

Cuban Health Care: A Different Way

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Despite enduring years of economic hardship brought about by the U.S. trade embargo, as well as the collapse of the Soviet Union, Cuba has been able to maintain remarkably good health indicators that are comparable and even better than some of the wealthiest nations in the world (Kath, 2010). The life expectancy of a Cuban is 79 years, the same as a U.S. citizen; while the infant mortality rate is lower (4/1000 vs. 6/1000) (World Data Bank, 2014). Additionally the rate of HIV is one of the lowest in the world (0.1%) (National Association of Social Workers (NASW), 2011).

Much of Cuba's success in healthcare can be attributed to the Cuban revolutionary government's reforms that began in 1959, that now provide free universal health coverage to all. (Mason, Strug & Beder, 2010) Cuba currently has a comprehensive community-based health system, with the largest number of doctors per capita in the world (NASW, 2011). This paper will explore this comprehensive system. However, before understanding the current system, it is important to recognize the inequalities that existed in the past and why reforms were needed.

Pre-revolution Healthcare Disparities

Prior to the revolution, healthcare in Cuba was neither universal nor equal. Although healthcare was provided by mutual aid societies and private doctors to those who could pay, and by charity hospitals to those who could not, there were still a number of Cubans who were either denied care, or did not have access to it. (Mason et al, 2010)

One group of people denied care in pre-revolutionary Cuba were Afro-Cubans. Much like in the United States, they were not allowed to receive services in places deemed "for whites only." Not until 1938, with the founding of Centro Benefico y Juridico de los Trabajadores de la

Habana, through the Transport Workers Union, were they able to receive care. (Mason et al, 2010).

A second group of Cubans who were unable to receive equal care before the Revolution were those living in rural areas of Cuba. At the time, the majority of Cuba's doctors and hospital beds were concentrated in Havana. (Keck & Reed, 2012) According to Mason et al. (2010), in 1934 over half of all the country's 2,542 doctors were practicing there. Additionally, the pay for doctors working in rural areas was often difficult to live on, so the doctors practicing there were either less experienced or less qualified than those in the cities (Mason et al., 2010). This had grave consequences for the health of families living in these areas, indicated by the infant mortality rate of 100 per 1000 births (Keck & Reed, 2012).

Post-Revolution

Noting the great discrepancies and inequalities that existed in Cuba, the post-revolutionary government of Fidel Castro made healthcare for all a national priority. (Iatridis, 1990) This is reflected in the Cuban Constitution which states that "Health care is a human right rather than a product for economic profit. Therefore, all Cubans have equal access to health services, and all services are free" (Iatridis, 1990, p. 30). There were two over-arching priorities that took place after the revolution. These were making care accessible to those in rural areas and making health care part of the community.

Making rural medicine a priority

One of the first steps that the Cuban government took to equalize care was to decentralize services, so that those in rural areas had access to doctors and hospitals. Thus in 1960, El Servicio Medico Rural, or the Rural Medical Service (RMS) was established. The goal of RMS

was to provide “disease prevention and to revitalize health services for those most in need, whether because they are poor, in precarious health or live far from urban centres” (World Health Organization (WHO), 2008).

The RMS required that recently graduated doctors serve one year in rural areas (Keck & Reed, 2012) and began by sending 750 doctors to mountain and coastal areas (WHO, 2008). These doctors were responsible for educating communities about hygiene and health, as well as providing care. By 1970 the number of hospitals in rural areas had increased from 1 to 53 (Keck & Reed, 2013).

Healthcare as part of the community

A second important step to creating an equal system that reaches all was to make health care a part of the community. Unlike in the United States, where health is generally seen as an individual concern, the Cuban philosophy emphasizes the importance of a person’s entire environment. According to Mason et al. (2010),

The Cuban health system was developed under a social concept of health that at present includes much more than the absence of illness. It overcomes the limits of the individual and includes a person’s relationships and interaction with his or her environment. Health is a state of physical, mental, and social well-being. It is also designed to enhance the development of potential in every individual and to help them best function in and adapt to their environment (p. 66).

This philosophy is evident in the personalized care that Cubans receive from family doctor- nurse teams and polyclinics, as well as in the fact that solving health issues is not just the responsibility of the Ministry of Public Health, but of all Cubans (Mason et al., 2010).

