ETHICS REPORT

Venezuela’s Current Healthcare Crisis

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INTRODUCTION

As the world knows, Venezuela is in trouble and only getting worse. After the death of the country’s popular leader, Hugo Chávez, in 2013 (who died of cancer), Nicolas Maduro began ruling the country. The long-standing problems that existed in Chávez’s era have continued in the current Maduro’s regime. Venezuela’s socioeconomic status has declined and plummeted in the last three years with increasing crime, the world's highest rate of inflation, and the alarming level of poverty. In Venezuela right now, people cannot find enough food to eat and afford personal hygiene products, water, and electricity. With all these, the health system of Venezuela has collapsed due to the catastrophic shortages of drugs and medical supplies. The anger already bubbling over the cities and towns is likely to get worse. There are massive protests happening every day all over the country. However, the government has been denying the socioeconomic crisis, which many call a humanitarian crisis.

I am a U.S. immigrant from Venezuela and medical doctor. I finished medical school in 2004 and practiced medicine for almost four years in Caracas, Venezuela, before moving to the United States to pursue my residency training in Pediatrics. I would like to report on Venezuela’s current crisis with focus on healthcare sector, as I introduce the country’s healthcare system, present some of the systemic problems and corruptions that ordinary citizens and healthcare workers have been dealing with, and show how the Venezuelan government has attempted to silence its own citizens’ protests that demand access to healthcare.

THE CURRENT HEALTHCARE CRISIS

By the time I left the country in 2008, I remember that the situation was not nearly as bad as it currently is. People had access to healthcare, medications, diagnostics tests and procedures. It was true that some public hospitals, the government-run health care facilities, were facing shortages because of the perennial problems that Venezuela had long experienced, such as lack of budget, corruption, and poor allocation of resources. In some instances, patients needed to bring their own surgical supplies to the hospital to speed up the process; otherwise, the patients had to wait days or weeks for the supplies to arrive at the hospital which is in some cases too late. They brought their own supplies to make sure that the doctors would perform the surgeries they wanted in a timely manner. For those with private insurance, access to healthcare was easier, faster, and comprehensive, since private hospitals were generally better equipped and had more resources to care for their patients.

However, Venezuela’s health care system has collapsed. In the last three years, the situation has gotten worse because of the dramatic shortages of drugs and medical supplies. 2016 was a particularly bad year for Venezuelan healthcare, of which situations shows no signs of slowing down in 2017. Currently, there are 85% drug deficits according to a pharmaceutical report which is

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affecting Venezuelans that suffer from acute conditions as well as chronic diseases. Even basic pain killers, antibiotics, hypertension, and diabetes medications are scarce. There are also difficulties of finding laboratory reagents. In some hospitals, diagnostic methods such as x-ray machines do not function. There are also shortages of surgical supplies, so patients often cannot receive the surgeries they want unless they bring their own surgical supplies. The crisis has affected the administrative side of the health care system as well. Due to financial issues and difficulty of finding materials and resources to maintain hospital facilities and run diagnostic machines, some hospitals shut down entire departments or services. In the whole country, there are currently approximate of 19,000 hospital beds.2

Maternal and infant mortality have skyrocketed in Venezuela in the past two years. The epidemiological data show that maternal mortality rose by about 9% between 2014 and 2015, then jumped by nearly 66% by the end of 2016 with 756 deaths. Infant mortality rose by about 30% between 2015 and 2016 (up to 18.6 for every live, 1000 live births and 11 466 deaths in 2016) according to government figures. Additionally, diseases once controlled, such as and diphertheria and malaria, are resurfacing. Last year’s Malaria cases were about 240,000, up from 136,000, reflecting poor vaccination rates. Finally, viral conditions, such as dengue fever and chikungunya, appear everywhere in the country according to data released by the country’s Ministry of Health.3 It is assumed that the actual situation is much worse than the government data shows.

Accessing healthcare in rural areas is nearly impossible now. To introduce the Venezuelan healthcare system, there are two types of health care: primary care and secondary care. Smaller community health centers, located in communities with less than ten thousand inhabitants, provides only primary care which includes preventive care. This is the only type of healthcare system found in rural Venezuela. On the other hand, larger hospitals in urban areas with twenty thousand or more inhabitants provide not only primary but also secondary care which includes specialty care, surgical services, long-term hospitalization, and psychiatric services among others.4

The community health centers in the rural areas are to provide basic and preventive care with limited specialized care, depending on the size of the community that they serve; they offer ambulatory surgery but do not provide overnight hospitalization or long-term care services. Their services have been focused a lot on education about how to promote healthy life style, improve living conditions, and access adequate nutrition and clean water. However, due to lack of budget, mismanagement, and corruptions, the community health centers have become infamous for their poor-quality care and educational programs. After all, their work got minimized de facto to the temporary stabilization of patient’s medical conditions and to the transportation service to send the patients to larger hospitals. Now, due to shortages of drugs, supplies, fuels, etc., the health centers cannot even provide the minimal services.

