

Feliciano Reyna
Acción Solidaria

Subcommittee on the Western Hemisphere, Civilian Security, Migration, and International Economic Policy.

March 3, 2021

A Way Forward for Venezuela: The Humanitarian, Diplomatic, and National Security Challenges Facing the Biden Administration.

How can the United States Government better address Venezuela’s humanitarian crisis.

1. Since late 2015, after years of progressive dismantling of the rule of law, lack of an independent justice system, great corruption and political conflict, a devastating fall in Venezuela’s economic capacities and State’s inability to protect social, cultural and environmental rights, Venezuelans face what is internationally known as a “**Complex Humanitarian Emergency**” (CHE), a man-made disaster of great dimensions. This emergency has caused deprivations on the rights to health, food, education, livelihoods, and access to basic services, such as water and electricity. In sum, it is a situation of widespread human insecurity, which also brought millions to flee in order to cope with such daily struggles.
2. To understand the nature and broad dimension of the humanitarian emergency and its effects in widespread loss of life and human suffering, continues to be necessary to properly address it and to find the means to work through the barriers imposed by the political conflict, which have been an obstacle to scale up the much-needed humanitarian support by the United States and other key actors in the international cooperation arena.
3. In spite of the challenging environment, we see opportunities for the United States to scale up humanitarian support for the Venezuelan people in various areas, including:
 - a. to promote multilateral engagement among donor countries to address both the humanitarian emergency in Venezuela and the migrant and refugee response in the region;
 - b. to increase funding for local Venezuelan humanitarian and community-based organizations, allowing for longer-term programs, at least 2 years, which can lead to empowerment of local communities and sustained development once humanitarian needs are properly addressed;
 - c. to continue supporting initiatives such as the agreement reached between the Humanitarian Aid Commission of the 2015 National Assembly and the Venezuelan Health Department, with PAHO, the COVAX initiative, as well as the Humanitarian Response Plan 2021;
 - d. to revise general and secondary sanctions which have an impact on the Venezuelan population, already severely affected by the humanitarian emergency: one such revision of immediate impact would be the extension of licenses for oil for diesel swaps;
 - e. to engage creatively with key actors within the Maduro Government to contribute to open the humanitarian space, expand humanitarian action programs, and protect humanitarian workers and organizations serving people in need.

Needs on the Ground.

4. According to the UN Office for the Coordination of Humanitarian Affairs, OCHA,¹:
“The humanitarian situation in Venezuela continues following six consecutive years of economic contraction and other trends and events such as inflation coupled with

¹ https://reliefweb.int/sites/reliefweb.int/files/resources/venezuela_summary_hrp_2020_en_vf.pdf

episodes of hyperinflation, political, social and institutional tensions, situations of localized violence, and the recent impact of the global COVID-19 pandemic.

This situation has an impact on the physical and mental well-being, living conditions and protection environment of the 7 million people estimated to have humanitarian needs in 2019. The population, and especially the most vulnerable people, have had to adopt coping strategies that include moving to alternative locations both internally and outside the country.

In 2020, the humanitarian response prioritizes the critical problems associated with health issues including communicable and non-communicable diseases, the risks associated with the spread of COVID-19, and problems related to mental health and sexual and reproductive health, with a focus on maternal and child health. Malnutrition and food insecurity are also a focus, as one of the main impacts of the situation has been the reduction of people's access to nutritious food and a balanced diet, mainly due to a loss of households' purchasing power, but also to limitations in the availability of some products.

5. Unfortunately, the number of people in need expressed in the UN Humanitarian Response Plan, HRP, 2020, has been kept at 7 million people since 2019, given the lack of recognition of sustained increase by the Maduro Government, as the humanitarian emergency's impact continues to affect a vast majority of the population.

