



Zulia is the second most populated state in Venezuela, with 4.2 million inhabitants<sup>1</sup>. It is located in the northeast of the country, composed by 21 municipalities, and its capital city of Maracaibo. Its territory covers 63,000 km<sup>2</sup>, surrounding the Lake of Maracaibo, the largest body of water in Latin America which also contains one of the largest oil and gas reserves in the American continent.



The state of Zulia has a large expanse of border territory with Colombia, of approximately 2,200 km<sup>2</sup>. This border is one of high migratory mobility through the towns of Paraguachón and Maicao. Currently, the people of Zulia confront a Complex Humanitarian Emergency in which their human rights and liberties are violated massively and systematically. The right to health is no exempt from such systematic violations, where 89% of the Zulia population does not have access to a minimum standard of adequate and quality medical attention, due to the extreme precariousities and deterioration which the entire public health system is subjected to.

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

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| 1. Of the 34 hospitals in the public health system of Zulia, 32 are in danger of complete inactivity due to a lack of essential services.        | 5. The maternal mortality rate is ever increasing. In the first 4 months of 2018, over 30 pregnant women died in Zulia.              | 9. People who require dialysis do not have access to adequate treatment due to machines breaking down and incomplete supply of medicine.                                |
| 2. 70% of operating rooms in Zulia public hospitals are out of service and 80% of beds are inoperative.  | 6. The scarcity of medicine for treating diabetes, hypertension, acute respiratory infections, and diarrhea surpass 60%, on average. | 10. Every week, there are 45 new cases of HIV in Zulia, 90% of which are in AIDS, the access to specialized medical attention for HIV patients is precarious.           |
| 3. 80% of public laboratories in Zulia are closed due to a 95% scarcity in reagents and the quitting of 76% of bio-analysts, among other causes. | 7. 92% scarcity in medicines to treat women's health conditions and 88% scarcity in contraceptives in Zulia.                         | 11. The quality of life of people with stoma is increasingly worse due to the high cost of colostomy bags and the lack of specialists for this condition.               |
| 4. The deficit of ambulances is above 90% in the public hospitals of Zulia. There are only 13 functional ambulances for the entire state.        | 8. 60% of people who require psychiatric medicine have an average of 6 months without receiving treatment.                           | 12. Qualified health personnel, increasingly limited due to the migration, and are subjected to criminalization and harassment, often forced to omit data from records. |



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DEL ESTADO ZULIA



- 1. Of the 34 hospitals in the public health system of Zulia, 32 are in danger of complete inactivity due to a lack of essential services.** 94% of public hospitals in the state of Zulia are in danger of complete inactivity due to the high scarcity of medical supplies, the quitting of 2,400 doctors and other health professionals, and the high deterioration of infrastructure, which a high percentage of medical attention depends on in the state<sup>2</sup>. Hospitals are severely affected by the massive collapse in basic public services such as electricity<sup>3</sup>, drinking water, and waste management. Of the few hospitals that do have electricity plants<sup>4</sup>, these do not support the constant interruptions in electricity services, which in numerous occasions have reached 12 continuous hours. The regional government institutions provide trucks of water<sup>5</sup>, which are a completely insufficient measure<sup>6</sup>, also risking the supply of low quality water. The accumulation of trash and the lack of water create places of concentrated contamination, threatening the health of patients and personnel. Green areas and parking lots in health facilities have become dumps for waste produced<sup>7</sup>, including materials used in surgery and biological waste<sup>8</sup>. Morgues<sup>9</sup> are also collapsed, specially due to the electricity crisis, which have generated failure in the refrigeration equipment for deceased people. Families have ever more difficulty in paying for funerary services and cadavers spend more time in conditions which are inadequate for proper conservation<sup>10</sup>. The collapse of the electrical services also temporarily paralyze health services in private clinics<sup>11</sup>.
- 2. 70% of operating rooms in Zulia public hospitals are out of service and 80% of beds are inoperative.** According to a study conducted by the Medical Association of Zulia, 70% of operating rooms are out of service in public hospitals and the 30% of remaining beds function irregularly due to their temporary inaccessibility due to failures in equipment and problems related to cleaning and decontamination of operating rooms and emergency rooms<sup>12</sup>. No hospital in the state is using over 50% of the architectural capacity for hospitalization and therapy, and 80% of hospital beds are inoperative. The areas destined for this use for both children and adults present grave inadequacies of essential elements such as beds, bathrooms, climatization, and illumination<sup>13</sup>. In private clinics, the renting of an electric plant for people who need uninterrupted vital support through equipment costs an average of \$100 USD a day. Health insurance has also become dollarized<sup>14</sup>, demanding payments of \$5,000 USD and \$12,000 USD amidst a context of hyperinflation in the country, making health insurance completely inaccessible for people who used to be able to access private medical attention
- 3. 80% of public laboratories in Zulia are closed due to a 95% scarcity in reagents and the quitting of 76% of bio-analysts, among other causes.** Despite being services which are indispensable for adequate medical attention, the loss of 75% of bio-analyst personnel (only 600 of 2,500 are left), the lack of materials, a large number of broken down machinery, the lack of water, and a 95% scarcity in reagents, according to the Zulia Bio-analyst Association, 80% of labs in public hospitals are closed or providing limited services, such as simple blood samples so that the results are then analyzed by very costly private labs<sup>15</sup>. A complete hematology test can cost the equivalent of 33% of a monthly minimum wage. Due to a lack of medical supplies in public hospital labs and the closure of blood banks, many people have to use private clinic services for transfusions, paying up to \$60 USD per bag of blood with the minimum conditions of safety. Additionally, a 'black market'<sup>16</sup> for bags of blood has developed, with the sale of these outside health facilities without any guarantees on the conditions of them.



