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**Special Report**

# **Venezuela's doctors and patients share tales of despair and dismay**

**'We feel very helpless because there is nothing'**

Susan Schulman/IRIN

MARACAIBO/Venezuela, 5 December

2018



Susan Schulman

Freelance journalist, and regular IRIN contributor

#### Author Note

One of a series of stories from within Venezuela, reporting on the humanitarian impacts of the country's economic collapse. [Read more here.](#)

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## Maracaibo, the once-opulent heart of Venezuela's oil industry, now resembles a ghost town.

At the entrance to University Hospital blue rubbish bags are piled high and spill out on the roadway. A dozen black cats prowl, brazenly sniffing at the trash. Neglect has potholed the road; the sprawling modernist building is missing windows and paint is peeling.

Inside, corridors are crammed with broken beds, incubators, lab equipment. The elevators don't work, the halls are dark. Emigration has halved the nursing staff and reduced the number of doctors by two thirds, employees say. It has also emptied a car park, closed wards, curtailed services, and left parts of the hospital feeling as ghostly and abandoned as the city itself.

"Hospitals," surgeon and professor Dr. Dora Colomenares says, just before beginning a recent shift, "have become like extermination camps."

Reliable statistics are impossible to find but, according to [a report](#) released in September by Venezuelan human rights group CEPAZ, Venezuela's public healthcare facilities had by last year lost 60 percent of their 2011 capacity to care for patients. The report cited the dwindling number of trained medical personnel, scarce medicines, and increasingly unreliable basic services due to a lack of water and electricity.

Information Minister Jorge Rodriguez in July announced a "special plan" to address problems within the healthcare system, but he [did not provide details then](#) or respond to recent requests for comment from IRIN.

At the same time, long-dormant diseases have re-emerged, given a foothold

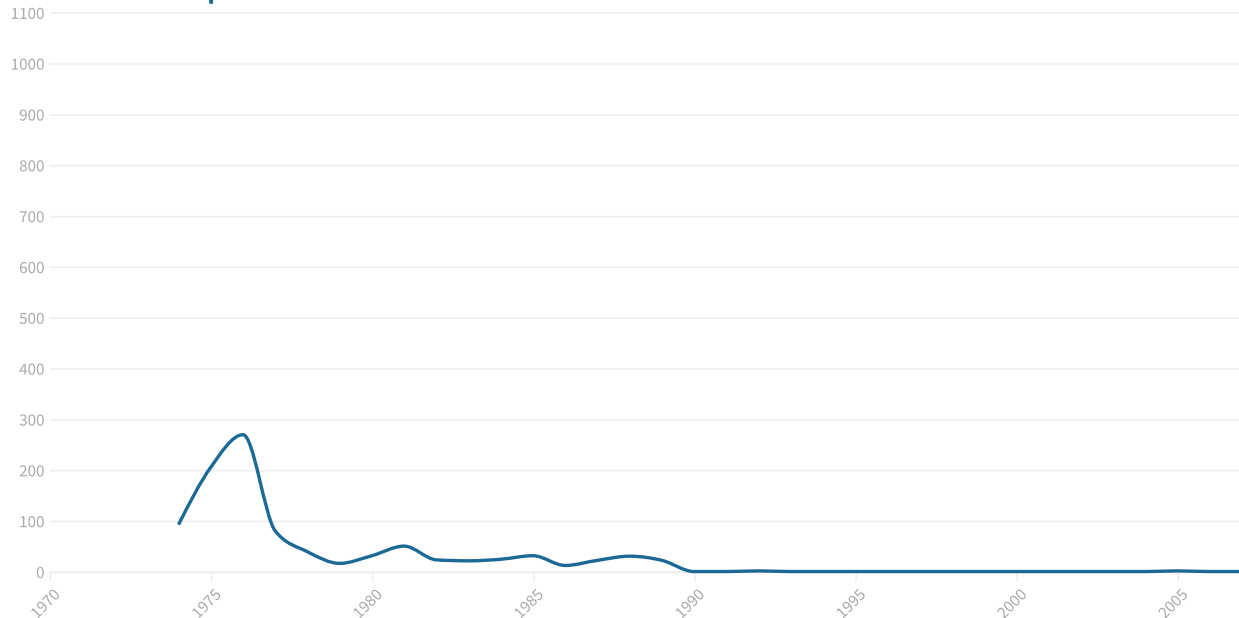
as widespread malnutrition weakens many Venezuelans' immune systems, and vaccines and medications become ever scarcer.



