

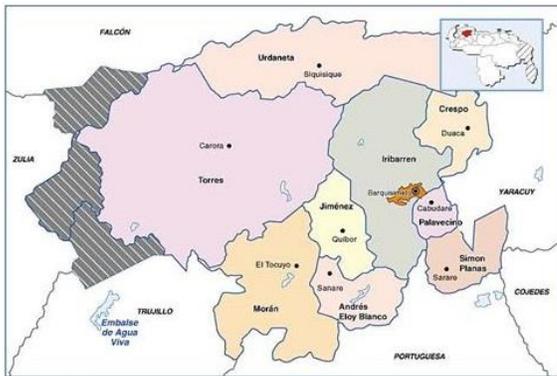
# COMPLEX HUMANITARIAN EMERGENCY IN VENEZUELA

## RIGHT TO HEALTH

November 2018  
Report of state of **LARA**



Lara, with a population of 2.2 million inhabitants, 3 is the most populated after Zulia, Miranda and Carabobo. It is located in the Central-Western region of Venezuela and is divided into 9 municipalities. The levels of growth of the population of the entity have been during the last 30 years much higher than the national average. 56% of the population resides in the capital (Barquisimeto), where the main industrial, commercial and service activities are located.



In Lara, the Complex Humanitarian Emergency has been evidenced by multiple effects on the population, with special emphasis on the most vulnerable, compromising the health and life of thousands of larenses, especially people in chronic condition and children. The dismantling of the state capacities to provide public health care, together with the lack and structural disappearance of treatments, health personnel, medicines, supplies and reagents, is affecting the population in a scale of great magnitude and at an increasing speed.

### The Complex Humanitarian Emergency in Harmful Events and Loss of Capacity to Guarantee the Right to Health

- |   |   |
|---|---|
| <p>1. The migration of health personnel is very high in all the services and specialties of Lara’s public health centers, due to low salaries, deteriorated working conditions, labor harassment and censorship.</p>  | <p>5. More than 90% of Lara's diagnostic services have disappeared, surgical interventions were reduced by 70%. Many have become severely ill and pass away waiting for up to three months for surgery. There are no reagents for complete blood, urine, stool or toxoplasmosis, tests, among others.</p> |
| <p>2. Most of the care programs and services that existed in Lara State for people with chronic health conditions were dismantled or closed, putting their lives at risk.</p>   | <p>6. The shortage of drugs, supplies and reagents threatens and aggravates the health and generates deaths of people with chronic conditions such as those transplanted, with cancer, HIV, Parkinson's, hepatic disorders and diabetes.</p>  |
| <p>3. People in dialysis and with kidney transplants from Lara face risk of death due to shutdown units and prolonged withdrawal of medications. 80% of those affected by kidney diseases are at risk of dying due to severe deficits in access to medicines, equipment and treatments.</p> | <p>7. The cost of treatments makes them inaccessible for the majority of the people requiring them, impoverishing their families and generating depression, fear and anguish due to the worsening of their health condition.</p>  |
| <p>4. Hospital contamination in Lara is affecting the health of hospitalized people and health personnel. Between 2016 and 2018, 143 children were victims of contamination by the intra hospital bacterium <i>Serratia Marcensens</i>.</p>   | <p>8. The increase in deaths and new cases in Lara with chronic conditions in stages of high severity due to lack of medication and treatments intensified in 2018.</p>   |