- 4. The deficit of ambulances surpasses 90% in the public hospital network of Zulia, with only 13 vehicles which operate throughout the state.** The movement of people in critical or emergency situations is severely limited given the deficit of ambulances, which surpasses 90%. Just 13 ambulances are operative in Zulia, with only 4 operating in the city of Maracaibo's public health system. The parking lots of the main hospitals of the city serve as a lot for broken down ambulances, which are dismantled for the use of their tires, batteries, and other mechanical parts, leaving these health centers without sufficient units for basic care services. Health professionals have denounced this situation since 2016<sup>17</sup>, when the ambulance deficit was already 60%.
- 5. The maternal mortality rate is ever higher. In the first four months of 2018, more than 30 pregnant women died in Zulia.** According to the Medical Association of Zulia's Commission for Maternal Health, during the first four months of 2018, over 30 pregnant women died due to birth-related complications, continuing the increase in the maternal mortality rate. The principal cause of these deaths was the scarcity of medicine in hospitals<sup>18</sup>.
- 6. The scarcity of medicine to treat diabetes, hypertension, acute respiratory infections, and diarrhea surpasses 60% on average.** Until September 2018, the monitoring conducted by CONVITE AC on the availability of medicines<sup>19</sup> available in private pharmacies for four of the most common conditions in Venezuela showed a 59% of scarcity for diabetes medicine, 63% for hypertension, 89% for acute respiratory infections, and 67% for diarrhea in the municipality of Maracaibo in the state of Zulia. This demonstrates that the network of private pharmacies is not in capacity to respond to the demand of medicine of the people of Zulia. The scarcity index is slightly smaller than in other areas of the country, given that Zulia is a border state, allowing for the presence of medicine brought in from Colombia. This apparent advantage has the inconvenience of creating higher prices, which makes these medicines too expensive to purchase for the majority of people in Zulia.
- 7. 92% scarcity in medicines for women's health conditions and 88% scarcity in contraceptives in Zulia.** Monitoring conducted by MULIER and CONVITE AC every 15 days during nine months, from November 2017 until July 2018, in 31 pharmacies throughout Maracaibo revealed that the scarcity of medicine to treat health conditions specific to women reached 92% (progesterona, cabergolina, tibolone, nitrato de osconazol, itraconazole, senicdazol, metronidazole, isoflavinas de soya, ibandronato sódico, ácido tranexámico). Rate of contraceptives in Maracaibo reached 88% or higher throughout the length of the study. Additionally, there is a lack of variety in the supply of contraceptives, limiting the options available which respond to the health requirements of women. The small supply available maintains a price range varying between 10% of the monthly minimum wage in the case of contraceptives<sup>2021</sup> and 100% of the monthly minimum wage in the case of progesterone, creating a negative impact in women's health and their reproductive choice.



