



# OVERALL SITUATION OF HUMAN RIGHTS IN THE STATE OF ZULIA JUNE 2021 SUMMARY

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## GENERAL OVERVIEW

The *June 2021 Bulletin* on the general situation of human rights in Zulia focuses on documentation on the right to health of *Zulianos* and access to health care services in the region, with particular emphasis on the Covid-19 pandemic in the region, during the period January-May 2021.

The right to health implies, in its broadest sense, enjoying the highest possible level of physical and mental wellbeing. Therefore, this right encompasses a set of elements that contribute to maintaining a healthy life, since in addition to involving the need for access to health care and hospital services, it also refers to other determining factors such as the availability of drinking water and adequate sanitary conditions, safe food, adequate nutrition and housing, healthy working conditions and environment, education and information on health-related issues, and gender equality<sup>1</sup>.

However, for this right to health to be feasible, it is necessary to guarantee other rights that comprise it, such as the right to a social protection system that provides everyone with equal opportunities to enjoy the highest possible level of health; the right to prevention and treatment of diseases, and the fight against them; access to essential medicines, maternal, child and reproductive health; equal and timely access to essential health services; access to education and information on health-related issues; participation of the population in the decision-making process on health-related topics at the community and national levels<sup>2</sup>.

The aforementioned is not guaranteed by the Venezuelan State in the state of Zulia. On the contrary, extreme precariousness is repeatedly evidenced in cases of people who suffer from a disease, in the face of the inefficiency of a State that neither prioritizes nor provides adequate care for the needs related to hospital services, access to medicines, and safe working conditions for health personnel.

The Venezuelan State must focus on implementing practical measurements to restore the health system of the region, as well as to guarantee access to necessary medicines for the treatment of pathologies suffered by thousands of people, with particular attention to the entry and administration of vaccines as a means of preventing Covid-19, through public policies that “...are focused on public health and have a comprehensive and interdependent approach to human rights, particularly the rights to life, health and to benefit from scientific progress, based on the best available scientific evidence and taking into account the principles of the human rights approach, namely: equality and non-discrimination, social participation, access to justice, access to information and accountability, such as the perspectives of gender and intersectionality”<sup>3</sup>.

This Summary reviews, in short, the experience of thousands of people in Zulia, affected by the lack of medical attention from apathetic government entities, in the face of a health emergency scenario that adds to a complex humanitarian crisis that is spreading in time without an immediate solution. Likewise, the limitations and obstacles faced by health workers are exposed, who daily risk their lives to save the lives of others.

### 1. SITUATION OF THE RIGHT TO HEALTH IN ZULIA

By the end of December 2020, 10,642 positive cases and 116 COVID-related deaths were reported in Zulia. At the national level, according to government figures, 113,884 infected people and 1,030 deaths<sup>4</sup> were reported.

Meanwhile, the number of infected people worldwide was 81,963,699, in addition to 1,808,152 deaths. As can be seen, in 2020, Zulia closed as one of the states with the highest rate of people infected with Covid-19, a situation that was maintained during the first five months of 2021.

This situation is complicated by the absence of a massive, comprehensive, and non-discriminatory vaccination plan that equitably reaches everyone and prioritizes the most vulnerable groups. Besides this, it is also essential to highlight misinformation and official incompetence in this matter. These circumstances, along with statements by government representatives who claimed having been the first to be vaccinated, denote the State's lack of interest in activating an immunization program for the entire population.

This governmental pattern counters the provisions established in Resolution No. 1/2021 issued by the Inter-American Commission on Human Rights, *Vaccines against Covid-19 within the framework of inter-American human rights obligations*, which states: “States must ensure the distribution of vaccines, and their equitable and universal access, through the elaboration and implementation of a national vaccination plan; and consequently, refrain from discriminatory treatment by removing normative, regulatory or any kind of obstacles that could lead to this practice, as well as creating conditions of real equality to groups whose rights have historically been violated, or that are at greater risk of discrimination”<sup>5</sup>, it also provides that “...States have an obligation to eradicate corruption regarding distribution and administration of vaccines, seeking to prevent and punish their use as gifts or personal or political favors, particularly in electoral contexts. Likewise, they must protect people who report crimes of corruption in the health sector or others”<sup>6</sup>.

