



Merida, State located in the region of Los Andes in the West of Venezuela, with a population of approximately 991.971 inhabitants and divided into 23 municipalities, lives the ravages of the complex humanitarian emergency facing across the country from the year 2015. It is a situation in which different factors influence due to the dismantling social, democratic State, law and justice that proclaims the Constitution, with devastating consequences for the entire society of Merida.



In particular, the right to health effects have shown in the accelerated decline of the public health system, especially represented by the Los Andes Hospital (IAHULA) a type IV center located in the Libertador Municipality of the entity that provides health care to most of the Andean region including surrounding areas in the States of Táchira, Trujillo, Barinas, and South of the Lake of Zulia State; in which hundreds of people have died for lack of supplies or medications, predominates a rebound of eradicated diseases for more than four decades, as well as in general there have been serious damage to the health of people, all this coupled with the absence of official up-to-date information on regional health context.

### Emergency for Damage to Health and Life in Mérida State

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| 1. The maternal mortality rate has tripled between 2016 and 2018 August in Merida. 36% were adolescents between 10 and 19 years old. The infant mortality rate rose 45% from 2016.                        | 4. Merida is now an entity with indigenous Malaria cases. In 2017, cases of Malaria increased 260% and until July 2018 the number grew by 1000%.                                     | 7. Tuberculosis in Merida has fast-rising gone from 8 to 43 cases between 2015 and 2017. Until July 2018 40 cases were registered, 11 of them were co-infections by HIV.                  | 10. 124% increased the number of people attended by high blood pressure. 150 children and 300 adults with Diabetes Mellitus, as well as 20 people with Diabetes Insipidus lack access to medicines. |
| 2. 451 people acquired bacterial infections in different health centers in Merida in 2018 by the poor conditions of hygiene. 386 people died due to sepsis in the IAHULA, most coming from these centers. | 5. 104 suspected cases of Measles and 53 of Pertussis was recorded in Mérida until August 2018, for which there are not enough reagents in the country that allow its confirmation.  | 8. 125 new cases of HIV/AIDS in Mérida between January-August 2018, also affecting pregnant women and children. Only 59.5% of people living with HIV receive TAR with death of 42 people. | 11. At 109% grew the number of persons in psychiatric consultations for 2017, reached 224 in 2018. The shortage of medicines does not allow attending mental health conditions.                     |
| 3. Diarrheas in Merida children are rising by severe deficiencies of supply and quality of water. Also, pneumonias have increased in great magnitude due to lack of vaccines.                             | 6. In Mérida were confirmed 24 cases of diphtheria in 2017 and until July 2018 had reported 11 suspected cases and 1 died from this epidemic that circulates throughout the country. | 9. Deaths of people with serious chronic health conditions such as Cancer, transplanted or dialysis in Merida are caused by the prolonged deprivation of medicines.                       |   |