Diphtheria, long conquered by a simple vaccine, is back.

1 of 3

### Number of Diphtheria cases



 A Flourish data visualisation

Unsurprisingly, morale among the country's [remaining doctors](#) is low. “There is a frustration and sense of impotence,” explains Dr. Rafael Piroza, president of the Association of Medical Doctors in the eastern state of Sucre. “We are formed to give and fight for life, and that we can’t do that makes us feel like accomplices.”

Between 2012 and 2017, 22,000 physicians were [registered as leaving](#) Venezuela. While the current number of medical professionals in this country of 32.8 million people is unknown, 39,900 medical personnel were registered as working in Venezuela in 2014, according to the latest figures available from PAHO.

### ‘Patients are dying’

Official figures on emigration are also hard to come by, but in Maracaibo locals say that as many as 60 percent of the 1.6 million residents who lived here in 2015, according to the most recent UN estimates, have left. That figure sounds impossible until you drive through the empty streets, with shuttered back-to-back home decor shops and high-end auto dealers.

Rubbish flies in the wind in the empty residential neighbourhoods and main streets of this city, in the country's west. The golden arch of McDonalds is a lone beacon of life for the few cars that pass beneath traffic lights darkened by electricity outages. The occasional person can be seen filling water containers from broken pipes and hauling them home through deserted streets.

Water has become a rarity here and elsewhere in Venezuela. Recent CEPAZ studies reported that **82 percent** of the Venezuelan population and 79 percent of hospitals no longer receive water on a regular basis. Electricity is increasingly scarce, too, with frequent outages a feature of life. Large swathes of the country are often left without power, sometimes for days on end.

The impact on daily life is often disastrous, but perhaps nowhere more so than in Venezuela's hospitals.

Colomenares knows that first hand. Once past the armed security forces guarding the entrance to the University Hospital of Maracaibo, she leans in and, mindful of the security staff that bar journalists from hospitals, confides in a near whisper: "There is no water. Without water, there is bacteria everywhere. It is a vicious cycle – no water, no electricity, no medicines. So it's like a dead end. Infections, malnutrition – all this leads to a dead end, and death."



Dr. Dora Colomenares at the University Hospital of Maracaibo.

She flings open the doors to a cupboard used to store medicine. Empty. A

sink and counter are coated with filth and studded with dead flies.

Since electricity and water services have failed, Colomenares says she has seen deaths in both adults and [children](#) “aggressively rise”.

“When I was an intern, if there had been a death – one, two, or three – during my shift, it would have been alarming, very worrying. Now, daily, there are about 20 deaths at this hospital. It is horrendous.”

Dr. Dilmond Antonio, 69 years old, is watching his patients die. His office at the hospital is crammed with medical textbooks and journals, a low-energy light bulb suspended from the ceiling casting a blue-ish light.

Maracaibo hospital was once renowned. It was a pioneer in liver transplants in Venezuela. Antonio says his unit hasn't done a liver transplant in four years, adding that patients who need them won't get them: they will die.

Patients who had successful transplants may die, too. A man who had a liver transplant four years ago recently died because he couldn't find medication to prevent the organ from being rejected, Antonio recalls.

Figures included in the [healthcare report released by CEPAZ](#) place Antonio's patient in the context of a larger story: the man was one of 3,000 organ transplant patients who stopped receiving immunosuppressive drugs this year; one of the 96 who suffered organ rejection; and one of 12 who have already died.

### **‘Yes, the babies die’**

University Hospital of Maracaibo is lucky: it has a generator – at least 33 percent of hospitals nationwide don't, according to the CEPAZ report. However, due to a lack of maintenance and repair, it often doesn't work. Even when it does, it can't supply power to the whole hospital for the erratic and often prolonged blackouts.

On the neonatal ward, a power supply is the difference between life and death. Before the crisis, premature babies born at 29-30 weeks gestation would survive. Now, the survival age has been reduced to 36 weeks gestation, Colomenares says. Almost all born earlier die, she adds.

Lack of functioning incubators means three or four babies will often share one incubator. But when the generator doesn't work, nothing, including the incubators, works.

“We feel very helpless because there is nothing we can do,” Colomenares says, her voice thickening. “Yes,” she nods, “yes, the babies die.”