Thus, in this context of hopelessness, the deterioration of health among *Zulianos* has reached alarming extremes, both from the physical and psychological perspectives. According to Rehabilitarte Foundation, sadness, lack of motivation, and restlessness affect the majority of *Zulianos*<sup>7</sup>, all this amid a humanitarian emergency that directly disturbs their mental health. In this sense, according to the foundation above, 59.49% of *Zulianos* have frequently experienced feelings of sadness and/or hopelessness, 51.6% expressed feeling restless or uneasy. In comparison, 43.61% stated that the pandemic had affected their quality of life. On the other hand, 80% of those interviewed expressed dissatisfaction in access to health services such as hospitals and public health services, which, added to the excessive increase in prices of psychotropic drugs –+299.53% between August 2020 and February 2021–, further deepens the crisis<sup>8</sup>.

As can be seen, the psychological impact of the current context that *Zulianos* live in and the guarantee of their right to health can be classified as negative and harmful.

### **Covid-19 pandemic in Zulia**

After the easing measures decreed by the national and regional governments during December, 2021 began with a considerable increase in positive cases of Covid-19 and successive deaths as a result of this spread. This led to the resumption of the 7x7 scheme implemented since last year by the national government, consisting of seven days of radical quarantine and seven days of flexibilization.

One of the first news at the beginning of this year was related to the alleged appearance in the region of a Covid-19 variant that is easily spread, which, according to the state governor, produced a significant and negative percentage increase in active cases in Zulia and, as he warned, a stricter control would be carried out to enforce containment and prevention measures<sup>9</sup>.

In this sense, for the third week of January, Zulia registered the highest number of infections nationwide, with the highest incidence taking place in the Maracaibo and Machiques de Perijá municipalities<sup>10</sup>. This trend persisted during February, as Zulia remained among the first three entities with the highest number of positive cases<sup>11</sup>. By the end of February, Zulia was the state with the highest number of deaths from Covid-19, with 152 deaths<sup>12</sup>.

Meanwhile, by mid-March, the first case of the Brazilian strain was reported in the region. According to Nicolás Maduro, this strain is “...more contagious, virulent and the experience we have is that it

*is more deadly, it seems, according to data from Brazil and our data in Venezuela, there has been an increase in the number of daily deaths, and this is because of the Brazilian variant*<sup>13</sup>.

According to the governor, by the third week of April, 15,682 cases of Covid-19 had been registered in the region since the start of the pandemic, 15,002 of which had recovered<sup>14</sup>. At the same time, a new official record of 21 deaths from Covid-19 was reported throughout the country on April 21st, for a total of 1,965 deaths, according to national government figures<sup>15</sup>.

In May, the social and collective quarantine was radicalized due to the excessive increase in Covid-19 cases in the country, with a notable rise in positive cases in Zulia, with a national average of 8,549 new cases per week<sup>16</sup>, according to official figures. Thus, by mid-May, the governor reported that if the rise in positive cases in the region continued, he would request the radicalization of measures to contain infections<sup>17</sup>. By that time, Zulia was the state with the highest number of Covid-19 cases, since only in the week of May 17th to 23, 1,498 new positive cases were reported<sup>18</sup>.

By the end of May, the outlook was bleak, with no concrete definition of a national vaccination plan. The national government hardly announced the beginning of a supposed second phase of vaccination in the country. However, there are no details about the first phase of vaccination among the population.

On the other hand, among other measures taken, it was reported that once the air traffic at La Chinita International Airport had restarted, after February 26th, by order of the government, all passengers over 12 years of age *“...must get obligatorily tested at the facilities of the airport terminal before traveling and upon disembarking. The price of the test is 70 dollars and the laboratory authorized by the Government of Zulia is called Prolab”*<sup>19</sup>.

This gradual increase in both positive cases of Covid-19 and the number of deaths in the region shows that the measures applied by national, regional, and local governments have been insufficient and ineffective. This, added to the absence and misinformation of a vaccination plan, makes it possible to assert that the profound health crisis that the region is going through is the result of improvised and inconsistent measures by government entities, who refuse to comply with the correct guidelines and recommendations indicated by health and scientific experts in the field.