1. **The maternal mortality rate has tripled between 2016 and 2018 August in Merida. 36% were adolescents between 10 and 19 years old. The infant mortality rate rose 45% from 2016.** Compared to 2016, in 2018 the maternal mortality rate has tripled in Merida, reaching pregnant 330 deaths per 100,000 live births, with 16 deaths between January and August 2018. 45% were women between 30 and 39 years old and 36% adolescents from 10 to 19 years old<sup>1</sup>. The main complications, with 54.5%, are among the non-obstetric or indirect AIDS, Malaria, neoplasms or tumors, aneurysm rugged and autoimmune disorders. The direct causes were obstetric hemorrhage and hypertensive disorders of pregnancy, among others. These figures constitute a pattern of maternal mortality attributable to serious limitations in access and care of health services<sup>2</sup>. Also, in the first half of 2018 was recorded 177 infant deaths in children under the age of 1 year, which represents a rate of 58.44 per 1,000 live births. In 2017 the same rate was 47.33 per 1000 live births, and in 2009, 30.71 per 1,000 live births. In addition, 23 children of 1 to 4 years of age died and 833 for 5 years and more.
2. **451 people acquired bacterial infections in different health centers in Merida in 2018 by the poor conditions of hygiene. 386 people died due to sepsis in the IAHULA, most coming from these centers.** In several health centers in Merida were 451 cases of infections by bacteria in gastrointestinal tract and skin: 130 cases by Escherichia Coli, 100 by Staphylococcus Aureus and 56 by Pseudomonas Aeurogenosa. The highest number of deaths was between 25 and 64 years old, followed by children under 1 year old. This situation due to the poor conditions of hygiene of the health centers in Mérida, dominated by shortages of supplies destined for the practices of hygiene and cleanliness, which is exacerbated by the frequent lack of supply of drinking water. Additionally, found high patterns of multi-resistance bacteria to antibiotics that facilitate their permanence on the surfaces for several months. Between January and June 2018 died 386 people by bacterial infections or sepsis in the IAHULA, most coming from these centers.
3. **Diarrheas in Merida children are rising by severe deficiencies of supply and quality of water. Also, pneumonias have increased in great magnitude due to lack of vaccines.** 773 cases of diarrhea were recorded between January and August 2018. This number represents 63% of 1.222 cases registered in 2017, as a result of the shortcomings of the purification of the water<sup>3</sup> and the inaccessibility to hygiene products service. Of the total cases reported in 2018, 25% (194) were children under 1 year old, 28% (219) between 1 and 4 years old and 47% (360) from 5 years old or more<sup>4</sup>. Cases of severe diarrhea with dehydration are mainly due to the rotavirus, water transmission and preventable by vaccine that generally affects children under 2 years old. Between 2013 and 2017, cases of pneumonia in children 1 to 4 years old increased 81%, while under 1 year old and 5 years or older the increase was 12%. 345 cases were recorded in 2017 and 321 were registered until August 2018. Also, occurred 626 cases of acute respiratory infections and 11 by influenza.
4. **Merida is now an entity with indigenous Malaria cases. In 2017, cases of Malaria increased 260% and until July 2018 the number grew by 1000%.** While the epidemiological bulletins from the Ministry of Health between 2013 and 2016 did not report cases of Malaria in Merida<sup>5</sup>, in hospitals recorded 19 cases during that period<sup>6</sup>. In 2017, the number of Malaria cases increased 260% and until July 2018 increased 1000%, with one endemic reason of 55 for the latter date. While the majority of the cases come from endemic areas of Zulia State, other cases are native of Merida where they were supposed to have been achieved to interrupt transmission. In fact, there have been reports in municipalities where it was believed that vector there are not as Libertador (seat of the capital of the State whose name is the city of Mérida) and Campo Elías (Ejido). During the first half of 2018 were attended 42 cases of Plasmodium Vivax, 10 cases of Plasmodium Falciparum and mixed 3, of whom 21 were Mérida and 13% originating in the Alberto Adriani municipality (El Vigía).



