 times more so. For this reason, if a wounded person comes to our church, we have tremendous difficulty trying to figure out where to put the individual and how to treat him or her. Our attitude is that we will treat anyone. A wounded person is a wounded person. But this is not always how the military sees it.

When the Archbishop opened health clinics at the beginning of the conflict, he wrote to Colonel Ponce to inform him of the new clinics. Colonel Ponce approved of this work. Nevertheless, the military has entered each clinic to search for arms. Of course they haven't ever found any. There are only people fleeing from the conflict.

In addition to searches, the military watches the activities of the church and all the movements of its parishioners. Although none of the Catholic Church hierarchy have had to leave the country yet, both the Archbishop and the Auxiliary Bishop have received death threats. If such threats are being made against people at this high level, I fear what is happening to all the people who don't have the protection that comes with a respected position of authority.

In its recent reports, Americas Watch condemned both the FMLN and the Salvadoran military for the role each played in the November offensive, stating that "the tragedy need not have been so enormous, had both sides to the conflict respected the applicable international laws."⁶⁴ In particular, they deplored the indiscriminate bombing and strafing of civilian neighborhoods by the military, and the

⁶⁴ See supra, note 53, "Carnage Again," 1.

FMLN's forcing civilians to serve as shields.⁶⁵ Stating that "[n]o abuse by one side...justifies a violation by the other," Americas Watch noted:

to the extent that rebels have prohibited the evacuation of civilians to protect their military position, or have located their posts in civilian areas for the purpose of using civilians as a shield, they must bear some responsibility for the deaths of civilians ensuing from government attacks.⁶⁶

On the other side, they condemned the government for not allowing civilians to leave their homes and then bombing and strafing their neighborhoods.

One Catholic Church official agreed, saying that he attributed "tremendous responsibility" to the FMLN for putting civilians in the middle of such intense combat. "They play a large role," he explained, "because they set the stage for what came later."

However, while admitting that the FMLN bore a great deal of responsibility, and that, at times, church workers feared the guerrillas, the church official felt that most workers feared the military more. The difference, he said, was that while there were specific instances of abuse by the FMLN, the guerrillas, unlike the military, did not make it a practice to threaten or harass church workers.

ARRESTS AND EXPULSION OF FOREIGN HEALTH CARE PROVIDERS

Over 45 international health and humanitarian workers were forced to leave the country during the first few weeks of the offensive, either because they were expelled or because it became too dangerous for them to work.

Americas Watch reports that in the first month after the offensive, "at least 38

⁶⁵ Subsequent investigation and reports indicated that fewer violations of each sort occurred than originally thought. However, violations of each sort were found. See *supra*, note 53, "Update on El Salvador," 3.

⁶⁶See *supra*, note 53, "Carnage Again," 59.

foreign nationals have been detained, 21 have left under order, 23 have left for other reasons and 5 have received explicit threats.⁶⁷ In addition, other church officials and humanitarian leaders have gone into hiding and/or closed their offices. These include, among others, the Lutheran Bishop, the head of the Lutheran World Federation, and several Episcopalians. Catholic Relief Services and the non-governmental Commission on Human Rights were both temporarily closed.

Three foreign physicians and a nurse, working in a church clinic and refugee shelter, were among those expelled from El Salvador soon after the offensive began. They were arrested with eight other foreigners, ostensibly for providing medical care to wounded guerrillas. No charges, however, were ever filed.

Common Article 3 of the Geneva Conventions and Additional Protocol II clearly describe the right of wounded and sick to receive medical treatment regardless of their political beliefs or any considerations other than medical ones.⁶⁸

The following testimony, taken from the account of one of the expelled physicians, exemplifies the pattern of harassment of medical personnel and the often deliberate obstruction of the provision of medical treatment to wounded and sick by the Salvadoran military and security forces.