The abovementioned represents the failure of the Venezuelan State to give priority attention to this scourge that is intensifying day by day and to respect the human rights of *Zulianos*, far from the general guideline indicated by the Inter-American Commission on Human Rights, in the sense that States *“...must comply with their obligations to respect and guarantee the enjoyment and exercise of human rights of people with COVID-19, following an intersectional and multidisciplinary approach, which recognizes and affirms human dignity, the elimination of all forms of discrimination, as well as the indivisibility and interdependence of such rights in its laws, policies and decision-making, and within all the public powers of the States”*<sup>20</sup>.

In general, the month of May 2021 closes with a hopeless balance. Worldwide, 169,604,858 people were infected with Covid-19, and 3,530,837 died as a result of it<sup>21</sup>. According to reports published by the national government, 234,165 positive cases and 2,646 deaths were reported throughout the country. Meanwhile, in the state of Zulia there were 21,391 positive cases and 271 deaths<sup>22</sup>.

### **Hospital services and access to medicines**

The terrible hospital situation in Zulia is an undeniable fact. Every day the crisis of the public health system and the constant deterioration of the health infrastructure worsens. The collapse in hospitals took place a long time ago, even before the pandemic. Still, it was after the spread of the virus in the region that the problem regarding health services became indisputable.

There have been various government measures announced, all without success or positive repercussion, which is demonstrated by the testimonies and experiences of hundreds of thousands

of people who go to these hospitals and where, despite the enormous effort of the few medical and nursing personnel that remain in this critical task, they do not receive the necessary attention to relieve their health problems.

Since the beginning of the year, there have been multiple complaints that point to this reality. The problem is so extreme that even the few intensive care units that operate in the region are at their peak, especially by people infected by Covid-19, and many other people who are also ill prefer not to go to hospitals because they know that due to the lack of medical supplies, their diseases won't be addressed<sup>23</sup>.

Concerning this accentuated shortage of health supplies, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) reported that by January 2021, 80 tons of personal safety equipment had arrived in the country as a response to the Covid-19 plan managed by the Pan American Health Organization (PAHO)<sup>24</sup>. On his part, in March, the governor confirmed the delivery of two million tablets of Ivermectin, produced by the SM Pharma Laboratory, to the public health system, which, according to him, is the first batch of more than five million tablets<sup>25</sup>.

A worrying issue is the small number of health personnel there is, since, as it is known, a large part of these personnel has found it necessary to migrate to other countries seeking a better life. Complaints about the scarce medical personnel available to address the different pathologies that arise, especially those related to Covid-19, are increasing daily. An example of this circumstance was experienced in Caja Seca, Sucre municipality, specifically in the Juan de Dios Martinez Hospital. Between February 6 and 7 there were no doctors to take care of emergencies or health cases that could arise in that area of Zulia. Several people attended the health center during these days and did not receive the required attention because there were no supplies or medicines. In the place there were only a janitor and the employee who turns on the power generator when there is no electricity. The inoperability of the rooms of the health center was even verified by agents of the Bolivarian Police Corps of the Zulia state (Cpbez)<sup>26</sup>.

Another case of crisis due to lack of hospital supplies, reagents, water and food is experienced in the Coromoto Hospital in Maracaibo, to the extent that the president of the Medical union of this hospital declared that in *"...COVID-19 units and in the post-surgical Unit, we doctors do not have supplies for patient care. In these areas, the saddest thing is that several doctors have resigned from their positions due to fear that patients will die because they do not have the necessary tools to provide their services and fulfill their life-saving role"*<sup>27</sup>. This shortage extends to all hospital units, including the Burns Unit, a specialized area in the region<sup>28</sup>.

For its part, at the Maracaibo University Hospital, a sentinel hospital for Covid-19 care, none of the six elevators work, and all health personnel and sick people must use the stairs, the most affected being those hospitalized for Covid-19 and people with chronic kidney disease. Thus, according to health center workers, people hospitalized for Covid-19 confined on floors 4, 5, 6, 7 and 8 had to go down the stairs to the ground floor to undergo tests such as chest films, which affects their human dignity, exposing contamination in all areas of the hospital and those who help them to go up or down the stairs<sup>29</sup>.

A similar drama is suffered by people who require dialysis in this hospital, whose Renal Unit is located on the 9th floor, having to go up and down 18 flights of stairs. Sometimes they take up to an hour to go up and up to three hours to go down, which together with their delicate health condition makes them more prone to a Covid-19 infection. In addition, there is a lack of air conditioners and toilets in this Unit, so there is an invasion of rats in this area<sup>30</sup>. On this aspect, the closure of a health unit that was destined for patients with Covid-19 was reported given the proliferation of rats in the place. Given this, workers have demanded immediate fumigation and cleaning of the health center<sup>31</sup>.