5. **104 suspected cases of Measles and 53 of Pertussis was recorded in Mérida until August 2018, for which there are not enough reagents in the country that allow its confirmation.** In Merida, there were 104 cases of Measles, which only received confirmation of 1 from the National Institute of Health Rafael Rangel in Caracas, paralyzing the processing of the rest of the samples on the basis of that, with this unique case, it had not been demonstrated the circulation of the virus, in order to ensure the availability of reagents for monitoring in other States. 53 suspected cases of Pertussis<sup>7</sup>, were also recorded without to confirm any of them, even though 3 deaths were due to this cause until August of 2018<sup>8</sup>.
6. **In Mérida were confirmed 24 cases of diphtheria in 2017 and until July 2018 had reported 11 suspected cases and 1 died from this epidemic that circulates throughout the country.** The outbreak by diphtheria which began in July 2016 is still active. Since then and until July 2018 were reported 64 suspected cases in Merida, of which 24 were confirmed only in 2017. Also, there were 12 deaths, including 1 maternal death in 2017, out of a total of 79 cases in which 15 other States that received attention in the entity are included. Once again points out the lack of vaccines as one of the causes of recurrence of this infection, because the coverage of the scheme with pentavalent that protects against it was 13% in the first quarter of 2018, 9% in its first reinforcement and 9% in the second. In August 2018 28% of coverage, after a day of immunization with diphtheria toxoid, was reached just which evidence that the Merida population remains vulnerable to this epidemic.
7. **Tuberculosis in Merida has fast-rising gone from 8 to 43 cases between 2015 and 2017. Until July 2018 40 cases were registered, 11 of them were co-infections by HIV.** Tuberculosis continues to affect more people, among other reasons, due to the antimicrobial resistance, associated co-infections (TB/HIV), the lack of policies and insufficient investment in the fight against the disease. By 2015, 8 cases were reported, in 2016 the number rose to 30, in 2017 rose to 43 cases, and until the first half of 2018 the number of affected people amounted to 40 cases. The rapid expansion of TB has been exacerbated by the shortage of PPD (tuberculin) a reagent used for the screening of this respiratory infection in people considered at high risk (HIV and Hematological), under therapy immunosuppressive (autoimmune diseases) and those in poverty and in prisons.
8. **125 new cases of HIV/AIDS in Mérida between January-August 2018, also affecting pregnant women and children. Only 59.5% of people living with HIV receive TAR with death of 42 people.** In Mérida, HIV/AIDS is the second leading cause of sexually transmitted infection. The Virus of human papilloma virus (HPV) occupies the first place. 125 new diagnoses of HIV were recorded in 2018. 99% (124) acquired the virus through sexual ways and 1 mother's son. The prevalence in the population of 15 to 49 years old with a lethality percentage of 34 %, is greater<sup>9</sup>. The municipalities Libertador, Alberto Adriani and Campo Elías exceeded the rate of incidence of the State, two of them are foreign to the metropolitan area of the capital. In STDs and AIDS Regional Programme are inscribed 3.182 people with HIV therapy supply antiretroviral (ART), of which only 59.5% (1895) receive it. 42 deaths were reported with AIDS in 2018. The conditions of people with HIV have worsened rapidly, not only by the lack of TAR, but by the lack of evidence of follow-up, lack of medicines and malnutrition. Until August 2018 were reported 39 cases of STDs in pregnant women and newborns, 17 pregnant were diagnosed with HIV. 2 maternal deaths by causes associated with HIV/AIDS occurred in 2015 and 2018 a death occurred by gestational Trophoblastic. Also, there were 25 children with HIV, of which 40% have not received TAR in recent months. From 2017 until April 2018 there is no formula for infants born to HIV-positive mothers. In May 2018, 256 dairy formulas were handed over to the Ministry of Health. With respect to other STDs, emphasizes the secondary syphilis in pregnant women with a rebound in 24 cases in 2016 and 13 cases until August 2018; in addition to the increased by 200% of congenital syphilis in newborn infants, from 3 to 9 cases between 2013 and 2018.



