ON SOCIAL MEDICINE AND UNIVERSAL HEALTH CARE IN CUBA

DECEMBER 9, 2018

EXECUTIVE SUMMARY

Cuba is a unique, often-contradictory country, which has achieved universal healthcare, despite structural impediments not faced by any other countries.[1] Cuba has granted health as a human right to its people, although it has failed markedly to provide many traditional human rights to its people.[2] History has not been kind to Cuba, with the United States, at one point, formally governing its internal affairs, and at another point, effectively denying Cuba access to medicine and medical equipment through a series of trade embargos (which has been compounded over the years by pharmaceutical mergers that brought companies, previously exempt from the embargo, under U.S. jurisdiction).[3] Although it is generally taught that there are four types of health care delivery/insurance models -- Beveridge (UK); Bismarck (Germany); national health insurance

[1] Nuria Barbosa León, *Cuba Leads the Way in Universal Access to Health*, GRANMA: OFFICIAL VOICE OF THE COMMUNIST PARTY OF CUBA CENTRAL COMMITTEE, May 3, 2018, *available at* http://en.granma.cu/cuba/2018-05-03/cuba-leads-the-way-in-universal-access-to-health (English edition);

[2] Constitución de la República de Cuba, Feb. 15, 1976, art. 50; *See, e.g.*, *Cuba: Events of 2017*, HUMAN RIGHTS WATCH, 2017, *available at https://www.hrw.org/world-report/2018/country-chapters/cuba* (citing arbitrary detention, political imprisonment, restrictions on travel and free expression, inadequate prison conditions, and denial of worker's rights).

[3] *See, e.g.*, *Cuba Profile Timeline*, BBC, May 1, 2018, *available at* https://www.bbc.com/news/world-latin-america-19576144 (reporting on the history of Cuba); Embargo on All Trade with Cuba, Proclamation No. 3447, 27 Fed. Reg. 1085, 3 C.F.R. § 1959-1963 (Feb. 3, 1962); Trading with the Enemy Act of 1917, Pub. L. 65-91, 40 Stat. 411 (1917); Ch. 106, 40 Stat. 411 (amended at 50 U.S.C. app. § 1-44 (1988)); Regan v. Wald, 468 U.S. 222, 225-26, 104 S. Ct. 3026, 3029 (1984). "[In 1963, the] TWEA gave the President broad authority to impose comprehensive embargoes on foreign countries as one means of dealing with both peacetime emergencies and times of war."
In 1963, § 5(b) of TWEA provided:
(1) During the time of war or during any other period of national emergency declared by the President, the President may, through any agency that he may designate, or otherwise, and under such rules and regulations as he may prescribe by means of instructions, licenses, or otherwise…;
Cuban Democracy Act, Pub. L. No. 102-484, §§ 1701-1712, 106 Stat. 2575 (1992); Cuban Assets Control Regulations, 31 C.F.R. pt. 515 (1992);
See also, OXFAM, *Myths and Facts About the U.S. Embargo on Medicine and Medical Supplies* (1997), *available at* https://www.wola.org/sites/default/files/downloadable/Cuba/past/cuba_myths_facts.pdf (discussing myths and facts about the U.S. embargo on medicine and medical supplies to Cuba).

(Canada); and the out-of-pocket model (much of the United States, prior to the Affordable Care Act)---, Cuba actually implements a fifth model, the Semashko, or Soviet model – and it is the only country that successfully implements this model.[4] Under this Semashko model, Cuba's health system is exclusively public; it is also centrally planned.[5] Medical care is free and includes all facets of care, including hospitalization; and, astonishingly, Cuba also provides free in-vitro fertilization, chemotherapy, and dental care.[6] Vaccines are both free *and* mandatory.[7] Cuba's infant mortality rate of 4.2 deaths per 1,000 live births is lower than that of the United States at 5.82 per 1,000 live births.[8] Cuba's infectious disease mortality rate of 1.1% is also among the lowest in the world.[9] Cuba has achieved its impressive results by focusing on primary care, infectious disease, and maternal health.[10]

