



HUMAN  
RIGHTS  
WATCH

# VENEZUELA'S HUMANITARIAN CRISIS

Severe Medical and Food Shortages, Inadequate and Repressive  
Government Response





# **Venezuela's Humanitarian Crisis**

**Severe Medical and Food Shortages, Inadequate and  
Repressive Government Response**

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# Venezuela’s Humanitarian Crisis

## Severe Medical and Food Shortages, Inadequate and Repressive Government Response

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# **SUMMARY AND RECOMMENDATIONS**





Large groups of people line up to purchase difficult to find items, such as sugar, cooking oil, milk, rice, toilet paper, and baby diapers at price-controlled prices during a government event in Caracas, January 24, 2015.

Photographs by Meridith Kohut



Venezuela is experiencing a profound humanitarian crisis. Severe shortages of medicines and medical supplies make it extremely difficult for many Venezuelans to obtain essential medical care. And severe shortages of food and other goods make it difficult for many people to obtain adequate nutrition and cover their families' basic needs.

The Venezuelan government's response to date has been woefully inadequate. Authorities deny the existence of a crisis. They have not articulated or implemented effective policies to alleviate it on their own, and have made only limited efforts to obtain international humanitarian assistance that could significantly bolster their own limited efforts.

While the government continues to argue that the crisis does not exist, Venezuelans' rights to health and food continue to be seriously undermined, with no end in sight. As UN High Commissioner for Human Rights Prince Zeid Ra'ad Al Hussein put it in September 2016, Venezuela has suffered a "dramatic decline in enjoyment of economic and social rights, with increasingly widespread hunger and sharply deteriorating health-care."

Human Rights Watch examined the scope and impact of this crisis through field research in six states and the capital, Caracas, in June 2016, and subsequent interviews via telephone and other media. We visited public hospitals, as well as locations where people were lined up to purchase goods subject to price controls set by the government.<sup>1</sup> We interviewed more than 100 people, including health care providers, people seeking medical care or food subject to price controls, people who had been detained in connection with protests linked to the shortages, human rights defenders, and public health experts.

We found that the shortages, which have increased over the past two years, are taking a heavy toll on the well-being of many Venezuelans. Our findings are consistent with those of professional organizations from the health sector, academics who have conducted surveys on the

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<sup>1</sup> The Venezuelan government has set price limits for a series of basic goods, including hygiene products and some food items. Private companies and stores are forced to sell such goods at the government-set maximum prices.





The crowded emergency room at the University Hospital Luis Razetti in Barcelona, April 16, 2016. Doctors said that they lack most of the medicines, equipment, and supplies needed to give patients appropriate medical attention, and that the hospital suffers from weekly shortages of running water and electricity.



Nurses at a hospital in Barquisimeto discuss which patients will receive medicines and which will have to wait due to severe shortages of medicines at the hospital, August 24, 2016.

extent and impact of food scarcity, and local non-governmental groups. Internal reports from the Venezuelan Health Ministry reviewed by Human Rights Watch include rates of infant and maternal mortality in 2016 that are substantially higher than the rates reported in previous years. According to health professionals interviewed by Human Rights Watch, unhygienic conditions and medical shortages in hospital delivery wards are important contributing factors to the sharp rise in infant and maternal mortality rates.

The Venezuelan government has repeatedly downplayed this crisis and there is no indication that it has moved with sufficient urgency to alleviate it. In June 2016, Foreign Affairs Minister Delcy Rodríguez told the Organization of American States' (OAS) Permanent Council: "There is no humanitarian crisis in Venezuela. There is

not. I say this with full responsibility: there is not."<sup>2</sup> That same month, Luisana Melo, the health minister, told the Inter-American Commission on Human Rights (IACHR) that "in general, the Venezuelan people have guaranteed access to treat all their illnesses."<sup>3</sup>

The government has pursued only limited efforts to secure international assistance, and these have not succeeded in alleviating the crisis. At the same time, it has rejected an effort by the National Assembly to facilitate

2 "Special Meeting of the Permanent Council, June 3, 2016," YouTube, uploaded on June 23, 2016, <https://www.youtube.com/watch?v=88l7-kBhLhc&feature=youtu.be&t=3h23m18s> (accessed August 25, 2016).

3 "Venezuela: Health and access to medicines" (Venezuela: Salud y acceso a medicamentos), YouTube, uploaded on June 7, 2016, <https://www.youtube.com/watch?v=xkBHUIoQBtc> (accessed August 25, 2016).



A bakery worker passes out numbers to scores of shoppers, many of whom had been waiting in line for five hours, entitling them to buy a half-kilo ration of bread in Cumaná, June 16, 2016.

the provision of additional assistance. In May 2016, President Maduro asked the Supreme Court to block a law by the opposition-led National Assembly that would have facilitated international humanitarian aid and authorize the shipment of medicines from abroad. The court—which ceased functioning as an independent check on executive power under President Hugo Chávez—did precisely that. Humanitarian NGOs working in Venezuela told Human Rights Watch that they face obstacles to providing humanitarian relief in the country.

When government officials have acknowledged the existence of shortages, they have claimed that these are the result of an “economic war” being waged by the political

opposition, the private sector, and foreign powers.<sup>4</sup> The government has provided no credible evidence to support these accusations. To the contrary, many analysts argue that the government’s own economic policies, combined with collapsing global oil prices, have directly contributed to the emergence and persistence of the crisis.

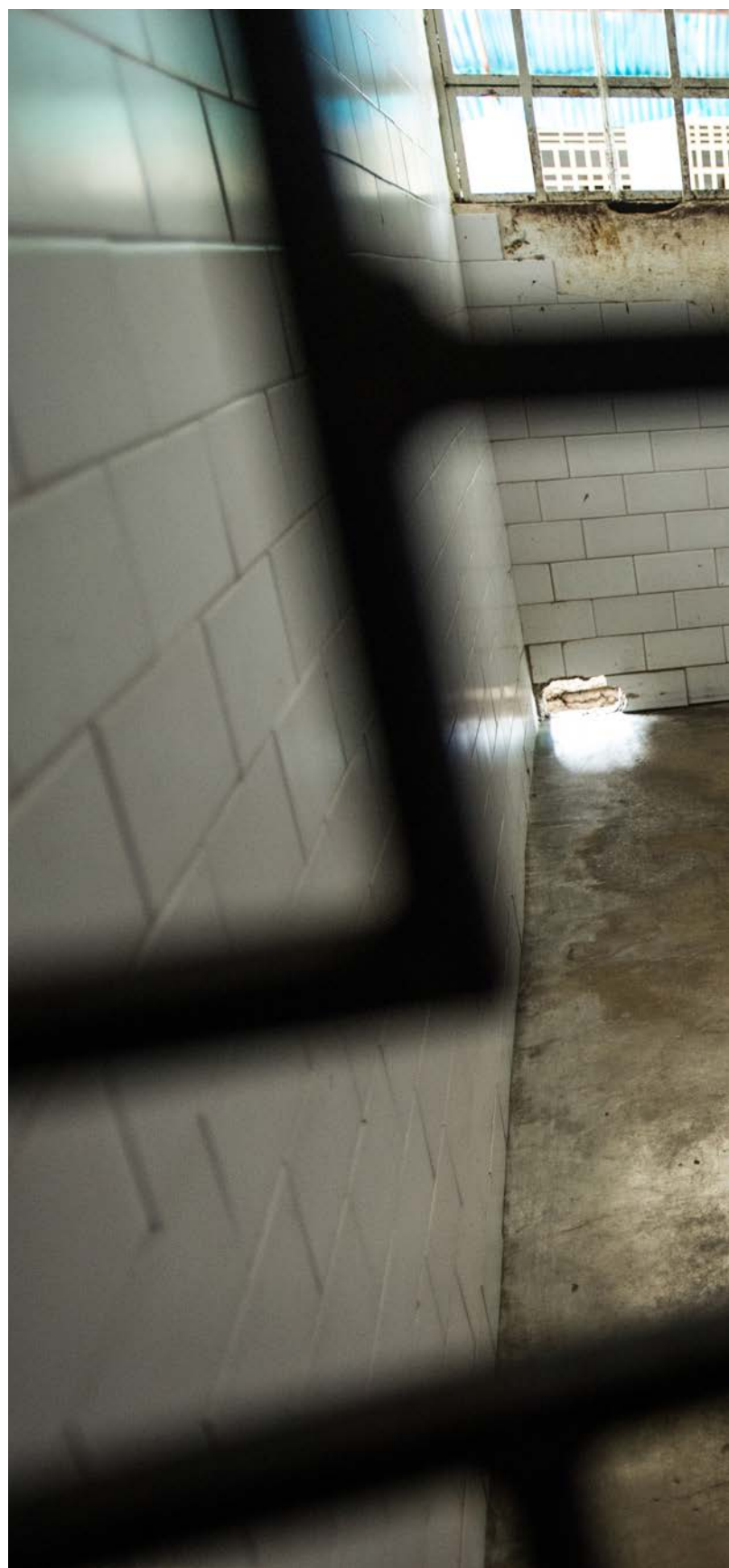
<sup>4</sup> “Maduro: The economic war has the purpose of confusing the people” (Maduro: Guerra económica tiene por objetivo confundir al pueblo), Telesur TV, YouTube, December 15, 2015, <https://www.youtube.com/watch?v=QLOeG7if3To> (accessed August 26, 2016); “In 2015 the right will be defeated in its economic war: Nicolás Maduro” (En 2015 se derrotará a la derecha en guerra económica: Nicolás Maduro), Telesur TV, YouTube, uploaded on November 8, 2014, <https://www.youtube.com/watch?v=rEIOVT9IUUg> (accessed August 26, 2016); “Nicolás Maduro, Diosdado Cabello, Jorge Arreaza, and Elías Jaua. Gringos expelled, economic war” (Nicolás Maduro, Diosdado Cabello, Jorge Arreaza, and Elías Jaua. Gringos expulsados, guerra económica), YouTube, uploaded on October 31, 2013, <https://www.youtube.com/watch?v=x85y8cCASTc> (accessed August 26, 2016).

This narrative of sabotage and “economic war” has provided a public rationale for the government’s use of authoritarian tactics to intimidate and punish its critics. Doctors and nurses at public hospitals have been threatened with dismissal from their jobs in response to public statements regarding the shortages. Local human rights organizations have been threatened with the loss of international funding. Ordinary Venezuelans who have participated in protests—both planned marches and spontaneous demonstrations—have at times been subject to detention, beatings, and unjustifiable prohibitions on further protest activity. Some have been prosecuted in military courts, in violation of their right to a fair trial.

## **SHORTAGES OF MEDICINE AND MEDICAL SUPPLIES**

Venezuela’s health care sector has been wracked by shortages of basic medicines and other crucial medical supplies, leading to a sharp deterioration in the quality and safety of care in hospitals visited by Human Rights Watch. The shortages have increased since 2014, according to interviews with health care professionals and patients, and information published by professional, academic, and non-governmental organizations.

Human Rights Watch interviewed 20 health professionals, including doctors and nurses, who worked at 10 facilities (eight public hospitals, a health center on the border with Colombia, and a foundation that provides health care services to patients). At all of the hospitals we visited, doctors and patients reported severe shortages—and in some cases the complete absence—of such basic medicines as antibiotics, anti-seizure medication, anti-convulsants, muscle relaxants, painkillers, and many others. An unofficial survey by a network of more than 200 doctors in August 2016 found that 76 percent of public hospitals lack the basic medicines that the doctors said should be available in any functional public hospital, including many that are on the World Health Organization’s (WHO) List of Essential Medicines. This represented an increase from 55 percent of hospitals in 2014, and 67 percent in 2015.





Josefina Zapata, a patient diagnosed with psychosis and epilepsy, sits behind bars in a psychiatric hospital in Barquisimeto, July 28, 2016. Zapata is not violent, but she suffers from more frequent epileptic seizures because shortages of medicines have left her unable to obtain five of the six medicines she has been prescribed; hospital staff regularly put her in an isolation cell with a mattress on the floor so that she is less likely to hurt herself if she starts convulsing.



Devices pieced together by doctors, using recycled soda bottles and water jugs as weights, to treat patients with broken legs at the University Hospital Dr. Luis Razetti in Barcelona, April 15, 2016.





Supplies lacking or in short supply in public hospitals included sterile gloves and gauze, antiseptics, medical alcohol, scalpels, needles, catheters, IV solutions, nebulization kits, and surgical sutures. Even basic cleaning products (such as bleach), essential to ensuring a sterile environment at the hospitals, were frequently lacking. Unsanitary conditions have led to preventable in-hospital infections.

Faced with such shortages, doctors ask patients to purchase medicines and supplies on their own. Many patients try their best but come back empty-handed or with only some of what is needed. The president of the nationwide organization Venezuelan Federation of Pharmacies estimated in June that 85 percent of medicines that should be available in private pharmacies were unavailable or difficult to obtain—up from 60 percent at the end of 2014.

Human Rights Watch heard credible reports of scores of cases in which people with such chronic medical conditions as cancer, hypertension, diabetes, and epilepsy—as well as organ transplant patients—struggled to find essential medications. The medicines they need are often unavailable at both public and private pharmacies, are prohibitively expensive if purchased abroad, and are either unavailable or so expensive on the black market—where they also come with no quality guarantees—as to be virtually unobtainable.

Medical staff told Human Rights Watch that shortages often prevent them from carrying out basic medical procedures and providing essential care to patients. For example, they have been forced to delay surgeries, and they have resorted to giving only partial courses of antibiotics and medicines, a practice that can cause relapses and may lead to drug-resistant infections.

The Venezuelan government has largely failed to publish key health care statistics, including on maternal and infant mortality rates, making it difficult to assess the overall impact of the crisis.<sup>5</sup> However, the limited available official statistics paint a dire picture.

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<sup>5</sup> The Venezuelan government has failed to report maternal mortality rates to the UN since 2009, and there are no infant mortality rates reported for 2014. The last official epidemiological report published by the Venezuelan government is from 2014. UN Statistics Division,

The official rates of infant and maternal mortality reported by the Venezuelan government have increased substantially in recent years.

An internal report by the Ministry of Health obtained by Human Rights Watch reported a rate of maternal mortality at 130.7 deaths for every 100,000 births between January and May 2016, a rate that is much higher than for previous years for which the government has made information available. The 2016 rate is 79 percent higher than the most recent rate reported by the Venezuelan government, in 2009, which was 73.1. Between 2003 and 2008, the rate was between 49.9 and 64.8.<sup>6</sup>

A second internal Ministry of Health report reviewed by Human Rights Watch indicates that that rate of infant mortality in Venezuela for the first five months of 2016 was 18.61 deaths per 1,000 live births. This figure is 21 percent higher than the rate of 15.4 that the government reported to the United Nations in 2015; and 45 percent higher than the rate of 12.8 reported for 2013. No data were reported for 2014. The infant mortality rate was 11.6 in 2011 and 11.8 in 2012.

Human Rights Watch reviewed official data reported by other governments throughout the region since 2000 and found no evidence of similar increases in the reported rates of maternal and infant mortality. However, for most countries no data is publicly available yet for 2014 and after, the years for which Venezuelan data show increased maternal and infant mortality rates.

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Demographic Yearbook, 2014, <http://unstats.un.org/unsd/demographic/products/dyb/dyb2014.htm> (accessed September 5, 2016); UNSD updated population and vital statistics report, 2016, <http://unstats.un.org/unsd/demographic/products/vitstats/serATab3.pdf> (accessed September 19, 2016); Venezuelan Virtual Library on Health, "Epidemiological Report," n.d., <http://www.bvs.gob.ve/php/level.php?lang=es&component=35&item=4> (accessed September 28, 2016).

<sup>6</sup> It is impossible to know for certain whether the 2016 rate reflects an overall trend or is an outlier—due in significant part to the fact that the Venezuelan government has not made data on maternal mortality rates available for 2010 to 2015.





Sign on an incubator (“Don’t Use - Doesn’t Work”) in a room full of broken incubators in the maternity ward of the University Hospital Dr. Luis Razetti in Barcelona, April 16, 2016.

## SHORTAGES OF FOOD AND BASIC GOODS

Venezuela is facing severe shortages of basic goods, including food. It is increasingly difficult for many Venezuelans—particularly those in lower or middle-income families who rely on items subject to government-set maximum prices—to obtain adequate nutrition.

While vegetables, fruit, meat, fish, and some imported basic goods are available in some markets—and certain stores carry such luxury goods as imported olive oils and wines—many Venezuelans can only afford food subject to price controls, which is now in short supply.

Human Rights Watch researchers found long lines forming whenever supermarkets received goods subject to government price controls. Those waiting in food lines told researchers they were trying to buy a small range of items sold at government-set maximum prices, including rice, pasta, and the flour used in the country’s national dish, arepas. Supermarkets often ran out of limited stock long before everyone in line had been served.

The foods and other basic goods—such as diapers, toothpaste, and toilet paper—that people could buy were strictly limited, if available at all. For example, people usually could buy one kilogram of corn flour or rice, or two packs of diapers, per week, if those items were available. Some items, like sugar and toilet paper, have disappeared from supermarkets for months at a time, people in lines told researchers.

A 2015 survey by civil society groups and two leading Venezuelan universities of 1,488 people in 21 cities throughout the country found that 87 percent of interviewees—most of whom belonged to low-income households—had difficulty purchasing food. Twelve percent of interviewees were eating two or fewer meals a day.

Public health scholars have linked food insecurity in several Latin American countries with major physical and mental health problems among adults, and poor growth and socio-emotional and cognitive development in children. In Venezuela, several doctors, community leaders, and parents told Human Rights Watch that they were beginning to see symptoms of malnutrition, particularly in children.





Jailimar Laverde, 17, (left) and Yanny Trejo, 19, (right) wait in a queue of hundreds of people outside a supermarket in Caracas rumored to have received a shipment of corn flour and butter, March 19, 2016. Both teenagers said they got pregnant because they could no longer find birth control pills in Venezuela.



A man searches for anything he can salvage from a grocery store that was destroyed by hundreds of looters in Cumaná, Venezuela, June 16, 2016. People took water, flour, corn meal, salt, sugar, potatoes, and cereal, leaving behind only a broken freezer and overturned shelves.



## GOVERNMENT RESPONSE TO SHORTAGES

Since January 2016, the Venezuelan government has announced a series of initiatives aimed at addressing shortages of medicines, foods, and other basic goods. These include measures to increase local production of medicines, medical supplies, and food. If properly implemented, some of these initiatives could help reduce the shortages. So far, however, they have not significantly alleviated the severity of Venezuela's humanitarian crisis.

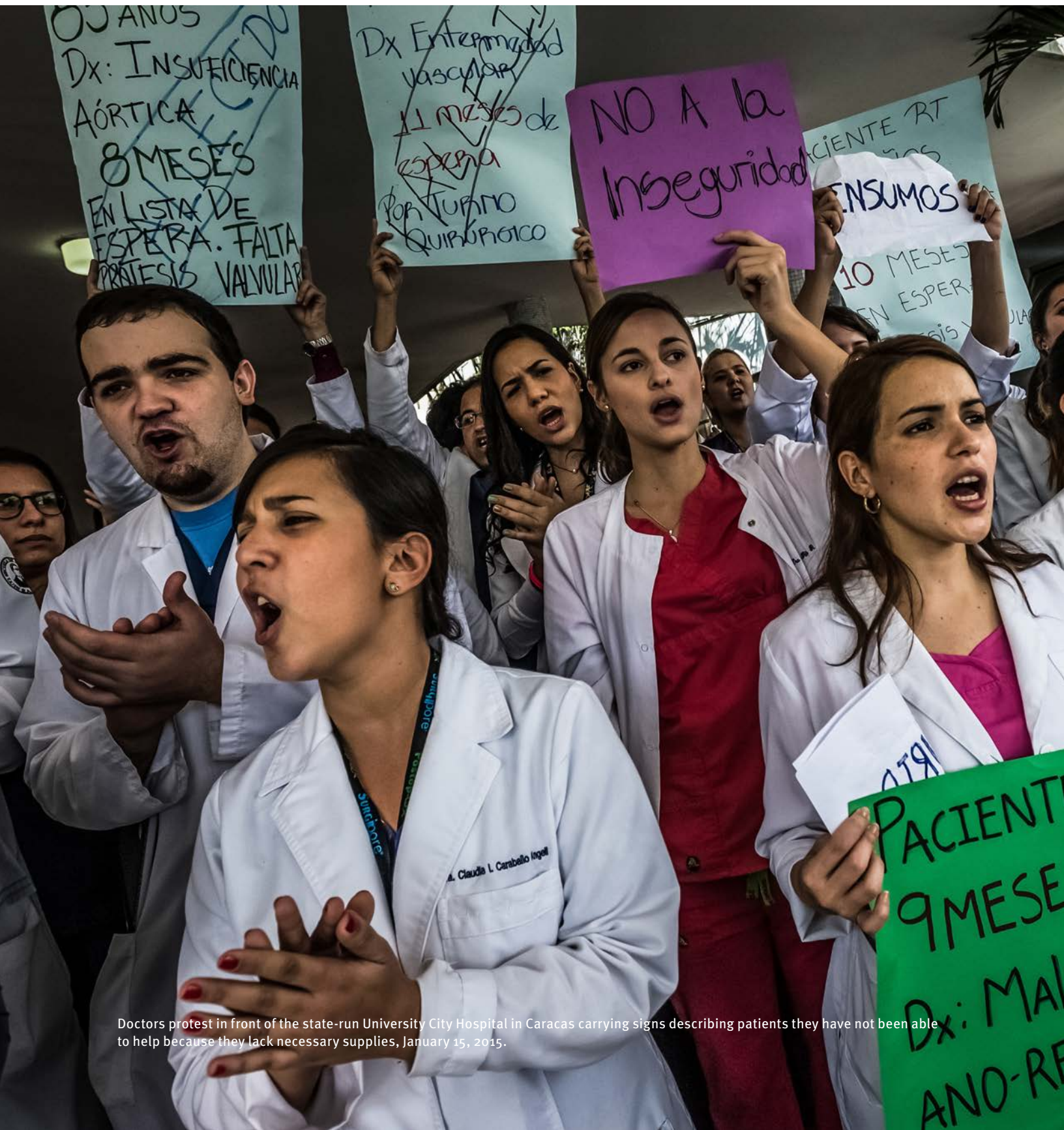
The Venezuelan government has sought humanitarian assistance from abroad, but to a very limited degree. So far, the government's own policy initiatives and its limited efforts to secure international assistance have fallen far short of what is needed to alleviate the shortages. Nonetheless, it does not appear that the Venezuelan government has sought to obtain additional assistance that might be readily available. On the contrary, the government has vehemently denied the extent of the need for help and has blocked an effort by the opposition-led National Assembly to seek international assistance.