- 9. Deaths of people with serious chronic health conditions such as Cancer, transplanted or dialysis in Merida are caused by the prolonged deprivation of medicines.** Cancer mortality has grown from 2013, year where 339 deaths were recorded. Between 2016 and 2017 passed from 364 to 435 deaths. In Mérida chemotherapy cycles fell 69%, from 5.654 in 2016 to 1.746 in 2018. Similarly, 76 people kidneys transplanted (46 men and 30 women) receive incomplete treatment through the Venezuelan Institute of Social Insurance (IVSS). In the State, there is a single pharmacy of the IVSS in the city of Mérida, in which immunosuppressant drugs are delivered. People should move to this place from remote locations such as Tovar, El Vigia, Lagunillas and Santa Bárbara del Zulia<sup>10</sup>. 385 people on dialysis, who make frequent protests peacefully in the streets of Mérida along with transplanted<sup>11</sup>, do not have access to sufficient amounts of saline solution 0.9 and other essential components of their treatment. They also face the absence of qualified personnel for the dialysis<sup>12</sup>.
- 10. 124% increased the number of people attended by high blood pressure. 150 children and 300 adults with Diabetes Mellitus, as well as 20 people with Diabetes Insipidus lack access to medicines.** The high shortage of medicines and the severe reduction of access to food<sup>13</sup> increased by 124% (335 cases) the number of people attended by arterial hypertension until July 2018, of whom 90.45% were people older than 45 years. The report of the incidence of diabetes by the year 2011 in the Andean region rose from 8.6% to 14.9%. The place that occupies this condition in the causes of death is currently unknown, but it is considerable, added to that the average hemoglobin glycosylated (HbA1c) in people with diabetes in the Andes for 2010 was 9%, being 7.5% adequate value<sup>14</sup>. There is a high shortage of insulin which dates from 2016, that severely affects 150 children with type I diabetes and 300 people with type II diabetes who must buy it at high prices.
- 11. At 109% grew the number of persons in psychiatric consultations for 2017, reached 224 in 2018. The shortage of medicines does not allow attending mental health conditions.** 109% grew the number of persons in psychiatric consultations for 2017, reached 224 in 2018. The shortage of medicines does not adequately address mental health conditions. During 2017, it showed an increase of 109% in the number of people served in psychiatric consultations for mental health with respect to 2015, but in the first half of 2018 had recorded already 224 cases above expectations. It's worth noting that for the treatment of these conditions only it boasts diazepam in blisters of 5 mg and fentanyl of 0.05 mg in hospitalaries institutions<sup>15</sup>, but for the appropriate approach would be necessary: midazolam, propofol, morphine, alprazolam, clonazepam carbamazepine, acetaminophen tramadol, thiopental, haldol, diphenylhydantoin or epamin and valproic acid. 31 suicides were reported in the first 4 months and a half of 2018, mostly by hangings and to a lesser extent by poison. In just 4 and a half months of 2018 reached 52% of deaths from this cause in 2017 when 60 suicides were recorded, while in 2016 were 43. Between January and May 2018 were presented 26 hangings (83.9%) and 5 poisonings (16.1%).



Breakdown of Sanitary Capabilities in Mérida State

1. More than half have fallen the outpatient health centers of Mérida, declining 62% oncology consultations, 66% of high-risk obstetric and 44% of HIV.	4. Monthly budget of the main Mérida's hospital to defray its operating expenses amounts to less than the minimum salary established in Venezuela.	7. The absence of public transport and the lack of cash diminished drastically access to the limited health centers of populations residing outside the city of Mérida.	10. Absence of prevention campaigns and the weaknesses of the system of epidemiological surveillance in Mérida, on par with the censorship of information, departs the horizon of recovery in health.
2. Laboratory, imaging and surgery services of the health centers in Mérida are mostly paralyzed or give a very limited attention due to damaged equipment and unfinished repairs.	5. As in all country's states the shortage of medicines, imported most, reaches levels above 80% for major health conditions affecting Mérida's people.	8. In Mérida, health personnel are resigning en masse and its members are constantly exposed to practices of intimidation and retaliation by violent and family groups.	11. Coverage of vaccination in Mérida is below the recommended standards, which unprotect the population from infectious diseases that occur in epidemic.
3. High shortage of basic and medical supplies produces frequent suspension of surgery in the health centers in Mérida and moved the cost of buying them to people.	6. Majority of public health centers in Mérida have serious flaws of drinking water and electricity, which aggravates their deterioration and creates unsafe conditions in the provision of services.	9. 40% increased number of requests for exhumation to reclaim space in cemeteries of Mérida and the limitations of the morgue in IAHULA are extreme.	12. Mérida public geriatric centers are abandoned, affecting the quality of life of at least 97 older adults who do not receive specialized medical care.

1. **More than half have fallen the outpatient health centers of Mérida, declining 62% oncology consultations, 66% of high-risk obstetric and 44% of HIV.** The absence of qualified personnel and the shortage of drugs and supplies have caused that people don't attend public hospitals and clinics by the knowledge they have of that will not be attended properly. Adult Oncology consultation was reduced by 62% in 2018, attending to 359 people in 2016, 354 in 2017 and 137 in 2018. In children's Oncology consultations, reduction was 77%. Added to 82% of pregnant women fail to identify risk situations, which leads to delays in care. High-risk obstetric outpatient decreased 66% between 2016 and 2018. The majority of pregnant women no longer go to screening by the insufficient number of trained personnel, the lack of supplies, breach of protocols of care and a weak organization of the regional health services. By 2015, there were 248 absences from 2,488 cited pregnant; in 2017 did not attend 752 from 1,773 dates, and in 2018, ceased to assist 182 pregnant from 839 scheduled appointments. Similarly, the consultation of HIV in 2018 recorded an absence of 44%, leaving attend 606 from 1,369 cited persons.



