



- 1. 97% of Carabobo's hospital are without supplies and the infrastructure in which they work present serious conditions of deterioration, depriving the people of attention.** In April 2018, deputies denounce serious problems of infrastructure at the Dr. Enrique Tejera's hospital city in Valencia¹. At the Carabobo's public hospital, 70% of the operating rooms are inoperative, it exists a 40% deficit of beds and 90% are without potable water. The air conditioner of the rooms are not working. According to the Report of National Hospital Survey of December 2018 conducted by Doctors for Health, in Carabobo 5 of every 10 persons can't be operated and the half of those who manage to have surgery must buy all the supplies². Also, the public hospitals do not count with power plants to face the regular power cuts and the clinics only have the capacities to maintain the energy in the operating rooms and intensive cares in case of an electrical failure. Until September 2018, the power cuts could last an average of 4 hours daily. On the other hand, the people must pay for the cleaning products, food and even stationary for recipes. The operation rooms are disinfected, more not sterilized. The hospital also lacks a digitized medical histories system, do not have computers nor internet access.
- 2. In more than 80% the capacity to make diagnosis have been reduce in the state Carabobo for the lack of reagents, supplies and damages equipment and disrepair of the lab's infrastructure.** In Carabobo, a 40% of the X Ray exams are made in private clinics, remaining 53% of the people who require these studies without attention. There are not availability of resonators or tomographs in the sanitarian system public centers, being served only between 12% and 15% of the people who require it in private clinics. Likewise, only 10% of the people can take nuclear medicine test (ganmagrama, radioactive iodine, and contrast test) in public hospitals, with a waiting period up to 6 months, and 20% pay for it in private clinics. Currently, practically all the test that the persons with chronic conditions need must being done at private attention centers.
- 3. At least 1.000 health professionals in medicine and nursery in Carabobo have migrated of the country, the ones who denounce and protest have been treated with destitution or jail.** At least a 1.000 physicians and nursery professionals have abandoned their charges³, due to their salaries don't allowed them to have a minimum subsistence and the work conditions are very precarious⁴. Also migrated the recent graduated doctors, leaving the postgraduate courses without students and the health centers, both public and privates, without a relay generation, many times substitutes by Community Integral Physicians, whose education doesn't accomplish with the educational and practical requirements endorsed by the medicine's faculties of the national universities. In March 2018, a gyneco- obstetrician of the South Maternity Care received a relocation memo of his working place for his campaign geared towards the recuperation of the maternal – infancy state's hospital⁵; later he was suspended of his charge with opening of a administrative record by the same reason⁶. In June 2018, when a strike of medical professionals in national level began, 2 CHET'S residence physicians where arbitrary detained during several days by the Scientific, Penal, and Criminalistic Burau (CICPC spanish acronym), attributing them the felony of stealing supplies from the hospital without proofs⁷. Alike, members of the nursery guild of the CHET reported to be threatened with being dismissed and imprisoned because of protests.