- 1. The migration of health personnel is very high in all the services and specialties of Lara's public health centers, due to low salaries, deteriorated working conditions, labor harassment and censorship.** Low salaries, deteriorating conditions in health centers, the urgent need of personnel to support their families, as well as situations of labor harassment and censorship, have caused an accelerated migration of medical and paramedical personnel, which generates a growing lack and deepens the drop in care capacities, affecting the health and lives of people. There is a deficit of nursing personnel that reaches around 70% in the main hospitals, as reported by the Nurses Association of Lara State. In the Dialysis Units, the nursing staff deficit is evidenced by the existence of one person for every 8 to 16 people in dialysis, while the medical staff is practically non-existent, as reported by the Foundation of People with Kidney Problems (FUNDAPREL). People with HIV indicate that, in order to serve some 6,500 affected in the state, only 2 HIV specialists are available, while the Lara's Regional HIV Coordination of the Health Ministry is assumed by a Community Integral Physician (MIC), without adequate training to care for people with HIV. The Venezuelan Association of Persons with Transplants (AVEDESTRAS) reported that there is no medical staff specialized in caring for kidney transplant patients. Regarding medical attention for the infantile population, a deficit of pediatricians is reported, which is ostensible both in the reduction of the outpatient consultation and in hospital admissions in the Agustín Zubillaga Pediatric Hospital, as indicated by NGO's caring for children with malnutrition, whose demands for care have increased given staff deficits in public facilities. Moreover, in these centers the references of children to social care organizations have increased, overloading this type of services, usually not prepared for a demand of such magnitude.
- 2. Most of the care programs and services that existed in Lara State for people with chronic health conditions were dismantled or closed, putting their lives at risk.** In Lara, care services for chronic conditions that were previously a reference for Venezuela's Central-Western Region have been progressively dismantled, such as the Oncological Care Service (SAO) of the Antonio María Pineda Central Hospital, which also provided care for people from Yaracuy, Portuguesa, Barinas and Mérida States. Those who require treatments for cancer, kidney disease, diabetes or liver disease must acquire them outside Venezuela, mainly in Colombia, or receive them from relatives who are abroad, running the risk of never reaching their hands, as indeed occurs. More than 300 people with cancer cannot be treated at the Antonio María Pineda Central Hospital or at the Anticancer Society of Lara State. The Oncology Service of the Antonio María Pineda Central Hospital (HAMP) in Barquisimeto has been closed off since May 2018. It treated 70 people per day in consultations and radiation treatments. From March to April 2018, 300 people waited for treatments in this service and could not be cared for. The Linear Accelerator and Cobalt equipment are damaged to treat oncological pathologies. People with cancer treated at the Radiology and Chemotherapy Services of the Anticancer Society, which offered reasonable costs, have not been able to access them because they have been closed since 2017, due to damaged equipment.



