



HUMAN
RIGHTS
WATCH

VENEZUELA'S HUMANITARIAN CRISIS

Severe Medical and Food Shortages, Inadequate and Repressive
Government Response

SUMMARY AND RECOMMENDATIONS



Large groups of people line up to purchase difficult to find items, such as sugar, cooking oil, milk, rice, toilet paper, and baby diapers at price-controlled prices during a government event in Caracas, January 24, 2015.

Photographs by Meredith Kohut

Venezuela is experiencing a profound humanitarian crisis. Severe shortages of medicines and medical supplies make it extremely difficult for many Venezuelans to obtain essential medical care. And severe shortages of food and other goods make it difficult for many people to obtain adequate nutrition and cover their families' basic needs.

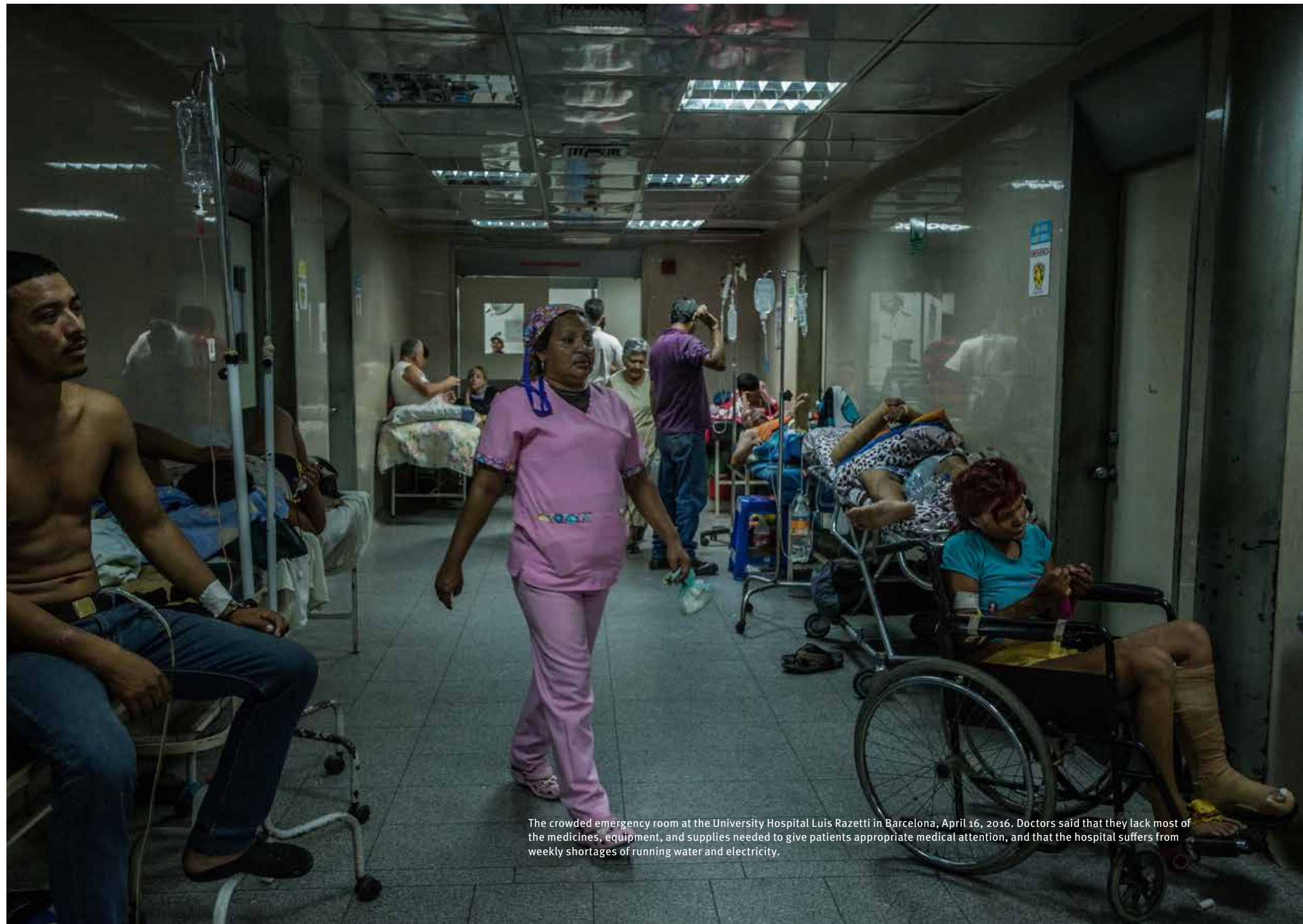
The Venezuelan government's response to date has been woefully inadequate. Authorities deny the existence of a crisis. They have not articulated or implemented effective policies to alleviate it on their own, and have made only limited efforts to obtain international humanitarian assistance that could significantly bolster their own limited efforts.

