

# Social violence in the post-conflict and its impact on health services

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## Introduction

In order to understand the social violence currently raging in El Salvador - and its impact on health services, we must begin our analysis during the period of civil war and continue until the arrival of progressive governments in the last decade. Doing so we can identify the key moments when El Salvador became the world's most violent country and its capital (San Salvador) the capital with the highest number of murders.<sup>1a</sup>

The transformation of Salvadoran society and its associated social violence has configured an informal, unpublished map of El Salvador with new boundaries and borders. Gangs have control of some of these areas, a situation related to the weakness of current state institutions. The population (called 'civils' by the gangs) has restricted access to health, education, work, housing and security.

## *Background to the armed conflict and the Peace Accords.*

El Salvador's civil war lasted 12 years (1980-1992). It was caused by social inequalities, as well as by police & civil repression. This led eventually to a popular uprising. The uprising progressively organized into five guerrilla forces that would unite to form the Farabundo Martí (FMLN). The

goal of the FMLN was to fight a military dictatorship installed at the beginning of the last century.

During this period, many health facilities were closed, especially in rural areas, and barriers to access to health services were expanded.<sup>2b</sup> The conflict and control zones controlled by the guerrillas were abandoned by the state. A part of the health system was assumed by non-governmental organizations (NGOs) and by the FMLN health structure. The healthcare system was also supported by national doctors and nurses and international solidarity.

It was in 1992, after a final offensive, international pressure, and countless discussions and negotiations, Peace Accords were signed in Chapultepec Castle, Mexico; this represented the beginning of a new stage in political and social life from the country.

However, it must be recognized that with "the cease-fire, the demilitarization of society, and a political agreement on disarmament was defined. These agreements incorporated the FMLN into political life. However, there was no agreement on the economic development model, nor the new Political Constitution, nor even a revision of the structural framework of poverty and exclusion."<sup>3</sup>

This post-war scenario generated new institutions in the country, coinciding with the impulse of neoliberalism, which permeated all public policies of the conservative government of the Nationalist Republican Alliance (ARENA).

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<sup>a</sup>By the end of the war there were 387 health facilities nationwide of which 46 were closed due to the conflict.

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<sup>b</sup> The first ARENA government began in 1989 and would remain in power for 20 years, developing the neoliberal model included the privatization of the services provided by the State, adoption of the dollar as currency, the transformation of an agro-export development model to one for the promotion of exports and investment attraction inspired by the Washington Consensus.

This resulted in an increase in social exclusion that would be expressed in a migration of Salvadorans to the United States much greater in the post-war period (1990s) than that during the conflict decade.

### ***The Post Conflict period and the appearance of the gangs.***

Gangs started in El Salvador in the 70s and 80s among groups of young people who gathered in the marginalized neighborhoods and occasionally committed crimes.

This phenomenon was radically transformed during the 90s, due largely to the transculturation caused by the massive deportation of Salvadoran gang members. Many were deported from El Salvador to the United States.

The numbers tell the story. Compared to previous decades, migration increased by 73% in relation to previous decades. Between 1980 and 1990 it had increased to 307% and between 90 and 2000 it rose to 400%.<sup>4</sup> This migration was largely from the countryside to the city and from the city to the United States. It was estimated that each day 400 Salvadorans migrated out of the country.

On the other hand, there was a *reflux* of Salvadorians returning to Guatemala, Mexico and the United States, with an increase in deportations from 4,216 in 1999 to 36,689 in 2004.

Because of neo-liberal policies, the absence of a comprehensive security policy and the attraction of using repressive measures (such as the hard hand and the super hard hand) adopted by the ARENA governments.<sup>c</sup> This was a time of increasing crime as the gangs became more professionalized with more complex organizational structures. Human rights violations increased, especially those involving young people. As more and more gang members were imprisoned, conditions in the prisons worsened and rule of law was weakened.<sup>5</sup>

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<sup>c</sup>The strategy of the hard hand and the super hard hand was promoted in the mid-2000s by former presidents Francisco Flores and Elías Antonio Saca and consisted, among other things, in the approval of the Anti-Gang Law that increased persecution and repression of the gangs endorsing the use of excess police force during the operations of the National Civil Police.

### ***Progressive Governments and Health Reform***

In the midst of the economic, political and, above all, social crisis, which had erupted in the first decade of the 21st century, it was in 2009 that the FMLN party now won the presidency of the Republic.

From that moment on, actions are initiated to curb the different neo-liberal policies (supported by ARENA) and thus to promote social programs for the reduction of the social debt and the distribution of wealth. One of the main changes was the beginning of the health reform of 2010.