Human Rights Watch is not aware of a single large-scale health assistance program run by a major international humanitarian non-governmental organization currently addressing the medical crisis in Venezuela. Human Rights Watch has had confidential discussions with people working for five major humanitarian non-governmental groups and one working for the United Nations, who reported facing significant obstacles to work in Venezuela during the current crisis.

## GOVERNMENT RESPONSE TO CRITICS

Human Rights Watch documented dozens of cases in which Venezuelans reported being subject to intimidation or violence by government agents in response to public criticism or protests of the government's handling of the country's humanitarian crisis.

Doctors and nurses reported being threatened with reprisals, including firing, after they spoke out publicly about the scarcity of medicines, medical supplies, and poor infrastructure in the hospitals where they worked.



Doctors protest in front of the state-run University City Hospital in Caracas carrying signs describing patients they have not been able to help because they lack necessary supplies, January 15, 2015.





Human rights defenders reported a climate of intimidation resulting from measures enacted by the government to restrict international funding and repeated, unsubstantiated accusations by government officials and supporters that they were conspiring to destabilize the country. In May 2016, President Nicolás Maduro issued a presidential decree in response to the “economic emergency” instructing the Foreign Affairs Ministry to suspend all agreements that provide foreign funding to individuals or organizations when “it is presumed” that such agreements “are used with political purposes or to destabilize the Republic.” While national security is of course a proper concern of government, the sweeping language here can be used, and indeed appears to be designed, to undermine the ability of independent civil society groups to operate effectively and free from fear of reprisal.

Even though, to Human Rights Watch’s knowledge, these restrictive legal constructs have not yet been applied in any specific cases, local rights defenders say they have intensified a hostile environment that seriously undermines their work. This is particularly problematic in Venezuela because government policies for more than a decade have curtailed free expression, limiting the availability of critical media outlets and cowing the media into self-censorship. Ordinary Venezuelans reported being arrested during street protests over food scarcity—some organized and some spontaneous—and being subject to beatings and other mistreatment while in detention. These detentions followed a similar pattern to scores of other cases documented by Human Rights Watch in Venezuela in 2014, when the government launched a widespread crackdown on largely peaceful anti-government protests.

Human Rights Watch obtained credible accounts of new cases in six states between January and June 2016 involving the arrest and prosecution of at least 31 people, at least 20 of whom allege that they were subject to physical abuse while in detention. In a majority of these recent cases, the detainees were charged in military courts, in violation of their right to a fair trial. In most cases, prosecutors failed to provide any credible evidence of criminal activity. As in prior cases documented by Human Rights Watch, all 31 detainees were released on conditional liberty, with charges pending, and most were warned not to participate in any further protest activity.

# RECOMMENDATIONS

## *To the Venezuelan Government*

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President Maduro and his administration should take immediate and effective steps to address the humanitarian crisis in Venezuela. Specifically, President Maduro should:

- Develop and implement effective policies to address the crisis in Venezuela’s health sector and shortages of food, and make those policies publicly known;
- Provide regular statistical updates on basic health indicators, including maternal and infant mortality rates;
- Ensure that government supporters tasked with the distribution of food and other goods subject to government-set maximum prices do not discriminate against political opponents or critics; and
- Actively explore wider opportunities to secure assistance from international humanitarian aid agencies to alleviate the suffering of Venezuelans who lack proper access to medicines, medical supplies, medical treatment, and food; and facilitate the implementation of programs offered by these organizations.

The president and his administration should end the use of authoritarian tactics to intimidate and punish critics. Specifically, the president should:

- Order the Minister of Health to ensure that doctors and nurses working at public hospitals do not suffer reprisals for criticizing or expressing public concern about shortages of medicines and medical supplies, poor hospital infrastructure, or the government’s response to the crisis;
- Ensure that government officials do not issue unfounded accusations against human rights defenders regarding their alleged participation in “destabilization” plans; and
- Order security forces, including the National Guard and police, to end their mistreatment of detainees and refrain from indiscriminate detention of people participating in organized or spontaneous protests.

## *To the Attorney General*

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The Attorney General should undertake prompt, thorough, and impartial investigations into all allegations of abuse documented in this report—including arbitrary arrests and physical mistreatment of detainees, and political discrimination in the distribution of food and other goods.

## *To OAS Member States*

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In May 2016, OAS Secretary General Luis Almagro presented a comprehensive report on the humanitarian and human rights crisis in Venezuela, and called for invoking the Inter-American Democratic Charter. The OAS Permanent Council met on June 23, 2016, to discuss Almagro's report. Rejecting Venezuela's contention that a debate on the report violated its sovereignty, a majority of member countries voted to move forward and evaluate Venezuela's compliance with the charter.

OAS member states should:

- Take the findings included in this report into account when evaluating the situation in Venezuela and the nation's compliance with the Democratic Charter;
- Press President Maduro and his administration to adopt serious, effective, and immediate measures to address the humanitarian crisis in Venezuela, including but not limited to those listed above; and
- Maintain strong international pressure on the Venezuelan government—including through close and continuous oversight of developments in Venezuela within the process of the Democratic Charter—until it shows concrete results addressing the political and humanitarian crisis.

## *To International Humanitarian Agencies*

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Even without a request for assistance from the Venezuelan government, UN humanitarian agencies—including the Office for the Coordination of Humanitarian Affairs (OCHA), the WHO, the Food and Agriculture Organization (FAO), and UNICEF—should publicly offer humanitarian assistance to the Venezuelan government to help alleviate the crisis in the short term. These agencies should also publish a comprehensive, independent assessment of the situation on the ground, including on the extent and impact of the shortages of medicines, medical supplies, and food. The assessment should offer a detailed explanation of the needs in Venezuela, as well as the different alternatives available for the Venezuelan government to satisfy those needs through existing programs of these agencies.

## A Note on Methodology

This report is based on more than 100 interviews with health care professionals, patients suffering an array of illnesses, people standing in line to purchase goods subject to government-set maximum prices, community members, former detainees, and human rights defenders. The interviews were conducted primarily during research missions to Venezuela in June 2016, which included visits to Caracas; Maracay (Aragua State); Valencia (Carabobo State); Barquisimeto (Lara State); San Cristóbal and Capacho (Táchira State); Betijoque, Valera, and Trujillo (Trujillo State); and Maracaibo (Zulia State). Some of the interviews—including with doctors in other locations such as Yaracuy State—were conducted via telephone, email, WhatsApp, or Skype following the fact-finding missions. We also consulted a number of public health experts in Venezuela and abroad to help us interpret the findings of our research.

Interviews were conducted by Human Rights Watch staff in Spanish or with a translator. Interviewees were informed of how the information gathered would be used, and informed that they could decline the interview or terminate it at any point. In some interviews, Human Rights Watch paid reimbursement for transportation. The names of some victims have been replaced with pseudonyms, and the names of some health care professionals has been withheld for security concerns, as indicated in relevant citations.

In all, Human Rights Watch researchers visited eight public hospitals, one health center, and a foundation that provides health care in Caracas and in other cities in four states—Valencia, Carabobo State; Barquisimeto, Lara State; Capacho and San Cristobal, Táchira State; and Betijoque and Valera, Trujillo State. We interviewed 18 doctors and nurses and two hospital staff members, including one hospital director, working in those public hospitals and three others in Caracas and San Felipe, Yaracuy State, which we did not visit ourselves. We also interviewed 38 patients, including 20 who were hospitalized at the time of their interviews.

Human Rights Watch attempted to visit an additional three hospitals in Caracas; Barquisimeto; and Maracaibo, Zulia State, but could not enter the facilities because upon arrival doctors told us that members of the Bolivarian National Intelligence Service (*Servicio Bolivariano de Inteligencia Nacional*, SEBIN) and/or armed, pro-government

gangs known as “*colectivos*” were stationed at the entrance of the hospitals to deter unauthorized visits.<sup>7</sup> However, we were able to interview patients who had sought treatment at those locations shortly before our visit.

During field research in June 2016, Human Rights Watch also interviewed dozens of Venezuelans who said they rely on goods and food that are subject to government-set maximum prices, including 20 people while they were standing in lines in Caracas and five states: Carabobo, Lara, Táchira, Trujillo, and Zulia.

In most of the countries where Human Rights Watch works, the practice is to seek meetings with government officials to discuss and seek information regarding the issues on which it is reporting. This has been our practice in Venezuela as well. Between 2002 and 2007, Human Rights Watch staff held meetings with President Hugo Chávez, senior members of his administration, justices of the Supreme Court, the attorney general, members of the National Assembly, and numerous officials in multiple government agencies. However, when conducting research for this report, Human Rights Watch deliberately chose not to establish contact with government officials or otherwise draw public attention to our presence in the country. This decision was made out of concern for possible repercussions for interviewees, the risk of compromising our ability to conduct the research, and the safety of our staff. We also took into account the fact that the Venezuelan government detained and expelled Human Rights Watch representatives from the country in 2008, and declared that our presence would not be “tolerated” there.

To obtain the government’s perspective, we sent a letter to Foreign Minister Delcy Rodríguez requesting information on the government’s views regarding the extent of the crisis and the policies it was implementing to address it. We had not received a response at the time of writing. We also reviewed public statements made by President Maduro and several of his cabinet ministers, as well as statistics and reports by the Health Ministry about maternal and neonatal mortality. We also conducted an extensive review of judicial

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<sup>7</sup> The term “*colectivos*” is also used in Venezuela to refer to a wide range of social organizations that support and, in some cases, help implement government policies. These include environmental, feminist, labor, and educational groups. The vast majority of such groups have not engaged in violence. This report, accordingly, uses the term “armed pro-government gangs” to refer to groups that carry out violent attacks that appear to be motivated by loyalty to the government. “Venezuelan Colectivos: Representatives of the Communal and Popular Power” (Colectivos venezolanos: representantes del Poder Popular), *Telesur*, February 13, 2014, <http://www.telesurtv.net/news/Colectivos-venezolanos-representantes-del-Poder-Comunal-y-Popular-20140213-0035.html> (accessed August 24, 2016).

documents, news accounts in state media outlets, Twitter feeds of government officials, and other official sources to evaluate the Venezuelan government's position with respect to specific incidents in the report, as well as its assessment of the humanitarian crisis that Venezuela is facing and its response to the shortages.

## Shortages of Medicines and Medical Supplies

Clinical conditions that can be treated are cutting people's lives short because they cannot access medication, neither within the institution nor outside of it.

-Doctor in Valera, Trujillo State, June 2016

People have to buy the majority of supplies because approximately 90 percent of medical and surgical supplies are lacking at our hospital ... and on the black market, the supplies are costing triple or quadruple what they should realistically cost.

-Gynecologist at a general hospital, Valera, June 2016

At all of the hospitals visited by Human Rights Watch—and others where patients we interviewed sought treatment or where doctors we interviewed worked—doctors and patients reported severe shortages of basic medical supplies, sanitary supplies, and medicines. They said that these shortages had become much worse over the past two years.

Their accounts of scarcity were consistent with nationwide shortages reported by Doctors for Health, an independent network of more than 200 doctors working in public hospitals, as well as by the heads of the Venezuelan Medical Federation (*Federación Médica Venezolana*) and the Venezuelan Federation of Pharmacies (*Federación Farmacéutica Venezolana*), as described below.

The shortages have taken a heavy toll. Hospital staff told Human Rights Watch that the lack of medicines and equipment often prevented them from carrying out basic medical procedures and providing adequate care. Patients and families spoke of their difficult—and sometimes desperate—struggles to find medicines and supplies to treat chronic conditions or obtain urgent care.

While official information regarding the extent of the shortages and their impact is not publicly available, Human Rights obtained internal documents produced by the Health Ministry that suggest infant and maternal mortality rates may have increased substantially in recent years.

## The Scope of the Problem

Human Rights Watch interviewed 20 health professionals, including doctors and nurses, who worked at 10 facilities (eight public hospitals, a health center on the border with Colombia, and a foundation that provides health care services to patients). All reported severe shortages of basic medicines and medical supplies. These included—in some or all of the hospitals—the following:

### *Essential medicines*

- antibiotics (including first-line)
- anti-seizure medications
- anti-convulsants
- muscle relaxants
- adrenaline
- oxytocin
- methergine
- sedatives
- painkillers (ranging from paracetamol and non-steroidal anti-inflammatory drugs to codeine and opiate-based medicines)

### *Vaccines*

- hepatitis A
- rabies
- chicken pox
- rotavirus disease
- meningococcal disease

### *Surgical and other equipment and supplies*

- scalpels
- needles
- catheters



- IV solutions
- tracheal tubes
- nebulization kits
- surgical sutures
- urinary catheters
- urine bags
- yankauer suction cups

### *Sterilization supplies*

- antiseptics
- disinfectants
- medical alcohol
- autoclave tape (used in sterilizing equipment)

### *Other medical supplies*

- surgical scrubs
- surgical shoe covers
- surgical masks
- surgical caps
- surgical brushes
- sterile gloves
- sterile gauze
- bandages
- medical plaster
- disposable bed linens

In addition, most of the hospitals visited by Human Rights Watch had increasing difficulty conducting basic blood analysis tests, according to the doctors interviewed, and they lacked functioning x-ray equipment.

A 2016 study of 86 public hospitals in 38 cities throughout Venezuela, conducted by Doctors for Health (*Médicos por la Salud*), a professional network of more than 200 medical doctors, and the non-governmental group Venezuelan Observatory of Health (*Observatorio Venezolano de la Salud*), found severe shortages or the complete absence of basic medicines—including many that the WHO has included on its Model List of Essential Medicines and which should be available in any functional public hospital—in 76 percent of the hospitals surveyed. This represented an increase from 55 percent of hospitals in 2014, and 67 percent in 2015. The survey also found a shortage of surgical supplies in 81 percent of the hospitals, an increase from 57 percent in 2014 and 61 percent in 2015.<sup>8</sup>

The head of the Venezuelan Medical Federation estimated in April 2016 that more than 94 percent of medicines that would normally be routinely stocked were unavailable at public hospitals.<sup>9</sup>

The shortage of medicines and supplies extends as well to the country's private pharmacies, according to the doctors and patients interviewed by Human Rights Watch. The president of the Venezuelan Federation of Pharmacies estimated in July 2016 that 85 percent of medicines that should be available in private pharmacies were unavailable or difficult to obtain—up from 60 percent in November 2014.<sup>10</sup>

The Venezuelan government has not released any information about the extent of shortages of medicines. While acknowledging that shortages exist—as discussed in the summary of this report—government officials have downplayed their significance, vehemently denying that the situation amounts to a “crisis.”<sup>11</sup>

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<sup>8</sup> Doctors for Health, “National Hospitals Survey 2016” (Encuesta Nacional de Hospitales 2016), August 2016, <http://enh2016.blogspot.com.ar/> (accessed August 24, 2016).

<sup>9</sup> “FMV: 95% of medicines are unavailable in hospitals in the country” (FMV: 95% de medicamentos faltan en hospitales del país), *Globovision* (video), April 11, 2016, <http://globovision.com/article/fmv-se-movilizará-este-miércoles-para-denunciar-escasez-de-medicinas-en-el-país> (accessed August 24, 2016); World Health Organization, WHO Lists of Essential Medicines, n.d., <http://www.who.int/medicines/publications/essentialmedicines/en/> (accessed August 26, 2016).

<sup>10</sup> “Venevisión Interview: Freddy Ceballos, president of the Venezuelan Pharmaceutical Federation” (Entrevista Venevisión: Freddy Ceballos Presidente de la Federación Farmacéutica Venezolana), YouTube, uploaded on June 10, 2016, <https://www.youtube.com/watch?v=NsiYEio5ero> (accessed August 24, 2016); Human Rights Watch interview with Freddy Ceballos, Caracas, November 2014.

<sup>11</sup> “Special Meeting of the Permanent Council, June 3, 2016,” YouTube, uploaded on June 23, 2016, <https://www.youtube.com/watch?v=88l7-kBhLhc&feature=youtu.be&t=3h23m18s> (accessed August 25, 2016); “Venezuela: Health and access to medicines” (Venezuela: Salud y acceso a medicamentos), YouTube, uploaded on June 7, 2016, <https://www.youtube.com/watch?v=xkBHULOQBTc> (accessed August 25, 2016).

## Consequences of the Shortages

Doctors, nurses, and patients all told Human Rights Watch that, with medicines and medical supplies unavailable at public hospitals, staff must ask patients or their families to purchase elsewhere what is needed for their treatment. For example, patients needing surgery—including cancer operations or caesareans—are required to bring essentials such as anaesthetics, IV fluids, and scalpels.<sup>12</sup> Yet given the shortage in medicines and supplies in pharmacies, it is often difficult or impossible for the patients or their families to obtain the needed medicines and supplies.

Delays are putting the lives or well-being of patients in danger.<sup>13</sup> This situation is particularly dangerous for patients who need emergency surgery or other forms of urgent care.

- Angela Vásquez, 24, arrived at a public hospital in Barquisimeto, Lara State, in June 2016, with severe abdominal pain.<sup>14</sup> The doctors diagnosed her with acute appendicitis and gave her parents a list of supplies they needed to perform the operation, including surgical clothing, sutures, IV solution, and other surgical supplies, she said. Because the pharmacies were closed for the night, the supplies were only found the next day, and Vásquez had to spend the night and most of the next day in acute pain before she could be operated on. Her parents could not find the antibiotics prescribed to prevent post-surgery infection, which placed her at risk for a post-operative infection.
- Carlos Santiago Mijar, a 3-month-old baby with hydrocephalus—an accumulation of cerebrospinal fluid in the brain—contracted scabies (a skin infection) in May 2016 while hospitalized at the J.M. de los Ríos Children’s Hospital in Caracas, his mother, Idalia Brito, told Human Rights Watch. Doctors prescribed medication to cure the scabies, which was a prerequisite to operate on him and treat his condition, but Brito said she had been unable to obtain

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<sup>12</sup> For example, Human Rights Watch interview with Sulvia Torrealba, president of College of Nurses, Valera, June 25, 2016; Human Rights Watch interview with obstetrician, Pedro Emilio Carrillo Hospital, Valera, June 25, 2016.

<sup>13</sup> Human Rights Watch interview with Sulvia Torrealba, president of College of Nurses, Valera, June 25, 2016.

<sup>14</sup> Human Rights Watch interview with Angela Vásquez, Barquisimeto, June 23, 2016. Human Rights Watch also interviewed a doctor responsible for her treatment, who explained her condition.

the medication, which was unavailable, and it was therefore impossible for her baby to have the operation.<sup>15</sup>

- At a hospital in Barquisimeto, Human Rights Watch researchers found a young boy who had been bitten in the face by a dog. The hospital did not have the rabies vaccine to give to him, and his mother had been unable to find it, so the hospital could not give the boy the rabies shot.<sup>16</sup>
- At a psychiatric hospital that Human Rights Watch visited in Trujillo State, the general absence of adequate health services, including lack of medicines for patients, some of whom had schizophrenia or bipolar condition, made it very difficult to address the needs of some of their patients, hospital staff told Human Rights Watch.<sup>17</sup> The hospital had received virtually no medicines in 2016, according to the head nurse.<sup>18</sup> The shortage of key medicines—and a collapse of community-based services—created a dire situation, infringing on the patient’s right to health. Patients who exhibited aggressive behavior, for example, were permanently locked inside cell-like rooms. “We don’t have antipsychotic drugs, we don’t have anticonvulsants, we don’t have anything at all,” a nurse told Human Rights Watch. “The institution does not have [medicines] to treat patients, which is why the majority end up in the [isolation] area, so that they don’t escape and harm other patients or us.”<sup>19</sup>

The lack of basic supplies and medicines contributed to an increase in medical complications in hospitals, including an increase in post-operative infections, according to doctors working in different hospitals in Caracas and five states.<sup>20</sup> The head of the surgery

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<sup>15</sup> Human Rights Watch interview with Idalia Brito, Caracas, June 17, 2016. Human Rights Watch also reviewed medical reports about Mijar’s medical condition.

