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REHABILITATION SERVICES TO WAR  
WOUNDED IN EL SALVADOR

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San Salvador, October 31, 1992

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REHABILITATION SERVICES TO WAR WOUNDED IN EL SALVADOR

Team Study/Report                      19-31 October 1992                      San Salvador

Don D. Roose, ACSW    Mental Health Specialist

CLAPP & MAYNE

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Table of Contents

I. Objectives .....	02
II. Need for Services .....	02
Overall Rehabilitation & Special Mental Health Needs/Requirements	
III. Institutional & Financial Constraints .....	04
IV. Options & Recommendations .....	05
V. Other Observations/Commentaries .....	12
<u>Appendix I</u>	
Catalogue & Description of Organizations Interviewed .....	14
1. USAID	14 & 36
2. Asociacion de Lisiados de las Fuerzas Armadas de El Salvador - ALFAES	14
3. Asociacion Salvadorena de Lisiados de Descapacitados de Guerra - ASALDIG	16 & 38
4. Clinica Unidad de Atencion Integral al Nino	18
5. Centro de Rehabilitacion para Ciegos "Eugenia de Duenas"	20
6. Centro de Rehabilitacion Profesional de la Fuerza Armada - CERPROFA	21
7. Fundacion 16 de Enero - F-16	23
8. Fundacion Teleton Pro Rehabilitacion/FUNTER	25
9. Hospital Psiquiatrico	26
10. Instituto Salvadoreno de Rehabilitacion de Invalidos - ISRI	28
11. Medical Aid for El Salvador - MAES	28
12. Medicos Sin Fronteras	30
13. Ministry of Public Health - MINSAL	32
14. Organizacion Panamericana de la Salud - OPS	33
15. Secretaria de Reconstruccion Nacional - SRN	35
16. FUNDASALVA	36
17. International Red Cross & of El Salvador	38
<u>Appendix II</u>	
Consultant Interviews .....	39

## SECTION I

### Objectives

An objective of this study is to determine the existing and needed physical and mental rehabilitation services for war wounded ex-combatants in El Salvador. Listing the organizations within the rehabilitation field, describing their actual and/or potential services as well as caseload data and programmatic areas which might be strengthened are other aspects of the primary objective of this study.

Other areas to be examined will be to recommend factors which might be considered in any plan and implementation for future rehabilitation services in El Salvador, including which coordination mechanism might be an effective tool for the delivery of rehabilitation services for war wounded in El Salvador.

## SECTION II

### Need for Services

#### Overall Rehabilitation & Special Mental Health Needs/Requirements:

Many interviewees of this study have pointed out the physical rehabilitation needs which currently face El Salvador. Amputees need on-site rehabilitation counseling prior to required surgery, post-operative care and rehabilitation counseling by trained personnel during pre-fitting of prosthesis as well as post-fitting and followup sessions. There is need for rehabilitation counseling for identified emergency cases and for surgery cases of ex-combatants on both sides. Blindness, deafness, visual and hearing impairments and learning disabilities have been reported and have special rehabilitation needs.

While not currently documented, there no doubt are equal rehabilitation needs at the same or greater level for the civilian population especially in the rural and urban areas which were centers of the civil war conflict. Currently, the civilian population aspect of rehabilitation needs are uncounted and untreated.

It should be noted various persons in the El Salvador rehabilitation field point out many war wounded ex-combatants have already reincorporated themselves into the general populace. These are war veterans from both sides who suffered injuries during the early and middle years of the civil war. It is'

difficult to believe there are not former combatants living in communities throughout El Salvador who need prosthesis, corrective surgery and other forms of physical and mental rehabilitation care.

There are also dual needs in the field of mental health:

One clear need is quite visible: interviewees and organizations have referred to the post [war] traumatic stress symptoms shown by ex-combatants on both sides and the civil population. There are cases where the first, secondary and tertiary diagnoses reveal post-traumatic stress as well as psychotic episodes, acute depression and other mental health symptoms. These needs must be properly assessed, diagnosed and personnel and facilities available so treatment plans can be made and followed.

The other need is a hidden one. Many interviewees from the organizations visited by this consultant team pointed out they know from their professional background and experiences in El Salvador that there are mental health problems manifested as a result of the recent 12-year civil war but that people naturally put these problems aside. It is easy to avoid this area of need because it often is not visible. You can't see it like you can see the missing arm, hand or legless person. Salvadorans have enough to cope with the relatively large number of war casualties, goes this argument, other than to respond to some type of [mental health] "sickness or illness" that may or may not be there and surely, is something " ---you can't see."

There is a need for Psychiatry to be a structured and integral aspect of the School of Medicine at a major El Salvador University. Social work should have the psychiatric casework methodology as part of its training. Nurses and other health professionals need more training and a knowledge base established within El Salvador. Residency and field placement experiences in mental health settings need to be made available in El Salvador. Currently, many mental health professionals must arbitrarily leave the country to study, take their residence or field placement experience and obtain diplomas and licensure elsewhere.

There is a need for rural-based mental health promotores to work [and perhaps live] directly with campesinos in rural clusters and small pueblos and engage in a general mental health education - prevention campaign. With adequate training, these promotores could assess potential or actual war-related mental health problems exhibited by persons, be they recent ex-combatants, injured ex-combatants from fighting years ago who have incorporated themselves into the community or civilian men, women and children who display and are diagnosed with mental health illnesses.

There are promotores from various organizations who could be trained as well as plans for new rural rehabilitation centers to be established where their personnel could also be properly trained.

### SECTION III

#### Institutional & Financial Constraints

Comments on the those organizations which are limited in service delivery by budgetary constraints and those which appear able to provide physical and mental health services as well as the ability to expand services, are discussed in Section V/"Other Observations/Commentaries" below.

Client/patient identification is an obvious constraint for those organizations who play a role and ought to, for the FMLN and civilian population. It appears FMLN identification and diagnoses have only begun during the late Summer/Winter, 1992 timeframe. Encuestas and studies of the general population including former wounded war combatants who long ago returned to civilian life have not yet occurred. The armed forces data appears to be under control [yet, the existence of ALFAES -Asociacion de Lisiados de las Fuerzas Armadas would seem to run counter to this comment].

The Hospital de Especialidades is clearly out of the loop with current physical rehabilitation services for war wounded ex-combatants. The consultants were not able to [or perhaps purposefully were put off from a] visit [to] this facility. We were told time and time again this is managed by ISSS, is a private hospital and should not be considered now nor in future rehabilitation programming by the consultant team.

If, in fact, this Salvadoran resource is underutilized and has staff, facilities, equipment and beds available, then it is this consultant's experience and opinion that plans for a national rehabilitation program for war-wounded ex-combatants, totally excluding the Hospital de Especialidades, cannot be taken seriously.

Institutions who state their intentions to network rehabilitation services in rural settings, with trained health promotores and with established rural rehabilitation centers should be strongly encouraged to do so. ISRI, PanAmerican Health Organization, and the psychiatric hospital's community outreach plans are examples of programs which need public, policy and financial support.

Institutional and financial barriers could be lowered if there was a centralized entity [i.e., Ministry of Public Health] which:

- had visible government and non-government support to lay claim to a national rehabilitation plan for war-wounded ex-combatants [Phase I] and for the civilian population [Phase II] and,
- had the power to convene a Rehabilitation Consortium which, in turn, had decision-making powers to act upon programmatic and financial matters to deliver existing services as well as expand rehabilitation services to fill currently unmet physical and mental health needs.

A number of these issues are discussed below.

## SECTION IV

### Options & Recommendations

After reviewing the services, experience and data obtained through field site visits, interviews and review of various documents produced by the GCES, Salvadoran agencies and international organizations, the consultant recommends the following actions:

#### 1. Service Coordination Model:

Extensive conferences, interviews and observations with a wide range of Salvadoran agencies and international organizations currently operating in this country; plus discussions with agency executives, line staff, and with ex-war combatants enrolled in programs suggest the following models be considered for the coordination role of Rehabilitation Services to War Wounded in El Salvador.

This analysis will focus on the limited mental health and psychiatric services provided or programs which could be expanded to include this service field. A brief explanation of each model is found below, with comments on the possible strengths and weaknesses of each model.

A. Direct Service Providers Coordinating Committee

This Coordinating Committee could consist of members representing those agencies directly providing rehabilitation services and could include: FUNTER, PODES [Medical Aid for El Salvador], CERPROFA, the National Psychiatric Hospital, Rehabilitation Center for the Blind, Hospital San Rafael/Santa Tecla, Medicos Sin Fronteras, the FMLN health promotores and Clinica Martelli de Atencion de Ninos [located in San Salvador].

Like the host government coordinating committee discussed below, this model would limit the focus and exclude international organizations also active in the field such as the PanAmerican Health Organization, Medicos Sin Fronteras, Medical Aid for El Salvador and Cooperacion Italiana. This writer questions whether the Clinica Martelli de Atencion de Ninos would join such a coordinating committee even though it is providing psychological, psychiatric and mental health counseling to FMLN ex-combatants and their family members.