6. In developing the HRP, a footnote was included to try to explain why there was no increase, even though estimates by the World Food Program, WFP, indicated that 9.3 million people were acutely food insecure, already by September 2019. The footnote states that, for the 2020 HRP: *“Due to various positions on the methodology for aggregating multiple needs indicators from various sources of data, including official and non-official data, the 2019 estimate for the number of people in need is used.”*

Statistics and Broader Trends.

7. Given the need to produce humanitarian data independently, not subjected to Government or other pressures, over 300 Venezuelan researchers, academics, journalists, unions, guilds, networks, coalitions, development, humanitarian, and human rights organizations, have joined in gathering information in a public platform called HumVenezuela². The purpose of HumVenezuela is to provide relevant information for the measurement, review, and comprehensive assessment of the Complex Humanitarian Emergency, based on evidence and a culture of open communication that contributes to decision-making.

8. The following are key findings by this collaborative effort, which express the severity and intensity of the CHE's effects on the Venezuelan people. It is important to note that these effects do not yet include those of the Sars-CoV-2 pandemic, which are currently being processed, but which undoubtedly will have exacerbated them, deepening the direness of the situation in all of the areas described.

Living Conditions

The Complex Humanitarian Emergency (CHE) has seriously affected all areas of daily life that are essential to ensure people's dignity. The emergency deepens the impacts upon the water and sanitation, food and nutrition, education, and health sectors. Decision-making must assess these situations for the implementation of an adequate humanitarian response consistent with the needs of the context.

² <https://humvenezuela.com/en/community/>

Poverty

During the last 6 years, the Gross Domestic Product experienced a cumulative contraction of 65% (IMF, 2019). The real salary fell from 266.50 USD per month to 3.40 USD per month in the last decade, and the loss of purchasing power affected 67% of the population (ENCOVI 2019/2020)³. In consequence, in 2019, 26.7 million people (94%) lived in poverty with insufficient income to cover a basic basket of goods and services; at least 18.4 million (67%) fell into a condition of multidimensional poverty, in which they face multiple deficiencies in health, education and standard of living; and 12.8 million (67%) of them fell into extreme poverty between 2016 and 2019 (ENCOVI 2019/2020).

Utilities

90% of the population had poor electricity service (ENCOVI 2019/2020). During 2019, the country suffered at least 5 nationwide general blackouts in the electricity supply for several days. The 2019 World Food Program study found that the supply of domestic gas, especially necessary for cooking, was irregular for 72% of the population⁴. At least 13.8 million people received a gas container or “cylinder” every two months or did not receive it at all in their community (OVSP)⁵, generating the need to resort to the use of unconventional sources of fuel and the felling of trees.

Mobility, communications, and information

The deterioration of the public and private vehicle fleet and the shortage of fuel led to severe mobility restrictions for 9 million people due to the lack of public transport, and approximately 190 thousand children and adolescents could not attend school regularly (ENCOVI 2019/2020). In addition to restricting the free movement of people, the gasoline shortage also affected supply chains and supply of basic goods and services throughout the country. In a context of reduced mobility, the loss of connection for communication purposes increased the probability of being incommunicado. Between 2016 and 2019, mobile phone service subscriptions decreased by 52% (CONATEL) and 17.9 million people had communication problems due to failures or lack of mobile telephony.

Environment

Bolívar and Amazonas were the states most affected by the deterioration of environmental conditions caused by gold mining. According to the limited existing data, related to the behavior of mining activity and their spatial locations, currently, the 10 main rivers of these states are contaminated by mercury. The exploitation of the Orinoco Mining Arc accentuated the levels of inequality in the region and the vulnerability of people in these locations, especially women, who are exposed to serious situations of violence. At the environmental level, the loss of tropical humid forests in the Venezuelan territory during the 2016-2019 period increased around 190% (54.4 kha) in comparison to the 2002-2015 period (18.7 kha) (Global Forest Watch).