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DEL ESTADO ZULIA



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- 8. 60% of the people who require psychiatric medicine have an average of six months without receiving treatment.** 60% of people with a psychiatric condition have not had access to treatment for 6 months. The situation has made it necessary to use neuro-stimulation as a replacement, previously known as electrical therapy, due to the crisis<sup>22</sup>. Certain medication, such as *carbonato de litio*, *zyprexa*, or *ácido valproico* are extremely or completely scarce throughout the country<sup>23</sup>. As a result, people have to either look for the medication outside of Venezuela, the majority of patients who do not find or cannot afford the medication suffer frequent relapses. People in the autistic spectrum, particularly children, suffer the same fate. Child neurologists have to prescribe medication which does not always work. In such cases, family members undergo extreme economic efforts to improve the quality of life of their children, without counting on sufficient diagnostic or psycho-pedagogical services, which have closed down due to the forced migration of specialists, and family members spend extraordinary amounts of money on specialized food items. The paralysis of the public transport sector, the lack of cash, and the high cost of private transportation, affect this population severely.
- 9. People who require dialysis cannot access adequate treatment due to the collapse of machinery and the insufficient supply of medicine. There are 17 dialysis centers in Zulia.** In 2018, three centers reported deaths due to the frequent electricity and water-related cuts. A large portion of these centers do not have electricity plants and those that do cannot endure interruptions in electrical services for prolonged periods of time. On the 10th of August, 2018, the electrical failure caused by a fire at the Lake Maracaibo Bridge produced the death of one life who was not able to complete their dialysis treatment. The severe cuts to water services have required people to spend money on trucks with water or have had to recur to asking for public officials for donations of water<sup>24</sup>. The poor quality of water which is supplied by water trucks also cause the suspension of dialysis treatment due to the risks of contamination or damage to the filters in the machines. Between June and July of 2018, 11 people died due to bacteria in just one dialysis center. In September, the number had risen to 40 people who had died<sup>25</sup> due to failure in the machinery. Additionally, the supply of filters is interrupted during large periods of scarcity<sup>26</sup> and the machinery presents severe problems<sup>27</sup> due to the lack of maintenance and repair parts. There is only one technician for every state in the west of the country to attend to the broken dialysis machines, it has become a common occurrence to dismantle damaged machines to use parts while repairing others, producing an even greater reduction in the quantity of machines available and diminishing the quantity of hours of dialysis per person<sup>28</sup>. The dialysis patients and their family members have had to collect money to provide direct economic assistance to the nursing personnel to avoid their migration from the country. The situation is worsened by the grave scarcity of medication such as complejo B12, eritoproyectina, zemplar and emergency medication for high-risk situations.
- 10. There are 45 new cases of HIV in Zulia every week, 90% of which are AIDS, and the access to specialized medical attention for HIV is precarious.** In 2017, studies conducted by HIV-related organizations registered an average of 10 to 16 new cases a week<sup>29</sup>. Just in the first week of September 2018, 45 new cases of HIV were registered in Maracaibo. Over 90% of those new cases were in the phase of AIDS<sup>30</sup>, with complications due to pneumonia, Kaposi sarcoma, toxoplasmosis and tuberculosis. In the first semester of 2018, 9,314 people with HIV were seeking assistance from the public health system in Zulia, but 76% of these were not receiving antiretroviral treatment<sup>31</sup> regularly. For two years, there is no access to specific testing for viral charge and subpopulation of lymphocytes in public laboratories. 20 new requests for medical reports were received every week for people with HIV who were being forced to migrate in search of treatment and medical attention. The five specialized medical offices for HIV in Zulia have severe infrastructure issues, in addition to contamination, lack of air conditioning, lack of illumination, no bathrooms, lack of drinking water, and constant quitting of personnel.