By definition of eligibility, GOES and its agencies and AID would be excluded which would be counter-productive to providing meaningful rehabilitation services to war wounded on all sides.

B. Host Government Coordinating Committee

This model would probably fall under the Public Health Ministry, with active roles played by the Secretary of National Reconstruction, ISRI, and ISSS [limited role through the Central de Rehabilitacion/Hospital de Especialidades].

With the current rehabilitation programs and services provided by private, quasi-private and international organizations in El Salvador, this model also would be limited and would not address the lack of trust and confidence expressed by the FMLN and other organizations as to the government's commitment to provide meaningful services to all sides. AID would be excluded.

C. International Coordinating Committee

This Committee would include the PanAmerican Health Organization, Medicos Sin Fronteras, Medical Aid for El Salvador, Cooperacion Italiana, AID and others.

Given the realities of many organizations at different levels of providing or wanting to provide rehabilitation services and the need to promote more cooperation in the field of rehabilitation, this model is seen as too restrictive and unacceptable to both the host government and the FMLN.

D. Umbrella/Consortium

The consortium model appears to be the most effective road which could achieve growing success over time. It obviously represents the host government, international, private and AID agencies mentioned above.

Given a comprehensive rehabilitation plan, financial resources to initiate a plan-of-action and effective communication and dialogue with all rehabilitation participants, a consortium could prove workable.

The primary disadvantage from this writer's perspective is the proliferation and sheer number of organization's in the rehabilitation field. Were all to be active participants in such a consortium, it soon would prove to be unworkable.

Therefore, it is suggested the following organizations take the lead in a rehabilitation services for war-wounded in El Salvador:

- GOES Ministry of Health
- AID
- PanAmerican Health Organization
- Fundacion 16 de Enero

One or two participants would represent each organization. This would make the consortium manageable and less unwieldy. Discussions, programmatic reviews, decisions, plans-of-action and evaluations could take place with four or eight persons.

The four sectors listed below could represent various clientele and agencies such as:

- Ministry of Health: Armed Forces Ex-Combatants

The government, CERPROFA, ISSS, Psychiatric and other hospitals, clinics [blind, deaf], potential future ISRI rehab centers, and other government entities would work through this representative.

- AID Neutral through FUNTER

The U.S. government technical assistance, grants and future assistance whether financial, in-kind equipment, medicines or technicians would work through this representative. FUNTER probably would be represented on the consortium by this person.

- PanAmerican Health Organization [PHO]

Neutral & Civilian Population

It is suggested the PanAmerican Health Organization play the lead international agency coordinator role within this consortium model. Future rehabilitation program thrusts, coordination with other international organizations, reporting and the role each agency would play would be under the aegis of the PHO. In effect, the PHO would have a "visto bueno" role over international organizations to make sure their activities were in harmony with the goals, timetable and activities decided by the consortium.

This would mean organizations such as the Medicos Sin Fronteras, Cooperacion Italiana, Medical Aid for El Salvador, private hospitals and clinics with international funding and involved in the rehabilitation field would have to buy into this networking consortium model.

- Fundacion 16 de Enero

FMLN Ex-Combatants

ASALDIG, the FMLN health promotores, the five FMLN groups, the areas of FMLN concentracion and other FMLN groups and concerns would be funneled through the Fundacion 16 de Enero consortium member.

2. Mental Health Component

A comprehensive rehabilitation program for the war wounded in El Salvador must include a mental health component. Qualified personnel, facilities and resources must respond to the identified and potential mental health illnesses of these war casualties.

Cases of post-traumatic stress, psychoses, acute and severe depression have been identified on both side of the war combatants as well as within the civilian communities affected by the war. 20% of the identified FMLN cases fall into this category. It is likely similar statistics are relevant for the armed forces war wounded and for the affected civilian populace.

More specific mental health-related recommendations include:

- a. Include mental health services at Hospital San Rafael/Santa Tecla. There is a project prepared by the National Reconstruction Secretary's office. It should be funded and begun as soon as possible.
- b. The National Psychiatric Hospital's community outreach program should be studied in more detail, financed and expanded to offer mental health education, pre-diagnosis and referral services to rural and urban El Salvador.
- c. The National Psychiatric Hospital must be supported and strengthened. This means a reevaluation of its most limited budget in relation to its inpatient and outpatient care. Funds should be made available to permit the psychiatric and professional staff to work more hours at salary rates competitive with the private sector; to provide funds for the equipment, food, beds and supplies necessary to fill the theoretical capacity of that institution ... without having to construct new facilities.
- d. The military hospital should offer both meaningful and long-term physical and mental health services to all war-wounded veterans who fought for the armed forces.
- e. The Hospital de Especialidades must be opened up to provide rehabilitation medical care for all war-wounded who can benefit from their skills and services. To keep this crucial medical resource, already existing in El Salvador, "out of the loop" would be a travesty.
- f. The FMLN's health promotores should be trained to be able to identify and refer mental health problems of the FMLN areas of concentration as well as for the community in general.
- g. International Technical Assistance should be provided to address identified mental health needs. The lack of psychiatrists and experts in post-traumatic stress; Salvadoran mental health training sites; a field of study in psychiatry within the country; the need for psychiatric social workers and other health providers are examples where further study and technical assistance can take place.
- h. The "puestos de salud" of the PanAmerican Health Organization should be strengthened to include a strong mental health component.

- i. A preventive mental health education/prevention propaganda campaign should be a component of any Salvadoran rehabilitation program. Word-of-mouth education by health promotores and community organizations; simple flyers with simple drawings; local radio and TV coverage could be utilized in such an educational campaign.

3. Neutral Direct Service Providers:

This consultant believes there are direct service providers in the field of rehabilitation which are and can continue to play a vital role in not only providing and increasing physical and mental health rehabilitation services but can play a role in establishing a mutual confidence and level of trust between the two combatant sides. The PanAmerican Organization, Medicos Sin Fronteras, Medical Aid for El Salvador and Cooperacion Italiana come to mind.

If the "buena voluntad" which has been displayed by both sides of the conflict to this consultant team can be highlighted and promoted, then any national rehabilitation program for war wounded ex-combatants has a chance for success. These perceived "neutral" agencies can play a key role to exploit the buena voluntad which will be needed in the coming months.

4. Veterans' Bill/Legislation:

The proposed legislation should be passed. It was promised in the Peace Accord and war wounded ex-combatants on both sides have particular war trauma rehabilitation needs. This Law would show all sides and all elements of the society of the seriousness to handle the issue of war wounded with the priority it deserves.

This is not to negate the argument for the need for a more general, global Handicapped Law. But passing this now would "muddy the waters" in terms of the focus which should be war-wounded ex-combatants.

5. Civilian Population

Rehabilitation services for war wounded in El Salvador must eventually include the civilian population. It is a question of when a plan-of-action will consider this target population and how this program component will be financed.

This is one of the strongest recommendations of this consultant and concurs with the identical request - recommendation - demanda made by the vast majority of organizations and top executives interviewed in El Salvador. GOES, FMLN and international organizational representatives have all called on this inclusion of the civilian population as part of any future rehabilitation programming.

From a humanitarian viewpoint, there is no alternative other than to include the civilian population as the third element in an overall rehabilitation program.

The future of El Salvador would be tarnished if effective mental health care services were provided for 10,000 or so affected ex-combatants from both sides and the affected civilian population in pueblos and rural areas as well as the capital and other cities were ignored. This non-action would be counter-productive to El Salvador's future.

Many FMLN ex-combatants war wounded and probably armed forces ex-combatants war wounded [both sides in particular who suffered injuries during the first years of the civil war] have reincorporated themselves into the civilian population. They, their family members and other civilian populace who have suffered physical and/or mental health injuries should be part of any rehabilitation program plan-of-action.

#### 6. Organizational Recognition:

The ALFAES organization should be financially supported so those armed forces war-wounded receive the rehabilitation services they deserve and their grievances receive a fair hearing. ASALDIG should receive their legal papers and recognition so they continue to be a force for peaceful change and they can take an important step toward the legal, political process.

#### 7. Implementation TimeFrame:

It is clear most if not all knowledgeable persons working in El Salvador, not just in the rehabilitation field, are aware that political campaigns solidify political positions and freeze new endeavors and the implementation of new programs with concomitant expenditures of public and private funds.

AID should urge all parties and decision-makers to solidify physical and mental health rehabilitation initiatives prior to the Spring, 1993 political campaigns. Attempts beyond that timeframe will probably result in the spinning of wheels and merely increase frustration levels by all parties.

SECTION V

Other Observations/Commentaries

The time constraints of this consultation study did not permit time to examine and analyze the management methods, fiscal controls and accountability, monitoring and the administrative policies and procedures [i.e., procurement, disbursement, personnel policies & practices manual] of the organizations interviewed.

