



Photo credits: Typical colonial house from downtown Maracaibo, Venezuela: Wikimedia Commons- Wilfredor, March 23, 2013

A Crisis Within a Crisis: Venezuela and COVID-19

By Oriana Van Praag with Cynthia J. Arnson



The coronavirus pandemic has wreaked havoc around the globe, taking its toll in human lives and lost economic activity. The extent of the damage, however, depends on multiple factors—political leadership, health infrastructure, and underlying social and economic conditions. Viruses thrive in the context of poverty and inequality, where dire living conditions make large segments of the population vulnerable to disease and healthcare and social services are inadequate or practically non-existent. Latin America may well be one of the regions most affected by the pandemic. Governments in the region spend an annual average of [\\$949](#) on healthcare per capita, an amount lower than the average for countries in the Middle East and North Africa and almost four times less than the average for OECD member countries. The prevalence of hunger, overcrowding, and unsanitary living conditions in poor neighborhoods make them fertile grounds for the spread of disease. The majority of Latin Americans cannot adopt the preventive measures that have become a staple in wealthier countries, such as working from home and practicing social distancing. [More than half](#) of the regional workforce is informal and most workers rely on their daily earnings to survive.

Within Latin America, Venezuelans are at a particularly high risk of becoming sick and dying. A May 6, 2020, [press release](#) by a group of United Nations experts put it bluntly: “The government must immediately explain how it intends to support people, many of whom are teetering on the brink of survival.” According to the Johns Hopkins University Center for Health Security and the Nuclear Threat Initiative, Venezuela has the [lowest](#) health security score in the region and is among the 20 lowest-ranking countries in the world. Most Venezuelans cannot follow basic precautionary measures like washing their hands, given the regular [lack of running water](#) and the chronic shortages of soap and disinfectant. Added risk factors are the poor quality of their diets, the high incidence of mal- and under-nourishment, and the prior spread of other infectious diseases such as dengue and malaria.

Also at risk are the [5 million](#) Venezuelans who have fled the country due to the economic and political crisis, 4.1 million of whom are living in Latin American and Caribbean countries. Venezuelan refugees are often malnourished or have pre-existing health conditions, and most live in overcrowded neighborhoods, informal settlements, or on the street. The majority of Venezuelans abroad have no savings and work in the informal economy; they cannot afford to be quarantined even for a few weeks. The vulnerability of refugee populations is a cause for concern in and of itself, and they could become a [focus of contagion](#) in their host countries.

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United Nations

This bulletin examines the humanitarian crisis that preceded the coronavirus pandemic in Venezuela in order to understand why the country is so vulnerable to the disease. It provides a brief overview of the government’s response and analyzes the conditions in the food and healthcare sectors that have left Venezuelans overwhelmingly sick and hungry. The report then discusses the situation of Venezuelans migrants and refugees in other countries of the region. Each section concludes with an analysis of the international response to the crisis and provides recommendations for improving that response.



Photo credits: Nicolás Maduro during a press conference in Caracas: Nicolás Maduro Facebook- April 24, 2020

Responding to the Virus with Repression and Control

On March 12, 2020, the Venezuelan government banned all flights coming from Europe and Colombia in an attempt to prevent the coronavirus from entering the country. However, the measure came too late. On March 13, Vice President Delcy Rodríguez confirmed the first two cases of coronavirus: a man who had recently traveled to Spain and a woman who had returned from a trip through Europe and the United States.

Venezuela's authoritarian leader, Nicolás Maduro, declared a mandatory quarantine in seven states and the capital district, which was quickly extended to the rest of the country. His administration was the first to take such drastic measures in Latin America, and it has been among the most violent in enforcing them.

Conditions in the country prevent the quarantine from operating effectively. The regular lack of running water, cooking gas, and electricity means that people have to leave their homes often in order to access basic services. They also need to look for food and medicine, which are difficult to stockpile given widespread shortages. Moreover, the vast majority of the population works in the informal economy, which means they need to leave home in order to make a living. Instead of making the measures more flexible or trying to address the root causes of those problems, however, the government has [relied on](#) the police and the military to enforce the quarantine. In Catia, a poor neighborhood in the capital, the ruling party handed out permits that allow one family member to go out at a time. These are checked by the Special Action Forces

(FAES), a unit of the National Police that has been [accused](#) of carrying out extrajudicial killings and torture. The police can force people back into their homes if they are deemed in violation of the restrictive order.

The military is also controlling the supply of fuel, which has [grown acutely scarce](#) since March due to the enforcement of secondary sanctions by the U.S. government. The shortages have [hindered](#) the delivery of food and medicine, in addition to preventing many healthcare workers from making it to their jobs. Suppliers and medical personnel also complain that National Guardsmen patrolling the roads have not let them through.

Despite the problems enforcing the quarantine, the government claims that only [1,211](#) people had been affected by the coronavirus as of May 27, 2020, out of which 302 had recovered and 10 had died. The real number of infections and deaths is likely to be much higher, given the lack of government transparency concerning epidemiological data and the shortage of diagnostic tests. According to the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA), the country had done less than [6,000](#) swab tests by the end of April 2020. Authorities claim they have conducted more than 330,000 rapid blood tests received from China, which check for antibodies that develop a week or more after a person is infected. But the number of confirmed cases has barely risen following the testing.

Many of those infected with coronavirus have probably gone undetected, because they did not yet have high antibody levels at the time of the test. More concerning, however, is that the government has centralized the diagnostic process and prevented others from gathering or accessing epidemiological data. Those whose blood tests are positive are given a swab test to confirm whether they have coronavirus. But it can take days to get a final answer; the government only allows one lab in the whole country to process the tests. That lab reports directly to a presidential commission, which then adjusts the number of cases based on the number of swab positives. Not even the official number of people who have died can be trusted, as [doctors are reportedly being coaxed](#) not to record the virus as a cause of death.

On May 8, 2020, the Venezuelan Academy of Physical, Mathematical and Natural Sciences published a [report](#) saying that official figures appeared inconsistent with the COVID-19 pandemic. The report concluded that flattening the curve was unlikely in the foreseeable future and that the government should prepare for a forthcoming peak. The country could be registering 4,000 cases daily as early as June. Diosdado Cabello, one of the most powerful men in the Chavista government and president of the rump National Constituent Assembly, [responded to the report](#) by launching an investigation of its authors.