Larger hospitals which provide secondary care are much better equipped than and have more resources than the health centers. Before the crisis, some of the hospitals were among the best in Latin America. However, with the recent healthcare crisis, things have become drastically changed. Patients in oncology ward are dying due to the absence of chemotherapy drugs. Many babies are dying because of the problems linked to lack of basic care items. For example, the Hospital for Pediatric Specialties in Maracaibo is one of the top hospitals in Venezuela with featured technology such as electronic health records, a luxury not often seen in the country. Dr. Saez, a member of the medical staff in the hospital, says that if we don’t use our own cell phones, we cannot even talk with our colleagues in other floors or share images or results. We use our own phones to take pictures since there are no papers or printers.5 Dr. Parra, a member staff member, deplores and says that the current healthcare crisis made doctors incapable of providing services with beneficence6

Another serious problem arising out of the current crisis is that doctors are getting grossly underpaid which has caused most doctors to have two or three jobs in different hospitals to barely afford a decent living. This has directly affected the quality of care that the doctors provide. Many doctors, especially young doctors, still live with their parents to save money or get financial help from their parents to cover living expenses like rent. Additionally, the lack of security and law enforcement in the hospital has exposed doctors to thefts and violent gang threat. The crime rate is incredibly high and hospitals are not safe. Cars get broken into and taken regularly in hospital parking lot. And shootings can happen even in the ER when gang members are being treated for injuries. For instance, Dr. Raquel Hernandez (she uses a pseudonym) works in several hospitals in the Caracas area. One day she

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2 Ibid.
parked her car in the parking lot of the hospital, one of the most prestigious hospitals in Venezuela, but found her car stolen. And one of Dr. Hernandez’s patients died due to a shortage of medical supplies, and the victim’s family threatened her, believing that the patient died because of her negligence. To give another example, Dr. Ana Ortiz works at two hospitals. She works in a 24-hour shift at a public hospital, followed by an 8-hour shift at a private hospital. But her salary barely covers daily expenses like gas and her parents pay for rent. She says, “You do not have a good salary, you are not safe and your patients die because there are no supplies to treat them... I did not become a doctor to be rich, but with this salary, I cannot dream of having a car, so I stopped sleeping to go work somewhere else.”

Accessing healthcare is extremely difficult for anyone in Venezuela now, regard of socio-economic status. Though private hospitals could potentially have more resources, the current crisis is so severe that even they face significant shortages. The hospitals run out of their reserves and cannot afford new shipments. Only a few people with money could buy medicine abroad, but this is not an option for 99% of Venezuelans.

THE MADURO ADMINISTRATION’S REACTION TO THE CRISIS.

There have been massive protests against the Maduro’s regime’s policies, but the government has brutally quelled them. This year, massive protests started in March without showing signs of slowing down. Almost every day, there are marches, gatherings or vigils anywhere in Venezuela, to protest the government’s reaction to the crisis and the lack of access to healthcare, medications, food, safety and basic needs. And in an effort of diverting attention from the current crisis, the regime is using conspiracy theories or scapegoating. The government has blamed doctors, pharmacists, and pharmaceutical companies for the shortages of medicine, as it blames farmers and private corporations or factories for the scarcity of food and other basic products. On the other hand, the National Assembly of Venezuela, the legislative branch of the Venezuelan government (which is under the opposition party’s control) has declared a humanitarian crisis, in the hope that it will raise international awareness and pressure the Maduro Administration to admit the crisis and call for action. However, Maduro’s regime has denied any crises and labeled everything as the opposition party’s claim to create an economic war. However, in the end, the government has asked the UN to provide help Venezuela to deal with the shortages.

There has been the international pressure that the Venezuela government should respect human rights and find peaceful solutions for the protests. Recently, the Maduro administration has formed the National Constituent Assembly which allegedly seeks to reform the state and draft a new constitution. The government announced that the new constitution would give more political power to the people. However, it failed to deliver a clear explanation on how the power would be transferred. The National Assembly, the opposition party, and most Venezuelans believe that the new constitution would consummate the regime's violation of the current constitution, created by the late President Chavez, and further deepen the crisis by giving Maduro more power to quell the protests and silence the opposition. It is important to mention that up to June this year (2017) the National Guard has killed more than seventy civilians who apparently did not commit any crimes at all. Many interpret this brutal act as the government’s attempt to create social fear of the current regime among the public. The international community is turning to Venezuela to call for a cease of violence and immediate stop of the repressions by the police and the National Guard. However, it seems that rather stronger measures are needed to pressure the Maduro’s regime.

VENEZUELAN IMMIGRANT COMMUNITY IN THE U.S.

The Venezuelan immigrant community in the U.S. has organized rallies to create awareness and raise support for the current Venezuelan crisis. Some organized actions were formed to ship medications to Venezuela. But there has not been a major help at a corporate or major NGO level. As the condition continues to deteriorate, the immigrant community is actively seeking ways of getting larger organizations. Meanwhile, at the individual level, many Venezuelans residing in the U.S. have sent medications along with basic goods for their families and friends.

However, it is a grim fact that many Venezuelans do not carry stable immigration statuses, as they are applying for visas and legal residency. Also, obtaining a political refugee status is getting harder under the current Trump administration. Thus, it cannot be expected that the U.S. Venezuelan immigrant community help mitigates the current situation in any substantive manner.

7 “El Impacto de la Escasez de Medicamentos en Venezuela.”
According to the most recent data from Citizenship and Immigration Services, more than 8,300 Venezuelans requested asylum during the first trimester of the current year. During the same period of last year (2016), only 3,507 requested asylum. Currently, Venezuela has the highest number of people seeking asylum in the United States. Unfortunately, many Venezuelans are trying to escape crime, high inflation, and shortages of basic goods, the reason of which makes them not qualify for political asylum. As a result, many are choosing to overstay their tourist or business visas according to Homeland Security. Approximately 23,000 Venezuelan Nationals have remained here in the U.S. after their visas expired.  

Venezuelans around the world are organizing protests using social media like Facebook and Twitter to gather in front of Venezuelan embassies and consulates around the world, as well as in public places in large cities like New York, London, Madrid, Toronto, and Mexico City, among others, to raise awareness and support for the Venezuela population.

As a Venezuelan and medical doctor, I call for help. I do ask the U.S. citizens and the international community to take an active stand to help the suffering Venezuelans and to hold the Maduro Administration accountable for the crisis and violation of human rights.

REFERENCES


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