Economic and Healthcare Crises in Venezuela

Fast facts about Venezuela:

Venezuela, named the Bolivarian Republic of Venezuela since 1999, is located on the northern coast of South America. The country comprises a continental mainland and numerous islands in the Caribbean Sea. It borders Guyana to the east, Brazil to the south, and Colombia to the west. Its Caribbean neighbors off the northern coast are Trinidad and Tobago, Grenada, Barbados, Curacao, Bonaire, Aruba, Saint Vincent and the Grenadines and the Leeward Antilles.

Venezuela is known widely for its petroleum industry, the environmental diversity of its territory, and its natural features. Home to a huge diversity of wildlife in a variety of protected habitats, Venezuela is considered to be among the 17 most megadiverse countries in the world. Venezuela is also among the most urban countries in Latin America. The majority of the population is concentrated in the north, especially in the largest metropolis, Caracas. Other major cities include Maracay, Maracaibo, Barquisimeto, Valencia, and Ciudad Guayana.

People

Languages: Spanish (official), numerous indigenous dialects
Religions: nominally Roman Catholic 92%, 8% Protestant or other

Pre-Bolivarian Revolution:

In the 1970s, the government at the time took over most of the hospitals in the country and medical sales hit an all-time high in 1978. After the election that year, the bottom started to fall out as there was a lack of medical professionals and beds, while the population experienced a sudden boom.

During the 1980s the 6th National plan was initiated to improve the health care system, by focusing on clinics to alleviate the strain on hospitals. The medical society was seen as “extremely US oriented” as most of the doctors did their post-graduate work in the States. Due to their understanding of the procedures and medicines used in the US, foreign medical equipment was quickly adopted and imported on a large scale. By the end of the decade, Venezuela imported 47% of medical goods from the United States, 13% from Germany, 8% from Japan and 3% from the United Kingdom.

The 90s brought a number of years plagued with cholera, which was the start of the collapse as tensions were high due to perceived racial profiling as an excuse for poor medical care and facilities.

Bolivarian Revolution:

Following the Bolivarian Revolution and the establishment of the Bolivarian government, initial healthcare practices were promising with the installation of free healthcare and the assistance received from Cuban medical professionals providing aid. The Bolivarian government’s failure to concentrate on healthcare for
Venezuelans, the reduction of healthcare spending and government corruption eventually affected medical practices in Venezuela, causing avoidable deaths along with an emigration of medical professionals to other countries.

Starting as early as 2000, several transmissible diseases, including dengue fever, malaria, measles, and tuberculosis, reappeared in Venezuela. HIV and AIDS also made a real impact on the number of deaths reported. The Venezuelan government stopped publishing medical statistics in 2010. Also during this time, food production in Venezuela was significantly reduced, causing the Bolivarian government to begin to import food using the country's then-large oil profits. In 2003, the government created CADIVI (now CENCOEX), a currency control board charged with handling foreign exchange procedures in order to control capital flight by placing currency limits on individuals. Such currency controls have been determined to be the cause of shortages according to many economists and other experts.

In 2014, when Venezuela’s economy was facing difficulties, Venezuela’s medical atmosphere deteriorated. The Bolivarian government did not supply enough dollars for medical supplies among healthcare providers, with doctors saying that 9 of 10 large hospitals had only 7% of required supplies. In addition, private doctors began reporting that many patients were dying from lack of access to simple surgeries and medications for easily treated illnesses. Public doctors did not report this as they had a gag order in place. In February 2014, doctors at University of Caracas Medical Hospital stopped performing surgeries due to the lack of supplies, even though nearly 3,000 people require surgery.

Venezuela is also the only Latin American country that has reported an increase in Malaria infections. Dengue fever and the newly introduced chikungunya virus, a potentially lethal mosquito-borne disease is also on the rise.

In early 2015, only 35% of hospital beds were available and 50% of operating rooms could not function due to the lack of resources. In March 2015, a Venezuelan NGO, reported that there was a 68% shortage of surgical supplies and a 70% shortage of medicines in Venezuelan pharmacies. In May 2015, the Venezuelan Medical Federation said that 15,000 doctors had left the public health care system because of shortages of drugs, equipment and poor pay. In August 2015 Human Rights Watch said “We have rarely seen access to essential medicines deteriorate as quickly as it has in Venezuela except in war zones”.

In 2016, experts feared that Venezuela was possibly entering a period of famine, with President Maduro encouraging Venezuelans to cultivate their own food. In January 2016, it was estimated, that the scarcity rate of food was between 50% and 80%. In February 2016, the newly-elected National Assembly, primarily composed of opposition delegates, “declared a national food crisis.” In addition to food shortages, many Venezuelans are suffering from lack of common utilities, including electricity and water blamed on long-standing corruption and mishandling under the Maduro government.

By July 2016, Venezuelans desperate for food, started to migrate across the Colombian border with over 500 women storming past Venezuelan National Guard troops. Venezuela opened its borders for 12 hours, which have since been closed, with over 35,000 Venezuelans traveling to Colombia for food within the period.
Between 16-17 July, over 123,000 Venezuelans crossed into Colombia seeking food with the Colombian government setting up what it called a "humanitarian corridor" to welcome Venezuelans.

**Summary and Articles relevant to discussion:**

Currently the avenues to deliver aid to Venezuela are extremely limited at best. A bill has been passed to circumvent the President’s reluctance to accept outside help and while this will be a great starting point to begin the process, is far from an open invitation yet. The bill and its complexities are described in the following article by Borgen magazine, published July 30 of this year.


Several attempts have been made to supply aid to the country but so far those attempts have been halted with supplies lying in waiting.


In May, the first real evidence was shown of the severity of the crises in medical facilities within Venezuela and it has sparked a renewed interest from various entities around the world to step up.


The total economic and social meltdown is seemingly escalating to the point where martial law is practiced. Despite the severe lack of food and basic supplies, people simply cannot buy what they need.


Even allies like China are now withdrawing support in order to force the country to make changes.

http://curacoachronicle.com/local/china-is-cutting-off-cash-to-venezuela/

This last article should be read with caution. It is not graphic in nature per se, but the implications are dire. The need is immense and without intervention from the outside world, this crisis will not stop.