

OPINION EDITORIAL

US Politics & Public Health: The Case of Venezuela.

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While Venezuela's ongoing public health crisis is commonly attributed to an increasing dependence of the economy on oil followed by the fall of global oil prices worldwide, the effect of political forces is often overlooked [1]. The international community, including the United States (US), has struggled to provide aid to the people of Venezuela while carrying out their foreign policy agenda to depower President Maduro [2]. In this balancing act, the US has continued to prioritize its political agenda through the introduction of sanctions and utilization of aid delivery as a political tool, both of which are working to facilitate the ongoing public health crisis in the country.

Since 2014, the US has imposed over 43 individual sanctions on the Government of Venezuela, President Maduro, and Maduro's political allies (3). While so far ineffective in instigating political change, these sanctions have given President Maduro a scapegoat to blame for the country's problems [3]. Maduro is not entirely unjustified in doing this, as two sanctions have been particularly detrimental in preventing the government's ability to provide healthcare to the people of Venezuela since their introduction: Executive Order (EO) 13808 and Executive Order 13857.

EO 13808, introduced in August 2017, prevents the Venezuelan Government and its constituents, including the Ministry of Popular Power for Health (MPPH) and Petróleos de Venezuela, SA (PdVSA), from accessing the US market [4]. The impact of this was a decline in domestic oil production and a subsequent reduction in funding for the MPPH, which relies on PdVSA oil profits to fund over 90% of its budget [5-7].

Additionally, Venezuela relies on the import of essential medicines from the United States, such as insulin [8]. The introduction of EO 13808 did not allow these purchases to be made through the MPPH or government-run programs [9]. While there are broad exemptions to these sanctions that allow for continued humanitarian assistance in the form of food, medicine, and medical devices, EO 13808 has complicated financial transactions from US-based aid organizations to health programs run by the MPPH [10]. The total estimated health impact of EO 13808 alone is estimated to be 40,000 additional deaths per year [11].

EO 13857, introduced in January 2019, prevents the Venezuelan government and its constituents from accessing over \$17.6 million in foreign assets, which could be leveraged to stabilize the economy [4,6]. Venezuela is currently experiencing hyperinflation at over 45,000%, and everyday commodities such as baby formula cost approximately \$3,000,000 Venezuelan bolívares [2]. This price is equal to more than two monthly minimum wage salaries in the country [2]. Hyperinflation has not been an uncommon occurrence amongst South American countries; however, in all cases, the problem was fixed by the government undergoing fiscal reforms using funding from natural resources and foreign assets [6]. The facilitation of Venezuela's economic crisis by EO 13857 has additionally contributed to the emigration of Venezuela's healthcare workforce. To date, over one-third of registered physicians from public hospitals have left the country due to low wages [10]. If these sanctions have not served their purpose of removing Maduro from power and are facilitating a humanitarian crisis which the US has spent aid money trying to rectify, why are they still in place?

The United States has been direct about their goal to have American-owned oil companies operating in Venezuela [3,6]. However, Maduro has been in strong opposition to US intervention in Venezuelan oil and has denied aid from the US Government and American NGOs in fear that it would be used to further US oil interests and contest his presidency [6,11]. The United States Agency for International Development (USAID) has responded by diverting funding away from UN agencies with well-established aid delivery programs in Venezuela due to concerns that these agencies are in support of the Maduro Government [12]. Instead, USAID has chosen to fund local Venezuelan NGOs with limited ability to address the country's health crisis due to their lack of infrastructural capacity [12]. Additionally, a report by US Foreign Disaster Assistance (OFDA) found that these local NGOs may not comply with the legal requirements needed to accept USAID [12].

In a show of military strength disguised as a humanitarian intervention, USAID entered a deal with President Maduro's opposition, Juan Guaidó, to deliver 368 tonnes of aid into Venezuela through the Colombian border on February 21st, 2019 [12]. With his fear of US aid being used to dismantle his presidency realized, Maduro deployed the Venezuelan security forces to the border [12]. A clash between security forces and USAID workers ensued, leading to the destruction of \$34,000 of aid commodities [12]. The utilization of aid in this manner was in direct violation of the US State Department's Foreign Affairs Manual, which states that USAID must follow the humanitarian principles of impartiality and neutrality [12]. In addition, the use of military aircraft to deliver aid was unjustified as commercial flight options were available and were priced at less than half the cost [12]. Further violations were committed as USAID is meant to provide aid based on needs assessments, although included in the 368 tonnes of aid were ready-to-use meals that were deemed unnecessary based on needs assessments conducted by OFDA and Food for Peace [12].

Additionally, due to the expectation that President Maduro's Venezuelan security forces would be irreceptive to aid being delivered in this manner, USAID decided to divert 360 tonnes of aid to Somalia and only attempt to smuggle 8 tonnes into the country [12]. If the US wanted to prioritize the delivery of humanitarian aid, impartial UN agencies of which President Maduro has been historically receptive could have been used as a channel through which to deliver all 368 tonnes of aid to the Venezuelan people.

As is the case with the United States in Venezuela, it may not be possible to pursue both a humanitarian and a political agenda through a common mechanism, as is the case with sanctions and aid delivery. Nevertheless, the global health community must work to depoliticize humanitarian aid provision to uphold the humanitarian principles set out by the UN Human Rights Council of neutrality, independence, and assistance free from any political agenda [8].

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