While the government continues to argue that the crisis does not exist, Venezuelans' rights to health and food continue to be seriously undermined, with no end in sight. As UN High Commissioner for Human Rights Prince Zeid Ra'ad Al Hussein put it in September 2016, Venezuela has suffered a "dramatic decline in enjoyment of economic and social rights, with increasingly widespread hunger and sharply deteriorating health-care."

Human Rights Watch examined the scope and impact of this crisis through field research in six states and the capital, Caracas, in June 2016, and subsequent interviews via telephone and other media. We visited public hospitals, as well as locations where people were lined up to purchase goods subject to price controls set by the government.¹ We interviewed more than 100 people, including health care providers, people seeking medical care or food subject to price controls, people who had been detained in connection with protests linked to the shortages, human rights defenders, and public health experts.

We found that the shortages, which have increased over the past two years, are taking a heavy toll on the well-being of many Venezuelans. Our findings are consistent with those of professional organizations from the health sector, academics who have conducted surveys on the

¹ The Venezuelan government has set price limits for a series of basic goods, including hygiene products and some food items. Private companies and stores are forced to sell such goods at the government-set maximum prices.



The crowded emergency room at the University Hospital Luis Razetti in Barcelona, April 16, 2016. Doctors said that they lack most of the medicines, equipment, and supplies needed to give patients appropriate medical attention, and that the hospital suffers from weekly shortages of running water and electricity.



Nurses at a hospital in Barquisimeto discuss which patients will receive medicines and which will have to wait due to severe shortages of medicines at the hospital, August 24, 2016.



A bakery worker passes out numbers to scores of shoppers, many of whom had been waiting in line for five hours, entitling them to buy a half-kilo ration of bread in Cumaná, June 16, 2016.

extent and impact of food scarcity, and local non-governmental groups. Internal reports from the Venezuelan Health Ministry reviewed by Human Rights Watch include rates of infant and maternal mortality in 2016 that are substantially higher than the rates reported in previous years. According to health professionals interviewed by Human Rights Watch, unhygienic conditions and medical shortages in hospital delivery wards are important contributing factors to the sharp rise in infant and maternal mortality rates.

The Venezuelan government has repeatedly downplayed this crisis and there is no indication that it has moved with sufficient urgency to alleviate it. In June 2016, Foreign Affairs Minister Delcy Rodríguez told the Organization of American States’ (OAS) Permanent Council: “There is no humanitarian crisis in Venezuela. There is

not. I say this with full responsibility: there is not.”² That same month, Luisana Melo, the health minister, told the Inter-American Commission on Human Rights (IACHR) that “in general, the Venezuelan people have guaranteed access to treat all their illnesses.”³

The government has pursued only limited efforts to secure international assistance, and these have not succeeded in alleviating the crisis. At the same time, it has rejected an effort by the National Assembly to facilitate

² “Special Meeting of the Permanent Council, June 3, 2016,” YouTube, uploaded on June 23, 2016, <https://www.youtube.com/watch?v=88l7-kBhLhc&feature=youtu.be&t=3h23m18s> (accessed August 25, 2016).