<sup>16</sup> Human Rights Watch interview with Marly Jiménez, Barquisimeto hospital, June 22, 2016.

<sup>17</sup> Originally envisioned as a rehabilitation facility to help patients reintegrate into society, the health crisis meant that increasingly, families of people with mental disabilities abandoned them into the care of the psychiatric hospital, turning what was meant to be a transitional facility into a permanent holding center for people with schizophrenia or bipolar conditions. Out of the 38 patients at the facility, 23 had been abandoned by their families and were considered permanent wards of the institution: “Their family members have just left them here, and take no further responsibility. They have been abandoned by their family.” Human Rights Watch interview with nurse, psychiatric facility, Trujillo state, June 26, 2016.

<sup>18</sup> Carefully managed medication, provided with the free and informed consent of the person concerned, may help the person to obtain better a quality of life and live independently.

<sup>19</sup> Human Rights Watch interview with nurse, psychiatric facility, Trujillo state, June 26, 2016.

<sup>20</sup> Human Rights Watch asked the same questions to ten doctors working in ten different hospitals Caracas and the following states: Carabobo, Lara, Táchira, Trujillo and Yaracuy. This survey is the source for information in this chapter whenever we

department at Pedro Emilio Carrillo Hospital in Valera estimated that in six out of 10 operations at that hospital, patients suffered from post-operation, hospital-acquired infections.<sup>21</sup> A gynecologist there confirmed the sharp rise in infections since January 2016, resulting in the deaths of several patients.<sup>22</sup>

Similarly, a doctor from the University Hospital Dr. Ángel Larralde in Valencia told Human Rights Watch that the percentage of infections after surgeries is “very high” and has led at times to the patient’s death, particularly in cases in which doctors did not have access to the proper antibiotic to treat the infection.<sup>23</sup> The doctor said this problem had worsened in recent years.<sup>24</sup> A doctor at the J.M. de los Ríos Children’s Hospital in Caracas reported that at times they find alternative antibiotic treatment, but sometimes “you don’t have anything.”<sup>25</sup>

Another consequence of the lack of medications at Venezuelan hospitals is that doctors are forced to give patients only partial courses of antibiotics, doctors working in different hospitals in Caracas and five states said. This can result in relapses and may lead to the development of drug-resistant bacteria, a public health risk.

- María Cañizalis, a 4-year-old girl with asthma who suffers from frequent fevers and convulsions due to recurring pneumonia and other medical conditions, was hospitalized two weeks before Human Rights Watch researchers visited her home in Maracaibo, Zulia State. At the hospital, she was treated with antibiotics for only two days of a seven-day course before the hospital discharged her, her grandmother told Human Rights Watch. Her family was unable to afford the antibiotic and constantly struggled to find and afford the other medicines she needed, and when Human Rights Watch interviewed her, she had relapsed, suffering from a high fever and convulsions. Her relatives did not know what to do, having run out of money and treatment options, they said.

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include the phrase “according to doctors working in different hospitals in Caracas and five states.” The names of the doctors and where they work are withheld for security reasons.

<sup>21</sup> Human Rights Watch interview with Dr. Juan Torres, former head of surgery, Pedro Emilio Carrillo public hospital, Valera, June 25, 2016.

<sup>22</sup> Human Rights Watch interview with obstetrician, Pedro Emilio Carrillo Hospital, Valera, June 25, 2016.

<sup>23</sup> Human Rights Watch email exchange with doctor, August 27, 2016.

<sup>24</sup> Human Rights Watch email exchange with doctor, September 15, 2016.

<sup>25</sup> Human Rights Watch WhatsApp online communication with pediatrician at J.M. de los Ríos Children’s Hospital, August 29, 2016.

“At times, we had to stop buying food to buy the girl’s medicine. This is how we do it now in Venezuela: stop eating a bit to buy medicine,” her grandmother told Human Rights Watch.<sup>26</sup>

Doctors and nurses told Human Rights Watch that they are often unable to provide basic treatment and care that until several years ago they would have been able to provide.

## Infant and Maternal Mortality

The official rates of infant and maternal mortality reported by the Venezuelan government have increased substantially in recent years.

An internal report by the Ministry of Health obtained by Human Rights Watch reported a rate of maternal mortality at 130.7 deaths for every 100,000 births between January and May 2016, a rate that is much higher than for previous years for which the government has made information available.<sup>27</sup> The 2016 rate is 79 percent higher than the most recent rate reported by the Venezuelan government, in 2009, which was 73.1.<sup>28</sup> Between 2003 and 2008, the rate was between 49.9 and 64.8.<sup>29</sup> It is impossible to know for certain whether the 2016 rate reflects an overall trend or is an outlier—due in significant part to the fact that the Venezuelan government has not made data on maternal mortality rates available for 2010 to 2015.

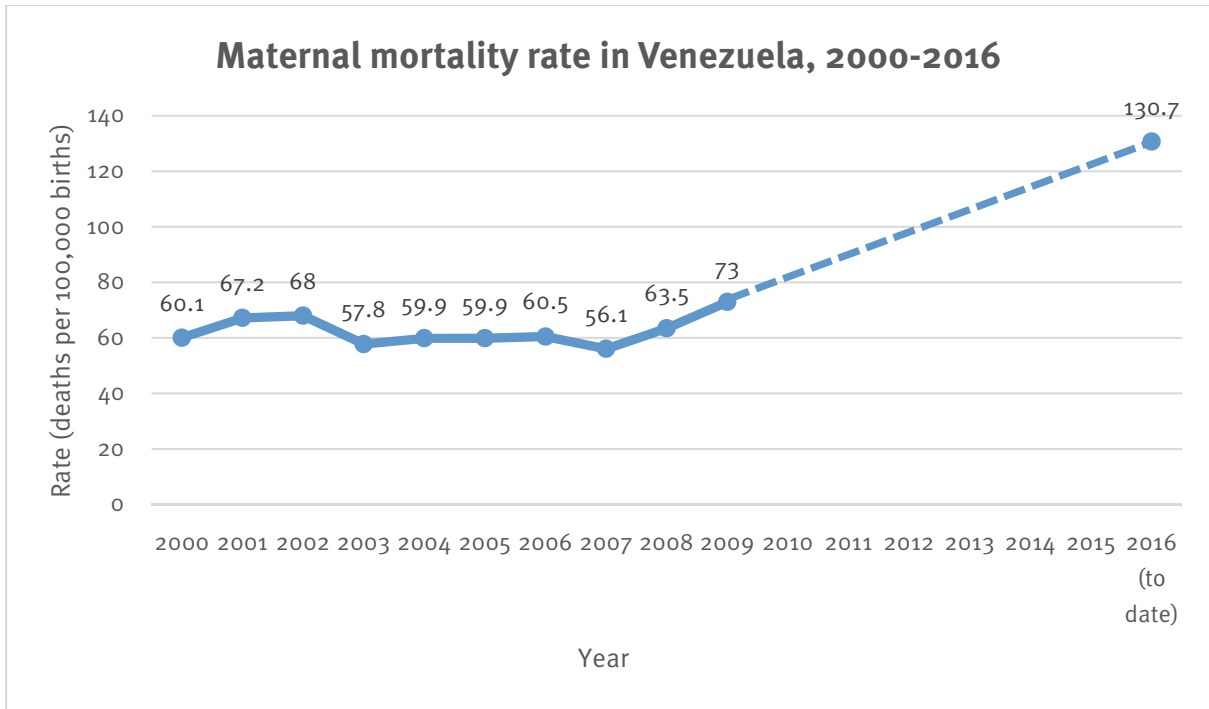
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<sup>26</sup> Human Rights Watch interview with Maria Del Pilar Bosch, Maracaibo, June 28, 2016.

<sup>27</sup> Internal report by the Ministry of Health, June 2016. Copy on file at Human Rights Watch. The report appears to be a period compilation of statistics on maternal mortality, broken down by region. While the document does not provide details on the methodology used to collect the data, it is likely that the data in these reports form the basis for the country’s statistics on maternal mortality.

<sup>28</sup> UN Statistics Division, Demographic Yearbook, 2014, <http://unstats.un.org/unsd/demographic/products/dyb/dyb2014.htm> (accessed September 5, 2016).

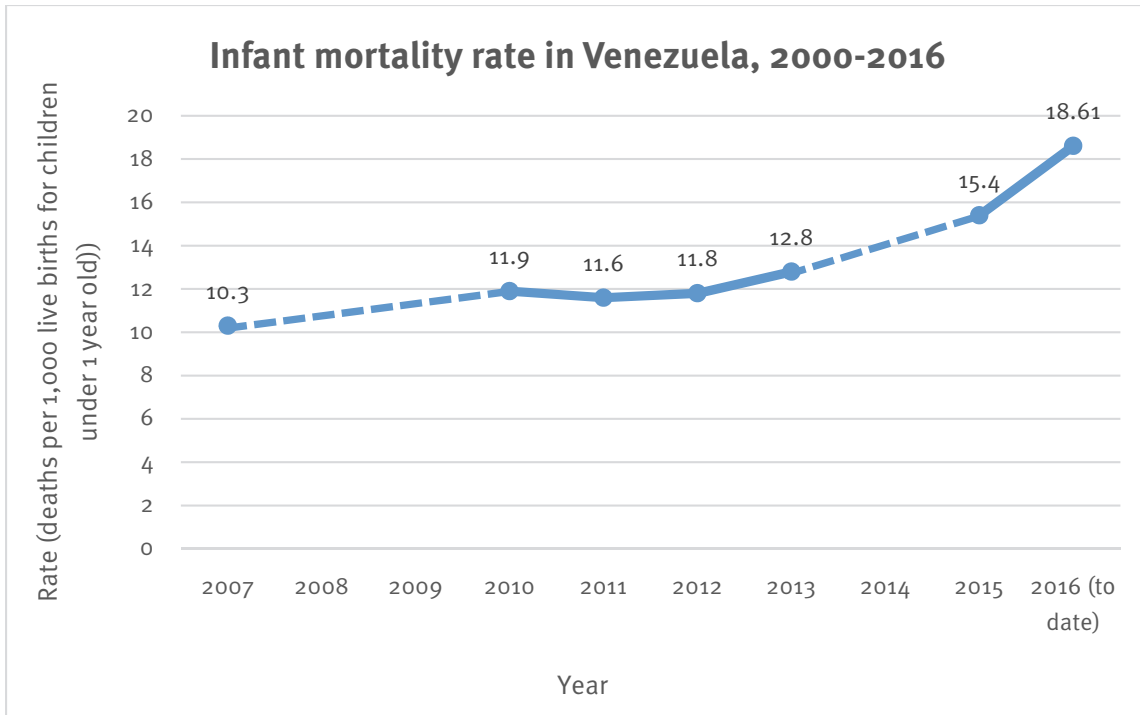
<sup>29</sup> Ibid.



A second internal Ministry of Health report reviewed by Human Rights Watch indicates that that rate of infant mortality in Venezuela for the first five months of 2016 was 18.61 deaths per 1,000 live births.<sup>30</sup> This figure is 21 percent higher than the rate of 15.4 that the government reported to the United Nations in 2015; and 45 percent higher than the rate of 12.8 reported for 2013. No data were reported for 2014. The infant mortality rate was 11.6 in 2011 and 11.8 in 2012.<sup>31</sup>

<sup>30</sup> Internal report by the Ministry of Health, June 2016. Copy on file at Human Rights Watch. The report appears to be a period compilation of statistics on infant mortality, broken down by region. While the document does not provide details on the methodology used to collect the data, it is likely that the data in these reports form the basis for the country's statistics on infant mortality.

<sup>31</sup> The infant mortality rate fluctuated between 11.6 and 11.9 deaths per 1,000 live births between 2010 and 2012. UN Statistics Division, Demographic Yearbook, 2014, <http://unstats.un.org/unsd/demographic/products/dyb/dyb2014.htm> (accessed September 5, 2016); UNSD updated population and vital statistics report, 2016, <http://unstats.un.org/unsd/demographic/products/vitstats/serATab3.pdf> (accessed September 19, 2016).



The national data suggesting infant mortality rates may have increased substantially is consistent with data and testimony obtained from doctors and nurses at hospitals in various parts of Venezuela. For example, staff at two hospitals provided Human Rights Watch with internal data showing a jump in infant mortality rates in their hospitals. At the Pedro Emilio Carrillo public hospital in Valera, Trujillo state, 5.74 percent of babies born at the hospital between January and August 2016 died, a substantial increase from the rate of 3.74 percent in 2015.<sup>32</sup> (Previously, the rate had declined from 3.69 in 2012, to 3.02 in 2013, to 2.84 in 2014.) In the last few years, between around 5,000 and 5,300 babies per year were born at the hospital.

Similarly, at the Central Hospital in San Cristóbal, Táchira state, 6.65 percent of babies born between January and May 2016 died, a substantial jump from the rate of 2.63 percent in 2015. (Previously, the rate had decreased steadily from 6.5 percent in 2012, to 5.26 percent in 2013, to 5.05 percent in 2014.)<sup>33</sup> In the last few years, between around 3,900 and 5,000 babies per year were born at the hospital.

<sup>32</sup> Human Rights Watch online communication with doctor at the Pedro Carrillo Hospital, September 12, 2016.

<sup>33</sup> "Statistics of the Pediatrics Ward 2016 – Central Hospital of San Cristobal" (Estadísticas Servicio de Pediatría Año 2016 Hospital Central de San Cristóbal), n.d. Copy on file at Human Rights Watch.



Independent public health experts from leading universities reviewed this data, as well as the findings from key informant interviews, and all concluded that it is unlikely that the recent increases in Venezuela’s infant and maternal mortality rates reflect a normal fluctuation in these rates. The experts also agreed that it is highly plausible that the shortages in medicines and medical supplies are a major contributing factor to the increases in these rates, and that a humanitarian assistance package including medicines and medical supplies could significantly reduce the infant and/or maternal mortality rates in the short term.<sup>34</sup>

Human Rights Watch reviewed official data reported by other governments throughout the region since 2000 and found no evidence of similar increases in the reported rates of maternal and infant mortality. However, for most countries no data is publicly available yet for 2014 and after, the years for which Venezuelan data show increased maternal and infant mortality rates.

Doctors working in different hospitals in Caracas and five states told Human Rights Watch that they believe that the unhygienic conditions and medical shortages in hospital delivery wards are important contributing factors to this increase. Indeed, UNICEF has said that “timely care in medical facility is often necessary to save the life of a woman experiencing birth complications.” To provide adequate assistance, according to the report, facilities “must have adequate medicines, supplies, equipment, and personnel.”<sup>35</sup>

One doctor told Human Rights Watch that the practice of prenatal medicine had also suffered in his hospital and in many others.<sup>36</sup> According to this doctor:

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<sup>34</sup> Human Rights Watch telephone interview with Rafael Pérez-Escamilla, PhD, Professor of Epidemiology and Public Health, Director of the Office of Public Health Practice and the Global Health Concentration at Yale School of Public Health, October 6, 2016; Human Rights Watch email communication with Ana Langer, MD, Director of the Maternal Health Task Force and the Women and Health Initiative, Department of Global Health and Population at the Harvard T.H. Chan School of Public Health, October 15, 2016; Human Rights Watch email communication with Laura Ferguson, PhD, MSc, MA, Assistant Professor of Preventive Medicine at the Keck School of Medicine and Associate Director of the Program on Global Health and Human Rights, University of Southern California, October 16, 2016.

<sup>35</sup> UNICEF, “Maternal and Newborn Health,” 2009, <http://www.unicef.org/sowc09/docs/SOWC09-FullReport-EN.pdf> (accessed September 30, 2016).

<sup>36</sup> Human Rights Watch interview with pediatric specialist, Barquisimeto, June 22, 2016.

Preventive medicine is no longer practiced, and in fact, right now, an [expectant] mother finds it difficult to find iron supplements, folic acid, or multivitamins at the pharmacy. Imagine now going to a clinic and getting it for free; that no longer exists. These shortcomings have consequences, including children who are born with a low birth weight or nutritional deficiencies, and for the mothers, infectious problems such as urinary infections that are left untreated. That is why you have a high rate of complications, because these issues are not controlled [by prenatal care]. Then, this results in a high risk of neonatal mortality.<sup>37</sup>

Particularly in the case of premature babies or mothers already suffering nutritional deficiencies, this may increase the risk of death. As a doctor explained to Human Rights Watch:

That is the other side of the story [of the rise in newborn deaths]. Yes, there are neonatal deaths due to a lack of [prenatal care] but also due to the lack of supplies and lack of basic hygiene at the hospital—or due to overcrowding. You may find two, three babies in the same cradle; two or three babies in [the same incubator]. That affects contamination and neonatal mortality.<sup>38</sup>

Another related problem is the transmission of HIV from mother to child. Venezuelan medical protocols to prevent mother-to-child transmission recommend the use of antiretroviral medicines by the pregnant mother before birth, a scheduled caesarean delivery to prevent transmission during birth when needed, and prophylactic treatment of the newborn.<sup>39</sup> A doctor specializing in the prevention of HIV transmission in Venezuela told Human Rights Watch that:

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<sup>37</sup> Human Rights Watch interview with Dr. Juan Torres, former head of surgery, Pedro Emilio Carrillo public hospital, Valera, June 25, 2016.

<sup>38</sup> Ibid.

<sup>39</sup> Ministry of Health, “Summary of the guide to handle antiretroviral treatment of people who live with HIV/AIDS in Venezuela” (Resumen de la guía para el manejo del tratamiento antirretroviral de las personas que viven con el VIH/SIDA en Venezuela), Fourth Edition 2010-2012, [http://www.who.int/hiv/pub/guidelines/venezuela\\_art.pdf?ua=1](http://www.who.int/hiv/pub/guidelines/venezuela_art.pdf?ua=1), p. 25-30 (accessed August 27, 2016).

Unfortunately, due to the situation and the humanitarian crisis, there is no compliance with these protocols, or they are not being complied with fully, which ends up exposing the child to possible infection with the HIV virus. We have recent cases of four pregnant, HIV-positive women who underwent vaginal delivery simply because there was no [safety equipment] available for obstetricians to protect themselves from possible infection [during the caesarean].<sup>40</sup>

## The Struggle to Obtain Medicines and Medical Supplies

Venezuela's health crisis affects treatment outside of hospitals as well. Many patients with chronic medical conditions including cancer, hypertension, diabetes, and epilepsy—as well as organ transplant patients—constantly struggle to find medications. The medicines they need are often completely unavailable at both public and private pharmacies, and if they are available on the black market or abroad, they are prohibitively expensive. In addition, medicines and medical supplies obtained on the black market come with no quality guarantees, further undermining patients' access to adequate health care.

Human Rights Watch interviewed dozens of patients who had struggled to obtain basic medications and medical supplies they needed for a wide range of illnesses. We found case after case in which Venezuelans desperately searched for medications they needed through social media, by creating networks of patients with the same illness to share information when medicines become available, or by exchanging medicines with other people in need. Although some had been able at times to access medication through these means, they are not always successful, and those with more limited resources have found themselves in an even more difficult situation.

Here are some of the stories of Venezuelans interviewed by Human Rights Watch:

- Noel Varela is a 48-year-old man in Valencia, Carabobo State, who suffers from seizures and requires daily doses of anti-seizure medication such as Carbamazepine.<sup>41</sup> A box of 20 pills—which lasts Varela just over 3 days, as he needs to take 6 pills per day—costs just 13 bolivars at the government-set price

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<sup>40</sup> Human Rights Watch interview with Dr. José Vicente Franco Soto, San Cristóbal, July 12, 2016.

<sup>41</sup> Human Rights Watch interview with Noel Varela, Valencia, June 21, 2016. A doctor at the hospital where Human Rights Watch interviewed Varela confirmed his diagnosis and treatment.

in pharmacies, but since mid-2015, he has been unable to find them in public and private pharmacies. Varela said that on the black market, a box goes routinely for 100 times the government-set price, and he was able to purchase one in Ecuador for almost 1,700 times the price in Venezuela—which is the equivalent of one and a half times the monthly minimum wage, and over a fourth of his salary.<sup>42</sup>

- Evelin Rosales, a 58-year-old woman from Maracaibo, Zulia State, suffers from severe hypertension, osteoporosis, and vision problems, and was able to obtain medication to treat her conditions until September 2015. Since then, she has been unable to obtain medications to lower her blood pressure from the public pharmacies, and she cannot afford to buy the medication at the higher prices on the informal market, she said. As a result, she suffers from nearly constant headaches and dizziness, and has to be regularly taken to the local hospital to receive an emergency dose of medication (Captopril) to temporarily lower her blood pressure. Rosales fears that without her medication she might suffer a heart attack, she said.<sup>43</sup>
- Carlos Sánchez, a 33-year-old man with cancer in Maracay, Aragua State, was diagnosed with Hodgkin’s Lymphoma in October 2015. For his first operation, Sánchez had to purchase and take to the hospital medicines and supplies, including painkillers, antibiotics, and saline solutions, his wife, Ana Vargas, told Human Rights Watch. Vargas said she has used WhatsApp messages and social media, including Instagram and Facebook, to ask for the medicines that Sánchez needed for the operation and has needed since; she has been unable to find them in local pharmacies. Vargas, who works for a government agency, requested that her name be withheld for fear of losing her job or having greater difficulty helping her husband get treatment at public institutions.<sup>44</sup>

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<sup>42</sup> Since Varela needs 9 boxes of pills per month, the total cost would be 117 bolivars at the public pharmacy. On the black market, a box of the same medication goes routinely for 1,500 bolivars. A monthly supply of 9 boxes would then cost 13,500 bolivars, 60 percent of the current minimum monthly wage. A friend recently brought Varela a single box he had purchased in Ecuador for \$22, or the equivalent of 22,000 bolivars at the unofficial exchange rate, almost 1,700 times the price in Venezuela, and one-and-a-half times the minimum monthly salary. At those rates, a monthly supply would cost 198,000 bolivars, approximately 9 times the monthly minimum wage.