- 4. The maternal and neonatal deaths continuing to increase in Carabobo for the lack of supplies, medicines and the elevated numbers of early pregnancies without medical control.** Until April 2018, the maternal and neonatal situation in Carabobo was alarming. The main available centers didn't have conditions to work properly, causing a high rise of deaths in newborns and pregnant women. In the South Maternal Center had lost 75% of the births beds; during 10 years elective cesareans were suspended; the pregnant women had to buy all the supplies to be admitted; the laboratory was closed, among other serious deficiencies. Although the maternal center received resources for rehabilitation and maintenance of the emergency and surgery areas by the end of 2018⁹, the supplies and medicines that arrived were still widely insufficient. The most vulnerable population to the lost of the capacities of the sanitarian attention are the children and particularly the newborns, which mortality numbers are the highest of the infancy population under 1 year old, by born in a premature way, malnutrition, hypoxia, birth complications and infections. 70% of the neonatal deaths are early pregnancies, the majority of which didn't have a medical control.
- 5. More than 70% of the people with chronic conditions do not have access to prompt diagnosis nor to treatments; at least 83 people with HIV deceased by the lack of antiretrovirals in Carabobo.** 77 of the persons with cancer of the state Carabobo do not have access to medicines and 50% neither find radiotherapy's treatments; 50% of the people didn't have a timely diagnosis. The mortality of children with cancer rise to 80% for the absence to a diagnosis and quality treatments in a prompt manner. The oncological unit of Ángel Larrabel's Hospital of the Social Security closed, referring the persons to the Miguel Pérez Carreño Oncological Hospital and to the CHET. 20% of the children with chronic health conditions hospitalized are abandoned by their parents who lack of economic resources to take care of them. More than 90% of the people with HIV stopped receiving antiretrovirals by the State. According with the Friendly Hands of the Health Foundation (MAVID Spanish acronym), 83 people with HIV deceased in Carabobo during 2018¹⁰. Other people with chronic conditions without access to treatment are Leukemia (57%), Cerebral Paralysis (59%), Arthritis (69%), Sclerosis¹¹ (70%), Obstructive Pulmonary Disease (77%), Diabetes (79%). 60% of the persons with Parkinson obtain their treatment in a private way, 10% get it sometimes in the public sanitary system and 23% doesn't have access, Many people with chronic conditions present other complications by the prevalence of others transmissible health conditions like HIV, diphtheria, AIDS, Hepatitis and Mononucleosis, among others.
- 6. Until 18 moths a person with chronic conditions wait to be attended in the sanitarian public system of Carabobo, the only available option due that 85% doesn't count with health insurance.** The people with any chronic condition can wait until 18 months to be attended in the sanitarian public system of Carabobo, if is not an emergency. Due to this waiting, the persons arrive to the hospital when they are in a critical condition. The only option is going to the public health services, since more than 85% of the population if the state doesn't have any type of medical insurance, 10% have private collective insurance policies that don't have enough coverage and 5% enjoys individual insurance policies that only cover 1% of the health chronic conditions.



- 7. The people with mental health problems are found at private attention centers in Carabobo and the ones who were attended and do not have families that take care of them are sent to the streets.** The persons with mental health problems, no matter the age, are not diagnosed until the moment of a crisis, neither have access to post crisis treatments and many are abandoned by their relatives. The Valencia city's psychiatric hospital has drastically diminished its attention and hospitalization capacities by the lack of food, water and staff, doesn't accept new interns and the persons that are considered not aggressive, without relatives or caregivers, are sent to the streets by their one and end up in an indigence situation. Similarly, the people that used to receive medication for depression episodes in the public sanitarian system, have augmented the suicides statistics, reaching to an average of 3 weekly suicides, aggression episodes to their caregivers and general health crisis.
- 8. The water pollution, the absence of hygiene and the food shortage have become in a serious problem of the public health in Carabobo, that affects severely to children, women and older persons.** The water pollution in Carabobo is increasing the infections and diarrheas. 20% of lost of vision and 98% of the diarrheas are consequence of contaminated water. In the pediatric consultations the cases of malnutrition have increased by the low food ingesta and intoxication by decomposed food that lost the cold chain due to the electrical faults or by plants and medical inappropriate concoctions. The urinary and anal infections are frequently by the lack of hygiene and water. 74% of the elderly people attended in public health centers present a body weight under de minimum required for starvation, due to the consume less food and this ones are low in proteins; 35% present severe dehydration for the lack of potable water; 16% with chronic health conditions do not have access to treatments frequently; 16% have high physical abrasion and muscular injures when doing strenuous walks and waiting a long time in line to make any type of procedure (acquire food, pension collection and bank arrangements). A big number of these people have lost their families support because of the migration of their family members. The barriers of transportation, added to the economic crisis, lack of supplies, reagents, equipment and medicines, rapidly deteriorates the health of the people affected.

Data sheet

This report was about the Humanitarian Complex Emergency in the Right to Health of the state Carabobo, it respond to an interdisciplinary methodology that reunites multiples inform actors to share, contrast and base data about the right to health situation during the year 2018, highlighting in the scale, intensity and severity of the damages to the health and life of the population, like consequence of the impacts of the emergency in the sanitary capacities of the country.

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