- Laboratory, imaging and surgery services of the health centers in Merida are mostly paralyzed or give a very limited attention due to damaged equipment and unfinished repairs.** Merida health centers laboratories do not have reagents for testing. In view of this grave situation is not possible the detection of endocrine diseases, are not made urine tests, controls electrolytic or complete hematologies. From January 2018 there are no necessary reagents for the diagnosis of Tuberculosis in people living with HIV or cancer conditions; or for tests of tracking or confirmation of HIV, among others. The laboratory of Microbiology of the IAHULA is practically inoperative due to the lack of reagents and roof leaks. The IAHULA general medicine and emergency services also operate to a minimum. Do not work the tomography, bone densitometry and radiotherapy equipment from 2015; the MRI unit which is the only of the Mérida State is not operational since October 2009; brachytherapy equipment not available from 2017; nor does ambulatory surgery nor the hemodynamic unit. From 16 operating theatres operate 6 that's why many surgeries are suspended. The grounds are equipment failures, shortages of medicines, the breakdown of air conditioners and high shortage of medical and surgical material. Various medical equipment which replacement is virtually impossible for the high cost involved, have been damaged by sudden and frequent electricity cuts.
- High shortage of basic and medical supplies produces frequent suspension of surgery in the health centers in Merida and moved the cost of buying them to people.** The lack of supplies and reagents has affected the provision of priority services in health centers in Merida and disables programs to reduce infectious and chronic diseases, as well as injuries by external circumstances, such as poisonings, wounds by stabbing or fire, among others. There is no availability of medical and surgical material, which has led to the suspension of at least 24 General surgeries so far this year in the IAHULA. People should buy 90% of supplies to execute elective surgeries<sup>16</sup>. Oncological surgeries were reduced by 55%, from 79 to 42 between 2017 and 2018. Gloves, syringes, adhesives, nebulizers, endotracheal tubes, central ways, gauze, alcohol, tubes bulbs for ophthalmologic tests, applicators, stationery (recipes, evolution sheets, medical orders), contrast, catheters, solutions, needles, gel for examinations, laparotomy kits, robes, collectors of urine and dregs, test strips, arterial gas, milk formula for children of HIV mothers<sup>17</sup>, are some of the basic supplies in which there is high shortages.
- Monthly budget of the main Merida's hospital to defray its operating expenses amounts to less than the minimum salary established in Venezuela.** To June 2018 the budget allocated to the IAHULA as main Mérida's hospital for monthly operating expenses, amounted to less than a minimum salary (1.756 Bs<sup>18</sup>). Only 58% of beds of this medical center are operational because mostly are damaged or deteriorated to the point that its use is impossible. Due to the high budget deficit and severe food shortages, has been reduced by 52% cutlery served hospitalized persons and 89% the preparation of feeding bottles for babies during 2018 compared to 2016 and 2017. Snacks were suspended entirely.