The government is trying to use the artificially low number of infections to show that its aggressive strategies to prevent the spread of the virus have been effective. What the numbers provide, however, is a smokescreen for a healthcare system that is in shambles. For example, the government [claims](#) that 23,000 hospital beds and 1,200 Intensive Care Unit (ICU) beds have been prepared to receive coronavirus patients. But doctors themselves report there are only [80](#) ICU beds in the entire country.

The Ministry of Popular Power for Health designated 46 “sentinel” hospitals, which are supposed to be fully equipped to receive those infected with coronavirus. However, [a March 2020 survey](#) of medical practitioners by the organization Médicos Unidos por Venezuela found that fifty percent worked in hospitals that did not meet basic aseptic and antiseptic conditions. Out of every ten respondents, three said their hospital had no running water and four said it had deficient water service. Forty percent did not have a reliable supply of electricity, and more than half of all respondents said they lacked basic medical equipment like gloves, masks, and soap. Furthermore, some of the centers designated by the government to receive coronavirus patients are reportedly [not even working](#).

Journalists, healthcare workers, and union leaders are being threatened and arrested for reporting that the “sentinel” hospitals are unprepared to receive coronavirus patients.

Pointing out the flaws and incoherence of the country’s response to the coronavirus does not prompt the government to correct them. Instead, authorities try to silence their critics. Human rights organizations in Venezuela [report](#) that journalists, healthcare workers, and union leaders are being threatened and arrested for reporting that the “sentinel” hospitals are unprepared to receive coronavirus patients. For example, officers from the national intelligence agency (SEBIN) arrested opposition lawmaker [Tony Geraa](#) after he tweeted there was no running water in Hospital Ruiz y Páez, one of the sentinel centers in the state of Bolívar. After denouncing the situation, he was charged with possession of explosives and weapons trafficking.

State repression and control over the flow of information make it difficult to know exactly what is happening in Venezuela. The following sections paint as accurate a picture as possible of what conditions in the country were leading up to the coronavirus outbreak.



Photo credits: People fill containers with water from a water tank during quarantine because of the gradual collapse of the water system in Caracas, Venezuela: Shutterstock, Edgloris Marys, April 4, 2020

A Deepening Economic Crisis

Venezuela is experiencing an economic crisis with little precedent in the region. Since Nicolás Maduro took power in 2013, the economy has contracted by more than two-thirds. In 2020, the International Monetary Fund (IMF) [estimates](#) that GDP will shrink by an additional 10 percent and the inflation rate will reach 500,000 percent. While staggering, these estimates are actually lower than last year's, when the economy [was expected](#) to contract by 25 percent and prices to increase by ten million percent. The situation had improved somewhat before the pandemic because the government began to loosen its grip on some sectors of the economy in the face of punishing U.S. sanctions.

For example, beginning in mid-2019, the Maduro government [abandoned](#) the enforcement of price controls and allowed for dollar transactions, which were already taking place without official approval. These measures helped decrease the supply of bolívares on the market. As a result, the inflation rate at the end of 2019 was not the ten million percent the IMF had initially predicted, but somewhere closer to 10,000 percent (the Venezuelan Central Bank puts the number at [9,500](#) percent and the opposition-controlled National Assembly calculates it was even lower, around [7,300](#) percent).

The majority of transactions made in Venezuela are now in foreign currency. The consulting firm Ecoanalítica estimated that [64 percent](#) of all sales made in February 2020 were in a currency other than the bolívar—56 percent of them in dollars and the rest in euros or Colombian pesos. If this trend continues, [70 percent](#) of all transactions in the country in 2020 will be in dollars.

The relaxation of price controls and the free flow of dollars has allowed private businesses to import more products from abroad, somewhat alleviating the country's severe food scarcity. Finding food has become easier for those with access to dollars, which includes Venezuelans who receive remittances from family members living abroad, about one third of the population. Last year, [remittances](#) were worth approximately \$4 billion, up from \$2.7 billion in 2018. Together with the [liberalization](#) of the oil industry and the growth of [illegal economies](#), this flush of foreign currency created the impression that the economic crisis had finally abated and the humanitarian situation was no longer as severe. Earlier in 2020, [articles](#) in the international press featured busy shopping malls, lavish parties, and upscale shops (known locally as *bodegones*) selling imported food products.

But appearances can be deceiving. The [main beneficiaries](#) of dollarization are individual service providers that can charge in foreign currency and enterprises that conduct international business, in addition to a state that can now [levy taxes](#) on these transactions. However, the majority of workers and beneficiaries of social security depend on the state and continue to earn in bolívares. While they might receive remittances from family members abroad, the size of those transfers is [increasingly insufficient](#) to cover the cost of imported products, the dollar prices of which are steadily increasing.

Whatever minimal improvement the Venezuelan economy experienced due to the elimination of currency restrictions and the liberalization of the oil industry is now being reversed due to the double blow of the pandemic and the collapse of oil prices. In March 2020, Ecoanalítica [estimated](#) that the price war between Russia and Saudi

Arabia would decrease Venezuela's oil revenue by 68 percent this year assuming an average price of \$24 a barrel. The price of oil has decreased even further since, tumbling to [\\$1-\\$2](#) per barrel in the last weeks of April 2020, and can no longer cover the costs of production. In addition, the global recession along with border closures means that the value of remittances is [expected to drop by half](#) this year. Not only will it be harder for businesses to import goods from abroad; their customers will be even

The minimum monthly wage can only buy 0.9 percent of the basic food basket for a family of five.

less able to afford them. The Venezuelan government is so cash-strapped that it put aside its grievances against the IMF and requested an emergency loan of \$5 billion. The request was [quickly rejected](#), not only because the government did not meet the requisites, but also because many of the agency's member countries recognize Juan Guaidó as the country's legitimate leader.