<sup>43</sup> Human Rights Watch interview with Evelin Rosales, Maracaibo, June 29, 2016.

<sup>44</sup> Human Rights Watch interview with Ana Vargas (pseudonym), Maracay, June 16, 2016. Human Rights Watch also reviewed medical reports about Carlos Sánchez’s (pseudonym) medical condition.

- Graciela Giron, a 33-year-old woman with breast cancer in Valencia, Carabobo State, told Human Rights Watch she did not have any trouble accessing her treatment—chemotherapy and an operation—when she was diagnosed in 2013. In October 2015, when she requested her subsequent treatment, which included hormone therapy, through a public pharmacy using her Social Security number, as she had done in the past, she was told that it was unavailable. Giron was able to purchase the medications at a private pharmacy for a few months, but since January 2016, she has been unable to find them in Venezuela. Giron said she needs to purchase the medicines abroad, where they cost 10 times more, and has been organizing events together with other women with breast cancer to raise money to be able to continue with her treatment.<sup>45</sup>
- Lizbeth Hurtado, a 30-year-old patient in Caracas with Crohn’s disease, a chronic gastrointestinal illness, has found it difficult to obtain medication for her treatment since mid-2015. Hurtado said she has had to interrupt treatment, causing a worsening of symptoms including weight and hair loss, intestinal problems, and skin eruptions. Hurtado has been posting her searches for medicine on social media, and has created a network of people who suffer from similar illnesses, through which they share medication when someone finds it. At times, when unable to obtain medication elsewhere, Hurtado has taken expired pills that she got through the network, she said.<sup>46</sup>
- The parents of Carol Jiménez, a 9-year-old girl with diabetes in Valencia, Carabobo State, have found it extremely difficult since mid-2014 to find insulin to control her blood sugar and reactive strips to measure her blood sugar levels, her mother, Deysis Pinto, told Human Rights Watch. Before then, Pinto said, “things were normal, we could go to the pharmacy and even to the laboratories in the hospitals” and find what she needed. Pinto now dedicates her energy to try to find necessary medicines for her daughter, and although she has succeeded, she told Human Rights Watch that the “distress and uncertainty is a daily nightmare.” She said they rely on social networking with other diabetics, including through Twitter, Instagram, and WhatsApp group

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<sup>45</sup> Human Rights Watch interview with Graciela Giron, Valencia, June 16, 2016. Human Rights Watch also reviewed medical reports about Giron’s medical condition.

<sup>46</sup> Human Rights Watch interview with Lizbeth Hurtado, Caracas, June 17, 2016. Human Rights Watch also reviewed medical reports about Hurtado’s medical condition.

messages, to search for medicines at pharmacies in other parts of the country. Because Jiménez has been unable to receive medications shipped from other parts of the country, she has had to wait for someone to travel to Valencia from wherever they were available to deliver her medicines. “That’s how we’ve been able to get the treatment that keeps our children alive,” Pinto said.<sup>47</sup>

- Sandra Silva, the 33-year-old mother of a toddler who frequently develops high fevers with convulsions, the reasons for which are unclear, has been unable to purchase acetaminophen or paracetamol for her son in Táchira State for over a year, she told Human Rights Watch.<sup>48</sup> One of the last times she took her son to a public hospital, doctors were unable to provide him with any medicines. They sent Silva and her son home, and told her she should bathe the boy to stop the fever from going up, she said. Silva told Human Rights Watch that she has bought her son’s medicines in Colombia, where they cost almost 10 times more than in Venezuela.
- Jesús Espinoza, a 16-year-old boy in Valencia, Carabobo State who received three kidney transplants, has been on haemodialysis since 2013, Espinoza and his parents told Human Rights Watch. The mother said they go “from pharmacy to pharmacy to pharmacy” looking for medication, including medicines to control Espinoza’s blood pressure, which is critical to managing his condition. When medication is available, she said, “there’s always a crowd, and when it comes to your turn, they’ve run out. So you can’t get the medicine.” When that happens, mothers at the hospital sometimes exchange various types of medication that their children need, Espinoza’s mother said, which most of the time has helped her secure medication for her son.<sup>49</sup>

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<sup>47</sup> Human Rights Watch interview with Deysis Pinto, Valencia, June 16, 2016.

<sup>48</sup> Human Rights Watch interview with Sandra Silva, Capacho, July 11, 2016. Silva showed Human Rights Watch a copy of a medical report on her son’s medical condition.

<sup>49</sup> Human Rights Watch interview with Jesús Espinoza, María Portes de Espinoza, and Héctor Espinoza, Valencia, June 16, 2016.

## Shortages of Food and Basic Goods

We have nothing for lunch.... We have to survive and teach our children that there is no food today, that they should wait until tomorrow, the day after tomorrow ... and this is painful because I am old, but they have just started to live [their lives]. [When there is no food] only the two of us [adults] go to bed without having eaten; we try to feed the children bread and a glass of water with sugar, if we have sugar.

-Maria Del Pilar Bosch, Maracaibo, June 2016

In 2003, President Hugo Chávez created the “Mercal Mission,” a program designed to provide low-income Venezuelans access to goods and food whose prices were regulated by the government.<sup>50</sup> Since then, millions of Venezuelans have relied on these items subject to maximum prices set by the government, and it is precisely these people who are suffering the most due to the severe shortages of basic goods, including food, that Venezuela is facing today. While vegetables, fruit, meat, fish, and some imported basic goods are available in some markets—and certain stores carry such luxury goods as imported olive oils and wines—millions of Venezuelans simply cannot afford food that is not subject to price controls, and it is becoming increasingly difficult for them to provide adequate food for their families.<sup>51</sup>

There are no official statistics regarding the levels of scarcity that Venezuela is facing, but the Central Bank of Venezuela reported in January 2016 that the shortage of certain

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<sup>50</sup> “Eleven years ago, Chávez created Mercal to guarantee food for the people” (Hace 11 años Chávez creó Mercal para garantizar alimentos al pueblo), *Agencia Venezolana de Noticias*, April 21, 2014, <http://www.avn.info.ve/contenido/hace-11-a%C3%B1os-ch%C3%A1vez-cre%C3%B3-mercal-para-garantizar-alimentos-al-pueblo> (accessed September 15, 2015).

<sup>51</sup> According to the latest available official statistics, there were 2,434,035 “poor” households in Venezuela in the first semester of 2015. This is equivalent to 33 percent of all households in the country. A 2011 census determined that there was an average of 3.9 people per household in Venezuela. National Institute of Statistics, “Poverty per line of income, first semester 1997 – first semester 2015” (Pobreza por línea de ingreso, 1er semestre 1997 – 1er semestre 2015), n.d., [http://www.ine.gov.ve/index.php?option=com\\_content&view=category&id=104:pobreza&Itemid=45#](http://www.ine.gov.ve/index.php?option=com_content&view=category&id=104:pobreza&Itemid=45#) (accessed August 31, 2016); National Institute of Statistics, “Venezuela leaves its mark in census history in Latin America. INE publishes first results of 2011 census” (Venezuela deja su huella en la historia censal de América Latina, INE da a conocer los primeros resultados del Censo 2011), February 23, 2012, [http://www.ine.gov.ve/index.php?option=com\\_content&view=article&id=423:ine-da-a-conocer-los-primeros-resultados-del-censo-2011](http://www.ine.gov.ve/index.php?option=com_content&view=article&id=423:ine-da-a-conocer-los-primeros-resultados-del-censo-2011) (accessed August 31, 2016).

products “is perceived by the people as one of the main problems” in the country.<sup>52</sup> A survey of 1,488 people in 21 cities throughout the country conducted in 2015 by civil society groups, the Central University of Venezuela, and the Catholic University Andrés Bello found that 87 percent of interviewees—most of whom belonged to low-income households—had difficulty purchasing food.<sup>53</sup> Another survey by a well-known Venezuelan private consulting firm evaluated the availability of 42 basic goods, including food and essential household and hygiene products, whose prices are regulated by the government, and found that there were shortages of 74 percent of them in stores. The items of greatest scarcity were cooking oil, flour, milk, grains, and hygiene products, according to the survey.<sup>54</sup> In September, the director of a leading Venezuelan pollster firm reported that 40.6 percent of surveyed Venezuelans spent an average of six-and-a-half hours standing in line to purchase goods whose prices are regulated by the government.<sup>55</sup>

High inflation rates—of 480 percent in April 2016, according to the International Monetary Fund— are eroding buying power.<sup>56</sup> Most workers who receive the monthly minimum wage—of about 22,500 bolivars per month as of September 1, 2016, the equivalent of US\$22.50 at the unofficial exchange rate, plus meal benefits valued at almost twice as

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<sup>52</sup> Central Bank of Venezuela, “Results of the National Index of Consumer Prices, Gross Domestic Product and Balance of Payments” (Resultados del Índice Nacional de Precios al Consumidor, Producto Interno Bruto y Balanza de Pagos), January 15, 2016, <http://www.bcv.org.ve/Upload/Comunicados/aviso150116.pdf> (accessed August 29, 2016).

<sup>53</sup> The results are based on a survey of 1,488 people in 21 cities (of varying sizes) nationwide. Those interviewed were between 20 and 65 years old, and 81 percent of the surveyed households were poor. Maritza Landaeta-Jiménez, Marianella Herrera Cuenca, Guillermo Ramírez, and Maura Vásquez, “National Survey on Living Conditions, Venezuela 2015, Food” (Encuesta sobre Condiciones de Vida, Venezuela 2015, Alimentación), n.d., <https://www.scribd.com/doc/306640832/Encuesta-de-ENCOVI-Alimentacion-2015> (accessed August 29, 2016); “Encovi: More than 3 million Venezuelans eat twice a day or less” (Encovi: Más de 3 millones de venezolanos comen dos veces al día o menos), *Efecto Cucuyo*, March 31, 2016, <http://efectocucuyo.com/principales/encovi-mas-de-3-millones-de-venezolanos-comen-dos-veces-al-dia-o-menos> (accessed August 29, 2016).

<sup>54</sup> Human Rights Watch did not have access to the methodology used for the study. Scarlet Clemente, “Oscar Schémel: 61% of Venezuelans today support the recall referendum” (Oscar Schémel: 61% de los venezolanos hoy apoya el revocatorio), June 14, 2016, <http://www.hinterlaces.com/analisis/politica/oscar-schemel-61-de-los-venezolanos-hoy-apoya-el-revocatorio> (accessed August 29, 2016).

<sup>55</sup> Human Rights Watch did not have access to the methodology used for the study. “There are shortages of 77.8 % of regulated food items” (El desabastecimiento de alimentos regulados está en 77,8%), *Crónica Uno*, September 20, 2016, <http://cronica.uno/desabastecimiento-alimentos-regulados-datanalisis-778/> (accessed September 21, 2016); “Inflation of 800% and shortages of 77.6%: The numbers of Luis Vicente León for 2016” (Inflación de 800% y escasez de 77,6%: Las cifras de Luis Vicente León para 2016), *Efecto Cucuyo*, September 20, 2016, <http://efectocucuyo.com/economia/inflacion-de-800-y-escasez-de-776-las-cifras-de-luis-vicente-leon-para-2016> (accessed October 11, 2016).

<sup>56</sup> International Monetary Fund, “Report for Selected Countries and Subjects,” n.d., <http://www.imf.org/external/pubs/ft/weo/2016/01/weodata/weorept.aspx?pr.x=43&pr.y=8&sy=2016&ey=2016&scsm=1&ssd=1&sort=country&ds=.&br=1&c=299&s=PCPI%2CPCPICH%2CPCPIE%2CPCPIEPCH&grp=0&a=> (accessed August 31, 2016).



much<sup>57</sup>—as well as those with informal jobs, must rely on food subject to government-set prices and is thus sold well below market value.

People Human Rights Watch interviewed consistently said that long food lines form whenever supermarkets receive scarce goods, and that the supermarkets often run out of limited stock long before everyone in line has been served. The government’s reaction to complaints and unrest has been to accuse the political opposition and the private sector of generating the food crisis by waging an “economic war.” One key pillar of the government’s response to this crisis has been to grant the military and government supporters broad powers to distribute goods subject to price controls, which would otherwise go to markets where people would have to stand in line to purchase them. As described below, there are credible allegations that this method of distribution has led to political discrimination against government critics.

Public health scholars have found that there is a link between food insecurity and poor health. In different Latin American countries, food insecurity has been linked with major physical and mental health problems among adults, and poor growth and socio-emotional and cognitive development in children. In addition, research has shown that food-insecure individuals are less likely to adhere to medical treatments due to competing limited resources for diverse basic human needs.<sup>58</sup>

## Food Lines

During field research in June 2016, Human Rights Watch researchers repeatedly came across long lines wherever goods subject to government-set maximum prices were on sale.

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<sup>57</sup> “Minimum wage increases to 65,056 bolivars as of September 1st” (Salario mínimo integral subirá a Bs 65.056 desde el 1 de septiembre), *Agencia Venezolana de Noticias*, August 12, 2016, <http://www.avn.info.ve/contenido/salario-m%C3%ADnimo-integral-se-ubicar%C3%A1-bs-65056-partir-del-1-septiembre> (accessed August 31, 2016).

<sup>58</sup> Human Rights Watch interview with Dr. Rafael Pérez Escamilla, professor of Epidemiology and Public Health and director of the Office of Public Health Practice and Global Health Concentration at Yale School of Public Health, October 6, 2016; Nils C. Fischer et. al., “Household Food Insecurity Is Associated with Anemia in Adult Mexican Women of Reproductive Age,” *The Journal of Nutrition* (October 15, 2014); Rafael Pérez Escamilla et. al., “Household Food Insecurity is Associated with Childhood Malaria in Rural Haiti,” *The Journal of Nutrition* (September 9, 2009); Rafael Pérez Escamilla and Rodrigo Pinheiro de Toledo Vianna, “Food Insecurity and the Behavioral and Intellectual Development of Children: A Review of the Evidence,” *Journal of Applied Research on Children*, vol. 3, issue 1 (2012); Muriel Bauermann Gubert et. al., “Household food insecurity, nutritional status and morbidity in Brazilian children,” *Public Health Nutrition*, vol. 19, issue 12 (February 19, 2016); Angela Bermúdez-Millán et. al., “Stress and the Social Determinants of Maternal Health among Puerto Rican Women: A CBPR Approach,” *Journal of Health Care for the Poor and Underserved*, vol. 22, no. 4 (November 2011); Jennifer Bernal et. al., “Children Live, Feel, and Respond to Experiences of Food Insecurity that Compromise Their Development and Weight Status in Peri-Urban Venezuela,” *The Journal of Nutrition* (May 23, 2012).

Researchers interviewed dozens of Venezuelans who said they rely on these items and food, including 20 people while they were standing in lines in Caracas and five states: Carabobo, Lara, Táchira, Trujillo, and Zulia.

Those waiting in food lines told Human Rights Watch they were trying to buy a small number of food items sold at these prices, such as rice, pasta, and the flour used in the country's national dish, *arepas*. Some said that they had not eaten meat in months because it had become unaffordable. Others reported that food subject to price controls was no longer available in rural stores, requiring rural residents to travel to the big cities in search of these food items at the large supermarkets that still received them.

The Venezuelan government has tried to limit the length of food lines through an informal nationwide system under which anyone can wait in line on weekends, but people are only allowed to wait in line one weekday, based on the final digit of their identity number, according to several we people interviewed in lines.<sup>59</sup> Under this system, each weekday is linked to two final digits. Each sale is registered by identity number and fingerprint to prevent people from going to multiple food lines, interviewees said.

The amount of food and other basic goods—such as diapers, toothpaste, or toilet paper—subject to price controls that people can buy is strictly limited, if available at all, some interviewees said. For example, people can usually buy one kilogram of corn flour or rice, or two packs of diapers. (Mothers standing in line told Human Rights Watch that to buy diapers, they had to take the baby or a copy of the birth certificate with them to the store.) Some items, like sugar and toilet paper, have disappeared from supermarkets for months at a time, they said.

In Valencia, Human Rights Watch interviewed people in a line of hundreds waiting to purchase goods subject to price controls. The National Guard members and policemen guarding the line had written consecutive numbers on the arms of those waiting to prevent anyone from cutting the lines.

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<sup>59</sup> The food minister recognized that this system existed in mid-June, when he stated that it would disappear. Human Rights Watch researchers visited lines during the last two weeks of June, and it continued to operate. “Carlos Osorio: Sales by ID number will disappear in the next days” (Carlos Osorio: Venta por número de cédula desaparecerá en los próximos días), *El Nacional*, June 16, 2016, [http://www.el-nacional.com/politica/Carlos-Osorio-Regulacion-desaparecera-proximos\\_o\\_647935377.html](http://www.el-nacional.com/politica/Carlos-Osorio-Regulacion-desaparecera-proximos_o_647935377.html) (accessed August 29, 2016).

In Barquisimeto, Omar Monroy, a man in his sixties who was standing in line and had a disability and a heart condition, told Human Rights Watch that he had arrived the previous day at 4 p.m. and had slept on a piece of cardboard to keep his place in line. He said:

I want to buy a bit of everything [that may be available], but we live in a country [where] we have money in our wallets, but can't find anything to buy. Perhaps after the 14 hours that I spent overnight here, maybe I will get 2 kilos of corn flour for my family. Maybe—because it is a lottery.

My identity card ends in number seven, so I can make purchases once a week on this day. In my case specifically, because of my health, I only come every two weeks.... I'm disabled, and being disabled gives me special access to the line. I should be arriving [in the morning], and not have to spend the entire night here, but with the situation like it is, if I don't spend 14 hours and sleep here, I can't even buy what little is available.

[I have never seen a situation like this,] and I am telling you this as a Chávez supporter.... It has been four months since I last ate chicken. I can't even remember what meat is, what milk is. My grandchildren who are just five years old haven't had milk in four months.<sup>60</sup>

A 31-year-old pregnant woman told Human Rights Watch that she waited in food lines twice a week, and that “sometimes I wait in line and still can't get any food.” She said that she “eats two times a day,” and “sometimes I eat, sometimes ... I don't.”<sup>61</sup>

Accessing food subject to price controls is even more difficult for the parents of children with disabilities, who often cannot afford the time away from their children or do not have access to family support services in order to wait in long lines. Elaine Navarro, a 36-year-old mother of four, was 8 months pregnant when Human Rights Watch researchers interviewed her. She had a 16-year-old son, Alejandro José Salcedo, with Down Syndrome and other physical disabilities that demanded intensive support, making it difficult to wait in food lines. She told Human Rights Watch:

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<sup>60</sup> Human Rights Watch interview with Omar Monroy, Barquisimeto, June 23, 2016.

<sup>61</sup> Human Rights Watch interview with Marielin, Valencia, June 21, 2016.

We have to wait in lines to buy food, with our children, and the first thing we are told is that we have to leave the child [at home].... They say to me, “the child is too agitated.” Well, of course, because he has not received his medications for four months.... I am his mother, and in his condition, imagine leaving him [with others].<sup>62</sup>

## Impact of Food Scarcity

The impact of food scarcity on the health of Venezuelans remains unclear, as no studies to assess its effects have been conducted to date. A national survey by civil society organizations and two Venezuelan universities published in March 2016 found that in 2015, 12 percent of interviewees were eating twice or fewer times a day.<sup>63</sup>

Another national survey carried out by a consulting firm in August found that 40 percent of those surveyed had eaten twice a day, while 12.5 percent had only eaten once. More than half were unable to go to work because they had to go and search for food, 38.1 percent said their children had to skip school because they did not have enough food to feed them, and 33.6 percent said their children had to skip school to accompany their parents to find food. A total of 85.3 percent of those surveyed feared they would not have enough food in their homes to feed their families.<sup>64</sup>

Several doctors told Human Rights Watch that they were starting to see symptoms of malnutrition in patients that had not been present before the shortages began, particularly children, and that they were concerned about potential serious health consequences. For example, a doctor said that the number of patients diagnosed with malnutrition or with illnesses associated with poor nutrition were on the rise and were reaching levels that he had not seen in the hospital since the 1960s or 1970s.<sup>65</sup>

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<sup>62</sup> Human Rights Watch interview with Elaine Navarro, Barquisimeto, June 23, 2016.

<sup>63</sup> Maritza Landaeta-Jiménez, Marianella Herrera Cuenca, Guillermo Ramírez, and Maura Vásquez, “National Survey on Living Conditions, Venezuela 2015, Food,” n.d.; “Encovi: More than 3 million Venezuelans eat twice a day or less,” March 31, 2016.

