

RIGHT TO HEALTH

Report of state of AMAZONAS



Amazonas is a Venezuelan state, located in the south of the country. As in the rest of the country, the health sector in the state of Amazonas is undergoing a humanitarian emergency in all its dimensions, aggravated by the geographical and cultural particularities of the population living in this territory.



Divided into seven municipalities, Amazonas has an area of 180,475 km² where some 200,000 people live. 85% is located in the municipality Atures and 90% of it resides in Puerto Ayacucho, capital of the state. 50% of the population is indigenous and is distributed in 21 towns with their cultural specificities. Indigenous peoples are distributed as follows: around 15,000 Yanomami, most of them dispersed in the Upper Orinoco territory, and a few hundred in are Hoti and Yabarana peoples in the Manapiare river basin. Numerous other villages such as the Jiwi (Guahibos) and the Uotuja (Piaroas) live in the Atures and Autana municipalities and have a high component of urban population, especially the former. People such as the Baré and the Yeral are also mostly urban.

Amazonas is the second largest state in Venezuela, bordering Colombia and Brazil. In its territory only 180 km of road have been built around Puerto Ayacucho. Mobilization within the state is fundamentally fluvial and aerial, with a great shortage of fuel and means of air transport, controlled by the State and particularly by the Armed Force. Until October of 2018, seven months were completed without the population of the state having access to the purchase of gasoline. In Amazonas there is a growing activity of illegal mining that is changing and aggravating the epidemiological patterns and to which health services are scarce and deficient. In August 2018, some 20,000 people were severely affected by floods throughout the state without health response capabilities by the health authorities. Although official statistics on morbidity and mortality are not available, what is collected with informed actors evidences a sustained deterioration of the right to health.

Emergency for Damage to Health and Life in Amazonas State

<p>1. Health services are scarce in the state of Amazonas and the few facilities available are poorly endowed with medicine and supplies.</p>	<p>4. Given the current hyperinflation process the extreme decrease in the value of the salaries earned by health personnel in the state of Amazonas has generated a high displacement of these personnel to the mining activity.</p>	<p>7. The Measles epidemic is present in the Amazon with indeterminate incidence and mortality among indigenous peoples. Vaccination coverage is limited, and vaccines are not timely applied.</p>
<p>2. The population of the state of Amazonas does not have public health centers in order to provide adequate hospital care.</p>	<p>5. The population of the state of Amazonas has scarce access to medicines, supplies and medical equipment. The little provision of supplies that arrives is provided by humanitarian organizations.</p>	<p>8. Acute malnutrition affects 26% of children under 5 years of age in the indigenous communities of Amazonas, being more severe in rural populations than in urban areas of the state.</p>
<p>3. Most of the centers built within the framework of the governmental primary care program <i>Mision Barrio Adentro</i> are not operational in the state of Amazonas.</p>	<p>6. The appearance of new sexually transmitted diseases such as HIV is attributed to illegal mining in the territory of the indigenous peoples not previously exposed to these diseases.</p>	<p>9. The Malaria epidemic has spread throughout the state, even in places where previously there were no endemic cases.</p>

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1. **Health services are scarce in the state of Amazonas and the few facilities available are poorly endowed with medicine and supplies.** Historically relegated from the processes of development and national integration, public health care in the state of Amazonas has always been deficient. In the interior of the state, municipal capitals have rural ambulatories, which are poorly equipped and lacking medicines most of the time. Some communities have dispensaries and nursing staff, without timely care provision and with very limited capacities. It has become evident that some health personnel, as well as teachers and other public servants, have abandoned their jobs in order to work in the mines due to very low salaries. The supply of medical care infrastructure is complemented by private contributions: two laboratories, various dental and specialty clinics, the Salesian Ladies (Damas Salesianas) and three private clinics, which --although having little capacity-- attend a good part of the specialized consultation and emergencies.
2. **The population of the state of Amazonas does not have public health centers in order to provide adequate hospital care.** The state formally has a General Hospital located in Puerto Ayacucho, but this was inaugurated in the 1950s and despite having been refurbished and expanded several times, to date its capacities are insufficient for the size of the population and the growing demand for hospital services. By October 2018, 50% of the medical and nursing staff had left office. Likewise, medical services, including laboratory services, are operating at minimum capacity. Since the end of the last century, several national and regional governments promised to build a new hospital for the city. Although part of the building has been constructed, it is still not operational and there is no evidence that it will be completed in the short term. Years ago, two popular clinics were built and put into operation, one in Puerto Ayacucho and the other in the community of Provincial, the latter equipped with an operating room that allowed for deliveries and other emergency surgeries because the operating rooms of the Central Hospital are not working. At present, the capacity of these services has been substantially reduced.
3. **Most of the centers built within the framework of the governmental primary care program *Misión Barrio Adentro* are not operational in the state of Amazonas.** At present, most of these centers are closed. A Comprehensive Diagnostic Centre (CDI) was also created, which offers a limited number of emergency care and X-ray services; in addition, an Advanced Technology Centre (CAT) was built, which is also closed. Puerto Ayacucho has a Comprehensive Rehabilitation Room (Sala de Rehabilitación Integral, SRI) run by Cuban specialists, which, despite the precariousness of the equipment and the poor conditions of the infrastructure, has been providing good service to users.
4. **Given the current hyperinflation process the extreme decrease in the value of the salaries earned by health personnel in the state of Amazonas has generated a high displacement of these personnel to the mining activity.** The few still operating public health centers do not have enough medical personnel. Low salaries and precarious working conditions have led to a sustained reduction in the number of doctors, nurses and other disciplines. The incorporation of the so-called Integral Community Doctors (MIC) formed in the new bolivarian universities and the health specialists sent to the region through an agreement with the Republic of Cuba hardly solve the insufficient quality of the services provided, mostly because these personnel lack the academic preparation prevalent in Autonomous Venezuelan universities.