The health reform in El Salvador involved three major changes in the health care system:

- it established free services,
- reorganized the management of health services into networks and
- changed the model of care to one of comprehensive care with a family and community focus.

The implementation of this model of comprehensive health care would be carried out through Community Family Health Teams (ECOSF).<sup>d</sup> The program was planned to start from the poorest rural areas, eventually reaching the urban ones. One of its innovations was the fact that now it would be the multidisciplinary health teams that would travel two days a week to the registered address. These services would involve health promotion, preventive, curative and rehabilitation.<sup>6e</sup>

Despite the success of the model in the rural area, it did not contemplate the peculiarities of large urban areas, nor did it consider the new territorial configuration that gangs required. In several cases, not having a definitive headquarters for ECOSF forced community approaches in areas of different gangs, exposing health personnel to additional dangers.<sup>7</sup>

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<sup>d</sup> ECOSF: Equipos Comunitarios de Salud Familiar; Community Teams for Family Health.

<sup>e</sup> A community approach consists in carrying out the provision of preventive and curative health services in a community headquarters (church, communal house, community leader house, etc.) to reduce geographic inaccessibility.

### ***The Epidemic of Violence and the El Salvador Seguro plan***

The increase in violence in different areas of the country during the last decade has led to increased concern among citizens. That is why the government launched the *El Salvador Seguro* plan in 2015; the goal of the plan was to address the territories with the greatest violence. This plan had five axes<sup>8</sup>:

- violence prevention,
- criminal prosecution,
- rehabilitation and insertion,
- care and protection for victims
- institutional strengthening.

One of the major criticisms that has been made of the Plan, despite being comprehensive, the actions of each institution are not coordinated in a clear manner, and the structure did not foster citizen participation. The plan also did not analyze, nor does it propose to attack, the roots of violence. Indeed, as of now the program remains underfunded.

In 2016, the National Commission for Security and Prevention of Violence launched “exceptional measures” to suppress gang violence. These measures included: blocking the telephone signal in prisons, transferring gang leaders to maximum security facilities, increasing the number of police and army personnel doing patrols and the Jaque operation.<sup>f</sup>

The latest comparative estimates of homicides (from 2015 to 2016) is that homicides decreased from 103 deaths to 91 per 100,000 inhabitants; in San Salvador homicides decreased from 190 to 137 for the same years.

Despite this decrease in homicides, violence against ECOSFs has increased qualitatively and quantitatively.

The process begins with the gangs making verbal threats. This alone has caused many health workers to request being transferred to other areas with less conflict. Threats against healthcare workers can involve physical assaults, sexual assaults and – in the worst of cases – murder.

The model of comprehensive healthcare can involve intra-home care and community approaches. The model has had serious problems developing in large cities. Health workers not only face the problem of having to provide services in territories where there are active battles between opposing gangs. They may be forced to provide cover in the territories of opposing gangs or to seek shelter from the crossfire between the police and gangs. They are forced to comply with the demands of gang leaders (e.g. heal wounds from firearms at home at non-working hours, provide preferential care for the families of the bosses, and to provide medications to the gang leaders’ families among others).

Gradually, gangs have increased their control in their territories. The larger gangs can demand that no one from an area of an opposing gang can circulate through its streets. This measure applies to its inhabitants and to the public officials who work there. This has forced the Ministry of Health to take into account the domicile of health workers for the organization of community work.

Recently, in Mexicanos, a city that is part of the department of San Salvador, four health workers were physically attacked while carrying out home-to-house vaccination activities in an area identified as highly dangerous. This and other facts have outraged the health sector and the general population for the lack of guarantees to the physical security to which every health worker is exposed.

Slowly this type of situation erodes the presence of the State, particularly in rural areas. When children cannot go to school because of gang harassment, when basic health services cannot be guaranteed, when jobs are lost because of the place of residence, when houses are abandoned and turned into 'destroyer' houses. It is a human rights violation to have citizens co-habiting with gangs.

### ***Towards a care model with an urban health approach.***

The current security policy in El Salvador seeks to prevent violence and repress crime. Eliminating violence could take several years, since many structural elements that contributed to the beginning of gangs are still present in society.

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<sup>f</sup> Operación Jaque was one of the largest operations launched against the MS13 Gang.

The challenge for the National Health System will be to adapt a care model that is integrated with the existing one, but that takes into account the reality of the territory. It is impossible to continue actions, such as home visits or community approaches, under the conditions of violence that exist, especially in urban areas.

This implies making changes to the system, such as supporting humanizing measures, safeguarding the physical integrity of health workers until the redefinition of new, more precise indicators. For this, we propose to make use of critical epidemiology from the perspective of social health determination.<sup>9</sup>

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