
VENEZUELA



Capital: Caracas
Area: 912,050 km²
Population: 19,455,429 (1990) (a)
Population density: 21.3/km²
Urban population: 88%
Per-capita GDP in US\$: 3,250 (1988) (b)
Life expectancy at birth: 70 years (c)
Infant mortality rate: 35‰ live births (1990) (d)
Illiteracy: 14.3% (1990) (e)
Population under poverty line: 46.2% (f)
Human Development Index 1992: 0.833 (44th) (g)¹

Political instability and poverty— threats to democracy

Venezuela has not escaped the economic and social crises that affected Latin America in the 1980s and early 1990s. Nevertheless, the nature of the crisis and the features of the Venezuelan sociopolitical system cannot easily be described without discussing oil, a product that in 1990 represented 70% of the country's exports and which is consequently the most important source of Venezuela's foreign exchange revenue.

In the 1970s the rise in oil prices on the world market resulted in a strong increase in foreign exchange revenues. High oil profits underlay the democratic stability that began in 1958 and enabled the development of an economic model characterized by a strong rise in the gross domestic product (GDP), accelerated urbanization, and

the development of the service sector. The state experienced major growth and acted as redistributor of oil profits by creating jobs through the broadening of its social policy and by establishing large subsidies to keep prices stable and basic products accessible to the poor. Confidence in the continuance of the oil boom justified recourse to international credit, and the external debt rose markedly.

In 1982, oil prices dropped and Venezuela faced a debt crisis. In June 1983 the country defaulted when it suspended payment of \$5,000 million in interest and amortization on its \$37,000 million debt. The economy entered a severe recession, which has been worsening since 1986. The high rate of inflation and the sharp decline in

real wages resulted in widespread worsening of the living conditions of the poor and middle class.

In 1989 a new administration headed by Carlos Andrés Pérez took office. It undertook a drastic austerity plan agreed upon with the International Monetary Fund (IMF), which brought about large cuts in public social expenditures and increases in the prices of basic products when state subsidies ended. The decline in the standard of living felt by the population as a result of inflation and job contraction reached a level previously unheard of at the start of 1989. In consequence, 25 days after the inauguration, the most serious urban revolt in the recent past took place. This explosion of popular anger, accompanied by riots and store looting, which was violently repressed by the army, was later referred to as the "Caracazo."

Three years later, these measures permitted the recovery of macroeconomic indicators, which led to a 9.2% increase in the GDP in 1991, though at a very high social cost. Poverty now affecting almost half of the country's population, urban marginality, communal violence engendered by the economic crisis, the political system's decline and inability to respond to the population's needs and demands, and rampant corruption are problems related to the coup attempts the country experienced in 1992 and sound an alarm for a democracy resting on a base of poverty and neglect of the basic human needs of a large part of the Venezuelan population.

The employment situation, labor market, and impact of the informal economy

The most significant features of the Venezuelan labor market in recent years have been the increasing influence of the tertiary sector, which already represents 60% of the economically active population (EAP), the informal economy, and the rising participation of women in it.

According to data from the 1990 National Population and Housing Census, the country's EAP comprises 58.2% of the population over the age of

15. The major growth of the EAP has occurred in the informal economy which, in 1990, accounted for 40% of the EAP.²

Provisional 1991 data on the work force indicate that 72% of the new jobs created in the country were in arts and crafts, sales, and domestic service; only 13.5% were professional or technical, and 8.6% were office work. In other words, the work force is growing mostly in nonproductive sectors, which is considered unfavorable because of the loss in general productivity and its negative effect on wages. Another significant feature, which is related to the foregoing, is the notable increase in women's participation in the EAP and the ever-decreasing proportion of male workers.

It is estimated that 54% of workers in the urban informal sector (UIS) are self-employed and 28% (mostly women) are domestic employees.

There are various institutions in the Social Security System, the most important of which is the Venezuelan Social Security Institute (IVSS). Social security covers social benefits, medical care, and workers' disability and retirement pensions. Since 1989, unemployment insurance has been included in the system as one governmental action to deal with the decline in workers' living conditions. This insurance covers 13 weeks, however, and like the other benefits applies only to the affiliated population (37% of the EAP). The 40% of the EAP who are self-employed or work in the informal sector are not covered.

