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THESIS APPROVAL

The abstract and thesis of Steven John Bates for the Master of Science in Conflict Resolution were presented October 7, 2009, and accepted by the thesis committee and the program.

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ABSTRACT

An abstract of the thesis of Steven John Bates for the Master of Science in Conflict Resolution presented October 7, 2009.

Title: Red de Salud — Network of Health: Structural Violence, Exclusion and Inclusion in Venezuela

This thesis is a study of the socio-economic changes in the Bolivarian Republic of Venezuela since the new government came into office in 1999. The research hypothesis for this thesis is that the changes and parallel socioeconomic structures being implemented in Venezuela since 1999 have decreased structural violence, and have provided more inclusion for previously excluded people. As the methodology used is qualitative, utilizing textual analysis to conduct a case study, academic journals from the fields of conflict resolution, sociology, political science, public health, cultural studies and economics were relied upon for the most part. This study of structural violence and exclusion has necessitated the contextualization of the

situation, and as such, neoliberalism as a major influence has been discussed to aid in understanding and drawing conclusions. The results indicate that the changes and parallel socioeconomic structures being implemented in Venezuela since 1999 have decreased structural violence, and have provided more inclusion for previously excluded people.

RED DE SALUD —
NETWORK OF HEALTH:
STRUCTURAL VIOLENCE, EXCLUSION AND INCLUSION
IN VENEZUELA

by
STEVEN JOHN BATES

A thesis submitted in partial fulfillment of the
requirements for the degree of

MASTER OF SCIENCE
in
CONFLICT RESOLUTION

Portland State University
2009

This thesis is dedicated to the people of the Bolivarian Republic of Venezuela. May they continue their healthful and peaceful revolution. A sincere thank you for showing us a better world is possible. This thesis is also dedicated to my wife Joan E Bates. Without her patience, intelligence, and encouragement this thesis may never have been written.

Thank you Joan E for being here.

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Introduction

There have been dramatic socio-economic changes in Venezuela since the new government came into office in 1999. Tensions have been very high within Venezuela, and as Venezuela is an international actor, international tensions have repeatedly flared since 1999 as well. Difficulties due to distance and language have made understanding what has been happening in Venezuela challenging. This thesis aims to add to the literature with the goal of helping to clarify the situation to assist in further analysis and understanding. As this is a study of change in social structure since 1999, there was a necessity of discussing what the situation was prior to 1999, what contributed to the changes that have taken place, and what those subsequent changes have been. This implies, and demands, detailed discussion of not only the socio-economic and historical context, but also the international influencers of the changes. Due to historical, distance, and language barriers, as well as the necessity of documenting statistical facts available in the literature, the methodology chosen is particularly well suited to this thesis.

This thesis is a journey from the present, to a time in the not too distant past, and back again to the present. It is also a journey from where we are, to places many have never been, in hopes that it will bring us back home to where we are: here and now, in the world with others. This is not just a collection of statistical facts, although many will be found here. It is hoped that the references to statistics, populations, and classes will not obscure the fact that it is individual people whose

lives have been affected. It is not a journey in uncharted waters (although it may be for some). Some insight may be essential to stay the course, as there are many reversals in orientation that may confound us, but there are hopefully enough signposts or buoys along the way so that insight and numbers are never removed from the current that carries us along our way.

Chapter One

Literature Review

There was a wide array of literature to be drawn from for this thesis. The seminal work of Johan Galtung (1969) was essential in establishing a foundation from which to clarify the characteristics of structural violence as inequalities in distribution of food, medical care, education, life expectancy, income, and other factors. Stressing that violence is committed when resources are withheld that could provide basic needs, only adds to Galtung's position that such exclusion is fundamentally social injustice. Opatow (2001), as well as Winter and Leighton (2001), drew from and built upon Galtung's seminal works to further clarify structural violence and exclusion.

The long career of epidemiologist Milton Terris (1975) clarified and expanded the meaning of health as not just physical and mental well-being, but that health includes and requires social well-being also. His later work provided an essential historical perspective, as he pinpointed in time (1980s during the Reagan era) and place (the U.S.) for a major shift in the value of healthful well-being. Dr. Terris was adamantly anti-neoliberal, and his concern for the people in developing nations, including specifically Venezuela, helped immensely in drawing a timeline, and also in clarifying the source of concern.

In 1978, the International Conference on Primary Health Care in Alma-Ata, Kazakhstan, promulgated the Declaration of Alma-Ata, which is of particular

importance as that document called for a worldwide social and economic reorientation to provide health for all. That document essentially spans the entire period covered in this thesis, connecting the past and the present, and its importance cannot be overstated. The Pan American Health Organization [PAHO] (2006) report, regarding Mission Barrio Adentro in Venezuela, historically ties the development of that mission, and the socioeconomic reforms that began in Venezuela in 1999, directly to the 1978 Declaration of Alma-Ata. That Mission, founded upon the values explicit in the Declaration of Alma-Ata, has been implemented in Venezuela, changing the fundamental social structure of Venezuelan society for many millions of people in that country. Arachu Castro (2008), assistant professor of Social Medicine in the Department of Global Health and Social Medicine at Harvard Medical School, conducted research for the PAHO report, and her individual analysis was also helpful.

Babb and Chorev (2006), Schuyler (1996), Figueroa (2006), Tuman and Emmert (2004), Lander and Fierro (1996), and others, pinpoint and further clarify the well known *neoliberal shift*, or critical juncture, and the *new international economic order* that changed the face of health care not just in the U.S., but around the world, including Venezuela. While Stiglitz (2002) provides an essential historical and World Bank insider's perspective on the International Monetary Fund's devastating effects on developing nations.

Many journal articles by Latin American authors add to the documentation of

the pre and post 1999 period, giving a reliable description and assertion of the situation as it developed and changed. Statistical evidence is obtained from the ongoing data available from the Economic Commission for Latin America and the Caribbean (ECLAC), the Center for Public Research (CEPR), the government of Venezuela, UNICEF, WHO, international banks, and others. The literature is strong, and statistical evidence and perspectives on events are reiterated and verified from reliable sources which clearly document and tell the history that has taken place. Reaching from the neoliberal shift and agenda orientation, through the structural adjustment policies of the International Monetary Fund (IMF), the *Caracazo* (a violent uprising in Venezuela in 1989) is documented in the academic literature, as well as by the Inter-American Court of Human Rights in 1999. The changes that have been implemented since that time have been dramatic and well documented, not just in Latin American academic journals, but in academic journals in the United States and other countries. Anecdotal reports from Venezuelans were found in the 2006 PAHO report and other documentation. Philosophical texts, in particular Paci (1972), provided some essential elucidation of philosophical concepts drawing from the works of Husserl and Marx. It was a welcome surprise to find such a wealth of information in such diverse fields, countries, and perspectives from which to draw.

Chapter Two

Methodology

The methodology for this thesis is that of a qualitative study utilizing textual analysis to conduct a case study. The fundamental research hypothesis for this thesis is that the changes and parallel socioeconomic structures being implemented in Venezuela since 1999 have decreased structural violence, and have provided more inclusion for previously excluded people. Comparison of the pre-1999 period with the post-1999 period was necessary. While the fundamental approach was qualitative, significant publicly available quantitative data was utilized during the investigation and analysis. The statistical data available from the Economic Commission on Latin America and the Caribbean (ECLAC), UNICEF, and the Venezuelan government, have proven to be invaluable in this regard. The conclusions drawn rely on both qualitative and publicly available quantitative reporting. Though important and valid conclusions could be drawn by relying on either the available statistical data or the available social analyses, it is felt that a more substantial footing was gained by utilizing both. This is to say that a more well-rounded, or holistic, approach was found to be useful, if not essential, to come to a reliable conclusion. Given the historical, contextual nature of this inquiry, a case study utilizing textual analysis was the appropriate approach. The following brief discussion of the information required for coming to a reliable conclusion will explain why this is so.

This is a study of structural violence, relying on comparison of inclusion, or lack thereof, prior to 1999, with the possible increase or decrease of inclusion subsequent to socioeconomic reforms set in motion in 1999. The reason for choosing 1999 as the pivotal point in time is that there was a change in government administration in Venezuela at that time, as well as a new constitution during that year. The new government ran for office on an overtly anti-neoliberal platform, and it clearly promised more inclusion for previously excluded people. The new constitution approved by majority voter referendum also clearly states that such inclusion shall be provided and guaranteed by the State. The new constitutional guarantees are extensive in this regard. This thesis further sought to discover and document whether or not those stated intentions have become manifest.

As this is a study of inclusion of people in Venezuela over time, or more to the point, during one time as compared to another time, subjective reporting by the people themselves may seem, at first glance, to be sufficient for drawing conclusions. While subjective experience of the people involved is utterly important, conclusions drawn from such experiential reporting would, nonetheless, remain purely subjective and not necessarily provide a firm basis for those outside the situation to draw a reliable conclusion. This is not to denigrate subjective experience, but rather to point out a weakness in relying solely on such subjective reporting. Therefore, there is the need for including statistical data in this present analysis. Performing first-hand longitudinal studies beginning at a time prior to the

initiation of this thesis would be impossible, hence the need for researching and utilizing already existing data.

Furthermore, as this thesis seeks to determine whether structural violence and inclusion have increased or decreased since the reforms implemented in Venezuela in 1999, it may seem that, if inclusion is measurable, and since pre as well as post 1999 data is available, then one could simply compare the statistical data and draw an apparent definitive conclusion. In this limited regard, it may seem that a purely quantitative approach would suffice, using the 1999 changes as the independent variable and inclusion in social goods and services as the dependent variable. While such objective statistical data is to a large degree available from the aforementioned sources, and strong conclusions may be drawn from the data, such data nonetheless remains to a degree objective and isolated from the totality of the context of the situation and may not be conclusive. While objective data is an important source of information, without contextualizing the data, the numbers would remain just numbers. Hence, there was the need for including publicly available subjective reporting, already existing social analyses and reporting, as well as objective data in this thesis.

Subjective reporting by adults of their experiences of being more, or less, included in the benefits available in their society may certainly be helpful in drawing conclusions. Statistical data may seem to some to be redundant and inconsequential. But statistical data is also important as it may provide support for

such subjective reporting, or it could show a disconnect between subjective reporting and objective data that would demand further inquiry on both counts. No such disconnect appears between the subjective reporting and objective data in this analysis. Triangulation of data only adds to the strength and reliability of the information presented. Furthermore, by reviewing existing statistical data over time, there are patterns and themes that arise which serve as dots to connect, allowing a more cohesive picture to be drawn.

Subjective reporting provides a voice to be heard, validated, and relied upon. Those who are able to speak and articulate their experiences should be recognized as those who best know their own situation. Objective statistical data may serve well in this regard as possibly providing supporting documentation, or serving as a litmus test if one were to question the veracity of the subjective reports. The combination of the two, when in agreement, would seem to provide a strong substantiation of the facts and reality of the situation.

But statistical analysis, while perhaps seemingly impersonal and abstract, may *also* provide a voice for those who are unable to speak for themselves, for those who are not able to articulate their experience. One such instance is infant morbidity and mortality. Interviewing or surveying infants is of course impossible, but objective statistics such as infant morbidity and mortality rates may say much about the inclusion and well-being of those infants who cannot speak for themselves. There is statistical evidence of infant morbidity and mortality rates in

Venezuela for both the pre and post 1999 pivotal point in question. Surely if those rates show a change, especially a significant change (though even one child who lived or died may be sufficient to make the point), then an important conclusion may be drawn in regard to the infants and their inclusion and well-being. A case study utilizing textual analysis was the best method for obtaining, analyzing, and reporting such data.

The convergence of subjective reporting and objective data would seem to be sufficient for the task at hand. But one could take the position that subjective reporting and statistical data during the pre-1999 period, as compared to the post-1999 period, was merely happenstance, or not sufficient for drawing conclusions regarding inclusion as attributable to the socioeconomic reforms that were initiated in 1999. One might say that what is needed for a truly firm conclusion is the validity obtained only by the reproducibility of the findings. Such a requirement may seem too stringent and perhaps unobtainable in regard to social change. Performing repeated experiments to test validity would not be appropriate or possible to answer the present research hypothesis. But we do have such reproducibility data to a degree for Venezuela: we have subjective reporting and statistical data which indicate the level of social inclusion and well-being prior to 1999. Social reforms were implemented in 1999, and we have subjective reporting and statistical data to show that inclusion and well-being changed following the implementation of those reforms. Unfortunately for the people involved, there was an abrupt interruption, if

not cessation, of the social reforms due to a coup, intermittent business owner lockouts, and doctors' strikes during the period 2001-2003. In short, the 1999 reforms were abruptly curtailed, allowing for analysis of the results of curtailing those reforms. During the period of curtailment there was a withholding of food, water, and sanitation services by the minority business owners, as well as a withholding of medical care by physicians, in an attempt to pressure the government to once again concede to minority private and corporate interests. As huge oil profits were, at the time, still being siphoned into minority and foreign pockets, there was dramatic loss in government revenue which was necessary to fund social programs, inclusion, and structural change. The well-being of millions of Venezuelans was abruptly affected corresponding to those socioeconomic events. Once the curtailment of the reforms ceased, and the 1999-initiated social reforms again gained momentum, subjective reports of well-being and inclusion again increased. The objective statistical data also show the abrupt change in well-being in regard to the availability of water, food, sanitation, as well as infant and child morbidity and mortality rates. A case study utilizing textual analysis allowed discovery and analysis of that reproduced effect. Subjective reporting, statistical data, and third-party analyses all indicate significant change in inclusion and well-being following the cessation of the curtailment of the 1999 reforms during the 2001-2003 period.

Subjective reporting, pre and post statistical data, and reproduced effects,

may seem to some to be sufficient for conclusions to be drawn in this thesis. But there is also the question of whether or not different observers are in agreement with what they have observed. There are numerous reports available from reputable physicians, political and social scientists, and government agencies, both inside and outside Venezuela, who have analyzed the events in Venezuela and provided conclusions regarding inclusion during the periods in question. Being able to access and utilize those reports was one of the major strengths of the case study approach.

Certainly first hand direct observation could have proven to be beneficial for this study. Subjective reporting, statistical data, and third-party analyses are important components to be sure, but direct observation without the filtering lenses of others, could have provided new information or nuances that may have gone unnoticed, deemed inconsequential, or possibly withheld for whatever reason. One of the weaknesses of doing a case study without direct observation, interviews, surveys, etc., is that one must rely on the data, findings, analyses, and opinions of others. The corollary of this is that there is a wide variety of sources from which to draw. Discovering themes and patterns that are prominent in the analyses of others may allow one to develop a more holistic picture of the situation, one that may be more complete than relying on one's own testing alone. Again, the case study with textual analysis is the best approach for addressing the research hypothesis.

Similarly, directly interviewing or surveying the people of Venezuela may

have allowed questions to be asked that weren't asked by those who recorded available subjective experiences. One of the weaknesses of doing a case study using textual analysis is that of not being able to develop specific questions for questionnaires and/or surveys. But then again, there are numerous articles and reports from organizations and people in a variety of countries who have interviewed and surveyed people in Venezuela and who have written about their findings regarding changes in structural violence and exclusion in that country. Latinobarómetro, the multinational survey organization in Latin America, has compiled significant amounts of information regarding citizen perceptions of democracy and inclusion in Venezuela. Unfortunately, the cost of obtaining that information was prohibitive for this thesis and data available second-hand from that particular organization was sparse.

This is a case study of events and conditions, and their resultant effects on structural violence and inclusion in Venezuela. As such, it is immediately contextual. But the context is not just the people in present-day Venezuela. The context is also historical, as it is a comparison of conditions of structural violence and inclusion prior to the reforms initially implemented in 1999. The historical context reaches further back though, as it is important to understand what people in Venezuela have been excluded from, and how, and some of the reasons why. The historical starting point in Venezuela for the main thrust of this thesis is the 1980's, as there were events that contributed to structural violence and exclusion that are important to

grasp for us to draw an informed conclusion. Of course, the historical context for exclusion in Venezuela could be stretched much further back in time, at least to the time of European conquest some five hundred years ago. Important patterns of exclusion seem to have developed over that period. Any detailed study such as that would far surpass the scope of this thesis. The important point here is that textual analysis is essentially the most available and reliable approach for this case study due to the historical context spanning years and decades. One of the strengths of a case study such as this is the availability of textual documents that allow for the historical contextualization of the situation. Such historical contextualization would be dependent upon individual memories and perspectives if it were not for the ability to retrieve available documentation.

In addition to historical context, the subject matter of this thesis has an international context. There are international influences that appear to have directly resulted in the structural violence and exclusion from well-being of many people in Venezuela. Neoliberal interests such as foreign direct investment, structural adjustment conditions instigated by the International Monetary Fund, and profits from oil have all contributed to the situation in Venezuela. A case study utilizing textual analysis seems the most viable approach to clarify the international context, and understanding the international context is essential to addressing the issues at hand in any way which is to be considered complete. Surveys, questionnaires, or quantitative testing alone simply would not suffice in this regard.

In addition to historical and international context, there is also the context of political and philosophical thought and understanding, and by implication concepts of value. For instance, there is no doubt the new government in Venezuela has been repeatedly voted into office by the majority of voters. It is also clear that the elections and referendums since 1999 have been valid, they have in fact been monitored and certified by international monitoring organizations (Carter Center, 2005). Venezuela qualifies as a democracy, and yet there are those who claim that Venezuela is not a democratic nation. Such disparate perspectives raise questions about what democracy is, what does it mean to include people in their own society, and what are the values inherent in those meanings. While again, any in-depth discussion of such matters is beyond the scope of this thesis, accessing textual documentation allowed at least a brief framing of some of those concerns.

For the aforementioned reasons, a case study utilizing textual analysis was the best methodology for addressing the research hypothesis.

Chapter Three

What is Exclusion?

To determine whether inclusion has increased or decreased for previously excluded people in Venezuela, it is important to understand what exclusion is, what it is that people may be excluded from, how exclusion comes about, and primary influencers on that exclusion.

Health is more than just a physical condition; it also includes mental and social condition, which implies access to goods and services that would increase one's achievement of potential well-being. When resources exist that would allow human beings to achieve healthful well-being, and access to those resources is restricted, denied, or diverted for other purposes, then exclusion has occurred. When human beings are excluded from well-being that they otherwise could experience, then violence to their well-being has been done to them. Many who are born into our world do not have access to resources even at the minimum level to sustain life, although resources exist so that this need never happen. While providing access to resources sufficient to simply sustain life is a positive, realistic, and achievable goal today, achieving that as yet unrealized *basic* level of access and inclusion would not be sufficient to qualify as healthful well-being. Even though a basic level of access is fundamental to inclusion, healthful inclusion in access to available benefits of society and achieving one's *potential* well-being is much more

than just that basic level of existence. Exclusion, then, is having limited access to available resources that would otherwise allow for health for all.

As a working general definition, exclusion as defined by the World Health Organization Social Exclusion Knowledge Network (SEKN) Final Report (2008) will be relied upon for this thesis:

Exclusion consists of dynamic, multi-dimensional processes driven by unequal power relationships interacting across four main dimensions - economic, political, social and cultural - and at different levels including individual, household, group, community, country and global levels. It results in a continuum of inclusion/exclusion characterized by unequal access to resources, capabilities and rights which leads to health inequalities. (p. 2)

Exclusion as Structural Violence

Johan Galtung (1969) rejected the “narrow concept of violence – according to which violence is somatic incapacitation, or deprivation of health, alone (with killing as the extreme form)...” (p. 168). When Galtung (1969) encouraged “peace action” (p. 168), his definition of peace as “the absence of violence” (p. 168) included *mental* as well as *somatic* well-being. It was Galtung’s (1969) position that “violence is present when human beings are being influenced so that their actual somatic and mental realizations are below their potential realizations” (p. 168). Galtung’s inclusion of the mental aspect of human beings is essential to understanding violence, and thereby understanding peace, as it expands our concept

of violence as being not only somatic or physical harm, but includes social structures within which one lives. His definition implies that violence may occur when one's *actual* somatic and mental well-being has not reached its *potential*. Furthermore, failure to reach one's potential is not necessarily a matter of idiopathic deficiencies.

The *actual* for Galtung, is the condition as it is, and the *potential* is that which could be or could have been if one's *potential* well-being were not inhibited, blocked, or denied. A human being's potential may be, and perhaps always is, beyond his or her actual condition, be that condition somatic or mental. That which impedes a person from moving or developing from his or her present actual condition, impedes that person's potential realization and well-being. Galtung (1969) further clarified that, "Violence is here defined as the cause of the difference between the potential and the actual, between what could have been and what is. Violence is that which increases the distance between the potential and the actual, and that which impedes the decrease of this distance" (p. 168). Violence is not only that which *reduces* one's actual well-being further away from one's potential, but also that which *blocks or excludes* one from that which could help move one toward one's potential.

When a person suffers from a treatable disease, or dies from a curable condition, while medicine or other medical care exists but is withheld, exclusion, and hence violence, has occurred. According to Galtung (1969), "Thus, if a person died from tuberculosis in the eighteenth century it would be hard to conceive of this as

violence since it might have been quite unavoidable, but if he dies from it today, despite all the medical resources in the world, then violence is present according to our definition” (p. 168). It is not the fact of dying from tuberculosis that qualifies as violence, but the fact that it was *avoidable*, since proper medical treatment is available but not provided. Beyond the somatic aspect of potential health, Galtung (1969) expands the concept to include mental potential as well, “hence, we would talk about violence if the level of literacy is lower than what it could have been...” (p. 169). Thus, when a person is excluded from necessary medical care, and medical care exists for some but not for others (and could be provided to those others) then violence has occurred. But also, when a person has the potential to learn to read, but is excluded from being taught to read (and resources are available to provide teachers), then violence has occurred. Being excluded from education is violence upon that person.

Such exclusion and violence does not just affect individual persons, but often nearly all members of a class or race or gender, etc. As Galtung (1969) points out, “Thus the potential level of realization is that which is possible with a given level of insight and resources. If insight and/or resources are monopolized by a group or class or are used for other purposes, then the actual level falls below the potential level, and violence is present in the system” (p. 169). The system is not necessarily just a closed community or nation, but also includes for Galtung (1969) “...the way world economic relations are organized today” (p. 171). This recognition by Galtung,

that 'the way world economic relations are organized' affects the resources that are made available to provide for some and not others, expands the concept of exclusion and structural violence to an international context. This is especially pertinent in regard to extraction of natural resources from one nation to the benefit of another (or to benefit a private corporation), while the persons in the natural resource-originating nation are excluded from the wealth derived from the natural resources in their own nation. Such resource extraction and exportation would divert the nation's wealth that could otherwise be used to decrease the distance between actual and potential well-being of the citizens of that society.

When a social structure provides for the well-being of some, while excluding others, and the resources are available or obtainable that would allow for the inclusion of all, then that social structure is violent (this holds true whether it is a domestic or international structure that is being discussed, as the one never exists outside a context that refers to the other, as at least a contextual component). Political leaders come and go and the social structure may seem to take on a life of its own. Galtung (1969) suggests that "There may not be any person who directly harms another person in the structure. The violence is built into the structure and shows up as unequal power and consequently as unequal life chances" (p. 171). Unequal access to available resources not only effects one's chances of reaching one's potential somatic and mental health, but also effects one's participation and potential in other, if not all, aspects of the society within which one lives. In such a

social structure, Galtung (1969) stated, “resources are unevenly distributed, as when income distributions are heavily skewed, literacy/education unevenly distributed, medical services existent in some districts and for some groups only, and so on” (p. 171). One may presumably add clean drinking water, sufficient nutritious food, hygienic housing, proper care for the elderly, and other resources to the list of unevenly distributed goods and services. Such exclusion from essential and available goods and services is structural violence. Political, economic, and social policies and agendas which are skewed to the exclusion of the many, for the benefit of the few, are violent policies. Such policies have been implemented in Venezuela time and again over the years.