<sup>64</sup> The study is based on a nationwide survey of 767 people on August 8-12, 2016. Those interviewed had different ages, education levels, jobs, and political views. Most interviewees earned less than 51,000 bolívares, which is less than two minimum wages. More Consulting, “Opinion Study: Food in Schools” (Estudio de Opinión: Alimentación en las Escuelas), n.d., [https://www.scribd.com/document/323349756/Encuesta-La-Alimentacion-en-Las-Escuelas-Venezolanas#from\\_embed](https://www.scribd.com/document/323349756/Encuesta-La-Alimentacion-en-Las-Escuelas-Venezolanas#from_embed) (accessed September 21, 2016).

<sup>65</sup> Human Rights Watch interview with Dr. Julio Castro, Caracas, June 16, 2016.

A doctor at another hospital said that due to the difficulties mothers face in obtaining adequate food, they were currently seeing newborns and babies under 6 months old who were malnourished and required special care.<sup>66</sup>

Similarly, community members and mothers told Human Rights Watch that it has become increasingly difficult to feed children. In Lara State, community members from two neighborhoods where hundreds of families live said children were fainting at school because they were not getting enough food.<sup>67</sup> Navarro, the mother of the 16-year-old boy with Down Syndrome and physical disabilities, said she often had to send her children to bed without dinner:

The situation is not like before, when you could walk down [to the local shop] and buy a pack of flour, bread, rice, whatever. The situation is very hard. And it is painful because it is sad when you have children. [As an adult,] you might be able to put up with it, and just drink a glass of water instead, but how do you say to your children [that there is no food?]<sup>68</sup>

Maria Del Pilar Bosch, 59, who lives with her daughter and two grandchildren in Maracaibo, told Human Rights Watch that to buy a kilo of rice, they have to go to the black market, where they cannot afford it, or wait in line for hours, and even then, sometimes they cannot find it. Bosch said that if they do not have food for dinner, they “try to feed the children bread and a glass of water with sugar, if we have sugar.”<sup>69</sup>

Similarly, Morexmar Chirinos, a young mother of two in Valencia, told Human Rights Watch that she needed many things, but “primarily food for my children, because it’s sad when your child comes to you and asks for food, but there isn’t any. That’s the worst thing that can happen, and it’s something that we’ve experienced here.”<sup>70</sup>

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<sup>66</sup> Human Rights Watch interview with doctor, San Cristóbal, July 14, 2016.

<sup>67</sup> Human Rights Watch interview with Alejo Duran and Magdalena Parra, Barquisimeto, June 23, 2016; Human Rights Watch interview with Gladys Elena Carreño Mujica, Barquisimeto, June 16, 2016.

<sup>68</sup> Human Rights Watch interview with Elaine Navarro, Barquisimeto, June 23, 2016.

<sup>69</sup> Human Rights Watch interview with Maria Del Pilar Bosch, Maracaibo, June 28, 2016.

<sup>70</sup> Human Rights Watch interview with Morexmar Chirinos, Valencia, June 15, 2016.

## CLAPs

In April 2016, in an effort to counter these shortages—or in the government’s words, “counter the economic war” that it blames for the shortages<sup>71</sup>—the government created Local Committees of Provision and Production (*Comités Locales de Abastecimiento y Producción*, CLAP) that are supposed to function nationwide.<sup>72</sup> A May 2016 presidential decree, which accused the private sector and the political opposition of causing the scarcity of goods, declared a “state of exception and economic emergency,” granting the CLAPs, together with the military and police forces, vaguely defined “vigilance and organization” powers to “guarantee security and sovereignty.”<sup>73</sup>

The CLAPs are charged with distributing, on a monthly basis, bags of goods that generally include limited quantities of items such as oil, corn flour, sugar, milk, pasta, rice, and margarine directly to the homes of Venezuelans who pay the lower, government-set price.<sup>74</sup> Since the creation of CLAPs, goods at these prices have stopped being sold in some supermarkets, according to credible information received by Human Rights Watch, although supermarkets continue to be the main source of such food.<sup>75</sup>

The government claims the CLAPs have provided food to large numbers of people. A national survey conducted by a private consulting firm in August 2016 found that the CLAPs were the primary source of food for only 3.7 percent of those interviewed, while 51.5

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<sup>71</sup> “What are the Local Committees of Provision and Production (CLAP)?” (*¿Qué son los Comités Locales de Abastecimiento y Producción (CLAP)?*), *Venezolana de Televisión*, April 28, 2016, <https://social.shorthand.com/VTVcanal8/j2facLbAtlc/que-son-los-comites-locales-de-abastecimiento-y-produccion-clap> (accessed August 29, 2016).

<sup>72</sup> Communications and Information Ministry, “Today the Local Committees of Provision and Production are born” (*Hoy nacen los Comités Locales de Abastecimiento y Producción*), April 3, 2016, <http://minci.gob.ve/2016/04/hoy-nacen-los-comites-locales-de-abastecimiento-y-produccion/> (accessed August 29, 2016).

<sup>73</sup> Presidential Decree 2.323, May 13, 2016, published in the Extraordinary Official Gazette No. 6.227, art. 2(9).

<sup>74</sup> “More than 600 food bags are distributed this Saturday in Santa Rosa area in Caracas” (*Más de 600 bolsas de comida se distribuyen este sábado en sector Santa Rosa de Caracas*), *Agencia Venezolana de Noticias*, April 16, 2016, <http://www.avn.info.ve/contenido/m%C3%A1s-600-bolsas-comida-se-distribuyen-este-s%C3%A1bado-sector-santa-rosa-caracas> (accessed August 29, 2016); Mayor’s office of Caracas, “The CLAP guarantee supply to the communities” (*Los CLAP garantizan el abastecimiento comunal*), April 27, 2016, [http://www.gdc.gob.ve/content/site/module/news/op/displaystory/story\\_id/4866/format/html/](http://www.gdc.gob.ve/content/site/module/news/op/displaystory/story_id/4866/format/html/) (accessed August 29, 2016).

<sup>75</sup> Human Rights Watch has reviewed pictures of stores with public notices stating that as of a specific date regulated foods will instead be distributed by the CLAPs (copies on file at Human Rights Watch), and a letter signed by a government official stating that as of June 1, 2016, certain goods subject to price controls, including flour, pasta, rice, butter, margarine, oil, sugar, salt, diapers, milk, mayonnaise, tomato sauce, and personal hygiene products will no longer be sold at a market in Caracas (letter from Ricardo Lanz, superintendent of the tax offices of the Capital District, to stores in the area, May 31, 2016, (copy on file at Human Rights Watch)).

percent said it was private supermarkets.<sup>76</sup> Moreover, as the preceding pages show, the initiative has not eliminated pervasive shortages and many Venezuelans still struggle to feed their families.

The Venezuelan media has carried several stories alleging that the CLAPs have discriminated against actual and perceived government critics, including opposition supporters.<sup>77</sup> While we were unable to research most such allegations and do not know how widespread such political discrimination in food distribution might be, the Chávez and Maduro administrations have both previously engaged in such discrimination, for example, by firing or threatening to fire government employees who supported recall referendum petitions against them.<sup>78</sup>

The CLAP distribution process is handled by pro-government groups such as the National Women's Union (*Unión Nacional de Mujeres*),<sup>79</sup> the Union of Bolívar-Chávez Battalions (*Unidad de Batallas Bolívar-Chávez, UBCH*),<sup>80</sup> the Francisco de Miranda Front (*Frente Francisco de Miranda*),<sup>81</sup> and, in each location, communal councils. Venezuelans who want

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<sup>76</sup> The survey asked which were the two main sources of food in their households, and these numbers reflect the first source mentioned by those interviewed. More Consulting, "Opinion Study: Food in Schools" (Estudio de Opinión: Alimentación en las Escuelas), n.d., [https://www.scribd.com/document/323349756/Encuesta-La-Alimentacion-en-Las-Escuelas-Venezolanas#from\\_embed](https://www.scribd.com/document/323349756/Encuesta-La-Alimentacion-en-Las-Escuelas-Venezolanas#from_embed) (accessed September 21, 2016).

<sup>77</sup> See, e.g., "[They] denounce that the suspension of CLAPs was ordered in Villa Rosa" (Denunciaron que ordenaron suspender CLAP en Villa Rosa), *El Nacional*, September 4, 2016, [http://www.el-nacional.com/politica/Denunciaron-suspender-CLAP-Villa-Rosa\\_o\\_915508501.html](http://www.el-nacional.com/politica/Denunciaron-suspender-CLAP-Villa-Rosa_o_915508501.html) (accessed September 21, 2016); "Communal spokespeople claim CLAPs discriminate when provided food bags" (Voceros comunales denuncian discriminación de los CLAP al entregar bolsas de comida), *Efecto Cucuyo*, June 8, 2016, <http://efectocucuyo.com/politica/voceros-comunales-denuncian-discriminacion-de-los-clap-al-entregar-bolsas-de-comida> (accessed August 29, 2016); "Political discrimination operates in the CLAP when they distribute food" (La discriminación política opera en los CLAP al repartir alimentos), *El Nacional*, May 29, 2016, [http://www.el-nacional.com/siete\\_dias/discriminacion-politica-CLAP-repartir-alimentos\\_o\\_856114474.html](http://www.el-nacional.com/siete_dias/discriminacion-politica-CLAP-repartir-alimentos_o_856114474.html) (accessed August 29, 2016); "In Antimano you get killed for a bag of rice" (En Antímano te matan por una bolsa de arroz), *Crónica Uno*, August 29, 2016, <http://cronica.uno/antimano-te-matan-una-bolsa-arroz/> (accessed September 5, 2016); "Obtaining a CLAP bag is an impossible mission" (Obtener una bolsa CLAP se convierte en misión imposible), *Crónica Uno*, October 5, 2016, <http://cronica.uno/obtener-una-bolsa-clap-se-convierte-en-mision-imposible/> (accessed October 5, 2016).

<sup>78</sup> Human Rights Watch, "Recall Supporters Fired," July 20, 2016, <https://www.hrw.org/news/2016/07/20/venezuela-recall-supporters-fired>; Human Rights Watch, "A Decade Under Chávez: Political Intolerance and Lost Opportunities for Advancing Human Rights in Venezuela," September 18, 2008, <https://www.hrw.org/report/2008/09/18/decade-under-chavez/political-intolerance-and-lost-opportunities-advancing-human>.

<sup>79</sup> National Union of Women homepage, n.d., <http://www.unamujer.org.ve/?q=principios> (accessed August 29, 2016); National Union of Women, Objectives, n.d., <http://www.unamujer.org.ve/?q=objetivos> (accessed August 29, 2016).

<sup>80</sup> Elías Jaua, "The UBCH" (Las UBCH), PSUV, November 10, 2013, <http://www.psuv.org.ve/temas/noticias/ubch/#.V3KpurjhDIU> (accessed August 29, 2016).

<sup>81</sup> Francisco de Miranda Front, "Who are we?" (¿Quiénes somos?), n.d., <http://frentefranciscodemirandasocopo.blogspot.com.ar/p/sobre.html> (accessed August 29, 2016); Francisco de Miranda Facebook page, n.d.,

to acquire a bag of goods subject to price controls fill out a form that asks them, among other things, whether they belong to the ruling party.<sup>82</sup>

Gladys Elena Carreño Mujica, a community member in Moyetones, Lara State, reported to Human Rights Watch that a pro-government leader told her that her community of 600 families would be excluded from distribution programs because it was opposed to the government. She said:

[T]hey go through what they call a political filter, where authorities in each state, each municipality, each district ... verify that those who receive CLAP benefits support the government. If not, they are rejected, and benefits don't come to that community.

Carreño said that as a consequence of such exclusion her community is having greater difficulty in obtaining goods, including flour, sugar, milk, eggs, beans, pasta, rice, and proteins. This, she said, is making it very difficult for parents to feed their children.<sup>83</sup>

This is not to say that all pro-government Venezuelans receive substantial assistance from the CLAPs. Some community members told Human Rights Watch that pro-government and opposition communities are both suffering, and that even in some pro-government areas the CLAPs had not distributed food.<sup>84</sup>

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[https://www.facebook.com/Frente-francisco-de-miranda-120996341306254/info/?entry\\_point=page\\_nav\\_about\\_item&tab=page\\_info](https://www.facebook.com/Frente-francisco-de-miranda-120996341306254/info/?entry_point=page_nav_about_item&tab=page_info) (accessed August 29, 2016).

<sup>82</sup> Image of form available at <https://twitter.com/hcapriles/status/719857400933560321/photo/1> (accessed August 29, 2016); Mayela Armas, "The food bags sold by the government are a lottery" (Las bolsas de comida que vende el Gobierno son una lotería), *Crónica Uno*, May 9, 2016, <http://cronica.uno/las-bolsas-comida-vende-gobierno-una-loteria/> (accessed August 29, 2016).

<sup>83</sup> Human Rights Watch interview with Gladys Elena Carreño Mujica, Barquisimeto, June 16, 2016.

<sup>84</sup> Human Rights Watch interview with Alejo Duran and Magdalena Parra, Barquisimeto, June 23, 2016.



## Government Response to Shortages

Since January 2016, the Venezuelan government has announced a series of initiatives aimed at addressing shortages of medicines, foods, and other basic goods. President Maduro has cast these as attempts at “overcoming the economic circumstances generated by the drop of oil prices, and the non-conventional war generated by sectors from the right,” according to the government-funded TV station *Telesur*.<sup>85</sup> The steps taken include measures to increase local production of medicines, medical supplies, and food.<sup>86</sup> If properly implemented, some of these initiatives could help reduce the shortages. So far, however, their collective impact has clearly failed to blunt the severity of Venezuela’s humanitarian crisis. Some of these initiatives’ impact would only be felt over the medium to long term, if they are successful at all.

The Venezuelan government has sought humanitarian assistance from abroad, but to a very limited degree. The government announced plans starting in February to import medicines from China and Cuba.<sup>87</sup> More recently, a representative of the World Health Organization (WHO) told Human Rights Watch that the agency was assisting Venezuela with the purchase of medicines.<sup>88</sup>

So far, this international assistance has also fallen far short of what is needed to alleviate the shortages. Nonetheless, it does not appear that the Venezuelan government has

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<sup>85</sup> “Venezuela evaluates the Economic Production Council’s agenda” (Venezuela evalúa agenda del Consejo de Economía Productiva), *Telesur*, February 10, 2016, <http://www.telesurtv.net/news/Venezuela-evalua-agenda-del-Consejo-de-Economia-Productiva-20160210-0011.html> (accessed September 20, 2016).

<sup>86</sup> This chapter reflects publicly available information on the steps taken by the government in recent months to address the shortages. The government did not respond to an information request sent by Human Rights Watch regarding its assessment of the extent of the crisis and measures it was taking to address it.

<sup>87</sup> “Maduro signs agreement with the pharmaceutical sector to produce medicines” (Maduro firma acuerdo con sector farmacéutico para producir medicinas), *Telesur*, February 18, 2016, <http://www.telesurtv.net/news/Maduro-firma-acuerdo-con-sector-farmacutico-para-producir-medicinas-20160218-0069.html> (accessed September 20, 2016); “Maduro signs agreement with Cuba on health and education” (Maduro firma convenio con Cuba en materia de salud y educación), *Telesur*, April 4, 2016, <http://www.telesurtv.net/news/Comision-de-alto-nivel-Cuba-Venezuela-se-reune-en-Caracas-20160404-0041.html> (accessed September 20, 2016); “96 tons of medicines arrive to the country as a consequence of agreement with China” (96 toneladas de medicamentos llegan al país producto del convenio con China), *Agencia Venezolana de Noticias*, May 28, 2016, <http://www.avn.info.ve/contenido/96-toneladas-medicamentos-llegan-al-pa%C3%ADs-producto-del-convenio-china> (accessed September 20, 2016).

<sup>88</sup> Letter from José Moya, WHO/PAHO representative in Caracas, to Joe Saunders, deputy program director at Human Rights Watch, September 2, 2016. Copy on file at Human Rights Watch.

sought to obtain additional assistance that might be readily available. On the contrary, the government has vehemently denied the extent of the need for help and has blocked an effort by the opposition-led National Assembly to seek international assistance. At the same time, restrictive policies make it difficult for relief agencies and non-governmental organizations to operate in Venezuela.

## Government Measures to Promote Health and Access to Food

To address the problems in the Venezuelan health care system, the government announced in March that it would “expand” *Barrio Adentro*, an initiative launched by President Hugo Chávez in 2003 to provide free primary health care to Venezuelans through Cuban doctors working in local health care centers created to that effect.<sup>89</sup> Since its inception, the program provided medical services to many thousands of poor Venezuelans who had previously had much more limited access to health care. Yet its services reportedly deteriorated after 2006, according to the Venezuelan Human Rights Education-Action Program (PROVEA), a leading organization working on economic, social, and cultural rights since 1988.<sup>90</sup> In 2009, President Chávez announced that his government would “relaunch” the program to address its problems.<sup>91</sup> Yet PROVEA reported receiving hundreds of complaints in 2015 regarding lack of equipment, personnel, infrastructure, and suspension of health services in public hospitals and *Barrio Adentro* centers.<sup>92</sup>

The government has announced steps aimed at increasing domestic capacity to produce medicines. In July, the health minister reported that six public companies that had been “practically paralyzed” in the past were producing medicines, and that 45 private companies had received special authorization to obtain dollars to purchase raw materials

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<sup>89</sup> “Maduro Meets with Fidel Castro in Cuba, Renews Bilateral Cooperation Agenda,” *Venezuelanalysis*, March 21, 2016, <https://venezuelanalysis.com/news/11895> (accessed September 21, 2016).

<sup>90</sup> PROVEA, Annual Report 2009, n.d., <http://www.derechos.org/ve/pw/wp-content/uploads/7-salud.pdf> (accessed September 21, 2016), p. 136.

<sup>91</sup> “President Chávez ordered the three Rs for Barrio Adentro” (Presidente Chávez ordenó las tres R para Barrio Adentro), *Ciudad Caracas*, October 5, 2009, <http://www.ciudadccs.info/wp-content/uploads/2009/10/05/CCSo51009.pdf> (accessed September 21, 2016).

<sup>92</sup> PROVEA, Annual Report 2015, n.d., <http://www.derechos.org/ve/pw/wp-content/uploads/Derecho-a-la-Salud.pdf> (accessed September 21, 2016), chapter on right to health, p. 2. “Barrio Adentro: New Relaunch?” (Barrio Adentro: Nuevo reimpulso?), *El Universal*, April 21, 2016, [http://www.eluniversal.com/noticias/opinion/barrio-adentro-nuevo-reimpulso\\_305710](http://www.eluniversal.com/noticias/opinion/barrio-adentro-nuevo-reimpulso_305710) (accessed September 21, 2016).

for the production of medicines abroad.<sup>93</sup> The health minister claimed that between January and May 2016, the government had distributed 230 million doses of medicines to treat illnesses with high death rates.<sup>94</sup>

In spite of the actions the government claims to have taken, both doctors and patients described the first half of 2016 as a period in which medical shortages had risen significantly. In follow-up interviews in September, doctors and nurses told Human Rights Watch that the shortages in medicines had not abated.<sup>95</sup>

In response to the food shortages, the minister for agricultural production and lands announced in April that the government had granted credits to 5,000 Venezuelan producers to help them farm their land.<sup>96</sup> The government also announced that it would attempt to ensure the distribution of essential goods subject to government-set price controls through a network of local committees run by the military and government supporters. This method of distribution—called “CLAP” and described in detail in the chapter of this report on shortages of food and other goods—has been dogged by allegations of political discrimination and has not effectively alleviated the shortages, as described in more detail above.

In July, “to increase and strengthen the production” of the agriculture and food sector, the minister of labor adopted a resolution with the aim of “guarantee[ing] the food security of

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<sup>93</sup> Banks and Finance Ministry, “Pharmaceutical Engine Strengthens the industry that produces medicines” (Motor Farmacéutico fortalece industria productora de medicamentos), July 14, 2016, <http://www.siss.gob.ve/motor-farmacaceutico-fortalece-industria-productora-de-medicamentos/> (accessed September 20, 2016); “Pharmaceutical Engine is working! Call center 0800-Salud YA has been activated” (En marcha Motor Farmacéutico! Activado centro de atención llamadas, 0800-Salud Ya), *Venezolana de Televisión*, February 25, 2016, <http://www.vtv.gob.ve/articulos/2016/02/25/en-marcha-motor-farmacaceutico-activado-centro-de-atencion-llamadas-0800-saludya-8075.html> (accessed September 20, 2016).

<sup>94</sup> “Luisana Melo: If they say that medicines are lacking, I ask which” (Luisana Melo: Si dicen que faltan medicamentos, yo pregunto cuáles son), *Diario 2001*, YouTube, uploaded on June 28, 2016, <https://www.youtube.com/watch?v=NRpOyFHn4YA> (accessed October 11, 2016); “230 million medicines distributed this year” (230 millones de medicamentos distribuidos en lo que va del año), *Ciudad Caracas*, June 29, 2016, <http://ciudadccs.info/230-millones-medicamentos-distribuidos-lo-va-ano/> (accessed October 11, 2016).

<sup>95</sup> In September, Human Rights Watch asked a series of questions, including one on the extent of the shortages, to ten doctors working in ten different hospitals Caracas and the following states: Carabobo, Lara, Táchira, Trujillo and Yaracuy. The names of the doctors and where they work are withheld for security reasons.