# COMPLEX HUMANITARIAN EMERGENCY IN VENEZUELA

## RIGHT TO HEALTH

November 2018  
Report of state of

# ZULIA



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- 11. The quality of life of people with stomas is increasingly worse given the high cost of colostomy bags and the lack of specialists for their condition.** People with stomas<sup>32</sup> confront high costs to buy even 5 collector kits or colostomy bags a month, which are imported. The cost can be equivalent to 2-4 monthly minimum wages, without taking into account the medicines and special diet required by this condition. The extreme difficulties they face have made them resort to practices which are not recommended, such as recycling the collectors or using other types of recipients such as bags for ice, diapers, or plastic bottles. This does not only represent a health risk, exposing them to contamination, but also impedes them from living a regular life and reincorporating themselves to the labor market, generating further economic limitations or, even, causing depression. People who use stomas also suffer from the almost complete lack of specialists who accompany them in the treatment of their condition, especially during the period of recovery after a surgical intervention. There are no public health centers in Zulia where there are nurses specialized in stoma therapy. There is also a deficiency in surgeons, gastroenterologists, and specialists nutritionists for this condition, which creates preventable complications and malnutrition.
- 12. Qualified health personnel increasingly migrate out of Venezuela and are subject to criminalization and harassment.** Many are forced to omit data in medical reports. There is a high deficiency in health personnel<sup>33</sup> in Zulia due to the migratory crisis. The Medical Association of Zulia registered a total of 1,240 doctors who left the country between 2014 and September 2018<sup>34</sup>. It is estimated that an even higher number of doctors have migrated, given that this data only includes those doctors who are members of the association and reported their migration. The lack of infrastructure in the public health system also affects medical students and residents, who also confront the grave deficiencies in hospitals, particularly the lack of adequate work and rest spaces. Nursing personnel<sup>35</sup> registered a 70% migration rate in September 2018. This has caused increased pressure upon personnel which has stayed, taking on longer hours and being overcapacity relative to the quantity of patients. Health personnel are submitted to criminalization and harassment if they denounce situations or participate in peaceful protests due to precarious working conditions, low wages, or the health risks of the patients they attend<sup>36</sup>. The books keeping statistics on the health centers have been in disuse, limiting the access to or leak of information and forcing doctors to not register certain causes of death when it comes to cases related to malnutrition, contamination due to hospital-related bacteria, electrical failures, scarcity of medical supplies or medicine, or even deaths due to diphtheria, tuberculosis, or malaria<sup>37</sup>.

**Hospitals in Zulia under the Complex Humanitarian Emergency** In the state of Zulia there are 34 hospitals which are dependent on the Ministry of Health, the State Government, and the Venezuelan Institute of Social Security. During this Complex Humanitarian Emergency, every center has lost nearly all of its capacity due to multiple structural failures which impede the adequate functioning and provision of services to people, intensified in 2017 and 2018 due to the mass migration of health professionals, the profound economic crisis, and the collapse of public services, of which the lack of gasoline and the daily electrical interruptions have been particularly severe as they can last between 1 to 12 continuous hours. These interruptions worsen the public transportation paralysis, limit communications, and worsen deficiencies in access to drinking water and hygiene.



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### Data sheet

This report on the Complex Humanitarian Emergency in regards to the right to health corresponds to an interdisciplinary methodology which unites multiple informed actors to share, contrast, and verify data on the situation regarding the right to health in Venezuela. It emphasizes data on the scale, intensity, and severity of the damages to the health and life of the population, as a consequence of the impacts the situation has had on the medical capacities of the country. Amongst the participating actors there are organizations of affected people, professionals in the area, researchers, academics, and organizations dedicated to the defense of the right to health, who organized several work sessions with the purpose of documenting the most relevant problems and events during the last years. During these sessions, abundant information was collected, including empirical data, scientific investigations, official statistics, and available journalistic records.

The following organizations participated in this national report: the Medical Association of Zulia, the Bioanalyst Association of Zulia, the Nursing Association of Zulia, the Commission for Human Rights of the State of Zulia (Codhez), Convite AC, Mulier, Amavida, Azul Positivo, Fundación de Apoyo para Personas con Colostomía, Ileostomía y Urostomía (FACIU) and The ArTEA Project. Civilis Derechos Humanos provided the support in the construction and development of the methodology of the work groups, abiding by its mandate to strengthen civil society in the field of human rights.