Galtung (1969) suggested that to aid in determining whether or not a social structure is violent, we should look at the value-distribution of the various systems that function within that society:

In all these systems there is interaction, and where there is interaction, value is somehow exchanged. It then makes very much sense to study what the value-distribution is after the system has been operating for some time, and the gross distinction has been made between egalitarian and inegalitarian distributions. (p. 176)

Additionally, it may be very telling for one to discover not only the distribution of value, but also to consider and clarify what those values are. For instance, is food valued over money, is the life of a child valued over corporate

profits, is medical care valued over the ability to pay for it, is a home valued as a place to raise a family or as a profit-seeking financial investment, etc.

Structural violence, though portrayed by some to be invisible is, to a degree, actually measurable. According to Galtung (1969), there are patterns of exclusion and inequality within structural violence, and “in some structures so much so that the lowest-ranking actors are deprived not only relative to their potential, but indeed below subsistence minimum. Inequality then shows up in differential morbidity and mortality rates, between individuals in a district, between districts in a nation, and between nations in the international system...” (p. 177). One might add differential morbidity and mortality rates *over time*, and *between periods of time* to the category of possibly discernable differential rates. Such morbidity and mortality rates, as well as other available statistics, were available for utilization in this thesis, and are provided to support the hypothesis.

The Hidden Character of Structural Violence

Susan Opatow (2001) addresses the “...unseen, pervasive, and long-lived structural violence, such as poverty, unemployment, and discrimination. Structural violence is sustained by social, psychological, economic, and political conditions that privilege some but exclude others” (p. 239). It is certainly an important point that structural violence privileges some and excludes others. But it is also important to point out that it is usually the privileged for whom structural violence is unseen. Those who are excluded generally know they are being excluded from what they

want and need. Hungry people know they are hungry in a world of abundant food, thirsty people know they need water in a world where more than enough water is wasted, people who are ill know they need medical care, people who want to read know they are prevented from reading, etc. The hidden character of structural violence may be more a matter of an *unwillingness to look*, by some, rather than an *inability to be seen*, by others.

Deborah Du Nann Winter and Dana C. Leighton (2001) also point out that “structural violence, however, is almost always invisible, embedded in ubiquitous social structures, normalized by stable institutions and regular experience. Structural violence occurs whenever people are disadvantaged by political, legal, economic or cultural traditions” (p. 145). Winter and Leighton (2001) point out that “structural violence is problematic in itself, but is also dangerous because it frequently leads to direct violence. Those who are chronically oppressed are often, for logical reasons, those who resort to direct violence” (p. 145). Again, it must be pointed out that it is not the oppressed, the disadvantaged, those who are excluded from equal access to food, water, medical care, education, income, etc., for whom structural violence is invisible. For why else would they resort to direct violence, but that they see that they have less, or none, and others more? If structural violence is unseen, it is usually the privileged that cannot see the plight and value of others in structural violence.

It may be more that structural violence has the *appearance* of being

anonymous, and that it is actually the decision-makers who *maintain* and manipulate the structure who are not clearly seen for who *they* are. Further, it may be the seemingly invisible bodies and minds that extend and maneuver the *invisible hand* of Adam Smith that remain mostly hidden from our view. Trickle-down economics stems from Smith's *Wealth of Nations*, wherein he put forth the position that the merchant should seek only his *own* gain without any *intention* of benefitting society, and by doing so the rest of society would ultimately benefit. Smith's (1776/1904) position was that the merchant's attitude should be that:

...he intends only his own gain, and he is in this, as in many other cases, led by an invisible hand to promote an end which was no part of his intention. Nor is it always the worse for the society that it was no part of it. By pursuing his own interest he frequently promotes that of the society more effectually than when he really intends to promote it. I have never known much good done by those who affected to trade for the public good. (IV.2.9)

In the case of direct or personal violence, it is observable, someone does something to another. As Galtung (1969) points out, "Violence with a clear subject-object relation is manifest because it is visible as action" (p. 172). Whereas, in the case of structural violence, the one who acts (the subject) against another (the object), is not always obvious. In fact, in the case of structural violence, it is almost *as if* no one is the subject, but that it is the structure itself that privileges some, objectifying and excluding others. Galtung (1969) clarifies the point further by

stating that, in regard to the *subject-verb-object* relation, “violence without this relation is structural, built into structure. Thus, when one husband beats his wife there is a clear case of personal violence, but when one million husbands keep one million wives in ignorance there is structural violence” (p. 171). While it is true enough that a society that keeps a million women in ignorance is structurally violent, it would not be advisable to miss the point that each of those women is being personally injured by a particular man. It then becomes apparent that in this instance, what is being referred to as structural and not identifiable personal violence, is perhaps actually a case of not taking the time to discover each particular woman who is being oppressed by a particular man. A society that allows, or encourages, such behavior by individual men is certainly of a structural type that is violent, but direct personal violence with a responsible party is also occurring simultaneously. It may not be in such a case that structural violence exists due to a lack of subject-object relation (one man keeps one woman in ignorance), but that the subject-object relation, rather than not existing, is glossed over, in that it is one man keeping one woman in ignorance *a million times over*. From this perspective the structural violence that is occurring is not at all unseen or invisible, certainly not by each individual woman, and certainly not by anyone who takes the time and has the intention of *seeing* it. So too, as Galtung (1969) stresses, “in a society where life expectancy is twice as high in the upper as in the lower classes, violence is exercised even if there are no concrete actors one can point to directly attacking others, as

when one person kills another” (p. 171). If one were to take the time to look for those individuals who act to restrict access to clean drinking water, sufficient nutritious food, proper medical care, education, etc., one may in fact find individuals who make exclusionary economic decisions, pass exclusionary legislative acts, and who prevent more socially inclusive well-being for others.

It may be, in a sense, as Galtung (1969) states, that direct personal violence is like “waves on otherwise tranquil waters. Structural violence is silent, it does not show – it is essentially static, it *is* the tranquil waters” (p. 173). But it also may be that it is not structural violence that is silent, but that it is those who endure it and suffer within in who are silenced or not heard. It may be not so much a matter of some being silent, as it is of others not trying to hear. It also may be that the tranquil waters only appear tranquil to those who view it from a privileged perspective, like a cruise ship on a calm sea, without taking notice of what is occurring in the depths of the *seemingly* tranquil water upon which they glide.

Opatow (2001) stated that “excluded people can be hated and viewed as ‘vermin’ or ‘plague’ or they can be seen as expendable non-entities” (p. 234), and further, according to Opatow (2001) that “even when moral exclusion and structural violence are widespread and severe, they can be invisible when they are institutionalized. Before they can be addressed and deterred, they require detection” (p. 237). Opatow (2001) pointed out that due to a “fundamental attribution error” (p. 235) we “tend to attribute our own behavior to situational

factors but attribute others' behavior, when the others are seen at all, to their personalities or disposition" (p. 235). Opatow (2001) further stated, that "as a result of this our characterological attributions about others can be harsh or unflattering because we don't see the complex contextual factors that influence their behavior" (p. 235). Taking the time to see the social, economic, and historical context within which someone lives could provide an explanation for that person's behavior. A person in a foreign country who is taking a leadership role may be seen as standing up for fundamental rights in the face of an oppressor, or as a power hungry dictator. Without an historical, social, economic, contextual understanding, we may not understand what he or she is doing, and why. In Venezuela there are certainly complex contextual factors to clarify if one is to understand the situation.

The media, education, and our own cultural biases most certainly have an influence on our perspective and enmification of others, but, it is also true as Opatow (2001) stated, that "to avoid discovering evidence that disconfirms important beliefs, people keep themselves intentionally uninformed, failing to ask questions that would reveal unwanted information" (p.237). Opatow (2001) recommended "inclusionary thinking," which would include "supporting open dialogue and valuing pluralistic perspectives" (p. 238), as well as overcoming "exclusionary thinking" which "is promoted by prevailing myths that allow us to take a righteous stance, deny negative outcomes that accrue to others, deny the validity of their perspective, and deny our own contributions to the problems of social living"

(Opotow, p.239). Social living is, of course, always our living in our world *with other persons*. It is always we who maintain our perspective and social structures with the choices we make. It is important to remember not only that each one of us is the subject who precedes and performs an action, but that it is always another person, another subject, not an object, who may be effected by the actions each one of us takes. Furthermore, it is we as living subjects who give form, as object, to our social structure, and not vice versa.

Chapter Four

Health as Complete Well-being – Alma-Ata

In recognition of the serious poverty in many developing nations, and the widening gap between rich and poor nations, in 1978 the International Conference on Primary Health Care promulgated the Declaration of Alma-Ata, which “...strongly affirms that health, which is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of the many other social and economic sectors in addition to the health sector” (Section I,).

The affirmation by the International Conference on Primary Health Care put forth the position that ‘health’ included *complete* physical, mental, and *social* well-being. Furthermore, stating that attainment of the *highest possible level* of health is a most important world-wide social goal, raised the bar from only intending to meet basic medical needs to instead aiming for *the highest possible level of health*, in other words, as Galtung (1969) stated: *potential*. The lowest common denominator, as a goal, was no longer seen as a sufficient goal. Furthermore, health was no longer considered just medical treatment, and certainly not just medical treatment with a *curative-only* orientation. Such curative-only orientation implies an after effect, treating symptoms and diseases after they have become manifest, rather than by preventing the symptoms from arising. Expanding the concept of health to require

complete social well-being addresses the issue in a holistic manner rather than specialized treatments for an isolated symptom without regard for the totality of the context of influencers on health. The Declaration stated further that health, which is complete physical, mental and social well-being, is *a fundamental human right* which is *a most important worldwide social goal*.

The Declaration of Alma-Ata (1978) recognized that “the existing gross inequality in the health status of the people particularly between developed and developing countries as well as within countries is politically, socially and economically unacceptable...” (Section II). Furthermore, the Declaration called for “...the fullest attainment of *health for all*...” (Section III). At the time (as it still is today), health care was absent for most of the world’s people, even as simply medical treatment to cure or prevent medical conditions with available vaccines and other medicines. The extended definition of health to include the highest level of physical, mental, and social well-being, which was being demanded by the International Conference in Alma-Ata, would require enormous effort and a redirection of national and international resources. While the constitution of the World Health Organization (1946) also defined health as a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,” it stopped far short of mandating international economic reorientation to provide health for all.

The Declaration of Alma-Ata specifically called on nations to join in a policy

of “peace, détente, and disarmament” (Section X) which would release “resources that could well be devoted to peaceful aims...” (Section X). Their stated goal was that “an acceptable level of health for all the people of the world by the year 2000 can be attained through a fuller and better use of the world’s resources, a considerable part of which is now spent on armaments and military conflicts” (Section X). The signers of the Declaration called for urgent action by governments and nongovernmental organizations, both on national and international levels, to “channel increased technical and financial support” (Section X) toward this end. Because of the inequality in health and resource distribution they called for a “*New International Economic Order*” (Sections I and X) with the intention of providing *health for all*, which, again, meant the *highest possible* level of physical, mental, and social well-being for everyone on earth. The definition of, and requirements for, health had thereby increased to include the somatic, mental, social, and economic realms of human experience.

Chapter Five

The Neoliberal Agenda and the Shift Beginning in the 1980s

As this thesis addresses structural violence and exclusion in Venezuela, it is important to have an understanding of the historical and international context of that structural violence and exclusion. Over the last few decades that context has been influenced greatly by a neoliberal orientation that has had devastating results for many people, in many countries. Furthermore, as the democratically elected presidential administration that assumed office in Venezuela in 1999 ran on an openly anti-neoliberal platform, it is important to understand what neoliberalism is, and why it is so staunchly rejected by the majority of people in Venezuela.

Liberalism is generally associated with governmental non-interference in one's personal life. But in economic terms it stems from the 17th and 18th century, and refers to laissez-faire capitalism, or letting capitalism function without hindrance or regulation. The rebirth of economic liberalism, known as neoliberalism, came into full force during the latter part of the 20th century. Neoliberalism values freely functioning capital for capital's sake, over the value of social expenditures to provide basic human needs. In neoliberal theory, if capitalism is allowed to function freely, without government regulation, then ultimately everyone will benefit. This was the premise of Reagan's 'trickle-down' economic theory.

The hallmarks of neoliberalism are reduced trade barriers, privatizing of state-owned enterprises, deregulation of banking and other business operations,

decentralization of government, and elimination of subsidies to help the poor. The role and function of the World Bank and the International Monetary Fund (IMF) have been of primary importance to the implementation of the neoliberal agenda in developing countries. The structural violence, as well as much direct violence, in many of those countries has been a direct result of the actions of those financial institutions. According to Joseph Stiglitz (2002), the former chief economist and senior vice president of the World Bank, Nobel Laureate economist, and Advisory Board member of the Center for Economic and Policy Research (CEPR), “the ideas and intentions behind the creation of the international economic institutions were good ones, yet they gradually evolved over the years to become something very different” (p. 16). He pointed out that the IMF was originally created with the intended purpose of providing nations with assistance to restore and maintain their economic stability when markets faltered or failed. Unfortunately, according to Stiglitz (2002) the previously good-intentioned IMF “...was replaced by the free market mantra of the 1980s, part of a new ‘Washington Consensus’—a consensus between the IMF, the World Bank, and the U.S. Treasury about the ‘right’ policies for developing countries—that signaled a radically different approach to economic development and stabilization” (p. 16). Under the aegis of the Washington Consensus, functioning of the free-market was seen as *infallible*, as long as all regulation was removed from it. As Stiglitz pointed out, the orientation of the IMF underwent a radical and fundamental shift, from one of assisting countries when the

free-market fails, to one that values the functioning of the free market above all else, regardless of its effects on developing countries' economies.

The Declaration of Alma-Ata (1978) called for a reorientation of the world economy toward the goal of health for all. There was, in fact, a reorientation of governments and nongovernmental organizations which did have dramatic effects on the well-being of many millions of people around the world, especially in developing countries, but that reorientation, or shift, was not in line with the mandates of the Declaration. In fact, it appears to have been quite the reverse. Stiglitz (2002) drew our attention to the changes that "occurred in the 1980's, the era when Ronald Reagan and Margaret Thatcher preached free market ideology..." (p. 13). In the years just prior to the Reagan era, according to Stiglitz (2002), the resources of the World Bank had in fact been redirected toward the elimination of poverty in developing nations, but that "in the early 1980s, a purge occurred inside the World Bank, in its research department which guided the Bank's thinking and direction" (p. 13). Stiglitz (2002) referred to the "new ideological fervor" (p. 13) that took hold during that period, and that "the IMF and the World Bank became the new missionary institutions, through which these ideas were pushed on the reluctant poor countries that often badly needed their loans and grants. The Ministries of finance in poor countries were willing to become converts, if necessary, to obtain the funds, though the vast majority of government officials, and, more to the point, people in these countries often remained skeptical" (p. 13).

The shift referred to by Stiglitz was a fundamental reorientation, and so expansive that it could perhaps be called a paradigm shift in world affairs. Babb and Chorev (2006) referred to the shift as a “critical juncture in the 1980s, when the Reagan administration embarked on a project of international institutional renewal and reform deliberately aimed at spreading the ‘magic of the marketplace’ around the world and renewing America’s economic leadership” (p. 1). Schuyler (1996) concluded that the shift was a transition from an “economic model that prevailed until the early 1980’s to a new model driven by neoliberal ideology” (p. 10). Figueroa (2006) referred to it as a “...social reorganization that took place under neoliberalism” that “resulted in particularly severe consequences for the popular sectors...A perverse concentration of wealth, beginning during the 1980s...” (p. 190). In a review of recent literature, John Tuman (2000) stated that:

Over the course of the 1980s and 1990s, governments introduced significant reforms throughout Latin America. Following the emergence of the debt crisis in 1982, policy makers reduced trade barriers, privatized state-owned enterprises, eliminated subsidies, and implemented deregulation. By the end of the 1980s, structural adjustment had evolved into a long-term project of economic liberalization. In comparative terms, economic reform in Latin America has been both extensive and sustained. (p. 174)

It cannot be over-stressed that the changes implemented in developing countries went far beyond simple policy recommendations. The changes were

prescriptive in nature, without regard for the unique characteristics and qualities of the particular cultures upon which they were overlaid, requiring *adjustments* to the very structures of those societies. Those adjustments were *conditions* attached to the provision of funds by the World Bank. In other words, strings were attached to the loans. As Stiglitz (2002) further clarified, “In the 1980s, the Bank went beyond just lending for projects (like roads and dams) to providing broad-based support, in the form of *structural adjustment loans*; but it did this only when the IMF gave its approval—and with that approval came IMF-imposed conditions on the country” (p. 14).

In a further report, Tuman and Emmert (2004) referred to the “Investment wave” and “the shift toward market-oriented reform” that began in 1982 that has resulted in increased “structural dependence of Latin American economies upon FDI,” or Foreign Direct Investment (pp. 9-10). In that same report Tuman and Emmert (2004) stated that “for many years now, the International Monetary Fund (IMF), the World Bank, and other international economic institutions have advised policy makers in the region to implement market liberalization in order to induce FDI” and that “there is broad consensus that neoliberal reform has generated social costs and political conflict” (p. 10). The social cost referred to is the exclusion of the many for the benefit of the few, and the political conflict is the result of that chasm. Lander and Fierro (1996) further drew our attention to “the new international economic order” (p. 51) that had been taking shape since the 1980’s. Whatever we

choose to call it, the neoliberal reorientation had results which were the reverse of those intended and demanded in the Declaration of Alma-Ata (1978) that “economic and social development, based on a New International Economic Order, is of basic importance to the fullest attainment of *health for all* and to the reduction of the gap between the health status of the developing and developed countries.”

Epidemiologist Milton Terris (1999) retrospectively told the story of the “anti-health reforms” (p. 149) that were put into place beginning in the early 1980s, not only in the United States, but globally, and at times he specifically addressed the case of Venezuela. In that article, *The Neoliberal Triad of Anti-Health Reforms: Government Budget cutting, Deregulation, and Privatization*, Terris (1999) stated that “the story begins in 1981, when the new Reagan Administration in the United States received Congressional approval for an unprecedented military budget of \$222 billion” (p. 149). Terris had addressed the issue of the stripping away of health and welfare benefits during the Reagan Administration in a previous article in the *Journal of Public Health Policy* in 1981 (cited in Terris 1999):

The policy of massive peacetime escalation of the military budget not only brings closer the danger of nuclear war...It also means, not the reduction in government spending which the Reagan Administration has claimed to be carrying out, but rather a transfer of funds from health and human services to the further buildup of weapons of destruction. Before our very eyes, the valuable programs and services designed to protect the health of the people

of our country—programs which took decades of patient and dedicated effort by public health workers to develop—are being crippled and destroyed. (p. 149)

Clearly, the sleight of hand, smoke and mirror shifting of government spending from social needs to military and other business-supporting endeavors did not go unnoticed at the time.

Dr. Terris (1999) continued, detailing the drastic cuts in budgets in the United States for the Environmental Protection Agency (EPA), the Occupational Safety and Health Administration (OSHA), the Consumer Product Safety Commission (CPSC), the Centers for Disease Control (CDC), and other agencies under the guise of reducing government spending. Public Health Service Hospitals and clinics were closed; there were serious cuts in health education programs, school lunch programs, food stamps, Medicaid, Medicare, and the National Health Service Corps. The list is more extensive and detailed than provided here, but it is well known and documented that programs for those in need, those most fragile, were “being decimated” (p. 150). At that time, a November 7, 1981 New York Times editorial referred to the budget changes under Reagan as “savage cuts” (as cited in Terris, 1999). Again, the funds were in fact being redirected, not away from military spending and toward providing care to those who had been excluded from health as was urged in the Declaration of Alma-Ata, but *from* health and welfare-providing programs *into* military spending. Ultimately, as Dr. Terris pointed out, there was not a reduction of

government spending during the Reagan era, but a turning away of funding, a reversal if you will, of government spending from social programs toward military and other business interests.

Contemporaneous with the drastic budget cutting for medical and social services, the Reagan administration began implementing another tactic of neoliberalism: deregulation. Regulating businesses to protect consumers was seen by the Reagan administration as interfering in business operations, and therefore interfering in profit. The deregulation inherent in neoliberalism is intended to remove or severely restrict government ability to regulate financial and business practices, and instead replace it with the ability of financial and business interests to regulate what government may and may not do. Deregulation, in a sense, is not the absence of regulation, but is the reversal of regulation, handing the power to regulate government over to powerful private financial interests. Furthermore, the decentralization enacted was not supportive and empowering of states and social programs, as much as it was a cutting off of funding, effectively disempowering state and social programs, and excluding many people from what they needed.

The third tactic of neoliberalism, in addition to government social service budget cuts and deregulation, is privatization of health and social services, which effectively sealed the fate for health care to become a commodity that may (or must) be purchased, or gone without, rather than a right for all persons. A fundamental emphasis in privatization is to steer government money away from

providing social services, education, etc., and turn those services into money-making private enterprises while, in developing nations, using the money 'saved' to pay off foreign debt owed to international financial institutions such as the World Bank and the International Monetary Fund (IMF).

While the neoliberal reorientation had drastic effects on millions of people in the United States, it was also, as has been pointed out, imposed on other countries, but with significantly more devastating effects. As Terris (1999) stated, "These neoliberal policies have been exported to the entire world through the International Monetary Fund and the World Bank, which have followed a consistent policy of demanding adherence to so-called "austerity measures"—austerity for the working and middle classes, and prosperity for the rich and powerful—as an essential condition for receiving loans for their hard-pressed economies....In other words, cut public budgets and privatize services" (pp. 153-154). The Pan American Health Organization's Epidemiological Bulletin in 1991 (as cited in Terris 1999), detailed some of the devastating effects of such austerity measures when they reported that the adjustment policies required by the IMF and the World Bank:

...have served to aggravate the social, political, and institutional breakdown...

In most of the countries, public health services are deteriorating, the public sector's per capita expenditure on health is declining, with the limited and increasingly scarce resources being concentrated on curative actions. At the same time, within the framework of the adjustment policies, significant

changes have been introduced in the organization of these services, especially in how they are financed, with a prevailing trend toward privatization and the transfer of operational cost to users. (p. 154)

The urgent call in the Declaration of Alma-Ata for a reorientation of the global economy to provide *health for all* (with a clear intention that health meant complete physical, mental, and social well-being) had been disregarded by world economic powers, and subsequently most of the 'developing countries' in the world were suffering under the neoliberal triad of government budget cutting, deregulation, and privatization. Poor countries were hit especially hard as they couldn't provide for their people following the debt crisis in the latter 1970's and early 1980's, many had incurred high debt merely to stay afloat, and with the austere structural adjustment policies required by the IMF and World Bank, many fell into even deeper poverty, turmoil, and political upheaval. Latin American and Caribbean countries were no exception, as their natural resources were already being extracted by private foreign corporations, their economies were in shambles, and in obtaining *support*, in the form of credit from the IMF and World Bank, the economic solvency, political sovereignty, and fragile democracies of many were all but destroyed.