In this same context regarding this sentinel hospital in Maracaibo, the president of the Nurses Association of Zulia stated that it became an outpatient clinic since it stopped taking care of complex

interventions and strategic units such as the burns unit, internal medicine, among others, ceased operations and today it is only limited to reduced emergency care, intensive care, and nephrology, due to lack of personnel and insufficient beds. The scenario is so serious that there is an estimated deficit of up to 70% of the nursing staff in that hospital<sup>32</sup>.

Despite all these complaints, by the end of March the governor affirmed that the region's public health system was prepared to face the Brazilian variant, without providing further details about it<sup>33</sup>.

However, a month after these statements, relatives of hospitalized people stated that they even had to buy water for doctors, all of which points to the total collapse of the hospital network in the region. Stories about it are diverse and sad. Some relatives claim to have spent up to USD 1,300 on supplies that they must take to the hospital<sup>34</sup>. Among others, testimonies such as this one highlighted in the press: *"When we arrived with my family member he couldn't breathe, they put him on emergency oxygen and took him to a higher floor because there is no space in the ICU. They immediately gave me a list of medicines and other things required such as: water, gloves, syringes, everything, because there is nothing here. I take care of him and I have to come and go to the house for food, sheets and bags so that he can relieve himself because even bathrooms don't work"*<sup>35</sup>. This type of experience highlights the serious situation that family members and people incarcerated in public hospitals in the region must endure.

The capacity of the University Hospital has been exceeded by the number of positive cases. It only has the capacity to provide care for ten people in the ICU, but it only has six beds with artificial respirators, and according to reports, by mid-April, the number of people with Covid-19 admitted to this care center was 150 people<sup>36</sup>.

The director of the assistance center reported that both the emergency room and the Intensive Care Unit are full of people with Covid-19. However, he affirmed that the hospital *"is not collapsed"*. The increase in patients in areas such as the Emergency room was because they had to stabilize them and then take them to upper floors while acknowledging that the Intensive Care Unit has all beds occupied. At the same time, hospital workers expressed that there are patients wearing oxygen masks in the hallways of the Emergency and in the Traumatology area, some sitting in chairs, cared for by their own relatives<sup>37</sup>.

Several videos display the reality of the people confined in the University Hospital in which the internal collapse of the healthcare center is appreciated, and where people with oxygen cylinders lying on stretchers, furniture or sitting in chairs one next to the other are evident, without complying with social distancing or biosafety measures. These are areas of the hospital not suitable to provide care to sick people. Still, given that the number of people who require care exceeds the capacity of this hospital, the hospitalization and intensive care units are full. There is no space to accommodate more people with respiratory crises<sup>38</sup>.

It is noted that the screening tests carried out in the hospital are few, and the results take almost a month to be delivered or are lost on the way to Caracas. In private laboratories of the city these tests range between USD 40 and 80. Meanwhile, refilling oxygen cylinders is priced between USD 35 and 40. In the matter of specific medicines to treat Covid-19, it is reported that an ampoule of Remdesivir costs \$ 200, and a person typically requires the administration of six to eleven doses of it<sup>39</sup>. These costs are unbearable for Zulia families when they earn a monthly minimum wage of Bs. 7,000,000.00 (as of May 1st, 2021, before this date it was stipulated at Bs. 400,000.00), which equals a little over \$ 2 today. All this shows the total neglect and inactivity of the State in the face of this serious public health panorama.

This situation is repeated in the Chiquinquirá Hospital in Maracaibo, also classified as a sentinel, where due to the lack of water and constant electrical failures and the absence of nursing personnel, family members must also provide all the supplies and required medicines<sup>40</sup>.

Another worrying aspect was related to the regional government's intervention of oxygen filling and distribution companies<sup>41</sup>. Due to the alleged speculative recidivism of these companies, the governor reported that he temporarily assumed the management of these companies to determine the price of the distribution of oxygen. Days later, the companies were given back to their owners. The price for refilling an oxygen cylinder at the plant was set at USD 17, and USD 25 for distributors<sup>42</sup>.