- 5. As in all country's states the shortage of medicines, imported most, reaches levels above 80% for major health conditions affecting Merida's people.** The shortage of medicines is widespread and reaches more than 90%. Convite AC rating shows August levels of shortage in Mérida State of 97.5% in medicine for diabetes, 70.4% for hypertension problems, 94.9% for respiratory infections acute and 82.7% to diarrheas<sup>19</sup>. There is no availability of drugs such as ceftriaxone, hydrocortisone, testosterone, sandostatin LAR, levothyroxine sodium, analgesics, ketoprofen, morphine, antiretroviral drugs, immunosuppressants, prednisone, among others. As a result, sufferers have to resort to the narrow range that some pharmacies have which prices are inaccessible to the majority of the population. Such is the case of those who suffer from diabetes since the cost of an insulin Pen of 300 units for 10 days between 500Bs and 600Bs. Hydrocortisone is priced in \$ 100 for 30 tablets. Periodically, doctors and people go to the competent authorities to request in question them of medicines and supplies to a minimum of operational assistance, but do not receive answers to their petitions<sup>20</sup>. In the worst cases, make them get expired drugs, from dubious origin or quality, and even old as palliative treatment schemes are used. Due to the lack of ARV for people with HIV treatment, frequent changes are made to conform to the availability. From 45 existing schemes years ago, in September 2018 dropped to 12, resulting in side effects to people. In view of the serious flaws of immunosuppressant drugs, surgical supplies, lack of surgeons and post-operative treatment, since 2015 have been suspended the transplant program in Merida.
- 6. Majority of public health centers in Mérida have serious flaws of drinking water and electricity, which aggravates their deterioration and creates unsafe conditions in the provision of services.** The collapse of basic services that produce the daily interruption of electricity and potable water has high impact on impaired capabilities of the health centers in the State. Frequent and prolonged interruptions of potable water and electricity have worsened disqualification's conditions of health services in the public health system in Mérida. In October 2018 reached the fifteen (15) continuous hours without electricity on a single day<sup>21</sup>, without counting arbitrary cuts almost every day. In the emergency areas and intensive care units, the situation is critical because the monitoring and assisted ventilation depend on electricity. A similar situation occurs with the water service which hinders good practices of asepsis and antisepsis for hospital rooms and health personnel. Occasionally, the interruption of water service has spread for more than five (5) days in the IAHULA<sup>22</sup>, making difficult tasks of cleaning, disinfection and sterilization. Supplies such as soap or disinfectant are not available.
- 7. The absence of public transport and the lack of cash diminished drastically access to the limited health centers of populations residing outside the city of Merida.** Merida practically account only with hospital services of the IAHULA. This center serves people living in very remote areas of the entity (El Vigia, Tovar and towns of the Andean paramo) and other States nearby such as, Trujillo, Zulia, Barinas and Táchira. The extreme reduction of availability of medical care joined the barriers of geographical accessibility due to the stoppage of public transportation in the State, which also only receive money in cash for payment of the passage which is also very little. Such conditions not only drastically reduce the possibilities of transfer, but it raises the risk of death in case of emergencies.



8. **In Merida, health personnel are resigning en masse and its members are constantly exposed to practices of intimidation and retaliation by violent and family groups.** Until June 2018 had been recorded 484 resignations and withdrawals from the personal worker, employee, nurse manager and resident doctors, not only by salaries that do not guarantee less a minimum level of subsistence, but by the serious and committed disqualification of functioning of the health services to ensure a provision to persons needing assistance. In addition, health workers face systematic practices of intimidation and reprisals by violent irregular groups and relatives of people who don't care or who die because of extremely unsafe and inappropriate conditions of the provision. Medical, nursing and bioanalysts have made protests peacefully on numerous occasions, receiving in exchange threats and aggressions<sup>23</sup>.
9. **40% increased number of requests for exhumation to reclaim space in cemeteries of Merida and the limitations of the morgue in IAHULA are extreme.** Due to the deep economic crisis and extreme poverty growth, for the majority of families has become inaccessible the acquisition of space in cemeteries. As a consequence, the request for exhumation permits has increased in 40% to recycle spaces. This is aggravated by the increase in bodies that are not removed by family members in view of the high costs of the burials and funerals; and due to the deteriorated conditions in the morgue puts at risk people health who works at these installations and other areas of the hospital.
10. **Absence of prevention campaigns and the weaknesses of the system of epidemiological surveillance in Mérida, on par with the censorship of information, departs the horizon of recovery in health.** There are no prevention campaigns and epidemiological surveillance system presents extensive weaknesses to keep the behavior of diseases and detection of cases, prolonging in time the incidence of epidemics by the limitations to its control. In the case of HIV, for example, to have access to treatments, preventive methods and specialized services needed now, would take at least five years to begin to notice improvements in immunological and virological levels of diagnosed persons and between 10 and 15 years to see changes in the patterns of transmission<sup>24</sup>. Authorities suspended two years ago the publication of epidemiologic bulletins<sup>25</sup>, incurring censorship and secrecy on health practices.
11. **Coverage of vaccination in Mérida is below the recommended standards, which unprotect the population from infectious diseases that occur in epidemic.** During the period 2013-2017, trivalent vaccination scheme coverage that includes measles virus, ranged between 80% and 90%, and its reinforcement between 50% and 80% in children 5 years old, when the recommended percentage is 95%<sup>26</sup>. Similarly, during the first quarter of 2018 just reached coverage of 9.2% in the application of trivalent vaccine viral and 6.7% for its reinforcement, being 16.6% recommended. From January of 2017 there is no vaccine anti-rotavirus that protects against acute diarrhea for children under 2 years of age. Nor are available antineumococo from April 2016 against pneumonia and meningitis in children under 2 years and 65 years or older. Nor is available immunoglobulin hepatitis B from November 2016, which protects against unsafe blood exposure. In addition to this, low vaccination coverage persists: 28% of the pentavalent vaccine that protects against diphtheria, 32.4% of the viral trivalent intended to prevent measles, rubella and mumps, while reinforcing this covered only 27.9%<sup>27</sup>; everything which prevents suitable prevention described morbidities, stimulates their rebound's Merida society in location of susceptibility to them.