It appears a number of organizations interviewed are well-funded to continue physical rehabilitation services. FUNTER, the PanAmerican Health Organization, and CERPROFA are examples. Others probably push limited budgetary income to the maximum such as the national center for the blind, Medicos Sin Fronteras, Clinica Unidad de Atencion Integral al Nino and the Ministry of Health. The limited number of organizations involved with mental health rehabilitation services appear financially stretched to the limit. The national psychiatric hospital is the prime example and one suspects the Clinica Unidad de Atencion Integral al Nino can and has identified a large number of FMLN mental problems; one wonders how many are effectively treated through the diagnosis -treatment sessions and followup phases.

On the other hand, CERPROFA has the financial military establishment backing to greatly expand its mental health service delivery system and should do so as soon as possible.

Another observation is the Ministry of Health can and should take a national leadership role in promoting necessary mental health services for a ex-combatant war wounded program and beyond, for the civilian population.

A feasible and meaningful national rehabilitation program for ex-combatants must increasingly involve those potential patients, the war wounded veteran on both sides. Rehabilitative Mental health delivery services for post-traumatic stress, acute depression, psychiatric and other short and long-term support care are paltry at best, non-existent at worse with no educational structure to support the growth of new professionals and services. Rehabilitative physical health delivery services opt out many if not most war wounded veterans. The finest medical facility in the country, the military hospital, is off-limits for both the former FMLN combatants and the armed forces soldaditos. The ISSS-managed Specialty Hospital is "private" and thus, goes the argument, not part of the rehabilitation service delivery to veterans [unless they have employment where they/the patron contributes into the ISSS]. And as analyzed in the consultant reports, public hospitals and clinics are currently woefully inadequate in equipment, fulltime medical personnel and other support services and staff.

New approaches could change the current status of rehabilitation services in El Salvador. Commit one sala of the ISSS Hospital de Especialidades to servicing war wounded veterans, an important symbolical signal. Pressure military medical facilities to serve the common soldier. Integrate the wounded war veteran into the health system and into his/her society. That is reconciliation, rehabilitation care and makes sense for a productive El Salvador.

Acknowledgements:

This consultant wishes to express his appreciation to Lic. Elizabeth de Perez for her cooperation and planning for this on-site visit in El Salvador. This includes her arrival briefing information, persistence and ingenuity in obtaining and setting up interviews and conferences in the face of time constraints, transportation/logistical challenges, time availability conflicts and the sheer number of persons and organizations visited. Lic. de Perez' enthusiasm, professional comportment and ability to arrange and accompany the visiting consultants to a wide variety of interviews which covered the entire political spectrum were major factors in information obtention.

Sra. Carmen Isabela de Vides was assigned as our team secretary. She made herself available for extensive work assignments day and into each evening and the weekends. She typed drafts and final reports, took dictation, corrected material on computer disks, printing numerous drafts, constantly made photocopies of materials, made numerous calls to set up appointments and make arrangements ... and was invaluable to the production and success of this team report. We all appreciated her cooperative spirit and diligent work.

I also wish to thank Ing. Carlos Castano and the support staff of Clapp & Mayne for the pre-visit arrangements under short notice, for an informative arrival briefing, for continual support services including contacts with the AID office, secretarial, translator, photocopy and general office support and offering words of encouragement.

We appreciated the welcome and support given by Mr. Richard Thornton and his AID staff. The initial Rehabilitation Organizational contact list, background briefing and other support were helpful to produce this Study Report.

Finally, I wish to acknowledge the superb direction, leadership, in-depth knowledge and experience and just plain hard work by Dr. Paul Wenger, the rehabilitation services for war-wounded in El Salvador consulting team leader. He was an inspiration for the other team members to interview, listen, analyze and help come up with a team report which may assist all those war-wounded in El Salvador to receive the care they need, and within a reasonable time-frame.

APPENDIX A

Catalogue & Description of Organizations Interviewed

1. USAID

Shortly upon arriving in El Salvador, the consulting team was briefed at the USAID offices led by the AID Director of Health, Population & Nutrition, Mr. Richard Thornton. Mr. David Kitsen presented the historical overview of the war, cessation of hostilities and introduced the potential importance of meaningful rehabilitation services as a key element in maintaining and promoting the peace agreement. This is especially relevant today as a national accord has been set in respect to the Police Academy issue and it is anticipated similar agreement will soon occur with the key issue of land for FMLN ex-combatants. It was emphasized a rehabilitation services program must affect war wounded combatants on both sides of the conflict.

The increasing optimistic attitude during the last 6-8 months; the role of the Secretariat of National Reconstruction; the difficulties with communication and meaningful dialogue between 18 rehabilitation institutes, the government and the guerrillas; and the UN de-mining process were other issues discussed.

Hector Casanova [Tel. 981666, ext. 1232] also spoke about the current situation and indicated he was available for ongoing assistance to the consulting team. Mr. Shelton contributed as well as other AID participants. The consulting team leader has a list of the AID participants/experts.

It was requested the consulting team report should be technical rather than a political assessment. The report's recommendations should include "filling in the gaps" in relation to existing and needed rehabilitation services. The Draft Report is due at the AID office on Wednesday, 28 October, later extended to 10-29-92.

2. Asociacion de Lisiados de las  
Fuerzas Armadas de El Salvador - ALFAES

The consultant met with Sr. Antonio Treman Rodriguez, Secretary General of ALFAES. A few minutes later, two other ALFAES members joined us with only a few comments and observations from them.

This organization of armed forces' veterans began on June 26, 1992 and is a result of its members believing they are not receiving benefits promised to them by the military and by their government. They claim a current membership of 1,500 members and state they are growing at a rate of 200-to-300 members monthly. With only limited contributions and office space which is on loan, they have no paid staff.

They organized themselves because they come from either poor urban slums or are rural campesinos and believe themselves to be "marginados," who are being "exploited and fighting two societies ... los de los ricos y nosotros." Their list of grievances are as follows:

1. Once having left the armed forces, the process of evaluating them is a farce. In the first place, the evaluation is in the hands of IPSFA. This private-type of armed forces social security organization is managed by a Colonel, only to benefit themselves and not the "soldaditos;" they are persons "without scruples," according to Sr. Treman.

Secondly, the evaluation tools and materials by which IPSFA determines the degree or grade of war wounds are materials from World War II. For example, a partially amputated leg is declared to be 28% disabled. A bullet in the arm which results in recurring nerve damage is not recognized as a disabling injury in the eyes of the military. They have asked IPSFA and other organizations [i.e., Medicos Sin Fronteras] for more up-to-date evaluation tools, but to date, to no avail. "They don't want to understand our situation."

2. CERPROFA is a joke. The teachers in the academic courses don't know and don't care about teaching the soldiers, even though many soldiers do need basic elementary schooling. The vocational training classes are taught by high school diploma graduates, not by professionals in each vocational field. The soldiers leave CERPROFA not prepared for a new vocational field to earn a living. They have discussed this situation with the CERPROFA administration but they merely say they are doing all that they can with the resources that they have.
3. The government stated soldiers leaving the armed forces will receive a pension. According to CERPROFA, the current month of October is the last month they will receive pensions. The government says: "Your injury is temporary; so, your pension is temporary."
4. The indemnization paid by CERPROFA to soldiers who successfully "graduate" from their vocational training is a limited benefit. No monies are paid to the soldier. If he wants to buy some land, the payment is made to the landowner and the soldier is prohibited from selling or acting on that land for ten years. If the soldier wants to start a small vocational shop or store or buy equipment, the government pays directly to the store or owners and the soldier cannot touch that

property or equipment for ten years. In other words, they believe this indemnization comes with large strings attached.

5. Armed Forces veterans have very limited use of the military hospital. They have limited time use only for recognized injuries. Mental health diagnoses is not one of them. All participants expressed their bitterness that this medical resource is not for them but for "colonels and their family members."
6. They strongly believe the government has to pass the pending legislation to recognize veterans on both sides of the conflict and provide necessary services for them. They expressed their pride in joining ASALDIG on 27 August 1992 in entering the legislative assembly, demanding that the special veteran's law which was written into the Mexico Peace Accords, becomes law.

They stressed the law must recognize ex-combatants from the armed forces, from the FMLN and all "personas civiles, lisiados por razones de la guerra." So far, the government has not responded to this grievance that a law recognize veterans from both sides.

They stated there are 7,000 recognized armed forces war-wounded and another 2,000 with injuries which the government refuses to recognize. They also said there are thousands more war-wounded from earlier years of the civil war, who returned to their homes and whom the government refuses to acknowledge exist.

Sr. Treman said they and the war-wounded FMLN ex-combatants are basically "hermanos." They hope and are engaged in discussions to unite with ASALDIG; they believe their common interests would have a greater chance of success if both organizations worked together as one unified entity.

They hope organizations with funding would see their type of organization should receive financial support so the struggles of wounded veterans could continue.

3. Asociacion Salvadorena de Lisiados de Descapacitados de Guerra - ASALDIG

A conference was held at the ASALDIG offices with Sr. Rafael Antonio Aquino, Vice-President. This organization began in 1991 with the basic purpose to guarantee the return of FMLN war-wounded from Cuba. After the signing of the peace-accords, they began operations in El Salvador on 23 February 1992.

