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The government has also established a parallel health system (Barrio Adentro), which contributes to more fragmentation and segmentation of health care in the country. These parallel programmes have been centralised and guided by the Cuban Medical Mission and are now showing signs of dramatic deterioration, incapable of providing enough coverage, operational resources,

and quality of services despite the extraordinary amounts of income spent by the country during the past 15 years. This part of the story has been disregarded by Robertson.

I am President of the Venezuelan National Academy of Medicine. I declare no competing interests.

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It is with deep surprise and discontent that I read *The Lancet's* recent World Report on Venezuela.¹ Although Ewan Robertson mentions the main reasons for the recent protests arising spontaneously in most parts of the country (ie, a huge inflation rate, one of the highest criminal rates in the world, and food and goods shortages), he takes a biased stance not showing the reality or the historical events behind the present deplorable situation of Venezuela's health system.

Former President Hugo Chavez's government created a parallel health-care system (Barrio Adentro) mainly staffed by Cuban doctors, whose credentials have not been endorsed by the Venezuelan Medical Association. Created in 2003 to improve primary health care, by 2007, 70% of the Barrio Adentro modules were abandoned or not functioning.²

As a consequence of the mismanagement of the Venezuelan economy and to support the Barrio Adentro system, funds were deviated from the original public health system resulting in shortages of drugs, materials, diagnostic reagents, and poorly paid medical and nursing staff. The escape route for some patients is to attend private hospitals. But, the government is suffocating private practice with currency exchange controls.³

Irregular reporting from this parallel medical system affects epidemiological surveillance of communicable diseases. The increasing deterioration of public services results in people storing water at home, one of the main risk factors for dengue transmission. Dengue is a major public health problem in Venezuela affecting 80% of the population.

In view of this appalling picture, how can civil society and students be the culprits of the worsening of health care in Venezuela?

National and international press have extensively reported on the demonstrations by health-care personnel against the deplorable conditions of their hospitals.⁴ The peaceful protest initiated by students and joined by the civil society of all classes is nothing else than the reaction against the huge problems that people face every day in Venezuela. The government's reply to the rightful demands of the society has been a brutal repression with terrible violations of human rights and jailing of hundreds of protesters.⁵ Ewan Robertson was unfortunately ill-advised when writing his report.

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For more on **Mission Barrio Adentro** see http://ceims.mppre.gob.ve/index.php?option=com_content&view=article&id=39:mision-barrio-adentro-i-ii-iii-iv&catid=23:misiones-bolivarianas

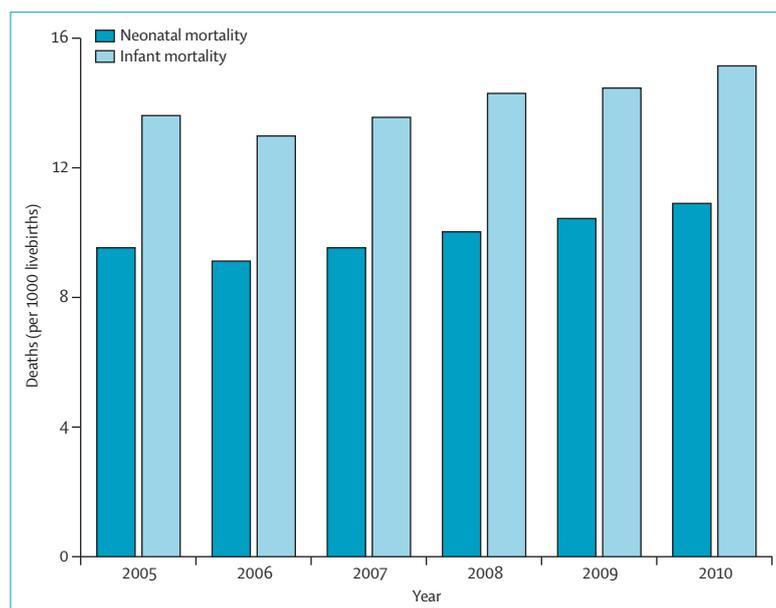


Figure: Neonatal and infant mortality in Venezuela, 2005–10

Data are from the annual report of epidemiology and vital statistics, Ministry of people's power for health, Government of Venezuela.

