

The Fight to End Neoliberal Madness in Honduras

by
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While limited in numbers, unionized workers at the two psychiatric hospitals in Honduras have had an important impact in the evolving struggle to improve conditions in their facilities and their country. In the 57 years since the union was formed, its members have modified their strategies in response to major political changes, including the implementation of neoliberal policies led by international financial institutions, and the 2009 coup. The union has fought to achieve better conditions for workers and patients while facing serious challenges, including a context of institutional psychiatry that has dramatically failed to meet the mental health care needs of the Honduran population over the past century and neoliberal policies that have increased structural vulnerability, trauma, and the incidence of associated embodied manifestations—including mental illness—among Hondurans while increasing stigma against the mentally ill and drastically weakened the infrastructure and quality of health care through defunding and privatization.

Aunque limitados en número, los trabajadores sindicalizados en los dos hospitales psiquiátricos de Honduras han tenido un impacto importante en la lucha progresiva por mejorar las condiciones en las instalaciones y su país. En los 57 años transcurridos desde la formación del sindicato, sus miembros han modificado sus estrategias en respuesta a los principales cambios políticos, incluyendo la implementación de políticas neoliberales liderada por instituciones financieras internacionales, y el golpe de estado de 2009. La lucha militante del sindicato por mejorar las condiciones para los trabajadores y los pacientes ha enfrentado serios desafíos. Estos incluyen un contexto de psiquiatría institucional que ha fracasado dramáticamente, probándose incapaz de satisfacer las necesidades de atención de salud mental de la población hondureña durante el siglo pasado, así como las políticas neoliberales que han aumentado la vulnerabilidad estructural, el trauma y la incidencia de manifestaciones somáticas asociadas (como las enfermedades mentales) entre los hondureños. Al mismo tiempo el neoliberalismo ha aumentado el estigma contra los enfermos mentales, mientras que la infraestructura y la calidad de la atención a la salud se han debilitado drásticamente a raíz de la desfinanciación y la privatización.

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What sane person could live in this world and not be crazy?

—Ursula K. LeGuin, *The Lathe of Heaven*

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*Under capitalism our heads hurt
and our heads are ripped off.
In the struggle for Revolution the head is a delayed-action bomb.
In the construction of socialism
we plan for the headache
which doesn't alleviate it—quite the contrary.
Communism will be, among other things,
an aspirin the size of the sun.*

—Roque Dalton, “Sobre dolores de cabeza”

“Neoliberalism” is a term used to describe a broad set of “austerity” policies (and accompanying hyperindividualist ideology) implemented over the past half century through international financial institution–led national and local restructuring programs and trade agreements enforced through violence. These policies have effected a form of capitalism unfettered by regulations that could otherwise protect communities at every level against labor abuses, environmental destruction, climate change, land grabs, forced migration, and many other harms that are embodied as illness and injury. At the same time, they actively aim to destroy the very collectivities that could resist their advance by “imped[ing] pure market logic” (Bourdieu, 1998). In this paper, I explore the ways in which a small union of psychiatric hospital workers has approached the devastating impacts of neoliberalism on both mental health and mental health care in Honduras in the context of shifting cultural understandings of the overlapping cultural category of madness (*locura*) and biomedical categories of mental illness and of the history of institutional psychiatry there. I argue that in developing strategies framed by an anticapitalist and anti-imperialist analysis and implementing them through a multiplicity of tactics including frequent militant direct action, these workers have had an outsized positive impact—staving off even greater harms to themselves and their patients and working toward a better future for mental health and mental health care in Honduras.

On June 28, 2009, members of the Honduran financial elite financed a coup that was carried out by a general trained at the U.S. military’s Western Hemisphere Institute for Security Cooperation (The School of the Americas), ousting the democratically elected president Manuel Zelaya. This led to a 12-year period of accelerated implementation of neoliberal policies, imposed through the criminalization and violent militarized suppression of dissent, that I have elsewhere described as “neoliberal fascism” (Pine, 2019; see Gill, 2004, for background on the institute). Prior to but especially during the 12 years that followed the coup, public health care in Honduras was under attack. The post-coup neoliberal restructuring of hospitals and clinics, including defunding, privatization, and union busting—accompanied by ideological shifts ever farther away from health care as a human right and toward the medicalized stigmatization of the poor, the sick, and the mentally ill—contributed to increased morbidity and mortality and to forced migration. During the same period of U.S.-supported militarized dictatorship,¹ Hondurans were somatizing dramatic increases of political and everyday violence, terror, and trauma, which in turn created a far greater demand for mental health care.

Workers in the country’s two inpatient psychiatric hospitals, Hospital Mario Mendoza and Hospital Santa Rosita, come face-to-face with these two

interlocked phenomena daily. Through their wall-to-wall union, which in 2022 counted 420 active members representing the hospitals' 600 workers, from janitors to psychiatrists, they have been at the forefront of a number of struggles based in an understanding that, as a leader of the union of psychiatric hospital workers wrote in a WhatsApp message in May 2022, "the increase in mental illness and worsening conditions in our psychiatric hospitals [in Honduras] are both symptoms of militarized capitalist imperialism." In this paper I provide a history of psychiatric care as context for analyzing the madness of neoliberalism in postcoup Honduras, the challenges of providing mental health care under a U.S.-backed neoliberal dictatorship, and some of the ways in which the *Sindicato de Empleados y Trabajadores de los Hospitales Psiquiátricos y Similares* (Union of Employees and Workers of Psychiatric Hospitals and Similar [Institutions]—SIETMHOPSYS) and its allies have confronted these challenges in their struggles for better patient care and better working conditions.²

I position as solidarity ethnography my work with people who acutely and somatically suffer the impacts of neoliberal madness, which, building on Scheper-Hughes's (2014) work on the militarization and madness of everyday life, unceasing structural conditions produced by neoliberalism. In the context of this research, these populations include psychiatric patients, their families, and psychiatric hospital workers. As I have noted elsewhere, ethnographic solidarity is never straightforward. (see, e.g., Pine, 2013). That is true here, since my interlocutors sometimes find themselves at odds with each other.

My data come from a variety of primary and secondary sources and ethnographic experiences. I have regularly conducted ethnographic fieldwork in Honduras since 1997, much of it focused on violence, health, health care work, and social justice struggle. My direct ethnographic methods have included traditional participant-observation in neighborhoods, homes, community spaces, hospitals, classrooms, etc.; unstructured informal individual and group interviews; extensive photographic and video documentation; and structured and formal interviews, both in person and (especially in recent years) via various technologies, including e-mail, chat, and Zoom. The fieldwork upon which I draw most for this piece has been conducted since the 2009 coup, using a multimethod approach similar to that of my prior ethnographic fieldwork but explicitly based in a strategic, somatic solidarity anthropology (Pine, 2013).

I have found that my *entrée* into numerous communities and rapport with my Honduran comrades have been strengthened considerably by fieldwork in the context of shared struggle (despite and in constant tension with vast differences in structural vulnerability between me and most of my Honduran colleagues and interlocutors). Thus, the participant-observation fieldwork that has most informed this work has been conducted at dozens of protests against the coup and against systematic government and International Monetary Fund (IMF)-led attacks on health care workers and patients, in working meetings with union members and leaders, in Honduran hospitals, and in lengthy conversations and debates with Honduran friends, colleagues, and students about their experiences and analyses of trauma and mental health. Between 2009 and 2022, having made dozens of research trips to Honduras, I spent in aggregate approximately two full years in the country (including one full-year stay in

2013–2014 as a visiting professor of anthropology at the Universidad Nacional Autónoma de Honduras), taking field notes every day. In addition to my field notes and secondary sources, for this article I draw on 10 formal interviews I conducted in 2021 and 2022 (mostly recorded via Zoom) with former patients, current and former patient family members, psychiatrists, and other workers and union leaders at the Mario Mendoza and Santa Rosita hospitals to better understand the context of the struggle for mental health care in Honduras.

Additionally, as an expert witness on country conditions in Honduras, I have read hundreds of personal narratives, psychological evaluations, and supporting documentation describing the life histories of asylum applicants, including their experiences of discrimination and health care as they and their lawyers sought to have them evaluated by the immigration judge. Since 2019, the majority (>20) of my cases have been with the National Qualified Representative Program, “a nationwide program to provide Qualified Representatives . . . to certain unrepresented and detained respondents who are found by an Immigration Judge or the BIA [Board of Immigration Appeals] to be mentally incompetent to represent themselves in immigration proceedings.”³ Interpreting and analyzing these texts has informed my understanding of the experiences of Hondurans with diagnoses of severe mental illness both inside and outside of psychiatric hospitals and (other) carceral settings, as has the extensive secondary source research that has gone into writing my country-conditions affidavits.