Doctor and nurse teams

Perhaps the most important mechanism of community medicine in Cuba is the doctor and nurse teams. Doctor and nurse teams were created in the 1980s under the Family Doctor and Nurse Plan (Kath, 2010). The “first of its kind internationally” (Eckstein, 1994 (as cited in Kath, 2010, p. 25)), the Family Doctor and Nurse Plan was created by Fidel Castro as a way to cover the health care needs of every citizen. The first family doctor and nurse team was tested in the municipality of Luato, and was so successful in this area that it was expanded to the entire country. (Kath, 2010) Under this program, a doctor and nurse live in the community they serve in order to coordinate care for the community members, gather evidence of specific health problems faced by the population in that geographic area, and provide education around these health issues. (Keck & Reed, 2012)

Family doctors and nurses are the primary level of care for Cubans and have many roles in the community. Each doctor and nurse team is responsible for caring for about 120 to 150 families, or 600 to 700 people at their office in the community (Mason et al., 2010). Check-ups, breast examinations, pap smears and other preventative procedures are completed there (Kath, 2010). Prevention is an especially important aspect of all Cuban health care because of the limited resources of the country (Keck & Reed, 2012). Not only do family doctors and nurses see patients at their office in the community, but most live above this office and will see patients in their home at any time of the day (Dr. Jorge Ramon, personal communication, March 11, 2014). Additionally, they often make visits to communities, in order to assess families’ broader lifestyles and home environments (Offredy, 2008) as well as provide exercise and educational programs for the residents (Mason, 2010).

Doctor and nurse teams may also need to refer patients for more specialized care at another institution, such as a polyclinic or hospital. When this occurs, they will actually travel with the patient to act as an advocate and coordinate proper inpatient services. Afterwards, they will follow up to ensure that accurate records are kept. Unlike in the United States, where individual patient records are kept separately, in Cuba each individual's record is kept with their other family member's, in a family book. (Dr. Jorge Ramon, personal communication, March 11, 2014.) According to Mason et al. (2010), since its creation 1984, the Doctor and Nurse Program has grown to it has grown to include 30,000 doctors, and 32,000 nurses, and cover 99.7 percent of the population.

Polyclinics

Polyclinics are another important aspect of community health care in Cuba. There are 498 throughout Cuba, each serving an area of between 30,000-60,000 people. (WHO, 2008) They are the second level of care after family doctors and are able to provide more specialized care. Doctors with specialties in various areas such as pediatrics, gynecology, internal medicine etc., make up what is called a Grupos Basicos de Trabajo, or a Basic Work Group (Dr. Jorge Ramon, personal communication, March 11, 2014) These Basic Work Groups meet with family doctors once a week at the polyclinic with their patients. This “promotes continuity for patients, builds collegial relationships between family physicians and specialists, and offers education for all parties involved” (Mason, et al., p. 15).

Polyclinics also serve the purpose of training medical students and act as “mini medical schools” for students, who are required to specialize in family medicine. From their very first year in medical school, students begin seeing patients at the polyclinic and continue to do so for

the remaining time in school. This encourages them to work at the community level when they graduate. Currently, some polyclinics have over 300 medical students, from both Cuba and abroad. (Dr. Jorge Ramon, personal communication, March 11, 2014)

Community involvement

Community involvement in the healthcare process is a central component of Cuba's system. Not only is community involvement encouraged, it is actually considered a responsibility of the people. According to Dr. Reynaldo Sil Pacheco (personal communication, March 11, 2013), "anything done in the community is better than anywhere else and family gets involved and has responsibilities." One way that community involvement is fostered is through the *consejos populares*, or people's councils.

People's councils are community assemblies made up of community representatives and grassroots organizations who "bridge decision making between the local community and wider municipal level" (Mason, et al., 2010, p. 16). Although decisions about healthcare begin at the national level, people's councils can oversee how these services are coordinated and delivered in the community (Mason, 2010). They also encourage community members to take an active role in helping to solve health issues in their neighborhoods and may work with family doctors to organize vaccination campaigns, health education opportunities etc. Finally, they may also evaluate doctor and nurse teams and deliver feedback to health authorities about these teams. (Keck & Reed, 2012)

Another way that community member's voices are heard is through community stakeholders, such as mass organizations like the Federation of Cuban Women or the National Association of small farmers (Mason et al. 2010). According to Mason et al. (2010) these mass

organizations “act as pulleys” (p. 17) that carry up information from the community and carry down initiatives from the government. Each community has a delegate, elected by residents of the blocks, who lives in the neighborhood and is familiar with the residents and the living conditions. (Iatridis, 1990) Community members can express concerns to these delegates, who will then relay them at a municipal assembly (Mason et al., 2010).

These mass-organizations also gather groups of volunteers for community projects, such as building polyclinics. According to Garfield (1981) (as cited in Iatridis, 1990), the Federation of Cuban Women organizes as many as 60,000 volunteers to help carry out a yearly health design. On average, Cubans are involved in four to five mass organizations. (Iatridis, 1990) Through both people’s councils and mass organizations, the government encourages community members to work collaboratively with health professionals to increase the over-all welfare of their communities (Mason et al, 2010).