**12. Mérida public geriatric centers are abandoned, affecting the quality of life of at least 97 older adults who do not receive specialized medical care.** Seniors 65 years recorded a loss of between 3 and 6 kilograms of body weight so far of 2018<sup>28</sup> due to lack of food. Also, major deficiencies which are dependent on the State geriatric revolve around infrastructure which has led to overcrowding and sanitation problems; the absence of staff and medical specialists in the area to due attention of cases of Alzheimer's disease, hypertension, diabetes, psychiatric diseases and seizures, including the rationing of items for personal hygiene and the lack of drugs, to the point that from 97 people living in a geriatric center only 2 receive it. This situation has resulted in many older people showing signs of depression, due to the inhuman conditions in which they live.

### Data sheet

The present report on the complex humanitarian emergency in the right to health in the Mérida State, responds to an interdisciplinary methodology which brought together multiple informed stakeholders to share, compare, and base data on the situation of the right to health in Venezuela, with an emphasis on the scale, intensity and severity of the damage to the health and life of the population, as a result of the impact of this situation on the country's medical capabilities. Among the actors participated people affected, professionals in the field, researchers and academics, as well as organizations dedicated to the defense of right to health, who conducted several working sessions in order to document the problems and relevant events during last years. In these sessions was collected abundant information which comprised empirical data, scientific research, official statistics and press reports available.

The following organizations participated in the preparation of this national report: PROMEDEHUM - promotion, education and defense of human rights; Wills Wilde Society (WWS); ASOVIDA - Association for the life of Mérida State; Niños en Positivo Foundation; Médicos Unidos de Venezuela (Capítulo Mérida) and Convite AC. Codevida - Coalition of organizations for the rights to health and life and Civilis Human Rights provided support in the construction and development of the methodology of the working groups.

### References

<sup>1</sup> Data provided by protected source.

<sup>2</sup> Consulted in: <http://bvspers.paho.org/videosdigitales/matedu/maternidad2011/indicador.pdf?ua=1> /

[http://iris.paho.org/xmlui/bitstream/handle/123456789/34330/IndBrasicos2017\\_spa.pdf?sequence=1&isAllowed=y&ua=1](http://iris.paho.org/xmlui/bitstream/handle/123456789/34330/IndBrasicos2017_spa.pdf?sequence=1&isAllowed=y&ua=1)

<sup>3</sup> Since May 2018 State Company Aguas de Mérida is intervened, but the water supply has failed repeatedly, as is evidenced in: <http://comunicacioncontinua.com/gobernador-ramon-guevara-exigio-se-investigue-la-potabilidad-del-agua-en-merida/> In addition, in January this year Mérida's residents presented stomach affections which presumably was provoked by the quality of drinking water. Consulted in: <http://prensa.ula.ve/2018/01/21/afecciones-estomacales-en-la-ciudad-de-m%C3%A9rida-podr%C3%A1n-apuntar-calidad-del-agua-potable>

<sup>4</sup> Data provided by protected source.