MADNESS IN HONDURAS

The figure of the *loco* (madman) is common in Honduras. Since I began conducting fieldwork in Honduras in 1996, I have observed and written about the ways in which the cultural construction, imagining, and stigmatization of madness compound the vulnerability of already vulnerable populations. In diverse formal and informal settings I have observed poor Hondurans whose behaviors deviate from established norms or who have known diagnoses of mental illness being called “locos/locas” (madmen/madwomen), laughed at, and, more often than not, not taken seriously.⁴ I have also observed their patterned ostracization, denial of employment, and criminalization. People labeled as “locos” are today particularly likely to be targeted for physical violence and abuse in apparent hate crimes by gang members, police, fellow inmates (if incarcerated in prison or a mental hospital), and even, at times, family members and health care workers (see, e.g., EFE, 2009; *Tiempo*, September 11, 2009; *La Prensa*, July 17, 2013; August 8, 2014; January 28, 2016; Valladares, 2014; *El Heraldo*, February 8, 2018). In general, both through my own ethnographic observations and through extensive reviews of media reports on incidents of targeted violence carried out against these individuals, this danger is markedly increased for people who exhibit dramatic behaviors that might be medicalized as symptoms of psychosis.

Just as poor drunks are labeled, feared, and criminalized as *bolos* (Pine, 2008a; RP, 2021), poor individuals exhibiting nonnormative behavior are colloquially labeled *sicóticos* and *dementes* and are popularly and even often medically

understood as violent and dangerous because of their perceived madness or mental illness. The assumption is that anyone diagnosed with or showing signs of mental illness is intrinsically violent. For example, the 15-year 2021 National Health Plan published in December 2005 begins its discussion of mental health with the statement that “the most frequently diagnosed mental health problems in the primary health network are: violence (30%), depressive disorders (27%), epileptic disorders (11%), neurotic disorders (9%), psychological development disorders (6%), [and] infant behavioral disorders (5%)” (Rápalo et al., 2005: 47). It goes on to list homicide and domestic violence statistics before continuing to describe other diagnoses that fall within its definition of “mental illness”—the disturbing implication being that violence is itself necessarily a symptom of mental illness.

Locos are also portrayed in the Honduran media and popular discourse as inherently criminal, with very little critique of this dangerous conflation. Because of these associations, individuals with known diagnoses or visible symptoms of mental illness are unlikely to have the necessary support to risk going to the police in the event that they are attacked. The mentally ill have every reason to fear the police in Honduras, as is evidenced by a video circulated widely on the alternative and social media in 2019 that showed police in San Pedro Sula threatening, punching, kicking, and then throwing from a building a man displaying clear symptoms of mental illness, breaking his arm and wrist in the process (Honduras No Te Rindas, 2019; Primicia Honduras, 2019). Conversely, posts and articles by journalists showing people engaged in criminal activities and/or individuals who have been violently (and triumphantly) arrested by police on charges of violent behavior often refer to such individuals as “locos” or *enfermos mentales* (mentally ill) without any evidence that that is the case (*Tiempo*, December 7, 2016; *El Heraldo*, August 17, 2017; *La Prensa*, April 29, 2019; C. Funes, July 30, 2020). Gang members and *clicas* (cliques) also embrace this assumed correlation, often incorporating “loco” and “locos” into their group monikers and individual nicknames as a way of emphasizing their dangerousness (*La Prensa*, April 3, 2018; *El Heraldo*, May 27, October 25, 2021).

In a corrupt penal system, the pervasive association of mental illness with criminality often results in the unjust imprisonment of people with known diagnoses or visible symptoms of mental illness for crimes they did not commit. Honduran prisons are notoriously dangerous, a fact that is inseparable from their intentional overcrowding and militarization (Moreno, 2006; Pine, 2012; 2018a; Criterio, July 30, 2020). Mentally ill prisoners—guilty or not of criminal behavior—are always denied necessary psychiatric and other health care treatment and often subjected to torture in prison by fellow inmates or guards (EFE, 2018). In my academic work I am ordinarily loath to cite U.S. State Department country-conditions reports for Honduras because of the way they whitewash human rights abuses committed under allies’ regimes and exaggerate or fabricate human rights abuses of U.S. enemies (see Pine, 2008b). That said, even as the U.S. State Department enthusiastically supported the Hernández narco-dictatorship, its 2019 and 2020 country-conditions reports both commented on the lack of adequate support for cognitively impaired and mentally ill prisoners in the severely overcrowded Honduran prison system

(Bureau of Democracy, Human Rights, and Labor, 2019; 2020). They also both asserted that “mental health professionals expressed concern about social stigma by families and communities against persons with mental disabilities and a lack of access to mental health care throughout the country.”⁵

The voice that asylum lawyers prefer their country-conditions experts to use, in my experience, is the ethnographic present, which promotes a culturalist interpretation of violence and mental illness and militates against a structural analysis rooted in the violence of capitalist imperialism (e.g., a framing of neoliberal madness). The ethnographic present (e.g., “Mental illness is stigmatized in Honduras,” “Honduran prisons are extremely violent places”) precludes honest analysis of the root causes so frequently and dishonestly evoked in U.S. migration policy debates. But the impacts of neoliberal policy on mental health care and on the ability of Hondurans to enjoy the necessary conditions for mental health (neither of which were good for the poor to begin with) have been devastating.

Honduran health care experts have reported an alarming increase in mental illness diagnoses and suicide attempts since the 2009 coup (Valladares et al., 2018; VTV Somos Todos Honduras, 2017; *Proceso Digital*, 2018; *La Prensa*, July 6, October 20, 2019; July 2, 2020; Radio Progreso, February 21, 2019; Ramírez, 2019; Confidencial HN, 2022) in comparison with previously published rates (Reyes Ticas and Espinoza, 1993; Chirinos-Flores et al., 2002).⁶ My own ethnographic research findings on trauma in Honduras have concurred with those of my Honduran medical colleagues and with those of clinical research by psychologists demonstrating that trauma and its embodied manifestations (medicalized as symptoms) are exacerbated by economic precarity, which in turn corresponds with housing, food, and bodily precarity in individuals with mental health diagnoses. I have written about my fieldwork in the children’s mental health ward of Hospital Escuela in 2014, where an abrupt increase in youth suicides and suicide attempts in the years following the 2009 coup was causing the ward’s chief psychiatrist great concern (Pine, 2016). This was, not coincidentally, the same period when the related “unaccompanied minor” crisis at the U.S. border was being blamed by Republicans and Democrats alike on bad Honduran parenting and gang violence.

Jesús (a pseudonym), an elected official of the psychiatric hospital workers’ union who works at Hospital Mario Mendoza (adjacent to the nation’s premier teaching hospital, Hospital Escuela, in the capital Tegucigalpa) told me in a June 2022 interview about the immediate impact of the coup on his work environment:

Look . . . we saw it here, because the police beat people up—people who went out to protest. And the closest place or the most viable solution was to bring them to Hospital Escuela so that they could do whatever had to be done—people who arrived with their heads split open, their legs broken, internal injuries, even bullet wounds—so Hospital Escuela was the place to go at that moment. But after they got out, they’d end up as patients in the psychiatric hospitals because of the trauma they had suffered. And . . . suicides increased at the time. Usually before the coup we’d get maybe one person a week who had attempted suicide. Sometimes even a month would go by without new suicidal patients. But after the coup it increased. We’d sometimes get two people a day, six in a week, because of the situation. It wasn’t easy. It wasn’t easy.

Building upon the vast body of scholarly work exploring the social production of and the cultural significance of trauma, suffering, and mental illness in relation to structural violence and the state—what Szasz (1997) terms “the manufacture of madness” (see also, e.g., Fanon, 1963; Foucault, 1988; Kupers, 1999; Scheper-Hughes, 2001)—Nancy Scheper-Hughes (2014) advocates for deeper analysis of countless contemporary ethnographic instances of “the militarization and madness of everyday life.” Taking her cue, I have argued that the U.S.-led imposition of neoliberal fascism in Honduras has in certain specific cases directly or indirectly become somatized as psychosis and in many more instances in ways that are medicalized and/or otherwise culturally interpreted as mental illness or madness (Pine, 2018b). This is not to say that psychological distress and/or madness do not occur absent neoliberalism but rather that—as numerous medical and social scientific studies have shown in Latin America and around the world—neoliberalism can be maddening (Acosta and Quiñones, 2016; de la Mata Ruiz, 2017; Davies, 2021; Guinsberg, 2004; Sparke, 2016; Roberts, 2021; Herrawi et al., 2022; Sousa and Marshall, 2017; Esposito and Perez, 2014; Petras and Vieux, 1990; Petras, 2002).

Indeed, Honduran doctors in psychiatric hospitals reported that in the context of the government’s extravagant failure to contain the COVID pandemic (inseparable from its neoliberal restructuring of health care provision) they saw additional increases in the numbers of people presenting signs of mental illness and concomitant populational treatment needs, which further stretched already overextended resources (Criterio, 2020; *La Prensa*, July 2, 2020; McBoyle, 2021). Jesús confirmed this in our interview, telling me that since COVID became a crisis in Honduras, he has seen four or five patients a day being transferred to Hospital Mario Mendoza from Hospital Escuela following suicide attempts. “The emotional weight has just been too much for the Honduran population,” he told me, “and we don’t have enough psychiatric hospitals to be able to treat them.”