They have limited funds and essentially operate with volunteers. The secretary earns a salary [unknown] and the directorio members get a small supplement for expenses. They very much would like to solicit funding organizations like AID to support some of their proposals such as microempresas. [see below].

They have been trying for months to obtain legal status to operate within El Salvador. But every time they present their paperwork to obtain their Personeria Juridica, there is always some small glitch which keeps the redtape process continuing for months. They are convinced the government does not want them to exist legally. As Sr. Aquino said:

"---we have to keep working as subversives; the bureaucrats don't want to recognize us as a legal organization."

According to their information and data, there are 3,000 FMLN war-wounded; 9,000 armed forces war wounded and 3,000 war-related wounded. Of the 3,000 FMLN wounded, they have a list of 1,538 who need surgery. Sr. Aquino stated he would provide this list to the consultant team. They are currently trying to get a list of FMLN paraplegics. He stated there are many wounded veterans with mental health needs and they are not being attended to. ASALDIG would like to hire therapist and a psychiatrist but does not have the funds.

An important differentiation between ASALDIG and F-16, according to Sr. Aquino is that ASALDIG has a list of and is responsible for war-wounded outside the FMLN military structure; F-16 is responsible for war-wounded inside the FMLN military structure.

They wanted to cooperate with the Medical Aid in El Salvador organization to produce and offer prosthesis to FMLN war-wounded but their negotiations fell through. They have projects to begin microempresas in urban areas and agricultural programs in rural areas. They would like to offer vocational training and capacitation courses.

In response to a question about the Public Health Ministry, Sr. Aquino is not impressed with the Ministry of Health. He replied that the government doesn't want a meaningful, working agreement with the FMLN and public health is part of the government. He asked where the money is to offer public health services to the people? Why is there only one infant hospital in the whole country?

He believes some type of pension has to be offered to war-wounded FMLN veterans who enter government programs [i.e., the national center for the blind], to support their wives and children.

4. Clinica Unidad de Atencion Integral al Nino

This consultant met privately with the director, Dr. Mauricio Diaz. Our conference lasted two hours and there was a frank exchange, principally with Dr. Diaz explaining a number of points-of-view. Two documents given to the consultant for reference are:

- "COPAZ/Comision para Atencion al problema de los Discapacitados de Guerra y Sus Familiares," dated 21 October 1992, 4-pp.
- "Terminos de Referencia para el Estudio de la Problematica de los Lisiados de Guerra," dated 07 September 1992, written by M. Diaz, 8-pp.

This clinic handles about 7,000 outpatient consultas per year. The majority are women. There are no in-patient bed facilities. The budget was not shared with the consultant. Dr. Diaz said monies come from Denmark and he does not need more funding. He has a staff of four physicians, three psychiatrists -psychologists, one nurse, two auxiliares and three in administration/reception. Salary information was not given. There are consultorios/offices for psychiatric cases, gynecology, pediatrics, and two for general medicine. There is a rather large inventory of medicines which are dispensed without charge. Equipment in the consulting offices appeared to be excellent.

Dr. Diaz indicated his Clinic is close to its maximum capacity in terms of personnel, services given and patient load. He is not interested in expansion and again, specifically stated he does not require additional financial aid.

Dr. Diaz explained at length the need to make into law the pending legislation creating a type of veterans' bill, "Status de Discapacitado" for ex-combatants on both sides. [see "1-Medida Inmediata, page #3 of the COPAZ document] His opinion is that a special status must be created so ex-combatants might have a chance of receiving recuperative care as well as being an important factor in the country's "reconciliation process."

He fears the legislative assembly, of which he is member, will water this down into a meaningless piece of legislation by the time it becomes law. He was asked why and his response is that the government has 45 of the 84 legislative seats and they do not want this put into law. He emphasized this is a key step in building mutual trust and improving the current lack of confidence which the FMLN has with the Salvadoran government.

He believes financial resources already exist in the country and the government budget which is not used for rehabilitation and reconstruction for the Salvadoran populace. He stated the annual budget for the country is C\$7,500,000,000. C\$900,000,000 of that is earmarked for the armed forces and of this amount, C\$300,000,00 of the armed forces budget is already earmarked for "war wounded" [army soldiers].

He pointed out the Hospital de Especialidades is one of the finest hospitals in Central America. The owner of this hospital and land is the Ministry of Public Health. Salud Publica has a lucrative agreement with the Salvadoran Social Security Institute [ISSS] so that ISSS commands the vast majority of the 300 beds and medical services, controls the hospital and salud publica is left with a tiny piece of the action in terms of health care given in that hospital. Dr. Diaz' point is that this key and crucial medical resource must be opened to the victims of the civil war conflict if any meaningful health care rehabilitation campaign has meaning. He also believes AID and the U.S. Embassy can put positive pressure on the government to achieve this goal. He stated the best medical care in the country is found in the Military Hospital and obviously, the civil population and the FMLN ex-combatants are excluded from this high quality service.

Dr. Diaz stated the following data is probably accurate in terms of current number of war wounded:

	<u>Minimum</u>	<u>Maximum</u>
FMLN Combatants	3,500	4,000
FF.AA. Combatants	7,000	8,000
Civil Population	<u>5,000</u>	<u>7,000</u>
Estimated Totals:	15,000	19,000

He urged the consultant team to bring to the attention of USAID to make sure that programs/services for amputees include long-term care in all surgical interventions, prostheses, second fittings, rehabilitation and followup.

Dr. Diaz made it clear that AID and the U.S. Embassy must pressure the Salvadoran government and military to play an active and positive role in reconstruction and any meaningful rehabilitation campaign. He spoke positively of AID and the U.S. government. He thinks the norteamericanos will continue an active role because it is in their self-interest to do so. He believes they are tired of the war and tired of expending hundreds of millions of dollars into a civil war without end.

Dr. Diaz expressed the concern that the next few months will determine whether or not agreements are made and physical/mental health campaigns for lisiados begin; otherwise, he predicts it will fail.

5. Centro de Rehabilitacion para Ciegos "Eugenia de Duenas"

Founded in 1953, this Center has been state-run since 1955. It is under the ISRI administration along with eight other ISRI rehabilitation centers. It currently serves 112 enrolles who come from all parts of the country, including 55 children [12 years or younger] and 57 adults. This includes 13 FMLN ex-combatants who are enrolled in a special program. They are not aware of any blind army ex-combatants in their center although their children might be enrolled. The administration does not have information about children of former army soldiers. This Center was ready to accept 50 FMLN ex-combatants but they all have not yet arrived. The Center's administration does not know if or when the remaining 37 may arrive.

The staff totals 55 which includes professors, secretaries, administration and support staff [auxiliares, cooks, cleaning, etc.]. The professors/staff work five-hour shifts, from 7AM-12PM or 12PM-5PM. Other professionals who work by the hour, usually a two-hour day include a psychologist, pediatrician, physician of general medicine, nurse and ophthalmologist.

The medical professionals earn the equivalent of us\$100 per month. The Director is paid us\$200 for a 4 hour/day and the deputy director is paid a bit less than us\$300 for a fulltime workday.

One major program activity is Education, primarily for children up to 14 years of age. Activities include initial education, early stimulation, basic education [1-3 grado], music and physical education. Rehabilitation is the second major program activity for adults. Classes and activities include Daily Living, massage, braille, manual training, typing writing/script and mobility. While they do not have any type of Guide Dog program, the administration is very interested in adopting this service to the blind if financial resources could be found.

There is a major written Project entitled: "PRN-Apoyo al Centro de Rehabilitacion para Ciegos Eugenia De Duenas en la Atencion de no Videntes del FMLN, Enero-Diciembre, 1993" [01 October 1992, 19-pp. with appendices. See Appendix]. This proposes specific actions and services directed to the ex-combatants of the war. This proposal has the approval of ISRI and is being studied for funding and action. The equipment and other supplies requested are found on page #9, sub-section 8.4 of this report. The director indicated a vehicle for the institution is also desperately needed.

The consultant toured the facilities and was impressed with the attention given to the enrolles and the activities under very dire circumstances. The buildings are falling apart especially

since the earthquake in the mid 1980s. The teaching equipment, chairs, tables, beds, etc. are stated to be 35 years old and this is easy to believe. Brief discussions were held with a few of the FMLN ex-combatants. They have been residing in this Center for about three weeks. All blind, most had also lost one or both hands and obviously have suffered other injuries. They stated they were pleased with their treatment so far and are happy to be there. One ex-guerrilla, David, is 30, single and lost his sight eight years ago. He had an amazingly positive attitude and feels what he can learn at the center might help to contribute " --- to a better society."

Both the director and deputy director have less than one year in their jobs but seem capable and knowledgeable. They appear aware of the performance their staff can accomplish with very limited resources and would like to expand their Center. They would like to improve the skills and capacities of their professors by providing becas to travel and learn new techniques or to have a skilled trainer teach their staff at the center.

6. Centro de Rehabilitacion Profesional  
de la Fuerza Armada - CERPROFA

This interview was held with Lic. J. Rolando Mena Moran, Chief Psychologist for CERPROFA. Lic. Mena has been with CERPROFA for two years, one year as the chief psychologist.