The poverty situation in Venezuela

Most workers' wages are at the minimum living wage or below it. In 1986 that was 2,000 bolivars, or \$32; 41% of the EAP received wages equal to or less than that amount. In 1990, the minimum wage was 6,000 bolivars. Almost half of the EAP earned between 5,000 and 9,000 bolivars, while 30% earned less than 5,000 bolivars.³ Starting in 1980, the buying power of wages fell because of inflation. In 1989 alone, wages' real value dropped by 30%, the greatest

decrease in 40 years, while consumer price indices rose by 84.5%. Inflation reached 81% in the same year.⁴

This income structure is obviously reflected in the population's living conditions and poverty. The 1980s saw a significant increase in the latter. From 1981 to 1988 the proportion of the population in that situation rose from 15.8% to 31.3%, and it reached 46.2% in 1990. The severe measures initiated in 1989 worsened the situation of the poorest and help explain the major expansion of poverty in 1989 and 1990. The adjustment eliminated a large number of indirect subsidies that the Government had been providing. In 1990, the proportion with unmet basic needs was 41% of households and 46.2% of the country's total population. Extreme poverty was the daily reality of 19.6% of households and 23.3% of the country's population. Extreme poverty is more prevalent in rural areas since it affects 56% of the population and 50.1% of households in the countryside.⁵

Faced with these conditions, the state has created various programs, such as the National Employment Plan, and others of a compensatory nature, through direct subsidies such as the unemployment insurance noted above and "food scholarships" for preschoolers and primary school students in rural and marginal areas. The latter, massive in nature, covers 1.7 million children throughout the country, though it has not reached the poorest children since they do not attend school. Its implementation has been impeded by slowness and bureaucracy, however.⁶ According to official figures, these programs have reached more than 5 million people, but they have retained their charitable character.⁷

Health, nutrition, and environmental sanitation

The Venezuelan health system depends mostly on the state, though the private sector tends to gain importance every year. In 1985, 70% of health services were provided by the public sector through a multitude of varied state agencies. In

1987, a law creating the National Health System was promulgated to coordinate services. It is still not functioning effectively, however. The IVSS is the agency that administers social security programs, whose coverage increased from 24% to almost 50% of the EAP between 1970 and 1980. The increase slowed down during the 1980s, as in 1988 coverage was 54% of the EAP. In 1980, social security costs represented 1.3% of the GDP. Achieving 100% coverage would mean an expenditure of 2.9%.⁸

In the 1965-1985 period, the number of public hospitals grew by 33%, whereas private ones increased by 123%. Although private hospitals represent 57% of the total, they provide only 23% of the country's hospital beds. Between 1980 and 1990 the number of hospital beds decreased from 27.5 to 24.3 beds per 10,000 persons. Distribution by state is very uneven. The number of beds in the Federal District was 5.4 per 1,000 persons, but it was less than 1.5 per 1,000 persons in the states of Apure, Barinas, and Portuguesa, and the federal territory of Amazonas. Human resources increased, however. In 1980 there were 10.8 physicians per 10,000 persons, and in 1989 there were 16.9. At the end of the decade there were 20 nurses and auxiliaries per 10,000 persons. It is thought that the number of nurses is low compared with the system's needs.

Health services are basically oriented toward hospital care. There is a tendency to reduce outpatient care in favor of large hospital centers. Preventive medicine and primary care are almost nonexistent, with the exception of mass education campaigns triggered by the threat of epidemics like dengue or cholera, or of continuous vaccination campaigns, as in the case of polio. Concentration of services in hospitals has led to an excess of patients and to facilities' constant saturation. The quality of services is consequently poor. The lack of preventive policies when the population's living conditions are declining is at the root of the resurgence of communicable diseases in 1991. In that year alone there were more than 6,000 cases of dengue, with nine deaths, 41,170 cases of malaria, and 15,000 cases of viral hepatitis, with 37 deaths. Cholera has appeared in the country,

with 58 cases and three deaths, and caused the western region to be declared in a state of health emergency. It is feared that the disease may occur in Caracas, which could have very serious consequences in view of the number of people who might be affected.