Conditions were already dire for Venezuela's poor—[94 percent](#) of the population according to the latest estimates—before the plunge in oil prices and the arrival of coronavirus. According to the Center of Documentation and Analysis for Workers (CENDA), the minimum monthly wage can only buy [0.9 percent](#) of the basic food basket for a family of five. The wage set by the government in January is equivalent to \$1.45, while the monthly food basket costs \$164. That means a worker would need to earn [116 times](#) the minimum wage (almost four minimum wages per day) just so that he or she could feed her family.

Venezuelans are Overwhelmingly Hungry

Venezuela's economic collapse has led to a severe humanitarian crisis. According to UN OCHA, [7 million](#) people were in need of humanitarian assistance last year, [3.2 million](#) of them children. While many Venezuelan NGOs believe that OCHA's estimate is conservative, the 7 million figure means more than one-fourth of the population is unable to meet its most basic needs.

One of the most tangible effects of the economic crisis on daily life has been the scarcity of food, medicine, and other essentials. The photos of empty shelves and Venezuelans queuing outside of pharmacies and supermarkets have become famous the world over. In a rare statement in June 2018, the Ministry of Popular Power for Food reported that [84 percent](#) of items in the basic food basket were not available in supermarkets. The availability of basic goods improved somewhat in 2019 due to the relaxation of price and currency controls, but Venezuela's ongoing economic freefall puts those gains in jeopardy.

While all sources coincide that scarcity decreased in 2019, the estimates made by Venezuelan nongovernmental organizations and industry groups remain bleak. According to Hambrómetro, an initiative of the website *runrun.es* that tracks the food crisis, the [scarcity index](#) for products included in the basic food basket went down to 67 percent in January of 2019 but was back up to 75 percent by March of that year, the last month on which they have published data. A [report](#) published by Venezuela's Agricultural and Food Network at the end of 2019 supports the argument that scarcity is still an important problem. Due to the simultaneous decrease of national food



Photo credits: People lining up to get food in a supermarket in Caracas, Venezuela: Wikimedia Commons, March 25, 2014

production and food imports, Venezuelans in 2019 only had access to 42 percent of the calories and 35 percent of the proteins that were available to them when Maduro came to power in 2013. The situation is likely to worsen in the coming months, because severe fuel shortages [have hindered](#) food production and delivery in the midst of the national quarantine.

Still, the Network's report concludes that the main issue Venezuelans face is not food scarcity but the inability to purchase the goods that are available at prevailing prices. That does not mean food supply and distribution are no longer problems, but rather that those problems cannot be solved without first expanding people's purchasing power. The World Food Program (WFP) reached a similar conclusion in a February 2020 report: while finding food became easier last year, 59 percent of households did not have enough income to buy food and 65 percent were unable to buy other essential items.

The difficulty of finding and purchasing food has severely impacted the food security of Venezuelans. According to the WFP, only 8 percent of Venezuelans are "food secure," while 60 percent are "marginally food secure" and fully one in three are "food insecure." The estimates made by national organizations are even more dire. In 2017, a household [survey](#) by the country's leading universities found that 80 percent of Venezuelan households were food insecure. Using the same methodology, Consultores 21 carried

out a [survey](#) in June 2019 which concluded that 32 percent of households had “low food security” and 60 percent had “very low food security.”

In order to survive, families adopt a variety of coping strategies, some directly related to food and others not. The WFP assessment found that 60 percent of households had reduced portion sizes and 74 percent had decreased the variety of the food they ate. On average, families [consumed](#) cereals or roots every day; dairy products four days a week; and legumes three days a week. The consumption of meat, eggs, and produce was each below three days a week. In addition to changing the way they ate, families spent down their savings, sold their assets, and worked for food as payment. On average, the families interviewed had used at least four such strategies in the month preceding the survey.

The approaches adopted by poor families are even more desperate. According to a December 2019 [study](#) by the humanitarian organization Caritas, 56 percent of poor households had deprived themselves of food in some way. Eight out of ten were eating less and another four had spent the day without eating, even though the government distributes more benefits during the holiday season. In almost half of the households a family member had stopped eating so another one could, while one-third had forced a member to leave to decrease the demand for food within the household. Almost two-thirds of respondents had looked for food in the street. Their diets were also highly deficient in protein and iron, with less than one fourth of households reporting they had eaten animal products or vegetables the day before the interview.

The negative effects of not eating well or enough are stronger in the cases of pregnant women and small children. The same Caritas study found that two-thirds of children under five in poor neighborhoods have or are at risk of developing a nutritional deficit, including 12 percent for whom malnutrition is already moderate or severe (which means they are more than two standard deviations below the average weight for their height). If children do not have access to the nutrients they need for an extended period of time, their bodies fail to develop properly. Chronic malnutrition, measured in arrested growth, was evident in 25-40 percent of the children Caritas evaluated in eight states. Their findings concerning pregnant women and their infants are even more alarming: four in every ten pregnant women had moderate or severe malnutrition, as



Photo credits: Citizens protest over the country's health crisis and medicine shortages in Caracas, Venezuela: Shutterstock, Edgloris Marys, April 25, 2017

did one in every five children under sixth months of age. The situation was even worse among newborns, almost one third of whom were malnourished.¹

The Venezuelan government's program to increase access to food does little to ameliorate this tragic situation. The WFP report notes that 18 percent of households depend on government assistance, but data collected by the polling firm Datanálisis between October 2018 and August 2019 show that anywhere from [75 to 86 percent](#) of families receive boxes of subsidized food. The government distributes these boxes through the Local Committees for Supply and Production (CLAP), which are operated by organizations linked to the ruling party. These packages [do little](#) to alleviate the country's food crisis: they contain only a few items, are distributed infrequently, and generally fail to meet nutritional and food safety standards. Even though the contents of a box last an average of eight days, the majority of households [receive them](#) only once a month or every two months, and the rest receive them at irregular intervals. Moreover, the price of the box increased by at least 88 million percent between the

¹ UNICEF published a [Humanitarian Situation Report](#) in December 2019 that also features figures on malnutrition. The agency established a nutrition information database of approximately 100,000 children under five and pregnant and lactating women. The database uses information collected between June and December of 2019 in prioritized communities along 16 states. UNICEF calculates that 6.3 per cent of children under five had acute malnutrition during that period, and an additional 16.5 percent were at risk of developing it. Twenty-five of every hundred children were stunted and another thirty were at risk of becoming so. Additionally, maternal mortality was likely to have increased, with more 56.7 percent of women being malnourished.

beginning of the program in [May 2016](#) and [March 2020](#). That means the program is unable to compensate for the high price and scarcity of food, providing only temporary relief from hunger.