Food Security

Due to the severe economic precariousness of the population and food availability deficits, 68% of families did not have access to enough food at home, and between 34% and 49% of adults had to deprive themselves of food due to its cost or scarcity, according to data provided by ENCOVI 2019/2020. In 2020, the WFP published the results of a food security study carried out in Venezuela between July and September 2019, which found that 9.3 million people (32.6%) were moderately or severely food insecure (7 million were moderately insecure and 2.3 million severely). Both categories define the condition of people for whom it is not possible to cover the food requirements adequately and, in the severe cases, people can go full days without eating food.

³ <https://www.proyectoencovi.com/informe-interactivo-2019>

⁴ <https://reliefweb.int/report/venezuela-bolivarian-republic/wfp-venezuela-food-security-assessment-main-findings-data>

⁵ http://www.observatoriovsp.org/wp-content/uploads/Boletin_No_8_febrero_2020_6_.pdf

Nutrition

FAO updates reported the number of undernourished people in Venezuela at 9.1 million (31.9%). These circumstances of social and economic disadvantages were manifested in 30% of chronic malnutrition in children under 5 years of age, expressed in growth retardation measured by the height-for-age indicator. Likewise, the incremental variations of nutritional deficits observed in evaluations, studies, and projections from 2016 and 2017 to 2019, show that global acute malnutrition (GAM) could have reached 23.9% in children under 5 years of age at the national level, impairing in higher proportion boys and girls between 0 and 2 years old. Malnutrition in pregnant women also exceeded 50%, giving evidence that living in food insecurity particularly affects the most vulnerable groups, including the life, growth, and development of the youngest children.

Impacts on Health.

Venezuela's drop in sanitary capacities has generated a triple impact on the health of the population: a high prevalence of diseases, with a greater weight on chronic ones, without diagnosis or not diagnosed in time due to the loss of services, nor treated adequately due to severe exhaustion or lack of treatments; the reappearance of eradicated diseases such as malaria; and increasing mortality associated with physical and operational deterioration and lack of sanitation in health centers. Under these difficult circumstances, at least 18.4 million people with various diseases are highly vulnerable. 7.9 million people do not have guaranteed care in available public health centers, which puts their lives and physical integrity at risk.

Health system

23.8 million people depend on the public health system to meet their health needs. Fragmentation, corruption, and underfunding, led to the public health system falling into a crisis with the loss of 40% of service delivery capabilities, between 2012 and 2016. Between 2017 and 2019, the crisis turned into collapse with the closure or inoperability of 80% of primary care, 60% of specialized outpatient care, and 69.5% of hospital care (Provea, 2019; Médicos por la Salud, 2019).

Health services

The collapse of the public health system directly affects 18.4 million people (65% of the population). Of this total number, 7.9 million people have serious health conditions (24.4% chronic and 11.4% acute) without guaranteed care in the system due to a deficit of 46.7% of beds and 80.8% of beds in intensive care units.

Care in public hospitals

70% of public hospitals do not have the means for cardiovascular diagnosis and therapy; 57% of medical personnel and 62% of trained nurses left their jobs (Venezuelan Medical Federation, Nursing Guilds). As of March 2020, 55% of public hospitals did not have power generators and 63% had frequent power outages; 70% had no regular water supply (OCHA).

Medicines

Between 2014 and 2019, public and private imports of medicines fell 96% and national production by 89.9%. This severe contraction in the availability of medicines reduced distribution capacities by 83%, causing an average shortage of 71.6% in medicines for acute diseases (Respiratory Infections and Diarrhea) and 60% for chronic diseases (Diabetes and Hypertension) until December 2019 (ConviteAC).

Women's and children's health

Due to the loss or deterioration of obstetric care in public health centers, 427,000 pregnant women (57%) are at risk; of these, 23% are pregnant teenagers. The risk increases for newborns, 79% of whom are more vulnerable to the severe deficiencies in Venezuela's mother and child services.