Health expenditures averaged 5.8% of the national budget from 1980 to 1990, but in both per-capita expenditure and proportion of GDP they suffered one of the sharpest declines in Latin America and the Caribbean. Per-capita expenditures fell from \$148.70 to \$36 in constant 1980 dollars, and as a proportion of GDP dropped from 3.6% to 1.2% during the decade.⁹ This has caused an almost constant state of budgetary shortfall, which explains the low pay of health workers and the almost continuous labor conflict in this sector. In this context, privatization of health services has become an agenda item in national political debate.

In the long term, the health indicators of the Venezuelan population improved considerably during the past decade. Life expectancy at birth is 67 years for men and 73 for women. General mortality has also diminished and is increasingly concentrated in the over-70 age group. In 1985-1990, 42% of deaths were in that age group. The leading causes of death in 1988 were cardiovascular diseases. In second place were cancer in women and accidents in men. Of note is that suicides and homicides were the leading cause of death in men aged 15 to 24 years in 1988. Cerebrovascular diseases were the third cause of death in men and the fifth in women. Diabetes mellitus became one of the 10 leading causes of death in men and women.¹⁰ Despite efforts to contain it, malaria continues to be a major endemic disease. There were 46,300 cases in 1988 and 43,000 in 1989, mostly in the south (in the state of Bolívar, where two-thirds of the malaria cases occurred), the west (the states of Apure, Táchira, and Zulia, and the federal territory of Amazonas), and the east (Sucre State), in the first because of the mining population's mobility and in the third because of the vector's characteristics. Though cholera has appeared in Venezuela, it has not reached the levels in neighboring countries. As of

December 1991, only 13 cases had been reported.¹¹ Between 1985 and 1988, 2,500 cases of leishmaniasis were detected yearly, especially in the states of Trujillo, Sucre, Miranda, and Lara.¹² As of 1991, 1,573 cases of AIDS and 874 deaths had been reported, but there is no information on the estimated number of HIV-positive persons in the country.¹³

Maternal mortality has declined in the past two decades, to 0.8% of female mortality, and is no longer one of the leading causes of death in women. Clandestine abortions continue to be a major cause of maternal mortality, however, especially in the 15- to 24-year age group, in which complications of pregnancy, delivery, and the puerperium are the fourth cause of death.¹⁴

Infant mortality decreased to 35‰ live births in 1989. In the same year, mortality in children under 5 years of age was 44‰ live births. Some states (Barinas, Trujillo, Miranda, and Portuguesa, and the federal district of Delta Amacuro) are 10 to 15 points above the national average which, according to Pan American Health Organization (PAHO) data, was 26‰ live births in 1986. The greater infant mortality in those areas reflects their populations' poorer health conditions.¹⁵ Diseases characteristic of early childhood and diarrheal diseases have become ever less important as causes of child mortality. The rate of decrease in infant mortality is ever slower, however, which might indicate that progress in the population's social and health conditions is stagnant. Despite its decrease, gastroenteritis is still high in infants less than two years old. Between 180,000 and 200,000 cases a year were reported in 1985-1988. Though it is preventable, measles continues to be an important health problem since 13,000 to 20,000 cases were reported yearly in the 1985-1988 period.¹⁶

In the 1980s, drinking water and environmental sanitation coverage worsened because, according to 1981 and 1989 official data, services could not keep up with population increases. In 1981, 65% of the population were served by water mains and 52.7% by sewers. These proportions were 62% and 49%, respectively, in 1989.¹⁷ In addition to these figures, it is important to note

that the main cities, especially Caracas, are subject to continuing water restrictions and rationing because—among other reasons—of network deterioration and inadequacy.

The refuse collection service was privatized some time ago. The results have been very unsatisfactory, both in the cleanliness of urban centers and workers' occupational conditions, as a result of which the possibility of transferring management of this service to municipalities for greater efficiency and decentralization is being discussed.

Various studies have shown that in recent years the population's nutritional status has worsened, especially in marginal and low-income neighborhoods.¹⁸ Consumption of protein, meat, eggs, milk and its derivatives, legumes, and cereals decreased between 45% and 68% from 1983 to 1989. The incidence of malnutrition is seen in the anthropometric indicators of the 0- to 10-year age group. Nationally, 8% of children in that age group were deficient in the height-weight ratio and 29% in the height-age ratio. There are major differences according to sex (women having greater deficiencies than men in height-weight), area of residence (greater deficiencies in rural areas), and social and economic class (to the detriment of low-income people).