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We read with concern the report by Ewan Robertson on how Venezuelan unrest increases pressure on health services.¹ Disappointingly, this report represents a biased portrayal of the health-care and political situations in Venezuela.

Venezuela's health-care debacle is not the result of 1 month protests. During the past 15 years, deplorable conditions of public hospitals have been repeatedly denounced: patients with cancer are denied radiotherapy due to faulty equipment, lack of electrocardiogram paper denies patients with myocardial infarction a time-sensitive diagnosis, aspirin is at times non-existent, and access to thrombolytics has become a dream. This list is unending. How is this conceivable in an oil-rich nation? The regime has created a parallel, improvised medicine course, not approved by the National Council of Universities or the Academy of Medicine, with a meagre medical curriculum of Cuban design and ideology, which has proven deficient.² Thousands of health-care workers protested recently on the streets and were brutally repressed by the National Guard.

Venezuela's political situation is unclear because the media has been censored (eg, ntn24 news channel was expelled from the country). However, the thousands of deaths registered each year due to rampant delinquency, deadly retaliation against unarmed student protesters, and cases of illegal imprisonment and torture (as referenced by the non-governmental organisation Foro Penal Venezolano) by the regime represent a public health issue and flagrant human rights violation, issues that Ewan Robertson ignores.

To take the words of the Health Minister at face value is at best naive and at worst disingenuous collusion in a debate that should offer an impartial assessment of a humanitarian crisis.

We declare no competing interests.

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Objectivity and balanced information are absolute requisites to make a communication credible. Those attributes are not accomplished when Ewan Robertson reports¹ the challenging situation for Venezuela's health services and quotes the official versions of Venezuela's Health Minister Francisco Armada, of the director of Mérida state regional health authority, and those of only one nurse and one general physician from a public hospital, without taking into account serious denouncements from other non-official accredited Venezuelan health representatives such as the

National Academy of Medicine, the Medical Venezuelan Federation, or from the Scientific Societies Network (which represents all the medical scientific societies of Venezuela), especially when these institutions have made very critical statements about the disastrous situation of Venezuela's health services.

In his report, Robertson describes burning tyres and rubbish on the barricades producing dangerous levels of toxic substances, but he does not mention the damage caused by tear gas bombs used by the national guards against peaceful protesters and residential surroundings, or the gunshots directed against the demonstrators, causing severe injuries and even death in some cases. He denounces the range of psychological emotions for residents trapped in the barricades, but ignores the mourning of all parents and relatives of those killed during the protests, some of them by armed civilian supporters of the Venezuelan Government, and of those wounded or imprisoned.

Robertson mentions people in critical conditions dying because they were prevented by barricades from reaching hospitals, but that is not possible because ambulances have been allowed to pass through the barricades. He forgets to mention the people dying because they cannot get their treatments (antibiotics, chemotherapy, and radiotherapy) or wait for a surgical intervention that never happens in a country where previously controlled diseases such as malaria affected 70 000 people last year simply because Venezuela's public hospitals and health policies do not work properly because of shortages of medical supplies, inadequate administration of resources, lack of organisation, and corruption.

I agree with Ewan Robertson on several points—such as the high level of crime in the country (with 25 000 violent deaths per year), goods shortage (with more than 25% of basic foods missing and the implementation of a rationing card), and the highest

For Foro Penal Venezolano see www.foropenal.com/

inflation rate in the world (56%); the situation is critical.

The truth is that Venezuelans are fighting for their civil rights facing a brutal repression in a country where democracy is not working; where the legislative and judicial powers are just mere instruments of the executive power (the government); and where the information has been restricted, by closing TV opposition channels and radio broadcasting, or buying them, and forcing several newspapers to close because they cannot get the paper they need.