A BRIEF HISTORY OF PSYCHIATRIC CARE IN HONDURAS

Neither mental illness nor psychiatric care in Honduras began, of course, with neoliberalism. The first health care facility designated to treat patients designated as *enfermos mentales* (mentally ill) or *perturbados mentales* (mentally disturbed) in Honduras was a special ward, opened in 1926, of Hospital General San Felipe in Tegucigalpa, although a high proportion of patients were epileptic or suffered from other ailments or injuries not categorized today as mental illnesses. In the mid-1940s, the ward’s name was modernized from “Asilo de Indigentes y Alienados” (Poorhouse and Lunatic Asylum) to “Department of Neuropsychiatry.” At that time it was restructured by Dr. Ramón Alcerro Castro—who complained of the ward’s previously having served as a “wastebasket” for the rest of the hospital, where all overflow, uncategorized, extremely poor, or otherwise complicated patients were sent—to treat patients diagnosed with psychiatric illnesses (Alcerro Castro, 1953; Espinoza Murra, 1980; 2008; Reyes Ticas, 1997). The first available statistics from the Department of Neuropsychiatry, from 1951–1952, list a

patient population of 186 (98 men, 88 women) (Reyes Ticas, 1997: 90). Following the times, popular treatments pioneered in Honduras by Alcerro included lobotomies and electroshock therapy. He also lobbied for strict nationwide professionalization of psychiatric care, prevention of patient abuse, and the development of standards for forensic psychological exams in criminal cases. By 1957 the ward had a patient population of 400 (with far fewer beds than patients), and in 1960 the Hospital Neuropsiquiátrico was created as a separate entity adjacent to the Hospital General San Felipe. In 1965, responding to a plea posted in the American Psychiatric Association's journal by a Peace Corps volunteer for support for Honduran psychiatry, Dr. Richard W. Hudgens (1966: 470) wrote after visiting the hospital,

The Neuropsychiatric Hospital is an annex of the National General Hospital of San Felipe and was designated for 200 patients. There is an average daily census of 514, with 214 beds; more than half the patients sleep on the floor. Many of them are inadequately clothed. The structure is dilapidated, unheated. . . , overrun with rats, and widely soiled with human waste despite continual cleaning. During the winter some patients die usually of dysentery as the immediate cause.

He noted optimistically, however, that "[the] current situation, bad as it is, has greatly improved in the past two years," complimenting his Honduran colleagues on their efforts to improve patient conditions (471). In a follow-up report written for the Pan American Health Organization in 1967 (quoted in Espinoza Murra, 1980: 107–108), however, Hudgens mentioned the 23 2 by 3-meter cement isolation cells and described the common patios:

With overcrowding, a lack of cleanliness, patient inactivity and the shortage of medical and nursing personnel, the patios are terrible sight. Nakedness, filth, and evidence of physical illness are common. On the walls of the patios are numerous sickly-looking vultures and pigeons. Hundreds of these birds daringly descend on the women's patio #1 at mealtime, sharing their food and soiling the facility.

A history of psychiatric medicine in Honduras by the leading Honduran psychiatrist Dr. Americo Reyes Ticas (1997: 92) noted of the same period that

budget limitations, personnel shortage, a mostly untrained workforce, and a population of 500 psychotic patients interned in a building that itself was in bad shape make it difficult to provide acceptable psychiatric treatment. Although they had access to strong anti-psychotic drugs to control the patients, understaffing and overcrowding meant that [staff] would frequently resort to carceral methods including chains, iron shackles, straitjackets, fixation abscesses, and solitary confinement.⁷

Following the publication of various scandalous reports and the efforts of a small but growing community of organized Honduran health care workers to improve treatment and working conditions, a new psychiatric acute care facility was inaugurated in 1973 next to Hospital Escuela in Tegucigalpa and named for Dr. Mario Amado Mendoza, who had directed the Hospital Neuropsiquiátrico at San Felipe from 1968 to 1971. Patients and staff (along with their union)

moved to the new hospital. The old hospital at San Felipe—still associated in popular memory with prejudicial notions of criminal insanity—has gone through various transformations and functions today as a geriatric care facility. Another facility, the Hospital Neuropsiquiátrico Santa Rosita, was inaugurated with 300 beds in 1976 near the Támara national prison in the Amaratéca Valley, 45 kilometers outside of Tegucigalpa, for longer-term treatment with a particular focus on alcoholism and addiction. In 1975, as Santa Rosita was being prepared to open, the Public Health Secretariat created a mental health unit with the stated goal of expanding and decentralizing mental health care with a focus on community mental health approaches so that Hondurans would not have to depend solely on the two psychiatric hospitals for mental health care—a goal that has been reiterated by government and other experts on countless occasions (see, e.g., Departamento de Salud Mental, 2004: 6; Aparicio et al., 2008; Esquivel and Rodríguez, 2019). Since then, however, no new inpatient facilities have been built for psychiatric treatment, and the government has not developed or invested in community mental health initiatives.⁸

With 214 beds for psychiatric patients in a nation with an approximate population of 2 million in 1960, the overall proportion of beds was approximately 11 per 100,000. While it is not clear—given treatment approaches, methods of patient selection, understaffing, and other variables—that a larger number of beds would necessarily have ameliorated the situation for patients described above—it is worth noting that this is well below the low of 28.1–41.7 psychiatric care beds per 100,000 population recommended by public health researchers today for the United States (Hudson, 2021).⁹ In 2022, Honduras has approximately 250 inpatient psychiatric beds for a population of nearly 10 million, or around 2.5 per 100,000.

Numerous sources indicate that decades of neoliberal economic policies have exacerbated the underlying structural causes of the deplorable conditions noted by the earliest advocates of psychiatric modernization and professionalization in Honduras—understaffing, insufficient state investment in and upkeep of facilities, and overcrowding. In 2002, the Pan American Health Organization (Vásquez and Leria, 2010: 44) reported

a series of observations regarding conditions at the Santa Rosita Psychiatric Hospital, including persons placed incommunicado in isolation cells, poor sanitation and hygiene with human excrement on the floors where people slept, poor lighting and ventilation, and lack of access to medical care. Other deplorable conditions included female sterilization, psychosurgeries and electroshock without anesthesia, naked women roaming around the institution, lack of bedding and furniture for personal belongings, and unhygienic bathrooms.

A newspaper article published the same year noted that among the more than 100 men and 70 women at Santa Rosita at that time were men and women who had been hospitalized continuously for 40 years, beginning their stay at the “insane ward” (*sala de enajenados*) of Hospital General San Felipe (Revistazo, 2002). It is clear that among psychiatrists at the hospitals and government officials, good intentions (or at least assertions of them) abounded alongside a clear awareness of the dire situation in the hospitals. For example, the Health

Secretariat's 2004 National Mental Health Policy, and the 2005 National Health Plan 2021, both published during the presidency of the hard-line neoliberal and later coup leader Ricardo Maduro, emphasized a need to move toward community and integral health and away from the near-exclusive focus on pharmacological and institutional solutions to mental illness and other mental health problems (echoing the stated goal of the Health Secretariat's creation of a mental health department in 1975 noted above).

One brief history published by a Honduran psychiatrist (echoing Hudgens's polite optimism) in 2008 extolled the progress in Honduran psychiatric care over the decades (Espinoza Murra, 2008), but while most forms of shock therapy had been phased out by that time none of the other conditions that Hudgens and others deplored in the 1960s had improved over the decades, and some things had gotten worse. There is a clear causal relationship between the implementation of neoliberal policies and the continued decline of never-adequate-to-begin-with psychiatric health care available to individuals in Honduras suffering from trauma, malaise, or psychosis and other forms of mental illness. Also in 2008, nearly two decades into the implementation of neoliberal structural reforms in the Honduran health sector, the World Health Organization (WHO) issued a report on the Honduran mental health system. In its executive summary, Aparicio et al., (2008: 6) noted:

All aspects of patients' human rights are . . . neglected, including legal protections, labor standards, quality of care, etc. Training and refresher courses in mental health, including in psychosocial care, is not adequately provided to general and mental health staff. Furthermore, the participation of users and family members in mental health schemes is not promoted.

The resource and budget problem of the public health care sector in Honduras is even worse in psychiatric hospitals and clinics, which, in keeping with the broader societal prejudice against people with mental illness, are further de-prioritized. The same WHO report highlighted the fact that in 2006 only 1.75 percent of the funding designated for health care went to mental health, and of that, 88 percent went to psychiatric hospitals (Aparicio et al., 2008: 7). The proportion of the national budget allocated to mental health care has not increased since then (Vargas Elvir, 2021). When I asked Jesús about funding cuts, he pointed out that psychiatric hospitals today run on more or less the same budget as 20 years ago, but between inflation, crumbling infrastructure, population increases, and a heightened need for psychiatric services resulting from collective trauma, "they don't even need to cut funding" to produce the same effect.