In the 1987-1989 period, according to the National Nutrition Institute's Nutritional Surveillance System, the situation worsened significantly. In 1987, 72.5% of children could be categorized as nutritionally "normal," but in 1989 only 66.5% could be so classified. The proportion of children "above the norm" rose from 13.8% to 19.1% in those two years, which indicates that obesity and overweight have become a public health problem. The proportion of children "below the norm" increased from 13.8% to 15.2%. Serious nutritional deficiency affected 0.2% of children in 1987 and 0.7% in 1989. Finally, up to 1987 the proportion of low-birth-weight children dropped to 8.9%, but in 1987-1989 it again increased to 9.5%.¹⁹

The worsening of nutritional conditions is directly related to the steady increase in prices of staple products and the parallel decrease in real

wages, both of which are consequences of the high inflation rates afflicting the country. Food and beverage prices rose by 125.8% in 1989, 41 points above the consumer price index and 45 points above inflation. As might be expected, the poorest were those most affected by such increases. Together with fuel and transportation costs, high food prices have been the cause of the numerous protests occurring in the country.

The backdrop of this situation is the country's great dependence on food imports, Venezuela being one of the largest importers in Latin America. Moreover, this situation has become more serious during the past two decades. Between 1970 and 1990, the proportion of imported foods in total consumption increased from 33% to 41%.²⁰ This increase was mostly in cereals since, between 1980 and 1990, the proportion of imported cereals in total consumption rose from 19% to 45%.²¹

Housing conditions, basic services, and urban marginalization

Urban development policies in Venezuela have been unstable and uncoordinated, which has produced disorderly growth of the main cities and a crisis in services. Caracas is a good case in point. As in other cities in Venezuela, it is estimated that half the population of metropolitan Caracas lives in illegally developed areas and in dwellings that are self-built, at least initially.

The 1990 survey classified 16.1% of the country's dwellings as unacceptable. This classification applied to dwellings built with plaited cane and mud, baked clay, reeds, palms, wood, tin, straw, cardboard, or similar materials. These figures may be conservative since only 22% of dwellings in rural and 75% in urban areas had plumbing, sewerage, and electricity. Thirty-three percent of the dwellings in rural areas lacked these three services, as opposed to 8% in marginal urban areas, despite the increase in marginal sectors. "Superblocks" are yet another problem related to the scarcity of living quarters. Decades

ago, the Government built these huge housing complexes for people with low incomes. Many of these mass "superblock" communities have become the property of tenants, which means that in many instances buildings have deteriorated greatly for lack of maintenance.

The construction industry is suffering from a major recession because of the economic crisis and related adjustment measures. This, added to high land prices and the increase in demand caused by population growth, has led to a sharp increase in the cost of housing and leasing. The Government promulgated a Housing Policy Law under which employers' and workers' contributions were to finance the construction of dwellings to meet the estimated deficit of 1 million houses. Though the private sector believes that this law has reactivated the real estate sector, the law is much criticized because low-income dwellings are not being built.

Housing price increases and growing poverty has given rise to illegal squatting. There have also been instances of nonurbanized areas settled by families displaced by local governments elsewhere. Confronted with this reality, the Government developed several policy programs through its National Housing Institute. One, which the Government considered of priority importance, was the Neighborhood Consolidation Program, which aimed at solving the problem of land ownership by awarding ownership to those who built privately on publicly owned property. This program has not significantly advanced, and many think it is a stimulus to build illegally in other parts of the country.

In the last 10 years, marginal neighborhoods have increased by 105%. By 1989, 3,769 neighborhoods housing approximately 56% of the urban population had been consolidated in the city of Caracas alone.²² Living conditions in these neighborhoods are extremely harsh. Most are in the hills surrounding the city, which makes transportation problems very acute. Except in the older neighborhoods where the Consolidation Program was able to solve some of the most pressing problems, community services like telephones do not exist. There are no health

centers, and public lighting, when it exists, is deficient and overloaded because many dwellings are illegally connected to the power network. The refuse collection service functions only sporadically, as a result of which streets and streams are used as uncontrolled dumps and become a persistent focus of diseases.