CERPROFA began in 1985-86. War wounded from the armed forces are processed through the Estado Mayor, and then through the Instituto de Prevision Social de FF.AA. [IPSFA]. IPSFA is like the social security system within the armed forces. IPSFA then forwards groups of war wounded soldiers to CERPROFA.

The total number of armed forces war wounded is unavailable military information. Lic. Mena indicated it was " --- varios miles y miles de soldados." If the war wounded have minor wounds [19% or less declared wounds, i.e., partial finger missing], they are processed to be returned to the community with an indemnity payment. If a soldier is determined to have a 60% degree of severe and permanent wounds, they are given a permanent pension, depending upon their injuries and are not eligible to participate in the CERPROFA program. The other soldiers who have a 20% to 59% war wounds are eligible for and usually pass through CERPROFA.

Those soldiers who come to CERPROFA receive a subsidy which is equal to their military pay. Once they successfully pass the program and learn a skill, they receive a one-time indemnity payment which depends upon their disability injury:

01% - 10% disability:	C\$15,000 payment
11% - 19% disability:	C\$20,000 payment
20% - 40% disability:	C\$25,000 payment
41% - 59% disability:	C\$30,000 payment

There are currently about 250 ex-combatants enrolled in CERPROFA. Their capacity is 400. The participants include amputees, vision impaired [one eye], partially deaf, partial limbs missing, etc.

Mental health problems include post-traumatic syndrome, acute depression, alcoholism and drug addiction, insomnia, nightmares and some psychotic symptoms. Lic. indicated most of the ex-combatants display some type of mental health problems.

The annual budget, salaries and expenditures information was not given and is considered confidential. The staff/personnel is a multidisciplinary team including these technical staff:

5 psychologists, 2 psychiatrists, 6 social workers, 1 general physician, 1 occupational therapist, 2 physical therapists, 10 vocational trade teachers and auxiliaries, 9 academic professors, 5 prothetists, 2 orthotists, 1 nurse plus administration and support staff.

We discussed the procedures and objectives of evaluating a young former war-wounded soldier when he enters CERPROFA. The attachment, "Proceso de Evaluacion" is an excellent summary of the rather complete physical and psychological evaluation process which lasts one week. The program lasts 15 months with the first 3 months academic training. 8 months of Vocational training then begins along with 3 additional months of academic classes. After 4 months of practical training in and out of the center, the participant then graduates from CERPROFA.

There is vocational training centers and a full complement of training equipment, tools and teaching equipment for the vocations of commercial sewing/tailor; shoemaker; TV/radio repair technician; carpentry, painting and auto repair.

This center produces 48 prosthesis monthly which is its maximum production level according to Lic. Mena.

Located in Soyapango, the facilities are excellent, roomy and airy and well constructed. There is a large comedor, recreational facilities including a gym.

Lic. Mena concluded our tour indicating he believes CERPROFA has a positive impact upon the physical impairments and assisting in the transition into civilian life. At the same time, he stated the Center does not have an impact on the psychological affects of war and the mental health problems of these young men.

7. Fundacion 16 de Enero - F-16

The entire consulting team was present at this conference at the office of Sra. Veronica Villalta. Also participating were two other male FMLN representatives and a female, the F-16 Chief Physician. This conference lasted almost two hours; there were various times other staff entered for Sra. Villalta to attend to other business. This consultant felt the ambience was quite open and a frank exchange of views was expressed on both sides.

A summary of this consultant's notes includes the following:

- There are some wounded in FMLN concentrations. Others reside in surrounding communities. Accurate verification and medical diagnoses are difficult to obtain. The FMLN began a serious encuesta on 15 October 1992 and needs 22 days more to obtain more accurate data.

After a lengthy discussion and the consulting team insisting they need more specific data on war wounded to be able to accurately recommend the health services which are necessary and that we have no interest nor would we accept any list that contained names, Sra. Villalta and the chief physician produced a lengthy list of FMLN war wounded and their types of injuries. It was agreed a copy of this list would be provided to the consulting team. \*\*

- They do not have data on the civilian population wounded.
- One consultant-team physician stated there is a large need for outside experts to work with the large number of amputees and the prostheses process. The author of this report felt that although the FMLN representatives did not directly respond to this point, that they implicitly concurred. They responded by saying FUNTER has lots of money from AID and it [FUNTER] is the organization which should be doing this work
- The FMLN agrees to utilize the Hospital San Rafael in Santa Tecla. They stated this hospital currently has 25 beds and 38 patients. "Ellos [hospital staff and administration] pueden trabajar." In this way, Sra. Villalta believes two objectives will be reached: one, they can demonstrate how the government is underutilizing their resources and two, it can be a "muestra" for other medical centers in other regions of the country. However, both the physicians of the consulting team and the FMLN representatives agreed there is a need for fulltime surgeons at San Rafael if effective care is to be rendered.

They also need their own Sala or ward for their ex-combatants. "Queremos nuestra propia sala para nuestras personas." The three explanations given were for security reasons, that their staff can and would "revisar" the patient, and not to take up other space needed for civilians. Two examples given for the real need for security were one patient/ex-guerrilla who entered a hospital blind in one eye and left surgery blind in both eyes and another patient who suffered minor injuries in one leg and left surgery with that leg amputated.

- In relation to psychiatric and mental health care, they stated there is a real need as problems of psychosis and depression are evident but the FMLN does not know the gravity of this problem. They agree there is a real need for psychiatrists and mental health professionals in the rural regions and throughout El Salvador. They said there is a problem with ex-combatants coming to the capital city as there are no family members, pensiones and homes for them as support.
- There exists a potentially positive force for any future rehabilitation program: the FMLN has its own team of health promotores and Sra. Villalta believes that with capacitation/training, these personnel could be a more positive force serving both the FMLN and the civilian population.
- They would accept treatment in the Hospital de Especialidades. They are not interested in administering that hospital contrary to opinions expressed by others. This consultant assumes that if this became reality, the FMLN would again request their own sala[s]/wards for reasons of security ... at least until the level of mutual confidence and trust was achieved.
- It is their opinion that OPS can and does play an important advisory role in rehabilitation and reconstruction. But is cannot direct; "----esta es un papel que tiene que ser el Ministerio de Salud Publica."
- They believe strongly that any basis for positive action is that the proposed special status for ex-combatants bill is passed. They believe that veterans have large differences [needs] than the general populace and thus, this is needed fundamental legislation. They encouraged AID and the U.S. government to push the Salvadoran government to make this a reality.

As a result of this conference, this consultant believes the Fundacion 16 de Enero leaders are ready and prepared to collaborate with meaningful and visible rehabilitation actions if:

- [1] methods and processes take into consideration the current level of mutual mistrust and,
- [2] tactics to address and incorporate a process goal of confidence building are considered as part of any physical and mental health campaign.

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**\*\* Note:** As stated, Fundacion 16 de Enero presented a list of 162 cases of FMLN ex-combatant war wounded to the consultant team on Monday, 26 October 1992. 24 [15%] are trauma cases and 08 [05%] are diagnosed with psychological problems. This anecdotal sample includes 20% of the presented cases which involve mental health symptoms and diagnoses. This does not include various other cases where "Sindroma de Guerra" was the secondary or tertiary diagnosis.

#### **8. Fundacion Teleton Pro Rehabilitacion - FUNTER**

This conference was held with the director, Dra. Noemi S. de Tinetti. FUNTER, a private organization, began operations in 1985 and then received a grant from AID. This is a multi-million dollar, multi-year grant. It currently has other income sources besides AID including the manufacture of prostheses, donations from a local 20-30 through local fund-raising efforts and a small grant from the Washington, D.C.-based Public Welfare Foundation. The annual budget information was not available. It has a staff of 80 including physicians, physiotherapists, social workers, administration, support staff and others. It has attended to 2,223 cases in the 1985-September 30, 1992 timeframe. Its current cases are divided into two groups: 40% are war-conflict related and 60% are not related to the civil war. Dra. de Tinetti projects this 40% war-conflict ratio will continue into the future.

FUNTER produces 50 prostheses monthly. It has a current capacity of 60 per month. It is planning to gear up and produce 100 monthly "---if there is the demand---" for this increased production level. The average cost of the prostheses is \$600 not including the expenses of the any operation. She also noted that the Salvadoran Armed Forces produces 60-70 prostheses monthly, ISRI makes 2 per month and there are two other commercial private

companies capable of producing a relatively small number of prostheses on a monthly basis.

FUNTER's experience in this field shows the following reasons for prostheses in El Salvador:

War-related Conflict:	40%	of prostheses needs
Accidents:	24%	
Sickness:	22%	
Assaults:	10%	
Congenital:	<u>04%</u>	
	100%	

This organization also has the ability to repair and adjust prostheses; they note this is important as users [FMLN ex-combatants] have received prostheses from Cuba and other countries and have expressed this need.