³ “Venezuela: Health and access to medicines” (Venezuela: Salud y acceso a medicamentos), YouTube, uploaded on June 7, 2016, <https://www.youtube.com/watch?v=xkBHUloQBtc> (accessed August 25, 2016).

the provision of additional assistance. In May 2016, President Maduro asked the Supreme Court to block a law by the opposition-led National Assembly that would have facilitated international humanitarian aid and authorize the shipment of medicines from abroad. The court—which ceased functioning as an independent check on executive power under President Hugo Chávez—did precisely that. Humanitarian NGOs working in Venezuela told Human Rights Watch that they face obstacles to providing humanitarian relief in the country.

When government officials have acknowledged the existence of shortages, they have claimed that these are the result of an “economic war” being waged by the political

opposition, the private sector, and foreign powers.⁴ The government has provided no credible evidence to support these accusations. To the contrary, many analysts argue that the government’s own economic policies, combined with collapsing global oil prices, have directly contributed to the emergence and persistence of the crisis.

⁴ “Maduro: The economic war has the purpose of confusing the people” (Maduro: Guerra económica tiene por objetivo confundir al pueblo), Telesur TV, YouTube, December 15, 2015, <https://www.youtube.com/watch?v=QLOeG7if3To> (accessed August 26, 2016); “In 2015 the right will be defeated in its economic war: Nicolás Maduro” (En 2015 se derrotará a la derecha en guerra económica: Nicolás Maduro), Telesur TV, YouTube, uploaded on November 8, 2014, <https://www.youtube.com/watch?v=rElOVT9IUUg> (accessed August 26, 2016); “Nicolás Maduro, Diosdado Cabello, Jorge Arreaza, and Elías Jaua. Gringos expelled, economic war” (Nicolás Maduro, Diosdado Cabello, Jorge Arreaza, and Elías Jaua. Gringos expulsados, guerra económica), YouTube, uploaded on October 31, 2013, <https://www.youtube.com/watch?v=x85y8cCASTc> (accessed August 26, 2016).

This narrative of sabotage and “economic war” has provided a public rationale for the government’s use of authoritarian tactics to intimidate and punish its critics. Doctors and nurses at public hospitals have been threatened with dismissal from their jobs in response to public statements regarding the shortages. Local human rights organizations have been threatened with the loss of international funding. Ordinary Venezuelans who have participated in protests—both planned marches and spontaneous demonstrations—have at times been subject to detention, beatings, and unjustifiable prohibitions on further protest activity. Some have been prosecuted in military courts, in violation of their right to a fair trial.

SHORTAGES OF MEDICINE AND MEDICAL SUPPLIES

Venezuela’s health care sector has been wracked by shortages of basic medicines and other crucial medical supplies, leading to a sharp deterioration in the quality and safety of care in hospitals visited by Human Rights Watch. The shortages have increased since 2014, according to interviews with health care professionals and patients, and information published by professional, academic, and non-governmental organizations.

Human Rights Watch interviewed 20 health professionals, including doctors and nurses, who worked at 10 facilities (eight public hospitals, a health center on the border with Colombia, and a foundation that provides health care services to patients). At all of the hospitals we visited, doctors and patients reported severe shortages—and in some cases the complete absence—of such basic medicines as antibiotics, anti-seizure medication, anti-convulsants, muscle relaxants, painkillers, and many others. An unofficial survey by a network of more than 200 doctors in August 2016 found that 76 percent of public hospitals lack the basic medicines that the doctors said should be available in any functional public hospital, including many that are on the World Health Organization’s (WHO) List of Essential Medicines. This represented an increase from 55 percent of hospitals in 2014, and 67 percent in 2015.



