

## Venezuela's health-care crisis

We read with interest *The Lancet's* report (May 27, p 2095)<sup>1</sup> on Venezuela's health-care system. As heart-breaking as the newly released data are, the true magnitude of the problem will remain obscure until a shift is made towards transparent use of data—which will also provide the indicators needed to chart possible solutions.

This health-care crisis has gradually built, over a number of years, because of underfunding, inappropriate health policies, and macroeconomic issues. Although all health-care sectors have been affected, cancer care, mental health, and HIV treatment have been most visibly affected. This is one of the reasons thousands of Venezuelans have been protesting near-daily since April, 2017. The conflict has created acute-on-chronic strains on already struggling health services. Escalating violence has unfortunately left more than 70 people dead and 1000 people injured. Security officials are reported to be using non-lethal crowd-control devices in lethal forms.<sup>2</sup> Protesters have had little access to health care, which has motivated scores of medical students and health professionals to volunteer as first responders to protesters, by standers, and security officials who become victims (appendix).<sup>3</sup> However, these first-aid groups have also been intimidated and assaulted by security forces.<sup>4</sup>

The Venezuelan crisis is unparalleled in the country's history, and already presents challenges for the cities bordering Venezuela.<sup>5</sup> *The Lancet's* report quotes Maritza Durán, President of the Venezuelan Society of Internal Medicine, asking for health not to be politicised; however, we argue that only political solutions will mitigate Venezuela's severe health-care crisis. Future efforts from the international medical society could be crucial to rebuild Venezuela's broken health-care system, but time is running out for Venezuelans who need life-saving health care today.

JSC is health coordinator for the Sucre municipality in Caracas. RJB, JJD, and FJM declare no competing interests.

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- 1 Fraser B. Data reveal state of Venezuelan health system. *Lancet* 2017; **389**: 2095.
- 2 Venezuela prosecutor: protest victim 'killed by National Guard'. *BBC News* (London), May 24, 2017.
- 3 Zúñiga M. Short of gauze and bandages, Venezuelan medical students patch up anti-government protesters. *PRI* (Minneapolis), May 22, 2017.
- 4 Kislinger L. Cruz Verde: first aid right up by el piquete. *Caracas Chronicles* (Venezuela), May 11, 2017.
- 5 Venezuela indigenous group flees crisis for Brazil. *BBC News* (London), May 9, 2017.

## The reality of the mortality statistics of the nurses' strike in Kenya

I was relieved to see the despondent situation currently crippling Kenya's health-care system brought to international attention in *The Lancet's* Editorial (June 17, p 2350).<sup>1</sup> The nurses' strike, which began on June 5, follows closely on the back of a 90-day doctors' strike that finished mere months ago and is rumoured to soon recur. As noted in the Editorial, the strike is a response to the government's failure to uphold a Collective Bargaining Agreement, while millions of shillings are spent each day on campaigning for the upcoming presidential elections. These elections are likely to further undermine the nation's fragile health-care system because of anticipated unrest and displacement.<sup>2</sup>

Sadly, the deaths of 12 patients highlighted in *The Lancet* Editorial is a substantial underestimation. As a paediatric doctor currently working

in a Kenyan rural hospital where an internationally funded small ward continues to operate, I watched as 28 patients from the adjacent government ward (appendix) were shuffled out on June 4, mid-way through treatment for life-threatening malnutrition or parenteral antibiotic courses for partly treated sepsis, while toddlers with heart failure from congenital anomalies and young children with extensive burns were sent back to their villages with little more than a single dose of paracetamol. In the past week alone, I have witnessed an 8-year-old boy with hepatorenal syndrome perish because of the closure of government dialysis units; a neonate's head circumference expand with hydrocephalus because a shortage of functioning theatres prevented the placement of a ventriculoperitoneal shunt; and a young girl's painful death following delayed presentation with disseminated neuroblastoma, with no oncology units functioning to address her diagnosis. The futility, sadness, and frustration of bearing witness to these children who constitute the mortality statistics are harrowing, and such presentations are likely to continue—and worsen—as the nation slips into a state of famine.<sup>3</sup> It is up to the international community to continue to put pressure on the government officials responsible to resolve the situation immediately.

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- 1 The Lancet. Kenya's nurses strike takes its toll on health-care system. *Lancet* 2017; **389**: 2350.
- 2 Alingo P, Noor H. Signs of violence ahead of Kenya's 2017 elections. Institute for Security Studies (Africa). 2016. <https://www.issafrica.org/iss-today/signs-of-violence-ahead-of-kenyas-2017-elections> (accessed June 28, 2017).
- 3 The International Food Policy Research Institute. Food security report: policy responses to food crisis in Kenya. <http://www.foodsecurityportal.org/kenya/food-security-report-prepared-kenya-agricultural-research-institute> (accessed June 28, 2017).



See Online for appendix



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