Marginal neighborhoods are prey to violence. A review of reports in the communications media shows that approximately 17 violent deaths occur each week in the marginal neighborhoods.²³ Much of this violence is caused by juvenile gangs. In this context, neighborhood self-defense organizations have emerged as a popular survival strategy. The state's response has often been indiscriminate repression, which has led to abuses against the population

Education in Venezuela

In 1990, illiteracy rates were 6.25% and 24.7% in urban and rural areas, respectively, and 10% among the poorest groups. The National Literacy Commission has estimated that there are close to 4 million illiterate people in Venezuela, 2.8 million of whom are functionally illiterate.

The state is fundamentally responsible for all formal education in Venezuela, from preschool through university. Although preschool education was made compulsory in the 1970s, the attendance rate is less than 50%. The resources allocated to that level by the Ministry of Education do not exceed 8% of the departmental budget.

Basic education consists of two cycles, one from the first to the sixth grade and the other from the seventh to the ninth grade. Both are compulsory. The school attendance rate reached its highest level (81.7%) in 1986, which means that almost 20% of the population between the ages of six and 15 are outside the school system. In the first cycle, 83% of those enrolled complete sixth grade, which is an indicator of severe school failure. The school dropout rate in the 1980s was around 7.5%, though since 1988 there has been a decrease in dropout by children in grades one to three and an increase among children in grades

four to six. In the second cycle, the school dropout rate was 20% and only 69% of the students enrolled graduate.²⁴

The Presidential Commission on Children's Rights noted that 75% of the children enrolled in the basic cycle were repeaters or dropouts, which brought the average age of graduation from the sixth grade to 12.8 years.²⁵ In themselves, these figures highlight the lack of educational quality and the pressures on the school system caused by the crisis. To this must be added the difficult situation of teachers because of budget restraints brought about by adjustment policies. All this translates into major labor conflicts in this sector.

Intermediate education is the level which has seen the greatest matriculation expansion in the past 30 years, but even here there has recently been a reduction, which in 1989 was 39% of the school-age population.

Higher public education is suffering from severe budgetary deficits, which have led to a reduction in coverage and a restrictive allotment policy. At the same time, private university centers have emerged, which indicates a trend toward privatization of higher education.

The situation of women

As a consequence of the crisis, many women, especially in poor urban areas, have joined the formal and informal work force to bring their families' incomes up to subsistence levels. This has met with difficulties: the number of women who seek employment for the first time is almost three times higher than that of men.²⁶ Of note is the significant number of divorced, separated, or abandoned working women who are heads of household. Paternal desertion of the home is often the cause of this situation, and paternal irresponsibility, though serious, is deeply rooted in the culture of the country. The number of women heads of household who take on responsibility for the family group by themselves increases daily.

Eighty percent of formally-employed women work in the tertiary sector. More women are

employed in the public (49%) than in the private sector (29%), and in some categories such as "professional, technical or related" jobs, "office jobs or related," "service jobs," or domestic positions, women even outnumber men. Nevertheless, in these and other categories, women occupy the less skilled jobs.²⁷ Primary school teaching is also an occupation associated with women (85%).

More than half of the women in the informal sector (53%) are domestic employees. Also, more than half of them (51%) earned less than 3,000 bolivars (approximately \$48), whereas only 19% of men had incomes equal to or less than that amount. Although the principle of equal pay for equal work theoretically prevails, the greater concentration of women in jobs of lower status and remuneration is well known. That is why women's average wages in 1990 were only 87% of those of men.

In education, the participation by sex is more or less equal in primary education. In secondary school, women's participation is greater (55% of matriculation). Though university teaching continues to be a mostly male area (three out of four instructors are men), there has been a growing attendance of women in universities.

As noted above, although maternal mortality has greatly decreased, abortions were the fifth cause of death in women in 1988 (18% of maternal deaths). These figures are only the tip of the iceberg since abortions are largely unreported because they are illegal in the country, except in cases of danger to the mother's life (not her health).²⁸ Of note is the fact that abortions and pregnancy-related complications are the main reasons for women's hospitalization, which increased still further between 1975 and 1985 to the respective proportions of 38% and 43% of all hospitalizations.²⁹ It is important to stress that most women who die from septic abortion or are hospitalized for that condition come from the poorest strata of the population. The figures above apply only to public hospitals since private clinics, where abortions are performed under better conditions and with specialized medical care, do not report such activities.