We need to present impartial and fair information about Venezuela.

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In his World Report¹ on Venezuelan health services, Ewan Robertson got the cause-effect relation wrong. Protests in Venezuela are against a government that has generated one of the highest inflation rates in the world and placed the country at the top rankings for crime, corruption, economic instability, food shortages, and health-service inefficiency. These issues have triggered protest, built on the population's discontentment since 2001. The protests happening this year are not caused by opposition leader Leopoldo Lopez' support for students' demands for security, food, and medical supplies for hospitals.

On March 10, thousands of doctors protested demanding adequate medical supplies to do their work. The situation is terrible. As an example, no hospital in Venezuela can provide radioactive iodine treatment for thyroid cancer treatment since the end of 2013; some patients go to Brazil to receive their treatment, a choice that most Venezuelans do not have.

The repression of peaceful public protests has so far cost more than

40 lives; thousands more have been injured, and many were tortured.² Life, freedom, and civil rights are endangered by this government's policies, which caused the collapse of the Venezuelan economy. Blaming protesting students and civilians for the collapse of the economy is outrageous.

The Lancet owes Venezuelans and its readers a balanced report on what is happening in Venezuela.

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Author's reply

In response to my World Report¹ on the situation in Venezuela, a number of concerns and criticisms were raised.

The short report's focus was to explain the effect that the disturbances have had on health services and also the reasons why some doctors and medical students have joined protests. The report did not claim to be a comprehensive analysis of Venezuela's health-care system, nor could it be an in-depth investigation into the present political situation, which would require a far more detailed piece.

Venezuela is deeply polarised with respect to views on the present government. This division runs largely along class lines; however, it also cuts across professions such as medicine. Doctors who oppose the government criticise the government's health policies.

The letters raise important issues. They charge the Chavez and Maduro administrations with mismanaging the public health system and worsening health-care provision in the country. Although neither the

World Report¹ nor this reply can comprehensively address the matter, it is worth mentioning that there are academics, health professionals, and foreign observers who hold a different view,^{2,3} and cite an expansion of public health-care provision, an increased number of doctors being trained, and an improvement in health indicators in recent years.^{4,5}

On the issue of medical shortages, the report¹ mentioned that this was a problem affecting health services and that some medical professionals and students opposed to the government had taken to the streets to demand that these be resolved. The report also mentioned the view of the private sector and the argument that government currency controls were responsible for the situation. However, in a series of interviews of doctors in Mérida state, including doctors favourable to the opposition, it was not suggested that the problem was as serious as stated in the letters. There might be sectoral and regional variations in the severity of the problem, and as I mentioned, it is difficult to judge the exact level of medical shortages in the country as a whole.

The correspondents also challenge the description of the unrest in Venezuela and argue that a broad part of society has joined protests and that human rights abuses have been systematically committed as state-sanctioned policy, a charge rejected by the government. At the time of writing, the Ombudsman and Attorney General are investigating 160 cases of abuses by security forces, two of which are for possible torture.⁶ An important number of the deaths are a result of the street barricades and those manning them.⁷ This is a highly contentious issue, which the report¹ could not address comprehensively within the space available.

It is important to mention that some of the descriptions of the unrest presented in the letters would be directly challenged by many local

Venezuela: violence, human rights, and health-care realities

Ewan Robertson's recent World Report¹ outlines the pressure on the Venezuelan health services exerted by the social unrest that our country is experiencing. However, the report¹ fails to grasp the reality of the socio-political situation as well as that of our health system.