### References consulted

<sup>1</sup> Proyección de población en el Estado Zulia para el año 2018 con base al censo de 2011. Puede consultarse en la web del Instituto Nacional de Estadística, [http://www.ine.gov.ve/index.php?option=com\\_content&view=category&id=98&Itemid=51](http://www.ine.gov.ve/index.php?option=com_content&view=category&id=98&Itemid=51)

<sup>2</sup> "32 hospitales del Zulia presentan cierre técnico", La Verdad, 19.05.18. En: <http://www.laverdad.com/zulia/141459-32-hospitales-del-zulia-presentan-cierretecnico.html>

<sup>3</sup> "Cortes eléctricos apagan vidas en el Universitario", La Verdad, 17.10.18. En: <http://www.laverdad.com/zulia/146867-cortes-electricos-apagan-vidas-en-eluniversitario.html>

<sup>4</sup> "Apagón colapsó el General del Sur por falla en planta eléctrica", Versión Final, 16.10.18. En: <http://versionfinal.com.ve/ciudad/apagon-colapso-el-general-del-sur-porfalla-en-planta-electrica/>

<sup>5</sup> "Frenado' el surtido de agua por fallas eléctricas", Panorama, 16.07.18. En: <https://www.panorama.com.ve/ciudad/Frenado-el-surtido-de-agua-por-fallas-electricas--20180716-0033.html>

<sup>6</sup> "Hidrolago distribuye más de 150 mil litros de agua en centros de salud", Versión Final, 08.10.18. En: <http://versionfinal.com.ve/ciudad/hidrolago-distribuye-mas-de150-mil-litros-de-agua-en-centros-de-salud/>

<sup>7</sup> Una irregularidad denunciada en algunos centros de salud es que el plástico para recoger desechos se reserva para su venta en Colombia a cambio de divisas.

<sup>8</sup> "Fotos: Patios de hospitales se convirtieron en rellenos sanitarios", Panorama, 20.07.18. En: <https://www.panorama.com.ve/ciudad/FOTOS-Patios-de-hospitales-seconvirtieron-en-rellenos-sanitarios--20180719-0125.html>

<sup>9</sup> La morgue se encuentra ubicada en el Hospital Universitario de Maracaibo, una instalación tipo IV según las Normas de Clasificación de Establecimientos del Atención Médica del Salud y con un área de influencia superior al millón de habitantes.

<sup>10</sup> "La morgue de Venezuela en la que estallan cadáveres por falta de energía eléctrica", BBC Mundo, 23.10.18. En: <https://www.bbc.com/mundo/noticias-america-latina45947868>

<sup>11</sup> "Se fue la luz cuando los doctores ya me habían abierto el vientre': cómo la crisis eléctrica afecta a la zona más poblada de Venezuela", BBC Mundo, 10.04.18. En: <https://www.bbc.com/mundo/noticias-america-latina-43673923>

<sup>12</sup> "Fotos | Quirófanos cerrados y áreas clausuradas por contaminación en el Hospital de Cabimas", El Pitazo, 28.06.18. En: <http://elpitazo.info/occidente/fotos-quirofanoscerrados-areas-clausuradas-contaminacion-hospital-cabimas/> "Pacientes del Hospital Universitario de Maracaibo en el limbo tras cierre de quirófanos", Efecto Cocuyo, 01.03.18. En: <http://efectococuyo.com/secundarias/pacientes-del-hospital-universitario-de-maracaibo-en-el-limbo-tras-cierre-de-quirofanos/>

<sup>13</sup> "Colegio de Médicos del estado Zulia denuncia recrudecimiento de la emergencia humanitaria compleja", Analítica, 10.10.18. En: <https://www.analitica.com/actualidad/actualidad-nacional/colegio-de-medicos-del-estado-zulia-denuncia-recrudecimiento-de-la-emergencia-humanitaria-compleja/>