Of course, it wasn't just in Latin America that such imposed structural adjustments were having devastating effects, but, as Terris (1988, 1991, 1998, 1999) pointed out, in developing countries around the world. Walden Bello (2006), senior

analyst of Focus on the Global South and professor of sociology at the University of the Philippines, wrote in his discussion of the military coup in Thailand that “Such IMF-inspired democratic reversals could be found in Venezuela in 1989, where a hike in transportation costs provoked an urban uprising against a weak democracy; in the Philippines, where the Fund squandered the legitimacy of the post-Marcos democracy by forcing it to make debt repayment instead of development its economic priority; and in Pakistan, where IMF and World Bank programs did much to undermine the legitimacy of the civilian governments of Benazir Bhutto and Nawaz Sharif” (para. 7). The *reversal* of democracy that Bello was referring to is clearly the redirection of government away from serving the people, and instead serving foreign as well as domestic, elite financial interests, or collapsing into authoritarian (IMF and otherwise) rule with little or no concern for the well-being of the citizenry. As Bello (2006) further stated:

Democracy suffered a further blow in 1997-2001 following the Asian financial crisis. This time the local elites were not the culprit. The IMF pressured the Chavalit government, then the second Chuan government to adopt a very severe reform program that consisted of radically cutting expenditures, decreeing many corporations bankrupt, liberalizing foreign investment laws, and privatizing state enterprises. The IMF's \$72 billion rescue fund was spent not on saving the local economy but on enabling the government to pay off the country's foreign creditors.

When the Chavalit government hesitated to adopt these measures, the IMF pressed for a change in government. The second Chuan government complied fully with the Fund, and for the next three years Thailand had a government accountable not to the people but to a foreign institution. Not surprisingly, the government lost much of its credibility as the country plunged into recession and one million Thais fell below the poverty line. Meanwhile the U.S. Trade Representative told the U.S. Congress that the Thai government's "commitments to restructure public enterprises and accelerate privatization of certain key sectors—including energy, transportation, utilities, and communications—[are expected] to create new business opportunities for U.S. firms.

The IMF, in short, contributed greatly to sapping the legitimacy of Thailand's fledgling democracy. (para. 5-7)

It isn't just the IMF and the World Bank that influences government spending and maintains governance in many nations. The World Trade Organization (WTO) strongly influences 'free market' international trading and domestic economies, and private multinational companies directly invest in nations whose leaders often welcome their money. Also, Foreign Direct Investment (FDI), primarily from U.S. large investors, desires cheap labor and factories outside the bounds of U.S. labor

and environmental laws, and stability in their investments is expected. According to Tuman and Emmert (2004):

Growth in U.S. FDI has important implications for the performance of Latin America's new democracies. Since 1982 governments in the region have lifted controls on FDI, reduced or eliminated trade barriers, and privatized state-owned enterprises, while simultaneously scaling back on the level of public investment. Reflecting the shift toward market-oriented reform, states have increasingly relied upon private direct investment as a substitute for public finance in order to generate economic dynamism and employment. (p. 10)

For multinational corporations, one of the determining qualifications as to where they will build and invest is the assessment that their factories and other investments will be safe from the harm that may come from political instability. By political instability, it is meant the people rising up to demand their fundamental rights and confronting an oppressive and exclusionary structure of resource distribution. The Tuman and Emmert (2004) study was intended to find out why multinational corporations will choose one nation over another when it comes to their investing and building. The results of the Tuman and Emmert (2004) study of fifteen nations in Latin America and the Caribbean during 1979 to 1996 reaffirmed class analytical theorist views, and were essentially twofold: First, multinational firms "actively seek out political regimes in developing areas that restrict unions,

human rights, and sociopolitical freedoms. Firms do this, according to the theory, because more authoritarian regimes protect property rights against the threats posed by labor unions and the working class” (p. 21). Second, as Tuman and Emmert (2004) pointed out, “during the period analyzed in this study, more repressive regimes in Latin America received more U.S. FDI. Political action by the military, in the form of coups d’état, was also associated with inflows of FDI” (p. 21). Based on the results of their study, it appears multinational corporations steer away from democratic nations which value human rights, equality, and equity, and steer toward authoritarian nations which have a tighter control over their people. Furthermore, just as the U.S. government has the controlling voting and veto power in the IMF, U.S. multinational firms had led the *wave* throughout the Latin American region during the period examined by Tuman and Emmert (2004), and, as class analytical theorists expect, U.S. FDI tended to concentrate “in regimes that are more authoritarian, that have a poor human rights record, or in countries where the military has taken control via coups d’état” (pp. 14-15).

The U.S. military has had a direct role in the implementation and ‘success’ of authoritarian policies and regimes. There is a long history of the U.S. training foreign military personnel to gain and maintain authoritarian rule in their home countries, for the purpose of opening up free markets and controlling resources. This has been especially true in Central and South America, as evidenced by the long-infamous Hall of Fame at the School of the Americas (Newsweek 1993). As Kinane (2002) stated:

“This school at Ft. Benning, Georgia, trains the Latin American soldiers whose job it is to impose neo-liberalism on their own people.” Pilisuk (2008) cited Congressman Joseph Kennedy as stating that “The U.S. Army School of the Americas...is a school that has run more dictators than any other school in the history of the world” (p 147). Pilisuk (2008) also reminded us that School of the Americas graduates were specifically involved in the 2002 coup in Venezuela (p. 147). While the School of the Americas has now changed its name to the Western Hemisphere Institute for Security Cooperation (WHISC) its function and results remain the same. The 2009 coup in Honduras, where a democratically elected president (Zelaya) was overthrown, was also carried out by graduates of that U.S. school at Fort Benning (SOA Watch, 2009).

Democracy, where the well-being of the people is more important than profit, and where national sovereignty takes precedence over international minority financial interests, may be contrary to world financial interests it seems. The legacy continues to this day and such IMF austerity and adjustment policies, and FDI in authoritarian regimes, are still in place in many nations resulting in foreign debt that is nearly impossible for most developing nations to ever pay off. It may be that only with a source of enormous domestic wealth, in conjunction with national leaders who have the political will, not only to buy their nations out of debt and redirect their economies and societies toward the well-being of the people, but also to encourage rather than discourage citizen participation, that actual democracy has a

chance of succeeding in any nation.

It is not that the poor people of the world, the vast majority, are not recognizing the benefits of democracy, but rather, they are rejecting the fact of their exclusion from the benefits of our world: As Figueroa (2006) pointed out, "...the popular sectors are not rejecting democracy, but rather the presently existing form of exclusion that goes under its name" (p. 192). Unfortunately democracy as government of, for, and by the people has suffered a reversal under neoliberalism, to come to mean governance of, for, and by international financial interests. In many countries, freedom has come to mean the free-market, and fundamental rights have come to protect and emphasize corporate and financial interests. As the Uruguayan author Eduardo Galeano commented in 1990 (as cited in Klein 2007), "people were in prison so that prices could be free" (p. 116). It is this reversed definition of democracy that is seen so clearly by people in developing nations. It is this reversed form of democracy that is being rejected in Venezuela. It is utterly important to understand the distinction between what is being parlayed as democracy within the framework of neoliberalism, and actual democracy.

Venezuela, the IMF, and the Caracazo

The economies of Latin American countries certainly have been no exception to the effects of neoliberal policies stemming from the Reagan era. There was already poverty, and extreme poverty, and at the insistence of the IMF and World Bank severe austerity measures were added. The *neoliberal privatizers*, as Terris

(1999) called them, and their *anti-health reforms*, have had devastating effects across the globe, and “there is a crying need for action on the international level. All countries are being subjected to the financial pressures for privatization exerted by the World Bank and the International Monetary Fund” (p. 166).

Due to the world-wide recession of the late 1970's and early 1980's, many countries were already deeply in debt and suffering high rates of poverty, but starting in the mid-1980s in Venezuela, according to Wilpert (2005) “poverty increased dramatically, from 18% of the population in 1980 to over 65% in 1996” (p. 10). Addressing the issue in Venezuela specifically, George Schuyler (1996) tells us that “Beginning in the mid-1980's, deterioration accelerated in employment and in the quantity and quality of public services that are crucial to the well-being of the poor—health, education, water, sewage, transportation, roads, and police protection” (p. 15). Under the governance of the World Bank and the IMF economic *assistance* was made available, with *conditions*. Schuyler (1996) noted that in Venezuela, “Carlos Andres Pérez, campaigning in 1988, promised Venezuelans a return to the prosperity of the 1970's. Once elected, he promptly initiated an IMF-designed structural adjustment program that resulted in severe economic hardship for most Venezuelans” (p. 26). The Pérez government in Venezuela entered into multiple financing agreements with the IMF, according to Lander and Fierro (1996), which were:

...in fact a group of policies with three conceptually distinct aspects: (1) adjustment as a mechanism for establishing short-term equilibria in the main macroeconomic indicators and repaying the external debt; (2) structural reform of the economy—the shift from a state-directed and oil-dependent economy to a market economy based on private, nontraditional exports; and (3) the transformation of the ‘populist’ political system typical of Latin America to a ‘modern’ system that would not interfere with the free operation of the market and would conform to the ‘objective’ demands of the new international economic order. (p. 51)

Lander and Fierro (1996) further pointed out that the results of the structural adjustments in Venezuela were “record inflation—increasing from 29.48 percent in 1988 to 84.46 percent in 1989. The level of unemployment increased in that year from 6.9 percent to 9.6 percent, increasing absolute number of unemployed by 45 percent...” (p. 53). As a country majorly dependent upon imports, not just for subsistence (food), but also for their industrial or manufacturing base, the adjustment policies did little to increase domestic manufacturing, and manufacturing actually reduced following the IMF plan. As Lander and Fierro (1996) have reported, luxury goods that only the minority could afford actually increased:

In an economy that is as highly dependent on imports as the Venezuelan, imports directly associated with productive activities (raw material, machinery, and other industrial inputs) fell by 20 and 11 percent,

respectively, between 1988 and 1992. In contrast, imports in categories that correspond to luxury consumption by the high-income minority increased at a rapid pace. With the policy of trade liberalization, the value of imports of assembled passenger vehicles increased from US\$40 million in 1988 to US\$1,292 million in 1992. The value of imports of alcoholic beverages increased by 81 percent and that of luxury consumption items by 93 percent. (p. 59-60)

While the income and access to basic products and services decreased for the vast majority of people in Venezuela, income concentration and consumption increasingly landed in the laps of the few: Lander and Fierro (1996) found that from 1988 to 1991 “the share of the poorest decile fell from 2.3 to 1.8 percent, that of the richest decile increased from 30.3 to 43 percent” (p. 63). The gap between rich (the small minority) and poor (the vast majority), income inequality widened following the adjustment policy implementation in Venezuela, as shown in the following figure:

Figure 1.

Percentage Distribution of Labor Income			
<i>Employed Deciles</i>	<i>1984</i>	<i>1988</i>	<i>1991</i>
First	2.8	2.3	1.8
Second	3.4	4.6	3.1
Third	4.8	5.2	5.2
Fourth	5.1	6.4	5.9
Fifth	6.7	7.2	6.0
Sixth	8.0	8.3	6.0
Seventh	9.1	8.2	8.0
Eighth	11.3	10.4	10.0
Ninth	13.8	17.1	11.0
Tenth	35.0	30.3	43.0
Tenth/first ratio	12.5	13.2	23.9

Source: Lander and Fierro (1996), p.65

Regarding that 1988-1991 period, Lander and Fierro (1996) stated that “income concentration had deeply affected the living conditions of the majority of the population” (p. 59). In fact, according to Lander and Fierro (1996) only “one goal was fully achieved: generation of the capacity to repay the external debt” (p. 55), including, of course, high rates of interest. One might wonder if domestic income concentration, with a reduction in the lowest decile and an increase in the highest decile, is a goal of such financial policies or simply an unfortunate consequence. One might also keep in mind the international context of externally provided loans, with conditions of privatization, economic restructuring, repayment of the external debt, and reduced subsidies for the poor majority as the *primary conditions*, to wonder if the debt-inflation-liquidity-repayment cycle is not just *good business*. The repeated

cycle has not gone unnoticed by Maza Zavala and Malave Mata (as cited in Lander and Fierro 1996) when they found that:

A vicious circle is established: the contraction of popular consumption puts a brake on the development of human potential and depresses the real wage, at the same time that the forced savings that takes place, instead of accumulating as a reproductive investment, is transferred to the financial centers of the wealthy nations, which return them as “fresh” loans that increase the debt and force new exactions to service the debt. The debt thereby becomes unpayable, is reproduced at a higher level, and operates as a mechanism of depredation and vilification of both the weak national autonomy and the socioeconomic living conditions of the majority of the population. (p. 70)

Such a seemingly perennial cycle, with an ever increasing debt, and an ever widening gap between rich minority and poor majority, drives the poor, the vast majority, further into poverty. Furthermore, without regulation to provide for a livable wage, and without social expenditures to provide for social security, food subsidies, shelter, education, medical care, and other components of health, exclusion from well-being and structural violence in Venezuela, not only continued, but was exacerbated with each round. Stiglitz (2002) noted the same pattern in many countries in that “even those countries that have experienced some limited growth have seen the benefits accrue to the well-off, and especially the *very well-*

off—the top 10 percent—while poverty has remained high, and in some cases the income of those at the bottom has even fallen” (p. 18). Such a vicious circle does in fact repeat itself, not just country by country, but also time and again within each country.

Economic factors and indicators never exist solely in the abstract; there are devastating effects to people who live, and die, beneath the income and wage numbers. For instance, Schuyler (1996) reported that in Venezuela during the years 1988-1991:

Poverty engulfed most of the population, a child died from hunger every day, and 27 percent of Venezuelan children suffered from chronic malnutrition. Over 1 million children (aged 6-15) did not attend school, half of the 19.5 million Venezuelans lived in slum housing, and public services were abysmal” (p. 13), and “...Furthermore, (between 1988 and 1992, the cost of basic foods and services soared—eggs went up 500 percent, corn flour 557 percent, coffee 800 percent, electricity 1,000 percent, and telephone rates 500 percent. (p. 15)

The ‘tranquil waters’ of structural violence described by Johan Galtung, referred to earlier, were tumultuous when viewed from below, even before IMF-instigated austerity measures were implemented. But the implementation of IMF policies has repeatedly caused serious disturbances and drastically decreased the living conditions in those seemingly tranquil waters, as Stiglitz (2002) noted:

Small developing countries are like small boats. Rapid capital market liberalization, in the manner pushed by the IMF, amounted to setting them off on a voyage on a rough sea, before the holes in their hulls have been repaired, before the captain has received training, before life vests have been put on board. Even in the best of circumstances, there was a high likelihood that they would be overturned when they were hit broadside by a big wave. (p. 17)

The big waves that have hit developing countries, the sudden structural adjustments, or to use a term coined by Milton Friedman (as cited in Klein 2007) economic “shock treatment” or “shock therapy” (p. 7), were often severe. As Schuyler (1996) reported, “the Venezuelan state buckled under the burden of about US\$30 billion in debt, low oil prices, and structural adjustment” (p. 15). In February 1989 the IMF required even more drastic measures to be implemented, *overnight*, and as Lander and Fierro (1996) stated:

In the name of the government of Venezuela, a letter of intent in which they committed the country to an economic adjustment program in order to achieve access to the resources of the Fund....Point by point, each of the IMF recommendations became a commitment acquired by the Venezuelan government as a condition for renegotiating its external debt. That is, all of the main economic decisions of the country were predetermined. These agreements were not submitted for consideration to the Congress of the

Republic and were made public only after they had been signed. They were signed by the Venezuelan government in Washington toward the end of February 1989. (p. 53)

When poor Venezuelans, the vast majority of the population, awoke the morning of February 27th, 1989, they found their public transportation costs and gasoline costs had skyrocketed from the day before, making it nearly impossible for them to even afford to get to work, if they were lucky enough to have a job. Dr. Milton Terris was in Caracas, Venezuela that night in 1989 to deliver a paper on Epidemiology and Leadership in Public Health at the Second National Scientific Meeting of Epidemiology, and he has provided anecdotal reporting of the events. Terris (1999) recalls that he was involved in a lively discussion of the role of epidemiologists in society, and putting forth the position that “public health workers should support a higher standard of living as the main determinant of health. Later I realized the irony of my statement; outside there were people dying in the streets, trying to protect their living standards” (pp. 154-156). Terris (1999) related that a waiter at the conference told him “They are making the middle class poor, and the poor miserable” (p. 155). The resulting explosive response by the Venezuelan people came to be known as the *Caracazo*, and was a tipping, or capsizing, point in Venezuelan history. Schuyler (1996) described the event:

On February 27, 1989, ‘the river overflowed its bed.’ Venezuela experienced the most massive violently suppressed urban social uprising in its history,

jolting scholars who had viewed the country's development as steady progress toward a modern, integrated society with a pluralistic political system. Riots exploded in 19 cities, involving in Caracas alone an estimated 500,000 to 750,000 people, mostly slum dwellers but also the middle class...Underlining the class structure of Venezuelan society, the vast majority of those killed were inhabitants of the slums that surround Caracas.

(pp. 15-16)

One might well wonder what Venezuela those *jolted* scholars had been previously looking at, and what their vantage point was. Did those scholars not see what had been happening to the vast majority of the people of Venezuela? Did they not see what was so clear to the *uneducated* and excluded majority? The raging water of structural violence caught scholars by surprise when it overflowed its bed, but earlier was imperceptible to those who could not, or who chose not to see it. The observation Stiglitz (2002) made regarding the eruption of violence in response to IMF policies in Argentina could well be directly applied to the situation in Venezuela when he stated that "Given the high unemployment rate for almost seven years, the wonder is not that the citizens eventually rioted, but that they suffered quietly so much for so long" (p. 18). Were those citizens suffering quietly, or just not being listened to? Were they invisible or just not looked at? Could observers not read the writing on the wall ('el Pueblo tiene hambre,' the people are hungry, was handwritten on many of the city's walls)?

While it is true enough, as Galtung (1969) pointed out, that “the object of personal violence perceives the violence, usually, and may complain—the object of structural violence may be persuaded not to perceive this at all” (p. 173), it also appears to be true that those who are trained observers may be persuaded not to perceive it as well. Was the chronic plight of the millions suffering from structural violence in Venezuela unobservable, or just chosen to not be observed?

The fundamental facts of the Caracazo are documented in the Judgment of November 11, 1999, from the Inter-American Court of Human Rights (Ser. C) No. 58 (1999). The first fact detailed by the Inter-American Court of Human Rights (IACHR), clearly shows the involvement of the IMF, and subsequent entries in that court’s ruling (not provided here in their entirety, but well worth reading) provide a glimpse into the resulting direct violence that may be called a result of the IMF’s structural policies and governance. The first paragraph in the court’s findings and ruling point directly to the cause of the eruption of violence:

- a. on February 16, 1989, the then President of Venezuela, Carlos Andrés Pérez, announced a series of structural adjustment measures to refinance the external debt through the International Monetary Fund that were implemented on February 27 that year; (para. a)

The second paragraph in that ruling points to the response by the Venezuelan people:

b. on February 27, 1989, an undetermined number of persons from the poorer sectors of the population began a series of disturbances in Garenas, State of Miranda, owing to the increase in urban transport rates and the failure of the Executive to grant a preferential rate to students. These disturbances then extended to other parts of the metropolitan area of Caracas, and Caricuao, La Guaira, Maracay, Valencia, Barquisimeto, Guayana, Mérida, Maracaibo, and zones adjacent to the transportation terminal; (para. b)

The eighth paragraph in that ruling points to the response by the Venezuelan government at the time:

h. during the state of emergency, the State security bodies, together with the Metropolitan Police, the National Guard and the Army, carried out a series of operations to repress acts of violence; (para. h)

One might wonder why those officials had not previously carried out operations to repress acts of *structural* violence. In the ninth paragraph the court described the ultimate results of the direct violence arising from the structural violence:

i. according to official figures, the events of February and March 1989 left a balance of 276 dead, numerous injured, several disappeared and heavy material losses. However, this list was invalidated by the subsequent appearance of mass graves; (para. i)

The death toll from the Caracazo is estimated at well over 1,000, and as Schuyler (1996) pointed out, "underlining the class structure of Venezuelan society, the vast majority of those killed were inhabitants of the slums that surround Caracas" (p. 16).

The Caracazo did not cause the Venezuelan government to change its neoliberal orientation by much in the following months and years, nor did it end IMF policies and austerity conditions in Venezuela. While there were minor concessions by the government, the increase in poverty continued, and according to Schuyler (1996), there was "overwhelming public disapproval of President Pérez and the country's political leadership...and the accelerated disintegration of the elite consensus that had prevailed" (p. 16). Two subsequent coup attempts in 1992 by Venezuelan armed forces had failed to oust Pérez. Schuyler (1996) reported that those rebel units struck "against the 'false democracy' that the rebels charged was impoverishing Venezuelans" (p. 16). One of the coup leaders was captured during the failed attempts and was allowed one minute on national television to speak to his compatriots. During his one minute address to the other coup participants, he asked them to avoid further bloodshed, lay down their arms, and give up their attempt to redirect Venezuelan society 'por ahora' (for now). That coup leader was sent to prison, and two years later was pardoned by President Caldera in 1994. (That rebel leader subsequently became Caldera's successor to the presidency in the

1998 election, and assumed office in 1999). Schuyler (1996) detailed some of the events in the years following the Caracazo:

Political deterioration continued during 1993. A national teachers' strike kept over 6 million students out of school, and 14,000 doctors went on strike, forcing the rationing of services in 3,000 hospitals already crippled by lack of supplies and poor service. Labor unrest spread rapidly, with numerous walkouts by bus drivers, judges, Caracas metro workers, civil servants, and petroleum workers. Student protests, often ending in battles with police, were continuous. Crimes of violence and crimes against property shot upwards between 1989 and 1993 while human rights violations, usually by police or military forces, multiplied...the economy contracted sharply, oil prices and foreign investment dropped, bank loan interest rates soared to 60 percent, and over 1,000 small and medium-sized manufacturing companies closed down with the loss of 59,000 jobs. (p. 17)

In 1993, President Carlos Andres Pérez was charged with embezzlement and misappropriation of public funds. Congress ousted him from office on August 31st of that year. He subsequently moved to Miami.

Muntaner et al. (2008) reported that following a year of a transitional government, Rafael Caldera won a presidential election in 1994:

...promising to discontinue the neoliberal policies. In practice, however, the opposite happened, with the focus on a plan known as Agenda Venezuela,

which followed the neoliberal recipe. The Venezuelan government obtained two substantial loans for health reforms, one from the World Bank and the other from the Inter-American Development Bank. Both sought to facilitate a re-structuring of health-sector funding, preferably giving an increased role to private funding. (p. 234)

The 1996 Caldera agreement implemented, according to PAHO (2006) “a new austerity plan for Venezuela, along with a plan to privatize oil and the iron and steel industry” (p. 117), which would only continue the movement of revenue away from benefitting the majority of Venezuelans. Muntaner et al. (2008) reported that severe and rampant poverty continued under Caldera and Agenda Venezuela “...within this context of neoliberal social policies,” and there were “two thirds of the population living in poverty or extreme poverty” (p. 235). It had been determined, again, by the IMF that the economic problem in Venezuela was that too much State money was being spent on medical and other social services for the vast majority of the Venezuelan people and, as is common in IMF restructuring *conditions* for receiving loans, public spending needed to be sharply curtailed, if not stopped altogether. It was known that such redirection of the economy under neoliberal policies would seriously affect the health and well-being of the poor, who were the vast majority, but was expected to allow for repayment of the foreign debt, expand foreign and domestic business profits, and in theory, eventually result in a higher standard of living for all. Unfortunately, for the vast majority, that

eventual outcome was never achieved under those policies. Trickle-down economics more often than not results in a torrential rain of tears, adding to the rising level of the seemingly tranquil water of structural violence. As Stiglitz (2002) confirmed, regarding trickle-down economics, “It is not true that ‘a rising tide lifts all boats.’ Sometimes, a quickly rising tide, especially when accompanied by a storm, dashes weaker boats against the shore, smashing them to smithereens” (p. 78). Such is the pattern of exclusion and suffering that has been repeated time and again in Venezuela. It is a pattern of seemingly tranquil periods, where the majority suffered the structural violence of exclusion from even basic needs and services, interrupted by repeated instances of intentional sudden economic shocks which brought about more direct and obvious violence. It was a platform and orientation against this pattern of neoliberal policies with which the new government in Venezuela was overwhelmingly elected and assumed office at the end of the 20th century, and which keeps that administration in office to this day.