Their data as to FMLN casualties include 2,670 with 1,500 needing surgery. Dra. de Tinetti stated 1,000 to 1,500 are amputees. They began serious discussions with ASALDIG and other rehabilitation organizations in August of 1992. She believes strongly that rehabilitation is a complete "integral integration," not just prostheses. According to her information, the FMLN cases referred or to be referred include 250 to FUNTER [including 150 amputees], 50 surgery cases to PRODERE/OPS and 50 blind to ISRI.

She thinks the general rehabilitation campaign has failed so far because of a lack of communication with the FMLN in identifying cases. So FUNTER has tried to increase their dialogue with the FMLN and as of 10 September 1992 80 FMLN patients have been seen with 50 prothesis given. They anticipate completing the full complement of 80 cases by 05 December 1992.

Dra. de Tinetti strongly holds the view there should be a General Handicapped/Incapacitated Law created rather than only for war veterans.

Included in FUNTER's activities is an agreement with the Ministry of Public Health to attend to "very special cases" of the FMLN.

#### 9. Hospital Psiquiatrico

This conference was held with Dra. de Tevez, the director and Dr. Roberto Perez, Deputy Director. This government hospital is 95 years old and is located in Soyapango, a community of an estimated 800,000 persons. Dra. de Tevez has been the director for the last 11 months.

There are 530 beds in 13 wards, including two cholera wards with 50 patients, wards for severely psychotic patients, semi-severe cases, crisis care, medicine and chronically-ill wards. However there are only 354 current beds filled and their current annual budget of C\$11,000,000 from the Ministry of Health does not permit any additional beds to be filled. They simply don't have the staff, decent food, blankets, bed linen [4 sets required] and mattresses to accommodate more than a maximum of 400 inpatients. An example of the desperate and continual problem of a lack of budget and funding is, for example, when they requisition 500 doses of needed medicine, only 350 doses arrive into their inventory.

Patients are male and female adults. For the past 12 years, Hospital Bloom is the infant psychiatric institution. They had 57,000 outpatient consultations in 1991 and project more than 60,000 for 1992. This hospital is open 24 hours/7 days a week and is proud they attend to anyone who arrives there, even if the care is many times limited and restricted.

The hospital has about 460 current employees. The staff and their approximate salaries are:

- 20 physicians:
  - Psychiatrists work 2 hr/day @ C\$850 pr/mos.;
  - Chief Resident work 24 hr/shift @ C\$2900 pr/mos.;
  - Residents work 24 hr/shift @ C\$2500 pr/mos;
- 04 Psychologists work 8 hr/day @ C\$1850 pr/mos.
- 08 Social workers work 8 hr/day @ C\$1850 pr/mos.
- Plus 120 Nurses, 118 support service workers, 10 Census workers and administrative staff. The Deputy Director works a 6 hr/day @ C\$2500 pr/mos.

It is worth noting they said there are only 25 psychiatrists in the whole country, 8 of them working with the hospital and the Ministry of Health.

They have a community outpatient care pilot project and would be eager to include/involve civil war rural areas if the necessary funds were provided. The hospital lacks meaningful residential training program and feels this is a desperate need. They would like to explore and work with the School of Medicine - Universidad Nacional to include Psychiatry as a discipline for the first time in the country's history.

Dra. de Tevez stated the hospital does not have data related to whether an inpatient or outpatient was a combatant on either side. They do know that they have had and continue to have patients who were in the armed forces ... received care at the military hospital ... and after this military care, were told they "integrated back into the community" and thus, no longer could receive care from the military hospital ... and then came

to the national psychiatric hospital for continuing care. They also said that while they don't have records, they know FMLN excombatants have and continue to be patients.

**10. Instituto Salvadoreño de Rehabilitación de Invalidos - ISRI**

The conference was held with both Dr. Pagge and Lic. Dubon. The director, Dr. Pagge, did not participate in the dialogue and excused himself midway through the conference.

ISRI began thirty years ago and runs nine rehabilitation centers. All are located at the ISRI locale except for the Center for the Blind. [see Centro de Rehabilitación para Ciegos description above.] Sr. Dubon stated the budget for these nine centers is C\$20,000,000 annually.

There is an ISRI master plan to expand services to ex-combatants. A copy will be made available to this consulting team. Sr. Dubon indicated they would like to establish 40 small rehabilitation centers in rural areas where the civil war occurred. This long-term rehabilitation effort would mean 13 centers would be established in FY 1993 serving an estimated 2,000 consultations. The number of consultations would increase to 6,500 for FY 1994, 11,000 consultations during FY 1995 and 17,000 consultations in FY 1996. Various rehabilitation services would be given with referrals to hospitals when operations and hospital care are indicated. The major obstacle to establishing these 40 centers is the estimated C\$22,000,000 cost. Sr. Dubon hopes this becomes a reality as obviously these centers could continue serving the population for many years.

According to ISRI data, there are 2,670 FMLN wounded. 250 are emergency cases [including 50 blind] and there are indications that 1,500 need surgery. It was stated hard figures are difficult to come by as FMLN sources change the data. According to Sr. Dubon, FUNTER makes prostheses but the patient has to buy it at a cost of C\$2,000. This is a big problem because if the ex-combatant or anyone else is poor, they have to end up begging to get the money and the prostheses/care.

**11. Medical Aid for El Salvador - MAES**

MAES was established in El Salvador in 1981, commencing work in rehabilitation in 1985. A major goal is to provide emergency assistance to the civilian population. Providing prostheses is a major activity. Because the local government did not continue to authorize the work of this U.S.-based 501 [c][3] non-profit organization, it worked clandestinely in 1986. It is now

sponsoring an offshoot organization, PODES, with funds from physicians around the world and from the MAES budget/funds. PODES is in place and is run by incapacitated Salvadoreños. The participants own the project and the machines. It was emphasized this is a community development project and not a "handout."

Sr. Velasquez is a most eloquent and articulate speaker. From his experience and contacts surrounding the civil war, he estimates there are around 15,000 total war-related wounded. He believes the civilians are the most important focus. He feels the current failure for meaningful rehabilitation cooperation and progress is due to a lack of confidence and psychological barriers. For example, he pointed out the frustration of wounded government army soldiers in terms of lack of treatment resulted in the formation of their own veterans' organization: Asociacion de Lisiados de las Fuerzas Armadas [ALFAES]. He said there are 1,200 members, 500 of them amputees. This organization has requested PODES to provide prostheses for their members.

Sr. Velasquez' analysis ties into the 1994 elections. He believes many or most players in the field are keying into the elections and chance for power. He believes the campaign will begin by March, 1993 so if no meaningful countrywide rehabilitation plan is not forthcoming by that date, then no serious plan of action will happen until after the 1994 elections.

An example he gave of the games played was when the Ministry of Planificacion offered the leftist ASALDIG [Asociacion Salvadoreña de Lisiados Y Discapacitados de Guerra] us\$12,900,000 for rehabilitation ... and then that offer disappeared.

He believes any workable rehabilitation plan will have to involve four principal organizations:

- PODES [Independent];
- FUNTER [AID];
- ISRI [government and AID]; and,
- CERPROFA [FF.AA./Army and the U.S.].

Any future national rehabilitation plan also has to involve the three levels of rehabilitation [emergency, physical and mental and reintegration into the community.] Finally, MAES believes a special veterans' bill should be established with appropriate laws enacted.

## 12. Medicos Sin Fronteras

The conference was held with the director, Dr. Etienne Krug. Medicos Sin Fronteras [MSF] is a non-government organization [NGO] and has been working in El Salvador since 1984. He has put in two years in this assignment so he feels he has the perspective of working one year with the fighting and this year after the signing of the truce.

Their purpose is to medically assist the civilian population in remote areas of the country. They attend to patients with emergency and first aid care and handle referrals when necessary. They are not involved with surgery care. Over the years, he indicated MSF has assisted both the rural civilian population and FMLN war-wounded. MSF has attended more than 3,000 patients since 1984.

One year ago, during the last year of the hostilities, they had about 22 technical personnel in country including 5 physicians. Currently they have 40 technical personnel, including 5 physicians plus funding to sponsor 4 other physicians. The current staff increase is obviously due to the cessation of hostilities and increased access to the civilian population. Dr. Krug projects the staff will return to the 22 technical personnel in country one year from now.

This director of a generally-recognized politically neutral medical organization had various observations and views on the cessation of the hostilities and factors affecting a meaningful rehabilitation action program.

According to Dr. Krug:

- Many FMLN ex-combatants are currently in concentrated areas. There are basic needs such as potable water, proper housing, latrines, and health care which are partially addressed by the OPS. Both the OPS and MSF offer physician examinations and referral to specialists for surgery and other medical care. While MSF does not have data of ex-combatant wounds, prior to the ceasefire, because these persons are living in rural communities, Dr. Krug believes these issues must be addressed to avoid some of the ex-combatants returning to fighting.
- He estimates the total FMLN war-wounded at 3,500, including all wounded whether minor, major or multiple. He admitted this is "---the cifra which is circulating around the various organizations" but believes it to be a fairly accurate count. He stated the organization F-16 is the key to obtaining the most accurate accounting of FMLN war-

wounded. There exists a FMLN medical structure in some of zones of concentration and some physicians are working there. He believes this structure will dissolve if public health enters and begins to offer meaningful medical care.