### Health personnel

The suffering of health personnel in this context of deterioration of the right to health and of the public hospital system is palpable, discouraging and unprecedented. Health personnel has to endure the null working conditions and the absence of the necessary biosecurity implements and means that put their lives at risk and receive a salary that is absurd and unreal. According to the president of the civil society organization Doctors United for Venezuela, *"A doctor with 30 years as a graduate, 25 years as a specialist, who still does night shifts, was earning \$ 18 a month until April 30th."* Added to this there is a justified fear that health personnel suffers from having to carry out their tasks with no biosafety equipment nor vaccination<sup>43</sup>.

Regarding the unpleasant working conditions and the lack of biosafety equipment, the staff of the Coromoto Hospital in Maracaibo expresses that they have to beg for said equipment because they provide them with a mask, no suits or gloves. Faced with this scenario, the staff becomes ill, and they are not given the necessary medicines for their recovery, so they have to acquire them themselves despite receiving a ridiculous salary of Bs. 3,300,000, that is, of USD 1.82 for February of this year. This calamity affects more than 1,300 workers in this assistance center, who are also not offered transportation benefits. The only food they give to workers with shifts of up to 24 hours are lentils, bread, rice, and *fororo* (pinole beverage)<sup>44</sup>.

The University Hospital presents a similar situation, due to the delay in the payment of their insignificant salaries and the breach of the collective contract that affects at least 800 nurses, whose salary is around Bs. 4,000,000.00, that is to say, USD 2.03 by the end of March<sup>45</sup>.

Now, by the end of 2020, Zulia represented the entity with the highest number of deaths of health personnel with 65, while in the entire country by that date, according to United Doctors for Venezuela, 296 workers of the health sector had died due to Covid-19, discriminated as follows: 218 doctors, 52 nurses and 26 other health professionals<sup>46</sup>.

On average, for the first week of January alone, there were seven deaths of health workers nationwide from Covid-19, three of which were Zulian doctors and one nurse<sup>47</sup>. On January 19th, a new death of a notable pediatrician in the region is added. By January 17th, United Doctors for Venezuela, reported the death of 316 health professionals nationwide<sup>48</sup>. On January 24, 10 Zulia doctors died from Covid-19, for a total of 78 deaths in Zulia at that time<sup>49</sup>. In general, the first month of this year closed with a total of 23 health workers killed by Covid-19 throughout the country, with the state of Zulia being the entity with the most alarming figures. These figures contrast with those published by the national government, which only recognizes the death of 19 health workers since the pandemic began<sup>50</sup>.

February was no different. The death of health personnel persisted due to complications associated with Covid-19, since the 79th death of medical personnel in the entity took place on February 17th<sup>51</sup>. For the first week of March, five new deaths of health professionals were registered in Venezuela. By this date there were already 80 deaths in Zulia and it continued to be the entity most affected in this regard<sup>52</sup>.

The deaths of health personnel continued in April, and there were no official pronouncements by the government. By mid-April, there were 84 deaths in the state, while United Doctors for Venezuela reported the death of 62 health workers throughout the country only between

April 2 and 15, 2021. According to this organization, the number of deaths of health personnel since the pandemic began was 485 nationwide, a figure that differs from the 1,853 COVID-related deaths stated by the national government<sup>53</sup>. It is noteworthy that according to PAHO data, “...the fatality of health personnel in Venezuela would be 7.21% compared to 1.03% in Ecuador and 0.19% in Chile, which are two of the countries in the region that presented the highest number of COVID-19 cases during 2020”<sup>54</sup>.

By the end of April, there were 522 deaths of health workers since the beginning of the pandemic, 88 of which corresponded Zulia state<sup>55</sup>. April was one of the months with the highest number of deaths of people belonging to the health sector, since at the national level, there were at least 86 health workers who died during this month, while in Zulia, 10 more deaths were added. In addition, April was the month with the highest number of infections and deaths in the entire country since the pandemic began<sup>56</sup> (37,179 cases and 534 deaths), which confirms the affirmation of the total failure of the measures implemented by the government to contain the disease, which is complicated by the government’s silence regarding massive and effective administration of vaccines.

By May 11th, United Doctors for Venezuela already registered a total of 549 deaths in the health sector. On May 17, 20 new deaths of health workers were reported nationwide<sup>57</sup>. Two days later, this figure reached 566 deaths, so on average, every 24 hours, a health worker dies due to Covid-19 in the country<sup>58</sup>. The figures in Zulia continue to be alarming: on May 19th there were three doctors who died from this disease, so there were 96 deaths of health workers in the region<sup>59</sup>.