Chapter Six

The Exclusion from Healthful Well-being in Venezuela

As in many nations, rural to urban migration over the years only added increasing stressors on the social and economic infrastructure in Venezuela. Vast amounts of land had been turned over to private, and non-Venezuelan, interests through the decades, and urban centers were seen by many Venezuelans as sources of, if not opportunity, at least the possibility of survival:

Figure 2.

Rural to Urban Population Distribution in Venezuela 1950-2001

	1950	1961	1971	1981	1990	2001
Urban	47.4	62.1	72.8	80.3	84.1	87.7
Rural	52.6	37.9	27.2	19.7	15.9	12.3

Source: Pan American Health Organization 2006

But with increased urbanization came increased poverty, and concentration of poor people in their own makeshift neighborhoods, or *barrios*. Throughout the 1960s and 1970s the population increased, and correspondingly, the percentage of the population that lived below the poverty level increased significantly. PAHO (2006) reported that only 70 percent of the children were able to avoid malnutrition during that period (p. 7). Infant mortality increased from 46.7 to 53.7 per 1,000 in some cities, while in others it “reached 94.6 per 1,000,” (p. 7), twice the national average at the time. *Barrios* were disproportionately effected in that they, at times,

had infant mortality rates quadrupling the rates found in the higher income sectors of those same cities (p. 7).

While under the 1961 Venezuelan Constitution the people of Venezuela were stated to have certain rights and protections, those constitutional rights and protections were not provided equitably, nor were they backed up by funding for services for the poor. The PAHO (2006) report listed the characteristics of the Venezuelan health system during those previous decades:

In theory, the entire population had the right to free health care, education, public safety, and social protection, and it was the obligation of the State to provide these benefits. In practice, however, access to social programs was contingent on belonging to certain groups, for example, a given political party, and important workers' unions, the armed forces, or the population of salaried employees. It also favored those living in urban areas or near nodes in the public service network. (p. 5)

The government repeatedly borrowed money from foreign sources to try to hold the society together, especially during the worldwide recession in the latter 1970s, and fell into deep debt from which they were unable to extricate themselves. Economic assistance was essential for Venezuela, and foreign sources were seen as the only place to turn. But what Venezuela found was not a world ready to help, even though the resources existed, but unforgiving financial institutions that wanted to loan under unreasonable terms and conditions.

The 1980s and 1990s were decades of severe exclusion and structural violence for the vast majority of the Venezuelan people. Most were living in poverty, with a sizeable portion barely existing in extreme poverty. Clean drinking water and enough food for the day were luxuries few could enjoy. Medical care was simply not available for those who could not pay, and few could. While Venezuela is the subject of this thesis, it is important to keep in mind, as stated in the PAHO (2006) report that “In Latin America the 1980s and 1990s were a time of growing marginality and social inequality” (p. 15). This growing marginality and social inequality was predominant throughout most of the developing world, and it was this that was urgently addressed on a global level by the Declaration of Alma-Ata. Some in Venezuela in 1978 took the Declaration to heart, and maintained a thin thread of its emphasis through subsequent decades.

As may be recalled, the 1978 Declaration of Alma-Ata (1978) called for a re-prioritizing of the world economies with the creation of a New International Economic Order to be directed specifically toward the “fullest attainment of *health for all*, and to the reduction of the gap between the health status of the developing and developed countries” (section III). The international health conference recognized the inequitable distribution of wealth, and implored the wealthier nations to turn their vast resources toward helping. As is now known, rather than turning to help those in need, a blind eye was turned toward the plight of those in need, in the name of democracy and free trade.

It is imperative to recall that in that the Alma-Ata declaration, health is not defined as just medical care. Rather, health was defined as “a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity” (section I). The implications for such a reversal of priorities as in the Declaration, away from profit and militarism, and toward the development of a world society where everyone is healthy, not just medically (which would be an important result in itself), but where everyone has peace, clean drinking water, nutritious food, medical care, hygienic housing, a livable wage, education, and freedom from oppression, are enormous and were seen as possible by some. But according to the PAHO (2006) report, “unfortunately, in the decades that followed the Declaration of Alma-Ata, a neoliberal economy of weakened public institutions supplanted this vision throughout almost the entire world. In less than a decade after the Declaration was adopted, WHO ceased to be the dominant player in health sector policy-making and the mantle was passed to the World Bank and the International Monetary Fund (IMF)...” (p. 15). Furthermore, as the PAHO (2006) report stated:

The concept and practice of primary health care, increasingly removed of the original spirit of the Health for All, got distorted and priority shifted to the containment of public sector spending. This influence lent a consistent orientation to health system reform in the countries of Latin America, including Venezuela, and undermined progress toward the implementation

of primary health care. At the same time, however, despite these setbacks, the Alma-Ata mandate to reform the medical school curriculum was being fulfilled in Latin America from 1978 to 1990. During this period the primary health care movement had strong support in Venezuela's universities.

However, support at the political level was so weak that it was impossible to introduce these changes in the health institutions or even keep up the spirit and practice through academic curriculum reforms. Even so, this academic movement continued to spread throughout Latin America, and each country has its own story to tell. In Venezuela, with the exception of small pockets where the PHC movement was kept alive, the techno-scientific medical model was imposed once again and medical studies were isolated from direct contact with the living conditions of the populations. (p. 15)

Of course, it wasn't just the study and practice of medicine that succumbed to the *techno-scientific* approach, but science and academia generally. Economics had also become a field uprooted from the living conditions of the people, and with rather obvious devastating effects. The historical uprooting of the sciences generally, and psychology and philosophy in particular, from the 'living conditions of the populations,' is detailed well in Husserl (1938), and further carried out, in regard to economics, by Paci (1972). They put forth the position that the sciences should be in service to the well-being of human beings and our world, rather than the other way around, and certainly not put at the service of a few to the detriment of the

many, or to the detriment of the environment. The fundamental reversal that has taken place historically in this regard is an important perspective if one is to grasp what has taken place in the sciences, but is well beyond the scope of this thesis.

Chapter Seven

Constitutional Mandate for Health and Inclusion in Venezuela Society

In 1998 Venezuela had a new presidential candidate, who ran for office on a platform that was overtly *anti-neoliberal*, and was democratically elected into office by a strong majority of the voting citizenry. One of the initial steps the new President took was to fully pay off Venezuela's debt to the IMF. The IMF closed its Venezuelan office and left the country. Also, the new government, "rescinded a law that stated that Venezuelan businesses would no longer have to pay generous severance payments to laid-off workers," Wilpert (2005) and "moved forward in enforcing Venezuela's tax code. For decades, the Venezuelan business sector avoided paying taxes and the government, in the belief that looking the other way in the face of tax evasion would be good for the economy, tolerated this" (p. 29). Another initial, and clearly pivotal, step called for by the new administration was the creation of a Constituent Assembly, comprised of a wide array of the Venezuelan people, to write a new constitution. The resulting new constitution was put to national referendum, to repeal and replace the constitution that had been in effect since 1961. That Constitutional Referendum passed with 71.78% "Yes" votes. The changes mandated in the new constitution began a reorientation of priorities and a restructuring of Venezuelan society to specifically provide inclusion for the vast majority who had been previously excluded and to prevent neoliberal hegemony. The new constitution also included the special provision to rename the nation as the

“Bolivarian Republic of Venezuela” (17th special Constitutional Provision). The people of the Bolivarian Republic of Venezuela had claimed their identity, and for better or worse, set themselves on a new course.

While a particular constitution may be said to be just words, words are important in the constitution (1999) as they become the “supreme law and foundation of the legal order” and “all persons and organs exercising Public Power are subject to this Constitution” (Article 7). The rights and responsibilities in the Venezuelan constitution are applicable to everyone, and no one is above (or below) the constitutional mandates.

While the 1999 Venezuelan constitution is very extensive, and is highly recommended reading in its entirety for anyone who wants to understand what is happening in that country, due to its length it won't be provided here in its entirety. A link to the English translation is provided in the reference list at the end of this thesis. The rights and protections therein far surpass constitutions in most, if not all other countries. The specific rights and protections are extensive, broad, and deep, and it is clear why neoliberals, elitists, and multinational corporations see, and portray, the new government of Venezuela as a threat. A handful of examples are essential, and have been extracted and presented below:

Sovereignty resides untransferable in the people. (Article 5)

The government of the Bolivarian Republic of Venezuela and of the political organs comprising the same, is and shall always be democratic,

participatory, elective, decentralized, alternative, responsible and pluralist, with revocable mandates. (Article 6)

The State shall guarantee to every individual, in accordance with the progressive principle and without discrimination of any kind, not renounceable, indivisible and interdependent enjoyment and exercise of human rights (Article 19)

Everyone has the right to the free development of his or her own personality, subject only to the limitations deriving from the rights of others. (Article 20)

All persons are equal before the law...no discrimination based on race, sex, creed or social standing shall be permitted...The law shall guarantee legal and administrative conditions such as to make equality before the law real and effective manner; shall adopt affirmative measures for the benefit of any group that is discriminated against, marginalized or vulnerable; shall protect in particular those persons who, because of any of the aforementioned circumstances, are in a manifestly weak position. (Article 21)

No law shall provide for the death penalty. (Article 43)

Everyone is entitled to respect for his or her physical, mental and moral integrity...No person shall be subjected to penalties, tortures, cruelty, inhuman or degrading treatment...Any person deprived of liberty shall be

treated with respect due to the inherent dignity of the human being. (Article 46)

Suffrage is a right. It shall be exercised through free, universal, direct and secret elections. (Article 63)

The State shall guarantee senior citizens the full exercise of their rights and guarantees. The State, with the solidary participation of families and society, is obligated to respect their human dignity, autonomy and to guarantee them full care and social security benefits to improve and guarantee their quality of life. (Article 80)

Any person with a disability or special needs has the right to the full and autonomous exercise of his or her abilities and to its integration into the family and community. The State, with the solidary participation of families and society, guarantees them respect for their human dignity...deaf persons have the right to express themselves and communicate through the Venezuelan sign language. (Article 81)

In order to guarantee the right to health, the State creates, exercises guidance over and administers a national public health system that crosses sector boundaries, and is decentralized and participatory in nature, integrated with the social security system and governed by the principles of gratuity, universality, completeness, fairness, social integration and

solidarity...Public health assets and services are the property of the State and shall not be privatized. (Article 84)

Financing of the public health system is the responsibility of the State...The state guarantees a health budget such as to make possible the attainment of health policy objectives. (Article 85)

All persons are entitled to social security as a nonprofit public service to guarantee health and protection in contingencies of maternity, fatherhood, illness, invalidity, catastrophic illness, disability, special needs, occupational risks, loss of employment, unemployment, old age, widowhood, loss of parents, housing, burdens deriving from family life, and any other social welfare circumstances. The State has the obligation and responsibility of ensuring the efficacy of this right, creating a universal and complete Social Security system, with joint, unitary, efficient and participatory financing from direct and indirect contributions. The lack of ability to contribute shall not be ground for excluding persons from protection by the system. Social Security financial resources shall not be used for other purposes. (Article 86)

The State guarantees the equality and equitable treatment of men and women in the exercise of the right to work. The State recognizes work at home as an economic activity that creates added value and produces

social welfare and wealth. Housewives are entitled to Social Security in accordance with the law. (Article 88)

Every worker has the right to a salary sufficient to enable him or her to live with dignity and cover basic material, social and intellectual needs for himself or herself and his or her family. The payment of equal salary for equal work is guaranteed...Salary is not subject to garnishment...The State guarantees workers in both the public and the private sector a vital minimum salary which shall be adjusted each year, taking as one of the references the cost of a basic market basket. (Article 91)

Workers, without distinction of any kind and without need for authorization in advance, have the right freely to establish such union organizations as they may deem appropriate for the optimum protection of their rights and interest...These organizations are not subject to administrative dissolution, suspension or intervention. Workers are protected against any act of discrimination or interference contrary to the exercise of this right. (Article 95)

The folk cultures comprising the national identity of Venezuela enjoy special attention, with recognition of and respect for intercultural relations under the principle of equality of cultures...The State guarantees cultural workers inclusion in the Social Security system to provide them with a dignified life, recognizing the idiosyncracies of cultural work. (Article 100)

Education is a human right and a fundamental social duty; it is democratic, free of charge and obligatory. The State assumes responsibility for it as an irrevocable function of the greatest interest, at all levels and in all modes, as an instrument of scientific, humanistic and technical knowledge at the service of society. Education is a public service, and is grounded on the respect for all currents of thought, to the end of developing the creative potential of every human being and the full exercise of his or her personality in a democratic society. (Article 102)

Every person has the right to a full, high-quality, ongoing education under conditions and circumstances of equality, subject only to such limitations as derive from such persons own aptitudes, vocation and aspirations...Education offered at State institutions is free of charge up to the undergraduate university level. (Article 103)

Economic crime, speculation, hoarding, usury, the formation of cartels and other related offenses, shall be punished severely in accordance with the law. (Article 114)

The right of property is guaranteed...Only for reasons of public benefit or social interest by final judgment, with timely payment of fair compensation, the expropriation of any kind of property may be declared. (Article 115)

The State recognizes the existence of native people and communities, their social, political and economic organization, their cultures, practices and customs, languages and religions, as well as their habitat and original rights to the lands they ancestrally and traditionally occupy, and which are necessary to develop and guarantee their way of life. (Article 119)

Native peoples have the right to maintain and develop their technical and cultural entity, world view, values, spirituality and holy places and places of cult. The State shall promote the appreciation and dissemination of the cultural manifestations of the native peoples, who have the right to their own education, and an education system of an intercultural and bilingual nature, taking into account their special social and cultural characteristic, values and traditions. (Article 121)

Native peoples have the right to a full health system that takes into consideration their practices and cultures. The State shall recognize their traditional medicine and supplementary forms of therapy. (Article 122)

Native peoples have the right to maintain and promote their own economic practices based on reciprocity, solidarity and exchange. (Article 123)

Collective intellectual property rights in the knowledge, technologies and innovations of Native people are guaranteed and protected. (Article 124)

Native peoples have the right to participate in politics. The State shall guarantee native representation in the National Assembly. (Article 125)

It is the right and duty of each generation to protect and maintain the environment for its own benefit and that of the world of the future.

Everyone has the right, individually and collectively, to enjoy a safe, healthful and ecologically balanced life and environment. The State shall protect the environment, biological and genetic diversity, ecological processes, national parks and natural monuments, and other areas of particular ecological importance...It is a fundamental duty of the State, with the active participation of society, to ensure that the populace develops in a pollution-free environment in which air, water, soil, coasts, climate, the ozone layer and living species receive special protection. (Article 127)

The State shall develop a zoning policy taking into account ecological, geographic, demographic, social, cultural, economic and political realities, in accordance with the premises of sustainable development, including information, consultation and male/female participation by citizens. (Article 128)

Any activities capable of generating damage to ecosystems must be preceded by environmental and sociocultural impact studies. The State shall prevent toxic and hazardous waste from entering the country, as well as

preventing the manufacture and use of nuclear, chemical and biological weapons. (Article 129)

The economic regime of the Bolivarian Republic of Venezuela is based on the principles of social justice, democratization, efficiency, free competition, protection of the environment, productivity and solidarity, with a view to ensuring overall human development and a dignified and useful existence for the community...to ensure a just distribution of wealth through participatory democratic strategic planning with open consultation. (Article 299)

Business enterprises, organs or persons of foreign nationality shall not be granted with regimes more advantageous than those established for Venezuelan nationals. Foreign investment is subject to the same conditions as domestic investment. (Article 301)

For reasons of economic and political sovereignty and national strategy, the State shall retain all shares of Petróleos de Venezuela, S.A. or the organ created to manage the petroleum industry. (Article 303)

The State shall promote sustainable agriculture as the strategic basis for overall rural development, and consequently shall guarantee the population a secure food supply, defined as the sufficient and stable availability of food within the national sphere and timely and uninterrupted access to the same for consumers. A secure food supply must be achieved

by developing and prioritizing internal agricultural and livestock production...the State shall promulgate such financial, commercial, technological transfer, land tenancy, infrastructure, manpower training and other measures as may be necessary to achieve strategic levels of self-sufficiency. (Article 305)

The predominance of large land estates is contrary to the interests of society. Appropriate tax law provisions shall be enacted to tax fallow lands and establish the necessary measures to transform them into productive economic units, likewise recovering arable land. Farmers and other agricultural producers are entitled to own land...The State shall see to the sustainable ordering of arable land to guarantee its food-producing potential. (Article 307)

The State shall protect and promote small and medium-sized manufacturers, cooperatives, savings funds, family-owned businesses, small businesses and any other form of community association for purposes of work, savings, and consumption, under an arrangement of collective ownership, to strengthen the country's economic development, based on the initiative of the people. Training technical assistance and appropriate financing shall be guaranteed. (Article 308)

National security is based on shared responsibility between the State and civil society to implement the principles of independence, democracy,

equality, peace, freedom, justice solidarity, promotion and conservation of the environment and affirmation of human rights, as well as on that of progressively meeting the individual and collective needs of Venezuelans (Article 326)

Perhaps even more important than the wording of a constitution, as impressive as it may be, is whether or not the actions that follow actually adhere to the explicit constitutional directives and intent. A massive reorientation, in many respects a complete reversal of priorities, rights, and State responsibilities would be required for such a restructuring. In the decade since the 1999 constitution, such a restructuring has begun to take shape.

Chapter Eight

Social Restructuring in Venezuela

The Constitutionally mandated changes initiated in 1999 involved a reversal of social and economic priorities of enormous magnitude, and they have been supported by the vast majority of the Venezuelan people since their inception, as evidenced by repeated favorable voting results. Those changes have also met strong resistance by the privileged minority and international financial interests in Venezuela all along the way. The domestic and international media have been relentless in their enmification of the Executive and the changes being implemented.

The new Constitution dramatically changed and increased rights and protections for the previously excluded, and the vast majority of the people now had an executive at the helm who they believed was working for their benefit. But the primary means of funding and bringing about those changes (oil revenue) in the economy, as stated by Wilpert (2005), “the redistribution of the country’s wealth, the inclusion of the country’s marginalized population, and the development of an alternative to neoliberal economics, had yet to be implemented” (p. 13). In November of 2001 the Venezuelan executive enacted forty-nine laws by decree that were seen as highly negative by business interests, but highly positive by the vast majority. Those decrees began to enact the constitutional mandates, included more government control over the national oil production company (PDVSA), required banks to expand credit to small businesses and agricultural production, required

corporate fishing to move their operations much further out to sea which gave increased advantages to small fisherman, and allowed for land reform including usufruct (the legal right to use the property of another, and derive profit from that use, with the caveat that the property is not damaged). These 'enabling laws' were not welcomed by the minority business interests or by international oil interests.

The initial business response was anger, followed by a lockout by all businesses for the day of December 10, 2001. Also, businesses and media interests accomplished a two-day coup in 2002 (as cited in Golinger, 2006), which ended relatively quickly due to massive government support by the majority of the people. A second lockout by businesses was far more devastating and long-lasting. That business shutdown/lockout lasted from early December 2002 until February 2003 and according to Wilpert (2005) caused "food and gasoline shortages throughout the country, mostly because many distribution centers were closed down" (p. 15). But food shortages and interruption of transportation services were not the only results. The Pan American Health Organization (2006) report stated that:

In 2002, the Venezuelan Medical Federation, with the support of the Caracas metropolitan City Administration (which served five metropolitan municipios and a total population of 2,762,759 in 2001), called for a national work stoppage of the federation's members...The stoppage shut down the majority of outpatient clinics and public hospitals in Venezuela, seriously affecting access to health care in the country, especially in the metropolitan

area of greater Caracas. In the neighborhoods, many of the 81 existing outpatient clinics under the Caracas Metropolitan District shut their doors, and those that remained open did so for only a couple times a week, providing service in return for a 'contribution.' (p. 21)

According to Figueroa (2006) those business leaders were not interested in inclusive democracy, but "they were only interested in exclusive democracy, the type of political regime that keeps the poor excluded from any real participation...they sought a democracy free of troublesome social consensus-making that might obligate them to share some of their riches with the exploited sectors" (p. 206).

The Medical Federation strike, in addition to other business owner lockouts, and oil company lockouts and shut down by management, had dramatic and devastating effects on the implementation of the social and economic restructuring that were initiated in 1999. Weisbrot, Ray, and Sandoval (2009), from the Center for Economic Policy Research (CEPR), corroborated the PAHO 2006 report stating that the new administration assumed power in 1999 at a time with the:

...lowest oil prices in 22 years; the first year was marked by negative growth.

This trend reversed by the first quarter of 2000, and the economy grew until the third quarter of 2001, a time of great political instability. In December of 2001 the Venezuelan Chamber of Commerce (Fedecámaras) organized a general business strike against the government. This political instability, with

much capital flight, continued through April 2002 when the elected government was overthrown in a military coup. The constitutional government was restored within 48 hours, but stability did not return, as the opposition continued to try to topple the government by extra-legal means. Growth remained negative through the summer and fall of 2002, and then the economy was hit with the opposition-led oil strike of December 2002-February 2003. This plunged the economy into a severe recession during which Venezuela lost about 24 percent of its GDP. The economy has grown very rapidly since then, with one dip in the first quarter of 2008. (CEPR, p. 7)

While significant changes were implemented in 1999, it is misleading to simply look at the data and results as if they were in full effect since that time. From 1999-2001 the new administration's efforts were hampered. From 1999-2001, as stated in the CEPR (2009) report:

...the state-owned oil company (PDVSA), which at the time accounted for more than half of government revenue and 80 percent of export earnings, was controlled by people who were hostile to the government.

Furthermore, the managers of the company actually used their control over these vital resources to destabilize and even topple (temporarily) the government. Under these circumstances there was not much that the government could do to promote economic growth. (CEPR, p.6)

Also, those same oil revenues and earnings were needed to implement the social changes mandated in the 1999 constitution, so there was not much the government could do to *fund* social well-being without those revenues. Nonetheless, positive changes did take place subsequent to 1999, even with the continued interference from the minority opposition and international interests. Venezuela's Human Development Index (HDI, a composite of GDP, education, and life expectancy ranking a population's overall well-being) increased from 1999-2001, then dropped due to the coup, and the doctor/business lockouts and strikes, as shown in the following figures:

Figure 3.

Source: CEPR 2009

Social spending as a percent of Gross Domestic Product (GDP) increased 1999-2001:

Figure 4.

Source: CEPR 2009

Percentage of persons in extreme poverty dropped from 1999-2001:

Figure 5.