A Worsening Health Crisis

Venezuela's healthcare system [was in crisis](#) well before the arrival of the coronavirus. Two of the indicators public health researchers use to determine the health status of a population are the prevalence of maternal and infant mortality. In most countries of the region, these indicators have been steadily improving as economies have grown and access to healthcare increased. From 2013 to 2018, the average infant mortality rate in Latin America and the Caribbean declined from 16 to 14 deaths per 1,000 live births, according to the [United Nations](#). In contrast, the infant mortality rate in Venezuela has increased by almost 45 percent during the Maduro administration, going from 14.9 to 21.4 deaths per 1,000 since he took office. The country is also an outlier in the region when it comes to maternal mortality. The [World Bank](#) estimates that the region's maternal mortality rate went down from 79 to 74 deaths per 100,000 live births between 2013 and 2017. In Venezuela, however, the rate of maternal death increased by ten points, going from 115 to 125 per 100,000. The state has [taken pains to hide this reality](#), but all the evidence suggests that the number of women who die giving birth is even higher today.

However sobering, these figures are unable to show the extent of the collapse of the healthcare system in Venezuela. The problems begin with the country's crumbling infrastructure and failing public services. [Two-thirds](#) of the turbines in the Simón Bolívar hydroelectric plant, the country's main electricity provider, were reportedly not working by March of 2020. Last year, the Committee of People Affected by Blackouts registered [80,700](#) power failures and nine nationwide blackouts which left the country without electricity for several days. According to the WFP report, Venezuelan households have their electrical service interrupted an average of 15 days a month, and four of every ten households experience daily interruptions. These outages make it difficult to cook, preserve food safely, and access water, among other tasks. The situation will probably [worsen](#) in 2020 as the economic crisis deepens.

Equally concerning for public health is the inability of many households to access potable water. According to the WFP, four out of ten households experience daily cuts in their water supply and one quarter do not have sustainable access to potable water. A [2018 report](#) by a coalition of civil society organizations made even more dire estimates: 82 percent of the population received water infrequently, and the water they

received was either undrinkable or of dubious quality. The available evidence suggests that the situation [has continued to deteriorate](#).

If water and electricity failures create unsanitary and difficult living conditions, they make it next to impossible to run a healthcare center. According to the [2019 National Hospital Survey](#), almost two-thirds of hospitals experienced electrical failures during the year, which resulted in 164 preventable deaths. Access to water was even more precarious, with 78 percent of hospitals reporting water failures during 2019. Seven out of ten hospitals received water only once or twice a week and another two did not receive water at all. Partly due to these shortages, only two-thirds of ICUs were open during the year, while the rest were closed or worked intermittently. Half of the surgery wards and laboratories in participating hospitals were closed, and half of x-ray and ultrasound services were inoperative.

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In addition to crumbling infrastructure and unreliable public services, healthcare centers are confronted with the widespread scarcity of medical supplies and equipment. In January 2020, the Venezuelan Pharmaceutical Federation announced that [75 to 80](#) percent of medicines were not available in pharmacies, and the few that were

available were sold at prohibitive prices. This creates enormous problems for patients and healthcare providers. The National Hospital Survey calculates the “[stock-out rate](#)” by recording the weekly availability of supplies in the hospital wards and emergency rooms of participating centers. In 2019, the average rate was 35 percent for emergency rooms and 49 percent for hospital wards. There were more than 4,800 avoidable deaths due to trauma or cardiovascular disease during that year, the majority of which were caused by a lack of medicine or medical equipment. Because the survey was conducted in only a sample of hospitals, the total number of preventable deaths in the country is likely much higher—not only because medicine and medical supplies are scarce, but also because healthcare centers lack trained personnel. According to the NGO Médicos Unidos Venezuela, somewhere between [25,000 and 35,000](#) doctors, nurses, and other health personnel have fled the country in recent years.

The spread of infectious diseases constitutes an additional indicator of the collapse of the Venezuelan healthcare system. Data from the Pan American Health Organization (PAHO) shows that previously controlled and eliminated diseases, including some easily preventable through vaccines, have come back with a vengeance. Venezuela is

the only country in the Americas besides Haiti to have confirmed cases of [diphtheria](#), more than 3,000 of which have been reported and 1,700 confirmed since 2016, leading to at least 292 deaths. The country has also seen a reemergence of [tuberculosis](#), which affected approximately 14,000 people in 2018, and [measles](#), which affected more than 7,000 and caused at least 84 deaths between July 2017 and December 2019. Meanwhile, malaria has gone from being a disease under control, affecting approximately [36,000](#) people in 2009, to becoming endemic, with more than [323,000](#) cases and 100 deaths reported in 2019.

Perhaps those most affected by the healthcare crisis have been HIV patients. According to UNAIDS, there were approximately [120,000](#) Venezuelans living with HIV in 2016, of which 6,500 were new infections. Among these, only 61 percent were accessing antiretroviral therapy and a scant 7 percent had suppressed viral loads, meaning that the majority of those infected could communicate the disease. Two thousand five hundred people died of AIDS in 2016 as a result; the spread of the disease and access to antiretroviral therapy have only [worsened](#) since. According to an [article](#) in *The New Humanitarian*, which cites UNAIDS as its source, the number of HIV-positive Venezuelans today is closer to 300,000. The article also highlights that 24 to 25 people died of AIDS per day in 2018, according to data from the NGO Acción Solidaria. The crisis is so severe that an estimated [7,700](#) to [10,000](#) Venezuelans have migrated to other countries in the region to access antiretroviral therapy.