In this order, according to United Doctors for Venezuela, May ended with 602 deaths of people belonging to the health sector nationwide since the pandemic began, while in Zulia, a total of 112 deaths were reported, being the entity with the highest number of deaths in this regard, while they report that only 42% of doctors have received a dose of the anti-COVID vaccine<sup>60</sup>.

Despite these worrying figures, serious complaints were filed about discrimination regarding the vaccination of health personnel because, as noted, for March, only two out of the fifteen state hospitals that treat cases of Covid-19 would have received vaccines for their personal. Until mid-March, they had only vaccinated the Maracaibo University Hospital and Santa Barbara Hospital personnel in the south of Lake Maracaibo, with no information available on the possible vaccination schedule of the health personnel belonging to other hospitals<sup>61</sup>.

Until mid-April, 800,000 doses of vaccines would have arrived in the country (Sputnik V and Sinopharm). Given the lack of accurate information regarding a mass vaccination plan, only 98,000 people in the health sector were known to have received the vaccine<sup>62</sup>.

The foregoing is complicated by government threats directed at health workers to prevent them from reporting on the reality of hospitals and the national public health system, nothing new if the content of the *2020 Annual Report of the Inter-American Commission of Human Rights in its Chapter IV. B Venezuela*<sup>63</sup> is taken into account. The report states in point 119 that during 2020 they received testimonies from union groups in Zulia state denouncing retaliation after having begun plans to organize protests. Among the reported events, the following stand out: “*intimidating communications carried out by the directors of hospitals or local authorities; subpoenas to present testimonies before organs such as the CICPC and not before the organ in charge of investigating crimes, which would be the Prosecutor’s Office; and the opening of administrative procedure and criminal investigations carried out by the Public Ministry*”<sup>64</sup>. In addition, it demonstrates the integrity of the complaints of health sector workers regarding their constant exposure to infections, given the lack of provision of biosafety equipment and supplies to address cases in hospital centers of the public health system.

### **Vaccines for Zulia**

In February, the first announcements regarding the arrival of batches of vaccines and their distribution in Zulia were made. Apparently, they correspond to the Russian Vaccine Sputnik V.

According to the governor's statements, on February 17th the first phase of distribution of this vaccine began in Zulia with the "...supplies for the Santa Barbara hospital, sentinel center that fights against covid-19 in the South of Lake Maracaibo"<sup>65</sup>, without specifying the amount of vaccines that were received or how the sessions would be carried out.

By mid-March, the provision of only 245 doses of the Chinese vaccine Sinopharm for three sentinel health centers located in the municipalities of Machiques, Catatumbo and Sucre was announced, 80 of which would be administered to health workers from the Catatumbo municipality, and 87 would be administered to 60 doctors working in the Sucre municipality<sup>66</sup>.

Regarding the subject of vaccines, for the second month of the year, it was reported that Venezuela confirmed its interest in participating in the COVAX mechanism, subject to the payment in advance stated in the agreement. Also, a contract with Russia was signed. It implied the purchase of 10 million doses of the Sputnik V vaccine to start a supposed first phase of mass immunization against Covid-19 at the end of the first quarter of this year<sup>67</sup>, a situation that was never materialized.

Demands for the provision of vaccines and their implementation have originated in various sectors. Such is the case of protests carried out by students of the University of Zulia demanding the management of the few vaccines that have arrived in the country, also against the lack of information on a serious plan and schedule for the vaccination of Venezuelans, against statements by senior officials who claim to have already been vaccinated, as is the case of Nicolas Maduro<sup>68</sup>.

Another sector that raised its voice, was that of the teachers of the Zulia region, demanding a massive and egalitarian vaccination plan. In this regard, the president of the Teachers Union-Zulia and Secretary General of Fetramagisterio, expressed: *"immunization of teachers ranges from 0.5 to 1% of all state teachers. Here, people outside the teaching profession were allowed to be vaccinated during the sessions and activists of the United Socialist Party of Venezuela (Psum) were also vaccinated. Teachers were required to suffer from three pathologies to qualify for the vaccine and many of those who met the requirements didn't receive the call"*<sup>69</sup>.