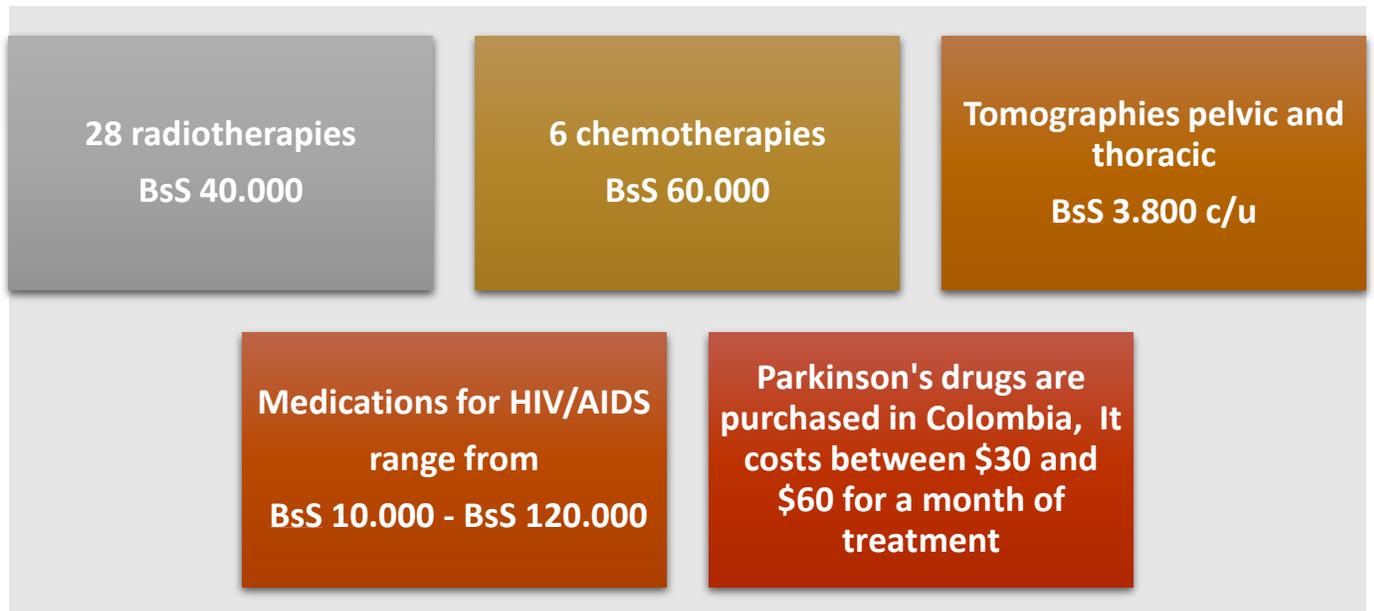
- 3. People in dialysis and with kidney transplants from Lara face risk of death due to shutdown units and prolonged withdrawal of medications. 80% of those affected by kidney diseases are at risk of dying due to severe deficits in access to medicines, equipment and treatments.** The people with renal affectations are forced to receive a deficient and risky healthcare because the 7 Dialysis Units existing in the entity present an evident "partial technical closure" (as referred by the Foundation for the renal patients of the Lara State, FUNDAPREL), due to lack of medical and paramedical personnel, deteriorated equipment, lack of supplies and eventually even drinking water. These units, due to their various deficiencies, offer services at limited hours and without proper hygiene, which is why there have even been epidemic outbreaks of respiratory infection, such as occurred at the Barquisimeto Dialysis Unit in June 2018. During the whole year 2018, the Peritoneal Dialysis Program has been closed, given the critical situation since 2017 due to lack of supplies and recycling machines. This has caused affected people to face difficulties in maintaining adequate levels of hemoglobin and other values. Catheters and other supplies for dialysis have become almost impossible to find or their costs are inaccessible to the vast majority of people in need. 26 hemodialysis patients without fistulas present a serious risk of suffering from septicemia. Lara's people with chronic renal problems usually presents low hemoglobin. 95% of such people have bone problems and pains in muscles and joints, because the test that allows to provide paricalcitol (Zempar<sup>®</sup>) solution to prevent deterioration of the bone system has not been applied for 3 years, which can generate severe osteoporosis. People with liver disease are also affected due to the closure of the PROCURA Program for liver transplants, which has been shut down for about 3 years (in Venezuela, about 300 transplants are required per year; in the last 5 years only 5 have been performed).
- 4. Hospital contamination in Lara is affecting the health of hospitalized people and health personnel. Between 2016 and 2018, 143 children were victims of contamination by the intra hospital bacterium Serratia Marcensens.** 25 children under the age of 7 died in the Agustín Zubillaga Pediatric Hospital in Barquisimeto due to bacterial contamination between 2017 and 2018. From September 2016 to the present around 143 children were victims of contamination by the bacterium Serratia Marcensens that still causes deaths in the hospital. This bacterium has become multi resistant to antibiotics, due to its persistence and expansion in different areas of the hospital. Inadequate hygiene conditions, the result of the deterioration of sanitary facilities, such as sewage spills on several occasions inside hospital care areas, the improper handling of waste materials and the lack of cleaning operations with the appropriate supplies, has enabled the continuity of this serious contamination for a long time until today, severely compromising the health of hospitalized children, especially with malnutrition and chronic severe conditions such as cancer.