Since the 2009 coup, human rights conditions in all public health care facilities have worsened. The postcoup regimes of Roberto Micheletti, Pepe Lobo, and Juan Orlando Hernández reduced health care funding further through budget cuts and graft, with qualified and unionized medical staff being denied pay and/or laid off, to be replaced (in many cases) by unqualified but politically loyal workers (Carmenate Milian et al., 2016; Fiallos and Mendoza, 2019a; 2019b). I have previously written about the harmful impacts of budget shortages on mental health care provision in Hospital Escuela, where I conducted fieldwork in 2014 (Pine, 2016). Hospital Escuela operates at a severe deficit, as

do all Honduran public hospitals. Because of its crumbling infrastructure, like the Hospital Mario Mendoza next door it has frequent shutoffs of water and electricity (only 3 of Honduras's 31 hospitals were built or remodeled after 1980) (Fiallos and Mendoza, 2019a; Barahona, 2022).

In Honduran public hospitals, there are few or no medical supplies available for patients, and medication supplies also often run dry or are faulty or expired (see, e.g., *Tiempo*, August 7, 2020; E. Funes, 2021; *Proceso Digital*, 2021). This means that if family members are not purchasing and delivering drugs, food, clothing, and other necessary supplies, patients simply go without. Multiple interviewees told me that, as in previous decades, naked patients abandoned by their families roam the halls and sleep two, three, or four to a single cot in fetid wards—a claim confirmed by photographs in journalistic exposés depicting exactly those conditions (CLACSO, 2010: 29; *El Heraldo*, November 25, 2019). These unhygienic conditions and the government's refusal to provide additional necessary personal protective equipment to staff and patients predictably produced disastrous outcomes when the pandemic hit, with the psychiatric hospitals becoming sites of mass contagion even as the need for mental health services increased in relation to the crisis (Hondudiario, 2021; Barahona, 2021; *Criterio*, 2020; *La Prensa*, October 29, 2020).

Just as general hospitals in Honduras are places of nosocomial disease contagion, Honduran psychiatric patients and family members I interviewed described Mario Mendoza and Santa Rosita as places that drove people mad, which, given the well-documented human rights violations and violence that frequently occur in these settings, is not surprising (see also Flamenco Arvaiza, Nickels, and Hunter-Nickels, 2020). Even regime-friendly sources have acknowledged that conditions have failed to improve over the years (e.g., Sharma, 2020: 6). The 2015 U.S. Department of State Human Rights Report for Honduras, for example, noted that “patterns of abuse reported in mental health facilities included degrading treatment, arbitrary commitment, inappropriate use of physical restraints, unhygienic conditions, inadequate or dangerous medical care, and sexual or other violence” (Bureau of Democracy, Human Rights, and Labor, 2015: 29).

Of even greater concern to the patients and workers with whom I have spoken, however, has been the carceralization of the two institutions over the course of the past decade. While both hospitals and their predecessor (as noted above) have employed carceral practices such as shackling and isolation cells throughout their existence and while the psychiatrists running the institutions have also spent a great deal of time and energy professionalizing forensic psychological evaluations for criminal trials, prisoners convicted of violent crimes and psychiatric patients had mostly occupied separate physical spaces through the first decade of this century. With the increased militarization of Honduran society and the vastly increased criminalization of poverty and resistance that followed the 2009 coup (restarting and intensifying policies that had been implemented earlier in the decade [see Pine, 2008b]), prisons became ever more crowded and dangerous for their inmates, and judges allied with the dictatorship began sentencing people convicted of violent crimes to lengthy stays in Mario Mendoza or Santa Rosita instead, without consulting the attending psychiatrists (*Proceso Digital*, 2019; Flamenco Arvaiza, Nickels, and Hunter-Nickels,

2020). This shift occurred despite recommendations from some members of the Honduran judiciary and by the government in its 2013 National Human Rights Action Plan (as well as by the psychiatric hospital workers' union) that patients awaiting trial or convicted of crimes be housed in separate mental health facilities from other patients (Secretaría de Estado en los Despachos de Justicia y Derechos Humanos, 2013: 212–213; *El Heraldo*, November 25, 2019; Varela, 2019). According to several hospital workers with whom I spoke independently, at least one psychiatrist at Mario Mendoza was himself threatened with jail time if he did not comply with the order to accept a prisoner sentenced to an extensive stay in the hospital when his and his colleagues' shared professional opinion was that the prisoner did not belong there.

Vocational nurses and internal hospital security staff reported feeling much more afraid than before of being attacked by their patients because of the increased carceral population, and patients I spoke with told me that hospital staff members have been even quicker to shackle patients (carceral or not) than before. Patients and staff alike told me of numerous specific incidents of violence, ranging from rape to murder, against staff and fellow patients by members of the carceral patient population (see also, e.g., *El País*, February 9, 2018; *El Heraldo*, November 25, 2019).

The influx in the past decade of criminally convicted patients has profoundly changed the character of the institutions for the worse. According to all of my interviewees, in recent years at any given point carceral patients have made up at least half the patient population. With security concerns as a rationale, both institutions have been occupied by police, who patrol the grounds and at times outnumber the patients. The claim that the occupation of the facilities by police improves security for patients and staff in the wake of large increases in the number of patients with violent criminal convictions is dubious at best. Though hospital policy prohibits weapons on the premises, these security forces are generally armed, and my interviewees reported numerous instances of firearms' being used by police to threaten staff and patients, fired (both on purpose and by mistake, leaving bullet holes in the walls), and even stolen by patients from police busy texting on their cell phones. Patients and workers described being constantly harassed, intimidated, and threatened by security forces, whom they also accused of smoking and drinking daily on the premises (where alcohol and tobacco use are strictly prohibited) and of smuggling illegal substances to carceral patients in the hospitals.

ANTI-NEOLIBERAL HEALTH MOVEMENTS

In 1965, 11 years after massive banana strikes forever changed labor relations in Honduras, 2 years after the violent coup that ousted President Ramón Villeda Morales (a physician who had attempted to democratize Honduras) and installed the dictator Oswaldo Lopez Arellano as president, and 8 years before the founding of Hospital Mario Mendoza, the workers of the Hospital Neuropsiquiátrico adjacent to Hospital General San Felipe organized to form the Sindicato de Empleados del Hospital Neuropsiquiátrico (Union of Neuropsychiatric Hospital Workers—SIEMHON). The union received legal

status in 1967 (Rodríguez, 2010: 38) and, as mentioned above, formally changed its name to SIETMHOPSYS in line with its goal of broadening its membership to include mental health care workers at other public and private institutions. Its members are demonized in the antiworker mainstream press for their political militancy but also (in some cases accurately) accused of human rights abuses at the bedside.

As a continuously existing organization identified with (and against) an institution characterized primarily by its dramatic failure to achieve the stated goals of management and the Honduran government over the decades, the psychiatric hospital workers' union presents an interesting case study of Honduran social justice movement strategies over time. Its primary stated workplace goal (improvement of the quality of mental health care available to Hondurans) aligns with the stated goals of the authorities, but its political economic analysis of the problems underlying the lack of quality mental health care in Honduras has placed it in direct conflict with those authorities. And conflict—rather than conciliation with interests of the capitalist state—has been the defining quality of the union's approach to social justice struggle over time.

Unlike some Honduran unions, which have allied themselves with neoliberal governments (including dictatorships) to achieve their goals, the psychiatric hospital workers' union has maintained a militant anti-neoliberal, anti-imperialist stance. Unionized workers at Mario Mendoza and Santa Rosita foresaw the impacts of neoliberal restructuring in the early 1990s as President Rafael Leonardo Callejas Romero (1990–1994) implemented IMF-led reforms that severely cut public spending, including on health care. In 1992, the psychiatric hospital workers' union broke from the AFL-CIO-allied, anticommunist Confederación de Trabajadores de Honduras (Honduran Workers' Confederation—CTH) to join the newly formed and much more combative anti-imperialist, anticapitalist Confederación Unitaria de Trabajadores de Honduras (Single Confederation of Workers of Honduras—CUTH) (see Armbruster-Sandoval, 2005: 184 n. 34; *Tendencia Marxista Militante*, 2010). In the years that followed, it fought alongside the other members of the CUTH against neoliberal structural adjustments (see, e.g., Equipo de PT, 1999: 12), and its members consistently held leadership positions within the federation, speaking out against the coup, neoliberalism, dictatorship, and imperialism despite the associated risks to their lives and safety¹⁰ (Trucchi, 2010; *El Heraldo*, August 11, 2013). The psychiatric hospital workers' union's struggles against IMF reforms in the 1990s and 2000s presaged its anti-IMF leadership following the coup, in particular in the massive (and brutally repressed) Spring 2019 protests following the Hernández administration's agreement with the IMF. If implemented, this agreement would have resulted in the privatization of education and health care sectors, including massive worker layoffs (IMF Communications Department, 2019; *El Heraldo*, April 24, 2019; Suazo, 2019; Sosa and Pino, 2019; SOA Watch, 2019).