Source: CEPR 2009

Infant mortality continued to decline from 1999-2001:

Figure 6.

The February 2009 CEPR report recognized the domestic recession caused by the business owners and international interests from 2001-2003, and recommended using 2003 as a reasonable starting point from which to evaluate social and economic changes. This seems to be a reasonable approach, as long as the initiation of changes in 1999 is not missed.

Lockouts, Strikes, and Coup – The Interruption of Reforms

Resolving conflict often requires contextual understanding of the situation at hand. Context is always historical and geographic, it is not only the immediate situation as one finds it, but it is also how the situation came to be in a particular location and time. There is always a history to comprehend, and there are always situational influencers, both domestic and foreign. In Venezuela, structural violence and historical exclusion of the vast majority of people from healthful well-being, has been well documented and such documentation is available from a variety of

sources. The fact that structural adjustments drove many millions into poverty and extreme poverty, repeatedly and continuously, leading up to 1999, is not disputed by most. It seems clear enough that when 'el Pueblo tiene hambre' (the people are hungry), and the people are hungry because there is inequity in the distribution of food, then actions to maintain "Venezuela's equilibrium of inequality" (Schuyler 1996, p. 20), are contrary to equitable resolution of the conflict. Unfortunately, there have been third-party organizations and governments who have provided assistance in reestablishing that equilibrium of inequality. The elite wealthy minority, multinational corporations, and foreign governments, should not be assisted in their concentration and externalization of wealth, or in their attempts to rollback constitutional rights and protections of equity and inclusion for the vast majority of the people. Some may assert that the corporations, wealthy elites, and international financial interests have a *right* to make profit, but while there are children in need of clean drinking water, nutritious food, medical care, shelter, and education, it would seem that any corporate or elitist *right* to profit should not take precedence.

While support for minority interests have greatly added to the suffering of the majority of the Venezuelan people, it is the local elites, business owners, physicians, politicians, and the Catholic Church who tried so vehemently, and failed (so far), to maintain and then attempt to resurrect the violent neoliberal-benefitting social structure. Those subsequent attempts to resurrect the violent social

structure caused immeasurable, as well as measurable harm during the 2001-2003 period, and interrupted the full implementation of the healthful reforms.

The data indicates that structural violence was reduced, as inclusion was increased, following the implementation of reforms in 1999. The data also indicate that when those reforms were interfered with, and were prevented from providing inclusion, structural violence and exclusion increased. Once that reform-interference ceased, inclusion increased, and structural violence decreased. When the lockout and strikes by the business owners and physicians were finally stopped, the deaths of children from malnutrition, diarrhea, and other illnesses abruptly decreased, as evidenced in the graphs below.

Mortality from diarrhea, pneumonia, meningitis, malnutrition in children under 5 years old, per 100,000 population, 1996-2005:

Figure 7.

Cases and death from diarrhea in children 1-4 years of age, 1996-2005:

Figure 8.

Source: Pan American Health Organization 2006

Pneumonia in boys and girls under 1 year of age, 1996-2005:

Figure 9.

Source: Pan American Health Organization 2006

One may look at the two immediate graphs above and take notice of the significant increase in *cases* of both diarrhea and pneumonia which continued after 2003, and interpret this as an indication of the failure to prevent such cases after the reform-interference ceased. But that belies the fact that increased and improved treatment is reflected in the graph by the *declines in death* due to the diseases, even with significantly detected cases. What may be taken as an increase in incidences is more likely an increase in detection and diagnosis for children once Cuban physicians were brought in to provide assistance, as will be discussed in a subsequent section.

Chapter Nine

Third Party Intervention in Venezuela

It is not always the minority who is the oppressed; it is not always that the majority class is the oppressor, as in the case of civil rights in the United States. While minority interests were the driving thrust of the civil rights movement in the U.S., simply identifying the numerical minority in a conflict does not necessarily identify the downtrodden or disempowered. Just as the black majority was the oppressed group under Apartheid in South Africa, so too, the poor majority in Venezuela was, until the years since 1999, the oppressed group in that country. Muhr and Verger (2006) stated that “social apartheid has become the most important political issue” under the new Venezuelan government since 1999 (p. 3). Whether in the case of South Africa or Venezuela, supporting the minority (the elite ruling interests that have done so much harm to so many) is not an option, if one’s goal is equitable resolution of the conflict.

Nonetheless, in regard to Venezuela, contrary to the facts, it has been the elite ruling minority interests whom the media have presented as the democratically-inclined oppressed party. And, it has been U.S. government and corporate interests that have been portrayed as threatened in the media. But in actuality, it is the powerful minority which has traditionally been the in-party, and the powerless (or far less powerful) majority which has been the excluded out-party in Venezuela.

Laue and McCormick (1978), in their discussion of the “Ethics of Intervention in Community Disputes,” stressed that empowering the out-party is essential to resolving conflicts, and for Laue and McCormick (1978), empowerment:

refers to a condition in which all groups have developed their latent power to the point where they can advocate their own needs and rights where they are capable of protecting their boundaries from wanton violation by others, where they are capable of negotiating their way with other empowered groups on the sure footing of respect rather than charity. (p. 219)

The vast majority of people in Venezuela have been denied empowerment and the sure footing of respect for many years, and yet, when the situation is presented to us in the media, it is usually they, and their repeatedly democratically elected new government, who are reviled and enmified. There have been several third-party groups who have intervened to *help* in Venezuela, but many of those groups have either stated their so-called *neutrality*, or have acted in support of the minority elites. Some of the results of those interventions (teaching the monied interests how to pull off the coup, how to withhold food, how to withhold water, how to withhold medical care, etc. in order to pressure the government to favor the privileged) have been devastating (Golinger 2006).

For Laue and McCormick (1978), when a third party intervenes, or tries to assist in resolving a conflict, the goal is not to remain neutral or maintain the status quo. Rather, the guiding goal, the “ultimate terminal value: human fulfillment”

(p. 219), must be maintained as the goal at all times. In cases where one acts as a conflict resolver, Laue and McCormick (1978) implore us to ask “does the intervention contribute to the ability of relatively powerless individuals and groups in the situation to determine their own destinies to the greatest extent consistent with the common good?” (pp. 217-218). If it does not, then we may actually, perhaps under the illusion of neutrality or some misguided understanding of the situation, be helping to maintain or restore oppression. Furthermore, according to Laue and McCormick (1978), when one attempts to resolve a conflict, one should never lend one’s knowledge or training to empower “racists, sexists, fascists, militarists, or religious bigots, for to do so would be to contribute to violation of the very premise of human fulfillment” (p. 222). Considering the harm done by some neoliberal capitalists, it would seem one could safely add them to the list as a group to avoid assisting in their attempts to regain dominance.

Larissa Fast (2002) echoes the sentiments of Laue and McCormick in her discussion of the “lack of clarity within the practice of systemic conflict resolution” (p. 534). Her concern is that the practice of Conflict Resolution is ungrounded or uprooted in its approaches to systemic or structural violence. From her perspective, it seems, there is the danger of Conflict Resolution (including mediation) free-floating on the surface, calming waves as they crest, while ignoring the structural or systemic violence. But, again, conflict is always contextual. If the practice of conflict resolution attempts to remain detached from the context within which it functions,

then how is it to determine if it is resolving the conflict or merely appeasing it and maintaining the structure that gave rise to the conflict? It was Fast's (2002) position that:

The disciplines of sociology, political science, critical theory, and international relations offer many different avenues through which we can analyze structures, but conflict resolution offers few clues about how to move from an analysis to a practice that addresses conflicts emerging from macro structures and systems. Structural analyses often are missing from the theoretical conflict resolution literature and this inhibits the genesis of practice strategies....General agreement exists that systems both exacerbate and cause conflict, yet we have little that illuminates a path from the structural sources of conflict to its resolution. (p. 531)

Fast's (2002) further concern was that the while the "process of dialogue among influentials" (p. 531) may result in agreement to cease the overt conflict, it may not resolve the root systemic problems that gave rise to the conflict. It may calm the waves, leaving the waters appearing tranquil, ignoring the raging sea below. In fact, such a process may serve to further strengthen an oppressive system or social structure, as Fast (2002) pointed out:

Johan Galtung's concepts of structural and cultural violence—unintended or indirect violence inflicted upon individuals via political, economic or social structures or cultural norms—point to the systemic nature of oppression, but

few practice strategies have emerged from these seminal concepts in peace research. Others have questioned whether conflict resolution is a tool of social change or social control. In not addressing structural causes of conflict, practice processes actually may strengthen the structures that oppress individuals, thereby retarding, decreasing, or even negating the possibilities for systemic change. (pp. 531-532)

Such appears to be the case in Venezuela in some of the *seemingly non-violent* strategies implemented by business interests during the 2001-2003 period. But the business lockouts, doctors' strikes, and withholding of food and basic services were not just implemented by strictly business interests. As Wilpert (2005) pointed out, "That is, in addition to big business one has to add the former governing parties, Acción Democrática and Copei, the union federation controlled by Acción Democrática (the CTV), Venezuela's Catholic Church hierarchy, and the private media...each one of these groups even went so far as to participate actively in the April 2002 coup attempt..." (p. 29). It is important to understand that a group which calls itself democratic is not necessarily a democratic group. As Paci (1972) reminds us, "ideology covers reality and truths. According to Marx, 'one cannot judge a man by the concept which he has of himself,' or an epoch 'by the consciousness that it has of itself'" (p. 410). Gendered language aside, the point is that we cannot rely on a self-placed label to distinguish a democratically oriented group from a non-democratically oriented group. Additionally, foreign groups,

especially from the United States, have been involved in supporting the elitist minority and multinational corporate interests. As Wilpert (2005) pointed out, “more recently, ever since early 2004, activists in the U.S. have uncovered documents that show in great detail how the U.S., via the National Endowment for Democracy, USAID, and Development Alternatives, Inc., are funding Venezuela’s opposition...” (p. 31). The documentation provided by Eva Golinger (2006) is an important contribution to the literature regarding this point. One must recall that Venezuela’s opposition group is the elite minority struggling to maintain their privileges contrary to the needs of the vast majority of the people who are poor. As Wilpert (2003) stated:

This is a country where 67 per cent of the population are classified as *mestizos* and 10 per cent as black, leaving a minority of 23 per cent whites... A cursory look at demonstrations for and against the government is enough for anyone to notice the colour contrast between them. Most...supporters are either *pardos*...or blacks; most opponents are whites. The way the latter refer to *chavistas*, regularly describing them as *lumpen* or *negros*, leaves little room to doubt the feelings of racist hostility.... (p. 104)

When the majority of the people are living in poverty and extreme poverty, and they rely on imported and available food, delivered clean drinking water, and free or low cost medical care, and when those basic needs and services are withheld as acts of noncompliance on the part of business owners/professionals/elites in an

attempt to pressure the government to concede to their minority business-oriented demands, then the poor and extremely poor have little or no access to proper nutrition, clean drinking water, and medical care. In such a case the health and well-being of the majority of the people decline significantly and the morbidity and mortality rates increase. Children die. Following Galtung (1969), examining and tracking such morbidity and mortality rates gives us an insight into structural violence. Such rates were significant in the 2001-2003 period in Venezuela when the Fedecámaras (Venezuela's largest business owners association) shut down businesses and services, thousands of doctors went on strike, and the privately owned oil company locked workers out of their jobs. Food stores, water and sanitation services, and medical services, had previously been predominantly privatized under neoliberal policies. Since 1999, the government had been initiating changes whereby significantly more money and other resources would be redirected away from private businesses and toward providing basic needs and services to the poor. When stores were locked, for months, and when medical clinics were closed, when clean water and sanitation services were withheld, the vast majority of the people suffered. Child malnutrition, diarrhea and other diseases increased and the number of child deaths soared rapidly and significantly.

When children become sick and/or die because they lack needed food, clean drinking water, proper waste disposal, and medical care, and those basic needs and services are available but are being withheld, then those children are being

subjected to structural violence. When those basic needs and services are available, but are being intentionally withheld by the wealthy, not necessarily to punish or kill the poor, but in their attempts to exact concessions from the government that would privilege the wealthy business owners and professionals, then the line between indirect/structural violence and direct/personal violence is blurred at best. When conflict resolution practitioners and proponents of nonviolence teach the wealthy business owners and professionals how to use such tactics as strikes and lockouts, then those proponents of nonviolence may be considered complicit in the violence, and in the deaths of those children.

While work stoppages and strikes *by workers* to reduce the profits and pressure business owners in hopes of obtaining increased benefits and wages seems reasonable and nonviolent, *business owners* and physicians who refuse to provide access to food, water, sanitation, medical care and other basic needs and services in order to regain or maintain their privileged status are acting neither reasonably nor nonviolently.

One could take the position that when peace workers teach oppressors to utilize strikes and other seemingly nonviolent strategies to achieve their goals, it is *better than* if those oppressors used direct violence to achieve their goals. But, the result would be continuing structural violence, not peace. Violence may be either *direct or structural*, but as Galtung (1969) asserts "...there is no reason to assume that structural violence amounts to less suffering than personal violence" (p. 173).

Furthermore, it was Galtung's (1969) position that "peace can be regarded as the 'absence of violence'" (p. 168), and further that, "peace also has two sides; absence of personal violence, and absence of structural violence" (p. 183). If peace activists seek to prevent direct violence (an admirable goal to be sure), *only*, then the results of their action may still be violence, in that they have ignored, left in place, or, perhaps inadvertently, supported structural violence. According to Galtung (1969):

...the absence of personal violence does not lead to a positively defined condition, whereas the absence of structural violence is what we have referred to as social justice, which is a positively defined condition (egalitarian distribution of power and resources). Thus, peace conceived this way is not only a matter of control and reduction of the overt use of violence, but of what we have elsewhere referred to as 'vertical development.' (p. 183)

The 'vertical development' to which Galtung is referring in the above quote is the increase from a person's *actual* toward their *potential* well-being (and certainly not neoliberal economic development). Furthermore, as Galtung (1969) pointed out, "and this means that peace theory is intimately connected not only with conflict theory, but equally with development theory. And peace research, defined as research into the conditions—past, present, and future—of realizing peace, will be equally intimately connected with conflict research and development research" (p. 183). This immediately calls into question any theory of peace, or personal and

social development, which does not always address the issue of structural violence, *as well as* direct violence. Either resolution of conflict without the other would *not* result in peace. Galtung (1969) stated that:

Both values, both goals are significant, and it is probably a disservice to man to try, in any abstract way, to say that one is more important than the other.

As mentioned, it is difficult to compare the amount of suffering and harm that has been caused by personal or structural violence; they are *both* of such an order of magnitude that comparisons appear meaningless. (p. 185)

Galtung is a strong advocate and seminal author in the field of peace research. He addressed the misguided efforts of those who work toward the end of direct violence, but who neglect structural violence, and vice versa. Peace work requires working toward the elimination of *both*. Galtung (1969) pointed out that “There are more than enough people willing to sacrifice one for the other,” thinking that a choice must be made, “but the view that one cannot meaningfully work for both absence of personal violence and for social justice can also be seen as essentially pessimistic, as some sort of intellectual and moral capitulationism” (p. 186). Gandhi had voiced a similar concern in 1926 (as cited in Klein 2007), when he stated that:

An armed conflict between nations horrifies us. But the economic war is no better than an armed conflict. This is like a surgical operation. An economic war is prolonged torture. And its ravages are no less terrible than those

depicted in the literature on war properly so called. We think nothing of the other because we are used to its deadly effects.... The movement against war is sound. I pray for its success. But I cannot help the gnawing fear that the movement will fail if it does not touch the root of all evil—human greed. (p. 129)

Peace work required, for Galtung (1969), a 'double goal,' and:

...once that double goal has been stated—that peace research is concerned with conditions for promoting both aspects of peace—there is no reason to believe that the future will not bring us richer concepts and more forms of social action that combine absence of personal violence with fight against social injustice once sufficient activity is put into research and practice...it is by aiming for both that peace research can make a real contribution. (p. 186)

Conflict, as has already been made abundantly clear, is always contextual, there is always an historical and geographic context to understand and address if one is to work to alleviate violence and work toward peace. While working toward peace, depending on the immediate context, it may be more important to emphasize research and action toward either direct or structural violence (though both must always be front and center as one's goal). It is as true today, as it was some four decades ago for Galtung (1969), that:

it is hardly possible to arrive at any general judgment, independent of time and space, as to which type of violence is more important. In space, today, it

may certainly be argued that research in the Americas should focus on structural violence, between nations as well as between individuals...the manifest structural violence in the Americas (and not only there) already causes an annual toll of nuclear magnitudes. (p. 183)

While there has been a great deal of direct violence in Venezuela in the past, there is perhaps a lack of understanding, by some, of the structural violence that led up to the changes that were implemented in 1999, and perhaps a lack of understanding, by some, of what has been implemented since that time. This thesis, while addressing structural violence, and certainly not discounting the direct violence that has occurred in recent decades (and centuries for that matter), seeks to clarify and add to the literature an understanding of the structural violence that has been predominant leading up to, and given significance and impetus to, the 1999 and subsequent reforms. To that end, it is important to make note of those who have interfered with those reforms by their short-lived coup, their owner lockouts, as well as by withholding food and basic services. As Galtung (1969) stated:

when the structure is threatened, those who benefit from structural violence, above all those who are at the top, will try to preserve the status quo so well geared to protect their interests. By observing the activities of various groups and persons when a structure is threatened, and more particularly by noticing who comes to the rescue of the structure, an

operational test is introduced that can be used to rank the members of the structure in terms of their interest in maintaining the structure. (p. 179)

Those who came to the rescue of the violent social structure, those who sought to revert to it and protect it, included not only the Bush Administration in the U.S., with their desire to protect U.S. corporate oil and other interests (Golinger 2006); the Venezuelan elite class who have benefitted for so long from the exclusion of the majority of the Venezuelan people from their potential well-being; but also some perhaps well-intentioned but misguided nonviolence activists and nongovernmental organizations (NGOs) who apparently didn't (and may still not, due to media and other distortions) realize they were providing assistance to elitist oppressors, structural violence, and Reaganomic neoliberalism. While deserving of much more attention that will be provided here, it is important to at least briefly address the latter activists and groups.

Anti-statist Liberal Activists and Anti-statist Neoliberalism

Liberal activists are generally *anti-statist*, that is, there is a history of violent, dangerous, and harmful government actions around the world, and liberal activists have often protested and struggled against those states. The Vietnam anti-war protests of the 1960s and 1970s, anti-Reaganomics activists, and anti-nuclear proliferation protests during the Reagan era are but a few examples that involved liberal activism. The state was seen as that which needed to be protested against. But, neoliberalism is *also anti-statist*, but for very *different* reasons. Neoliberals

want to remove state regulation of financial operations so that corporations and financial elites may seek profit without governmental regulation. Two very different perspectives, liberal activism and neoliberal capitalism, to be sure, but the two converge at a single point: *anti-statism*. James Petras (1997) has provided some fundamental clarity in the confusion of the two:

There is a direct relation between the growth of social movements challenging the neoliberal model and the effort to subvert them by creating alternative forms of social action through NGOs. The basic point of convergence between the NGOs and the World Bank was their common opposition to statism. On the surface the NGOs criticized the state from a 'left' perspective defending civil society, while the right did so in the name of the market. In reality, however, the World Bank, the neoliberal regimes, and western foundations co-opted and encouraged the NGOs to undermine the national welfare state by providing social services to compensate the victims of the multinational corporations. (p. 11)

By dovetailing liberals and neoliberals at the point of anti-statism, and then funding NGOs in their anti-statist endeavors, the World Bank effectively diverted many liberal activists from being able to parse out the distinction between the two, with the World Bank's goal and result of *undermining anti-neoliberal struggles*. As Petras (1997) pointed out, "The NGOs became the 'community face' of neoliberalism...in effect the neoliberals organized a 'pincer' operation or dual

strategy..." (p. 2), whereby they could continue to enact their neoliberal structural violence and pay NGOs to assist and quiet the oppressed people at the local level. This resulted, it is the Petras (1997) position, in the "conversion of many ex-Marxists to the NGO formula and practice. Anti-statism was the ideological transit ticket from class politics to 'community development,' from Marxism to the NGOs" (p. 2).

In regard to Venezuela, some on the 'left' apparently believe they are pursuing liberal goals by working against the state because, as was indicated above, a fundamental orientation for liberals is anti-statism. But those who are against the new government in Venezuela, who are against the state, and who actually provide training and assistance to the minority elite neoliberal oppressors, are actually working against the well-being of the vast majority of the people of Venezuela. In Venezuela the state is anti-neoliberal, anti-oppression, anti-corporate greed, and anti-war, and pro-people, food, and education. As stated by Munckton (2006), "the threat Venezuela poses is the threat of a good example" (para. 16). It is the elite minority who were supported by the Bush administration, and who are pro-neoliberalism, pro-oppression, pro-corporate greed, and anti-universal health and well-being. It is more than unfortunate that for some the 'confusion' persists to this date, but with the neoliberal corporate media providing what little information is available to us up north, it is not unexpected. It is also unfortunate that some of those liberal-minded activists in the U.S. who once protested and struggled against violence, against corporate greed, and against Reagan-era neoliberal policies that

harmed the poor, are now *supporting* them in Venezuela with their anti-statist efforts.

Chapter Ten

Parallel Structures – Mission Barrio Adentro

The increase in positive statistics from 1999-2001 is interesting, as is the sudden drop in positive status of many indicators during the 2001-2003 period.

There are many physician and academic reports that corroborate each. The action taken by, and on behalf of, the Venezuelan people in response to that sudden drop in inclusion is where the social restructuring in Venezuela accelerated and took definite and enduring shape.

In response to the drastic cut in services during the lockouts and strikes and withholding of oil revenue of the 2001-2003 period, the mayor's office of Municipio Libertador, a barrio in the hills of Caracas, performed a door to door survey of people's needs, as the 22 parishes within that barrio were suffering extreme poverty and lack of services. The two primary concerns of the people surveyed were, according to the PAHO (2006) report, "lack of transportation to get to a hospital in case of emergency and malnutrition due to insufficient food" (p. 21). The mayor ran an ad asking for doctors to work in the neighborhood in hopes of obtaining medical care for some of the people in need. The Venezuelan Medical Federation (akin to the AMA in the U.S.), which had already been involved in withholding services as part of the business strikes and lockouts, pressured physicians to not even apply for the positions (PAHO 2006, p. 21). Although several physicians did contact the Mayor's office regarding the jobs, most of them refused the positions citing union

rules against working in *hazardous working conditions*. One might wonder what those physicians thought of those hazardous *living* conditions, and their responsibility as physicians.

There had been a Cuban Medical Mission in Venezuela since 1999 providing assistance needed from a flood during that year, and in February 2003 the Mayor's office initiated contact with the Cuban Embassy in Venezuela to ask for assistance in his barrio. Three Cuban doctors were sent to Municipio Libertador to assess the situation, and within a month's time, 50 more doctors were brought in from Cuba. This was the beginning of the "Barrio Adentro Plan." The term Barrio Adentro implies *into the community*. One of the residents of the barrio, as quoted in the PAHO (2006) report, described his initial response to hearing that there were Cuban doctors in the neighborhood, and his brief comment provides a rudimentary outline, or structure, of a wave of positive change and structuring that was about to take place:

I heard that the doctors were coming because some of them had already arrived and were established deep inside the neighborhood. A neighbor who was suffering from asthma said to me 'the Cubans are there. Let's go find them.' So we went looking for them in the heart of the neighborhood. Of course we were already deep in the neighborhood, but we went even farther, and we found them. After I saw the doctor I immediately started to

make contacts and start the necessary steps. That was back in April 2003.