Three foreign medical doctors and one nurse working with the Lutheran Church in El Salvador were asked by Lutheran Bishop Medardo Gomez to organize the church's response to the medical needs of the civilian population. We improvised a clinic in one of the Lutheran chapels, and began to attend sick refugees and wounded patients evacuated by church workers.

By Wednesday, November 15, we had arranged that the Salvadoran Blue Cross would evacuate wounded and sick patients from the combat zones to our clinic. We consulted with the International Committee of the Red Cross and obtained their unofficial approval of this project, as well as their commitment to supply us with medicines and bandages. Refugees were coming to the church in groups of 30 to 100 at a time. The Church officially informed the Salvadoran Armed Forces High Command that the church was using its facilities to provide humanitarian assistance to victims of the war.

By Thursday morning, November 16, our improvised clinic was

⁶⁷ See supra, note 53, "Update on El Salvador," 30.

⁶⁸ See supra, note 1, "The Geneva Conventions of 1949" and "Protocol II."

busy. We took care of an 11-year-old boy who had received a shrapnel wound to his right groin; he sobbed after we dressed his wounds because he had escaped alive from his neighborhood but he didn't know what had become of his mother and aunts. We also took care of a man in his twenties who had taken his wife to the hospital to deliver a baby; upon his return to their neighborhood to fetch a toothbrush and clean underwear for his wife he was caught in cross fire and took a bullet to the abdomen. One of the physicians in our group had gone to the parish clinic of the Maria Madre de los Pobres neighborhood in the hopes of assisting the wounded there; the clinic was hit by a missile of some sort and the physician was evacuated under fire.

At around 4:00 p.m. on November 16, as I was preparing to examine a woman in labor, armed and uniformed members of the Salvadoran National Guard came into the building in which we were working. They demanded to see the passports of all the foreigners in the building. After we handed over our documents, the Guardsmen loaded us into a pickup truck and took us to their headquarters.

The attorney for the Lutheran Church volunteered to accompany us as our legal representative. Two Salvadoran women...also volunteered to accompany us. At the National Guard headquarters, the three Salvadorans were arrested. The twelve foreign church workers...were transferred to the headquarters of the Treasury Police.

At the Treasury Police headquarters, our documents and personal belongings were taken from us. We were loaded into a pickup truck and blindfolded, then driven somewhere within the Treasury Police headquarters. We were unloaded from the truck and handcuffed, then moved inside a building, where about half of us were placed in individual cells, the rest remaining in a corridor. Treasury policemen shouted to each other that we were the foreigners who had been providing medical attention to wounded guerrilla combatants. I was eventually taken from my cell--where I had been forced to stand, blindfolded and handcuffed--by a Treasury policeman who partly removed my blindfold, and then shouted at me to tell him how many guerrillas I had taken care of at the Lutheran clinic.

All twelve foreigners were subsequently released after being made to sign a document that stated that they had been arrested on suspicion of collaboration with

the current guerrilla offensive but that no evidence of such collaboration had been found. Their freedom was conditioned on their prompt departure from El Salvador.

Of the three Salvadorans arrested with the twelve foreigners, the two women were released a couple of days later. The Salvadoran attorney, however, was held in the National Police headquarters for ten days. He was finally only released when a delegation from the United States, which included a Congressman, inquired after his well-being and requested an opportunity to see him.

ATTACKS ON PUBLIC HOSPITALS

During the past few months both sides in the conflict failed to honor the neutrality of hospitals. There were numerous reports of clinics and medical facilities being either used as military posts or closed down by security forces. In other instances, hospitals were directly attacked. The director of Rosales Hospital said that although, for the most part, the neutrality of the hospital and medical staff was respected, military presence inside the hospital often caused tension because the staff never knew whom the military might be watching. Other staff admitted that uniformed men had come and removed several patients before they had completely recovered.

In addition, the military placed guards in the hospital to watch certain patients. While some of the patients under guard were in a separate section for suspected criminals, others were in the regular wards. One staff member reported that the soldiers often came in and watched anyone with war-like injuries, in particular, young males. While placing patients under guard is not, in itself, a violation of medical neutrality, military occupation of hospitals is a serious violation that often prevents patients from seeking much needed medical treatment, or invites attack.