This is because he feels there will be no meaningful FMLN military structure in the next two months in some, if not in the majority of concentrated zones. Many ex-guerrillas go to receive medical care under military orders. In other words, when they are ordered to go seek medical attention, then the person goes to receive medical care. He is pessimistic they will voluntarily seek care if the FMLN structure has broken down and there is an absence of a visible governmental health care system.

By the same token, Dr. Krug believes the public health ministry would help in these rural areas if they had the personnel, equipment and supplies. He thinks this is one of the most "open ministries" in the Salvadoran government.

- As briefly mentioned above, Dr. Krug stated it is important to note any current census would probably not include those guerrillas who suffered old injuries during the years of the conflict and long ago returned to the general civil population. There should be concern and assistance to them too, if any overall rehabilitation program were to be meaningful.
- Currently, the rural population is discouraged because the government has promised various essential services such as potable water, roads, telephones, etc. So far, the people have yet to see results from these promises.

This is a key element as he believes the civilian population is the biggest rehabilitation reconstruction problem. Everyone else is defending their own rights and needs; no one is deferring nor speaking for the general populace. He agreed to the suggestion made by the team leader that the use of local radio stations might be an effective tool in an aggressive public information/education propaganda public health campaign.

Another interesting observation made was his firm statement that USAID can and must take a lead role to include the civilian population in a health care campaign, otherwise "---it will not come."

- Dr. Krug stated there is an overwhelming lack of confidence in the government. Most campesinos are hostile to the government and governmental promises. One example is that during the years, the Medicos Sin Fronteras technical staff are aware of at least 100-200 wounded persons who entered

hospitals for care and then the next day, they had disappeared.

He does believe that most, not all, physicians in the country have "buena voluntad" and are committed to their profession of healing the sick. He specifically stated the administration and medical staff of Hospital San Rafael are ready to help the FMLN war-wounded. He would hope the Hospital de Especialidades would be opened up to all war-wounded but is pessimistic; right now, patients have to pay to enter.

- Dr. Krug does not think that a lack of facilities or buildings is a factor in beginning a meaningful health care plan.
- Finally and related to this consultant's primary field of investigation, Dr. Krug is not aware of any psychiatric and mental health services, mental health clinics nor technicians in the affected rural areas where his organization has worked. It is a fair assessment to imply from this part of our conference with Dr. Krug, that mental health needs do very much exist, such as post traumatic stress but having a mental health structure is another victim of the war and severe lack of such facilities in this developing country.

### 13. Ministry of Health - MINSAL

This conference was held in the office of the Vice-Ministry, Dr. Gustavo Argueta. Four other public health ministry officials were in attendance, along with Mr. Richard Thornton and another AID official, Ing. Carlos Castano and Lic. Elizabeth de Perez of the Clapp & Mayne and Dr. Paul Wenger of the consultant study team.

The health ministry would like to implement the ISRI project to establish 40 rural rehabilitation centers as well as the national Blind Center's project if they could obtain funding to do so. They also agree the national Psychiatric Hospital is not sufficiently funded to adequately run its program and if funding could be obtained, their desire to expand the hospital's community outreach program would be valuable to the country.

When the use and capacity of the Hospital de Especialidades was raised by this consultant, this issue was dismissed with the comments that it is a superb hospital facility, currently managed by ISSS. Besides this hospital couldn't take care of the ex-combatant needs as it is a specialty hospital.

This hospital "---is not available; it is like a private hospital. Besides, they charge the public health ministry for each case we send there."

There was no response to our request to obtain an interview with the specialty hospital administration during our brief consulting time in El Salvador.

The ministry officials stated the nation-wide hospital capacity exists in the country to take care of those needing in-hospital care. They stated only 60% of hospital beds are occupied on average. They believe FMLN ex-combatants should use hospital beds which are located closer to [where the war] action was. They specifically mentioned San Rafael, Zacatecoluca and San Miguel. San Rafael is ready in terms of the facility, equipment and the arrangement to pay physicians to work a 9AM-3PM shift to care of the surgeries and medical treatment. They estimate a 2,500 total cases pending, including plastic surgery.

The ministry expects to obtain preliminary health statistics from the national census to come out in December, 1992.

They think there are around 3,000 FMLN ex-combatants although "---many have disappeared." They anticipate a three-year program of rehabilitation with them, beginning with prediagnosis phase which is expected to cost C\$10,000,000 during the first year. They pointed out each ex-combatant has to have the correct tramites and paperwork to receive treatment. They will then be setting up medical resources in the country beginning with Hospital San Rafael. They believe this "integrated rehabilitation" will work in San Rafael as the staff there has had previous experience working with agricultural cooperatives. They agreed the FMLN patients will have their own sala of 12 beds in the hospital. The first batch of 26 FMLN cases are expected to arrive at San Rafael next week. The Ministry knows of at least 600 of the estimated 1,500 cases, 250 of them are thought to be very serious cases.

#### **14. Organizacion Panamericana de la Salud - OPS**

This conference was held in the office of Dr. Hugo Villegas, OPS director. Three consultant-team members participated. A document given to the team shows the specific geographical and classification/medical care given to the FMLN ex-combatants, dated August, 1992. He is aware of at least 150 amputees and 51 blind FMLN ex-combatants.

The reconstruction and OPS's role involves both physical rehabilitation and mental health. The latter area has continuing problems of a lack of medicine and the trauma suffered by the communities located inside the war zones. OPS has 18 Puestos de Salud located in the 18 areas of concentration of the FMLN. There is a general physician, medicine dispensed and first aid/medical attention given in these puestos. There are also "brigadistas" or health promotores who go to these puestos working with hygiene, vaccinations, preventive health campaigns, etc. Dr. Villegas is proud to state there have been no epidemics nor outbreaks of cholera nor malaria in these puestos/areas as there have been in other regions of the country. OPS also works with the Medicos Sin Fronteras organization and he spoke highly of their work.

OPS has about 141 technical personnel working in El Salvador. They have various specialists including mobile surgery and orthopedic care. They have seen 31,000 cases and average about 3 consultas per patient. Financing comes from the United States, Japan and Switzerland. The first phase of their rehabilitation campaign lasted from March through July of this year. The second phase of the OPS campaign will last from August through November, Page 31

1992. He anticipates they will see about 1,085 patients during the current month of October.

Dr. Villegas believes one current problem is that there is medical attention given upon demand [i.e., ad hoc]. What is needed is systemized medical attention. There should be increased coordination through a Committee of Coordination Inter-Institutional.

He believes the ISSS has the rehabilitation program in place and that the ISSS is definitely underutilized. To have a meaningful rehabilitation program for this country, he recommends:

1. The Hospital San Rafael should be used in a rehabilitation effort affecting the FMLN ex-combatants as well as for the civilian population.
2. One organization be established. A consortium is one idea.
3. Results of the census of war wounded must be forthcoming. How many are there? Where are they and what are they doing? What medical services/infrastructure capacity is needed?
4. Duplication of services and patients should be avoided.
5. Psychosocial care must be given to the civil population.
6. A rehabilitation program can be done now. Existing resources already exist. Prioritization is needed.
7. OPS is prepared to play a major role in this effort. Dr. Villegas stated OPS currently has the resources to play a role.

One leaves a conference with this man feeling strongly that this is a person with the experience, capacity, strong neutral leadership qualities and organizational support who can and should play a key role in any continuing national physical and mental health rehabilitation campaign.

**15. Secretaria de Reconstruccion Nacional - SRN**

This conference was held with Dr. Juan Antonio Altamirano including a brief discussion with Dra. Norma Dowe, Secretary of the National Reconstruction office. Dr. Altamirano said his office is primarily responsible for the war-wounded prior to the signing of the accords, with the PanAmerican Health Organization responsible for war wounded after the signing of the accord. He stated there is a FMLN action plan draft which indicates 3,000 war wounded.

His office will be asking for \$6,000,000 to purchase equipment for the San Rafael Hospital in Santa Tecla. They have reached an agreement with the doctors of that hospital, who will charge a rate for their services, higher than the government rates and lower than private [clinical care] rates. He hopes the 15 physicians will work a 9AM-3PM shift instead of the current 3-4 hours. He estimates 1,500 surgeries would occur including 50 most complicated cases.

He stated the Hospital de Especialidades is one of the best in Central America but probably would not be part of a national plan for war wounded as it is run by the ISSS [Social Security system] and they will not open it up to war combatants. He said the rehabilitation work at Hospital Rosales was a "fracaso."

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**FOLLOWUP CONTACTS:**

**AID Briefing Session:**  
**30 October 1992**

The consultant team and Clapp & Mayne representatives met with the AID health team to discuss the draft conclusions and recommendations and individual draft reports.

AID representatives were laudatory in terms of the amount and type of information obtained by the team in a relatively brief amount of time. They were pleased by the scope and number of interviews which were made by the team and the different organizations contacted. They suggested we might try to also contact Funda Salva, International Red Cross and Red Cross/El Salvador.