The International Response to the Coronavirus in Venezuela

The Maduro government spent years denying the existence of a humanitarian crisis in Venezuela and resisting efforts to bring aid into the country. Now that it is faced with a pandemic and the crash in oil prices has left it without resources, it is timidly looking abroad for humanitarian assistance while continuing to restrict and control aid deliveries.

The government has mainly sought the help of its political allies and trade partners: China, Cuba, and Russia. On March 29, 2020, the Chinese government sent a shipment with [55 tons](#) of medicines and medical equipment, including ventilators and 500,000 rapid blood tests. Two smaller shipments have also been received, an [initial one](#) on March 19 and [another](#) on April 11. The Venezuelan government is also [in talks](#) to renegotiate its debt with China, seeking yet another grace period on oil-for-loan payments which may not be worth much given the collapse of oil prices and Venezuela's own dwindling production. Russia has sent [20 tons](#) of medical equipment to the country, including 20,000 PCR tests. Maduro and Putin have similarly



Photo credits: Venezuelan authorities hold a press conference following the donation of 300,000 medical tests from China: Nicolás Maduro Facebook, March 19, 2020

[been in contact](#) to discuss oil production and bilateral cooperation. Meanwhile, Cuba has reportedly sent [hundreds](#) of doctors to Venezuela.

But the regime's efforts to obtain relief have not been limited to bilateral cooperation. On March 17, Maduro requested the help of the United Nations to control the spread of the coronavirus and address the social and economic consequences of the quarantine. PAHO and the World Health Organization have provided the government with technical support and were involved in the development of the National Coronavirus Prevention and Control Plan. The United Nations also launched its own [intersectoral response plan](#), which seeks to reduce vulnerabilities and prevent high levels of morbidity and mortality, and is projected to cost \$72 million. UN agencies will support the response of national authorities and focus on improving WASH (water, sanitation, and hygiene) and health programs in order to reduce the risk of in-hospital infections. In particular, they have pledged to work to ensure the functionality of key services in the 46 sentinel hospitals designated by the government.

As part of the initial response, PAHO delivered diagnostic kits, personal protection equipment, and hygiene kits to the four sentinel centers in the capital. On April 8, 2020, the United Nations facilitated the arrival of a plane carrying [90 tons](#) of medical supplies that had been donated by the United States and the European Union, among others. These supplies will be used to help the most vulnerable patients at 14 of the sentinel

hospitals designated by the government, as well as 50 outpatient clinics and child development centers. USAID's International Disaster Assistance (IDA) account has provided [\\$9 million](#) for humanitarian aid inside Venezuela as part of the U.S. government's global response to the pandemic. The WHO, PAHO, and UNICEF have also been working to support the water supply and improve sanitation and hygiene measures in health centers and other institutions. In addition, the Red Cross received a shipment of [22 tons](#) of supplies on April 13, the majority of which will go to the primary care centers operated by the organization and hospitals in border states.

The United Nations is also working to mitigate the impact of the pandemic on pre-existing humanitarian needs and maintain critical activities as part of its [Humanitarian Response Plan](#) for Venezuela. The latter had a total financial requirement of \$223 million for 2019, only [34.2 percent](#) of which had been met by May 27, 2020. The United Nations and donors should convene a pledging conference to provide multiyear and flexible financing for the COVID-19 response inside the country, like the one held on May 26 for the [regional refugee response](#).

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[agreement](#) around humanitarian issues in order to fight the pandemic more effectively.

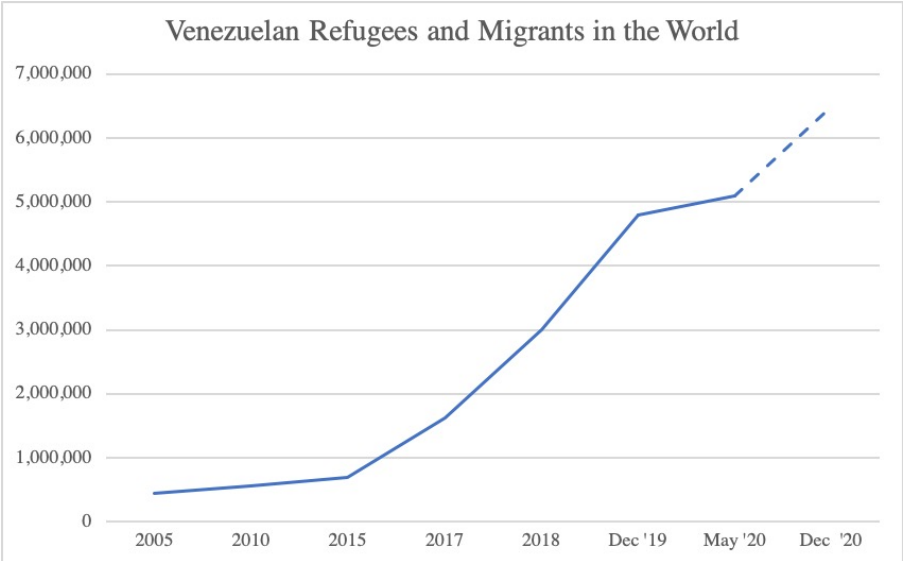
The government's request to the United Nations also gives the latter a unique opportunity to open up space for non-governmental organizations, who are demanding guarantees for the rights of [healthcare](#) and [humanitarian](#) workers to operate without threat or impediment, especially in Venezuela's hard-hit interior. Indeed, many in civil society are pushing the government and opposition to [adopt a political](#)

The interim government headed by Juan Guaidó made a [proposal](#) to that effect: the creation of an emergency government to manage the impact of the coronavirus, which would be headed by a council of state that would exclude both him and Maduro. The opposition insists that Maduro should not have control over the humanitarian aid that comes into the country, because he is likely to use it for propaganda, corruption, and social control. Aid should instead be managed by neutral third parties like the United Nations, which should be given freedom to operate independently. They also claim that a coalition government would be able to convince multilateral agencies who are unwilling to work with Maduro to provide \$1.2 billion in funding to address the outbreak. The United States government [supports](#) the proposal made by the interim government and has offered sanctions relief in exchange. Maduro has flatly rejected

the proposal in public, but there are press reports that representatives from his government and the opposition have begun [secret talks](#).