Josefina Zapata, a patient diagnosed with psychosis and epilepsy, sits behind bars in a psychiatric hospital in Barquisimeto, July 28, 2016. Zapata is not violent, but she suffers from more frequent epileptic seizures because shortages of medicines have left her unable to obtain five of the six medicines she has been prescribed; hospital staff regularly put her in an isolation cell with a mattress on the floor so that she is less likely to hurt herself if she starts convulsing.



Devices pieced together by doctors, using recycled soda bottles and water jugs as weights, to treat patients with broken legs at the University Hospital Dr. Luís Razetti in Barcelona, April 15, 2016.

Supplies lacking or in short supply in public hospitals included sterile gloves and gauze, antiseptics, medical alcohol, scalpels, needles, catheters, IV solutions, nebulization kits, and surgical sutures. Even basic cleaning products (such as bleach), essential to ensuring a sterile environment at the hospitals, were frequently lacking. Unsanitary conditions have led to preventable in-hospital infections.

Faced with such shortages, doctors ask patients to purchase medicines and supplies on their own. Many patients try their best but come back empty-handed or with only some of what is needed. The president of the nationwide organization Venezuelan Federation of Pharmacies estimated in June that 85 percent of medicines that should be available in private pharmacies were unavailable or difficult to obtain—up from 60 percent at the end of 2014.

Human Rights Watch heard credible reports of scores of cases in which people with such chronic medical conditions as cancer, hypertension, diabetes, and epilepsy—as well as organ transplant patients—struggled to find essential medications. The medicines they need are often unavailable at both public and private pharmacies, are prohibitively expensive if purchased abroad, and are either unavailable or so expensive on the black market—where they also come with no quality guarantees—as to be virtually unobtainable.

Medical staff told Human Rights Watch that shortages often prevent them from carrying out basic medical procedures and providing essential care to patients. For example, they have been forced to delay surgeries, and they have resorted to giving only partial courses of antibiotics and medicines, a practice that can cause relapses and may lead to drug-resistant infections.

The Venezuelan government has largely failed to publish key health care statistics, including on maternal and infant mortality rates, making it difficult to assess the overall impact of the crisis.⁵ However, the limited available official statistics paint a dire picture.

⁵ The Venezuelan government has failed to report maternal mortality rates to the UN since 2009, and there are no infant mortality rates reported for 2014. The last official epidemiological report published by the Venezuelan government is from 2014. UN Statistics Division,

The official rates of infant and maternal mortality reported by the Venezuelan government have increased substantially in recent years.

An internal report by the Ministry of Health obtained by Human Rights Watch reported a rate of maternal mortality at 130.7 deaths for every 100,000 births between January and May 2016, a rate that is much higher than for previous years for which the government has made information available. The 2016 rate is 79 percent higher than the most recent rate reported by the Venezuelan government, in 2009, which was 73.1. Between 2003 and 2008, the rate was between 49.9 and 64.8.⁶

A second internal Ministry of Health report reviewed by Human Rights Watch indicates that that rate of infant mortality in Venezuela for the first five months of 2016 was 18.61 deaths per 1,000 live births. This figure is 21 percent higher than the rate of 15.4 that the government reported to the United Nations in 2015; and 45 percent higher than the rate of 12.8 reported for 2013. No data were reported for 2014. The infant mortality rate was 11.6 in 2011 and 11.8 in 2012.

Human Rights Watch reviewed official data reported by other governments throughout the region since 2000 and found no evidence of similar increases in the reported rates of maternal and infant mortality. However, for most countries no data is publicly available yet for 2014 and after, the years for which Venezuelan data show increased maternal and infant mortality rates.

Demographic Yearbook, 2014, <http://unstats.un.org/unsd/demographic/products/dyb/dyb2014.htm> (accessed September 5, 2016); UNSD updated population and vital statistics report, 2016, <http://unstats.un.org/unsd/demographic/products/vitstats/serATab3.pdf> (accessed September 19, 2016); Venezuelan Virtual Library on Health, “Epidemiological Report,” n.d., <http://www.bvs.gob.ve/php/level.php?lang=es&component=35&item=4> (accessed September 28, 2016).