In the southern town of Zacatecoluca, for example, the main hospital was the scene of a fierce battle. Americas Watch reports that for some time before the November 11 offensive, the Salvadoran armed forces had stationed military communications equipment and, at times, soldiers, on the roof of the hospital because it was the tallest building in the city. When the fighting broke out on November 11, there were several medical personnel and about 100-150 patients on the hospital's four floors. On Sunday, November 12, the guerrillas attacked the hospital, attempting to enter the facility and destroy the military communications

center. Although medical staff and patients had vacated the men's surgical and pediatrics units located on the fourth floor near the roof, they reportedly were unable to evacuate the entire hospital due to the intense cross fire outside between the rebels and the army.

The Americas Watch report continues:

there was a fierce exchange of fire between the soldiers on the roof and the guerrillas on the fourth floor, with perhaps two or three soldiers dying in combat....It appears, however, that the guerrillas never succeeded in dislodging the soldiers from the roof, although they placed a large explosive on the fourth floor and extensively damaged the ward....

The fighting continued on Monday and the army entered at least to the ground floor of the hospital. It was still impossible to evacuate the patients and medical personnel trapped inside the lower floors of the hospital, due to the intensity of combat on the ground outside. The guerrillas on the fourth floor apparently slipped out without being captured by the army.

Finally, on Tuesday, the patients and medical personnel were evacuated with the help of the bishop of La Paz, although the fighting still had not stopped. The patients were installed in a school, which continues to be the site of the hospital. Both medical personnel and patients are too afraid that the hospital will once again be the scene of combat to return to that building, which is a waste of a much-needed medical facility.⁶⁹

Several other hospitals have reportedly become military targets due to military activity in or around the medical facilities.⁷⁰ One was the hospital in Chalatenango. Another was the Psychiatric Hospital in Soyapango, San Salvador, which was attacked by rebel forces on Monday, November 13, after the military had stationed personnel inside the hospital facilities.

⁶⁹ See supra, note 53, "Update on El Salvador," 71-74.

⁷⁰ Ibid., 74.

CONDITIONS IN THE HOSPITALS

In addition to military occupation or direct attack of hospitals, a lack of resources critically curtailed the efforts of hospital staff to respond to the medical emergency created by the November offensive. Rosales Hospital is the only public tertiary care facility in San Salvador. Its director reported that, since the hospital administration was not prepared for the offensive, during the first day or two of the conflict they lacked the necessary supplies or staffing to deal effectively with the emergency. However, within a few days hospital staff were working around the clock and had received some emergency supplies from the ICRC, Medecins Sans Frontieres, and the Pan American Health Organization. In addition, the Military, Social Security, and Maternity hospitals loaned Rosales some of their supplies. Later in the week, the Ministry of Health and USAID were also able to donate some materials.

Explaining the critical shortages his hospital experienced, the director of Rosales stated that most of the supplies in stock were for non-trauma cases, and that even those stocks were extremely low. For example, no elective surgery had been performed at Rosales for the two months prior to the offensive because the hospital did not have enough anesthetics. With the type and volume of emergency surgery required during the offensive, the hospital was pushed well beyond its capacity. Without the help of the international organizations, the hospital staff would not have been able to respond nearly as well as they did.

Most of the injuries resulted from grenades, burns, shrapnel, or other explosions.⁷¹ At the height of the emergency, Rosales had organized twenty teams of health personnel working around the clock in twelve operating rooms. Patients lined the halls, lying two or three to a bed. As of November 24, the hospital had treated approximately 879 wounded since the offensive began. Of these, 279 patients required major surgery, while approximately 600 required minor surgery. Generally, prior to the offensive, the Rosales staff treated an average of 50 emergencies a day with approximately 20 requiring major surgery and 30 requiring minor surgery.