For its part, the Medical Union of the region demanded the implementation of an urgent vaccination plan that would allow the control of the severe crisis that the hospital centers are going through. This requirement is focused on the immunization of health personnel. To this end, they consigned three official letters with annexes listing doctors who require attention, either because they are on the front line against the fight against the disease or because they are over 60 years old<sup>70</sup>.

The information on the entry, total number, forms of administration or vaccines, organization mechanisms, among others, are so ambiguous and unsystematic that none of these aspects is known with precision. However, on May 24th, the national government announced the arrival of 1,300,000 vaccines from China that, according to them, would be applied to people over 60 years old with previous pathologies or HIV, as well as workers in social areas. Prior to this, 850,000 vaccines had arrived in the country (500,000 Sinopharm and 350,000 Sputnik V), but the number of vaccinated people and the sectors to which this first supposed supply of vaccines was aimed at is unknown<sup>71</sup>.

According to experts, for Venezuela to meet the vaccination goal this year, it is necessary to immunize at least one million people each week, a goal that is very far from the current reality<sup>72</sup>.

By the end of the month, the authorization of 27 vaccination centers throughout the country was announced, suddenly and uncoordinated, which would later be increased to 77, for the beginning of what the national government considers a massive vaccination session starting May, 29th. This poorly informed vaccination process would apparently apply to people registered in the Patria platform, who would receive a text message indicating the place and date of vaccination<sup>73</sup>. This selection mechanism represents a form of discrimination and inequality, a violation to the right to health and an attack on the right to life by the Venezuelan State for those who are not part of this platform, despite the announcement of the authorization of an alternative registry for people who are not registered in it<sup>74</sup>. Parallel to this, the health minister reported that *"We have administered a little*

*more than a million vaccines to Venezuelans, there are still 21 million people to be vaccinated, more or less, to reach out goal we must administer 3 million vaccines per month until December. Therefore we have to accelerate our pace*<sup>75</sup>. Regarding this, it is insisted that there is no information on the million vaccines that were administered, the group of people who received them, the date of their administration, and the type of vaccine.

Concerning Zulia state, according to the governor, this vaccination session began on May 29th in two points (Villa Deportiva del Zulia and Hospital General del Sur Dr. Pedro Iturbe, both in Maracaibo), and according to what he stated they had applied 3,400 doses<sup>76</sup>. Later, the incorporation of a third vaccination site in Maracaibo (BanZulia) was reported. The administration of the first dose was reported to have reached 356 older adults in the Cabimas municipality, who had previously been summoned by the Patria platform<sup>77</sup>. In this order, the authorization of other points in Cabimas, Maracaibo, San Francisco, Lagunillas and Mara was reported, but without further specifications.

The truth is that before this call for immunization, some vaccination centers were crowded with people, without any control or social distancing, between people summoned and people who spontaneously approached the sites, all this due to the opacity and confusion of this process.

Then, on May 31st, the governor announced the establishment of the Maracaibo Palace of Events as a Pilot Vaccination Center, where 80 vaccination tables will operate with an estimated attendance of 1,000 people every three hours<sup>78</sup>.

Regarding the purchase of more vaccines, by May 30th, Nicolas Maduro assured *“the money is already deposited... The COVAX system has promised us more than 5 million doses of vaccines for the month of July, we are waiting for it to follow the schedule that has been discussed with the COVAX system. Hopefully!”*<sup>79</sup>, without specifying further details about the possible arrival of vaccines.

As evidenced, on this issue, State misinformation and improvisation reign.

### **Assistance in cases of chronic diseases and vulnerable people**

The accelerated spread of coronavirus and the increase in deaths in the region have directly impaired the priority care that people with chronic diseases that require continuous and regular treatment to maintain their health must have.

This is the case of chronic kidney disease patients who continue to carry out their protest campaigns and valid demands due to the evident neglect by the State. Such is the case of the protests at the beginning of the year due to the lack of potable water in the Renal units of Maracaibo<sup>80</sup>. It is a two-dimensional problem: the water that arrives through the pipes is not clean due to a lack of products for its purification, and water trucks ceased operations due to the lack of diesel. This generates a break of their treatment for more than a week, when they usually should be done between two and three times a week. Furthermore, the few times they receive treatment, which must be done in three hours, they only receive it for an hour and a half, all of which threatens their life and their right to health.