Indeed, in line with its members' understanding that the neoliberal coup state was both increasing the incidence and severity of mental illness by traumatizing the population and reducing its ability to address the needs of patients, the union was at the forefront of resistance to the coup from the start (see, e.g., Emanuelsson and Emanuelsson, 2012; UEAH, 2009; 2010a; 2010b). Its members

have taken to the streets and loudly denounced every major attack on health care since the coup, including in the 2010–2011 protests in defense of the public sector led by teachers' unions also affiliated with the CUTH (Trucchi, 2011), the 2015 *indignados* protests following the pilfering of US\$300 million from the Honduran Institute for Social Security (Palencia, 2015; Pine, 2015; Meyer, 2017), the 2019 anti-IMF protests, and the Where's the Money? protests demanding accountability for the theft by government contractors of nearly US\$48 million spent on seven mobile hospitals for COVID care that never materialized (Cárcamo et al., 2022).

At the same time, the union's leadership continued to organize specific protests around patient care and workers' rights at its two hospitals. As with its leadership in the Resistance (the term is capitalized in Honduras when it refers to the unprecedented broad-based movement against the coup), its tactics in these more localized struggles have been militant, including frequent work stoppages, strikes, and sit-ins at the Public Health Ministry involving hundreds of workers (CLACSO, 2010: 29; 2011: 6; *Tiempo*, April 20, 2018; August 2, 2019; VTV Somos Todos Honduras, 2019; vanessa, 2021; *Proceso Digital*, 2021). The union is frequently portrayed in the corporate media as harming patients with its labor stoppages, though it of course maintains that its actions are always aimed at helping patients (e.g., *Tiempo*, October 9, 2021; *Proceso Digital*, 2021; Aguilar, 2022; Martínez, 2022).

In a long-term broad-based struggle against multifaceted expressions of neoliberal fascism and empire like this one, it is complicated to pinpoint and attribute credit to particular organizations and/or tactics for major victories. In the case of Honduran institutional psychiatric care in particular, identifying victories is an exercise in estimating the degree to which worker struggles may have mitigated even greater harms, but union members are enthusiastic about their vision for a much better mental health care system even though the two hospitals they work for have been in slow decay (accelerated by neoliberal policies) since their establishment in the 1970s. Leaders of the psychiatric hospital workers' union with whom I have spoken are confident that their organized coalitional struggle has been central to the end of the nearly 13 years of U.S.-supported postcoup dictatorship and to many major national-level victories (such as the repeal of the IMF reforms in 2019) along the way. When I asked them about their motivations for solidarity actions they have taken that went well beyond their hospital walls or even specifically health-care-focused issues (see, e.g., Consejo Nacional Anticorrupción et al., 2019; Melean, 2020), they insisted (as did the organized Honduran nurses I have written about over the years [see, e.g., Pine, 2010; 2013]) that the struggle to protect their patients was inseparable from the fight for sovereignty and against neoliberal capitalism. Jaime, a union leader, told me:

Solidarity has been very important for both [the CUTH] and our union. We have always condemned imperialist attacks. We have stood in solidarity with the Venezuelan people when the Yankees invaded. Even as Hondurans who ourselves have suffered so much, we have participated in Mesoamerican forums against the blockade of Cuba and against the arrest and imprisonment of the Cuban 5 by the Yankee government. We have always spoken out against these situations, just as we have denounced outrages at the national level. Our

federation managed to get Honduras included in the short list of violators of workers' human rights in the [International Labor Organization] in Geneva, as a result of [neoliberal imperialism]. Imperialism has basically destroyed the achievements won by labor unions in the workplace [and has resulted in] huge unemployment and deterioration of worker benefits, salary reductions, . . . and human rights violations. . . . And with the restrictions they've placed [on labor organizing rights] in private companies and transnational companies, unions have been disappearing. So this situation has basically ended up replacing the rights that workers had with "bonuses" that are like lollipops in hell [*confites en el infierno*] because they don't have permanent jobs and instead end up getting piecework pay, empire-style—a brutal imperialism against workers, an imperialism that has sabotaged workers' rights. Workers don't have the benefits they had before. Our federation has denounced these attacks happening in Honduras internationally. Our federation has spotlighted these issues.

I visited with members of the psychiatric hospital workers' union in person on January 26, 2022, the day before the inauguration of Xiomara Castro Zelaya, the first woman president and the first democratically elected president since the 2009 coup. They spoke with excitement, pride, and guarded optimism about the change in administration, emphasizing the depth of the damage done over the previous 12 years and the serious challenges ahead at their workplaces and for the country as a whole. They also made clear that they remained steadfast in considering their role as in opposition to management. Indeed, while union representatives were telling me that they had faith in the new government, their members were striking and occupying the Health Ministry as frequently as ever, demanding better conditions for themselves as workers, for their patients, and for all Hondurans (Confidential HN, 2022; Flores, 2022; Aguilar, 2022; Martínez, 2022).

NOTES

1. The framing of "militarized dictatorship" is used by most Honduran analysts to describe much of the postcoup period, given the deep involvement of the military and various militarized police forces in maintaining the antidemocratic governments of that period. While I concur with many Hondurans who apply the term to the entire postcoup period prior to the inauguration of Xiomara Castro, representing the Libre Party that developed from the Resistance, it is particularly relevant to the presidency of Juan Orlando Hernández, who is currently awaiting trial on major drug trafficking and weapons-related charges in a U.S. federal court. Hernández, who had far closer ties to the military than to the police, founded the military police during the lead-up to his first presidential campaign, ending the civilian control of police that Hondurans had fought for after the death-squad era of the 1980s. The military police was subsequently used mainly in the repression of Hernández's opponents, including the deadly repression following the 2017 electoral fraud through which Hernández gained a second term despite the constitutional limit.

2. While SIETMHOPSYS is the official acronym, neither its members nor the public, including the media, ever refer to it as anything other than the union of psychiatric hospital workers, so I will follow that convention here.

3. The program (see <https://www.justice.gov/eoir/national-qualified-representative-program-nqrp>) was the result of the 2013 class-action lawsuit *France v. Holder*, which challenged the Obama administration's refusal to provide counsel to asylum applicants with diagnoses of severe mental disorder. It provided appointed legal representation (including funding for hiring country-conditions experts like me) for unrepresented detained immigrants whom a judge had determined incompetent to represent themselves in their immigration proceedings because of a "serious mental disorder."

4. “Loca/o” is also used commonly in a much more casual, nonstigmatizing way by many Hondurans between friends, much in the way “dude” might be used in the United States. If there is a question about which of the two meanings is involved, the speaker may clarify by differentiating between “loco” and “loco loco.”

5. See “Section 6. Discrimination, Societal Abuses, and Trafficking in Persons: Persons with Disabilities” in both reports.

6. Ramírez (2019) cites a UNAH Violence Observatory 2018 monthly bulletin statistic of a suicide rate of 5.1 per 100,000, with much higher rates in certain regions of the country, a statistic that conflicts with the WHO’s (<https://apps.who.int/gho/data/node.main.MHSUICIDEASDR?lang=en>) suicide rate for Honduras in 2018 of 2.6 per 100,000. The UNAH Violence Observatory’s 2018 rate, which is the result of a much more thorough methodology (including combing newspaper articles and other sources for mentions of suicides, which often fail to appear on death certificates), is nearly double the rate cited by Reyes Ticas and Espinoza (1993) for 1991–1992 but still fairly low compared with the rates of many countries. The United States, for example, had a rate of 14.5 per 100,000 in 2019 according to the WHO. That said, health care workers I have interviewed over the past 10 years in Honduras agree that published statistics involving suicide and mental illness never reflect their observations. Their stories (statistically unreliable but quite consistent) are of a dramatic increase of the intake of new patients following failed suicide attempts beginning in about 2010 or 2011, a year or two into the coup, to the point that suicidal patients were being admitted (or sent back home) daily.

7. Fixation abscesses, a form of shock therapy also used commonly in U.S. psychiatric hospitals in the mid-twentieth century, were described in a contemporary peer-reviewed scientific journal article by an expert in the field as follows: “Among the different pyrotherapeutic methods, one of the most frequent consists of the injection of the essence of aged and oxygenated turpentine leading to the so-called “fixation abscess.” In general, 1 or 2 ccs are injected deeply in the buttock [which] tends to produce a local reaction of pain, heat, and redness in the injection site, and the formation of a leukocyte collection (aseptic pus). At the same time in the hours following the injection the organism presents a generalized reaction with temperature increasing to 39°C. [102°F.] or more. Generally the sick [patient] remains in bed without the ability to move the injected area of the body. In three, four, or five days the fever tends to subside and the pus becomes reabsorbed. The fixation abscess has a brilliant result: it calms individuals experiencing intensive psychomotor agitation of any type. Therefore it is indicated in schizophrenic distress as well as in manic patients” (Pigem Serra, 1945, my translation).

