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United Nations Security Council Report on the Humanitarian Crisis in Venezuela

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[AUTHENTICITY CERTIFIED: Text version below transcribed directly from audio]

Thank you, Mr. President and Members of the Security Council for the opportunity to present our findings here today.

I am Kathleen Page, a physician and faculty [member] at Johns Hopkins School of Medicine.

The findings that I am presenting today were published last week¹ by Human Rights Watch, with the Johns Hopkins Bloomberg School of Public Health. Our report concludes that the combination of severe medicine, health supplies, food shortages in Venezuela, together with the spread of epidemics within and across the country's borders, has resulted in a breakdown of Venezuela's health system.



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The crisis in Venezuela fits the definition of a complex humanitarian emergency, and the UN Secretary-General, António Guterres, should formally declare it as such, and lead a full-scale, UN-led response that is neutral, independent, and impartial.

We conducted research at the borders of Venezuela and Colombia and Brazil, interviewing more than 150 health professionals, humanitarian actors, UN officials, and local authorities, as well as dozens of Venezuelan's who had crossed the border. We also reviewed data from the Venezuelan government, international organizations, Venezuelan hospitals, and other local actors.

The health data we analyzed show a health system that is not functioning, with increasing mortality and morbidity. The recent nationwide blackouts have further undermined the ability of public hospitals to respond to the medical needs of Venezuelans.

The latest statistics from the Venezuelan Ministry of Health indicate that between 2015 and 2016 maternal mortality rose by 65% and infant mortality by 30%.² Venezuela is the only country in the region where infant mortality is rising, and has returned to levels last seen in the 1990s.

Infectious diseases are increasing and spreading at an alarming rate.

Between 2008 and 2016, only a single case of measles was recorded. Since 2017, there were more than 9,300 cases in Venezuela and an additional 10,000 in Brazil, mostly in border areas.

Since 2016, there have been more than 2,500 suspected cases of diphtheria, whereas there were none in the preceding decade.

Malaria has also increased in recent years, with fewer than 36,000 cases in 2009 to more than 414,000 cases in 2017, the highest rate of increase in the world.



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The number of tuberculosis cases increased from 6000 in 2014 to 13,000 in 2017, resulting in the highest TB incidence rate in 40 years.

In 2018, nearly 9 of 10 Venezuelans living with HIV were not receiving anti-retroviral therapy.

Although Venezuelan authorities stopped publishing statistics on nutrition in 2007, available evidence indicates that hunger, malnutrition, and severe food shortages are widespread.

Between 2015 and [20]17, nearly 12% of Venezuelans, 3.7 million people, were undernourished.

National surveys show that 80% of Venezuelan households are food-insecure. In -- In some locations, acute malnutrition among children surpasses crisis thresholds. Hospitals across the country are reporting increases in pediatric admissions and mortality due to acute malnutrition.

Venezuelan authorities no longer publish official health information. They have threatened and retaliated against health care workers who collect data, report thefts, or speak out about medicine shortages.

Objective and verifiable data are critical to assess the situation, follow trends, and create an effective humanitarian response.

While more international aid has started to enter the country, the response to date has been insufficient and there have been obstacles to implementation.

While Venezuelan authorities are within their rights to reject particular [offers] of assistance, they are responsible for fully addressing the country's urgent humanitarian needs.



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To protect the rights to health and food of the Venezuelan people, we recommend that the Secretary-General declare that Venezuela is facing a complex humanitarian emergency, and acknowledge the severity of the situation. The crisis should be a top priority that requires a UN system-wide, full-scale mobilization of humanitarian relief.

The Secretary-General should request that Venezuelan authorities grant full access to UN agencies to data about health, nutrition, and food security; and allow them to undertake nationwide, comprehensive humanitarian needs assessment.

The response we are calling for would be credible, neutral, and independent, as well as impartial -- as it would be under the auspices of the United Nations.

Furthermore, the UN Security Council should regularly meet to address a humanitarian crisis in Venezuela -- as well as its regional impact, where more than 3.4 million Venezuelans have left the country in recent years.

We call upon the UN High Commissioner for Human Rights to document violations to the rights of health and food in her upcoming report on the situation of Venezuela.

And finally, we call upon the UN Human Rights Council to continue to monitor the humanitarian situation in Venezuela and adopt a resolution to create an international commission of inquiry to investigate violations of the rights to health and food.

Thank you very much for your time and attention.

¹ Human Rights Watch. Venezuela's Humanitarian Emergency: Large-Scale UN Response Needed to Address Health and Food Crises. © 2019 by Human Rights Watch. [Source: <https://www.hrw.org/report/2019/04/04/venezuelas-humanitarian-emergency/large-scale-un-response-needed-address-health>]

² Health data reported by the Venezuelan Ministry of Health ceased in 2016. See [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)00277-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)00277-4/fulltext)