- 5. More than 90% of Lara's diagnostic services have disappeared, surgical interventions were reduced by 70%. Many have become severely ill and pass away waiting for up to three months for surgery.** There are no reagents for complete blood, urine, stool or toxoplasmosis, tests, among others. The availability of imaging services (radiographs, tomographies and other types of studies) has decreased drastically in the state or has disappeared, severely limiting the reliability of diagnoses, treatments and interventions. In Lara hospitals, radiology services have been reduced by 90% and tomography services have completely closed. Access to interventions that require operating rooms has been restricted by 70% in the hospitals of the entity. In the Antonio María Pineda Central Hospital, only two of sixteen operating rooms exist, one for delivery and the other for general surgery and other services. In the last months, 40% of the patients admitted with peritonitis died due to the long wait to be operated on. The waiting time for a scheduled intervention, such as an inguinal hernia, can range from two to three months, which causes people to reach critical states. In the Pastor Oropeza Central Hospital of the Social Security Institute in which only one of the four surgical rooms is in operation, surgical interventions are suspended or are constantly delayed due to lack of supplies, including anesthesia. The food offered to hospitalized people is insufficient in quantity and quality, and is mainly composed of carbohydrates such as precooked corn flour and rice. Emergency medical staff of the Antonio Maria Pineda Central Hospital reported that they have been forbidden from issuing medical prescriptions of medicines that the health center does not have in stock and cannot provide, generating situations in which the inpatients do not have access to such medicines and their relatives cannot acquire them.
- 6. The shortage of drugs, supplies and reagents threatens and aggravates the health and generates deaths of people with chronic conditions such as those transplanted, with cancer, HIV, Parkinson's, hepatic disorders and diabetes.** From the 4th quarter of 2017 to the present, the shortage of medicines for oncological conditions provided by the High-cost Drugs Program of the Social Security Institute has considerably worsened. In Lara there are 2,100 people with HIV who have not been able to get their medication, for lack of availability in Venezuela since the end of 2017. There are no reagents for viral load, T-cell count or routine tests; however, thanks to the efforts of "Conscience for Life" and "Fundación RVH+ Red Venezolana", people with HIV have been referred by these foundations to be tested at no cost in Cúcuta, Colombia. 25 children of mothers with HIV have not received milk formulas for 8 months although, thanks to the humanitarian organization Aid for Aids, a formula-delivery project started being implemented in October 2018. People with Parkinson's disease report a shortage of medicines they fully require, which generates serious health consequences expressed in their inability to move, falls or stumbles, physical rigidity, intestinal obstruction and subsequent death. There has been a complete lack of drugs in Lara State to treat people with chronic liver conditions, which is the tenth cause of deaths in Venezuela. Lack of lactulose for liver cirrhosis can lead to hepatic encephalopathy, hepatic coma and death. Prednisone and Azathiopine, use to treat autoimmune hepatitis, previously provided by the Social Security Institute, are also lacking. For liver transplant patients there are no immunosuppressants, with serious risk of loss of the transplanted organ. People with diabetes cannot get insulin, which, as reported by the Association of People with Diabetes, is in 100% shortage in Lara State, leading to a progressive deterioration of their health.



7. The cost of treatments makes them inaccessible for the majority of the people requiring them, impoverishing their families and generating depression, fear and anguish due to the worsening of their health condition. The impoverishment of people affected by chronic conditions and their families is exacerbated, as they have been forced to sell family properties and goods to pay for exams and medicines that only provide temporary relief. Families have been fractured because some of their members have migrated in search of opportunities, which allow them to support those who remain behind without a choice, due to their health condition. Depression, fear and anguish, for not being able to access medications and treatments have become generalized among those affected and their families, given the realization of the worsening of their conditions and subsequent death, as referred by members of several organizations such as FUNDACONVIVE, FUNDAPREL and FUNDAPARKINSON, about deceased associates. The serious deficits in the existence and availability of medicines, supplies and treatments in Lara State have brought people with chronic conditions to organize themselves in associations and foundations through which they get support and donations that allow them to stay alive, compensating partially for the State’s abandonment of its obligations to these citizens in conditions of extreme vulnerability. Their associativity and work have allowed them to generate the information that is currently available about the situation of the different pathologies; information that the State denies and conceals.