Epidemics

In these last years of the emergency, 20.2 million people (71%) have been exposed to diseases that have expanded or re-emerged as epidemics in most Venezuelan states due to the weakening of public health and vaccination programs and the internal displacement of the population, incorporated into illegal mining or other informal activities due to the severe economic deterioration. Among these diseases, Malaria stands out, present in 20 of the 24 Venezuelan states.

Impacts of the CHE on Basic Education

The CHE has had a major impact on the right to education, affecting 8.8 million (94.6%) children and adolescents out of a total population of 9.3 million between 0 and 17 years of age. As of March 2020, 6.5 million (69.5%) of children and adolescents attended severely deteriorated schools; 4.9 million (52.7%) did not have access to adequate food in school; and 2.7 million (29.3%) were at risk of dropping out due to absenteeism or irregular attendance. More than 1 million children and adolescents (10.9%) dropped out of school and 960,000 (10.3%) infants between the ages of 0 and 2 did not enroll in school, requiring urgent protection from the education system due to the high levels of poverty in their homes.

Education system

Of the 9.3 million of children and adolescents in Venezuela who should enjoy the right to education, 5.1 million (54.5%) are at risk of dropping out of the school. The main cause of absenteeism is the lack of basic services, running water, electricity, and sanitation, as well as the shortage of supplies, uniforms, and food, which forces parents to keep their children at home. Special significance is found in 960,000 children from 0 to 2 years of age who, since the disappearance of the day care programs, are outside the education system and require support during the maternal stage, for their physical, cognitive, and social development.

Learning environment

4.2 million (61%) of school children do not have qualified teachers, and for 3.4 million (49.2%) of children there are insufficient teachers. In addition, 5.2 million (77%) attend school without complete and adequate teaching materials; 1.7 million (25.4%) have suffered severe interruptions of the activities scheduled in the school calendar. The dysfunctional nature of the learning environment has been aggravated by the loss of 276,992 (50.0%) teachers in four years for economic and political reasons.

School infrastructure and care

6.3 million (92.0%) of children do not have health or school insurance programs, school transportation, uniforms, and school supplies. As for schools, only 1,471 (5.0%) have acceptable physical conditions and only 5,225 (17.8%) have continuous water, sanitation, and electricity service.

Protection

Migration has left 657,353 (9.4%) children without the accompaniment of one or both parents, in the care of a close relative or an older sibling. Violence is found in and around schools, affecting 2.4 million (35.1%) of children who have been victims of violent acts or events. The situation of 769,354 (44.6%) school-age children in the border states who have been recruited by irregular or illegal groups is noteworthy.

Refugee crisis and impact on the region

9. This statement by the platform “Response for Venezuelans” (R4V) Response Plan 2021⁶ expresses the gravity and potential further impact of the Venezuelan refugee crisis: “[T]he already precarious situation of many refugees and migrants from Venezuela and affected host communities is reaching alarming levels, as national and local capacities have been dangerously strained due to

⁶ <https://rmp.r4v.info/>

the continued impact of COVID-19, threatening the overall social fabric in the 17 countries covered by the Regional Refugee and Migrant Response Plan. In a region characterized by high levels of informal labor, the implementation of measures aiming to curb the spread of COVID-19 (including border closures, lockdowns, curfews, and other quarantine measures) has had a disproportionately grave impact on refugees and migrants. Without savings or alternative social safety nets, the loss of employment has resulted in many being unable to cover basic needs or access vital services”.

10. With already over 5.4 million Venezuelan refugees and migrants in the region, and expectations that there may be a significant increase in the coming months given the still precarious living conditions of the vast majority inside Venezuela, it seems logical and imperative to continue with multilateral efforts to provide a coordinated regional migrant and refugee response, with sufficient funding, but also to aim at engaging with key actors inside Venezuela, including Maduro Government officials, to aim at improving those living conditions through a coordinated multilateral response inside Venezuela, in order to prevent further waves of migrants and refugees.