<sup>96</sup> Socialist United Party of Venezuela, “Agriculture and Food Engine benefits 5,000 small producers in the country” (Motor Agroalimentario beneficia a cinco mil pequeños productores en el país), April 30, 2016, <http://www.psuv.org.ve/temas/noticias/motor-agroalimentario-beneficia-a-cinco-mil-pequenos-productores-pais/#.V9hbjPorKUK> (accessed September 20, 2016).

the people, understood as the availability of enough food at the national level and a timely and permanent access to it by the public.” The resolution creates a mandatory system under which public and private entities must “provide” all workers who possess the “adequate physical conditions” or “theoretical or technical knowledge in productive areas” to those entities linked to the agriculture and food sector that are subject to “special measures to increase their production.” Under this special system, the entity where the workers will be forced to work will pay the worker’s salary, and “consequently, the workers must provide the required services” for up to 120 days.<sup>97</sup> Although the decree does not specify whether the worker must agree to being transferred to the new position, after widespread criticism stating it would authorize forced labor in Venezuela, government supporters stated the workers’ transfer would be “voluntary.”<sup>98</sup> Human Rights Watch has not been able to find any official information regarding the decree’s implementation.

## International Humanitarian Assistance

In August, UN Secretary-General Ban Ki-moon described the situation in Venezuela as a “humanitarian crisis.”<sup>99</sup> Similarly, in September, UN High Commissioner for Human Rights Prince Zeid Ra’ad Al Hussein reported that Venezuela had undergone a “dramatic decline in enjoyment of economic and social rights, with increasingly widespread hunger and sharply deteriorating health-care.”<sup>100</sup>

UN humanitarian agencies—including UNICEF, the WHO, the Pan-American Health Organization (PAHO), the FAO, the World Food Programme (WFP), and OCHA—have remained largely silent on the crisis in Venezuela. In July, more than 80 Venezuelan human rights and health non-governmental organizations sent a public letter to Secretary-General

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<sup>97</sup> Labor Ministry, Resolution 9855, July 19, 2016.

<sup>98</sup> “Mario Silva, La Hojilla, VTV. Resolución 9855. Emails of Hillary Clinton against Venezuela and Chávez” (Mario Silva, La Hojilla, VTV. Resolución 9855. Correos de Hillary Clinton contra Venezuela y Chávez), YouTube, uploaded on July 31, 2016, <https://www.youtube.com/watch?v=S8pBr8z6N7U> (accessed October 1, 2016); “The Government will correct Resolution 9855” (Gobierno corregirá resolución 9855), *El Nacional*, August 2, 2016, [http://www.el-nacional.com/economia/Gobierno-corregira-resolucion\\_o\\_895110752.html](http://www.el-nacional.com/economia/Gobierno-corregira-resolucion_o_895110752.html) (accessed October 1, 2016).

<sup>99</sup> “Ban Ki-Moon: There is a humanitarian crisis in Venezuela” (Ban Ki-Moon: En Venezuela hay una crisis humanitaria), *La Nación*, August 10, 2016, <http://www.lanacion.com.ar/1926563-ban-ki-moon-en-venezuela-hay-una-crisis-humanitaria> (accessed August 26, 2016).

<sup>100</sup> Office of the United Nations High Commissioner for Human Rights, “Opening Statement by Zeid Ra’ad Al Hussein, United Nations High Commissioner for Human Rights, at the 33<sup>rd</sup> session of the Human Rights Council,” September 13, 2016, <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=20474> (accessed September 14, 2016).

Ban Ki-moon criticizing UN agencies for not doing more to address the health and food shortages in Venezuela.<sup>101</sup>

Human Rights Watch is not aware of a single large-scale health assistance program run by a major international humanitarian non-governmental organization currently addressing the medical crisis in Venezuela. However, Venezuela has been receiving some limited support from UN agencies. The WHO has been assisting the government with the purchase of vaccines, as well as medicines and materials for diagnosis of illnesses such as HIV/AIDS, malaria, tuberculosis, and cancer.<sup>102</sup> The FAO has been supporting government programs to “improve the production, distribution and increase consumption of food among people with low income.”<sup>103</sup> It is not possible to determine from the information provided by the WHO and FAO to Human Rights Watch to what extent these programs have effectively contributed to helping mitigate the shortages of medicines, medical supplies, and food that continue to plague the country.

Human Rights Watch has been unable to confirm whether the Venezuelan government has sought international aid beyond the WHO and FAO programs and bilateral agreements with Cuba and China.<sup>104</sup> Yet all available evidence points to the conclusion that the Venezuelan government is not seeking additional assistance on the scale necessary to alleviate the current crisis.

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<sup>101</sup> “More than 80 NGOs reject UN agencies’ silence faced with what is happening in Venezuela” (Más de 80 ONGs rechazan silencio de agencias de la ONU ante lo que ocurre en Venezuela), *El Informador*, July 28, 2016, <http://elinformadorweb.co/79-ongs-rechamos-silencio-agencias-la-onu-ante-lo-ocurre-venezuela/> (accessed September 20, 2016); PROVEA, “Venezuelan NGOs write to the UN Secretary General about silence of agencies in the country” (ONGs venezolanas escriben al Secretario General de la ONU sobre silencio de agencias en el país), July 22, 2016, <http://www.derechos.org.ve/2016/07/22/49-ongs-venezolanas-escriben-al-secretario-general-de-la-onu-sobre-silencio-de-agencias-en-el-pais/> (accessed September 20, 2016).

<sup>102</sup> In a letter to Human Rights Watch in September, the WHO representative in Caracas said the Venezuelan government had received a credit of US\$20,000,000 through a special fund that “will” allow it to “prioritize the purchase” of enough vaccines and supplies to cover all the needs in Venezuela. The letter does not specify which vaccines would be purchased, when that would happen, nor when they would be distributed in Venezuela. Letter from José Moya, WHO/PAHO representative in Caracas, to Joe Saunders, deputy program director at Human Rights Watch, September 2, 2016. Copy on file at Human Rights Watch.

<sup>103</sup> Letter from Marcelo Resende, FAO representative in Caracas, to Joe Saunders, deputy program director at Human Rights Watch, September 6, 2016. Copy on file at Human Rights Watch.

<sup>104</sup> UNICEF, which has a stock of medicines and medical supplies available at its warehouses in Copenhagen and regional emergency distribution centers for countries in need, has not responded to Human Rights Watch’s request for information regarding its activities in Venezuela. UNICEF, “Supplies and Logistics,” n.d., [http://www.unicef.org/supply/index\\_e\\_cd\\_drugs.html](http://www.unicef.org/supply/index_e_cd_drugs.html) (accessed September 20, 2016).

In fact, through its public statements and actions, the government has sent a clear message that such humanitarian aid would not be welcome. In May 2016, President Maduro asked the Supreme Court—which ceased to be an independent check on executive power more than a decade ago—to evaluate the constitutionality of a law by the opposition-led National Assembly that created a special plan to address the “health crisis.” Under the plan, the executive would have been obliged to request international cooperation to address the crisis from key UN agencies, the International Red Cross, and other countries. The law also authorized the shipment of medicines by individuals from abroad. The court struck down the law within two weeks, arguing that only the president had powers to address the shortages, under an executive decree he signed in May declaring a state of emergency. The Supreme Court has also failed to respond to a constitutional appeal filed in May by several human rights organizations in Venezuela, asking it to protect the right to health and order the government to adopt measures to ensure access to scarce medicines and supplies.<sup>105</sup> To Human Rights Watch’s knowledge, President Maduro has not made any public statements requesting international humanitarian aid to alleviate the crisis.

In October 2016, pro-government Venezuelan representatives before Parlasur—the legislative body of the regional trade bloc MERCOSUR—voted against a Parlasur resolution calling on member states to send medicines to Venezuela, according to press accounts.<sup>106</sup>

Human Rights Watch has had confidential discussions with five people working for several major humanitarian non-governmental groups and one who works for the United Nations, who say they have faced significant obstacles to work in Venezuela during the current crisis. For example, a reliable source told Human Rights Watch that even leading humanitarian aid groups face difficulties obtaining the registration necessary to legally operate in the country and to import necessary supplies. A source from another organization said that although it has the capacity to implement a program to provide food, school supplies, and personal hygiene items, they had not requested government

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<sup>105</sup> Constitutional appeal filed by the Center for Justice and Peace (Centro de Justicia y Paz), Transparency Venezuela, Action for Solidarity (Asociación Civil Acción Solidaria), Foundation for the Fight Against Breast Cancer (Fundación de la Lucha contra el Cáncer de Mama, Funcamama), PROVEA, Convite A.C., and the Coalition of Organizations for the Right to Health and Life (CODEVIDA), before the Constitutional Chamber of the Supreme Court, May 2016. Copy on file at Human Rights Watch.

<sup>106</sup> “Parlasur approves resolution to help Venezuela with medicines” (Parlasur aprueba resolución para ayudar a Venezuela con medicamentos), *Informe 365*, October 8, 2016, <https://informe365.com/2016/10/08/parlasur-aprueba-resolucion-para-ayudar-a-venezuela-con-medicamentos/> (accessed October 10, 2016).

authorization to implement it for fear of undermining their ability to carry out other activities—already authorized—that do not involve humanitarian aid.

In April 2016, the Venezuelan Episcopal Conference issued a press release stating that “never before have Venezuelans suffered the extreme need of basic goods and products for nutrition and health” and said, “it is urgent that private institutions, such as Caritas” receive authorization to “bring food, medicines, and other goods that come from national and international aid, and organize distribution networks to satisfy the urgent needs of the people.”<sup>107</sup> In June, Caritas reported that it was working to “persuade the government to open a humanitarian corridor in order to allow entry of food and medical supplies” and that the request “had been stalled.”<sup>108</sup>

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<sup>107</sup> Episcopal Conference of Venezuela, “Press release from the Presidency of the Episcopal Conference of Venezuela in light of the very serious situation in the country” (Comunicado de la Presidencia de la Conferencia Episcopal Venezolana ante la gravísima situación del país), April 27, 2016, <http://www.cev.org.ve/index.php/noticias/182-comunicado-de-la-presidencia-de-la-conferencia-episcopal-venezolana-ante-la-gravisima-situacion-del-pais> (accessed September 20, 2016).

<sup>108</sup> Caritas, “Hospitals run out of supplies in Venezuela,” June 2, 2016, <http://www.caritas.org/2016/06/hospitals-run-out-of-supplies-in-venezuela/> (accessed September 21, 2016).

## Government Response to Critics

Human Rights Watch documented dozens of cases in which Venezuelans reported being subject to acts of intimidation or violence by state agents in response to public criticism of or expressions of concern about the government's handling of the country's humanitarian crisis.

Doctors and nurses at public hospitals reported being threatened with reprisals, including firing, after they spoke out publicly about the scarcity of medicines, medical supplies, and poor infrastructure in the hospitals where they worked.

Human rights defenders reported a climate of intimidation resulting from measures enacted by the government to restrict international funding—which is critical for their work—and repeated, unsubstantiated accusations by government officials and supporters that they were conspiring to destabilize the country.

Ordinary Venezuelans were arrested during street protests over food scarcity—some organized and some spontaneous—and reported being subjected to beatings and other mistreatment while in detention. These detentions followed the same pattern as scores of cases documented by Human Rights Watch following a Venezuelan government crackdown on largely peaceful anti-government protests in 2014.<sup>109</sup>

Human Rights Watch also obtained credible accounts of new cases in six states between January and June 2016 involving the arrest and prosecution of at least 31 people, at least 20 of whom allege that they were subject to physical abuse while in detention. In most of those cases, the detainees were brought before military courts in violation of their right to a fair trial by a competent, independent, and impartial court.<sup>110</sup> All of these detainees were

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<sup>109</sup> Human Rights Watch, "Punished for Protesting: Rights Violations in Venezuela's Streets, Detention Centers, and Justice System," May 5, 2014, <https://www.hrw.org/report/2014/05/05/punished-protesting/rights-violations-venezuelas-streets-detention-centers-and>.

<sup>110</sup> Trials of civilians by military tribunals contravene the right to a fair trial by a competent, independent, and impartial court, provided for in the International Covenant on Political Rights (ICCPR). ICCPR, art. 14; Draft Principles Governing the Administration of Justice Through Military Tribunals, UN Doc. E/CN.4/2006/58, at 4 (2006); Report submitted by the Special Rapporteur of the Sub-Commission on the Promotion and Protection of Human Rights, Emmanuel Decaux, to the UN Commission on Human Rights in 2006 [Decaux Principles], <http://www1.umn.edu/humanrts/instree/DecauxPrinciples.html>



released on conditional liberty, with charges pending, and most were warned not to participate in any further protest activity.<sup>111</sup>

## Health Care Providers

Human Rights Watch received credible allegations of threats of career-related reprisals against 11 doctors and nurses—working in public hospitals in Caracas and three states—after they openly questioned the situation in their hospitals, including scarcity of medication and medical supplies, as well as the poor condition of key health infrastructure.

The Venezuelan media has reported on other cases since 2015—involving at least 17 additional health care professionals—that follow the same pattern. In these cases, health professionals were reportedly dismissed or threatened with dismissal for speaking out about the health crisis in Venezuela, or were warned they were not authorized to speak about the crisis publicly.<sup>112</sup>

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(accessed August 23, 2016), principle 3; UN Human Rights Committee (HRC), CCPR General Comment No. 13: Article 14 (Administration of Justice), Equality before the Courts and the Right to a Fair and Public Hearing by an Independent Court Established by Law, 13 April 1984, <http://www.refworld.org/docid/453883f9o.html> (accessed August 23, 2016), para. 4; Inter-American Court of Human Rights, *Castrillo Petruzzi et al. v. Peru*, Judgment of 30 May 1999, Series C No. 52, para. 128; Inter-American Court of Human Rights, *Cantoral Benavides v. Peru*, Judgment of 18 August 2000, Series C No. 69, para. 112.

<sup>111</sup> In addition to the cases described in the last section of this chapter, Human Rights Watch reviewed additional military rulings involving the detention of six people, which are included in the 31 cases. The additional cases are the following: In February 2016 in Monagas state, the National Guard detained Alexandra Josefina León Fagúndez and Arianni Karina Bellorin Leon for allegedly cutting a line where goods subject to price controls were being sold. The officers claim they detained the two women after one of them pulled at the uniform of one of the officers and the other punched him on the right cheek. In a separate incident in a line, Anais Samaris Martínez Mendoza was detained for allegedly slapping a National Guard member and hitting another who tried to help him. 16<sup>th</sup> Military Court in Barcelona, Case AVG-FM60-039-2016, February 23, 2016, <http://corte-marcial.tsj.gob.ve/DECISIONES/2016/FEBRERO/1296-23-FM60-039-2016-.HTML> (accessed August 24, 2016); 16<sup>th</sup> Military Court in Barcelona, Case AVG-FM60-038-2016, February 23, 2016 (copy on file at Human Rights Watch).

In March 2016, a military court in Anzoátegui state began official proceedings against Ángel Miguel Gutiérrez, Fabiola María Rojas Caicaguare, and Lilibeth del Valle Goitia García, who had been charged by military prosecutors with “attacking a sentinel” for incidents that occurred at lines where goods subject to price controls were being sold. Members of the National Guard detained Gutiérrez after he incited people to enter the store, insulted the guards, and then refused to be escorted out of the line by the guards, according to court documents. They also detained Caicaguare, who allegedly “bit” and “scratched” an officer. In a separate incident, officers detained Del Valle after she allegedly insulted a National Guard officer, tried to hit him, and gave him three scratches. 16<sup>th</sup> Military Court in Barcelona, Case CJPM-TM16C-012-2015, March 31, 2016; 16<sup>th</sup> Military Court in Barcelona, Case CJPM-TM16C-018-2016, March 31, 2016. Copies on file at Human Rights Watch.

<sup>112</sup> Human Rights Watch, “Venezuela’s Health Care Crisis,” April 2015, <https://www.hrw.org/news/2015/04/29/venezuelas-health-care-crisis> (accessed August 24, 2016); “Nurse at Willian Lara Hospital is fired for talking to the media” (Despiden a enfermera del Hospital Willian Lara por declarar a medios), *Crónica Uno*, July 21, 2016, <http://cronica.uno/despiden-enfermera-del-hospital-willian-lara-declarar-medios/> (accessed August 24, 2016); “A doctor is called to a meeting after denouncing deficiencies in delivery room at Barquisimeto Hospital” (Citan a médico por denunciar deficiencias en sala de parto del Hospital de Barquisimeto), *El Pitazo*, September 25, 2015, <http://elpitazo.com/regiones/citan-a-medico-por->

### *Central Hospital in San Felipe, Yaracuy State*

At the Central Hospital in San Felipe, Yaracuy state, doctors have repeatedly protested working conditions and a lack of medicines and supplies. Members of a Bolivarian militia operating in the hospital detained Dr. Johan Gabriel Pinto Graterol, a 26-year-old surgeon, as he was leaving the hospital on May 6, 2016. According to official sources, militia members detained Pinto after finding surgical material in his bag, including 13 syringes, a catheter, and six needles.<sup>113</sup> The following day, before Pinto appeared in court, Julio León Heredia, the chavista Yaracuy state governor, tweeted that a doctor had been detained when attempting to take surgical materials out of the hospital.<sup>114</sup> On May 10, Pinto was charged with embezzlement (*peculado doloso*).<sup>115</sup>

Following Pinto's detention, a network of doctors called Doctors United (*Médicos Unidos*) organized a protest calling for his release. They said that Pinto, just as many other professionals, routinely carried surgical materials he had purchased with his own money to be able to provide medical care at the hospital, where they were unavailable.<sup>116</sup> Dr. Carlos Zapa, one of the doctors who participated in the protest and published a statement by Doctors United on his Instagram account, told Human Rights Watch that afterwards, he received anonymous phone calls saying that he would be killed if he did not stop leading

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denunciar-deficiencias-en-sala-de-parto-del-hospital-de-barquisimeto/ (accessed September 3, 2016); "IVSS personnel denounced harassment" (Personal de salud del IVSS denunció hostigamiento), *El Tiempo*, March 19, 2015, <http://eltiempo.com.ve/locales/regionales/salud/personal-de-salud-del-ivss-denuncio-hostigamiento/175350> (accessed September 3, 2016); "Colectivos of Corposalud Aragua: Terrorism against health care workers" (Colectivos de Corposalud Aragua: Terrorismo contra los trabajadores de la salud), *Correo del Orinoco*, August 21, 2016, <http://www.elcorreodelorinoco.com/corposalud-aragua-terrorismo-trabajadores-la-salud-aragua/> (accessed September 3, 2016); "Twelve nurses were fired after denouncing hospital conditions" (Despidieron a 12 enfermeras por denunciar condiciones hospitalarias), *Venezuela Awareness*, August 25, 2016, <http://www.venezuelaawareness.com/2016/08/despidieron-a-12-enfermeras-por-denunciar-condiciones-hospitalarias/> (accessed September 3, 2016).

<sup>113</sup> "Surgeon was charged for attempting to take away medical supplies from Yaracuy hospital" (Imputado médico cirujano por intentar sustraer insumos del hospital de Yaracuy), *Correo del Orinoco*, May 10, 2016, <http://www.correodelorinoco.gob.ve/regiones/imputado-medico-cirujano-por-intentar-sustraer-insumos-hospital-yaracuy/> (accessed August 24, 2016).

<sup>114</sup> Tweet by Julio Leon Heredia, May 7, 2016, [https://twitter.com/JULIOLEONYARA/status/728952979630501888/photo/1?ref\\_src=twsrc%5Etfw](https://twitter.com/JULIOLEONYARA/status/728952979630501888/photo/1?ref_src=twsrc%5Etfw) (accessed August 24, 2016).

<sup>115</sup> "Surgeon was charged for attempting to take away medical supplies from Yaracuy hospital," May 10, 2016.

<sup>116</sup> Letter from Doctors United, May 8, 2016, <https://www.instagram.com/p/BFMjqExRj7j/> (accessed August 24, 2016); "Doctors from Yaracuy protest detention of doctor for carrying 'emergency kit' in his backpack" (Médicos yaracuyanos protestan detención de galeno por cargar "kit de emergencia" en su koala), *Efecto Cucuyo*, May 9, 2016, <http://efectocucuyo.com/principales/medicos-yaracuyanos-protestan-detencion-de-galeno-por-cargar-kit-de-emergencia-en-su-koala> (accessed August 24, 2016).

protests.<sup>117</sup> Dr. Flor Sánchez, another doctor who publicly supported Pinto, was fired from the same hospital for having “insulted authorities.”<sup>118</sup> Sánchez told Human Rights Watch she was reinstated a week later, after hospital authorities failed to provide evidence supporting the allegations against her, but her direct boss said she should “stay calm” and “lower the level” of criticism.<sup>119</sup>

### *Jesús Matheus Mental Health Rehabilitation Hospital in Betijoque, Trujillo State*

At the Jesús Matheus Mental Health Rehabilitation Hospital in Betijoque, Trujillo State, hospital authorities summoned the medical staff to a meeting after Human Rights Watch had visited the institution in June 2016. During the meeting, the hospital director said that Human Rights Watch had no authorization to enter the hospital, and the next time staff allowed “North American liars” to enter, they would be fired, one of the nurses present at the meeting told Human Rights Watch.<sup>120</sup> Another nurse who attended the meeting said, “We can’t say anything against the government, because they can, at the very minimum, take away our jobs.”<sup>121</sup>

### *Central Hospital in San Cristóbal, Táchira State*

At the Central Hospital in San Cristóbal, Táchira State, a group of doctors held a press conference in June 2016 in which they announced that 153 babies had died in the first five months of the year. Doctors said that the babies’ mothers did not have access to adequate prenatal care, and medical staff had neither the medicines nor the medical equipment and supplies needed to treat newborns with complications.<sup>122</sup> After the press

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<sup>117</sup> Human Rights Watch telephone interview with Dr. Carlos Zapa, August 19, 2016.