These facts most certainly underline the existence of a problem that is not only medical but also social. The denial of women's right to voluntary maternity is, in practice, discriminatory—and even fatal—for women who lack the means to seek an abortion under adequate medical conditions. It is also a fact that the practice of clandestine abortion represents a lucrative business for some entities and physicians

The coverage of official family planning and contraceptive services, though provided through an increasing number of centers, reaches only 13.8% of women of reproductive age (556,854 visits in 1989). There is no objective state sex education policy free of moral and religious overtones.

The participation of women in social and political affairs has increased in both governmental and popular and nongovernmental organizations (NGOs). Close to 80% of the members of neighborhood, condominium, and other associations are women, though this fact cannot be confirmed. Women's participation in human rights organizations is also very significant

Venezuela has ratified almost all international norms protecting women, though only a few laws have recently been adapted thereto; examples are the new Organic Labor Law and the Civic Code, revised in 1982. The Penitentiary Law, the Penal Code, and other laws remain discriminatory, as does the draft revision of the Penal Code.

The situation of children and youth

Approximately 57.3% of the Venezuelan population is under 24 years of age, and 47.9% is under 19. In addition to educational, nutritional, and health deficiencies, a consequence of the economic crisis for children and youth has been early entry into the work force to contribute to family income. In many instances, this has meant giving up school or, for those who remain in it, little learning achievement

Children and adolescents often join the family business as "unpaid family employees" or partici-

pate in informal activities requiring little training but long working days, with low wages and overexploitation. Girls often act as substitute mothers and take care of their younger brothers and sisters. Girls are generally the first to quit school, which reduces them to a position of "domesticity," from which their only escape is marriage or maternity.

Though legislation prohibits employment of children under the age of 14 and only authorizes the employment of young people between the ages of 14 and 16 under specific conditions, this is not respected in practice. The illegal situation of such working youngsters often becomes a cause of exploitation. Twenty-one percent of youth under the age of 15 who are part of the EAP receive wages that are lower than the legal minimum.

Sixteen percent of households live in overcrowded conditions, which has very adverse effects on the psychological and social development of children living in them.

The National Children's Institute (INAM), formerly the Venezuelan Children's Council, is the agency responsible for children and adolescents under the age of 18 who are in a situation of risk. The latter covers abandonment, delinquency, workers, and those with special needs. No real diagnosis of abandoned children has been made but, according to some estimates, they number 2 million in the entire country.³⁶ According to 1989 INAM data, close to 600,000 children were surviving as "street children," encountering differing situations and degrees of abandonment. Though most of them have a fixed residence, they have quit school and spend most of their days in the street. In many instances, they are organized by adults who exploit them by means of begging or various trades, or who introduce them to delinquency.

Paternal abandonment and child abuse are often at the root of the large number of children in this situation. Sexual abuse of girls and adolescents by some adult male member of the family is a very common cause of their running away. This problem is paid little attention in the country.

INAM lacks policies and especially resources to deal with these conditions, but some NGOs are

conducting programs to care for marginalized children

A perception has grown that the extensive violence and delinquency prevalent in the country are caused by delinquent youth who, because they are under age, are subject to the Child Custody Law and are exempt from penal procedures and sanctions. Apart from the way this belief may be manipulated and the fact that it makes such youth "guilty," it is important to stress that this popular notion goes against the facts. Though the number of crimes committed by youth is rapidly increasing because of the economic crisis, unemployment, and gang warfare, they accounted for only 5% of the total number of crimes committed in the country in 1989.³¹

Youth are often the victims of sexual violence. Seventy percent of the victims of crimes against "good mores and good family order" are children, and 90% of them are girls.

There are no national data on drug consumption in the country, but the relationship between drug consumption, possession, and trafficking on one hand and juvenile delinquency on the other is well established. According to the commission on improper drug use, which is under the Presidency of the Republic, drug consumption is more prevalent among middle-class adolescents. The drug most often abused is crack (*bazuco*), which is considered very dangerous because of its poor quality. Other than repression and penalization of the traffic and consumption of drugs, there are no policies or programs to deal with the problem, especially in terms of prevention, rehabilitation, and reassimilation of drug-dependent persons in society.