The Crisis Facing Venezuelan Migrants and Refugees

According to the United Nations, there are more than [5 million](#) Venezuelan migrants and refugees in the world, almost 16 percent of the country’s total population. The vast majority of them—more than 4.2 million—are living in other countries of Latin America and the Caribbean. If conditions in the country continue to deteriorate, the United Nations estimates that there will be [6.5 million](#) Venezuelans living abroad by the end of 2020, more than 5.5 million of them in the region. Additionally, an estimated 2.09 million Venezuelans will engage in “pendular migration,” the temporary and usually repeated movement across borders to work or obtain essential goods and services in neighboring countries. Were current migration trends to continue, the IMF estimates that the number of Venezuelans abroad could reach [10 million](#) by 2023.



Source: Author’s compilation based on [IOM](#), [R4V](#), [RMRP](#)

The main recipient of Venezuelan migrants and refugees is Colombia, which currently hosts more than 1.8 million and is expected to receive 600,000 more before the end of 2020. Following Colombia, the [main receiving](#) countries are Peru (861,000), Chile (455,000), Ecuador (366,000), and Brazil (253,000). While hosting a smaller number of Venezuelans, small island states in the Caribbean have received the most relative to

their own populations. In Aruba (17,000) and Curaçao (16,500), Venezuelans represent more than ten percent of the population, and they are also a significant presence in Trinidad (24,000). All of these countries are [expected](#) to receive even more Venezuelan refugees and migrants in 2020.

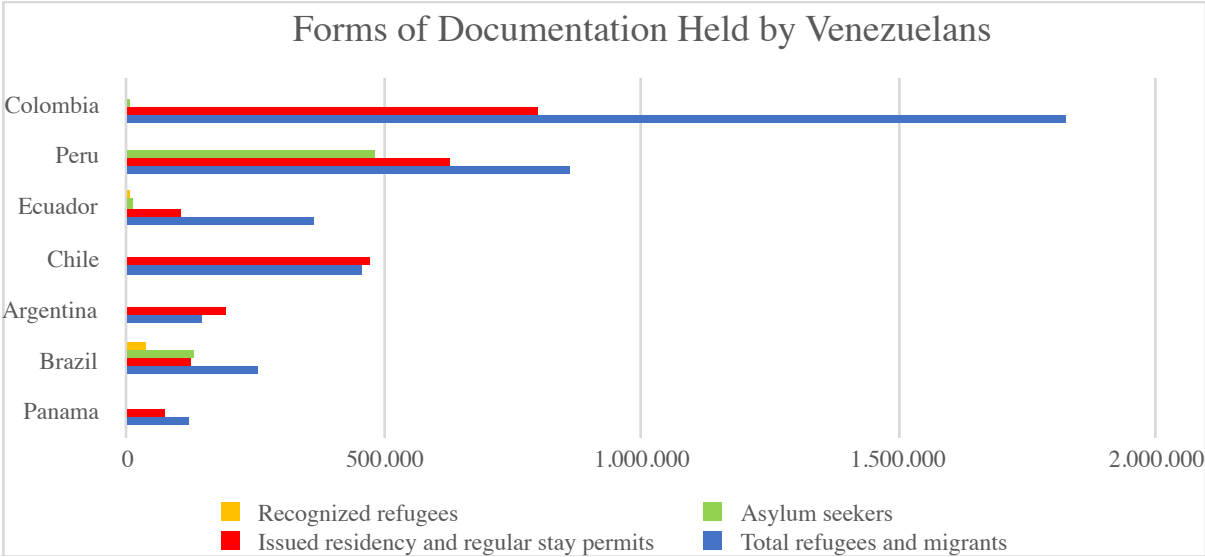
However, the pace of migration has slowed compared to last year, as countries in the region began implementing more restrictive immigration measures. In the summer of 2019, Ecuador, Peru, and Chile all introduced new or renewed [entry requirements](#). With transit along the Andean Corridor and entry into the Southern Cone becoming more difficult, the United Nations [estimates](#) that the majority of Venezuelans leaving the country in 2020 will continue to travel to Colombia, with a greater proportion than now remaining in the country. Brazil, which also has a long and porous border with Venezuela, will probably continue to receive a substantial number of refugees and migrants. The number of arrivals in both countries will probably be lower than the United Nations estimated last year, however, given that both Brazil and Colombia have closed their land borders with Venezuela to prevent the spread of COVID-19.

Outside the region, the two countries that host the most Venezuelans are Spain and the United States. In July 2019, there were almost [360,000](#) people living in Spain who had been born in Venezuela, including [many](#) who held Spanish citizenship. This year, Spain became the largest recipient of asylum claims in Europe, with more than [17,400](#) petitions made in the first six weeks of 2020 alone. This is largely due to petitions made by Venezuelans, who represented 35 percent of all asylum claims filed in the country last year. Similarly, the number of people born in Venezuela who live in the United States has [almost doubled](#) since Maduro came to power, going from 197,000 in 2013 to 393,000 in 2018.² Venezuelans were also the [leading source](#) of asylum claims filed in the United States during fiscal year 2019. Nearly three in every ten petitions received by the U.S. Citizenship and Immigration Services that year was made by a Venezuelan.

In past years, Latin American countries have been lauded for their open-door policy toward Venezuelans, which stands in stark contrast to the response of the United States. In the 2018 Quito Declaration, regional governments made bold commitments to broaden access to formal status for Venezuelans. Several countries in the region

² The American Community Survey published by September 2019 uses different metrics to calculate the size of ethnic communities in the United States. Place of birth is used to determine the number of foreign-born in the country. In 2018, there were [393,841](#) people born in Venezuela living in the United States. The other metric used in the survey is place of origin, which may or may not be the place of birth. This yields a considerably higher estimate: in 2018, there were [484,445](#) people of Venezuelan origin living in the United States. The difference between the two estimates is that the latter includes people who had U.S. citizenship at birth, including those born abroad to parents with U.S. citizenship and those born in the United States.

instituted [visas or temporary residence](#) permits that allowed Venezuelans to work and access public services for up to two years. There were promising discussions about creating a regional work permit that allowed migrants and refugees to move through the continent freely. However, progress on regularization slowed down last year even though people continued to flee the country, leading to a growing number of Venezuelans with irregular status. The imposition of entry restrictions by Ecuador, Chile, and Peru made matters worse by forcing migrants who lacked the necessary documents to use illegal and dangerous routes. One can assume, therefore, that official government figures do not capture the actual presence of Venezuelans in those countries.



