

Politics controls Venezuelan hospitals' fates

In Venezuela's politically divided state healthcare system, it's the traditional hospitals and their patients who are suffering.

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CARACAS - Inside the Venezuelan government's José Gregorio Hernández Hospital in the sprawling underclass neighborhood of Catia, many of the ceiling tiles are missing or have years-old water stains, and much of the metal is rusting.

Patients are crammed into small waiting rooms, and some carry their own needles. Problems are not simply aesthetic: Four patients in the critical care unit died earlier this year when the hospital ran out of oxygen.

Contrast this with the Catia Popular Clinic down the road, which has the latest X-ray and sonogram machines, fresh sheets for new beds and a shiny finish on the signs that point the way through the facility.

Welcome to the strange world of public healthcare in Venezuela, where two systems -- divided largely by politics -- are operating on virtually different planets, even while they serve the same population and are supposed to be integrating into a seamless unit.

Healthcare has always been political in a country where oil money is abundant but social services remain weak. Yet it has become a particularly fierce battleground in Venezuela since President Hugo Chávez took power in 1999, and it's the patients of traditional hospitals who appear to be bearing the brunt of this fight.

The self-proclaimed socialist Chávez, who is seeking reelection Dec. 3, has spent \$100 million revamping the system, according to government statistics.

PRESIDENT'S REVENGE

However, Chávez has largely ignored the traditional hospitals, presumably because the physicians' association in Venezuela supported opposition forces

who attempted to oust Chávez in a 2002 military coup and later via a national strike.

Chávez survived the onslaught, then moved to marginalize the traditional healthcare system by building mini-clinics called "octagon modules" -- named for the shape of the brick structures -- and using doctors from Cuba to provide healthcare in the outlying neighborhoods free of charge.

An estimated 20,000 Cuban medical personnel now dot the Venezuelan landscape, manning the modules in the slums where they can do preliminary diagnosis and sometimes treatment.

The modules, which the government says now number 2,100, are popular. They provide the poor with ready access to doctors and give the president a boost as he heads toward elections.

"This is for us," Celsa Narváez, a community leader in the January 23rd neighborhood in Caracas, said of the modules. ``The president is making a huge effort. We have to make a similar effort for him."

Catia Popular Clinic is part two of this program, which is known as *Barrio Adentro*, or Inside the Neighborhood. Its patients are supposed to be referred by the Cubans in the modules, but the director of the clinic, Claudia Valdez, says there are many first-timers.

She says the clinic is also supposed to refer patients to the third part of the system, traditional hospitals such as the José Gregorio Hernández Hospital. But so far that hasn't happened.

"There's still a lot of tension," Valdez said about the relationship between the new system and the old. ``But the idea is that there should be a dialogue between the sides. Healthcare shouldn't be political."

Valdez says that some administrators have made it political, however, with regard to working with other physicians.

"There are some administrators who will only deal with you if you're red" she said, referring to the adopted color of the Chávez supporters. ``That's wrong."

OLD PROBLEMS

Still, there are legitimate and nonpolitical reasons why some people reject the traditional system.

Hospitals here were never the best. Patients staying overnight, for instance, often had to bring their own sheets. Medicines and some treatments were prohibitively expensive for some residents; now they are free. Because of the low pay, doctors opened up private practices, splitting their time between institutions and patients -- something advocates of the new system hope to eliminate.

But at José Gregorio Hernández Hospital, longtime doctors complain that the new system wants to trample the old, even if it means pushing experienced doctors out of practice.

And in the hallways of this 35-year-old building, the fear of this occurring is palpable.

"They want people who are red to the bone," said Dr. Lía Eppel Khon, who has been at the hospital 30 years. "They don't want anyone who is not part of their political crowd."

Khon and another longtime veteran of the hospital, who didn't want his name mentioned for fear that he'd lose his job and his pension, said that the hospital has not received sufficient resources or maintenance for years.

Several patients said they don't feel the tension between the old system and the new, and that many of them use both. But they also note that the hospital has deteriorated. They pointed to the holes in the ceilings, the crowded waiting rooms and the old equipment.

"This is failing," said Emilio Machado, a 75-year-old retired construction worker, about healthcare in Venezuela. "They don't take into account what the patient needs."