Between 2015 and 2016, the infant mortality rate rose by 30 percent and the maternal mortality rate by 66 percent, according to government figures. The health minister behind the release of those figures, Antonieta Caporale, was

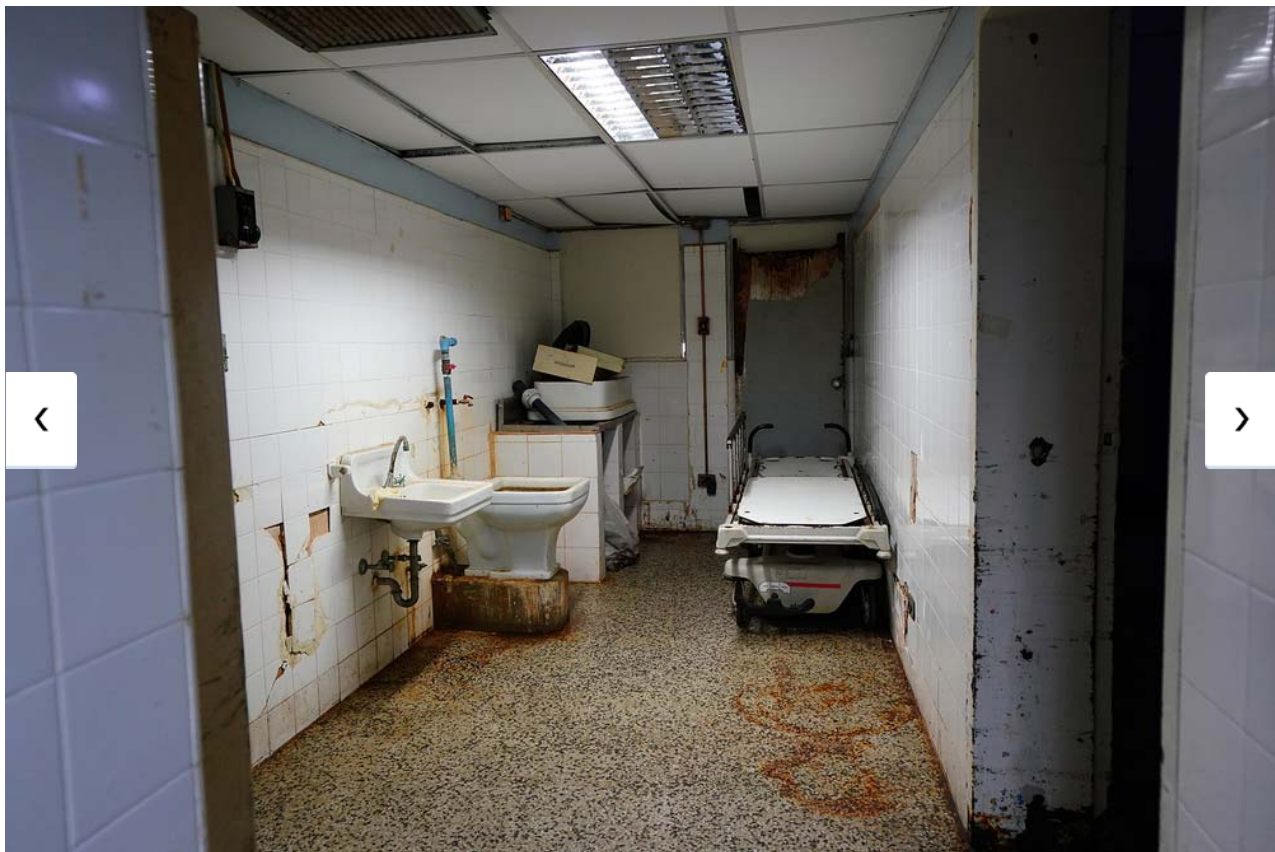
### [sacked in May 2017 within days of announcing them.](#)

No more official mortality data has been forthcoming since then, but an October 2018 report from CEPAZ [suggests](#) figures “continue to rise into 2018, with the aggravating factors of malnutrition and epidemics”.

“Right now, for us doctors, these [figures] have risen,” Colomenares says. “The conditions are a lot worse now.”

Secretary General of the Organization of American States Luis Almagro Lemes charged in a recent address to the Washington DC-based Center for Strategic Studies that newborns in Syria have a better chance of survival than those born in Venezuela today.

Colomenares' view of the situation is equally stark. ‘It’s a crime against humanity,’ she says.



The once-renowned University Hospital in Maracaibo

### **‘They let him die like a dog’**

Isneudy Romero, 27, knows the failings of Venezuela’s medical system. Shifting uneasily as she stands outside the hospital in Maracaibo, she pushes



her dark hair off her face, her eyes darting to make sure no one is listening, and begins to speak of her family's experience.