⁶ It is impossible to know for certain whether the 2016 rate reflects an overall trend or is an outlier—due in significant part to the fact that the Venezuelan government has not made data on maternal mortality rates available for 2010 to 2015.



Sign on an incubator (“Don’t Use - Doesn’t Work”) in a room full of broken incubators in the maternity ward of the University Hospital Dr. Luis Razetti in Barcelona, April 16, 2016.

SHORTAGES OF FOOD AND BASIC GOODS

Venezuela is facing severe shortages of basic goods, including food. It is increasingly difficult for many Venezuelans—particularly those in lower or middle-income families who rely on items subject to government-set maximum prices—to obtain adequate nutrition.

While vegetables, fruit, meat, fish, and some imported basic goods are available in some markets—and certain stores carry such luxury goods as imported olive oils and wines—many Venezuelans can only afford food subject to price controls, which is now in short supply.

Human Rights Watch researchers found long lines forming whenever supermarkets received goods subject to government price controls. Those waiting in food lines told researchers they were trying to buy a small range of items sold at government-set maximum prices, including rice, pasta, and the flour used in the country’s national dish, arepas. Supermarkets often ran out of limited stock long before everyone in line had been served.

The foods and other basic goods—such as diapers, toothpaste, and toilet paper—that people could buy were strictly limited, if available at all. For example, people usually could buy one kilogram of corn flour or rice, or two packs of diapers, per week, if those items were available. Some items, like sugar and toilet paper, have disappeared from supermarkets for months at a time, people in lines told researchers.

A 2015 survey by civil society groups and two leading Venezuelan universities of 1,488 people in 21 cities throughout the country found that 87 percent of interviewees—most of whom belonged to low-income households—had difficulty purchasing food. Twelve percent of interviewees were eating two or fewer meals a day.

Public health scholars have linked food insecurity in several Latin American countries with major physical and mental health problems among adults, and poor growth and socio-emotional and cognitive development in children. In Venezuela, several doctors, community leaders, and parents told Human Rights Watch that they were beginning to see symptoms of malnutrition, particularly in children.



Jallimar Laverde, 17, (left) and Yanny Trejo, 19, (right) wait in a queue of hundreds of people outside a supermarket in Caracas rumored to have received a shipment of corn flour and butter, March 19, 2016. Both teenagers said they got pregnant because they could no longer find birth control pills in Venezuela.



A man searches for anything he can salvage from a grocery store that was destroyed by hundreds of looters in Cumaná, Venezuela, June 16, 2016. People took water, flour, corn meal, salt, sugar, potatoes, and cereal, leaving behind only a broken freezer and overturned shelves.

GOVERNMENT RESPONSE TO SHORTAGES

Since January 2016, the Venezuelan government has announced a series of initiatives aimed at addressing shortages of medicines, foods, and other basic goods. These include measures to increase local production of medicines, medical supplies, and food. If properly implemented, some of these initiatives could help reduce the shortages. So far, however, they have not significantly alleviated the severity of Venezuela's humanitarian crisis.

The Venezuelan government has sought humanitarian assistance from abroad, but to a very limited degree. So far, the government's own policy initiatives and its limited efforts to secure international assistance have fallen far short of what is needed to alleviate the shortages. Nonetheless, it does not appear that the Venezuelan government has sought to obtain additional assistance that might be readily available. On the contrary, the government has vehemently denied the extent of the need for help and has blocked an effort by the opposition-led National Assembly to seek international assistance.

Human Rights Watch is not aware of a single large-scale health assistance program run by a major international humanitarian non-governmental organization currently addressing the medical crisis in Venezuela. Human Rights Watch has had confidential discussions with people working for five major humanitarian non-governmental groups and one working for the United Nations, who reported facing significant obstacles to work in Venezuela during the current crisis.