### 8. The increase in deaths and new cases in Lara with chronic conditions in stages of high severity due to lack of medication and treatments intensified in 2018.

Such deaths could have been prevented with regular access to medicines, whose deficit worsened during the year. The combination of these shortcomings with the progressive dismantling of Lara State's institutional capacity to serve this growing population places those affected in a progressive deterioration of their health and risk of death. Medical staff working in hospitals reported the death of 30 women during labor in different health centers of Lara State, due to the lack of prenatal care, their low weight and complications in childbirth. Serious risks to health and life for a large sector of the population in Lara are exacerbated by children with severe malnutrition.

- Until September 2018, the death of 85 people with HIV due to lack of treatment and inability to access medicines was recorded. Of the 6,500 people living with HIV in Lara, the health and life of 2,100 who take medication are at risk, due to the lack of antiretrovirals.

- 86 people with chronic renal problems died between 2017 and 2018 (50 people in 2017 and 36 in 2018) due to deterioration of dialysis equipment, lack of supplies and regular supply of potable water for dialysis, according to their associations. There are 1,250 people registered in Lara State with this condition, 45% of whom reside in remote municipalities, which makes it very difficult to travel to the capital city of Barquisimeto to dialyze. Such restriction means that they are dialyzed between 2 to 3 hours on average per for a maximum of 3 days a week, instead of the required minimum of 12 hours a week.

- 4 individuals were identified in Lara State whose kidney transplants were rejected. This occurred due to the lack of immunosuppressants, which forced them to return to hemodialysis treatment.

- Between January and September 2018, 11 of the 250 people registered by FUNDAPARKINSON Lara passed away due to the progressive deterioration of their health, aggravated by lack of medication.

- The FUNDA CONVIVE Foundation, a group of people with cancer, reported the death of 15 people with this serious condition due to lack of medicines and equipment for their treatment. The high cost and shortage of medicines prevented them from being treated timely.

- Physicians reported the increase of liver diseases due to lack of medicines, reagents for early diagnosis and proper hygiene. 4 deaths due to liver cirrhosis that have led to liver cancer have been registered in private practice, as well as the resurgence of Hepatitis B and an upturn in Hepatitis A due to lack of vaccines and to environmental contamination.

- In the Central Hospital of Barquisimeto, 9 children have been treated with the very rare Hurdler's disease, aggravated by lack of medication.

# COMPLEX HUMANITARIAN EMERGENCY IN VENEZUELA

## RIGHT TO HEALTH

November 2018  
Report of state of **LARA**



### Data sheet

This report on the Humanitarian Emergency in Health in Lara State responds to an interdisciplinary methodology that brought together multiple informed stakeholders to share, contrast and produce data on the state of the right to health in Lara State, emphasizing the scale, intensity and the severity of the damage to the health and life of the population, as a consequence of the impacts of this situation on the country's health capacities. The information was collected during the months of July, August and September 2018, during 6 meetings held at the headquarters of the Universitas Foundation and Cáritas Venezuela.

The following organizations participated in the preparation of this report, providing information and experiences: Human Rights Chair of Lisandro Alvarado Central-Western University; FUNDAPARKINSON; Human Rights Vicariate of the Barquisimeto Archdiocese; Consciousness for Life; RVH + Venezuelan Network Foundation; Educators with their People; MAPANI Venezuela; United Doctors of Venezuela Lara Chapter; UNIVERSITAS Foundation; Human Rights Committee of Retirees and Pensioners; Lay Dominican Fraternity; Transparency Venezuela; FUNDA CONVIVE and FUNDAPREL. Civilis Human Rights provided support in the construction and development of the methodology of the working groups within the framework of its mandate to strengthen civil society in the field of human rights.