

Health Rights Issue Emerges in El Salvador

Should U.S. scientific and medical organizations go beyond protesting individual human rights violations?

Delegations from American scientific and medical organizations have recently returned from El Salvador with reports that health professionals there continue to be targets of violence and that the country's health care system is disintegrating.

The situation in El Salvador appears to be something of a catalyst in making American scientists and physicians concerned about issues of scientific freedom and responsibility consider ways to expand efforts now taken in behalf of the human rights of individual professionals. The new concern is for what under international legal standards are called "health rights" affecting a much larger group.

A practical question is how well-intentioned, apolitical scientific organizations unversed in fund raising or in providing technical or material assistance can operate effectively in a political minefield such as El Salvador presents?

In one such initiative, Frederick Robbins, president of the Institute of Medicine (IOM) of the National Academy of Sciences (NAS), said that in seeking ways to help, he encountered practical obstacles to "doing very much" directly. The initial impression generally seems to be that the political polarization that caused the deterioration of the Salvadoran health care system make it very difficult for private organizations here to provide effective aid.

Accounts by two U.S. physicians who visited El Salvador in January indicate overcrowding and serious shortages of medicines, medical equipment, and vaccines even in the principal hospitals of the capital city of San Salvador. Clinical facilities in many rural areas have been shut down. Health and sanitary conditions in prisons and refugee camps are generally poor. The country's corps of physicians and other health workers is seriously depleted; many have been killed, "disappeared," or fled the country. The national university medical school, which was the main training institution for health professionals, has been closed since 1980.

The two observers were Alfred Gellhorn, of the City College School for Biomedical Education of New York and a visiting professor at the Harvard School of Public Health, and Robert Lawrence, a professor of medicine at the

Harvard Medical School. Both are current members of the IOM. Their trip was sponsored by the AAAS, NAS, IOM, the New York Academy of Sciences, and the International League for Human Rights. A formal report is in preparation. Their findings parallel those of a seven-member delegation which visited El Salvador later in January and reported a "virtually complete breakdown of the health system."*

In commenting on their visit, Gellhorn and Lawrence drew attention to the long-term implications of the closing of the university medical school. It was shut down at the same time that troops occupied the national university in the capital. Gellhorn says that the medical school building adjacent to the municipal hospital was "gutted" and medical faculty was dispersed through arrests and flight from the country. Remaining faculty have tried to teach advanced students in makeshift facilities without laboratories or a library. The training of nurses and other health personnel was also suspended.

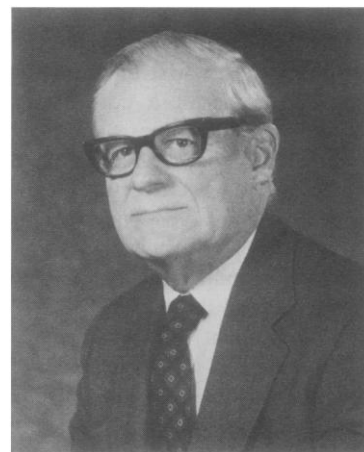
Closing of the medical school stopped the flow to rural areas of eighth-year medical students who, following the Mexican model, performed a year of obligatory service there before formally completing medical studies. Abductions and threats are said to have caused many health workers to abandon rural areas. Some 40 deaths among paramedical staff are attributed to political violence. Only a few of 80 mobile clinical units formerly assigned to rural areas are still operating.

Lawrence, who worked in a malaria control and research program in El Salvador in the 1967-1969 period, says that the public health "infrastructure was adequate," then and "physicians were reasonably well distributed." The national medical school, he recalls, was regarded as the best in Central America.

On his visit, Lawrence noted a "dramatic deterioration" of care in institutions with which he had been familiar. In addition to severe overcrowding in the maternity hospital in San Salvador, the x-ray machine and anesthesia equipment were "archaic and probably unsafe." The x-ray machine had not been calibrated.

ed. When he was there the hospital had had no supplies of x-ray film for 3 weeks.

Lawrence says he was told that actions against health workers were most frequent in the period after the overthrow of the Romero government in 1979 "when the security forces were most flagrant in abuses of civil rights." There were repeated instances of killings or abductions of patients from hospitals. When physicians formed a committee for the defense of patients and health workers and institutions, "that's when medical people began to absorb the brunt of it." The delegations were told that 8 of 11 physicians who organized the committee have been killed or fled abroad.



Frederick C. Robbins

Met hurdles to practical aid.

Lawrence says it is difficult to judge whether health workers are now a special target for violence, but thinks it "likely they were caught up in the general oppression." Health workers affiliated with the university probably did suffer particularly, however, since the university was regarded by the right as a stronghold of left opposition.

Politically inspired violence continues, says Lawrence. "Physicians are singled out for repeated armed robberies, with money and drugs taken. It's not clear that it's all coming from the right or from the left or from people taking advantage of an unstable situation."

According to U.S. government policy, military and economic aid is supposed to be tied to progress by the El Salvadoran government in protecting human rights. The inability or unwillingness of the government there to control its security

*The group was sponsored by eight health organizations, including the American Public Health Association, and was organized by the New York-based Committee for Health Rights in El Salvador.

forces has been a major source of criticism in Congress.