8. The private, outpatient-only Catholic San Juan de Dios psychiatric hospital was founded in 2000 in San Pedro Sula and receives some public funding.

9. Of course, many have argued that society would do better with an abolitionist/deinstitutionalization approach than with more beds, but the argument supposes the development of other support systems for people suffering from trauma and mental illness that are equally absent in Honduras.

10. My interviewees in the leadership of the psychiatric hospital workers’ union told me also of their having had to flee the country temporarily following death threats and their having survived assassination attempts (not an outlandish claim, given how common this sort of violence against union leaders was following the coup and still is in Honduras).

REFERENCES

- Acosta, Jairo Enrique Gallo and Anika Quiñones Useche
2016 “Subjetividad, salud mental y neoliberalismo en las políticas públicas de salud en Colombia.” *Athenea Digital: Revista de Pensamiento e Investigación Social* 16 (2): 139–168.
- Aguilar, Denis Omar
2022 “Pacientes del Mario Mendoza molestos tras quinto día de protestas.” *Radio Cadena Voces*, January 7. <https://www.rcv.hn/2022/01/07/pacientes-del-mario-mendoza-molestos-tras-quinto-dia-de-protestas/>.
- Alcerro Castro, Ramón
1953 “Evolución, estado actual y futuro de la asistencia psiquiátrica en Honduras.” *Revista Médica Hondureña* 21: 486–491.

- Aparicio, Víctor, Thomas Barrett, Raquel Fernandez, Reinaldo Moncada, and Héctor Murcia
2008 "WHO-AIMS report on mental health system in Honduras." PAHO/WHO/Ministry of Health of Honduras. https://cdn.who.int/media/docs/default-source/mental-health/who-aims-country-reports/honduras_who_aims_english.pdf.
- Armbruster-Sandoval, Ralph
2005 *Globalization and Cross-Border Labor Solidarity in the Americas: The Anti-Sweatshop Movement and the Struggle for Social Justice*. New York: Routledge.
- Barahona, Jimi
2021 "Hospital Mario Mendoza tiene 14 empleados con COVID-19." *Tiempo*, October 15. <https://tiempo.hn/hospital-mario-mendoza-covid-19/>.
2022 "Hospital Escuela se queda sin agua y luz por horas." *Tiempo*, February 19. <https://tiempo.hn/hospital-escuela-se-queda-sin-agua-y-luz/>.
- Bourdieu, Pierre
1998 "The essence of neoliberalism." *Le Monde Diplomatique*, December. <http://mondediplo.com/1998/12/08bourdieu>.
- Bureau of Democracy, Human Rights, and Labor
2015 "Honduras 2015 human rights report." Country Reports on Human Rights Practices for 2015, United States Department of State. <https://2009-2017.state.gov/documents/organization/253235.pdf>.
2019 "Honduras 2019 human rights report." Country Reports on Human Rights Practices for 2019, United States Department of State. <https://www.state.gov/wp-content/uploads/2020/02/HONDURAS-2019-HUMAN-RIGHTS-REPORT.pdf>.
2020 "Honduras 2020 Human Rights Report." Country Reports on Human Rights Practices for 2020 United States Department of State. <https://www.state.gov/wp-content/uploads/2021/03/HONDURAS-2020-HUMAN-RIGHTS-REPORT.pdf>.
- Cárcamo, Aimée, Alex Flores, Claudia Mendoza, Marlen Perdomo, Robert García, and Abram Huyser Honig
2022 "Las mentiras de JOH para encubrir una compra fraudulenta CESPAD." *CESPAD*, March 3. <https://cespad.org.hn/2022/03/03/las-mentiras-de-joh/>.
- Carmenate Milian, Lino, Alejandro Herrera Ramos, Dany Ramos Cáceres, Kathy Lagos Ordonez, Tania Lagos Ordonez, and Cesar Somoza Valladares
2016 "Situation of the health system in Honduras and the new proposed health model." *Archivos de Medicina* 09 (04). <https://doi.org/10.21767/1989-5216.1000222>.
- Chirinos-Flores, América, Alejandra Munguía-Matamoros, Aída Lagos-Velásquez, Jessica Salgado-David, Américo Reyes-Ticas, Denis Padgett-Moncada, and Irma Donaire-García
2002 "Prevalencia de trastornos mentales en la población mayor de 18 años en 29 comunidades urbanas de Honduras, 2001." *Revista Médica de los Postgrados de Medicina* 7 (1): 42–48.
- CLACSO (Consejo Latinoamericano de Ciencias Sociales)
2010 "Cronología del conflicto social, Honduras 2010." http://biblioteca.clacso.edu.ar/clacso/osal/20190502032051/Honduras_2010.pdf.
2011 "Cronología del conflicto social, Honduras 2011." http://biblioteca.clacso.edu.ar/clacso/osal/20190502032127/Honduras_2011.pdf.
- Confidencial HN
2022 "¡Alarante! Cada 22 horas una persona es víctima de suicidio en Honduras: CONADEH." September 9. <https://confidencialhn.com/blog/2022/09/09/alarante-cada-22-horas-una-persona-es-victima-de-suicidio-en-honduras-conadeh/>.
- Consejo Nacional Anticorrupción et al.
2019 "Carta entregada al Dr. Mauricio Oliva Herrera." September 5. <https://tiempo.hn/wp-content/uploads/2019/09/Nota-entregada-al-Congreso-Nacional-5.9-4.pdf>.
- Criterio
2020 "Se reportan contagios masivos de Covid-19 a pacientes y enfermeras del hospital psiquiátrico Santa Rosita." October 25. <https://criterio.hn/se-reportan-contagios-masivos-de-covid-19-a-pacientes-y-enfermeras-del-hospital-psiquiatrico-santa-rosita/>.
- Davies, James
2021 *Sedated: How Modern Capitalism Created Our Mental Health Crisis*. London: Atlantic Books.
- de la Mata Ruiz, Iván
2017 "Salud mental y neoliberalismo," pp. 145–159 in Ángeles Maestro, Enrique González Duro, Guillermo Rendueles Olmedo, and Alberto Fernández Liria (eds.), *Salud mental y capitalismo*. Madrid: Cisma Editorial.

Departamento de Salud Mental

2004 "Política nacional de salud mental." Secretaría de Estado en el Despacho de Salud. <https://www.paho.org/hon/dmdocuments/politica%20nacional%20de%20salud%20mental.pdf>.

EFE

2009 "Un enfermo mental hondureño vivió en cautiverio durante 19 de sus 24 años." *www.abc.es*, September 11. https://www.abc.es/internacional/abci-enfermo-mental-hondureno-vivio-cautiverio-durante-anos-200909110300-1024046977172_noticia.html.

2018 "Proponen a Honduras un enfoque de salud para presos con enfermedad mental." March 13. <https://www.efe.com/efe/america/sociedad/proponen-a-honduras-un-enfoque-de-salud-para-presos-con-enfermedad-mental/20000013-3551966>.

Emanuelsson, Dick and Mirian Emanuelsson

2012 "Hondureños toman las calles en protesta por 'la política de hambre.'" *Cubadebate*. April 21. <http://www.cubadebate.cu/noticias/2012/04/21/hondurenos-toman-las-calles-en-protesta-por-la-politica-de-hambre/>.

Equipo de PT

1999 "¿Y después de esta lucha qué?" *El Trabajador Centroamericano*, no. 16, 12.

Espinoza Murra, Dagoberto

1980 "Reseña histórica de la psiquiatría en Honduras." *Revista Médica Hondureña* 48 (4): 104–108.

2008 "La psiquiatría y su desarrollo en Honduras." *Revista de la Facultad de Ciencias Médicas* 5 (2): 9–13.

Esposito, Luigi and Fernando M. Perez

2014 "Neoliberalism and the commodification of mental health." *Humanity & Society* 38: 414–442. <https://doi.org/10.1177/0160597614544958>.

Esquivel, Alejandra and Ricardo Rodríguez Buño

2019 "Calidad en salud mental: una ruta hacia la salud universal." *Revista Facultad de Ciencias Médicas*, 16 (December): 67-70.

Fanon, Frantz

1963 *The Wretched of the Earth*. New York: Grove Press.

Fiallos, Signy and Claudia Mendoza

2019 "Salud en Honduras: sin camas, médicos, enfermeras, equipo, medicinas." *CESPAD*, May 24. <http://cespad.org.hn/2019/05/24/salud-en-honduras-sin-camas-medicos-enfermeras-equipo-medicinas/>.