GOVERNMENT RESPONSE TO CRITICS

Human Rights Watch documented dozens of cases in which Venezuelans reported being subject to intimidation or violence by government agents in response to public criticism or protests of the government's handling of the country's humanitarian crisis.

Doctors and nurses reported being threatened with reprisals, including firing, after they spoke out publicly about the scarcity of medicines, medical supplies, and poor infrastructure in the hospitals where they worked.



Doctors protest in front of the state-run University City Hospital in Caracas carrying signs describing patients they have not been able to help because they lack necessary supplies, January 15, 2015.

Human rights defenders reported a climate of intimidation resulting from measures enacted by the government to restrict international funding and repeated, unsubstantiated accusations by government officials and supporters that they were conspiring to destabilize the country. In May 2016, President Nicolás Maduro issued a presidential decree in response to the “economic emergency” instructing the Foreign Affairs Ministry to suspend all agreements that provide foreign funding to individuals or organizations when “it is presumed” that such agreements “are used with political purposes or to destabilize the Republic.” While national security is of course a proper concern of government, the sweeping language here can be used, and indeed appears to be designed, to undermine the ability of independent civil society groups to operate effectively and free from fear of reprisal.

Even though, to Human Rights Watch’s knowledge, these restrictive legal constructs have not yet been applied in any specific cases, local rights defenders say they have intensified a hostile environment that seriously undermines their work. This is particularly problematic in Venezuela because government policies for more than a decade have curtailed free expression, limiting the availability of critical media outlets and cowing the media into self-censorship. Ordinary Venezuelans reported being arrested during street protests over food scarcity—some organized and some spontaneous—and being subject to beatings and other mistreatment while in detention. These detentions followed a similar pattern to scores of other cases documented by Human Rights Watch in Venezuela in 2014, when the government launched a widespread crackdown on largely peaceful anti-government protests.

Human Rights Watch obtained credible accounts of new cases in six states between January and June 2016 involving the arrest and prosecution of at least 31 people, at least 20 of whom allege that they were subject to physical abuse while in detention. In a majority of these recent cases, the detainees were charged in military courts, in violation of their right to a fair trial. In most cases, prosecutors failed to provide any credible evidence of criminal activity. As in prior cases documented by Human Rights Watch, all 31 detainees were released on conditional liberty, with charges pending, and most were warned not to participate in any further protest activity.

RECOMMENDATIONS

To the Venezuelan Government

President Maduro and his administration should take immediate and effective steps to address the humanitarian crisis in Venezuela. Specifically, President Maduro should:

- Develop and implement effective policies to address the crisis in Venezuela’s health sector and shortages of food, and make those policies publicly known;
- Provide regular statistical updates on basic health indicators, including maternal and infant mortality rates;
- Ensure that government supporters tasked with the distribution of food and other goods subject to government-set maximum prices do not discriminate against political opponents or critics; and
- Actively explore wider opportunities to secure assistance from international humanitarian aid agencies to alleviate the suffering of Venezuelans who lack proper access to medicines, medical supplies, medical treatment, and food; and facilitate the implementation of programs offered by these organizations.

The president and his administration should end the use of authoritarian tactics to intimidate and punish critics. Specifically, the president should:

- Order the Minister of Health to ensure that doctors and nurses working at public hospitals do not suffer reprisals for criticizing or expressing public concern about shortages of medicines and medical supplies, poor hospital infrastructure, or the government’s response to the crisis;
- Ensure that government officials do not issue unfounded accusations against human rights defenders regarding their alleged participation in “destabilization” plans; and
- Order security forces, including the National Guard and police, to end their mistreatment of detainees and refrain from indiscriminate detention of people participating in organized or spontaneous protests.

To the Attorney General

The Attorney General should undertake prompt, thorough, and impartial investigations into all allegations of abuse documented in this report—including arbitrary arrests and physical mistreatment of detainees, and political discrimination in the distribution of food and other goods.