The report states that the roots of the troubles lie in a radical wing of the Venezuelan opposition, but omits to mention that most of the deaths have been caused by government-armed individuals, so-called colectivos, trained and contracted to intimidate the population.² Moreover, the brutal and violent response of the National Guard against peaceful students and demonstrators³ has fuelled anger internally and externally—human rights abuses, including torture against dissidents, have been reported.⁴

The conditions of the Venezuelan health system are deplorable. We expected a more objective perspective from *The Lancet*. We previously contacted *The Lancet*, without success, to request verification of Venezuelan data included in Frenk and colleagues' report.⁵ Nowadays, what the country is enduring is very different from the picture given in Robertson's report.¹ It is worse, by far. First, most of the units of the Venezuelan health mission Barrio Adentro (a parallel health delivery programme) have been abandoned or are currently not functioning. Second, supplies in public hospitals are at a minimum since the government ceased to honour its debts to pharmaceutical manufacturers and other providers of medical material and equipment. Third, regarding medical training and education, the conventional 6-year programme has been under continuous attack from the government who is restricting facilities and funding, while a short parallel programme supervised by

Cuban authorities to train so-called community medical doctors is thriving with official support. Harassment against dedicated, well-educated health professionals is fuelling a brain drain of talented professionals. Venezuelan physicians and medical staff do not feel respected by the President and the Ministers of Health and Education, and their salaries and opportunities are low, which contrast with those of the Cuban personnel. Perhaps what illustrates best the profound crisis in the Venezuelan public health sector (in addition to well known failures in the control of diseases such as malaria and dengue that are linked to inefficient health services delivery) is that in the past 15 years the government has been incapable of implementing a coherent plan to address the health needs of its people.

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Robertson stressed in his World Report¹ that the situation of social instability is affecting medical care, while the origin of the problem is a catastrophic humanitarian health crisis due to erroneous and unconsulted planning.

The constitutional right to have access to health care is a fantasy in our country today. Several medical organisations, including the VNAM, have alerted governmental authorities—without success—about the profound crisis to come as a result of the deplorable status of national health care in both public and private systems. The failure of the health-care plans developed by the government for the past 14 years cannot be disguised by official propaganda. There is clear evidence from health indicators such as maternal mortality and infant mortality, and in particular neonatal mortality, that show the poor quality of service to both mothers and newborn babies (figure). Unfortunately, available data only cover up to 2010, because the government stopped the disclosure of official statistics after that year. The paucity of official preventive programmes has allowed the resurgence of infectious diseases like malaria and dengue fever. A collapse of the primary, secondary, and tertiary public health services is affecting people's needs.

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Carlos Becerra/Demetrix/Press Association Images

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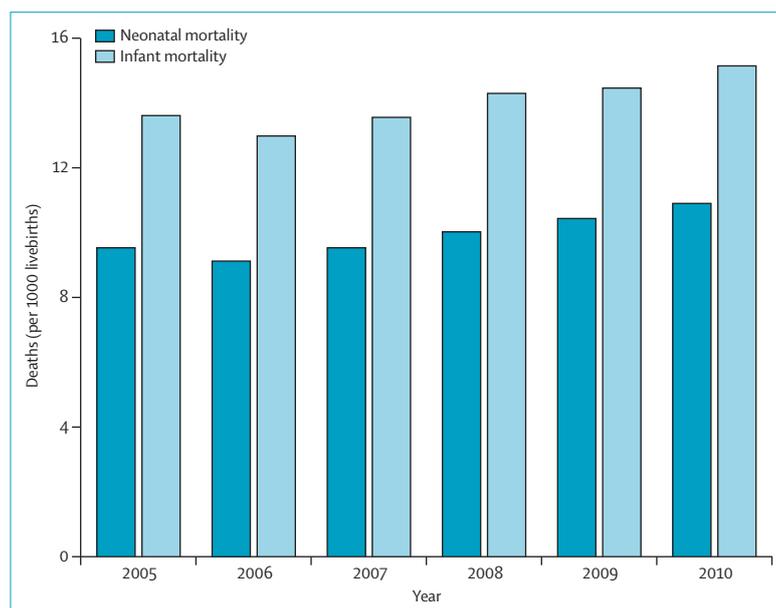


Figure: Neonatal and infant mortality in Venezuela, 2005–10

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The truth is that Venezuelans are fighting for their civil rights facing a brutal repression in a country where democracy is not working; where the legislative and judicial powers are just mere instruments of the executive power (the government); and where the information has been restricted, by closing TV opposition channels and radio broadcasting, or buying them, and forcing several newspapers to close because they cannot get the paper they need.