Source: Author’s compilation, based on [R4V](#), [Oficina Nacional Para la Atención de Refugiados \(Panamá\)](#), [Departamento de Extranjería y Migración \(Chile\)](#)³

Venezuelans without a regular status are more vulnerable to all forms of exploitation, violence, and abuse. Being undocumented makes it more likely that they will face discrimination and hinders their ability to [find employment and access public services](#) like healthcare and education. For example, Peru only provides free public healthcare to pregnant women and children under the age of five. In Chile, where access to care depends on insurance status, the majority of Venezuelans are uninsured. Both countries provide qualifying migrants with the right to work, but the Peruvian government taxes their first year of income at 30 percent and the Chilean government takes as much as 35 percent.

³ The number of permits may reflect, in some countries, documents that are not currently valid, as well as duplications and triplications (one person carrying multiple permits). It does not include tourist visas.



Photo credits: Venezuelans returning home following the purchase of needed provisions in Colombia. Simón Bolívar International Bridge, Villa del Rosario, Colombia: Cindy Arnson, November 2, 2019

How the Coronavirus Pandemic Affects Venezuelan Refugees and Migrants

One of the first measures Latin American governments adopted in response to the pandemic was to close their borders to prevent infected people from entering the country. This makes sense given that the disease was brought to the region by travelers coming from Europe and Asia, the initial centers of the outbreak. However, border closures also affected Venezuelans who were leaving the country or already en route to their final destination, even though Venezuela had no confirmed cases of coronavirus at the time. Now, all countries in the region [are closed](#) to non-resident foreigners except Nicaragua, which has been roundly criticized for its [lack of measures](#) to prevent contagion. Not only are borders closed, but national migration and asylum systems are at a standstill. The situation is similar in the two countries outside the region that host the most Venezuelans, Spain and the United States.

The border closures dramatically reduced migration through official checkpoints, including pendular migration—people crossing into Colombia, for example, to buy food and other necessities and then returning to Venezuela. According to the Colombian Presidential Advisor for the Border, Felipe Muñoz, crossings declined more than [95](#)

[percent](#) following the border closure on March 13, 2020. Many fear, however, that the closures will simply [drive the migration “underground,”](#) to unofficial crossing points dominated by a range of [criminal actors](#). These groups routinely submit Venezuelan refugees to violence and exploitation, including forced labor and sex trafficking. Traveling through irregular routes also means that it will be harder for government agencies and humanitarian organizations to provide migrants with protection and services.

In addition to closing their borders, most countries have imposed [restrictions on internal movement](#), which range from lockdowns in the most affected municipalities to national quarantines. While these measures have slowed the spread of the coronavirus, they have also had severe economic consequences for poor and working-class communities. The UN’s Economic Commission for Latin America and the Caribbean (ECLAC) [estimates](#) the region will experience the largest economic contraction in its history this year, with regional economic activity decreasing by 5.3 percent.

Unemployment is projected to increase to 11.5 percent, putting the number of people out of work at nearly 38 million. As a result, regional poverty is expected to increase by nearly 4.5 percent, meaning that an additional 30 million people will become poor and another 16 million will become extremely poor.

Not only are borders closed, but national migration and asylum systems are at a standstill.

The situation is particularly difficult for informal workers, who make up approximately [53 percent](#) of the regional labor force, according to the International Labor Organization. With street commercial activity coming to a halt, most of these workers are without a source of income and have little to no savings to draw on. According to the ECLAC, minority groups will suffer the worst effects of the pandemic because they are [overrepresented](#) among informal workers. That includes racial and ethnic minorities as well as migrants. For example, three out of every four Venezuelans in Colombia work without a contract, according to a [recent study](#) by Universidad del Externado. The degree of informality is even greater in Peru, where the state levies a large tax on migrant earnings. More than [92 percent](#) of Venezuelans in the country do not have a contract, according to a recent study by multilateral organizations.

While many of the problems faced by migrants and refugees are shared by vulnerable communities in their host countries, the measures that regional governments are adopting to alleviate the economic impact of the pandemic often exclude Venezuelans. For example, Peru approved an ambitious [stimulus package](#) of \$26 billion that aims to

revive the economy and protect those most affected by the crisis. The package includes a cash transfer of 380 soles (\$106) to the country's poorest three million families. This measure [does not](#), however, extend to Venezuelans, even though the [majority](#) of them are poor.

An additional problem for Venezuelans is that many reside in rental properties, with no family to fall back on if they are evicted. (This, of course, excludes the homeless and others in desperate situations, who are living in shelters or makeshift dwellings of metal, plastic, or cardboard.) In [Peru](#), 88 percent of Venezuelans live in a rental property and 2 percent live in a family home, with a scant 0.2 percent having a place of their own. Losing their source of income due to the quarantine and economic recession means that many of them will soon be unable to make rental payments. In Bogotá, there have been media reports of [mass evictions](#) of Venezuelans, leaving many on the street. Government officials have fined tenants who evict vulnerable people, but evictions continue to take place regardless, and the city government does not have the money to help migrants pay rent.

While the Colombia-Venezuela border remains closed, authorities in both countries have established a “humanitarian corridor” for Venezuelan returnees.

In light of the increasingly desperate economic situation throughout the region, a growing number of Venezuelans have decided to return home. Returns are not a new phenomenon; before the coronavirus, the United Nations estimated that some [260,000](#) Venezuelans would go back in 2020.

Without income and having spent their

savings, many would see no option but to return, and the number of people finding themselves in that situation is now much greater. While the Colombia-Venezuela border remains closed, authorities in both countries have established a “[humanitarian corridor](#)” for Venezuelan returnees on the Simón Bolívar International Bridge.