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- 5. The population of the state of Amazonas has scarce access to medicines, supplies and medical equipment. The little provision of supplies that arrives is provided by humanitarian organizations.** The public provision of medical equipment, supplies and medicines is insufficient and not very diverse, in addition to not being carried out on a regular basis. The evidence of this reality can be deduced from the high demand for medicines that users of the public health system perform at the headquarters of Caritas-Amazonas, where between January and September of 2018 there have been 290 people with chronic health conditions that require continuous and timely medication that Civil Association Caritas-Amazonas have been unable to supply in the required amounts and deadlines. The private pharmacies present continuous inventory problems in the most required medicines, which together with the high costs and its ascending variability limits the possibility of receiving treatment for the various ailments.
- 6. The appearance of new sexually transmitted diseases such as HIV is attributed to illegal mining in the territory of the indigenous peoples not previously exposed to these diseases.** In a socio-environmental report prepared in 2017 by the Human Rights Office of the Vicariate of Puerto Ayacucho with the participation of indigenous human and natural rights defenders, new diseases were detected in the municipalities of Alto Orinoco, Manapiare and Atabapo, including sexually transmitted diseases such as HIV and other unidentified ailments. Indigenous people associate this situation with the growing presence of illegal miners in their territory and the weak presence of the public health system.
- 7. The Measles epidemic is present in the Amazon with indeterminate incidence and mortality among indigenous peoples. Vaccination coverage is limited, and vaccines are not timely applied.** At the beginning of 2018, a measles epidemic was reported in the upper Orinoco area, probably originating in Brazil, which claimed the lives of an undetermined number of Yanomami, especially children. The action of the State was denounced as belated by indigenous leaders. Vaccination campaigns have been carried out not timely, with restricted coverage and has not been reaching the remotes areas at the interior of the state.
- 8. Acute malnutrition affects 26% of children under 5 years of age in the indigenous communities of Amazonas, being more severe in rural populations than in urban areas of the state.** According to the results of the study on child malnutrition conducted by Caritas-Amazonas between October and November 2018, 13 out of 50 children under the age of 5 in two indigenous communities adjacent to Puerto Ayacucho, the first urban and the second rural, showed moderate and severe malnutrition. This situation is most severe in the Yanomami territory.
- 9. The Malaria epidemic has spread throughout the state, even in places where previously there were no endemic cases.** Illegal mining has favoured this spread. Specialists in the field pointed out that the number of cases has been doubling year after year. The regional government's Environmental Sanitation service has publicly announced that it lacks the means of transportation to carry out the fumigations, asking those interested to provide it, and users have frequently been asked for the required gasoil to mix the insecticide used in the fumigations.

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This report on the Complex Humanitarian Emergency in the Right to Health in the State of Amazonas, responds to an interdisciplinary methodology that brought together several informed actors to share, contrast and base data on the scale, intensity and severity of the damage to the health and life of the population of Amazonas, as a consequence of the impacts of the emergency on the health capacities of the state. In the absence of official data, the information presented has been generated from various sources. Entre los actores participaron personal de salud, organizaciones indígenas, organizaciones de derechos humanos, organizaciones humanitarias, investigadores y académicos, familias afectadas por las inundaciones del mes de agosto de 2018 y personas con necesidad de atención en salud. Among the participants were health personnel, indigenous organizations, human rights organizations, humanitarian organizations, researchers and academics, families affected by the floods of August 2018 and people in need of health care. The following organizations participated in the preparation of this report: Oficina de Derechos Humanos de Vicariato de Puerto Ayacucho y Cáritas Amazonas. Codevida - Coalición de Organizaciones por los Derechos a la Salud y la Vida and Civilis Derechos Humanos provided support in the design and development of the methodology used by the working group.