She'd had a bad summer.

It didn't begin when she found herself suffocating in the dark after the electricity failure took out the lights, air conditioning, and fridge. It didn't even start when the city's water supply failed and she started having to haul water three kilometres from a broken pipe. It started, although she wasn't to know it quite yet, when Antonio Romero, her 53-year-old father and a long-time government employee, had stomach surgery at the hospital.

The surgery went off without a hitch, so they thought, and he came home. But before long he developed an infection. Romero believes the infection was acquired in the hospital – not unreasonably given that contracting infections in hospitals has become a common occurrence these days due to hospitals having neither water nor cleaning fluid.

Unable to find the antibiotics he needed, her father's condition worsened. She and her sister took him back to the hospital, where doctors explained he needed a second operation. And then, after a moment's pause, added apologetically and in pained voices that, regretfully, they were unable to perform the surgery because there was no electricity in the hospital.

That left Romero and her family on a renewed and more desperate quest for antibiotics, hoping they might help keep him alive. But – with the scarcity of drugs rising even higher since a [March survey](#) in which more than 88 percent of 100 public and private hospitals and health centres indicated shortages of medication – they hunted high and low in vain. In June, Antonio Romero died.

That wasn't the end of it.

Coffins are few and far between. When they can be found, they are expensive. Unable to afford the luxuries of a funeral parlour, the family lay their father's body out on the kitchen table, where they conducted the funeral service, praying the body wouldn't explode before they managed to raise the money to bury him.

"My father worked 32 years in a ministry – yet they let him die like a dog," Isneudy Romero says.

Soon after, Romero's 18-month-old niece fell ill with pneumonia. Five years ago, pneumonia in children in Venezuela was [less common](#), but now severe malnutrition is weakening immune systems and triggering a marked increase in the illness, especially in the under-5's. Like [a growing number](#) of the children in the country, her niece, Luisa, suffered from malnutrition.

Romero and her sister brought Luisa to the hospital, but instead of getting better she contracted a bacterial infection in the intensive care unit.

It was left to the family to supply the material and medicines needed to treat the pneumonia. They constructed an oxygen hood out of pieces of plastic and masking tape. Once again, they tried desperately to find the antibiotics and other medications necessary to treat the infection. Yet again, they looked in vain.

Luisa died from the bacterial infection contracted at the hospital.

Again, a body was placed on the family's kitchen table.

When all the prayers were said, Luisa was laid in a concrete grave inscribed with hearts drawn by her family's fingers. The family was left deeply in debt.

"We couldn't even give either of them a proper burial," Romero says.

### **'Of course it is lethal'**

Elsewhere in Venezuela, patients aren't faring much better.



Luis Rodriguez, 68, has been to a lot of funerals this year. He worries the next he attends will be his own.

Rodriguez is a former boxer from Cariaco in Sucre State, a small town famed for having produced former super flyweight boxing champion Jesus Rafael Orono.

Today, Rodriguez is a dialysis patient fighting round after round to simply survive – and the bouts are not going his way.



Rodriguez needs three treatments a week, four hours for each treatment, at a clinic in Cumaná, the state capital, about 90 minutes from his home. But with only eight machines of 16 working, his treatments have been reduced by half. And that's before they were further abbreviated by electricity outages mid-treatment.



The dialysis centre has nothing – no medicine, nothing – so it's up to Rodriguez to supply the medicines for the treatment and, when he can't get the required amount of dialysis, hypertension drugs to maintain his health. But hypertension drugs can't be found anywhere. So, in addition to his kidney problems, he has developed severe hypertension and

tachycardia (an abnormally high heart rate).

“Of course, it is lethal,” he says. “Last year there were 65 of us dialysis patients, and, today, there are only 24 of us left.”

Rodriguez falls silent, sitting on a chair amidst the empty stalls in the market where he is passing time. A friend greets Rodriguez, clapping him on the back as he passes by. Rodriguez looks up.

“I have been very pained as a dialysis patient to go to the funerals of my dialysis friends – with no guarantee it will turn out any different for me,” Rodriguez says, shaking this head. “I feel really alone because when I go to dialysis and ask for my friends, they tell me they aren't here, they have left, either through God or out of the country.”

### **‘There's no medicine here’**

Some 1,400 kilometres west of Cariaco, the small village of Tucuco sits at the foot of low mountains dense with lush-green foliage and gently shrouded in low clouds.

It is a village like any other in Venezuela these days.

There is a bakery with no bread.