We need to present impartial and fair information about Venezuela.

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In his World Report¹ on Venezuelan health services, Ewan Robertson got the cause-effect relation wrong. Protests in Venezuela are against a government that has generated one of the highest inflation rates in the world and placed the country at the top rankings for crime, corruption, economic instability, food shortages, and health-service inefficiency. These issues have triggered protest, built on the population's discontentment since 2001. The protests happening this year are not caused by opposition leader Leopoldo Lopez' support for students' demands for security, food, and medical supplies for hospitals.

On March 10, thousands of doctors protested demanding adequate medical supplies to do their work. The situation is terrible. As an example, no hospital in Venezuela can provide radioactive iodine treatment for thyroid cancer treatment since the end of 2013; some patients go to Brazil to receive their treatment, a choice that most Venezuelans do not have.

The repression of peaceful public protests has so far cost more than

40 lives; thousands more have been injured, and many were tortured.² Life, freedom, and civil rights are endangered by this government's policies, which caused the collapse of the Venezuelan economy. Blaming protesting students and civilians for the collapse of the economy is outrageous.

The Lancet owes Venezuelans and its readers a balanced report on what is happening in Venezuela.

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Author's reply

In response to my World Report¹ on the situation in Venezuela, a number of concerns and criticisms were raised.

The short report's focus was to explain the effect that the disturbances have had on health services and also the reasons why some doctors and medical students have joined protests. The report did not claim to be a comprehensive analysis of Venezuela's health-care system, nor could it be an in-depth investigation into the present political situation, which would require a far more detailed piece.

Venezuela is deeply polarised with respect to views on the present government. This division runs largely along class lines; however, it also cuts across professions such as medicine. Doctors who oppose the government criticise the government's health policies.

The letters raise important issues. They charge the Chavez and Maduro administrations with mismanaging the public health system and worsening health-care provision in the country. Although neither the

World Report¹ nor this reply can comprehensively address the matter, it is worth mentioning that there are academics, health professionals, and foreign observers who hold a different view,^{2,3} and cite an expansion of public health-care provision, an increased number of doctors being trained, and an improvement in health indicators in recent years.^{4,5}

On the issue of medical shortages, the report¹ mentioned that this was a problem affecting health services and that some medical professionals and students opposed to the government had taken to the streets to demand that these be resolved. The report also mentioned the view of the private sector and the argument that government currency controls were responsible for the situation. However, in a series of interviews of doctors in Mérida state, including doctors favourable to the opposition, it was not suggested that the problem was as serious as stated in the letters. There might be sectoral and regional variations in the severity of the problem, and as I mentioned, it is difficult to judge the exact level of medical shortages in the country as a whole.

The correspondents also challenge the description of the unrest in Venezuela and argue that a broad part of society has joined protests and that human rights abuses have been systematically committed as state-sanctioned policy, a charge rejected by the government. At the time of writing, the Ombudsman and Attorney General are investigating 160 cases of abuses by security forces, two of which are for possible torture.⁶ An important number of the deaths are a result of the street barricades and those manning them.⁷ This is a highly contentious issue, which the report¹ could not address comprehensively within the space available.

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It is important to mention that some of the descriptions of the unrest presented in the letters would be directly challenged by many local

and foreign observers, such as the Organization of American States, the UNPD Office in Venezuela, the UN Coordinating Committee of National Human Rights Institutions,⁸ and some human rights groups.⁹

The World Report¹ gave a balanced update on Venezuela's unrest as it relates to health services and medical professionals. The report did not attempt to show either the government or opposition's narrative of what is a highly complex situation, and so it is understandable that some observers with strong views on the topic would wish to challenge aspects of the report.

I declare no competing interests.