Ethnic conditions and problems

The number of indigenous people in Venezuela is not precisely known. The 1982 Indigenous Census placed it at more than 140,500,³² but other figures range from 50,000 to 200,000 persons in 21 to 30 ethnic groups. Most of them are forest dwellers in isolated Amazonian areas. The country does not have norms that recognize

the cultural and land rights of such groups. Racism and discrimination are deeply rooted in the country. Consequently, indigenous people are not regarded as citizens and their fundamental rights as individuals or nations are not respected. Of interest is the fact that though the Intercultural Bilingual Education Decree was approved more than 10 years ago, it has never been implemented.

Indigenous cultural identity is threatened by the penetration of fundamentalist missions like *Nuevas Tribus* (New Tribes) and the Summer Institute of Linguistics. Anthropologists and indigenous organizations have denounced the latter's activities as ethnocidal.

Land rights were the cause of confrontations between landowners, security forces, and indigenous groups which, in some instances, led to massacres and assassinations of the indigenous people. The recent Environmental Penal Law exempts indigenous people from penal responsibilities when they act to defend their ancestral lands, which in certain cases could be interpreted as criminal. This law has been questioned by indigenous groups, however, because it was passed without their consultation and approval.

A large portion of the indigenous population lives in border areas, which makes it vulnerable to attacks from miners, drug traffickers, estate owners, and military forces in the areas. The communicable diseases transmitted by these groups, such as hepatitis B, are decimating the indigenous population. In the southern part of the country, bordering on the Parima and Pacaraima mountains in the Brazilian state of Roraima, *garimpeiros* of Brazilian and Venezuelan origin are endangering the Yanomami territory in Venezuela, not only through its invasion by gold diggers but also through contamination of surface waters and fish caused by the mercury the *garimpeiros* use. The *garimpeiros'* invasion has become a serious border relations problem between Brazil and Venezuela and has led to the militarization of the border. Along the western border with Colombia, many indigenous people have become smugglers to survive. Repression of these activities has often gone beyond prosecution of criminal activities, and has led to the killings of

indigenous persons by security forces, something that has yet to be clarified.

Violence and human rights in Venezuela: a difficult situation

Venezuela has been prey to an explosion of violence triggered by the population's difficult living conditions, which result from structural adjustment measures undertaken by the Government and international financial institutions. Common violence is the order of the day and creates a pervasive climate of insecurity. Popular protest outbreaks by the general public, teachers' associations, unions, settlers, and student guilds have at different times been violently repressed by security forces. Of international notoriety was the repression of the popular revolt of February 27, 1989, which caused between 246 and a thousand deaths, according to Government data and other sources.

In this context, reports by human rights organizations in the country indicate that many human rights are frequently violated.³³ This applies to the right to life, security, and personal integrity. Some reports indicate that between 1983 and 1988, there were 700 deaths in the western part of the country which were presumably attributable to security forces. Between October 1989 and September 1991, more than 200 deaths were reported that were attributed to the security forces.³⁴ There are also some reports of torture, though this is not widespread. Mass detentions or roundups, arbitrary arrests, and break-ins are also common, some of them a result of popular demonstrations and others of prosecution of common crimes.

It has been reported that the security forces act with impunity in these situations because courts do not make decisions regarding individual or collective responsibilities, as happened in the case of the "Caracazo" victims, despite the discovery of mass graves containing the victims of those events. Denial of the right to justice is also seen in other crimes, such as sexual ones (incest, rape,

or abuse), which, according to some studies, go unpunished in almost 50% of cases.³⁵

Popular protest demonstrations and acts are often violently repressed by law-enforcement forces, which has led to deaths, injuries, and numerous imprisonments, thus in reality denying the right to peaceful demonstration. As for freedom of expression and information, the situation is also troublesome, as seen in the case of the newspaper *El Expreso*, submitted in 1990 to the Inter-American Human Rights Commission (CIDH).³⁶

Indigenous groups have on many occasions also been denied their rights as a people and their right to justice, and are also subjected to discrimination. Such was the case of the Kariña community in the western part of the country when they wanted to recover their lands, and the case of the Wayaus in the border region of Zulia, who were accused of smuggling and lost some of their members at the hands of the security forces.