(p. 23)

The initiative of one person from the barrio mayor's office, recognizing a need that was not being met in one part of the community, reached out, expanding the small circle within which he or she lived, to include those in need within the circle where resources exist, was fundamental to the extensive developments that were to follow. Heretofore, many Venezuelans, especially the many people living in barrios, had been excluded from the resources available to others outside their small circle, and the many circles excluded each other. Conceptually, it is the difference between two circles side-by-side, but not touching or overlapping each other, on the one hand, as opposed to two circles which overlap each other to some extent, as in a Venn diagram, on the other:

Figure 10.

Two-circle Venn diagram

When two circles exist, side-by-side, with one circle having resources that are needed in the other circle, the perimeter of the circles is often impenetrable unless

the perimeter of one of the circles expands from one to the other to include or share resources, or when one is able to breach the barrier of the other and is able to obtain or provide resources. Being excluded from the resource-containing circle, when one is in need, is structural violence. Traditionally, in Venezuela, the circles existed side-by-side, with the one excluding the many others. When the Cuban doctors penetrated into the barrio, from one parish to another, they extended their knowledge and skills (their resources) to include another part of the community. The circles had overlapped, and a portion that had been excluded was now included. A basic Venn diagram had been formed. So too when the one neighbor, on behalf of the other neighbor who had a need, went deeper into the neighborhood to seek out the doctors, the circles began to overlap. While this may seem oversimplified to some, it is often that complex conflicts demand fundamentally simple solutions to begin resolution. If there are people in need, and there are abundant resources available, then the resources should be given to the people in need. This is the fundamental structure of what came to be known as Mission Barrio Adentro. The PAHO (2006) report continued, explaining that:

The next group of doctors arrived quickly. More than 100 of them came in May 2003. They were sent to other neighborhoods in the hills of Libertador Municipio, where the program had originated; to other parts of Caracas, such as Sucre Municipio (another area of hillside neighborhoods in the state of Miranda), and to center-city neighborhoods (p. 25)

But the doctors didn't just visit for an afternoon or a day, and they didn't refuse to help people in a *hazardous* condition; they actually moved to their new neighborhoods and lived with the people as part of their community. As one of the members of the community was quoted in the PAHO (2006) report stated:

How things have turned upside-down in this country! It used to be that those who had a bedside doctor were the rich people. The rich! Now we are the ones who have the good doctors, and they are not in it for the money. We have dedicated doctors who are with us day in and day out, who feel with us, who live with us in poverty. That's what means so much to us.
(p. 26)

The reversal had begun, the '*red de salud*' (the '*network of health*'), began to take form. He or she who was previously treated as an object was beginning to feel like, and be treated as, a valued subject, a person who has value simply because he or she exists. The barriers of exclusion were beginning to break down, and the health and well-being of a poor person, of each person, was valuable, not because of any ability to pay, but because of an ability to live.

According to the PAHO (2006) report on Barrio Adentro, "As new doctors arrived, they reached deeper into the communities, thus reducing the population which up to then had been excluded from access to health care. Within a few months, the program was fully established, with fixed working hours. The number of daily patients was declining, both because of the increased number of doctors and

because the health problems were being taken care of” (p. 26). Just as one circle, when overlapped partially by another forms a Venn diagram, that overlapping diagram, that network, was extended each time doctors went further into the community to determine the needs and provide their services.

Figure 11.

Three-circle Venn diagram

The Venn diagram, above, proves to be a conceptually satisfactory manner of expressing the structure that was being put into place, with subsequent multiple overlapping circles extending in all directions. The Venezuelan Ministry of Health has structuralized the primary activities within each circle, which are then extended to each community as its Networks Typologies (as cited in Alvarado, Martínez, Vivas-Martínez, Gutiérrez, & Metzger, 2008, p. 106):

Figure 12.

Each of these networks is inclusive of all the people in a community, as well as all the needs discovered/presented within each community, with new needs included within each. This community network typology, presented as circles-within-circles (above), is not static in its locale and orientation. Rather, points within the circle reach out to other communities where needs are discovered/presented, and a new circle, overlapping the existing network, begins to take shape and form. From one, to another, to another, the extension of overlapping circles, of one community network extending to include the next, and the next, with the goal of

each to increase complete well-being for its own community while reaching out to and reciprocally exchanging and incorporating needs and resources, each with the others.

Barrio Adentro was recognized as a valuable model of comprehensive health care delivery in Venezuela, and the Government decreed it as a permanent Social Mission in December 2003. Mission Barrio Adentro then had government financial support and extended its area of influence, not just geographically, but conceptually as well, as the PAHO (2006) report stated:

In 2004, Mission Barrio Adentro opened the road to structural change in health care access for millions of Venezuelans who until then had been excluded. Since then, the Social Missions in Venezuela have been defined as suprasectoral strategies with extraordinary resources in which institutions at all levels of the state work together in an articulated manner to accelerate social inclusion and ensure the universal human rights guaranteed in the Constitution in the areas of health, education, employment, food, housing and the land, as well as social, economic, cultural, political, and civil rights, in order to form a participative democracy for the transformation of Venezuela. (p. 27)

The very social structure of Venezuela, not just the overtly anti-neoliberal and anti-commoditization of well-being-orientation which was the initial emphasis of the new administration, was developing *endogenously*, from within. The

communities themselves were determining and voicing their needs, their voices were being heard. New resources were brought in, and new networks expanded to meet the needs of the people. Further circles were overlapped, until a pattern of community after community, barrio after barrio, city after city, and finally state after state, with each overlapping others, and those others with others yet again.

According to PAHO (2006) "In 2004, Barrio Adentro reached beyond the metropolitan area of Caracas to incorporate the state of Zulia; the rest of the municipios in the state of Miranda; the states of Barinas, Lara, Trujillo, and Vargas; and ultimately the rest of the country" (p. 27). Castro (2008) an assistant professor at Harvard Medical School corroborated the benefits to many when she stated, as part of her research in the phenomenon, that "Barrio Adentro achieved in a short period of time the materialization of the right to health care for millions of Venezuelans" (para. 22).

While the expansion geographically may be seen as finite in its possibilities, to the borders of Venezuela, the Bolivarian Alternative for the Americas (ALBA) has been implemented as an international organization aimed toward a regional Latin American integration of social and economic needs and resources toward the goal of well-being for all. Sader in 2006 (as cited in Klein 2007) called ALBA "a perfect example of genuinely fair trade: each country provides what it is best placed to produce, in return for what it most needs, independent of global market prices"

(p. 456). Klein (2007) briefly described the *reciprocal* trade structure of ALBA when she stated that:

Bolivia provides gas at stable discounted prices; Venezuela offers heavily subsidized oil to poorer countries and shares expertise in developing reserves; and Cuba sends thousands of doctors to deliver free health care all over the continent, while training students from other countries at its medical schools.... The major benefit is that ALBA is essentially a barter system, in which countries decide for themselves what any given commodity or service is worth, rather than letting traders in New York, Chicago or London set the prices for them. (p. 456)

The ultimate goal, as stated in the 1999 Venezuelan constitution, is *international democracy*, where the global network of needs and resources are *reciprocally* redistributed and extended toward *health for all*. Venezuela is at the forefront of organizing and funding ALBA, allowing Latin American and Caribbean countries to avoid IMF loans and structural adjustment conditions. As Klein (2007) commented: "Thanks to high oil prices, Venezuela has emerged as a major lender to other developing countries, allowing them to do an end run around Washington" (p. 456). Seeming to follow Galtung's metaphorical extension of structural violence to the international economic realm, Klein (2007) stated that "surrounded by turbulent financial waters, Latin America is creating a zone of relative economic calm and predictability, a feat presumed impossible in the globalization era" (p. 456). The

calming of the waters to which Klein referred is not just a surface-level calming of the waves, but is a *sea change* that extends to the depths of the domestic and international structure that had been in place for many years. As Klein (2007) pointed out “As a result, the IMF, supremely powerful in the eighties and nineties, is no longer a force on the continent. In 2002, Latin America made up 80 percent of the IMF’s total lending portfolio; in 2007, the continent represented just 1 percent—a sea change in only two years” (p. 457).

The new structure that is developing in Latin America generally, and in Venezuela in particular, has not been developing without resistance, both domestically and internationally. Regarding Venezuela, the domestic and international media portrayed the Cuban doctors as not qualified to practice medicine; the established and traditional Medical Federation in Venezuela sued to try to prevent the Cuban doctors from practicing; established hospitals refused to accept referrals from the *barrio* doctors; and established pharmacies refused to fill prescriptions written by the Cuban doctors as the prescriptions were for *generic* rather than brand-name drugs (PAHO 2006; Castro 2008). But with each attempt to circumvent the provision of services to previously excluded people, a solution was found. As the PAHO (2006) report documents, Community Councils developed to discuss local needs and express those needs to the government which was supportive of them; the court ruled that the Cuban doctors were on a humanitarian mission and so didn’t need to be authorized by the Medical Federation; military

hospitals were opened to accepting referrals from the barrio doctors; the Caracas University Hospital also decided to start accepting referrals from the Cuban barrio doctors; a list was compiled of traditional doctors who had hospital privileges and who were willing to accept patient referrals; the government bought the needed generic drugs and had them distributed to community clinics that were being established (often in residential homes until clinics could be built). The Venezuelan Armed Forces have provided physical assistance for the logistics and development of distribution within the new network (pp. 27-29). The initiation of the parallel structures in Venezuela was taking shape, with the encouragement and funding of the executive branch of government.

The overt orientation being implemented in Venezuela has been drawn directly from the Declaration of Alma-Ata in 1978, and a thin thread stretching through decades has been maintained in Venezuela since that time.

Mission Barrio Adentro and Alma-Ata

According to the PAHO (2006) report, "Barrio Adentro came into being while the world was celebrating the 25th anniversary of the Declaration of Alma-Ata" (p. 14). As may be recalled, the Declaration of Alma-Ata called for a new concept of health, which is 'a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of the many other social and

economic sectors in addition to the health sector.’ The creators of the Declaration of Alma-Ata also recognized that what was needed to provide such healthful lives to those who were being excluded was a new *economic* system that valued the well-being of people over militarism and profit. Health, as the complete physical, mental, and social well-being, and not just medical care, was according to the Declaration, best implemented via Primary Health Care. According to the PAHO (2006) report, “The spirit of Alma-Ata” (p. 16) has been restored and is alive and well in Venezuela. It is this that the corporate and elitist interests have been trying to stop.

Mission Barrio Adentro started with a survey in a neighborhood to find out what the people need. It has developed since then according to the PAHO (2006) report, “because it is backed by a comprehensive economic and social policy that envisages the full development of peoples and communities ...” (p. 16). The original Cuban doctors pressed further into neighborhoods and parishes, across cities and states, overlapping the circles of inclusion across each to the next until a network, and then a structure, began to take shape. But Barrio Adentro is not a hierarchical and purely professional endeavor. The people themselves, the communities, discuss and decide what they need. The people themselves are then trained, alongside the already trained, to press further, establishing and overlapping their own circles, discovering needs and seeking solutions from within and among other circles with other resources and needs. The matrix of overlapping circles of communities within and across communities is essentially infinite in its design. Its success is not

determined by the bottom line, it is not profit oriented, it is, for the most part, free. It is heavily subsidized by the previously exported oil revenue. It is oriented toward healthful coexistence on every level of *human* concern and endeavor. It is not in favor or support of exclusion, oppression, or structural violence.

Mission Barrio Adentro started in 2003 as an attempt to assess medical needs, and provide needed medical care to those in need, to improve the health of previously excluded Venezuelans. As the PAHO (2006) report stated, "In the Venezuelan context, the target population of Mission Barrio Adentro in 2003 was the population of the country previously excluded from medical care living primarily in marginal sectors of the large cities" (p. 80). But, as has been stressed, health is not just a medical concern. Rather than function in a *curative* medical mode (treating a medical condition as an isolated symptom to be cured), a more comprehensive model developed. When doctors sought out people who needed medical care they found people who lacked food and clean drinking water; they found sanitation services lacking; when people were asked to fill out forms it was found that many people could not read or write; they found children not in school; they found many lacking formal education; they found elderly who had no financial social security; they found people who needed glasses to see; they found high school graduates who could not afford college; in short they found people and communities in need not just of accessible medical care, but people whose medical conditions and well-being were to a large extent determined by their social conditions. Those social

conditions were unhealthful.

As part of Mission Barrio Adentro taking medical care into the neighborhoods, medical dispensaries were established to service not just the medical needs of local communities, but also served as Consultation Points for other needs and services, and, according to the PAHO (2006) report, “free medical care for everyone in the area that it serves” (p. 49) is but one component function. The PAHO (2006) report indicates the expansion from the purely medical to the social:

The health modules operate on the basis of four fundamental principles: (a) territorial coverage, in which each health module guarantees access and coverage to about 250 to 350 families; (b) comprehensive care based on the comprehensive care model, in which guaranteed care throughout the life cycle is provided by units that have the capacity to promote health and quality of life through educational, preventive, curative, and rehabilitation activities that respond to both immediate health needs and the social determinants that affect the health of individuals and communities; (c) social participation, in which there is ongoing participation by the community; and (d) an intersectoral approach, in which the health module’s work is coordinated with the rest of the social policies of the State. (p. 49)

Thus, the healthcare system is a flow, rather than an end point, and as the PAHO (2006) report describes, “this flow is based on the use of the referral and counter-referral system, which takes into account the patient’s needs, timing, and

the complexity of services required” (p. 45). This comprehensive process is contrary-- or perhaps better--complementary, to the usual *curative* medical model wherein referrals generally narrow-down the scope of care to the level of a specialist or expert in one field (which is, at times, necessary and is applied in regard to a needed specific treatment). The goal in the more comprehensive model is, at each point in the network, to discover what will assist the person to become more healthful, to develop more fully, not just in a medical sense, but in a holistic sense, with assessments and referrals and counter-referrals made, and resources provided with that goal in mind, with each referral expanding (rather than reducing) the network of need satisfaction at each point. The PAHO (2006) report described the developing networks:

The objective is to organize the delivery of health services into networks, breaking away from the bureaucratized and medicalized model of medical care based on the distinction between preventive and curative medicine in which referral and counter-referral mechanisms are weak...in the new model, primary health care is the axis around which the network of popular medical dispensaries is organized and the integrating force in maintaining the health of the population. This change was noted by an 80 year-old woman on one of the health committees who is also a primary-level student in Mission Robinson: ‘Well, when they began this here and we realized that Barrio Adentro was coming to our community, we were all happy because

there had never been anything like it. Before, we had to go to Magallanes Hospital or Periferico Hospital and spend a whole day sitting and waiting. Now they take care of us right away, they give us the medicines they prescribe right there, and give us support and all.' (p. 46)

These expanding networks of care extend the well-being not just of the individual, but of each community, and from community to community, as locals within each community are trained to be health promoters (nurses, doctors, teachers, community organizers, union leaders, and others) in their own community seeking out medical and social determinants of health (SDH).

Health Committees are established by each community, to discuss and determine what their community needs, according to the PAHO (2006) report:

The health committees have re-introduced the primary health care structure. The active participation of these committees is indispensable to placing family physicians in *excluded communities* and family homes as consultation points and providing and transforming these points into permanent popular medical dispensaries...Configuring the health system into networks is a planning strategy that is key to social intervention and meeting the health needs of each geographical and social area. The network takes shape based on feedback from the institutions and health committees, which are constantly interacting on a timely basis to meet the needs of individuals and the population. (p. 46)

As Mission Barrio Adentro spread from person to person, home to home, parish to parish, barrio to barrio, city to city and state to state, several common themes developed, and each became a mission in conjunction with Mission Barrio Adentro, as well as with each other, with the intention of improving the health of all Venezuelans, especially the previously excluded majority. With the government regaining control of the nation's oil company (PDVSA), the revenue generated from the oil sales, in addition to regular government spending, has been put to use to fund social programs such as the many Missions. PAHO (2006) states the value of the well-spent revenues as further social missions have developed:

On the whole, the Social Missions are the best opportunity that has come along in Venezuelan history for the impoverished and marginal populations both in the countryside and in the city, including the indigenous communities, to transform their quality of life and raise the quality of citizens participating in their country's sustainable human development. (p. 64)

While the Comprehensive Care Model (CCM) was initiated in Venezuela in 1999, and fundamentally framed within the 1999 constitution, its implementation was interrupted by the 2002 coup and the physician and business interests lockouts during the period from 2001-2003. The PAHO (2006) report points to 2003 as the point in time that the expansiveness of the social mission accelerated: "In December 2003, the Plan Barrio Adentro was established as a permanent Social Mission under a decree issued by the new president...it was then decided to extend mission Barrio

Adentro to all of Venezuela” (p. 27). The formal establishment of many other Social Missions soon followed, with much direct funding made available by the revenue generated by PDVSA.

Wilpert (2005) reported that following the tumultuous years from 2001-2003, “...sources of hope have only developed in the past year, with the introduction of the numerous new social programs known as ‘missions,’ which provide community health care, literacy and adult education, subsidized supermarkets, employment training, and university scholarships for the poor” (p. 20). Wilpert (2005) also reports that “...there are numerous quality of life indicators, such as infant mortality, which has dropped from 18.8 per thousand to 17.2 between 1998 and 2002, and life expectancy, which has increased from 72.8 to 73.7 years in the same period” (p. 20). Even more impressive results followed subsequent to 2003, when the interference of the health reforms ceased, and will be provided below.

Wilpert (2005) also points out that Latinobarómetro, a multi-bank and multi-government study, found 74% of Venezuelans support their democratic government, and he quotes the Latinobarómetro analysts as stating that “...Venezuela is the country in Latin America in which the fewest believe that the country is being governed for the few, and where the most believe that it is governed for the good of the people” (p. 20). Wilpert’s (2005) conclusion is that the primary reason for the majority of Venezuelans to support their democracy under the new government, is the policies “that promote ‘participatory democracy,’ which

have allowed many Venezuelans, but especially the poor, to feel included in Venezuelan democracy more than they ever have been before. That is, contrary to what the opposition claims, the...government has actually increased opportunities for democratic participation in Venezuela, via its new 1999 constitution" (p. 21). Wilpert (2005) cites examples of increased participation such as civil society's "role in nominating judges and various other public officials. Local citizens' assemblies enjoy a constitutional status, so that they can force local officials to be more accountable. Also, local public planning councils play an important role in shaping local government...these and other measures have given ordinary Venezuelans a greater sense of participation and stake in their government" (p. 21). Another core aspect of the new government since 1999 is that it, according to Wilpert (2005):

...emphasizes the inclusion of those who have traditionally been excluded, such as the poor, the indigenous, Venezuelans of African descent, and women. The measures for including these involve the above-mentioned redistribution programs, combined with affirmative action measures, where the poor, women, and indigenous Venezuelans receive preferential treatment when it comes to micro-finance loans, housing, or educational programs. (p. 23)

The European Commission Country Strategy Report on Venezuela (2007) also provided some clarification of the mission initiated since 1999. It stated that:

The Venezuelan government has actively pursued policies aimed at tackling poverty and social exclusion, especially through programmes known as *Misiones*. These programmes, which include free health care, subsidised food and land reform, have been buoyed by a windfall in income generated by oil exports. As they also run in parallel to state structures, some critics have questioned the sustainability of the *Misiones*; however, the government's emphasis on social projects has almost certainly generated new opportunities and feelings of inclusion for previously marginalized sections of the population. (p. 7)

The European Commission report failed to mention the fact that the “previously marginalized sections of the population” are the *vast majority* of the population.

Steve Ellner (2005) refers to “the creation of parallel structures in the public sphere, civil society, the economy and the communications media” (p. 182). As examples of the types of parallel structures that are being put into place Ellner (2005) cited “... the Mission programs (the parallel structures in the field of health and education),” ...and also stated: “government-subsidized agricultural cooperatives and MERCAL food outlets compete with large producers and commercial supermarkets...” (p. 183). The development of those missions, those parallel structures, are among the new social structures being put into place in Venezuela.

Some of the Social Missions that have developed, again with each overlapping the other and developing within each community, have been described by many physicians, scholars, and authors, but are succinctly described and listed by the Venezuelan Embassy. The list of missions is by no means an exhaustive or concluding list, and as needs are discovered, additional social missions are formed and funded (see appendix).

Chapter Eleven

Inclusion of Previously Excluded Persons in Venezuela Since 1999

There are many, many articles and reports available indicating the reduction of structural violence, and inclusion of previously excluded people, in Venezuela since the implementation of reforms since 1999. Unfortunately, one who relies on U.S. corporate media and academia will rarely run across them. While interpreting those reports, it is important to keep in mind the temporary interference with those reforms during the 2001-2003 period which was discussed above. The European Commission Country Strategy Report on Venezuela (2007) addresses and corroborates that interference:

The cornerstone of the government's policy agenda has been a focus on the empowerment of the poorest and most marginalised sectors of the population. To this end, the government has set up its *Misiones* programme (as mentioned above), which redistributes export earnings (principally from oil exports) directly to areas such as education, health and working and living conditions. The political crises of 2001-2003 (which also had severe economic repercussions as a result of the various national strike actions) hampered the government in its reform agenda (p. 14)

Again, one must remember that those *strikes* being referred to were actually elitist and corporate lockouts and withholding of goods and services in attempts to end the reforms and reinstitute the minority financial interests (structural violence).

If changes in structural violence may be measured as Galtung (1969) suggested, the numbers may be found in the increase or decrease of inclusion in access to needed goods and services. The Center for Economic and Policy Research (2009) in Washington D.C. provided statistical evidence indicating positive social inclusion for previously excluded persons in the Bolivarian Republic of Venezuela since the structural changes were initiated in 1999. Many of those statistics will be presented in the next section. Most social indicators have improved over the entire decade, even when including the devastating effects of the short-lived coup and owner lockouts intermittently during the 2001-2003 period.

While statistics and government analyses never tell the whole story, they are an important factor to take into consideration when analyzing the situation and drawing conclusions.

Physicians and Medical Care

According to the CEPR (2009) report, in 1999 there were 1,628 primary care physicians working in the public sector. By 2007 that number had increased to 19,571. The enormous increase in access to medical care for previously excluded persons in Venezuela is impressive. While the majority of those physicians have been brought in from Cuba, many Venezuelans are now in medical training in anticipation of Venezuelan doctors to assume, and increase, the number of those positions in the not too distant future. The CEPR (2009) report indicates there were 417 emergency rooms in 1998, increasing to 721 in 2007. There were 1,628 primary

care centers in 1998, which increased in number to 8,621 in 2007. Of those 8,621 primary care centers, most are in previously excluded neighborhoods, and there are, according to the CEPR (2009) report, estimated to be more than 6,500 of those clinics in previously excluded neighborhoods alone (p. 12).

Medical Care for Children

The CEPR (2009) report indicates that the lives of children have been significantly improved over the decade since 1999 in Venezuela, with infant mortality (under age one) decreasing 21.4 to 14.2 per 1,000. Child mortality (under age 5) has decreased from 26.5 to 17.0 per 1,000. Neonatal mortality (under one month) decreased from 12.4 to 10.0 per 1,000, and post-neonatal mortality (one to eleven months) has decreased from 9.0 to 4.2 per 1,000 (p. 11):

Figure 13.