11. The recent approval by the Colombian Government of a TPS for over 1.7 million of Venezuelan migrants is an extraordinary step, a measure which we encourage the United States Congress also to adopt as soon as possible. These humane and rights-based initiatives could also become a framework for a coordinated regional response, to prevent individual country measures which in some cases have gravely affected Venezuelan migrants and promoted xenophobia.

Challenges to deliver aid.

12. In order to deliver sufficient aid to respond to the humanitarian emergency, it is necessary to admit that reaching a negotiated solution to the Venezuelan political conflict, which stands in the way of scaling up aid, is going to take time.

13. Funding HRP’s in other challenging contexts, including those of countries facing armed conflict, has been possible in much larger numbers. Why has this not been the case in Venezuela? According to OCHA’s Financial Tracking Service⁷, even though Venezuela has the world’s fourth largest food-insecure population, it stands last at number 34 as having the least financed 2020 Humanitarian Response Plan, having reached just 21.4% of the 762 million USD appeal. Regarding migration, despite having the second largest migrant and refugee population, Venezuela’s appeal for the regional migration response was 1.4 billion USD, while Syria’s was 6 billion. As the title of a Brookings article written by Dany Bahar and Maegan Dooley published on February 26 stated regarding this issue: “Venezuelan refugees and their receiving communities need funding, not sympathy”⁸.

14. Another important issue having to do with challenges relates to types of sanctions which instead of the desired purpose of bringing political actors to the negotiating table to find a solution to Venezuela’s political conflict, fail to do so and exacerbate the effects of the humanitarian emergency on the population. One of those was the lifting of exceptions to swap Venezuelan oil for diesel, in November 2020. According to the Citizen Council for Fuel (Consecom), an instance created by the Anticorruption Coalition and the Lara State Human Rights Network, “Venezuela begins 2021 with a severe shortage of diesel, the fuel used to transport heavy cargo, foodstuffs, for public transportation and thermoelectric plants. Essential groups report diesel distribution failures since the end of 2020. For the agricultural sector this has brought paralyse on the field, losses of crops, reduction of plantings, the return to animal traction and the increase in freight rates and prices of food, in a context of deepening of the Complex Humanitarian Emergency due to the

⁷ <https://fts.unocha.org/appeals/928/summary>

⁸ <https://www.brookings.edu/blog/up-front/2021/02/26/venezuelan-refugees-and-their-receiving-communities-need-funding-not-sympathy/>

COVID-19 pandemic. According to estimates by the consulting firm Gas Energy Latin America (GELA), inventories of this fuel could run out in March 2021.”⁹

Venezuelan Government, UN and humanitarian NGO’s Response.

15. The Maduro Government has been coordinating its own reception and distribution of aid, through partnerships with China, Russia, Turkey, and also authorized in 2019 the scaling-up of the Red Cross humanitarian program, through the International Federation and the Venezuelan Red Cross.

16. In mid-2019, the Maduro Government allowed for the formal deployment of the UN humanitarian architecture in Venezuela. Since then, a Humanitarian Coordinator was designated, the Office for the Coordination of Humanitarian Affairs brought personnel to Venezuela and started coordinating the response, including the establishment of the Humanitarian Country Team, the Interagency Coordination and the Cluster System, with 8 of them activated: Health; Food Security and Livelihoods; Water, Hygiene and Sanitation (WASH); Education; Nutrition; Shelter, Energy and Non-food Items; Coordination and Logistics; and Protection. As well, besides the coordination office in Caracas, OCHA has established three other regional offices.

17. Over 120 national and international NGO’s have partnered with the UN System to implement humanitarian programs. Many others are also implementing programs independently and coordinating their response through their own partnerships or humanitarian coalitions.

18. Challenges and risks remain an issue of concern: among them “logistical constraints due to lack of fuel and the deterioration in basic infrastructure and public services, the lack of trust or reticence regarding humanitarian action in some areas, and the localized presence of irregular armed groups. Administrative constraints also affect the entry of organizations, personnel and supplies, especially for international NGO’s, and limit operations and movements throughout the country” (OCHA).