Common violence is part of daily life in Venezuela. Police officers in marginal areas and the frequent roundups have proved ineffective in controlling a problem deeply rooted in social and economic crisis and poverty. To counteract this police ineffectiveness, some neighborhoods have created their own "self-defense groups," which in some cases have taken justice into their own hands. The potential danger of these uncontrolled groups has been stressed in various media. Overcrowding and violent conditions in penal centers are serious. In 1990 and 1991 alone, there were 124 deaths in these institutions. Prisoners often wait for years to be tried.

The environment and vulnerability to disasters

Although 43% of Venezuela is still forested, indiscriminate tree felling caused by both timber exploitation and agricultural expansion has made deforestation a problem of some importance. Some areas like San Camilo and Ticoporo in the northwestern Andean foothills, which were formerly forest reserves, are today depleted and

subject to heavy erosion. They illustrate the danger of overexploitation of Venezuela's forests.³⁷

Venezuela recently approved the Environment Penal Law, which criminalizes acts dangerous to the environment such as air pollution and destruction and contamination of the environment, including surface waters and coasts. Also penalized is toxic waste handling in violation of prevailing regulations.

Venezuela is crisscrossed by geological faults which are potentially seismic, despite which the country has suffered few earthquakes of great intensity. Also historically infrequent are hurricanes and volcanic eruptions. Though they are of slight risk, some of these disasters could affect the country inasmuch as its Caribbean coasts are exposed to the impact of tropical storms and cyclones.³⁸

Floods are the most frequent disasters. The annual rainy season causes floods of small or medium magnitude as well as landslides. Human factors such as lack of prevention and environmental destruction are closely related to this type of disaster. The 1987 Limón River floods in the state of Aragua, for instance, resulted from both torrential rains and deforestation, diversion of the river, and urbanization of adjacent lands.

In the metropolitan area of Caracas and other cities in the country, "misery belts" have sprung up on hills and in gullies, i.e., often on very unstable soil. Almost all dwellings are built by their occupants and are put up without adherence to land and building codes. The unchanneled flow of sewage makes such land even more unstable. During the rainy season, landslides and cave-ins are frequent. These disasters create homeless people who are often relocated in other areas even farther away, which worsens their marginalization. Such is the case with the populations of Nueva Tacagua and El Cartanal.

Civil Defense is the state agency responsible for preventing and responding to disasters. It is under the national executive and coordinates its activities with those of the Armed Forces and fire departments, and organizes the activities of voluntary institutions like the Red Cross and radio

hams. The preventive activities of this agency are limited to providing security at beaches and preventing traffic accidents. There is practically no educational activity. There are anti-earthquake and safety regulations (the Covenín Standards) which apply to dwelling construction, but they are ignored in the construction of a large number of the country's buildings.

The impact of international cooperation

The present administration gives priority to channelling international cooperation funds toward social policies, through its CORDIPLAN, an institution responsible for coordinating, programming, and evaluating the cooperation received and provided by Venezuela. External credit has enabled financing of the National Employment Plan and unemployment insurance. The World Bank (WB) also financed and provided technical assistance in conducting the Expanded Maternal and Child Program. It has been noted that this social priority responds to unrest in the population, as expressed in the February 1989 demonstrations in the streets of Venezuela. Although they have not yet been carried out, the Inter-American Development Bank (IDB) and WB financed the so-called "social megaprojects," which are aimed at providing drinking water, education, health, and social development services.

The United Nations System is represented in the country by its Fund for the Development of Women (UNIFEM), Fund for Population Activities (UNFPA), Food and Agriculture Organization (FAO), Industrial Development Organization (UNIDO), Environment Program (UNEP), Fund for Drug Abuse Control (UNFDAC), and High Commission for Refugees (UNHCR). The United Nations Development Program (UNDP) is the most important agency in the country since it represents 50% of the funds contributed by the United Nations. Together with the Government, UNDP conducts programs supporting industrial reconversion, adherence to the General Agreement on Tariffs and Trade (GATT), development of the

Venezuela

cooperative movement, execution of the structural adjustment program, and state reform.

Venezuela is not only a country that receives external aid. During the 1980s it provided oil at

concessionary prices to other countries in Latin America, and particularly Central America, in support of the Contadora and Esquipulas peace process.