<sup>118</sup> Memorandum signed by Luis Rodríguez, head of human resources, No. FNJ-HP-RRHH-010/2016, May 17, 2016.

<sup>119</sup> Human Rights Watch telephone interview with Dr. Flor Sánchez, August 22, 2016; Memorandum signed by Luis Rodríguez, head of human resources, No. FNJ-HP-RRHH-011/2016, May 23, 2016.

<sup>120</sup> Human Rights Watch telephone interview with a hospital staff member who requested anonymity for security reasons, June 30, 2016.

<sup>121</sup> Human Rights Watch online communication with a hospital staff member who requested anonymity for security reasons, June 30, 2016.

<sup>122</sup> “153 newborns have died in 2016 at the Central Hospital in San Cristóbal” (153 recién nacidos han muerto en 2016 en el Hospital Central de San Cristóbal), *El Nacional*, June 15, 2016, [http://www.el-nacional.com/sociedad/nacidos-Hospital-Central-San-Cristobal\\_o\\_866313690.html](http://www.el-nacional.com/sociedad/nacidos-Hospital-Central-San-Cristobal_o_866313690.html) (accessed August 24, 2016); “Alarm over more than 153 children dead at Central Hospital due to lack of supplies” (Alarma más de 153 niños muertos en Hospital Central por falta de insumos), YouTube, uploaded by Pemex TV, June 14, 2016, <https://www.youtube.com/watch?v=levDioJ5Kfw> (accessed August 24, 2016); “Doctors Union of Táchira denounces that 71 newborns have died due to lack of medicines” (Colegio de Médicos de Táchira

conference, a doctor who spoke to the media about the neonatal deaths was asked to attend a meeting with the hospital’s directors, who accused the doctor of not having authorization to make that information public. The hospital’s lawyer said they had “all the weapons to [impose] sanctions.”<sup>123</sup>

### *Leopoldo Manrique Terrero Hospital in Coche, Caracas*

At the Leopoldo Manrique Terrero Hospital in Coche, Caracas, doctors have repeatedly publicly criticized hospital conditions and called attention to a scarcity of medicines and supplies.<sup>124</sup> Dr. Efraim Vegas, one of the most vocal doctors, told Human Rights Watch that in August 2016, his boss received three internal communications from the Health Ministry saying that Vegas had to “moderate his public statements” or he would be fired.<sup>125</sup>

### *Central Hospital Dr. Pedro Emilio Carrillo in Valera, Trujillo State*

At Central Hospital Dr. Pedro Emilio Carrillo in Valera, Trujillo State, a group of doctors and nurses sent a public letter to the state governor and other authorities in February 2015, criticizing the deteriorating conditions of operating rooms as well as “almost nonexistent” surgical materials, medicines, and anesthetics.<sup>126</sup> Two months later, hospital authorities sent a note to human resources saying that Dr. Juan Gonzalo Torres Polanco, a surgeon who had worked for more than two decades at the hospital and had signed on to the letter, was being “placed at their disposal”—meaning he could be relocated elsewhere or fired—for having carried out “wrongful actions.”<sup>127</sup> Torres told Human Rights Watch that, since

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denuncia que han fallecido 71 recién nacidos por falta de medicamentos), *Noticiero Venevisión*, YouTube, April 13, 2016, <https://www.youtube.com/watch?v=zqs74-rSRdQ> (accessed August 24, 2016).

<sup>123</sup> Human Rights Watch interview with doctor, San Cristóbal, July 14, 2016.

<sup>124</sup> “Hospital in Coche’s operating rooms are not functioning without lamps” (El hospital de Coche tiene los quirófanos parados porque se quemaron las lámparas), *Crónica Uno*, July 22, 2016, <http://cronica.uno/hospital-coche-quirofanos-parados-quemaron-lamparas/> (accessed August 24, 2016); “At the Coche hospital 5 patients die per day due to lack of medical supplies” (En el Periférico de Coche mueren 5 pacientes al día por falta de insumos), *Crónica Uno*, April 27, 2016, <http://cronica.uno/en-el-hospital-de-coche-mueren-hasta-cinco-pacientes-al-dia-por-falta-de-insumos/> (accessed August 24, 2016); “Protest of patients at Coche Hospital is reported” (Reportan protesta de pacientes en el Hospital de Coche), *La Patilla*, June 17, 2016, <https://www.lapatilla.com/site/2014/06/27/reportan-protesta-de-pacientes-en-el-hospital-de-coche-fotos/> (accessed August 24, 2016); “Provea alerts about sanitary emergency in Venezuela: Doctors have given morphine to patients with bullet wounds due to lack of supplies” (Provea alerta emergencia sanitaria en Venezuela: Médicos han aplicado morfina a heridos de bala porque no hay insumos), *NTN24*, May 24, 2016, <http://ntn24.com/noticia/provea-alerta-emergencia-sanitaria-en-venezuela-aplican-morfina-a-heridos-de-bala-porque-no-hay-102203> (accessed August 24, 2016).

<sup>125</sup> Human Rights Watch telephone interview with Dr. Efraim Vegas, August 20, 2016.

<sup>126</sup> Letter signed by 31 medical professionals, February 26, 2015. Copy on file at Human Rights Watch.

<sup>127</sup> Letter from Fineo Norelis and Carmen Berrios to Orlando Graterol, April 27, 2015. Copy on file at Human Rights Watch.

then, hospital authorities have routinely interfered with his work by, for example, limiting his ability to schedule surgeries, access his patients' medical records, and see patients during office hours.<sup>128</sup>

In March 2016, Torres and Sulvia Torrealba, the head of a nurses' union active in several hospitals in Valera, participated with other colleagues in a press conference outlining the poor condition of Pedro Carrillo Hospital's maternity ward.<sup>129</sup> Torres told Human Rights Watch that after talking to the press, he was threatened by the hospital's directors with an administrative investigation.<sup>130</sup> In May 2016, he was relocated to another health facility, not to work as a surgeon but rather as a "public health doctor."<sup>131</sup> Torrealba, for her part, said an armed pro-government gang told her she could not continue working at Pedro Carrillo Hospital—where the union is based—and after unknown individuals broke into the union's offices in April 2016, she was no longer allowed by hospital authorities to enter the hospital.<sup>132</sup> Other nurses were threatened with being fired if they reported on hospital conditions, Torrealba said.

Similarly, an obstetrician told Human Rights Watch that he was removed from his position as head of Obstetrics and Gynecology at Pedro Carrillo Hospital after issuing a public letter in April 2016 noting the unhealthy conditions in which the department was operating.<sup>133</sup> The doctor continues to work at the hospital, but no longer directs the Obstetrics and Gynecology section. The hospital director said the obstetrician's statements were part of a "campaign to discredit" the hospital, according to press accounts.<sup>134</sup>

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<sup>128</sup> Human Rights Watch interview with Dr. Juan Gonzalo Torres Polanco, Valera, June 25, 2016.

<sup>129</sup> "Delivery room is full of flies and doctors sweat during operations" (Sala de parto está llena de moscas y los médicos sudan durante las intervenciones), *Diario El Tiempo*, March 10, 2016, <http://www.diarioeltiempo.com.ve/sitio/sala-de-parto-esta-llena-de-moscas-y-los-medicos-sudan-durante-las-intervenciones> (accessed August 24, 2016).

<sup>130</sup> Human Rights Watch interview with Dr. Juan Gonzalo Torres Polanco, Valera, June 25, 2016.

<sup>131</sup> Letter from Orlando Graterol and Leslie Rivas to Dr. Juan Gonzalo Torres Polanco, May 16, 2016. Copy on file at Human Rights Watch.

<sup>132</sup> Human Rights Watch interview with Sulvia Torrealba, Valera, June 25, 2016; "Nurses denounce takeover of their offices at HUPEC" (Enfermeros denuncian confiscación de la sede de su Colegio en el HUPEC), *Valera Noticias*, n.d., <http://valeranoticias.com.ve/enfermeros-denuncian-confiscacion-de-la-sede-de-su-colegio-en-el-hupec/> (accessed August 24, 2016).

<sup>133</sup> Human Rights Watch interview with obstetrician, June 25, 2016.

<sup>134</sup> "Obstetric emergency patients are sent from clinics to the HUPEC" (De las clínicas envían a las pacientes de emergencia obstétrica para el HUPEC), *Diario El Tiempo*, April 15, 2016, <http://www.diarioeltiempo.com.ve/sitio/de-las-clinicas-envian-las-pacientes-de-emergencia-obstetrica-para-el-hupec> (accessed August 24, 2016).

### *José María Vargas Hospital, Caracas*

During a hearing before the National Assembly in which doctors from several hospitals provided legislators with information on the health crisis, Dr. Juan Joaquín Goecke, a third-year resident in surgery at the José María Vargas Hospital in Caracas, said that doctors at his hospital did not have surgical materials with which to operate, antibiotics, or adequate food for patients.<sup>135</sup> Soon after, the hospital's director warned him he should be “more impartial” and “unbiased” when speaking publicly about the situation at the hospital, Goecke said.<sup>136</sup>

## Human Rights Defenders

Many Venezuelan human rights groups rely on sources of funding external to Venezuela. The Venezuelan government has threatened to curtail that funding in a clear effort to intimidate these groups and undermine their capacity to operate.

In May 2016, President Maduro issued a presidential decree that—in addition to declaring a “state of exception” and granting himself the power to suspend rights—instructed the Foreign Affairs Ministry to suspend all agreements that provide foreign funding to individuals or organizations when “it is presumed” that such agreements “are used with political purposes or to destabilize the Republic.”<sup>137</sup> A 2010 law had already blocked international assistance to organizations that “defend political rights” or “monitor the performance of public bodies.”<sup>138</sup> And a 2010 ruling by Venezuela's openly partisan Supreme Court held that individuals or organizations that receive foreign funding “with the purpose of being used against the Republic, the interests of the people... political, social, or economic acts” could be prosecuted for “treason.”<sup>139</sup> While national security is of course a proper concern of government, the sweeping language here can be used, and indeed appears to be designed, to limit the ability of independent civil society groups to operate effectively and free from fear of reprisal.

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<sup>135</sup> “This is how Caracas hospitals look, according to their doctors” (Así están algunos hospitales de Caracas, según sus médicos), *El Estímulo*, May 27, 2016, <http://elestimulo.com/blog/medicos-denuncian-suspension-de-servicio-de-dietas-en-el-hospital-vargas/> (accessed August 24, 2016).

<sup>136</sup> Human Rights Watch telephone interview with Juan Joaquín Goecke, August 23, 2016.

<sup>137</sup> Presidential Decree 2.323, May 13, 2016, published in the Extraordinary Official Gazette No. 6.227, art. 2(18).

<sup>138</sup> Law for the Defense of Political Sovereignty and National Self Determination (Ley de Defensa de la Soberanía Política y Autodeterminación Nacional), December 21, 2010.

<sup>139</sup> Venezuelan Supreme Court of Justice, Ruling No. 796, July 22, 2012, <http://historico.tsj.gob.ve/decisiones/scon/Julio/796-22710-2010-09-0555.html> (accessed August 23, 2016).

Even though, to Human Rights Watch’s knowledge, these repressive legal constructs have not yet been applied in any specific cases, human rights defenders have repeatedly argued that their mere existence, coupled with unfounded accusations by government officials and pro-government supporters that defenders are seeking to undermine Venezuelan democracy, creates a hostile environment that seriously undermines their work.

Government officials and official media sources have repeatedly characterized human rights groups’ participation in hearings before the IACHR or before UN human rights monitoring bodies as attempts “to destabilize the government.”

In March 2015, for example, while an IACHR session on several human rights problems in Venezuela was in progress in Washington, D.C., Congressman Diosdado Cabello—one of the most prominent members of the ruling PSUV party—accused Venezuelan NGOs and human rights defenders of “conspiring against the Government of Venezuela” during his weekly TV show, *Con el Mazo Dando*, aired on the state-run *Venezolana de Televisión*.<sup>140</sup> In the following days, 12 of the Venezuelan human rights defenders who had been at the hearing said that unidentified men followed them from when their planes landed back in Caracas until they left the airport and/or that they were filmed or photographed on arrival.<sup>141</sup>

An article published in April 2015 in the official newspaper *Correo del Orinoco* accused two well-respected human rights defenders of being part of the US Central Intelligence Agency’s “Venezuelan delegation” at the Summit of the Americas. Their objective was to “legitimize destabilization actions” in Venezuela, according to the article.<sup>142</sup>

In June 2015, the UN and OAS rapporteurs on the situation of human rights defenders and on freedom of expression issued a joint press release criticizing “what has become a clear

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<sup>140</sup> “Marco Antonio Ponce (OVC) heads list of NGOs that travel to Washington, D.C. and Miami to conspire against the Government of Venezuela” (Marco Antonio Ponce (OVC) encabeza listado de las ONG que viajan a Washington DC y Miami para conspirar contra el Gobierno de Venezuela), *Con el Mazo Dando*, March 18, 2015, <http://www.conelmazodando.com.ve/marco-antonio-ponce-ovc-encabeza-listado-de-las-ong-que-viajan-a-washington-dc-y-miami-para-conspirar-contra-el-gobierno-de-venezuela/> (accessed August 30, 2016).

<sup>141</sup> “Notification of actions of surveillance and harassment against human rights defenders in Venezuela” (Notificación de actos de vigilancia y hostigamiento contra defensores y defensoras de derechos humanos en Venezuela), n.d. Copy on file at Human Rights Watch.

<sup>142</sup> “The CIA has its “Venezuelan delegation” to the Panama Summit ready” (La CIA ya tiene lista su “delegación venezolana” a la Cumbre de Panamá), *Correo del Orinoco*, April 3, 2015, <http://www.correodelorinoco.gob.ve/politica/cia-ya-tiene-lista-su-%E2%80%99Cdelegacion-venezolana%E2%80%99D-a-cumbre-panama-opinion/> (accessed August 30, 2016).

pattern to intimidate and defame human rights defenders for merely promoting human rights in their country and for engaging with international and regional human rights bodies.”<sup>143</sup>

More recently, prior to other IACHR hearings in June 2016, Cabello said Rafael Uzcátegui, the executive director of PROVEA, a leading organization working on economic, social, and cultural rights since 1988, and Feliciano Reyna, a health and human rights defender who is the president of Action Solidarity, an NGO created to provide support to people with HIV, were “launching a theater” to talk about the health situation in Venezuela during the hearings.<sup>144</sup> Afterwards, the state-run newspaper *Correo del Orinoco* accused the NGOs of being part of a “political, media, and economic conspiracy against the Bolivarian Revolution.”<sup>145</sup>

Similarly, Truth Mission (*Misión Verdad*)—a pro-government website where government officials routinely publish opinion pieces, which won the government’s 2015 National Prize for Digital Journalism for “disseminating content against the economic war and in defense of the Bolivarian Revolution”<sup>146</sup>—has accused Venezuelan NGOs of responding to the interests of its funders, which for some NGOs include the United States Agency for International Development (USAID) or the US State Department.<sup>147</sup> After a group of 82 Venezuelan organizations sent an open letter to UN Secretary-General Ban Ki-moon criticizing inaction by UN agencies on the health and food crisis in Venezuela, the website attacked the NGOs for allegedly seeking to impose a “hyper-neoliberal” government headed by NGOs and the “puppets of the [US] Embassy,” the political opposition.<sup>148</sup> It also

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<sup>143</sup> UN News Centre, “UN experts denounce televised reprisals against human rights defenders in Venezuela,” July 23, 2015, <http://www.un.org/apps/news/story.asp?NewsID=51486#.V-RHlvkrLIU> (accessed September 22, 2016).

<sup>144</sup> “They no longer get tickets! Uzcátegui and Reyna say the IACHR is stingy” (¡Ya no les dan pasajes! Uzcátegui y Reyna tildan de pichirre a la CIDH), *Con el Mazo Dando*, June 1, 2016, <http://www.conelmazodando.com.ve/ya-no-les-dan-pasajes-uzcategui-y-reyna-tildan-de-pichirre-a-la-cidh/> (accessed August 24, 2016).

<sup>145</sup> “The state has prioritized health despite lower oil income” (El Estado ha priorizado la salud pese a reducción de ingresos petroleros), *Correo del Orinoco*, June 9, 2016, <http://www.correodelorinoco.gob.ve/tema-dia/estado-ha-priorizado-salud-pese-a-reduccion-ingresos-petroleros/> (accessed August 24, 2016).

<sup>146</sup> “National Journalism Prize recognizes the free creation in favor of the people” (Premio Nacional de Periodismo reconoció la creación libre en favor del pueblo), Agencia Venezolana de Noticias, June 17, 2015, <http://www.avn.info.ve/contenido/premio-nacional-periodismo-reconoci%C3%B3-creaci%C3%B3n-libre-favor-del-pueblo> (accessed August 24, 2016).

<sup>147</sup> “Venezuelan NGOs denounce before the UN the “humanitarian crisis” (ONGs venezolanas reclaman a la ONU la “crisis humanitaria”), *Misión Verdad*, July 31, 2016, <http://misionverdad.com/la-guerra-en-venezuela/ongs-venezolanas-reclaman-a-la-onu-la-crisis-humanitaria> (accessed August 24, 2016).

<sup>148</sup> *Ibid.*



accused PROVEA of “defend[ing] the sedition of the extreme right.”<sup>149</sup> While, in principle, there is nothing objectionable about private media outlets or individuals offering their own critical opinions regarding NGOs, these statements, coming from an outlet with close ties to the government, contribute to the climate of intimidation that undermines the critically important work of these human rights defenders.

## Protesters

### *Lara State, February 2016*

At approximately 4 p.m. on February 12, 2016, a riot broke out when people who had been standing in line for hours to buy food subject to price controls at a government-organized market in El Cercado municipality, Lara state, saw that officials were allowing certain people to cut the line.

Yamilet Carmen Mendoza, who lived 100 meters away, had sent her eldest son to stand in line at 5 a.m. When she heard people shouting, she asked her youngest son, who was 14, to check whether his brother was all right. Mendoza told Human Rights Watch that she then ran after her son and saw a member of the National Guard detaining him. She said she attempted to stop the guard from taking the 14-year-old boy away, but the guard pulled her hair and beat her with his fists and a firearm. Oscar Arriechi, Mendoza’s husband, alerted by a neighbor, ran to protect his wife, but the guards beat and detained him as well, he said.<sup>150</sup>

The 14-year-old boy and seven adults, including Mendoza, Arriechi, and a pregnant woman, were loaded into an official vehicle, Mendoza and Arriechi said, where officers threatened them with death and accused them of being “*guarimberos*” (a “*guarimbero*” is someone who mans an opposition barricade).

When they arrived at National Guard Base No. 47 in Barquisimeto, officials separated the pregnant woman and the 14-year-old boy from the rest. The boy was let go, Mendoza said.

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<sup>149</sup> “Shoot against Venezuela: IACHR opens hunting season” (“Disparen contra Venezuela”: CIDH abre temporada de cacería), *Misión Verdad*, April 8, 2016, <http://misionverdad.com/la-guerra-en-venezuela/disparen-contra-venezuela-cidh-abre-temporada-de-caceria> (accessed August 24, 2016).

<sup>150</sup> Human Rights Watch interview with Oscar Arriechi and Yamileth Carmen Mendoza, Barquisimeto, June 14, 2016.

Mendoza and another female detainee were handcuffed to a post and forced to kneel on stones in the sun for several hours. The guards also forced Arriechi to kneel on the stones, and beat and kicked him. The other three detainees were held handcuffed to one another, and none of them was given food or allowed to go to the bathroom for hours, Mendoza said.

Mendoza said she did not receive medical treatment during her detention. Photos of Arriechi and Mendoza taken several days after their detention and reviewed by Human Rights Watch showed evidence of the beatings they suffered, and a medical report noted injuries to Mendoza's face, legs, back, and bottom.<sup>151</sup>

Despite being civilians, the six detainees were presented before a military court on February 17 and charged with several crimes, including damage to property of the Armed forces and "attack on a sentinel," according to Arriechi and Mendoza's lawyer. A military judge ordered Arriechi's pretrial detention in a military prison, and ruled the rest would be released on conditional liberty, according to judicial documents and their lawyer, who was present at the hearing.<sup>152</sup> Arriechi and Mendoza were only able to see their lawyer for the first time for a few minutes before the hearing, and were told they could not talk to the media about the case or comment on it on social media, their lawyer told Human Rights Watch.

Arriechi was held at the Ramo Verde military prison for 45 days. In May, weeks after the initial hearing, the military judge said the case was closed and there would be no proceedings against Arriechi and Morales, their lawyer said. But as of September 2016, the judge had not provided them with a copy of the judicial ruling.<sup>153</sup>

### *Carabobo State, May 2016*

On May 26, 2016, residents of the low-income community of Josefa Camejo, in Valencia, Carabobo state, organized a demonstration to protest that they did not have enough food to feed their families. Community members had previously accused the municipal

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<sup>151</sup> Medical report by Alexis Mendoza, Diagnostic Institute of Barquisimeto, February 18, 2016.