- <sup>14</sup> “¿Por qué los venezolanos se están quedando sin seguros?”, ProDavinci, 28.06. 18. En: <https://prodavinci.com/por-que-los-venezolanos-se-estan-quedando-sinseguros/>
- <sup>15</sup> “Especialista: ‘Escasez de reactivos es de 95% en hospitales’”, Panorama, 20.08.18. En: <https://www.panorama.com.ve/ciudad/Especialista-Escasez-de-reactivos-es-de95-en-hospitales-20180820-0026.html>
- <sup>16</sup> “Reportaje // Mercado negro de la sangre”, Panorama, 02.04.18. En: <https://www.panorama.com.ve/experienciapanorama/Reportaje-Mercado-negro-de-la-sangre20180402-0012.htm>
- <sup>17</sup> “Déficit de ambulancias en Zulia es del 60%”, La Verdad, 18.08.16, En: <http://www.laverdad.com/zulia/103487-deficit-de-ambulancias-en-zulia-es-del-60.html> “El déficit de ambulancias supera el 90% en el Zulia: solo hay 13 unidades”, Panorama, 21.02.17. En: <http://www.panorama.com.ve/ciudad/Deficit-de-ambulancias-supera-el-80-en-Maracaibo-20170220-0121.html>
- <sup>18</sup> “32 hospitales del Zulia presentan cierre técnico”, La Verdad, 19.05.18. En: <http://www.laverdad.com/zulia/141459-32-hospitales-del-zulia-presentan-cierretecnico.html>
- <sup>19</sup> “La escasez de medicinas mata en Venezuela”, El País. 09.05.18. En: [https://elpais.com/elpais/2018/04/23/planeta\\_futuro/1524502559\\_810295.html](https://elpais.com/elpais/2018/04/23/planeta_futuro/1524502559_810295.html)
- <sup>20</sup> “Cómo la escasez (y el alto precio) de los anticonceptivos en Venezuela influye en el incremento del embarazo adolescente”, BBC Mundo, 10.01.18. En: <https://www.bbc.com/mundo/noticias-america-latina-42635412>
- <sup>21</sup> “La escasez de anticonceptivos dificulta la planificación familiar en Venezuela”, Agencia EFE, 10.07.18. En: <https://www.efe.com/efe/america/entrevistas/la-escasez-de-anticonceptivos-dificulta-planificacion-familiar-en-venezuela/50000489-3688889>
- <sup>22</sup> “Pacientes psiquiátricos viven condenados entre la escasez y los altos precios de los medicamentos”, Crónica Uno, 21.10.18. En: <http://cronica.uno/pacientespsiquiatricos-viven-condenados-escasez-altos-precios-medicamentos/>
- <sup>23</sup> “Expresidente de la Sociedad Venezolana de Psiquiatría alerta sobre escasez de antidepresivos”, Panorama, 14.10.18. En: <https://www.panorama.com.ve/ciudad/Expresidente-de-la-Sociedad-Venezolana-de-Psiquiatria-alerta-sobre-escasez-de-antidepresivos--20181014-0018.html>
- <sup>24</sup> “Hidrolago distribuye más de 150 mil litros de agua en centros de salud”, Versión Final, 08.10.18. En: <http://versionfinal.com.ve/ciudad/hidrolago-distribuye-mas-de150-mil-litros-de-agua-en-centros-de-salud/>
- <sup>25</sup> “Video | Van 40 fallecidos en centro de diálisis en Maracaibo por fallas”, El Pitazo, 12.09.18. En: <http://elpitazo.info/salud/video-aumenta-40-fallecidos-centro-dialisisoccidente-maracaibo-fallas-las-maquinas/>
- <sup>26</sup> “415 pacientes renales marabinos sin diálisis en la semana”, La Verdad, 03.02.18. En: <http://www.laverdad.com/zulia/136222-al-menos-415-pacientes-renales-demaracaibo-pasan-la-semana-sin-dialisis.html>
- <sup>27</sup> “Pacientes renales fallecieron por fallas de servicios públicos en el Zulia”, El Nacional, 11.09.18. En: [http://www.el-nacional.com/noticias/salud/pacientes-renalesfallecieron-por-fallas-servicios-publicos-zulia\\_251315](http://www.el-nacional.com/noticias/salud/pacientes-renalesfallecieron-por-fallas-servicios-publicos-zulia_251315)