<sup>5</sup> See Epidemiological Bulletin Epidemiological Week No. 52, December 25 to 31, 2016, year LX, Ministry of People Power for Health.

<sup>6</sup> Data provided by protected source.

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<sup>7</sup> Pertussis is a disease caused by the bacterium *Bordetella Pertussis*, qualified as a sharply contagious infection of the upper respiratory tract and producing a violent and uncontrollable cough that can make breathing difficult.

<sup>8</sup> Data provided by protected source.

<sup>9</sup> Data provided by protected source, Asovida, Children in Positive Foundation and Wills Wilde Society Mérida.

<sup>10</sup> Data provided by transplanted people.

<sup>11</sup> For transplanted persons not taking the adequate dose of immunosuppressive medication administration causes since the decline of the function of the body to its rejection; while for dialyzed people goes from a gradual physical deterioration until death due to the supply of material of low quality and the lack of vitamin supplements or medications.

<sup>12</sup> Data provided by dialyzed people.

<sup>13</sup> See: <https://medlineplus.gov/spanish/ency/article/007483.htm>

<sup>14</sup> Study on metabolic control in diabetic patients, carried out in the year 2010 at the national level with special reference in the Venezuelan Andes, quoted by protected source.

<sup>15</sup> Data provided by protected source.

<sup>16</sup> Data provided by protected source.

<sup>17</sup> Data provided by Asovida, Children in Positive Foundation and Wills Wilde Society Mérida.

<sup>18</sup> See: <http://comunicacioncontinua.com/estrella-uzcategui-menos-de-un-salario-minimo-es-el-presupuesto-de-funcionamiento-del-iahula-para-el-mes-de-agosto/>

<sup>19</sup> Convite A.C. Publications in ISSUU. See: <https://issuu.com/conviteac/docs>

<sup>20</sup> See: [http://www.el-nacional.com/noticias/protestas/medicos-mantienen-cerrado-iahula-para-exigir-insumos\\_232703](http://www.el-nacional.com/noticias/protestas/medicos-mantienen-cerrado-iahula-para-exigir-insumos_232703)

<sup>21</sup> See: [http://www.el-nacional.com/noticias/sociedad/mas-horas-duro-apagon-merida\\_255929](http://www.el-nacional.com/noticias/sociedad/mas-horas-duro-apagon-merida_255929)

<sup>22</sup> See: <http://www.caraotadigital.net/regionales/pacientes-del-iahula-merida-denunciaron-pagar-penitencia-tras-una-semana-sin-agua/>

<sup>23</sup> See: <http://acn.com.ve/colectivos-motorizados/>

<sup>24</sup> Data provided by Asovida, Children in Positive Foundation and Wills Wilde Society Mérida.

<sup>25</sup> See: <https://www.ovsalud.org/noticias/2017/el-boletin-epidemiologico-venezolano-por-que-ahora-y-no-antes/>

<sup>26</sup> Based on this, in 2017 were agreed measures of technical and financial cooperation between the Pan American Health Organization and Health Ministers of countries members which include Venezuela, with a view to keep the elimination of measles. See: [https://www.paho.org/hq/index.php?option=com\\_content&view=article&id=14582:paho-urges-rapid-increase-in-vaccination-coverage-to-stop-spread-of-measles-in-the-americas&Itemid=1926&lang=es](https://www.paho.org/hq/index.php?option=com_content&view=article&id=14582:paho-urges-rapid-increase-in-vaccination-coverage-to-stop-spread-of-measles-in-the-americas&Itemid=1926&lang=es)

<sup>27</sup> Data provided by protected source.

<sup>28</sup> Data provided by Asovida.