Newspapers report that [hundreds](#) of migrants are leaving Colombian cities every day and traveling back to Venezuela on foot, a journey that takes between two and three weeks, travels through the rugged Andes mountains, and exposes migrants to violence at the hand of criminal and irregular armed groups. Acknowledging this situation, and afraid that migrants traveling on foot could become a vector of contagion, authorities in Colombia have arranged for buses to transport groups of migrants to the border city of Cúcuta. Others have pooled money and contracted private buses to take them to the border, but roadblocks are leaving many [stranded and increasingly desperate](#).



Photo credits: Colombian officials at the closed border with Venezuela, Villa del Rosario, Colombia: Wikimedia Commons, March 14, 2020)

According to the mayor of Cúcuta, [300 to 500](#) people arrive in the city every day hoping to go back to Venezuela. The Colombian migration agency calculates that [52,000](#) had crossed the border back into Venezuela as of May 12, but the number is likely to be even higher given that many use informal paths. Colombian authorities are also seeing a growing number of Venezuelans coming from the southern border with Ecuador, who have to cross through Colombia on their way home. Venezuelan migrants are also trying to leave Brazil, albeit in much smaller numbers. According to Brazilian Federal Police officers stationed along the border, somewhere between [10 and 20](#) Venezuelans go back to the country every day, more than 600 as of April 12.

Maduro has tried to use the return of Venezuelans as proof of his revolution's resilience, even though the number of people who have returned represents [less than 0.1 percent](#) of the number who have left. He instructed border officials to greet returnees with "love and affection." Those who tested positive for the virus would be sent to a hospital and the rest would be quarantined for two weeks in hotels. However, the welcome has been less than warm, with military officers forcing many migrants into quarantine in makeshift shelters along the border. On April 7, 2020, Reuters [reported](#) that more than 2,100 people had been ordered to remain in schools and unused government buildings in the state of Táchira, bordering Colombia. Migrants report that the shelters are filthy and lack the sanitary conditions needed to prevent a spread of the virus. There is no running water and food is provided at irregular intervals. The [situation is similar](#) in the eastern state of Bolívar, which borders Brazil, where migrants have been sent to

improvised shelters in local motels and government buildings. Given these circumstances, the Colombian government [expects](#) that many of those who have returned to Venezuela will try to make their way back to the country in coming months.

Integrating Venezuelan Migrants and Refugees into National Coronavirus Responses

While limiting international movement can be effective in mitigating the spread of the virus if taken together with other measures to limit social interaction, [protecting the rights](#) of migrants and asylum-seekers remains imperative. On March 16, the UNHCR [issued](#) a series of legal considerations on access to territory for people in need of international protection in the context of the coronavirus response. While governments are allowed to limit international movement in order to manage health risks, these restrictions have to be necessary from a public health perspective, proportionate to the size of the threat, and subject to regular review. They must also be non-discriminatory. Governments should not preclude the admission of refugees and asylum-seekers to their territory—or forbid entry to members of a particular nationality—without evidence of a health risk and without measures to protect against [refoulement](#). If an individual or a group of people seeking international protection were identified as posing a risk, other measures could be taken to protect public health. For example, authorities could conduct testing and place those likely to be infected under quarantine.

Imposing blanket restrictions on international movement could end up doing more harm than good. Denying refugees or asylum-seekers entry into a territory would not only violate international law, but it could also send those affected into “orbit” looking for a state that was willing to receive them, further contributing to the spread of the disease. Moreover, borders are porous and not even the most sweeping legal restrictions will be able to prevent all crossings.

In order to protect public health, it is also paramount that governments integrate Venezuelan migrants and refugees into national and regional response plans to COVID-19. Failing to include them would not only have severe humanitarian consequences, given [how vulnerable](#) they are as a population, but also hinder efforts to mitigate the spread of the disease. Ideally, Venezuelans should be able access healthcare services regardless of their migratory status and be included in economic relief measures like cash transfers. If governments fail to do this, they will see a growing number of sick and hungry people living on the streets: the perfect environment for contagion to fester.

Colombia has been leading the regional response in this regard. According to Felipe Muñoz, the Colombian government designed a [six-point plan](#) to integrate Venezuelans into the national coronavirus response. The plan seeks to guarantee healthcare access to all migrants, regardless of their documentation status, and include them in economic support programs. The latter include the distribution of 200,000 basic food baskets in the municipalities where migrants are concentrated, the provision of school feeding programs at home for 150,000 children, and the inclusion of 50,000 regularized migrants in “solidarity income programs.” Additionally, the government is adjusting its existing cooperation programs with national and international organizations to focus on water and sanitation systems, food distribution, and cash transfer programs.

However, Colombia and other countries with large Venezuelan migrant and refugee populations need more international support. The Regional Refugee and Migrant Response Plan, a joint initiative of the UNHCR and the IOM, had only received [12 percent](#) of the \$1.41 billion needed this year as of May 27, 2020. The main donor so far is the United States government, which also contributed [75 percent](#) of the funding for last year’s plan. The UNHCR made an additional [\\$745 million](#) appeal to protect refugees and other displaced persons around the world from the coronavirus, which is part of a larger UN Humanitarian Response Plan. The latter calls for \$6.71 billion in global funding, only [17 percent](#) of which had been met by May 27. In a promising development, 60 countries pledged [\\$2.79 billion](#) to help Venezuelan refugees in Latin America at an online conference held on May 26, which was organized by Canada, Spain, Norway, the European Union, and the United States.

Increasing the funding for refugee responses is fundamental but not sufficient on its own. Governments should strive to integrate Venezuelan migrants and refugees into their national responses, as Colombia has tried to do. The best way to achieve this would be to [provide broader access to regular status](#). Such measures would allow Venezuelans to access public services and financial support and help governments track and mitigate the spread of the coronavirus. This is a tall order at a time of vast need throughout Latin America and the Caribbean to protect employment and access to food and basic social services. As Felipe Muñoz has [indicated](#), “the pandemic does not ask for passports.” Hence, the best approach is to seek broad, inclusive solutions targeting the vulnerable, regardless of nationality.

About the Author

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