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A new era for organ transplantation in China

As changes in policies for organ donation take shape in China, it became necessary to develop an ethical and sustainable organ transplantation system. At present, there are no legislations for the declaration of brain death because this notion is still not readily accepted in Chinese society. Donation after cardiac death from Chinese citizens is a compromise to reform organ donation.

In March, 2010, China started a carefully designed programme for donation after cardiac death.¹ According to the data from the China Organ Donation Administrative Center between 2010 and 2013, 1441 donations after cardiac death had been done and 3903 solid organ transplants were done with organs donated after cardiac death (figure). Furthermore, the organisation of organ donation and transplantation in China has been fundamentally restructured.²

Fairness and transparency in the donation process have become of paramount importance in China. Organ procurement organisations are

structured to undertake the process of organ donation after cardiac death; each organ procurement organisation has its own geographical service areas. To prevent organ trafficking and trade, financial compensation to the donor is forbidden; however, help for funeral allowance is deemed permissible. To guarantee an equitable and transparent organ allocation, an electronic organ allocation system (China's Organ Transplant Response System) was established. The matching of the donor organ to the recipients will initially include medical urgency, waiting time of the patient on the list, and histocompatibility. The process is monitored by third party agencies.

The new organ donation system has been welcomed by the public. In a recent web-based survey,³ 75% of respondents supported donation after cardiac death and 61% stated that they would like to be a donor. With 846 510 injury-related deaths every year,⁴ China has a large pool of potential donors. Donation after cardiac death is also unanimously supported by transplantation professionals; there is a strong willingness to change the status quo and start new practices in China. The

For more on the **Organization of American States** see http://www.oas.org/en/media_center/press_release.asp?sCodigo=E-084/14

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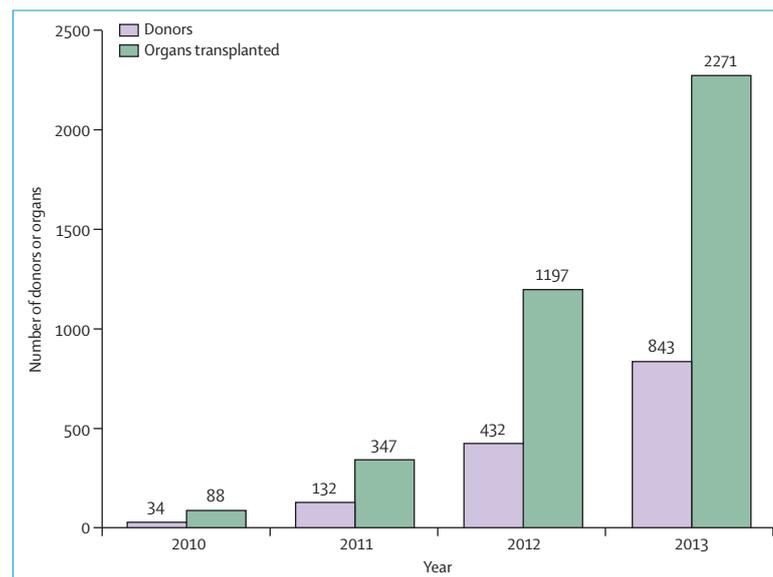


Figure: Donors and organs donated per year, 2010-13

Data were obtained from the China Organ Donation Administrative Center.

Health indicators are substantially below the levels Venezuela agreed to accomplish for the 2015 UN Millennium Goals. Patients with cancer visiting public centres are not receiving medical or surgical care, and many of them die while waiting to receive treatment for their diseases. Chemotherapy drugs are critically in shortage, which represents a death sentence for many of these individuals with cancer. Patients with HIV/AIDS or those with haematological disorders have been abandoned, as the blood banks are not receiving their funds from the government. Availability of donor blood has reached critical levels, to the point that Venezuela would not be able to supply blood derivatives in case of a national emergency situation.