To OAS Member States

In May 2016, OAS Secretary General Luis Almagro presented a comprehensive report on the humanitarian and human rights crisis in Venezuela, and called for invoking the Inter-American Democratic Charter. The OAS Permanent Council met on June 23, 2016, to discuss Almagro’s report. Rejecting Venezuela’s contention that a debate on the report violated its sovereignty, a majority of member countries voted to move forward and evaluate Venezuela’s compliance with the charter.

OAS member states should:

- Take the findings included in this report into account when evaluating the situation in Venezuela and the nation’s compliance with the Democratic Charter;
- Press President Maduro and his administration to adopt serious, effective, and immediate measures to address the humanitarian crisis in Venezuela, including but not limited to those listed above; and
- Maintain strong international pressure on the Venezuelan government—including through close and continuous oversight of developments in Venezuela within the process of the Democratic Charter—until it shows concrete results addressing the political and humanitarian crisis.

To International Humanitarian Agencies

Even without a request for assistance from the Venezuelan government, UN humanitarian agencies—including the Office for the Coordination of Humanitarian Affairs (OCHA), the WHO, the Food and Agriculture Organization (FAO), and UNICEF—should publicly offer humanitarian assistance to the Venezuelan government to help alleviate the crisis in the short term. These agencies should also publish a comprehensive, independent assessment of the situation on the ground, including on the extent and impact of the shortages of medicines, medical supplies, and food. The assessment should offer a detailed explanation of the needs in Venezuela, as well as the different alternatives available for the Venezuelan government to satisfy those needs through existing programs of these agencies.



(left) Depleted stocks of Haldol (Haloperidol), an antipsychotic medicine typically used to treat schizophrenia, at a psychiatric hospital in Barquisimeto, July 28, 2016. The Haldol shortage has had severe consequences for many individuals suffering from schizophrenia.

(front cover) Leidy Cordova, 37, with four of her five children at their home in Cumana, Venezuela, June 16, 2016. Their broken refrigerator held the only food in the house: a bag of corn flour and a bottle of vinegar.

*Photographs © 2016
Meridith Kohut*

VENEZUELA'S HUMANITARIAN CRISIS

Severe Medical and Food Shortages, Inadequate and Repressive Government Response

Venezuela is experiencing a profound humanitarian crisis. Severe shortages of medicines and medical supplies make it extremely difficult for many Venezuelans to obtain essential medical care. And severe shortages of food and other goods make it difficult for many people to obtain adequate nutrition and cover their families' basic needs.

Venezuela's Humanitarian Crisis documents the heavy toll the shortages are taking and the government's to date inadequate and often repressive response.

The Venezuelan government has stridently denied that it is facing a crisis. Its policies have failed to address the shortages effectively, and it has made only limited efforts to obtain international humanitarian assistance that could significantly improve conditions for millions of Venezuelans. When officials have acknowledged the shortages, they have blamed them on an "economic war" waged by the political opposition, the private sector, and "foreign powers." The government has provided no evidence to support these accusations.

The narrative of "economic war" has provided a rationale for the government's continuing use of authoritarian tactics to intimidate and punish critics. It has lashed out at medical professionals who express concern about shortages, threatening to remove them from their positions at public hospitals. It has threatened to cut off the international funding of human rights organizations. And it has responded both to planned marches and to spontaneous demonstrations of ordinary Venezuelans with beatings, detention, and unjustifiable prohibitions on further protest activity.

Venezuelans' rights to health and food continue to be seriously undermined, with no end in sight. Human Rights Watch calls on the Venezuelan government to take immediate and urgent steps to articulate and implement effective policies to address the crisis in the health-care and food sectors, including by seeking international humanitarian aid, and to stop intimidating and punishing critics. It urges OAS member states and United Nations humanitarian agencies to take steps to help address the crisis.