Likewise, another condition is related to the aforementioned non-working elevators of the University Hospital, the poor nutrition provided and the lack of health personnel. This is complicated by the problems of transportation to renal units, because given the dramatic and acute shortage of gasoline in the region, very few people with these pathologies travel in vehicles and eventually are supplied between 15 and 20 liters of gasoline that should last them for 15 days, because they do not receive prioritized support in this regard either<sup>81</sup>.

A similar condition was reported by chronic kidney disease patients from the Cabimas municipality, who demanded the overhaul of the air conditioners of the renal Unit, the provision of oxygen cylinders and transportation for medical personnel, an issue that affects 64 people who require medical assistance. For their part, the health personnel of this Unit stated that even if they identify themselves as health personnel, they do not receive gasoline at gas stations. This forces them to use

public transport and at the end of the last dialysis session, it is very late. They must walk home due to lack of transportation. It was reported that after these protests, the mayor of the municipality provided two air conditioning units, and promised to evaluate the situation to address the issue regarding the transport of health personnel<sup>82</sup>.

On the other hand, within the framework of the increase in cases of Covid-19 in Zulia, at the beginning of April, the president of the Well-being and Attention Program for the Elderly of the state of Zulia (Banzulia) announced the start of immunization against this virus to elderly people who suffer from risky pathologies such as hypertension and diabetes, the selection for vaccination would be made through the portal of the Patria system<sup>83</sup>. As it was later reported, only 225 people received the first dose in this vaccination process<sup>84</sup>.

On a different note, the Venezuelan Observatory of Prisons (OVP) reported that 117 people held at the Cabimas jail in Zulia state have been infected with tuberculosis and have not received adequate medical attention. As a result, 72 of these people are seriously ill, very few can walk and remain in makeshift beds or on the floor, they are malnourished, and several have already died. Moreover, most of these sick people do not receive visitors and do not have food or adequate treatment. In addition, these people with tuberculosis are isolated and take care of each other, and they use a wood-burning stove for cooking, which further affects their health condition. All this also envisions a panorama that can be considered dangerous for the 1,028 people held in this detention center<sup>85</sup>.

## FINAL THOUGHTS

As noted, this Summary states the dramatic reality experienced by *Zulianos* in the struggle to preserve their health and life, exacerbated by a pandemic scenario. In addition, the messy and incoherent implementation of restrictive measures –inefficient and ineffective– by government entities and the lack of access to hospital services and medicines, are daily experienced by *Zulianos* who suffer some medical pathology. All this results from the persistent failure of the Venezuelan State to fulfill its obligation to guarantee the right to health as part of the right to life (article 83 of the Constitution).

The promotion, prevention, treatment and rehabilitation of people affected by diseases, with special emphasis at this time of health emergency due to the presence of Covid-19 in the region, are obligations of the Venezuelan State, which require the application of measures and public policies far-reaching and impactful, because as has been pointed out, the situation of the crisis of the right to health and of the public health system in the region is alarming. Given the increase of positive cases, it could even be classified as an out-of-control situation subject to improvised governmental decisions that are inadequate. It is a context that requires the attention of experts in the field. For this reason, we urge the Venezuelan State to attend and implement the recommendations made by those who handle health emergencies of this magnitude and allow their participation in decision-making aimed at the restoration of the right to health and the rescue of the regional health care system.

On the other hand, in the framework of the Covid-19 pandemic, we demand that the Venezuelan State desist from its attitude of providing information far from reality regarding the activation of vaccination sessions of which there is no specific evidence, and proceed to plan and implement of a serious, massive, unbiased and inclusive vaccination process, without discrimination or political control, which guarantees the prevalence of human dignity in the face of the accelerated increase in positive cases in the region, a process where clear, truthful and timely information be at the reach of all Venezuelans.

We urge the Venezuelan State to assume its responsibility to provide care to health personnel who are on the front line of this contingency. This attention should aim both in relation to the provision of medical supplies and biosafety equipment and the demand for decent wages in accordance with their work. Likewise, we insist on special care for people with chronic diseases, who undoubtedly make up one of the most vulnerable groups. Finally, we reiterate that your right to health cannot be deprived by limiting or restrictive measures that, on occasions, far from containing the spread of the disease, have served as an instrument for the exaggerated control of the daily life of the *Zuliano*, leading to disrespect basic human rights.

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