

COMPLEX HUMANITARIAN EMERGENCY IN VENEZUELA

Mérida

Report 2019/2021

Located in the Andes region of western Venezuela, and with an estimated population of 881,855¹ across 23 municipalities, the state of Mérida is experiencing the onslaught of the Complex Humanitarian Emergency that has been afflicting the country since 2016. The city of Mérida, the state capital, sits at the center of the Venezuelan Andes over a wide plain in the middle valley of the Chama River, between the Sierra Nevada to the southeast and the Sierra La Culata to the northwest.

A state traditionally populated by mostly young people, university students and agricultural producers, and with thriving tourism development, Mérida is currently experiencing severe structural problems that violate the rights of the majority of its population, mainly the rights to health, basic public services and education, as reported by the state's Interdisciplinary Group for the Complex Humanitarian Emergency (GIEHC)² which participated in the preparation of this report.

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Endless waiting lists for surgical interventions due to lack of equipment and medical, nursing, paramedical and administrative

1. The problems of the public health system are structural, affecting all the states of the country. Local governments do not have the resources to solve them. In Mérida, the closure of operating rooms due to lack of equipment and health personnel has brought a long list of people waiting for surgical interventions. Elective surgeries are suspended and only cancer cases are allowed into the operating rooms. Other “less serious” health problems have to wait up to 4 years. There is no anesthesia equipment at Los Andes University Hospital, which makes the wait for surgeries

longer³. Only 50% of consultations have been reopened due to staff shortages⁴, not only medical, paramedical and nursing personnel but also administrative staff responsible for medical records.

2. Although the poor state of the health system in Mérida is nothing new, staff shortages did not use to be a major problem. Today, however, more areas are closed in hospitals and outpatient clinics due to resignations and mass exodus. Units that were dedicated to the diagnosis and treatment of chronic conditions such as cancer, kidney and heart diseases and organ transplantation have no longer the necessary equipment or supplies, while medical specialists are increasingly scarce.

Care units for people with chronic conditions have closed over lack of supplies, equipment and mass resignation of medical specialists

3. Outpatient clinics in rural areas of the state of Mérida can go up to four years without a doctor. People used to get sick less often with functioning services under a policy of preventive healthcare. As health problems are no longer addressed, people end up with chronic complications and irreversible organ damage for which surgery or adequate care is not available, thus risking their lives. In small towns, people with chronic hypertension and diabetes are not receiving treatment and are malnourished, raising the risk of complications and mortality.

4. People with chronic and acute diseases can no longer afford medical supplies and medication, which the health system does not guarantee. Wages and old-age pensions are

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extremely low, and remittances from relatives abroad have been declining due to the pandemic, making access to private health care impossible. Although the shortages of medication at drugstores subsided in 2021, the worsening of the economic situation still prevents many people from having access to it. When people are diagnosed with a disease, they must choose between buying food or the prescribed medication.

5. People with diabetes are given only a few doses of insulin and do not have access to testing kits. A worrying number of young people with kidney disease and no history of heart conditions present serious damage and do not have the opportunity for a transplant. Eight years ago, the organ transplantation services in the state of Mérida began to shut down due to changes in legislation that prohibited the use of cadaveric organs. Today, people with kidney problems die, even if they have the financial means to pay for a transplant, because they are only allowed to receive organs from relatives, and very few people want to be a living donor or give the authorization to become a donor after their death. Also, the Venezuelan State suspended the public national transplant program more than four years ago after it could no longer guarantee the provision of immunosuppressant drugs. This situation has condemned thousands of people to rely on dialysis treatment, which also has major deficiencies from which many people die.
6. The number of older people with malnutrition is increasing because more than 90% of them have been practically abandoned⁵. They live alone and depend on their meager pensions. Some receive money from their relatives, but it is not enough⁶. In 2020, 5 to 10 boys and girls under the age of 5 arrived at the pediatric emergency department of Los Andes University Hospital in the city of Mérida with acute, moderate and severe malnutrition. Many died at the health center. The situation improved slightly in 2021, with more boys and girls in risk of malnutrition that were able to recover.

Malnutrition in older people has increased as most of them live alone or with few pensions, while acute child malnutrition has gone from severe to risk of malnutrition, thus showing a slight improvement.

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7. Deficiencies in basic services have once again reached a peak, especially electricity. Mérida is one of the states in the country with the highest number of power outages. The lack of access to the service is increasingly severe. Between June 2021⁷, and March 2022⁸, there was a 302% increase in the average number of hours without electricity. According to the announced rationing plan, cuts of four hours had been planned, but families have spent up to 12 or 14 hours a day without electricity⁹. Although the interruptions were persistent during 2020 and 2021, the number of hours without electricity dropped considerably in August 2021, only to increase alarmingly in October due to failures in the distribution system. According to monitoring conducted by Promedehum, between March 2020 and March 2021¹⁰, an average of 1,623 hours without electricity service was recorded in 6 districts across the state, a figure equivalent to more than 67 days without service. Between March 2021¹¹ and March 2022, there was a 276% increase in the average number of hours without electricity. Although hospitals have been prioritized in the supply of electricity, interruptions in these facilities have also increased¹². During a blackout in December 2021, a generator exploded at the Hugo Rafael Chávez Frías Hospital in El Vigía, Alberto Adriani municipality¹³.
- Mérida is experiencing an alarming increase in hours a day without electricity in recent years, with interruptions of 12 to 14 hours a day**
8. The failures of the electricity service affect access to water in the state of Mérida because a large part of the system relies on electric pumps. Despite the topographical characteristics of the state that allow water to reach the domestic pipe system by gravity, electricity cuts make filling the water tanks of buildings and houses impossible, even in low-lying areas. Also, the quality of the water is very poor. Communities do not trust water purification tablets because they do not seem to combat the bacteria in the water that reaches their homes through pipes or from wells that they have dug.
- The interruption of electricity service also entails water cuts, and the quality of tap water or water from other sources is very low. The frequency of delivery of domestic gas cylinders has improved, but access continues to be difficult for the most vulnerable people**

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9. The frequency of access to domestic gas service has improved in comparison to previous years when refilling a cylinder could take weeks. The distribution of cylinders has largely passed into the hands of community groups organized under structures created by the State, such as the *Jefes de Calle* (Street Chiefs), who make direct allocations to families. Gas companies take the cylinders to each house and install them, but when the cylinders are distributed by the community groups, they are left a couple of blocks away, making it difficult for older people to go and pick them up. Fuel shortages, on the other hand, are serious. Long queues for subsidized fuel are common at gas stations because most people cannot afford fuel at international prices.
10. Before the COVID pandemic, the education system had been facing severe problems, which became more acute during the long months of remote learning. The number of children and teenagers in more vulnerable social and economic conditions who stopped enrolling in elementary education and high schools showed an increase, especially in the last years of secondary school. Many teenagers and young adults have had to migrate to other countries due to the economic, social and political crisis in Venezuela. They have also engaged in jobs in the informal economy and many are victims of violence¹⁴.

Difficult working conditions for teachers aggravate the shortcomings of the education system¹⁵. Although wages have increased, their income is insufficient to sustain a teaching career and training, which harms their academic quality. With the onset of the COVID pandemic, remote learning failed to achieve its objectives due to a wide digital gap between the population that has access to the Internet and those who do not, in addition to the lack of connection equipment, such as computers, tablets and smartphones, both for teachers and students. Only a few could afford a private teacher. Vaccination campaigns have been carried out for the return to the classroom, but schools are required to guarantee the cleaning and disinfection of their spaces and find a solution to the poor conditions of infrastructure and public services¹⁶.

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