The need for increased funding for health care is evident. The El Salvadoran health ministry's budget reportedly has been cut by 75 percent in the last 2 years. Support of health care is provided under U.S. AID funds for emergency relief, but the funds are used to provide food and other needs as well. How much of the \$6 million earmarked this year for emergency relief goes into medicines, vaccines, and similar supplies is difficult to ascertain. Regular AID programs in maternal and child care, disease control, and health manpower training were mostly phased out after 1979.

Those who favor private initiatives to provide health care in El Salvador seem to agree that organizations like the Academy, IOM, and AAAS lack the resources and expertise to mount such efforts. Such organizations are regarded also as congenitally shy of such politically charged situations.

IOM president Robbins, trained as a pediatrician, was shocked by the recent report and says his first impulse was to explore formation of a consortium of scientific, philanthropic, and public agencies to provide medical assistance. The response to his overture Robbins describes as "not very encouraging." He says he was warned that, without significant "stabilization" in El Salvador, not much could be done.

For the moment, Robbins says he is doing what he can to make the situation described in the report known and he hopes that "those who can do something will take note of it." He also intends to discuss the issue with the IOM council.

Cornell biology professor Thomas Eisner, chairman of the subcommittee on science and human rights of the AAAS Committee of Scientific Freedom and Responsibility, had a similar reaction to the report. He says his initial impulse was to launch a fund-raising campaign among physicians and other health professionals to buy medical supplies. But Eisner says he learned that there would be "a real logistics problem. Who would take over in terms of distribution?"

The Committee on Scientific Freedom and Responsibility is discussing with other organizations the possibility of sending a follow-up mission to El Salvador to inquire further into individual cases of human rights violations and to explore ways in which U.S. physicians and scientists might assist with medical supplies and medical education.

Finding a conduit for private aid from health professionals is a problem that

advocates of such aid recognize as formidable. The Pan American Health Organization appears to be a natural candidate, but PAHO, which operates several small programs of its own in El Salvador, is limited to providing technical assistance with its own staff and by charter does only those things requested by the host government. Also candidates are the International Committee of the Red Cross, which has been able to visit political prisoners and, thereby, presumably ameliorate their treatment; the Catholic Archbishopric; and Protestant church organizations which operate facilities for the large number of displaced persons. But in each case, political complications arise.

Cooperation with U.S. agencies could cause difficulties with the nongovernment sector trying to remain neutral in El Salvador, since such aid would be interpreted as political support of the Salvadoran government. Identification with activist political groups in the United States campaigning to end U.S. support for the Salvadoran government would antagonize that government.

In the developing canon of international law, health rights are not so clearly defined as some other aspects of human rights. The Universal Declaration of Human Rights adopted by the UN General Assembly in 1948 establishes two main categories. The first deals with political and civil rights, including, for example, freedom from torture and arbitrary arrest. Under the second category are guarantees of rights to adequate food, shelter, health care, and education. U.S. scientific organizations have been chiefly concerned with political and civil rights and have sought to intercede in behalf of fellow professionals whose rights have been violated. The forthcoming report of the delegation organized by the Committee for Health Rights in El Salvador will seek to set forth a rubric for health rights, including, for example, guarantees of the neutrality of patients and health workers.

The political labyrinth of El Salvador poses a special challenge to U.S. organizations concerned. Eisner describes it as a "new experience." Scientific organizations now fairly widely accept that scientific responsibility obliges them to assist their peers in trouble. But, as Eisner puts it, "Should it end there?" or does that responsibility extend to "people in the middle between two extremes who are suffering"? His personal answer is that the issue "transcends professional boundaries." Which, of courses, leaves the more difficult question of how to take effective action.—JOHN WALSH

Administration Relents on Social Science Funds

In its budget proposals for fiscal year (FY) 1984, the Reagan Administration has retreated from its earlier attempts to gut social science programs, according to an analysis of the budget figures by the Consortium of Social Science Associations (COSSA). "Social and behavioral science programs may no longer be receiving special attention, for better or worse, from the administration," says Roberta Balstad Miller, COSSA's executive director.

Two years ago, the Administration went through the budget with a fine-tooth comb and attempted to reduce or eliminate funding for social science research in virtually every agency. The FY 1984 budget, however, provides increases in some key programs and in particular provides support for a variety of large databases that social scientists have feared would be lost or the usefulness of which would be severely eroded.

This apparent change of heart follows loud protests from the academic community over the Administration's earlier actions, including a statement of concern from the National Academy of Sciences. COSSA itself, an organization consisting of ten professional societies and a score of research universities, was established to coordinate a response to the cuts.

According to COSSA's analysis, there is no consistent pattern in funding for the social and behavioral sciences in the FY 1984 budget. In general, however, social science research in those agencies whose overall budgets are set to grow—such as the National Science Foundation (NSF)—will get increased funding, while research budgets associated with programs that the Administration is squeezing, such as Head Start and social welfare, will be slashed.

The biggest increase comes in NSF, where social and behavioral science programs would receive \$40.7 million, a 12 percent increase over FY 1983. But even that increase will not be sufficient to restore funding to the pre-Reagan level of \$52.4 million.

Much of the increase in NSF's social science budget will go to the maintenance of several large data-