2019b "Sector salud en crisis: pero no se ejecuta presupuesto y se transfiere dinero a Vida Mejor." *CESPAD*, May 31. <http://cespad.org.hn/2019/05/31/sector-salud-en-crisis-pero-no-se-ejecuta-presupuesto-y-se-transfiere-dinero-a-vida-mejor/>.

Flamenco Arvaiza, Nelson, Samuel Nickels, and Alexander Hunter-Nickels

2020 "Report on human rights abuses of users of mental health services in Honduras." *Center for Health and Human Development*. <https://doi.org/10.13140/RG.2.2.32956.87682>.

Flores, B.

2022 "Trabajadores de la salud mental se van a paro porque no les han pagado." *El Pulso*, January 4. <https://elpulso.hn/2022/01/04/trabajadores-de-la-salud-mental-se-van-a-paro-porque-no-les-han-pagado/>.

Foucault, Michel

1988 *Madness and Civilization: A History of Insanity in the Age of Reason*. New York: Vintage.

Funes, Cesar

2020 "Un enfermo mental con machete en mano daña varios vehículos en zona comercial de Siguatepeque." Facebook, July 30. https://www.facebook.com/permalink.php?story_fbid=193331878819108&id=104280531057577.

Funes, Eduin

2021 "Pacientes del Mario Mendoza se quejan por falta de atención médica." *Tiempo*, October 9. <https://tiempo.hn/mario-mendoza-pacientes-se-quejan-por-falta-de-atencion-medica/>.

Gill, Lesley

2004 *The School of the Americas: Military Training and Political Violence in the Americas*. Durham, NC: Duke University Press.

Guinsberg, Enrique

2004 *La salud mental en el neoliberalismo*. Mexico City: Plaza y Valdes.

Herrawi, Farahdeba, Jenny Logan, Chia-Po Cheng, and Lisa Cosgrove

2022 "Global health, human rights, and neoliberalism: the need for structural frameworks when addressing mental health disparities." *Journal of Theoretical and Philosophical Psychology* 42 (1): 52–60. <https://doi.org/10.1037/teo0000192>.

Hondudiario

2021 "Seis empleados vacunados del Hospital Mario Mendoza dan positivo al Covid-19." July 19. <https://hondudiario.com/covid-19/seis-empleados-vacunados-del-hospital-mario-mendoza-dan-positivo-al-covid-19/>.

Honduras No Te Rindas

2019 "Asi tratan los hijos de puta de la policia municipal sampedrana a un enfermo mental." Facebook, March 15. <https://www.facebook.com/hondurasnoterindas/posts/612989935814236/>.

Hudgens, Richard W.

1966 "The challenge of mental health in Honduras." *American Journal of Psychiatry* 123: 470–472.

Hudson, Christopher G.

2021 "Benchmarks for needed psychiatric beds for the United States: a test of a predictive analytics model." *International Journal of Environmental Research and Public Health* 18 (22): 12205. <https://doi.org/10.3390/ijerph182212205>.

IMF Communications Department.

2019 "IMF and Honduras reach staff-level agreement on a stand-by/credit facility arrangement." *International Monetary Fund*. May 6. <https://www.imf.org/en/News/Articles/2019/05/06/pr19143-honduras-imf-reaches-staff>

Kupers, Terry A.

1999 "How to create madness in prison," pp. 47–58 in David Jones (ed.), *Humane Prisons*. Oxford: CRC Press.

Martínez, Lorena

2022 "Unos 2,500 pacientes afectados por paro en hospital psiquiátrico." *El Heraldo*, May 5. <https://www.elheraldo.hn/tegucigalpa/pacientes-afectados-paro-laboral-hospital-psiquiatrico-CH7988141>.

McBoyle, Donald Stanford

2021 "Salud mental: una prioridad en Honduras ante la incertidumbre del futuro y la pandemia COVID-19." *Innovare: Revista de Ciencia y Tecnología* 10 (2): 117–119. <https://doi.org/10.5377/innovare.v10i2.12274>.

Melean, Enio

2020 "Organizaciones de Honduras advierten que incursiones armadas en Venezuela forman parte de un programa sistemático de EEUU." Ministerio del Poder Popular para Relaciones Exteriores, Gobierno Bolivariano de Venezuela. May 7. <https://mppre.gob.ve/2020/05/07/organizaciones-honduras-advierten-incursiones-armadas-venezuela-forman-parte-programa-sistematico-eeuu/>.

Mercado, Kevin

2019 "Salud mental: cada 22 horas se suicida una persona en Honduras." *La Prensa*, October 20. <https://www.laprensa.hn/honduras/salud-mental-suicidios-honduras-enfermedades-mentales-depresion-KVLP1327962>.

Meyer, Peter J.

2017 "Honduras: background and U.S. relations." *Congressional Research Service RL34027*. <https://www.hsdl.org/?view&did=802968>.

Monterola, Marco

2019 "Tres muertos deja enfrentamiento entre miembros de una familia." *La Prensa*, April 29. <https://www.laprensa.hn/sucesos/tres-muertos-enfrentamiento-miembros-familia-BALP1279769>.

Moreno, Ismael

2006 "Masacres en las cárceles de Honduras: reflejo de una crisis social y política." *El Correo de la Diáspora Latinoamericana*, February 17. <http://www.elcorreo.eu.org/Masacres-en-las-carceles-de-Honduras-Reflejo-de-una-crisis-social-y-politica?lang=fr>.

Palencia, Gustavo

2015 "Presidente de Honduras admite que su campaña recibió fondos vinculados a corrupción." Reuters, June 3. <https://www.reuters.com/article/latinoamerica-delito-honduras-presidente-idLTAKBN0OJ21520150603>.

Petras, James

2002 "Neo-liberalism, popular resistance and mental health." December 17. <https://petras.lahaine.org/neo-liberalism-popular-resistance-and-mental-health/>.

Petras, James and Steve Vieux

1990 "The Chilean 'economic miracle': an empirical critique." *Critical Sociology* 17 (2): 57–72.

Pigem Serra, José María

1945 "La piroterapia, las curas de choque y asociación de métodos en psiquiatría." *Anales de Medicina y Cirugía* 18 (3): 260–264.

Pine, Adrienne

2008a "Alcohol," pp. 85–134 in *Working Hard, Drinking Hard: On Violence and Survival in Honduras*. Berkeley: University of California Press.

2008b "Violence," pp. 25–84 in *Working Hard, Drinking Hard: On Violence and Survival in Honduras*. Berkeley: University of California Press.

2010 "Waging war on the wageless: extrajudicial killings, private armies, and the poor of Honduras," pp. 241–276 in Merrill Singer and G. Derrick Hodge (eds.), *The War Machine and Global Health: The Human Costs of Armed Conflict and the Violence Industry*. Lanham, MD: AltaMira Press.

2012 "U.S. foreign policy backs abusive Honduran state." *San Francisco Chronicle*, February 29. <http://www.sfgate.com/opinion/openforum/article/U-S-foreign-policy-backs-abusive-Honduran-state-3368568.php>.

2013 "Revolution as a care plan: ethnography, nursing and somatic solidarity in Honduras." *Social Science & Medicine* 99 (December): 143–152. <https://doi.org/10.1016/j.socscimed.2013.05.028>.

2015 "Disaster capitalism and outrage in post-coup Honduras." Telesur, June 28. <http://www.telesurtv.net/english/opinion/Disaster-Capitalism-and-Outrage-in-Post-Coup-Honduras-20150628-0004.html>.

2016 "Honduras: practicing wartime healing," pp. 284–287 in Lenore Manderson, Elizabeth Cartwright, and Anita Hardon (eds.), *Routledge Handbook of Medical Anthropology*. London: Routledge.

2018a "Serving time in Honduras." *NACLA*, March 19. [news/2018/03/21/serving-time-honduras](https://www.nacla.org/news/2018/03/21/serving-time-honduras).

2018b "Anatomy of a coup: an indignant inquiry into the embodiment of militarized capitalism in Honduras." Paper presented at the Anthropology and Social Change Lecture Series, California Institute of Integral Studies, April 10.

2019 "Forging an anthropology of neoliberal fascism." *Public Anthropologist* 1 (1): 20–40. <https://doi.org/10.1163/25891715-00201003>.

Primicia Honduras

2019 "Alcaldía sampedrana suspende a policías por golpear un enfermo mental (video)." March 16, <https://primiciahonduras.hn/alcaldia-sampedrana-suspende-policias-golpear-enfermo-mental/>.

Proceso Digital

2018 "Salud mental de hondureños alcanza niveles alarmantes." June 17. <https://proceso.hn/salud-mental-de-hondurenos-alcanza-niveles-alarmanentes/>.

2019 "Hospital Mario Mendoza se está llenando de pacientes con antecedentes judiciales, denuncia sindicato." February 22. <https://proceso.hn/hospital-mario-mendoza-se-esta-llenando-de-pacientes-con-antecedentes-judiciales-denuncia-sindicato/>.