19. More serious events have occurred since September 2019, in which offices of humanitarian organizations have been raided and workers arbitrarily arrested. The last one included the arbitrary arrest on January 12th and incarceration for almost a month of 5 workers of a UN implementing partner organization called *Azul Positivo*. The 5 were released on probation on February 10th and are still charged with illicit activities without any grounds for such charges.

20. In spite of risks, Venezuelan NGO’s not only were the very first responders in early 2016, but have continued organizing and building capacities to provide a progressively increasing response. The National Platform for Humanitarian Action (PAHNAL, in Spanish) was created in early 2020 and includes almost 30 national NGO’s and networks. Together, these organizations sum up to 1,000 facilities to deliver aid in various forms, from medicines and medical supplies to food and nutritional programs, capacity-building in WASH, education, and protection.

21. A small group of organizations are working on creating a mechanism with Venezuela’s Foreign Affairs Ministry, as the State institution with a mandate on international humanitarian cooperation, to coordinate the local humanitarian response and to protect humanitarian workers and organizations, given its international responsibilities to provide such protection.

International Community Response.

22. Even though the international donor community has been providing support for the humanitarian response within Venezuela, both through the UN System as well as through direct engagement with humanitarian local and international NGO’s, there seems to be a difficulty to provide such support with confidence: the fear of politization of aid delivery is often mentioned as a concern, for improper use of humanitarian aid for political gains or manipulation.

⁹ <https://coalicionanticorruccion.com/joomla/index.php/en/noticias-coalicion/item/642-lara-consecom-advierte-que-la-escasez-de-diesel-pone-en-riesgo-actividades-esenciales>

23. Despite such concerns, and the fact that Venezuela's humanitarian response is largely underfunded, the United States and the European Commission's Humanitarian Aid and Civil Protection Department (ECHO) have been major supporters. For 2020, the US provided over 40% of funds, while ECHO provided 18%. In smaller amounts, the UK, Sweden, Germany, Norway, Switzerland, Japan, Canada, Spain, South Korea, and Finland, have also contributed to the humanitarian response.

24. As well, donor meetings take place regularly and conferences have also served to analyze opportunities for support. However, perhaps for political concerns, there has been more resolve to provide funding for the regional response than for the response inside Venezuela.

25. There is still one objective pending, which bringing the Maduro Government to allow for the World Food Program to establish operations in Venezuela, with the wide array of its cooperation programs and capacities. A multilateral approach could help in creating the conditions for such authorization, with sufficient funding, contributing even to use the WFP's logistical capacities to support the Sars-CoV-2 vaccination process.

Recommendations to support the Venezuelan people and help reduce poverty, food insecurity and economic collapse.

26. Humanitarian responses are implemented to save lives, alleviate suffering, and must adhere to the "do no harm" principle.

27. Finding a long-lasting, non-violent, democratic solution to Venezuela's political conflict will take time.

28. Without such solution, the humanitarian emergency will continue to take its toll on the Venezuelan people and to force many more to flee.

29. We all have a moral obligation to save lives today, to alleviate suffering today, we cannot wait to do so once the political conflict is solved -for it will not be solved for a while-, not for the millions in need inside Venezuela, not for those forced to migrate who also suffer along the way, not for the region, which will also continue to be impacted.

30. To save lives and alleviate suffering today, and to continue contributing to a long-lasting, non-violent democratic solution to Venezuela's political conflict, demands multilateral thinking and action by the international political, diplomatic, human rights and humanitarian community, as well as engagement with those who control power today in Venezuela.

31. Multilateral thinking and action must include not only Venezuelan political actors, but also Venezuelan civil society, organizations on the ground, which have proven to have the capacities, commitment, courage, to generate solutions to the humanitarian emergency, and create opportunities for sustained development, as well as to promote and defend human rights, despite threats and risks.