- <sup>28</sup> “Crisis en sector salud cobra vidas de pacientes renales en Zulia”, El Nacional, 10.09.18. En: [http://www.el-nacional.com/noticias/salud/crisis-sector-salud-cobra-vidaspacientes-renales-zulia\\_251170](http://www.el-nacional.com/noticias/salud/crisis-sector-salud-cobra-vidaspacientes-renales-zulia_251170)
- <sup>29</sup> “Venezuela ocupa tercer puesto en Latinoamérica con nuevos casos de VIH”, Tal Cual, 30.04.18. En: <http://talcualdigital.com/index.php/2018/03/08/venezuela-ocupatercer-puesto-en-latinoamerica-con-nuevos-casos-de-vih/>
- <sup>30</sup> “Hasta 12 personas estarían muriendo semanalmente a causa del VIH”, Radio Fe y Alegría Noticias, 03.07.18. En: <http://www.radiofeyalegrianoticias.net/sitio/2018/07/hasta-12-personas-estarian-muriendo-semanalmente-a-causa-del-vih/>
- <sup>31</sup> De 26 medicamentos que existían en el país y componen las diferentes terapias solo 11 están disponibles, aunque de forma irregular, y esto es gracias a donaciones de organismos internacionales, dejando a una gran parte de los usuarios sin tratamiento como es el caso de los que toman Atazanavir, Ritonavir, Isentress, Trizivir, Videx, Complera, Nevirapina, Darunavir, Intelence, Trizivir. Tampoco hay variedad de presentaciones pediátricas, encontrándose disponible para esta población solo el medicamento Kivexa.
- <sup>32</sup> Personas que han sido objeto de una intervención quirúrgica para obtener una derivación fisiológica que aboca al exterior en un punto diferente al orificio natural, conllevándole cambios higiénicos, dietéticos, pérdida de control de esfínteres y psicológicos (afectación de la propia imagen, autoestima) y sociales (dificultad de integración y reinserción) como consecuencia de estas modificaciones.
- <sup>33</sup> “La migración de médicos en Venezuela”, en Revista Panamericana de Salud Pública, Vol. 30, Núm. 2, pp. 177-181. Hernández, T., y Ortiz Gómez, Y. (2011). En: <http://iris.paho.org/xmlui/bitstream/handle/123456789/9466/v30n2a10.pdf?sequence=1&isAllowed=y>
- <sup>34</sup> “32 hospitales del Zulia presentan cierre técnico”, La Verdad, 19.05.18. En: <http://www.laverdad.com/zulia/141459-32-hospitales-del-zulia-presentan-cierretecnico.html>
- <sup>35</sup> “Hania Salazar: Solo 30 % del personal de enfermeros está activo en el Zulia”, Radio Fe y Alegría Noticias, 19.09.18. En: <http://www.radiofeyalegrianoticias.net/sitio/2018/09/hania-salazar-solo-30-del-personal-de-enfermeros-esta-activo-en-el-zulia/>
- <sup>36</sup> “Liberan a médicos del Hospital Adolfo Pons que protestaron por falta de insumos”, Efecto Cocuyo, 15.05.18. En: <http://efectococuyo.com/salud/liberan-a-medicosdel-hospital-adolfo-pons-que-protestaron-por-falta-de-insumos/> “Gobernador: Exdirectora del 'Pons' fue destituida y acusada ante el Ministerio Público”, Panorama, 15.05.18. En: <https://www.panorama.com.ve/ciudad/Gobernador-Exdirectora-del-Pons-fue-destituida-y-acusada-ante-el-Ministerio-Publico-20180515-0058.htm>
- <sup>37</sup> Médicos en Zulia son obligados a cambiar diagnósticos en actas de defunción. Tal Cual, 15.10.18. En: <http://talcualdigital.com/index.php/2018/10/15/medicos-en-zuliason-obligados-a-cambiar-diagnosticos-en-actas-de-defuncion/>