They suggested the final report follow the Scope of Work outline. They asked for more information and recommendations on sections D & E of the Scope of Work [information to monitor war wounded and methods so potential war wounded patients receive necessary assistance; and, gaps to be strengthened to deliver services in a timely manner]. To a lesser extent, they asked for additional comments on section G, coordination of services.

They asked the team's recommendations be prioritized and main points be consistent. AID representatives wondered if more information might be available on the PanAmerican Health Organization [i.e., its mandate; budget and how long they plan to remain in El Salvador]. The team stated rehabilitation services should exist at Hospital San Rafael; they asked we explain why this is needed. They wondered how many and what type of health promoters should be trained. Ideas of how to increase prosthetics production and to coordinate this effort were also discussed.

The team leader is requested to extend his stay/work until Friday of next week.

**16. FUNDASALVA - Funacion Antidrogas de El Salvador**

This interview was held with Lic. Mayra de Samour, the Rehabilitation Program Director; Lic. Mari Carmen Moran, the Community Extension Director and with Lic. Eugenia de Arevalo, the Education Director. FUNDASALVA began operations in 1989. It is basically an anti-drug use/drug prevention organization with four major program areas:

1. Education: They currently work with the Ministry of Education and 25 schools in the capital city with a year-long intensive program, working with school staff, students and parents in drug prevention programs. Additionally, it works nationwide with another 300 schools in general drug prevention/education programs. They claim 57,609 persons benefitted from this program during 1991. This program is directed by Sr. Eugenia Arevalo. She has 2 coordinators [parttime] and 5 assistants [parttime]. This program is funded by AID and donations.

2. Community Work: This activity covers 50 slum areas of Sar Salvador. They work with primary drug prevention and education campaigns. For 1992, they plan on expanding this community work to rural areas of El Salvador. This agency states 52,500 community persons were directly or indirectly involved in this program area during 1991.

3. Commercial Work Sites: This program promotes "work free environments" in companies, factories and work places. The executive director did not know how many different work sites they have affected but said the number is a large one. An estimated 19,220 employees and persons in corporate work-sites were affected by their "corporate " activities.

4. Rehabilitation: This major activity area is also funded by AID and private donations. They work primarily with drug orientation and referrals of addicts to private detox centers if the client has the funds; to ISSS if the client is enrolled in social security; or, to the national psychiatric hospital or a clinic if the client cannot pay for this treatment. 10,465 patients and persons were served in the area of activity. The executive director works in this program area along with 2 fulltime drug consultants and one parttime technical person. They have a caseload of about 150-200 consultas per month. Both individual [casework] and groupwork methods are employed by FUNDASALVA.

They are not aware or nor have read the Ministry of Public Health's Plan of Action. They would like to work with excombatants on both sides in terms of drug and alcohol abuse and post-traumatic stress. I shared with Lic. de Samour this consultant's contacts with both ASALDIG and ALFAES. She indicated she wanted to follow up on these veterans group contacts. FUNDASALVA is planning on setting up AA and DA type of groups.

Future plans involve setting up their own rehabilitation and/or therapeutic center if they could obtain the necessary funding.

**ASALDIG:**

The Vice-President, Sr. Rafael Antonio Aquino and four other representatives came to the Hotel Presidente. They were served food and refreshments and spoke with this consultant and Drs. Bowen and Saez of the consultation team.

A list of war wounded was presented to our team. Dr. Bowen said it was helpful but what is needed is a more detailed list of pre-diagnosis situations with the ex-combatants. Extensive discussion ensued around whether FMLN physicians could provide this detailed information, or whether outside mobile doctors should be brought in. There was general agreement this information should be collected and distributed soon.

Dr. Saez and the delegation then exchanged ideas and problems with diagnosing, preparing, operating and followup care with prosthesis patients. They agreed this was a major medical care problem to be addressed in the coming months.

Sr. Aquino and his associates discussed at length proposals to begin productive enterprises such as microempresas, cooperatives, talleres, etc. This consultant encouraged them to present their ideas to AID for their consideration, potential collaboration and/or suggestions where funding can be obtained.

**17. International Red Cross;  
Red Cross/El Salvador ....**

Attempts were made to contact these two offices and set up interviews. These contacts were unsuccessful. It is recommended any followup Study include these agencies.

APPENDIX B

Consultant Interviews

19-31 October 1992

19 October  
Monday

Mr. Richard L. Thornton &  
selected other AID experts  
USAID

20 October  
Tuesday

Ing. Carlos Castano;  
Lic. Elizabeth de Perez  
Clapp & Mayne/San Salvador Office  
77 Av. Norte 304  
Esquina con Pje. Istmania  
Tel. 98-14-98, 23-81-74

Dr. Hugo Villegas, Director  
Organizacion Panamericana de la Salud  
73 Av. Sur, No. 135, Colonia Escalon  
Tel. 23-5616, 23-7168, 2308372, 79-1591

21 October  
Wednesday

Dra. Margarita de Tevez, Director;  
Dr. Roberto Perez, Deputy Director  
Hospital Psiquiatrico  
Canton Venecia, Soyapango  
Tel. 27-1189

Dr. Juan Antonio Altamirano,  
Director, Social Sectores  
Secretaria de Reconstruccion Nacional  
Casa Presidencial  
Tel. 71-3901, 71-1352, 71-2898

Dr. Maurico Diaz, Director &  
Member of the National Assembly  
Clinica de Atencion Integral al Nino  
la. Diagonal Urb. La Esperanza No. 434  
Tel. 25-2314

22 October  
Thursday

Dr. Federico Lopez Beltran, Director;  
Sra. Sandra de Patino, Deputy Director  
Centro de Rehabilitacion para  
Ciegos "Eugenia de Duenas"  
21 Calle Pte. No. 2409  
Tel. 25-8958

Lic. Rafael A. Dubon, Manager  
Dr. Jeannetto Pagge, Director  
Instituto Salvadoreno de Rehabilitacion  
de Invalidos - ISRI  
Colonia Costa Rica, Contiguo Asilo Sara  
Tel. 71-0101

Mario Velasquez, Executive Director;  
Wanda Amory Lopez, Representante Oficial;  
Juan Carlos Alverado Rodriguez,  
Executive Director - PODES  
Medical Aid for El Salvador - MAES  
Pje. 1, No. 39 Colonia Toluca Miramonte  
Tel. 26-2217

Dra. Noemi S. de Tinetti, Director  
Fundacion Teleton Pro Rehabilitacion - FUNTER  
Paseo General Escalon, 4910  
Tel. 71-5117

23 October  
Friday

Sra. Veronica Villalta, Director;  
Two other F-16 Representatives &  
F-16 Chief Physician  
Fundacion 16 de Enero/F-16  
Calle San Antonio Abad No. 3005  
Tel. 74-3446

Dr. Etienne Krug, Coordinator  
Medicos Sin Fronteras  
Av. Bernal No. 222 - Col. Maramonte  
Tel. 25-9630, 26-5028

24 October  
Saturday

Conference with Study Team;  
Writeup of Study Report

25 October  
Sunday

Writeup of Study Report

26 October  
Monday

Conference at Clapp & Mayne;  
Writeup of Study Report

27 October  
Tuesday

Dr. Gustavo Argueta, Vice-Minister;  
Four other Ministry Officials;  
Richard Thornton, AID;  
Ing. Carlos Castano, Clapp & Mayne  
Ministry of Health - MINSAL  
Tel. 22-7725, 22-0990

Lic. J. Rolando Mena Moran, Chief Psychologist  
Centro de Rehabilitacion Profesional  
de la Fuerza Armada - CERPROFA  
Boulevard del Ejercito, KM. 6 1/2  
Soyapango  
Tel. 77-1431

Writeup of Study Report

28 October  
Wednesday

Writeup of Study Report

29 October  
Thursday

Presentation of Study Report Draft

Sr. Antonio Treman Rodriguez, General Secretary  
Asociacion de Lisiados de las  
Fuerzas Armadas de El Salvador - ALFAES  
45 Avenida Sur, #240  
Tel. 22-6182

Sr. Rafael Antonio Aquino, Vice-President  
Asociacion Salvadorena de Lisiados y  
Descapacitados de Guerra - ASALDIG  
Avenida Maracaibo # 519, Colonia Miramonte  
Tel. 26-6421

30 October  
Friday

Briefing with Clapp & Mayne;  
Briefing with AID;  
Writeup of Final Report

Lic. Mayra de Samour, Rehabilitation Director;  
Lic. Mari Carmen Moran,  
Community Extension Director;  
Lic. Eugenia de Arevalo, Education Director  
FUNDASALVA  
Alameda Roosevelt & 61 St. Norte # 169  
Col. Escalon  
Tel. 98-2233

ASALDIG/Followup Session

31 October  
Saturday

Final Writeup of Consultant Report;  
Presentation to Consultant Team Leader;

ASALDIG/Fundacion 16 de Enero,  
Followup Session to receive Project Proposals

01 November  
Sunday

Travel

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