The government has also established a parallel health system (Barrio Adentro), which contributes to more fragmentation and segmentation of health care in the country. These parallel programmes have been centralised and guided by the Cuban Medical Mission and are now showing signs of dramatic deterioration, incapable of providing enough coverage, operational resources,

and quality of services despite the extraordinary amounts of income spent by the country during the past 15 years. This part of the story has been disregarded by Robertson.

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It is with deep surprise and discontent that I read *The Lancet's* recent World Report on Venezuela.¹ Although Ewan Robertson mentions the main reasons for the recent protests arising spontaneously in most parts of the country (ie, a huge inflation rate, one of the highest criminal rates in the world, and food and goods shortages), he takes a biased stance not showing the reality or the historical events behind the present deplorable situation of Venezuela's health system.

Former President Hugo Chavez's government created a parallel health-care system (Barrio Adentro) mainly staffed by Cuban doctors, whose credentials have not been endorsed by the Venezuelan Medical Association. Created in 2003 to improve primary health care, by 2007, 70% of the Barrio Adentro modules were abandoned or not functioning.²

As a consequence of the mismanagement of the Venezuelan economy and to support the Barrio Adentro system, funds were deviated from the original public health system resulting in shortages of drugs, materials, diagnostic reagents, and poorly paid medical and nursing staff. The escape route for some patients is to attend private hospitals. But, the government is suffocating private practice with currency exchange controls.³

Irregular reporting from this parallel medical system affects epidemiological surveillance of communicable diseases. The increasing deterioration of public services results in people storing water at home, one of the main risk factors for dengue transmission. Dengue is a major public health problem in Venezuela affecting 80% of the population.

In view of this appalling picture, how can civil society and students be the culprits of the worsening of health care in Venezuela?

National and international press have extensively reported on the demonstrations by health-care personnel against the deplorable conditions of their hospitals.⁴ The peaceful protest initiated by students and joined by the civil society of all classes is nothing else than the reaction against the huge problems that people face every day in Venezuela. The government's reply to the rightful demands of the society has been a brutal repression with terrible violations of human rights and jailing of hundreds of protesters.⁵ Ewan Robertson was unfortunately ill-advised when writing his report.

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For more on **Mission Barrio Adentro** see http://ceims.mppre.gob.ve/index.php?option=com_content&view=article&id=39:mision-barrio-adentro-i-ii-iii-iv&catid=23:misiones-bolivarianas

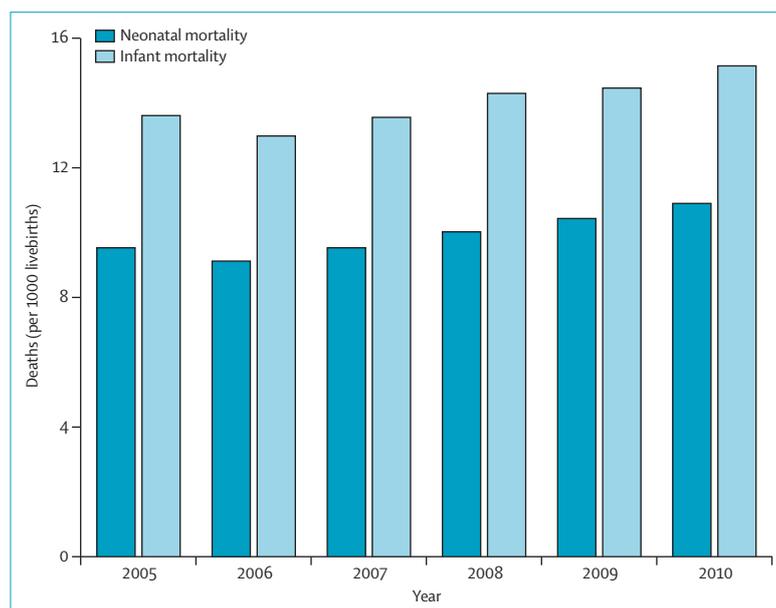


Figure: Neonatal and infant mortality in Venezuela, 2005–10

Data are from the annual report of epidemiology and vital statistics, Ministry of people's power for health, Government of Venezuela.

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