2021 "Pacientes del Mario Mendoza exigen ser atendidos, mientras sindicalistas se encuentran en asambleas." October 13. <https://proceso.hn/pacientes-del-mario-mendoza-exigen-ser-atendidos-mientras-sindicalistas-se-encuentran-en-asambleas/>.

Ramírez, Lourdes

2019 "OPS/OMS Honduras: foro situación y retos de la salud mental en Honduras." Pan American Health Organization/World Health Organization, September 25. https://www3.paho.org/hon/index.php?option=com_content&view=article&id=1766:suicidio&Itemid=260.

- Rápalo, Merlin Fernández, Manuel Antonio Sandoval, Fanny Mejía, Luis A Medina, Marco Antonio Medina, José Orlando Solórzano, and Ana Lucila Estrada
2005 "Plan Nacional de Salud 2021." Secretaria de Estado en el Despacho de Salud. http://www.bvs.hn/Honduras/pdf/Politiclas_Nacionales_Salud-Honduras_Plan_Nacional_2021.pdf.
- Revistazo
2002 "Pacientes psiquiátricos viven y mueren en el olvido." June 14. <https://web.archive.org/web/20030902213246/http://www.revistazo.com/jun/rep1.htm>.
- Reyes Ticas, Américo and Ruth Espinoza
1993 "El suicidio en Honduras." *Revista Medica Hondureña* 61: 98–103.
- Reyes Ticas, J. Américo
1997 "Historia de la psiquiatría en Honduras." *Revista Medica Hondureña* 65 (2). <https://documentplayer.es/19780756-Historia-de-la-psiquiatria-en-honduras.html>.
- Roberts, Matthew T.
2021 "Globalization and neoliberalism: structural determinants of global mental health?" *Humanity & Society* 45: 471–508. <https://doi.org/10.1177/0160597620951949>.
- Rodríguez, Floribeth
2010 "Estudio sobre la situación de las organizaciones de trabajadores en Honduras." Ministerio de Recursos Humanos y Desarrollo de Competencias de Canadá, Programa Internacional para la Administración Profesional del Sector Laboral. https://documenttop.com/estudio-sobre-la-situacion-de-las-organizaciones-de-trabajadores-en-honduras1_5a3dbc-d31723ddb3d71e577.html.
- RP
2021 "A golpes le quitan la vida a enfermo alcohólico en Barrio El Bosque." *Diario La Tribuna*, October 15. <https://www.latribuna.hn/2021/10/15/a-golpes-le-quitan-la-vida-a-enfermo-alcoholico-en-barrio-el-bosque/>.
- Scheper-Hughes, Nancy
2001 *Saints, Scholars, and Schizophrenics: Mental Illness in Rural Ireland*. Berkeley: University of California Press.
2014 "The militarization and madness of everyday life." *South Atlantic Quarterly* 113: 640–655. <https://doi.org/10.1215/00382876-2692227>.
- Secretaría de Estado en los Despachos de Justicia y Derechos Humanos
2013 "Primera política pública en derechos humanos y plan nacional de acción en derechos humanos: Resumen ejecutivo." <https://www.sedh.gob.hn/odh/publicaciones/politica-publica-en-derechos-humanos-y-plan-nacional-de-accion-en-ddhh/255-pol%C3%ADtica-p%C3%BAblica-en-derechos-humanos-y-plan-nacional-de-acci%C3%B3n-en-derechos-humanos-resumen/file>.
- Sharma, Kriti
2020 *Living in Chains: Shackling of People with Psychosocial Disabilities Worldwide*. New York: Human Rights Watch.
- SOA Watch
2019 "US policies at the root of massive demonstrations in Honduras." June 6. <https://soaw.org/us-policies-at-the-root-of-massive-demonstrations-in-honduras>.
- Sosa, Eugenio and Hugo Noe Pino
2019 "La lucha contra la privatización de la salud y la educación: una nueva ola de protestas que aumenta la crisis en Honduras." *CESPAD*, May 31. <http://cespad.org.hn/2019/05/31/la-lucha-contra-la-privatizacion-de-la-salud-y-la-educacion-una-nueva-ola-de-protestas-que-aumenta-la-crisis-en-honduras/>.
- Sousa, Cindy and David J. Marshall
2017 "Political violence and mental health: effects of neoliberalism and the role of international social work practice." *International Social Work* 60: 787–799. <https://doi.org/10.1177/0020872815574128>.
- Sparke, Matthew
2016 "Health and the embodiment of neoliberalism: pathologies of political economy from climate change and austerity to personal responsibility," pp. 237–251 in Simon Springer, Kean Birch, and Julie MacLeavy (eds.), *The Handbook of Neoliberalism*. New York: Routledge.

Suazo, Javier

2019 "Con el FMI llegó el olor a muerte a Honduras." *Noticias de América Latina y el Caribe*, May 8. <https://www.nodal.am/2019/05/con-el-fmi-llego-el-olor-a-muerte-a-honduras-por-javier-suazo/>.

Szasz, Thomas

1997 *Manufacture of Madness: A Comparative Study of the Inquisition and the Mental Health Movement*. Reprint edition. Syracuse, NY: Syracuse University Press.

Tendencia Marxista Militante

2010 "La tendencia marxista militante: entrevista al dirigente hondureño del FNRP Tomás Andino." *In Defence of Marxism*, September 16. <https://www.bolshevik.info/tmm-entrevista-dirigente-hondureno-tomas-andino.htm>.

Trigueros, Ariel

2020 "Contagios, muertes y condiciones precarias priman en hospitales psiquiátricos de Honduras." *La Prensa*, October 29. <https://www.laprensa.hn/premium/contagios-covid-pacientes-empleados-honduras-hospitales-psiquiatricos-OALP1416769>.

Trucchi, Giorgio

2010 "Dirigente de la CUTH y del FNRP atacado a balazos por desconocidos." *Rebelión*, June 15. <https://rebelion.org/dirigente-de-la-cuth-y-del-fnrp-atacado-a-balazos-por-desconocidos/>.

2011 "Otra muerte enluta al magisterio hondureño." *Nicaragua y Más*, March 18. <https://nicaraguaymasespanol.blogspot.com/2011/03/honduras-otra-muerte-enluta-al.html>.

UEAH (Unión de Escritores y Artistas de Honduras)

2009 "Octagésimo día de resistencia." *Minga Informativa*, September 15. <https://www.movimientos.org/pt-br/node/15626>.

2010a "Camino hacia la Constituyente, Día 29." *Minga Informativa*, June 30. <https://movimientos.org/pt-br/node/17619>.

2010b "Camino hacia la Constituyente, Día 64." *Minga Informativa*, September 7. <https://www.movimientos.org/pt-br/node/18140>.

Valladares, Doris, Rosa Martínez Linares, Ilce Pérez Ramirez, and German Moncada

2018 "Prevalencia de trastornos mentales en relación con violencia, resiliencia y estrategias de afrontamiento en Yoro, Choluteca y Cortés, junio, 2016." *Portal de la Ciencia* 14 (July): 139–157. <https://doi.org/10.5377/pc.v0i14.6645>.

Valladares, Norma Pineda

2014 "Matan a golpes a un enfermo mental." *La Prensa*, February 16. <https://www.laprensa.hn/sucesos/matan-a-golpes-a-un-enfermo-mental-HGLP475938>.

vanessa

2021 "Trabajadores de hospitales psiquiátricos paralizarán labores desde el lunes." *Confidencial HN*, April 28. <https://confidencialhn.com/trabajadores-de-hospitales-psiquiatricos-paralizaran-labores-desde-el-lunes/>.

2022 "Personal del Hospital Mario Mendoza paralizan consulta externa." *Confidencial HN*, January 3. <https://confidencialhn.com/personal-del-hospital-mario-mendoza-paralizan-consulta-externa/>.

Varela, Douglas

2019 "Sindicato del Psiquiátrico Mario Mendoza demanda construir hospitales en cárceles para no arriesgar vida de pacientes." *Radio América*, October 14. <http://www.radioamerica.hn/sindicato-del-psiquiatrico-mario-mendoza-construir-hospitales-carceles-no-arriesgar-vida-de-pacientes/>.

Vargas Elvir, Yuri Yadira

2021 "Expertos demandan mayor inversión en salud mental." *Presencia Universitaria*, August. <https://presencia.unah.edu.hn/noticias/expertos-demandan-mayor-inversion-en-salud-mental/>.

Vásquez, Javier and Cristina Lería

2010 *Supporting the Implementation of Mental Health Policies in the Americas: A Human Rights Law-Based Approach*. Washington, DC: Pan American Health Organization. http://new.paho.org/hq/dmdocuments/2010/Tends_HR_Eng.pdf.

VTV Somos Todos Honduras

2017 "Honduras cada día tiene más enfermos mentales." *Tegucigalpa*. https://www.youtube.com/watch?v=NMLQwz_4Nkg.

2019 "Sin atenciones se encuentra el Hospital Mario Mendoza." <https://www.youtube.com/watch?v=HTwubIBWDKA>.