The graph below, based on data from UNICEF/WHO, tells a similar story specifically regarding reduction in infant mortality in Venezuela, and corroborates the data from the CEPR:

Figure 14.

The UNICEF statistics also show a reduction in the under five child mortality rate:

Figure 15.

While significantly increased numbers of physicians certainly aided in reducing infant and child mortality, access to clean drinking water, sanitary environment, and ample nutritious food for the child and the family undoubtedly

helped reduce the levels of such mortality in children. Providing medical care to sick children is in no sense any small feat, but providing a healthful existence would prevent most cases from ever occurring. As has been presumably made abundantly clear, health care is more than just medical care. It isn't that people will be healthy if they have medical insurance, or even if they are provided just needed *curative* medical care; it is that people need comprehensive health care which includes, fundamentally, improvements in access to social resources.

Food Security

Food security has also improved over the decade for all persons. The CEPR (2009) report shows average caloric intake increasing from 1998 levels at 91.0%, to 101.6 % of recommended intake amounts in 2007. Deaths from malnutrition have dropped dramatically, from 4.9 deaths per 100,000 persons in 1998, to 2.3 deaths in 2006. Certainly treating malnutrition as a medical condition is important when someone is suffering from life-threatening malnutrition, but the more comprehensive healthful approach is providing access to nutritious food prior to anyone becoming malnourished. There are more than 4,000 community kitchens that have been established, with government-provided stoves/ovens, refrigerators and food deliveries. Each kitchen prepares the food for 150-200 people per day, free of charge. Much of the fresh food is from community gardens, with beans, rice, meat as well as nonperishable food brought in by trucks.

The CEPR (2009) report attributes the decrease in deaths from malnutrition

to a great extent to the provision of breakfast, lunch and snack to school children. That program began in 1999 benefitting 250,000 school children on a daily school day basis, and increased to providing breakfast, lunch and a snack to more than four million school children on a daily basis in 2008. Another reason malnutrition has decreased significantly is the proliferation of the Mercial program, which includes upwards of *fifteen thousand* small-to-large government subsidized food markets which sell food at about 50 percent of the regular price, and also provides mobile food markets which enter the poorest neighborhoods and set up 'Mercialitos,' day-long street markets which also provide food at much reduced prices. It is one of the stated goals of the current government of Venezuela that no one should go without food as *it is a basic human right*. Like other components of health care, it is a matter of getting food on a regular basis to where the people are, *into the community*.

Clean Drinking Water and Sanitation

Only 80 percent of the people of Venezuela had reliable access to clean drinking water in 1998, compared to 92 percent in 2007, equating to four million more people according to the CEPR (2009) report. In 1998, only 62 percent had sanitation, removal of garbage and waste, while in 2007 that percentage has increased to 82, an increase of about five million people. With diarrhea being a high cause of illness and death in years prior to 1999, the seemingly simple access to clean drinking water and sanitation has itself significantly increased health. Again, from the strictly medical or *curative* model, health would be seen as, at best,

providing treatment to people once they become sick from unsanitary conditions, while from a more comprehensive perspective, it is increased funding for infrastructure and *providing clean drinking water* that is the healthful solution. Certainly providing curative treatment is important, but providing only medical treatment is not the resolution of the problem. The solution is providing access to clean water and sanitation. The figure below shows increasing access to clean drinking water:

Figure 16.

Source: Venezuelan National Statistics Institute (SISOV)

Data retrieved from the online database of the Economic Commission for Latin America and the Caribbean (ECLAC) corroborate the increase in access to clean drinking water, the dip in access as a result of the business lockouts from 2001-2003, and the subsequent increase in access following the cessation of those interferences:

Figure 17.

Source: Economic Commission for Latin America and the Caribbean (ECLAC)

Education

A major emphasis in the social programs and funding in Venezuela, since 1999, is in education. While according to Muhr and Verger (2006), education represents 14-15% of government spending, factions of the “middle and upper classes claim that the consequent substantial expansion of education - above all at the higher education level - would decrease the quality of education. Their discourse, however, rather suggests that they perceive themselves as increasingly deprived of one of the previous, major distinguishing elements: the privilege of higher education” (p. 1). Muhr and Verger (2006) further state that a primary element in the education strategy in Venezuela is that “the educational transformations are philosophically guided by people’s empowerment in order to

become subjects in their own, as well as their nation's, 'endogenous development'" (p. 1).

Along with a significant emphasis on education spending to combat illiteracy, there are major expenditures in Higher Education (HE). Much education in the western/northern countries has been commoditized, not just in turning education into a product available for purchase for those who have the funds, but also in orientation to serving business interests and needs. The emphasis in Venezuela is intentionally contrary to such a commercialization and commoditization of education. According to Muhr and Verger (2006) "Venezuelan HE policies contrast the global HE agenda and thus challenge the principal neo-liberal axioms in education. While most countries worldwide are implementing education reforms geared towards "efficiency" and "competition" (understood as subordination to the prerogatives of capitalism), in Venezuela these tendencies are being reversed" (p. 12).

Williams and Cherednichenko (2007) are pursuing research comparing education and community collaboration, including research on the new Venezuelan education model. Their research:

...suggests that the Bolivarian University and the educational missions constitute an effort to put educational reform at the heart of a new social agenda: orienting the national economy to meet educational needs based on community aspirations and community building, rather than reforming

education to meet or adapt to micro and macro economic reforms centred on corporate profitability. Moreover, the education missions demonstrate an alternative partnership approach, as the education agenda becomes the responsibility of local communities, who themselves, appear to be beginning to dictate goals, parameters and fields for further research. (p. 14)

The above shows the same pattern presented earlier in the Barrio Adentro approach to medical care, social needs assessment, and resolution: the entry into a community to discover what the community needs, and to work with the community to find solutions to its problems, concerns, and needs. Rather than prescriptive in approach, it is an approach of discovery, working together, and endogenous development of the educational concern and process.

There are several Missions which focus on education, differentiated by age group and areas of concentration. It is axiomatic that education is one of the surest ways for people to rise out of poverty. Certainly ending illiteracy is among the most admirable goals. Being excluded from education has devastating effects not just on current generations, but, of course, on their children as well. Free education, through college, is a *constitutional right* in Venezuela.

According to the CEPR (2009) report, from 1998 to 2007, there was an increase in grades 1-9 enrollment from 85 percent to 93.6 percent, this increase is equivalent to one-half million children who would have been excluded from primary school had the percentage held to what it was prior to 1999. Secondary grade

enrollment increased during that same period from 21.2 percent to 35.9 percent, equivalent to almost 400,000 more children being included in secondary levels of education compared to rates in effect prior to 1999. Higher education saw the greatest increase during the decade as there was an 86 percent increase in enrollment in higher education during the 2006-2007 school year as compared to the 1999-2000 school year (p. 13).

Increased enrollment in secondary and higher education has dramatically improved since 1999. While reliable data for all years was not available, the CEPR statistics as well as the graphs below from the ECLAC do provide enough information to draw a reasonable conclusion. The first graph (fig. 18) specifically addresses enrollment of women, and the second graph (fig. 19) shows enrollment of men:

Figure 18.

Source: ECLAC Online Database

Figure 19.

Women

Women have been the predominant force in initiating, coordinating, and implementing many of the various social missions, including Barrio Adentro. It is traditionally women who know the real needs of the family and the community. It is women who have traditionally provided care for the children, prepared food, and who know what is going on in the barrio. Women's participation and sense of ownership in community development has only increased since 1999. According to Fernandes (2007):

Women activists took the lead in implementing programs such as Barrio Adentro and the communal kitchens. The women of the Carretera Negra first formed their Health Committee in July 2003, when a Cuban doctor was sent to the barrio. The women found a house to use as the clinic; they

looked for equipment, chairs, and beds; and they found the doctor a residence in the barrio. They organized meetings between the Cuban doctor and the community, they took health censuses, and they visited families to explain the idea of the popular clinics. In September 2003, the women started an Urban Land Committee consisting of 21 people who took censuses of families and began to distribute land titles, giving titles to 98 families by June 2004. In September 2004, the community activists set up a soup kitchen, which was functioning by October. (p. 113)

Single mothers in Venezuela are paid when they stay home and raise their children. Women who don't work outside the home are guaranteed social security when they reach retirement age for their domestic (in home) labor. Of course, women, along with all other Venezuelan citizens have increased participation in local and national political processes, are provided free medical, dental, and optical care, in addition to free primary, secondary, and higher education, and reduced prices for food, all constitutionally guaranteed and funded.

According to Moreno (2006), activists for women's rights in Venezuela, working in conjunction with the new government since 1999, "have created a bold social and economic revolution that has begun to transform the lives of Venezuelan women" (p. 1). Moreno (2006) recognizes women's groups who participated in the creation of the 1999 constitution, and women succeeding in "the removal of sexist language from every article of the constitution" (p. 5). "The Spanish language,"

Moreno (2006) asserts, “focuses mainly on males, and without this change in the constitution the language ‘renders women invisible’” (p. 5). Of course, such invisibility rests on some choosing not to see. She briefly describes BANMUJER, a PDVSA funded financial organization, the purpose of which is to provide funding specifically to women who want to start their own small business.

Additionally, Moreno (2006) described another institution that was created to assist women. Moreno (2006) pointed out INAMUJER, a national organization for women, which was created in 2000 to “further the social and cultural goals of the feminist movement” (p. 9). Moreno (2006) stated that “INAMUJER uses general education campaigns and literature to ensure that feminism reaches beyond the upper and middle classes...and monitors the implementation of the new female-friendly legislature to ensure that women will see the benefits of new plans, and actively works to gain equal representation in government” (pp. 9-10). Venezuela is still a very patriarchal society, women still earn less than men, and women are still a minority in the official legislative process (National Assembly), but there has been more inclusion for women since the changes that have been taking place since 1999. The European Commission Country Strategy Report on Venezuela (2007) also commends the increased inclusion of women since 1999, while also noting continued improvements that need to be made:

As regards gender issues, Venezuela’s new constitution clearly states that women are entitled to full citizenship and attempts to address

discrimination, sexual harassment and domestic violence. It also recognizes the sexual and reproductive rights of women and is also the only constitution in Latin America that specifically recognizes housework as an economically productive activity. The country has ratified the main international conventions relating to discrimination and violence against women, and is committed to implementing the Beijing Action Plan. The government introduced a new domestic law on equal opportunities for women in 1999 as well as a national plan for the prevention of violence against women for 2004-2009. Other government initiatives in this area have included the creation of a national institute for women (*INAMU*) and a national women's bank (*BanMujer*). Nevertheless, significant challenges in this area remain, including disparities between men and women as regards equal pay and access to jobs, education and reproductive healthcare. (p. 15)

Mantilla (2004) reports that Nora Castaneda, the president of the Women's Development Bank (*BanMujer*) of Venezuela, was asked during an interview in 2004 what she would like to say to women in the United States. Her response was informative, not just for women, but for all who may choose to see the invisible woman, and listen to the unheard voice:

To the women of the United States—Latina, African Americans, rural women, urban women, workers—all women, I would like to tell you that our country is trying to show that another world is possible through democratic

and peaceful means. But there are many international economic interests that do not benefit if the nation's resources are put at the service of gender equality, in the service of the great majority of poor women and men. And these interests lie—they lie a lot. I beg you to please find out what is really happening, and if you want to visit my country, please come to visit—we have nothing to hide. I ask you to listen to us—to listen to those who do not usually have a voice. It is a question of conscience because the reason our country is facing dangers is because we are making positive social and economic changes for the majority, and the minorities who are affected are trying to stop it. So please hear us and listen to us, think about it, and then act. (p. 50)

One must ask: can *you* see the invisible woman? Can *you* hear the unheard voice?

Income and Employment

Poverty has significantly decreased in Venezuela since 1999. While there was a strong upswing in both poverty and extreme poverty in Venezuela from the 1980s, the decline in both poverty and extreme poverty since 1999 has been just as striking and indicates reduction of structural violence and further inclusion in the financial as well as social well-being of the Venezuelan people generally :

Figure 20.

Source: Economic Commission for Latin America and the Caribbean

Venezuela has the highest minimum wage in Latin America, at \$636 per month (Cabezas 2009). The second highest minimum wage on the South American continent is \$310 per month in Argentina. Cabezas (2009) further stated that "In previous governments, for a time there was no minimum wage. Later on it was increased only four times in 20 years. If we had left wages at the mercy of market forces as the neoliberal economists recommended, the minimum wage in Venezuela would be about 100 dollars."

Social Security in Venezuela, just as in the U.S., provides financial assistance at retirement age or due to disability. Many persons have traditionally been excluded from Social Security benefits due to having worked in the informal sector, as have women whose work has been raising their own children (as well as many other domestic duties) in their home. Social Security benefits are now guaranteed to all Venezuelan citizens regardless of their life's employment status. Thus, the payment of Social Security benefits has increased since 1999, as no one is excluded.

Percent of population receiving old-age, disability, and survivor benefits:

Figure 21.

Percent of Population Receiving Old-Age, Disability, and Survivor Benefits

Source: Venezuela System of Social Indicators (SISOV), 2009.

Data from ECLAC support the increased per capita social expenditures. As seen in the graph below (which includes not just Social Security payments, but also medical, dental, optical, food subsidies, etc., but not including the special direct payments from PDVSA since expropriation of that national oil company), expenditures were very low in 1990, the year following the Caracazo, then increased as demands were put on the Pérez government following the exclusion and direct violence that followed that 1989 social eruption, and then began to decline again. While per capita expenditures increased under the Caldera presidency, temporarily, they decreased sharply again after President Caldera entered into another agreement with the IMF, until the new presidential administration was elected and took over in 1999. The data again show the decline in per capita social expenditures

during the 2001-2003 business lockouts and strikes, but have increased steadily and dramatically in subsequent years. One can only surmise how much more the increase since 1999 would have been, if there had not been the devastating period during 2001-2003.

Per capita social public expenditures in dollars:

Figure 22.

Public expenditures in amounts specifically related to medical services have also increased significantly. The figure (Fig. 23.) below suggests, but does *not* distinguish, direct contributions to the social missions from PDVSA which are shown in the second figure (Fig 24.). PDVSA direct fund contributions have been increasingly significant since the nation’s oil company was expropriated in 2003:

Figure 23.

Health Budget plus extra-budgetary contributions as % of National Budget:

2000	2001	2002	2003	2004	2005	2006
6.09	7.34	8.90	11.75	18.81	31.0	26.08

Source: Pan American Health Organization 2006

Direct contributions from PDVSA (oil revenue) to social programs:

Figure 24.

Source: Venezuelan Embassy

Employment in Venezuela has increased since the implementation of the changes in 1999, with, according to the CEPR (2009) report, “2.9 million more jobs than in 1998, which represents a one-third increase” (p. 15). The unemployment rate in 2008 was 7.8 percent, versus 11.3 percent in 1998. (March 2009 data, not included in the graph, from the Venezuelan National Statistics Institute, show a further decline in unemployment to 7.3%, the lowest on record for Venezuela). The

increase in employed Venezuelans also shows a movement from the informal to formal sector of employment, from 45.4 percent at the beginning of the decade, to 51.8 percent in 2008. While one might expect the increase to be primarily in the public sector, the data actually shows the number of people employed in the private sector increased more than the number employed in the public sector. This is significant as it shows that increased social (public) spending, as is the case in Venezuela since 1999, actually increases private sector employment. This contradicts the usual neoliberal opinion that increased social spending puts more people on the government's payroll and decreases private growth. As indicated in the table below, employment in both sectors has increased since 1999:

Figure 25.

Employment and Unemployment, 1998 - 2008

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
<i>In Thousands:</i>											
Labor Force	9,699.3	10,259.2	10,163.9	10,576.0	11,369.0	11,793.5	12,036.3	11,936.5	12,056.5	12,211.8	12,433.9
Total Employed	8,605.1	8,691.4	8,682.7	9,123.5	9,611.7	9,524.8	10,035.7	10,344.1	10,783.2	11,092.1	11,469.6
<i>By Sector:</i>											
Public	1,402.6	1,348.2	1,352.8	1,378.4	1,364.8	1,371.3	1,491.7	1,633.6	1,804.8	1,930.0	2,064.5
Private	7,202.5	7,343.3	7,329.9	7,745.1	8,246.9	8,153.4	8,544.0	8,710.6	8,978.4	9,162.1	9,405.1
<i>By Economy:</i>											
Formal	4,403.9	4,253.7	4,110.9	4,491.9	4,752.5	4,528.8	4,923.2	5,387.1	5,853.4	6,222.7	6,445.9
Informal	4,147.4	4,435.0	4,565.7	4,630.1	4,856.1	4,988.4	5,108.8	4,924.2	4,929.7	4,869.4	5,023.7
<i>% of Total Labor Force</i>											
Labor Force	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total Employed	88.7	84.7	85.4	86.3	84.5	80.8	83.4	86.7	89.4	90.8	92.2
<i>By Sector:</i>											
Public	14.5	13.1	13.3	13.0	12.0	11.6	12.4	13.7	15.0	15.8	16.6
Private	74.3	71.6	72.1	73.2	72.5	69.1	71.0	73.0	74.5	75.0	75.6
<i>By Economy:</i>											
Formal	45.4	41.5	40.4	42.5	41.8	38.4	40.9	45.1	48.6	51.0	51.8
Informal	42.8	43.2	44.9	43.8	42.7	42.3	42.4	41.3	40.9	39.9	40.4
Unemployment	11.3	15.3	14.6	13.7	15.5	19.2	16.6	13.3	10.6	9.2	7.8

Source: Instituto Nacional de Estadística (INE), 2009; República Bolivariana de Venezuela, 2009.

Again, the unemployment figures above clearly show the spike in unemployment during the 2001-2003 period due to the business lockouts, strikes, and coup, and the subsequent reduction of the unemployment rate following the cessation of those private domestic and international political and business strategies. The statistics also confirm the reduction of exclusion for many Venezuelans since 1999.

Agrarian Reform

Through the centuries, the structure and process in Venezuela has been one of entry, extraction, and export (Galeano, 1973, 1997). While the main resource involved in this process for several decades has been oil, vast areas of land have been used for commercial cattle and crops for export, or left vacant and fallow and privately held by large foreign and domestic landowners, leaving the domestic population dependent upon imports for food. As Wilpert (2003) reported:

...agriculture's share of GDP declined from 50 per cent in 1960 to a mere 6 per cent in 1999, the lowest figure in Latin America. Venezuela, in fact, is the continent's only net importer of agricultural products. (p. 108)

As the interior lands were bought and put into production to meet the needs of people outside Venezuela, small farmers were pushed off their farms, as they did not hold a title to the land. Much privately owned land has been left fallow, rather than let the local farmers grow food for themselves and their communities. The resulting rural to urban migration has added to the explosion of the urban

population through the years and to the proliferation of urban barrios. A major emphasis since 1999 has been the reversal of this process toward the goal of returning farm land to the small farmer to live on and work, and also to aid in Venezuelan food self-sufficiency. It isn't that the new Venezuelan government is anti-privatization, but rather, anti-monopoly and anti-externalization of ownership of Venezuelan land. Since the land reform laws implemented by the new government, according to Wilpert (2003):

Any Venezuelan citizen who is either the head of a family or is between 18 and 25 years old may apply for a parcel of land and, after three years of cultivation, acquire a title to it that can be passed on to descendants, but not sold. (p. 109)

Hundreds of thousands of acres of land have been provided to thousands of families under the program, and land redistribution continues to increase.

There has been strong resistance by the propertied and business elite to the new land redistribution programs and government departments set up to oversee those programs. Fedecámaras, the main business organization in Venezuela that orchestrated the business lockouts during the 2001-2003 period and were so devastating to the people and economy, have stated, according to Wilpert (2003) that the land reform laws, issued by presidential decree were "the single most important reason for launching the first employer-led lock-out of 10 December 2001" (p. 110). This, even though the land that was turned over to small farmers

had been lying fallow, and the latifundistas (the large landowners) were financially compensated at fair market value. Direct violence has also followed redistribution of rural land to small farmers according to Wilpert (2003), as dozens of small farmers have been murdered attempting to settle and work the land (p. 111). The latifundistas would rather see 'their' land lie fallow, than given to people to live on and work the land.

In the European Commission Country Strategy Report on Venezuela (2007), the need for more land to be provided to the poor is implied, but with a twist:

There is also an important linkage between poverty in Venezuela and environmental degradation, with the basic need for economic survival compelling poorer sections of the population to exhaust soils and agricultural potential in rural areas, and to contribute to severe sanitation and water supply problems in urban areas. Poor people are therefore often both the victims and originators of environmental degradation. (p. 13)

It seems an untenable position for the European Commission to recognize that the poor are exhausting soils due to the necessity for food and economic survival, but not specifically address the need to provide them with more land to farm. To in any way hold the poor accountable as the "originators of environmental degradation" because they are growing food to eat, seems to only beg the question: why has access to land been so limited for the majority, and what are the events and policies that have put the poor in a position where for "economic survival" they must

overwork or over populate the land? Perhaps the Commission could have called for further rural and urban land redistribution.

The European Commission Country Strategy Report on Venezuela (2007) does however recognize, in addition to the aforementioned 'environmental degradation,' positive environmental policy changes, since 1999 in Venezuela:

The new constitution adopted in 1999 makes specific reference to environmental issues, and the existing environmental legal framework is currently being adapted in order to make it fully compatible with these changes. The country has also ratified the main environmental conventions, including the Kyoto Protocol, the UN framework agreement on climate change, the Convention on Biological Diversity and the UN Convention to Combat Desertification. (p. 13)

Most of the population of Venezuela, however, lives not in rural, but in urban locations, where land is far less available. The rural to urban migration over the decades has resulted in huge barrios, some call slums, in the hills surrounding metropolitan areas. Title to such occupied lands where small homes of tin, wood, and brick have been erected have mostly been never applied for, so never obtained. While many of the 'squatters' homes have been on public land, private lands have also been settled on. Through government purchases, the Zamora Mission, and executive decree, land titles are being provided to those who have settled on the land, and unused land is being redistributed.

Chapter Twelve

The Reversal of Orientation

The history of European, U.S., and neoliberal approaches toward Venezuela has been a history of penetrating the country, removing resources, excluding the majority of persons from medical care, from education, from food, in short, lowering the *actual* condition of most, driving them further down and away from their *potential*. As Galtung (2006) clearly stated, such reduction of one's actual condition is as much structural violence as inhibiting one's movement vertically toward one's potential. In Venezuela, the structural violence has proceeded in both directions. That cycle of exclusion has repeated itself over centuries, and spread the violent social structures further and further into the country, teaching those encountered with each further penetration to take up the oppressive tasks themselves, so they may further spread the vicious cycle, further and yet further still, finding what the majority of the people need and then acting in near total disregard of those needs. Just as sure as this has been the pattern in the past, from the European conquest onward (and only continued and exacerbated by neoliberalism extending from the Reagan era), the cycle has been reversed since 1999. Since the changes in 1999, the reversal has resulted in overlapping circles of seeking out those in need, and finding ways to help them obtain or achieve it, toward fuller, healthful well-being.

Under neoliberal anti-statist policies, the power and wealth of the state is *decentralized*, diminished or removed from the hands of the state and turned over to minority private and corporate interests. Since 1999 there is *also* decentralization. The 1999 constitution specifically mandates that Venezuela shall be a *decentralized* government. But the decentralization that is called for under the new constitution is turning power and economic resources over, not to the hands of minority private and corporate interests, but rather, to the majority of the people. The community councils, the local communities decide what they need and they participate with the state to obtain it. Since 1999, there has been a reversal of the concept of decentralization in Venezuela.