<sup>152</sup> Human Rights Watch interview with Manuel Virgüez, Arriechi and Mendoza's lawyer, Caracas, June 2, 2016; Notice (Boleta de Notificación), February 13, 2016; Notice (Boleta de Notificación), March 29, 2016; presentation of Yamileth del Carmen Mendoza before the courts (Control de Presentaciones de Yamileth del Carmen Mendoza), n.d. Copies on file at Human Rights Watch. Although the first notice says the hearing was on February 13, the victims and lawyer told Human Rights Watch it was on February 17.

<sup>153</sup> Human Rights Watch online communication with Manuel Virgüez, September 6, 2016.

police of breaking into their homes and stealing food and money, and had criticized the local government for failing to ensure access to such basic services as electricity and running water and for failing to ensure a sufficient supply of food and goods subject to price controls.<sup>154</sup>

After demonstrators blocked a main road near the community during rush hour, municipal and state police pushed and beat detainees to forcibly disperse the largely peaceful demonstration, according to several participants interviewed by Human Rights Watch. The police arrested eight people. Two of them, Oriannibeth Morales and Morexmar Chirinos, told Human Rights Watch that officers detained them as they were leaving the protest. One, María Rojas, said officers stopped her as she walked past the demonstration, returning home from work. Another, Carlos Pérez, said he was standing near the protest and was arrested when he tried to stop an officer from hitting his mother with a helmet.<sup>155</sup>

Police forced the eight detainees onto a bus belonging to the mayor's office, several detainees said, where officers beat them with their fists and helmets, and called the women "damn AIDS-infested bitches." They drove the detainees to the municipal police station, where the five women were held in a dirty bathroom that officers continued to use during their detention, two of them told Human Rights Watch. Another detainee said the three men were held for several hours standing outside in the sun, and the officers then took them to a cell, where they were held incommunicado and were not given any food for almost an entire day.

On May 27, the eight detainees were brought before a judge, along with two people from neighboring areas who had been detained under other circumstances. One of them, Darwin Alexander Cordero, told Human Rights Watch that he had arrived at the police station three days earlier, searching for his wife, who he had been told was being held

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<sup>154</sup> "They are still waiting for the construction of one thousand homes in Josefa Camejo" (Aún esperan por construcción de mil casas en Josefa Camejo), *Notitarde*, January 25, 2016, <http://www.notitarde.com/Regiones/Aun-esperan-por-construccion-de-mil-casas-en-Josefa-Camejo-2603153/2016/01/25/859013/> (accessed August 25, 2016); Document signed during Citizen's Assembly of Sector 3 at Josefa Camejo (Acta de Asamblea General de Ciudadanos y Ciudadanas en el sector 3 de Josefa Camejo), April 4, 2016 (copy on file at Human Rights Watch).

<sup>155</sup> Human Rights Watch interview with Oriannibeth Morales, Valencia, June 15, 2016; Human Rights Watch interview with Morexmar Chirinos, Valencia, June 15, 2016; Human Rights Watch interview with María Rojas (pseudonym), Valencia, June 15, 2016; Human Rights Watch interview with Carlos Pérez (pseudonym), Valencia, June 15, 2016.

there. Cordero demanded the officers tell him if his wife was there, and an altercation broke out, Cordero said, when one of them tried to hit him. After Cordero pushed him away, five officers detained him, he said. He was not allowed to make a phone call or given any food for three days, he said.<sup>156</sup>

At the hearing, a prosecutor charged the 10 detainees with a “violent attack on public officials” (*ultraje violento a funcionarios*), citing “the facts that occurred on May 26,” without specifying the facts or the responsibility of each detainee, according to official records reviewed by Human Rights Watch.<sup>157</sup> On May 27, the judge confirmed the charges and released them on conditional liberty pending the conclusion of a formal criminal investigation, and ordered them to appear in court every 30 days. He also forbade them to “get close to the area” where the “facts” occurred, according to official documents. The five detainees interviewed by Human Rights Watch said they had been warned by police not to participate in demonstrations or stand in line for goods subject to price controls.

### *Lara state, May 2016*

On May 4, 2016, Roger Mendoza, a 21-year-old university student, started filming with a cell phone when he saw a member of the National Guard fire a shot in the air to control a group of people who had started protesting after standing in line for hours to purchase food at a store in Crespo Duaca, Lara State. When a guard noticed he was filming, Mendoza gave the phone to his sister, who ran away.<sup>158</sup>

During the protest, someone threw gasoline at a National Guard member, Mendoza said. Soon after, around 20 additional members of the National Guard arrived on motorcycles and opened fire without warning, shooting pellets at the people standing in line. Most people started running, and Mendoza went to the nearby home of a friend, he said. Minutes later, approximately five members of the National Guard entered the friend’s house asking for water, identified Mendoza, and detained him. Mendoza said he was forced into an official vehicle with two other men, including José Rafael Lobo Apostol, who told Mendoza he had simply been on his way to purchase bread at a nearby bakery.

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<sup>156</sup> Human Rights Watch interview with Darwin Alexander Cordero, Valencia, June 15, 2016.

<sup>157</sup> Copy of court records on file at Human Rights Watch.

<sup>158</sup> Human Rights Watch interview with Roger Mendoza, Caracas, June 2, 2016; Human Rights Watch interview with Roger Mendoza, Barquisimeto, June 14, 2016.

The officers took Mendoza, Lobo, and a third detainee, Luis Alberto Mendoza Rodríguez, to a National Guard base, where guards beat them and had them spend the night outdoors handcuffed to bars, Mendoza said. When Human Rights Watch interviewed Mendoza weeks later, he had marks on his wrist that he said were caused by the handcuffs. The detainees were held incommunicado for two days, he said.

On the afternoon of May 6, the men were charged with disturbing public order and resisting authorities, according to Mendoza and his lawyer, who was present at the hearing. Mendoza was only able to talk to his lawyer for the first time 20 minutes before the hearing began, he said. During that time, the lawyer reviewed the judicial file, which, as for the other detainees, contained only a police report and four pictures that did not show the faces of any of the accused, according to the lawyer.<sup>159</sup>

The judge confirmed the charges and ruled that Mendoza could remain free on conditional liberty. He ordered Mendoza to appear in court every three days and forbade him to approach “crowds of people where a public disturbance could take place.”<sup>160</sup> Mendoza told Human Rights Watch he no longer goes to demonstrations.

### *Trujillo State, June 2016*

On the morning of June 7, 2016, approximately 300 people reportedly participated in a demonstration in Valera, Trujillo State, to protest limited resources for the public university system and lack of access to food. The protest devolved into violent incidents between members of the National Guard and protesters, who also looted a food truck, according to several local news accounts and an eyewitness interviewed by Human Rights Watch.<sup>161</sup> Anderson Espino Ramírez, a 19-year-old university student who participated in the protest, told Human Rights Watch that members of the National Guard shot at demonstrators

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<sup>159</sup> Human Rights Watch interview with Manuel Virgüez, Caracas, June 2, 2016.

<sup>160</sup> Notice of Release (Boleta de Libertad), May 6, 2016. Copy on file at Human Rights Watch.

<sup>161</sup> Human Rights Watch interview with Anderson Espino Ramírez, Valera, June 24, 2016. “Protests and Looting of a truck is reported in Valera, Trujillo” (Reportan protestas y saqueo de camión en Valera, Trujillo), *Noticia al Día*, June 7, 2016, <http://noticiaaldia.com/2016/06/reportan-protestas-y-saqueo-de-camion-en-valera-trujillo/> (accessed August 24, 2016); “Repression of protests leaves several students from Trujillo injured and detained” (Represión a protestas deja varios estudiantes trujillanos heridos y detenidos), *Efecto Cucuyo*, June 7, 2016, <http://efectocucuyo.com/principales/represion-a-protestas-deja-varios-estudiantes-trujillanos-heridos-y-detenidos> (accessed August 24, 2016); “Lootings and Unrest in Valera due to lack of food” (Saqueos y disturbios en Valera por falta de alimentos), *La Patilla*, June 7, 2016, <http://www.lapatilla.com/site/2016/06/07/saqueos-y-disturbios-en-valera-por-falta-de-alimentos-video-7jun/> (accessed August 24, 2016).

indiscriminately during the confrontation. Ramírez ran away and, with another student, took refuge in a nearby repair shop. At approximately 11:30 a.m., officials stormed into the shop and forced both students onto a motorcycle, Ramírez said. The officers forced Ramírez to put his hands behind his neck, hit him, pulled his hair, insulted him, and planted a rock inside his bag, he said.

They took the two students to a National Guard base, where Ramírez said the officers forced him to kneel, kicked him repeatedly, took away his bag, and hit him on the head with the rock that they said they had found in his bag. At approximately 5:30 p.m., the students were transferred to a police station, where they were held in a cell for four days, he said.

Ramírez said he and the other student appeared in court, along with eight other men and four women. Ramírez was accused of being a “*guarimbero*” (someone who mans an opposition barricade), possessing “*miguelitos*” (objects with protruding nails that are used to puncture the tires of vehicles) and fireworks, and of shooting a policeman, he said. He was charged with “conspiracy to commit crimes” (*agavillamiento*) and released on conditional liberty five days later, after he presented two guarantors, he said.

### *Nueva Esparta State, January 2016*

On January 26, 2016, the National Guard deployed a dozen members to disperse a demonstration in Díaz municipality, Nueva Esparta State. A group of people was allegedly stopping traffic, burning tires, and throwing blunt objects and tree branches onto one of the main roads, according to an anonymous call cited in a military court ruling.<sup>162</sup>

Although military courts should not have jurisdiction over civilians, on January 29 a military prosecutor charged five people—Yorger José Covas Brusco, Ángel Eduardo Mundaray Farías, Jesús Rafael Acevedo Rondón, Jhoel Enrique Acosta García, and Neyda Gisela Vegas Santaella— with “attacking a sentinel,” a military crime that carries a sentence of up to a year in prison.<sup>163</sup> The only evidence cited by the prosecutor in the military ruling is the anonymous call describing the incidents; the prosecutor did not specify at the hearing how

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<sup>162</sup> 16<sup>th</sup> Military Court in Barcelona, Case AVG- FM64-012-2016, January 29, 2016, <http://corte-marcial.tsj.gob.ve/DECISIONES/2016/ENERO/1296-29-.HTML> (accessed August 24, 2016).

<sup>163</sup> Code of Military Justice, <http://gobiernoenlinea.gob.ve/home/archivos/CodigoOrganicodeJusticiaMilitar.pdf> (accessed August 24, 2016), art. 502.

the defendants were apprehended or what specific criminal acts each had committed. The military judge nonetheless confirmed the charges and ordered the defendants' conditional release, ruling that they had to appear in court every 15 days, could not leave the jurisdiction where they lived, and were forbidden to participate in demonstrations.<sup>164</sup>

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<sup>164</sup> 16<sup>th</sup> Military Court in Barcelona, Case AVG- FM64-012-2016.

## The Venezuelan Government’s Human Rights Obligations

The International Covenant on Economic, Social and Cultural Rights (ICESCR)—ratified by Venezuela in 1978—guarantees everyone the right to “the enjoyment of the highest attainable standard of physical and mental health,” as well as the right to an adequate “standard of living” that includes “adequate food.”<sup>165</sup> The right to health is also provided for in the Venezuelan Constitution.<sup>166</sup>

Venezuela’s government is obliged to work toward the progressive realization of these rights over time “by all appropriate means” and “to the maximum of its available resources.”<sup>167</sup> The Committee on Economic, Social and Cultural Rights, which provides authoritative guidance on states’ implementation of the ICESCR, has affirmed that states also have an absolute and immediate obligation to ensure “minimum essential levels” of all covenant rights, “including essential primary health care.”<sup>168</sup>

In 2013, the UN special rapporteur on the highest attainable standard of physical and mental health noted that, “[w]hile several aspects of the right to health are understood to be progressively realizable, certain core obligations cast immediate obligations on States, including the provision of essential medicines to all persons in a non-discriminatory manner.”<sup>169</sup> These essential medicines, according to the rapporteur, include painkillers, anti-infectives, anti-bacterials, antituberculars, anti-retrovirals, blood products, cardiovascular medicines, vaccines, and vitamins. The UN Human Rights Council, for its part, has repeatedly stressed that states should maintain essential medicines that are affordable, safe, effective, and of good quality.”<sup>170</sup>

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<sup>165</sup> International Covenant on Economic, Social, and Cultural Rights, arts. 11-12.

<sup>166</sup> Venezuelan Constitution, arts. 83-86.

<sup>167</sup> ICESCR, art. 2(1).

<sup>168</sup> Committee on Economic, Social and Cultural Rights, General Comment 14, E/C.12/2000/4, August 11, 2000, paras. 43 and 50.

<sup>169</sup> Report Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, A/HRC/23/42, May 1, 2013, paras. 3 and 40.

<sup>170</sup> Human Rights Council, A/HRC/RES/12/24, October 2, 2009.



Under the Convention on the Rights of the Child, ratified by Venezuela in 1990, states should guarantee “the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health.” The Convention specifically states that states parties should take appropriate measures “to diminish infant and child mortality, “to combat disease and malnutrition,” and “to ensure appropriate pre-natal and post-natal health care for mothers.”<sup>171</sup>

The Committee on Economic, Social and Cultural Rights has noted that the right to adequate food “is realized when every man, woman and child, alone or in community with others, has the physical and economic access at all times to adequate food or means for its procurement.” The right to adequate food implies that it is available “in a quantity and quality sufficient to satisfy the needs of individuals” and that it is accessible in ways that “do not interfere with the enjoyment of other human rights.”<sup>172</sup> OHCHR has emphasized that:

The right to food is not a right to be fed, but primarily the right to feed oneself in dignity. Individuals are expected to meet their own needs, through their own efforts and using their own resources. To be able to do this, a person must live in conditions that allow him or her either to produce food or to buy it.... The right to food requires States to provide an enabling environment in which people can use their full potential to produce or procure adequate food for themselves and their families.<sup>173</sup>

Similarly, the UN special rapporteur on the right to food has interpreted that right as requiring “regular, permanent and unrestricted access, either directly or by means of financial purchases, to quantitatively and qualitatively adequate and sufficient food.”<sup>174</sup>

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<sup>171</sup> Convention on the Rights of the Child, art. 24.

<sup>172</sup> Committee on Economic, Social and Cultural Rights, “General Comment 12: The right to adequate food,” May 12, 1999, [http://www.fao.org/fileadmin/templates/righttofood/documents/RTF\\_publications/EN/General\\_Comment\\_12\\_EN.pdf](http://www.fao.org/fileadmin/templates/righttofood/documents/RTF_publications/EN/General_Comment_12_EN.pdf) (accessed August 30, 2016), paras. 6 and 8.

<sup>173</sup> Office of the UN High Commissioner for Human Rights, “The Right to Adequate Food,” Fact Sheet 34, 2010, 3-4, <http://www.ohchr.org/Documents/Publications/FactSheet34en.pdf> (accessed September 11, 2016).

<sup>174</sup> Office of the United Nations High Commissioner for Human Rights, Special Rapporteur on the right to food webpage, n.d., <http://www.ohchr.org/EN/Issues/Food/Pages/FoodIndex.aspx> (accessed on August 30, 2016).

### *The Government's Obligations When Responding to the Crisis*

The humanitarian crisis in Venezuela is related to a broader collapse of the country's economy that the government has so far largely failed to reverse. Many analysts have argued that the government's own policies have also played a role in causing the crisis or allowing it to persist.<sup>175</sup> Regardless of the situation's underlying causes, the government is obligated to make every effort to use the resources at its disposal to meet its minimum obligations under international law and reverse the erosion in Venezuelans' access to adequate health services and food.

Venezuela's government has denied the existence of a humanitarian crisis in the country. To the extent top officials have acknowledged shortages, they have described them as the handiwork of shadowy anti-government forces. The government is under no legal obligation to publicly acknowledge the extent of the country's problems and might wish to avoid doing so for political reasons. However, it is not clear whether the government's policy response to the crisis has been more serious or substantial than its implausible public rhetoric.

The government did not respond to a request from Human Rights Watch for details about its efforts to address the human rights impacts of the crisis. Nor has it publicly articulated a plan for fully alleviating the shortages and protecting the human rights of Venezuelans.

The ICESCR requires states parties not only to make individual efforts, but to work "through international assistance and cooperation" to ensure the realization and protection of all covenant rights globally.<sup>176</sup> This speaks primarily to the principle that relatively wealthy states should provide assistance and cooperation to states that need it. However, it also implies that states have at least some degree of responsibility to seek

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<sup>175</sup> International Crisis Group, "Venezuela: Edge of the Precipice," June 23, 2016, <https://d2071andvipowj.cloudfront.net/b35-venezuela-edge-of-the-precipice.pdf> (accessed August 31, 2016); Council on Foreign Relations, "Venezuela's Economic Fractures," July 1, 2016, <http://www.cfr.org/economics/venezuelas-economic-fractures/p32853> (accessed August 25, 2016); Leonardo Vivas, "The Three Speeds of the Venezuelan Crisis," *Harvard International Review*, August 16, 2016, <http://hir.harvard.edu/three-speeds-venezuelan-crisis/?platform=hootsuite> (accessed August 25, 2016); Peter Wilson, "Venezuela's Season of Starvation," *Foreign Policy*, June 19, 2016, <http://foreignpolicy.com/2016/06/19/venezuela-maduro-food-shortages-price-controls-political-unrest/> (accessed August 25, 2016); Ricardo Hausmann, "Venezuela Needs International Assistance to Recover," June 28, 2016, <http://www.nytimes.com/roomfordebate/2016/06/28/how-to-save-venezuela/venezuela-needs-international-assistance-to-recover> (accessed August 25, 2016).

<sup>176</sup> ICESCR, art. 2(1).

international assistance and cooperation when they lack the independent means to fulfill their obligations under the ICESCR.<sup>177</sup>

Venezuela's government may have valid reasons for eschewing particular sources or types of assistance, but it should endeavor to identify appropriate sources of external support to the extent necessary to address the country's health crisis and shortages of food. As described earlier in this report, the Venezuelan government has used the country's Supreme Court to strike down efforts by the National Assembly to compel it to seek international assistance to help alleviate the crisis, and has created an environment in which humanitarian groups cannot operate properly to provide the relief that they could give to the Venezuelan people.

Venezuela also has an obligation not to discriminate in providing access to food. The UN Office of the High Commissioner for Human Rights has specifically noted that "any discrimination [including based on political grounds] in access to food, as well as to the means of obtaining food, constitutes a violation of the right to food."<sup>178</sup>

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<sup>177</sup> The Committee on Economic, Social and Cultural Rights has asserted that, "the phrase 'to the maximum extent of its available resources' was intended by the drafters of the Covenant to refer to both the resources existing within a state and those available from the international community through international cooperation and assistance." CESCR, General Comment 3, para. 13.

<sup>178</sup> Office of the United Nations High Commissioner for Human Rights, "The Right to Adequate Food, Fact Sheet No. 34," n.d., <http://www.ohchr.org/Documents/Publications/FactSheet34en.pdf> (accessed on August 30, 2016).

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*(left) Depleted stocks of Haldol (Haloperidol), an antipsychotic medicine typically used to treat schizophrenia, at a psychiatric hospital in Barquisimeto, July 28, 2016. The Haldol shortage has had severe consequences for many individuals suffering from schizophrenia.*

*(front cover) Leidy Cordova, 37, with four of her five children at their home in Cumana, Venezuela, June 16, 2016. Their broken refrigerator held the only food in the house: a bag of corn flour and a bottle of vinegar.*

*Photographs © 2016  
Meridith Kohut*

# VENEZUELA'S HUMANITARIAN CRISIS

## Severe Medical and Food Shortages, Inadequate and Repressive Government Response

Venezuela is experiencing a profound humanitarian crisis. Severe shortages of medicines and medical supplies make it extremely difficult for many Venezuelans to obtain essential medical care. And severe shortages of food and other goods make it difficult for many people to obtain adequate nutrition and cover their families' basic needs.

*Venezuela's Humanitarian Crisis* documents the heavy toll the shortages are taking and the government's to date inadequate and often repressive response.

The Venezuelan government has stridently denied that it is facing a crisis. Its policies have failed to address the shortages effectively, and it has made only limited efforts to obtain international humanitarian assistance that could significantly improve conditions for millions of Venezuelans. When officials have acknowledged the shortages, they have blamed them on an "economic war" waged by the political opposition, the private sector, and "foreign powers." The government has provided no evidence to support these accusations.

The narrative of "economic war" has provided a rationale for the government's continuing use of authoritarian tactics to intimidate and punish critics. It has lashed out at medical professionals who express concern about shortages, threatening to remove them from their positions at public hospitals. It has threatened to cut off the international funding of human rights organizations. And it has responded both to planned marches and to spontaneous demonstrations of ordinary Venezuelans with beatings, detention, and unjustifiable prohibitions on further protest activity.

Venezuelans' rights to health and food continue to be seriously undermined, with no end in sight. Human Rights Watch calls on the Venezuelan government to take immediate and urgent steps to articulate and implement effective policies to address the crisis in the health-care and food sectors, including by seeking international humanitarian aid, and to stop intimidating and punishing critics. It urges OAS member states and United Nations humanitarian agencies to take steps to help address the crisis.