By November 24, Rosales had remarkably few patients given the magnitude of the emergency and initial reports of patients lining the halls and, in some cases, being turned away at the doors. However, even with empty beds, hospital staff reported being in critical need of antibiotics and other supplies necessary to treat post-surgical infections.

⁷¹ Delegation interview director of Rosales Hospital.

The conditions in the Military Hospital were similar. The director said that they had treated 800-900 patients since November 11. However, in contrast to Rosales, as of November 24, there were still 400 patients in the hospital's 336 beds. 280 of the 800 patients required major surgery. Only 34 had died as of November 24. The staff consisted of ten specialists and twenty residents.

The director of the military hospital also reported being extremely short on supplies, but he indicated that perhaps the hospital's biggest problem was a lack of money. Although the hospital receives funding from the military, the hospital administrators never know how much they will be receiving at any one time, or for how long it is supposed to last. In 1989, the hospital was only given \$3.5 million of the \$14 million dollars the director had calculated was necessary: \$.3 million less than it had received in 1988. The director did not know whether or not they would be receiving additional funds.

Protocol II

Art. 7, Protection and Care

1. All the wounded, sick and shipwrecked, whether or not they have taken part in the armed conflict, shall be respected and protected.
2. In all circumstances they shall be treated humanely and shall receive, to the fullest extent practicable and with the least possible delay, the medical care and attention required by their condition. There shall be no distinction among them founded on any grounds other than medical ones.

EVACUATION AND TREATMENT OF WOUNDED COMBATANTS

Another situation of concern is the denial of medical treatment to approximately 32 wounded FMLN combatants who sought refuge in El Calvario church in San Salvador on November 7, 1989. Pursuant to an agreement reached in Panama in 1987, between the former Duarte government and the FMLN, the ex-combatants had requested evacuation outside of El Salvador so as to receive the medical treatment their injuries required. The Panama agreement was repudiated by the Cristiani government and the wounded were denied evacuation. On November 22, the military surrounded the church and, up until the publication of this report, has not allowed anyone, including the ICRC, to provide the wounded guerrillas with medical care. Many are believed to have been seriously injured and in need of immediate medical attention.

A previous group of wounded FMLN combatants sought refuge in San Salvador's Cathedral in August, 1989, and also demanded safe passage abroad in order to receive medical attention. In September, one of the wounded soldiers in the group became critically ill and those with him believed that if he didn't receive proper medical care he would die. No Salvadoran or foreign physician was willing to provide ongoing medical attention to the combatants in the Cathedral for fear of reprisals from the military if they were caught giving medical care to guerrillas.

Finally, a health worker with a humanitarian organization agreed to try and evaluate the patient if the FMLN would agree to facilitate his evacuation to a hospital, should it become necessary. At great personal risk, the physician was finally able to examine the patient and diagnosed intestinal obstruction, a medical emergency. A private hospital agreed to admit the patient, and he was transported there by the Salvadoran Red Cross in the presence of the non-governmental Human Rights Commission, the churches, and the press. He was operated on immediately, and survived, but would certainly have died without surgical intervention.

Under humanitarian law, all wounded, including combatants who have laid down their arms, are entitled to medical care with the least possible delay and to every extent practicable.



Children from a
resettlement village in
northern El Salvador,
June, 1989.