Under neoliberal policies, privatization of state enterprises into the hands of minority private enterprises (both domestic and foreign) is increased. Legislative action is taken to ensure the right of wealthy individuals and private corporations to take on previously state-run and state revenue-generating enterprises, resulting in increased private minority wealth. But this privatization of state-run enterprises has been reversed in Venezuela. Since the changes implemented in Venezuela in 1999, according to Klein (2007), private co-ops have become a “top political priority,” handing enterprises over to local groups and communities:

By 2006, there were roughly 100,000 cooperatives in the country, employing more than 700,000 workers. Many are pieces of state infrastructure—toll booths, highway maintenance, health clinics—handed over to the

communities to run. It's a reverse of the logic of government outsourcing—rather than auctioning off pieces of the state to large corporations and losing democratic control, the people who use the resources are given the power to manage them, creating, at least in theory, both jobs and more responsive public services. (p. 455)

Much land in Venezuela has also been privatized over the years up to 1999, and put to use for export-oriented production, rather than producing for domestic needs. Hundreds of thousands of acres of fertile rural land have also become privately owned and left fallow. Much urban land has been privately owned and left vacant. This, while the country of Venezuela does not produce enough food to feed its own people, and while many millions of the people have not had enough money to buy imported food. Much less do the majority of the people have the money to buy land upon which to live and raise their families. Since 1999, there has been a reversal of the concept of privatization with the intentional result of handing land over to the majority of the people, so they may grow food and own homes.

The woman in the barrio who commented “How things have turned upside down in this country” (above), was articulating the structural changes being implemented. The world for the vast majority of Venezuelans has been upside down for many years. The socio-economic structure in Venezuela was pyramidal and hierarchical in its resource availability and distribution. While Galtung (2006) called for *vertical development*, the vertical nature of that development, while

upward in orientation and movement, refers to development from actual to potential access and well-being, not as a base consisting of the excluded majority in relation with an elite few at the top. The socio-economic structure in Venezuela is changing from one that is hierarchically vertical in orientation, to one that is horizontal. The new horizontal structure is building across the entire country in overlapping circles of concern for healthful well-being for all, rather than vertically and hierarchically in limited areas of the country for the benefit of the few. The horizontal restructuring may yet turn out to be just a 90 degree point along a complete 180 degree reversal of the hierarchy; only time will tell.

There has been a reversal of orientation not only of the hierarchical structure from vertical to horizontal, but also clearly from *right* to *left*, symbolized in the change in the Venezuelan Coat of Arms. The Venezuelan flag for many years has had Simon Bolivar's horse running to the right while looking back over its shoulder to the left, perhaps to watch out for those who have been excluded and left behind. But in 2006 the direction of Bolivar's horse was reversed to head-on charging to the left:

Figure 26.

While only a picture to some, it is nonetheless symbolic of the reversal of orientation taking place in the Bolivarian Republic of Venezuela with the new government.

The Reversal of Value

A fundamental premise in neoliberalism is the accumulation and free flow of capital. In capitalism, value is exchange value. Things, commodities, labor, even people, are assigned exchange-values, and the exchange-value represents fundamental worth, in monetary terms, of the object being exchanged. But exchange-value does not necessarily represent the actual value of something as it may be useful for human beings (use-value), and it certainly does not represent the actual value of a human being. As an example of the value of an object, the value of

a home may increase due to its exchange or market value, and that exchange-value, that price, under capitalism, may actually prevent people from having a home. Similarly, in a socio-economic structure based on exchange-value, the value or price of health care may actually keep people from being able to be healthful. Looking back to Galtung (1969), it may be recalled, one of the criteria to be used to determine whether or not a social structure is violent is to look to the distribution of value: "where there is interaction, value is somehow exchanged. It then makes very much sense to study what the value-distribution is after the system has been operating for some time, and the gross distinction has been made between egalitarian and inegalitarian distributions" (p. 176). By way of such investigation, it may be discovered what a society values, who shares in the distribution of those values, and who is left out of that distribution. Furthermore, if a society operates from a fundamental perspective of exchange-value then use value may be overlooked or lost.

From one perspective, the value of a home is in its ability to provide shelter, warmth, a place for people to live and perhaps raise a family. The exchange value, in contrast, is *placed upon* a home, and in so doing the use value of a home, may be lost. The home is thus commoditized, the price becomes the value, and, its value is alienated from its use value. Similarly, the use value of health care is healthful people, the value of education is educated people, and the value of food is nutritiously fed people. Thus, when the values become removed from or alienated

from the lives and needs of people, they become *commodities*, the exchange values *appear* to take on a realm of their own, and the essential values of being useful to human well-being may be denied or even left out of discourse, as if they don't exist or aren't of value. As Marx (as cited in Paci 1972) stated:

What I begin with is the simplest social form in which the product of labor presents itself in present society, and this is as a *commodity*. I analyze this, and indeed first of all in the form in which it *appears*. Here I now find that, on the one hand, it is in its natural form a *useful thing*, alias *use-value*, while on the other hand it is the *carrier of exchange-value*, and from this point of view is itself 'exchange-value.' A further analysis of this shows that exchange-value is only an appearance *form*, a mode of self-presentation independent of the *value* contained in the commodity, and I can then pass to the analysis of the latter...a commodity ...presents itself as a double of what it is, as if it possesses a *value* of its own in its *appearance* form, exchange-value, which is different from its natural form. (p. 443)

In neoliberalism, exchange value (the alias or doppelganger of natural value) is seen as actual value, and those things that humans need are treated as commodities which may (or must) be purchased. But this requires that one's perspective remain in the realm of *appearance forms* where values exist in a superstructure that binds us in consumerism-originated and oriented perception, thoughts, actions, and values. Living within and among appearance forms of value,

other people also become commodities, which are seen to have value primarily as their value exists *in the realm of exchange values*. We become commodities; we are reduced to object status with more or less value depending on our usefulness and marketability within the superstructure of appearance forms of exchange-value. In short, we and others become and live as doppelgangers of our natural selves in a seemingly clear fog of appearance forms.

What is the value of a meal? Is it the number of dollars required to purchase a meal? Or, is the value of a meal found in providing sufficient nutritious food to a hungry person, regardless of his or her ability to pay? What is the value of a home? Is it the amount of money involved in buying or selling a particular physical structure? Or, is the value of a home found in providing a place to live, take shelter from the storm, warmth, and as a place to raise a family? While the exchange values of food and homes fluctuate, the actual or natural value of food and homes does not. What is the value of healthful living? If we remain in the superstructure realm of exchange values, then many of us will starve, be homeless, and lack medical care. Such is the case in much of our world. In the realm of exchange value, according to Paci (1972) "It is important to note that the 'direct aim' is surplus-value and, consequently, profit. That is, the aim is not to satisfy real human needs" (p. 435). A social structure that has the direct aim of generating profit, while disregarding the value of satisfying real human needs, is a violent social structure. In such a structure, many suffer the results of being deemed value-less, or

worthless, and cry out for a reversal of the direct aim that leaves them at the lowest stratum of society. The line between structural and direct violence is blurred then, and one might ask, who is doing the aiming, and who or what is aimed at? One may wonder what a society would look like if its primary and overriding aim was to satisfy fundamental human needs, rather than the generating of profit and the accumulation and concentration of capital. Ultimately, the question comes down to what value we place on the healthful well-being of each individual person. One must ask, what is the value of a person, and what is it that deserves a higher value than that?

The Reversal of Subject and Object

When the direct aim of a social structure is profit, many of the people within the structure are objectified and deemed to have little or no value. It may appear that the social structure is the subject, and we humans are but objects that are required to conform to *its* demands. This belies the fact that each person is an active subject with potentialities beyond his or her assigned object status, and that it is the social structure which is the object. In a very real sense, many real flesh and blood human beings have had their subjectivity stripped from them and they live, and die, within a social structure, domestic as well as international, as if they were objects. When a socioeconomic structure affects human beings as if they were objects, then the reversal of subject and object has occurred. Such a social structure may present the *appearance* of tranquility, but as Paci (1972) stated:

We have appearance functioning as if it were not appearance, functioning as an appearance which has become real and which, therefore, is real. The tension guiding the entire analysis is the search for what is hidden beyond the appearance, the ideologies, and the constructions whose real nature as arbitrary constructions has been forgotten. These constructions are ghosts of a very special nature that act as if they were real. (p. 423)

Hidden beyond the appearance are the people in our world who live under the weight and depths of an excluding and violent social structure that reduces many to object status, whose subjectivity and well-being has been negated. When the state, which should be comprised of active subjects in a participatory manner for the well-being of all, is swayed or controlled by minority elitist interests, then the state ceases to be democratic and supportive of its people and becomes a tool of those elite interests. In such a case, the role of the state, as being the enactor of the emphasis toward the well-being of the people, has itself been diverted and negated. The state, rather than being deregulated, becomes regulated by and for elite interests, and those elite interests become a privileged class from which many, if not most, are excluded. According to Paci (1972):

The contraposition of the concrete individual and the abstract society which is posed as concrete arises from the fact that a group of individuals conceives of society as a means to its own domination over others, thus constituting itself as a class. Disoccluded, the contra- position of society and

individual turns out to be the class struggle, and the state becomes one of its tools. (p. 335)

When the living flesh and blood human person awakens to the fact that such a reversal has taken place, when one realizes that one's fundamental rights are *negated* by a class and social structure that has taken on a role as violent subject dictating how human beings may live or die, eat or starve, learn or be kept illiterate, then the real subject, the human person, may accept his or her objectified status, or attempt to take a stand against the abstract and oppressive structure-cum-subject. Of course, those who are benefitting from the structure, those who are privileged within the structure, may do what they can to continue to exclude those who are left out. It may be in such *intentional acts* to continue to exclude that structural violence becomes direct/personal violence. It is also there that the already too-great distance between the *actual and potential* increases, by continuing to exclude, and perhaps reducing the actual condition of the excluded even more, driving them yet further away from their potentialities. Such may be the case in today's widening gap between rich and poor individuals, as well as between rich and poor nations. It is certainly the case in Venezuela in recent past decades.

But it is not inevitable that the state become, or remains, a tool of the elite. There are times and places, modern day Venezuela may be one of them, where the majority awaken to their own subjectivity and intersubjectivity, and in a dialectical relation with the state, rewrite its constitution, and redirect its resources and

wealth toward the healthful well-being of all. In this, the *negation of the negation* (Paci, 1972), the previous reversal, whereby the subject had been reduced to object, is itself reversed, and the subjects regain the ability to direct their own society and well-being.

But, whereas for Marx, the proletariat can only be freed by destroying the bourgeois class, in Venezuela the vast majority of the people who have been excluded, those who have endured the negation of their well-being by the elite class, are not trying to destroy the elite class. Rather, they are working to increase their own well-being *in spite of the elite class*. They are no longer willing to let the state be a tool in service to elite masters. The people are pursuing their own project, creating their own structures, paralleling the existing neoliberal structures.

Chapter Thirteen

Conclusion

Angel Falls is the highest waterfall in the world, nearly twenty times the height of Niagara Falls. In the indigenous Pemon language it is called Kerepakupai meru, or 'the fall from the highest point.' Like so many things in Venezuela its identity has been changed over time to suit others. At most times, the falls are hidden by a dense fog that makes it difficult, if not impossible to see. But when the fog clears, one may see the incredible magnitude of its existence. Of course, one must look to see, before the fog once again gathers to occlude that which is always there hidden, yet waiting to be seen. The flowing water leaves the crest of the falls atop Auyan-Tepui, the heart-shaped table-top mountain where the water begins its descent. But with such an incredible distance to fall, and with the blowing winds, the water vaporizes, splitting the one flow of water into seemingly separate particles, before it ever reaches the ground, atomizing into a mist as it descends to the earth. The water gathers below, forming river, and where river meets earth, the tannins seep out of the soil and roots, turning the river a distinct red color. It is there that the river begins its timeless channeled journey through the tropical forests of Venezuela. The river would run freely, but for the banks that steer its course. The blood-red water has been running in Venezuela for untold years, unbeknownst to most of us in the rest of the world. But when the fog clears, even

for a moment, if one looks, the source of the red river, the fall from the highest point, is there for all to see.

There are many natural structures in Venezuela worthy of our attention. There are others, less natural (or perhaps unnatural), that are no less deserving. No less red, but far less natural, is the river of blood that began to flow with the advent of European conquest and colonization some five hundred years ago. Seeking land, natural resources, and slaves, a structure of extraction and exclusion began. It is that fall from the highest place, and the course that has been taken since, that has concerned us here.

Geological structures are perhaps just geologic structures, and metaphors that may be drawn from them are perhaps just metaphors. Not so for social structures which are intentionally shaped and that affect flesh and blood human beings who live within them, or under them. Social structures do not follow natural laws of geography or evolution—people make decisions, and decisions people make affect others. For a human being to fall from his or her potential is devastating. For human beings to be held down in their actual condition, to be prevented from even approaching their potential, and to drown in the only seemingly tranquil waters of a violent social structure, is perhaps the fall from the highest point.

Much of this thesis has been the analysis of population, and much data and many numerical statistics have been cited in the analysis to allow the drawing of conclusions. But the numbers and percentages, the graphs and tables, may remain

abstract, and it is perhaps easy to lose sight of the 'simplest conception.' Marx (as cited in Paci 1972) drew us back to that conception:

When we consider a given country from the political-economic standpoint, we begin with its population, then analyze the latter according to its subdivision into classes, location in city, country, or by the sea, occupation in different branches of production; then we study its exports and imports, annual production and consumption, prices of commodities, etc. It seems to be the correct procedure to commence with the real and concrete aspect of conditions as they are; in the case of political economy, to commence with population which is the basis of the entire productive activity of society. Yet, on closer consideration it proves to be wrong. Population is an abstraction, if we leave out, e.g., the classes of which it consists. These classes, again, are but an empty word, unless we know what are the elements on which they are based, such as wage-labor, capital, etc. These imply, in their turn, exchange, division of labor, prices, etc. Capital e.g., does not mean anything without wage-labor, value, money, price, etc. If we start out, therefore, with population, we do so with a chaotic conception of the whole, and by closer analysis we will gradually arrive at simpler ideas; thus we shall proceed from the imaginary concrete to less and less complex abstractions, until we get at the simplest conception. (p. 292)

The simplest conception to which we must arrive is, of course, the individual people who are trying to live their lives and survive as best each can, and ask whether each is allowed to do so. Furthermore, if the answer is no, then we want to know why. To live we must have air, we must eat, and we must have clean water to drink. This is the fundamental structure within which we live, what Paci (1972) calls our "*precategorical economic reality*" (p. 347); we are always in need of something. This fact of our existence is *irreversible*. Ours is a life always dependent upon something external to us which we must obtain. If others choose to withhold from us that which we need unless we perform certain tasks, then we perform certain tasks to get what we need to survive. If others withhold from us that which we need regardless of the tasks we are willing to perform, then we are being excluded from our basic and fundamental survival and any chance of well-being.

But life is not just survival from one breath or meal to the next. To continue to live we must have medical care when we are ill or injured, we need shelter to at least be safe from the elements. To find meaningful life, we need to participate; to grow, we need education. To be denied these essential things is to be excluded from well-being. If economics, like science and education generally, remains uprooted from the lives of real people, as it is in the neoliberal economic perspective, then exclusion will continue. If we are to judge a social structure and its violence, it seems reasonable to always return to the *simplest conception* and ask: do people have what they need for basic survival, and are they able to pursue

meaningful lives to reach their potentialities? Beyond all the ideologies, nationalisms, and beliefs, this is where we must always begin, and end, our analysis. It is from here that we must chart our course.

Were the majority of people in Venezuela being excluded from healthful well-being prior to 1999? Based on the facts as found, the answer is yes. Were they suffering from a violent social structure? Again, it would be difficult to say no. The hypothesis for this thesis was that the changes and parallel socioeconomic structures being implemented in Venezuela since 1999 have decreased structural violence, and have provided more inclusion for previously excluded people. In conclusion, based on the facts and analysis presented, it has been found that the hypothesis has been supported. Structural violence has decreased, and many who were previously excluded are now being included. Is it a perfect system? No, but the hypothesis was not regarding perfection. Is there room for improvement? Yes, but that doesn't mean the way things were previously was any more acceptable or healthful. In fact, quite the contrary has been concluded. The Bolivarian Republic of Venezuela is a ten-year old democracy, and yet, its constitutional rights and protections, as well as the implementation of those rights and protections, far surpass even the stated *intentions* of many other democracies. The people of Venezuela should be encouraged and supported in their healthful endeavors.

Suggestions for Further Research

Suggestions for further research include further studies in basic services infrastructure: as there are still people without access to readily available clean drinking water, what are the plans to increase that access? There are still people without proper sanitation, and the same question must be asked. Further, are there still people without adequate nutritious food, medical care, and education? If literacy is not at 100%, which it is not, who has been left out and why? Are resources being utilized for other purposes before these basic needs and services have been provided to *all*? Why is there a military budget, and what healthful improvements could be increased if that budget were reduced or eliminated and applied to health instead? Furthermore, why are women still earning less than men, and why are there more men than women in the national legislature? Following the Declaration of Alma-Ata, and its mandate that *health for all* means health for *all* and not just for *most*, what are the policies and structures that are continuing to exclude some, and why is it *those* people who have not yet been fully included? Is it just a matter of time, or is there something else that is preventing total inclusion? What is happening to the elite minority, are they only losing political clout and excess wealth, or are they suffering as they live through these changes? Is the final goal to have no elite minority, to move from the pyramidal hierarchy, slowly through the horizontal, and ultimately to a complete reversal where the elite few are then crushed under the inverted pyramidal structure by the

base of the majority? If so, how will that be accomplished, and what will happen to those who held such elite status? Is the end goal to have permanent parallel social structures, or is this seen as only temporary until the traditional structures are overwhelmed and completely replaced?

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Appendix

Social Mission information directly from the Venezuelan Embassy website:

Barrio Adentro: This mission's general objective is to guarantee that the excluded population can have access to health services, by using a comprehensive health management model geared towards achieving a better standard of living with the creation of medical centers and popular clinics as well as "the people's hospitals" among communities that have limited access to health coverage. This mission provides prescription drugs, dental coverage and optical services free of charge.

Barrio Adentro II: The objective of this mission is to create a Center for Integral Diagnosis, with facilities that are conditioned with basic equipment to conduct diagnosis: X rays machines, electrocardiogram machines, ultrasounds, and laboratories, among others. These centers guarantee medial emergency assistance and basic diagnosis studies 24 hours a day, 7 days a week.

Barrio Adentro III: The objective of this mission is to strengthen the third level of assistance as part of the National Public Health System. It encompasses the modernization of the public hospitals' network that belong to the Ministry of Health, the Governor's Offices, the IVSS (Venezuelan Social Security Institute), PDVSA (Petróleos de Venezuela), the Military Health

System and IPASME (Institute for the Prevention and Social Assistance for the Employees of the Ministry of Education and Sports). This mission has an integral goal that includes: modernizing and updating medical technology, changing the model of assistance, restructuring the management model from which synergy can be promoted, promoting community participation and constructing new hospitals to guarantee access to medical attention for all citizens in order to transform the conditions of the population that has been excluded from the medical sub-system.

Milagro: This mission performs free eye surgeries for low-income citizens. It started in July 2004 as an agreement signed between Cuba and Venezuela. At the beginning only Venezuelan patients were serviced, but now it has been extended to other Latin American countries. The types of operations conducted include: cataracts, pterigi3n and ptosis palpebral.

Alimentaci3n: The objective of this mission is to guarantee Venezuelans access to good nutrition, in a timely and efficient manner, by using a synergic commercial and social food distribution network that can reach the less-favored sectors of the population. The Agricultural Supply and Services Corporation (CASA in Spanish), Food Markets (MERCAL in Spanish), the Foundation of Strategic Food Programs (FUNDAPROAL in Spanish), Caf3 Venezuela, and the recently incorporated Office of the Superintendent of

Silos form this network; all of which are fundamental entities conducting this mission's works.

Vuelvan Caras: This mission was created to eradicate poverty by fighting unemployment. The government has had to implement employment programs that have included the creation of cooperatives for specific activities. With this mission, opportunities have been granted for millions of unemployed citizens to develop skills in various areas of production and services, providing paid training for productive employment. Additionally access to credit and employment opportunities in the public sector have been facilitated.

Negra Hipólita: It is directed to fighting exclusion as well as supporting every street child that suffers from a sudden attack from poverty. Negra Hipólita Mission has the goal of coordinating and promoting everything related to providing full attention to every child, teenager, adult, handicapped person, and senior citizen that lives in the streets under extreme poverty. Protection committees and community organizations, that diagnose every specific social situation nationwide, guarantee the functioning of this mission.

Madres del Barrio: Madres del Barrio Mission has the goal of supporting needing housewives and their families, so they can overcome extreme poverty and prepare to defeat poverty in their communities by

incorporating social programs and missions, promoting support within the community and providing a financial allowance.

Sucre: This is an initiative from the Venezuelan State and the Bolivarian Government which main objective is to promote institutional synergy and community participation, to guarantee that every high school graduate can have access to a college education and transform the conditions of those excluded from the higher education sub-system.

Ribas: Ribas Mission has the goal of helping every person that has been unable to complete High School, benefiting the citizens that, regardless of age, still want to complete their secondary education.

Robinson: The objective of the Robinson Mission is to eradicate illiteracy, by applying programs that facilitate the access to education for all Venezuelans in different levels.

Hábitat: This mission addresses housing needs, providing solutions not only in terms of the construction area but also for the comprehensive development of habitats by building integral urban areas that could have access to services ranging from health to education. Among its main objectives is the evaluation of the land to be used for the construction of Housing Centers for Endogenous Self-Sustainable Development.

Guaicaipuro: This is an initiative to address the needs of the indigenous peoples and communities, respecting and promoting their social,

political, economical and cultural organization as well as their costumes, languages, religions, habitat and original rights to the ancestral lands that they traditionally occupy and that are needed to develop and guarantee their lifestyles as demanded by the Constitution. One of the Mission's essential responsibilities is to guarantee agricultural food security and provide a harmonious and sustainable development for these communities, framed in the visions of ethnical development.

Zamora: Zamora Mission hopes to reorganize the ownership and use of agricultural unused lands for eradicating latifundiums. This is a constitutional guideline framed within the transformation process that Venezuela is experiencing, to reach equality and social equity fulfilling Article 307 of the Constitution of the Bolivarian Republic of Venezuela.

Piar: Piar Mission was created to provide the small mining industry with five axis contemplated in the Nation's Social and Economic Development Plan (Economic, Social, Political, Territorial and International), without altering the environmental equilibrium. This policy aims at transforming the old production relations, to put an end to the appropriation of the most productive mining areas by transnational companies and to also put an end to the plundering of our national resources and tax evasion.

Identidad: Identidad Mission was created to fulfill the mandate of the Constitution of granting the right to exist to thousands of forgotten

Venezuelans, by an identification national plan that brought identities to residents of excluded and judicially undefended sectors that had been denied of this right, such as: low income areas, rural areas, and indigenous areas.

Árbol: This mission is created with the objective of recuperating the green areas and forests, as well as providing a shelter for animal species and the conservation of lands and rivers. It is oriented to promoting the communities' participation in a leading role in the construction of a new model of development founded on the recuperation, conservation and sustainable use of forests for the improvement of their well-being.

(from the Venezuelan Embassy website: <http://www.embavenez-us.org>)