A butcher with no meat.

A bank with no money.

A small hospital without medicines. “Unless there is a mystic there, they are

impotent as they don't have anything to even reduce a fever, or pull a tooth," one local man confides.



The village of Tucuco.

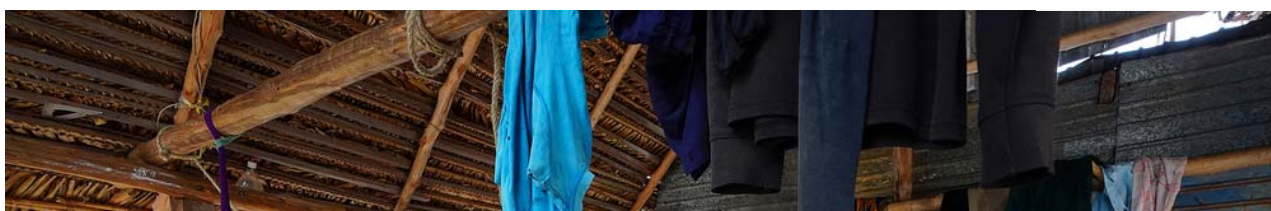
Five years ago, it was paradise here, says Herminia Ramirez, 50. Now, she adds, that paradise has been lost to disease, death, and emigration.

Two families, 14 people in all, live in the Ramirez's small home of corrugated iron, wood, and thatch.

A small child with carrot-tinged hair characteristic of malnutrition timidly stands in the door of the house, alternating her attention between the chatter outside and the cartoons playing under roll bars on the television indoors. The family's bright-green pet parrots hop around freely; a pet peccary, or skunk pig, stirs from his sleep and noses at the thin bars of his cage.

Ramirez's grandfather is swinging, cocooned in a hammock. He is suffering from his fourth bout of malaria this year. Her son is mending his bicycle tyre. He has had malaria nine times, the family says, and now has a colon problem.

Susan Schulman/IRIN







The corrugated iron home of Herminia Ramirez, far left, in Tucuco.

“Lots of people we know here have died,” says Ramirez. “Most from malnutrition, but a lot have died of malaria, hepatitis, yellow fever, and tuberculosis too.”

She shrugs. “There’s no medicine here. There’s nothing.”

Dr. Ingrid Graterol nods in agreement. She has been coming here regularly as a doctor with the NGO CARITAS for 15 years and is now the director of the Machiques office.

In Machiques, a two-hour drive from here, there used to be a hospital with a fully equipped operating room, Graterol explains. It no longer functions, so for Martinez’s son to even hope to get treatment for his colon the only option is to get to Maracaibo, 260 kilometres away.

Up to 90 percent of public buses are **reportedly** out of operation, as bus owners, unable to afford even basic repairs, have been forced to abandon vehicles.

“There is no transport to Maracaibo,” Graterol says. “Now, if a woman needs a C-section, she dies,” she adds by way of explanation. “If she finds a car, there’s no gas. And if she finds gas, maybe the driver wants to sell [their] fuel instead. And, if she finds the car, the gas, and a willing driver, she won’t have the cash.”

A man leading a horse walks slowly by, its hooves clattering on the pavement, interrupting a moment of silence. Graterol continues, anger in her voice, explaining how there used to be no deaths from childbirth in the region.

“If we had one, that would be really bad and they’d call for an investigation,”

she says. “Now, we have almost one a month. And it’s not even important anymore as it happens so much no one cares.”

### ‘I feel depressed’

As hospital conditions worsen and more facilities close, more and more medical personnel are [leaving the country](#).



Dr. Piroza at a small hospital in Cumaná.

“I feel depressed, it pains me badly when, as president of the association, I have to sign legal papers to enable doctors to emigrate,” explains Piroza of the Association of Medical Doctors. “I feel a great pain – but I understand their situation, as salaries are too small even for them to eat, and they will be very welcome where they go.”

The doctors who remain have not stopped fighting for their patients.

Protests by medical personnel and people affected by the failures of the healthcare system are on the rise. According to the Venezuelan Observatory of Social Conflict, a local human rights NGO, between January and August [296 protests](#) were held despite the very real risk of protesting: doctors have been threatened with criminal charges for speaking out and hospital directors have been suspended.

Piroza himself took part in a recent protest by medical staff at a small hospital

in Cumaná. He and his colleagues covered a fence with large cardboard signs detailing what they don't have in their facility: oxygen, supplies for carrying out basic tests, drugs, water, light bulbs. In short, everything.

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