PART IV: CONCLUSIONS AND RECOMMENDATIONS

SUMMARY OF FINDINGS

- 1) The civil war has seriously weakened the health care system in El Salvador and compounded the inevitable health consequences of poverty, malnutrition, poor environmental sanitation, infectious disease, and illiteracy already prevalent in the country. Displaced and resettled families remain at high risk for malnutrition and disease.
- 2) The Salvadoran military has repeatedly obstructed attempts by international, private, voluntary, and church-related organizations to provide humanitarian aid to civilians in conflictive and guerrilla-dominated zones. Their personnel are often denied safe-conduct passes, detained, interrogated and harassed; their supplies are frequently confiscated.
- 3) Health promoters providing medical care to people in conflictive areas and to other populations that the government believes support the FMLN are often threatened, detained, beaten, and otherwise harshly treated by the military.
- 4) Salvadoran military officials believe that most civilians living in zones of conflict, other displaced persons, former refugees, and health and humanitarian workers assisting such persons, are providing assistance and supplies to the guerrillas. The military does not appear to have any criteria for distinguishing between supplies intended for the FMLN and humanitarian aid for civilian populations.
- 5) Fear of reprisals from the Salvadoran military limit the provision of health care to suspected FMLN supporters. Physicians often refuse to treat such persons for fear of government reprisals if labeled FMLN sympathizers. People often refuse military-sponsored health services and at times do not seek treatment at public hospitals, because they fear military reprisals if their political beliefs and sympathy for the FMLN are known.
- 6) Mental and physical abuse, including torture, of civilian populations by military, security, and police forces is still occurring frequently.

- 7) Both the FMLN and the armed forces often fail to mark hospitals, and/or medical personnel and supplies with identifiable medical insignia or emblems, as the Geneva Conventions and Protocol II require.
- 8) The Salvadoran military have attacked, tortured, and in some cases, killed medical personnel and patients.
- 9) The Salvadoran armed forces often patrol civilian hospitals, interrogating, and in some cases, abducting patients.
- 10) The FMLN campaign of economic sabotage disrupts power supplies to hospitals. Their campaign of highway stoppages often prohibits ambulances and buses from transporting people in need of medical care.
- 11) Medical education continues to suffer from a grossly inadequate budget, constant surveillance of faculty and students, and physical threats to those who express criticism of the government.
- 12) Most of the abuses of human and medical rights in the November 1989 escalation of the civil war are of the same type that PHR found during its earlier visit to El Salvador in June, 1989. However, in the recent period, these violations have been more frequent and more serious.
 - a) Ambulances and rescue workers were denied access to areas of combat to evacuate wounded and sick, and, in some instances, they appear to have been intentionally fired upon: both violations of the rules of war.
 - b) Hospitals were used as military installations and targets in violation of both moral principles and international humanitarian law.
 - c) Churches, other humanitarian organizations, and clinics were systematically raided and searched. Their leaders were often threatened.
 - d) Health and humanitarian workers were harassed, arrested, and, in the case of some of the foreign health workers, expelled from the country.
 - e) In some instances, wounded in need of emergency care were denied treatment when foreign and Salvadoran health workers were forcibly taken out of clinics while performing their medical duties, again in violation of international law.

- f) Moreover, in spite of pleas from the ICRC, and other humanitarian organizations, neither side agreed to a truce to evacuate wounded and sick or deliver medical supplies to clinics in areas of heaviest fighting.

All of these actions, by both the FMLN and government forces, are blatant violations of internationally accepted norms and standards of humanitarian behavior during situations of armed conflict, particularly those set forth in Common Article 3 of the Geneva Conventions and the Additional Protocol II, to which El Salvador is a party.

RECOMMENDATIONS RELATING TO RESPECT FOR MEDICAL NEUTRALITY

Considering the serious violations of medical neutrality documented in the report, our delegation recommends that:

- 1) Medical and humanitarian workers be allowed to deliver medical care and supplies to civilians free from obstruction, threat, or other forms of harassment and intimidation by the Salvadoran military and police forces, regardless of the medical workers political sympathies, background, or any considerations other than medical ones.
- 2) Standards for issuing safe-conduct passes be developed and implemented so as to allow the provision of medical services to refugee, displaced and other populations living in conflictive areas.
- 3) Both parties to the conflict display an easily recognizable medical insignia or emblem on all medical units, including medical personnel, facilities, transports, and supplies.
- 4) Each party respect and comply with all protections granted medical units and personnel under Common Article 3 of the Geneva Conventions and Protocol II.

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