Medical Diplomacy

Not only did providing health care to Cubans become an essential task of Fidel Castro’s regime, but so too did providing care to other countries. He considered it “Cuba’s duty to help other nations less fortunate in an effort to repay a debt to humanity for support received from others during the revolution. (Mason et al., 2010, p. 26) In 1969 Fidel Castro sent the first brigade of doctors to help Nigeria. However, when these doctors returned, Fidel Castro wondered what would happen to those countries since they did not have health systems. Thus, he came up with the idea to bring students from those countries to study medicine in Cuba. This inspired the creation of the Latin American Medical School (ELAM), which had its official inauguration in 1999. (Director of ELAM, personal communication, March 12, 2014)

ELAM accepts students from nations all over the world including the United States and trains them free of charge. Students must prove that they cannot afford to pay for medical school in their home country, and also agree to return to their country once they graduate, to work in an underserved area. ELAM trains students to make a diagnosis without having the sophisticated equipment of developed countries. To date, Cuba has graduated 20,500 students from over 72 countries. They currently have 13,000 students in training from 124 different countries. (Director of ELAM, personal communication, March 12, 2014) Cuba expects nothing in return from these countries; however, doctors have become an important source of trade with some, like Venezuela. Under a 2005 agreement Venezuela agreed to send 53,000 barrels of oil per day to Cuba, in exchange for 30,000 doctors, and other provisions. (Feinsilver, 2008)

Effect of U.S. Embargo

The U.S. embargo has had a significant negative impact on the Cuban healthcare system in several ways. Firstly, roughly 50% of all recently patented drugs sold worldwide since 1975 have been manufactured by the U.S. (Barry, 2000) Not only will the U.S. government not allow these drugs to be directly sold to Cuba by U.S. companies, but additionally, under the Helms-Burton Act, it penalizes non-U.S. companies who do so. (Amnesty International, 2009) The same goes for medical equipment. According to Amnesty International (2009), in 2005 a company in Massachusetts was fined \$37, 500 for attempting to send an X-ray machine through Canada. PET/CT scanners are virtually unavailable because only 3 companies make them, all in the U.S. (Amnesty International, 2009)

This lack of equipment and medicine has resulted in care that is less than adequate for both adults and children. For example, children suffering from heart conditions often have to undergo surgeries that are riskier than they should be (Amnesty International, 2009), while adults

receiving dialysis often have their treatment cut short due to equipment failure (Mason, 2010). Moreover, a lack of proper nutrition and chemicals to clean water have led to several health issues, including outbreaks of severe diarrhea and anemia in 37.5 percent of children under 3 (Amnesty International, 2009) In October of 2013, the United Nations general assembly urged U.S. lawmakers for the 22nd time to end the embargo against Cuba, with a nearly unanimous vote of 188/193 (General Assembly of the United Nations, 2013).

Yet, although the embargo has had substantial impact on Cuban healthcare, it has also pushed the Cuban government to work harder to make sure that doctors are well trained and as mentioned earlier, to assure that prevention is a central focus of care. According to Mason et al. (2010), “Cubans are notoriously adept at making the most out of limited resources” (p. 200). Doctors must often be more creative in their ways of treatment and practice non-traditional medicine, using natural or homeopathic drugs (Dr. Reynaldo Sil Pacheco, personal communication, March 11, 2014).

Music therapy is also common in Cuba for issues such as depression and domestic violence, and in 2007 the first Master’s degree in this field was created (Mason, et al., 2010). Furthermore, in recent years, Cuba has begun investing majorly in biotechnology, in order find a cure for cancer, the second leading cause of death on the island. Nimotuzumab, developed at Center of Molecular Immunology in Havana, is now being used in clinical trials in Japan and Europe. (WHO, 2013)

Looking to the Future

In a country that has experienced so many changes over the past 50 years, one thing that has remained constant is the Cuban’s government’s commitment to health care for all of its

citizens. Although it has faced what would seem like insurmountable economic challenges, with the U.S. embargo and the collapse of the Soviet Union, Cuba has never let these challenges hinder its goal of providing universal health care. Unquestionably, there are more challenges ahead for Cuba, such as the aging population (Anicia Garcia, personal communication, Wednesday, March 12, 2013), but with the commitment of Cuban doctors to continue learning and serving the people, the future of healthcare looks promising. Dr. Rebecca Mendoza, director of a polyclinic in Havana sums it best by saying “the day we think we are doing everything right is the day we’ve abandoned our patients” (WHO, 2008). This is advice that all healthcare professionals and government leaders can take going in to the future.

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