HISTORICAL BACKGROUND: THE PROBLEM OF PROFOUND ISOLATION

It is essential to understand the history of Cuba to understand how its medical system evolved to meet the unique needs of its people, who were largely isolated from the Western

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[4] ROGER WORTHINGTON AND ROBERT ROHRBAUGH, HEALTH POLICY AND ETHICS 26 (2011); Tereza Lukášová, *Semashko Health Financing Model – Economic and Health Consequences in Czechia*, 7 ECOFORUM 1(2018), *available at* http://www.ecoforumjournal.ro/index.php/eco/article/viewFile/748/469; For more discussion of the Semashko model, *see also*, *Health Care Systems: Models and Today's Challenges,* GEMALTO, Nov. 8, 2017, *available at* https://www.gemalto.com/govt/health/universal-health-care; Robert Kulesher and Elizabeth Forrestal, *International Models of Health Systems Financing*, 3 J. HOSP. ADMIN. 132 (2014), *available at* https://pdfs.semanticscholar.org/e7dc/e866df6e9af08d8bca79d55d2d3c6c8abd0c.pdf.

[5] Ivana Kohut, THE CUBA PARADOX: An Assessment of Primary and Maternal Healthcare in Cuba Today, UNIVERSITY OF PENNSYLVANIA SCHOLARLY COMMONS 31, 40 (Apr. 24, 2018), *available at* https://repository.upenn.edu/cgi/viewcontent.cgi?article=1184&context=anthro_seniortheses.

[6] *Id.* at 3, 9.

[7] *Id.* at 8.

[8] Sherry Murphy et al., *Annual Summary of Vital Statistics: 2013-2014*, *139* PEDIATRICS 8,9, *available at* http://pediatrics.aappublications.org/content/pediatrics/early/2017/05/26/peds.2016-3239.full.pdf.

[9] *Cuba: Country Cooperation Strategy at a Glance WHO*, May2015, *available at* http://apps.who.int/iris/bitstream/handle/10665/137158/ccsbrief_cub_en.pdf?sequence=1&isAllowed=y

[10] *See, e.g.*, Ivana Kohut, *supra* note 5 (discussing Cuba's health system generally); *See generally,* Maxine Offredy, *The Health of a Nation: Perspectives from Cuba's National Health System*, QUALITY IN PRIMARY CARE (2008); Rifat Atun, et al., *Health-System Reform Reform and Universal Health Coverage in Latin America*, 385 THE LANCET (2015) (Part 1, from the Universal Health Coverage in Latin America series); Demetrius Iatridis, *Cuba's Health Care Policy: Prevention and Active Community Participation*, J. SOCIAL WORK (1990); *See generally,* Cristina Laurell, *Health Policies and Systems in Latin America*, OXFORD RESEARCH ENCYCLOPEDIA OF GLOBAL PUBLIC HEALTH (June 2018).

hemisphere.[11] Through this historical context, we can begin to see the genesis of the main problem facing Cuba—namely, how does a new sovereign nation (one with a political system that is antithetical to the now-dubious, neoliberal Washington Consensus model of financial reform) create an autonomous health system that meets the needs of its citizens, without foreign support, foreign medical training, and U.S. based pharmaceuticals?[12]

Cuba's history is a dialectic of conquest, subjugation, revolution, and patronage. In 1492, Christopher Columbus claimed Cuba for Spain, which began importing slaves to the island in 1526.[13] Following two attempted wars of liberation by Cuban nationalists, the United States opportunistically declared war on Spain, culminating with the defeat of Spain and the relinquishment of territorial claims upon Cuba to the United States in 1898.[14] The United States nominally granted Cuba independence in 1902, though remained actively involved in Cuban political affairs until 1934, when the U.S. abandoned its right to intervene in Cuban internal affairs

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[11] *See* Rifat Atun, et al., *Health-System Reform and Universal Health Coverage in Latin America*, 385 THE LANCET (2015) (discussing, in part, the uniqueness of Cuba's political system, even in Latin America, where many far right dictatorships had been installed in the latter part of the twentieth century).

[12] Id. at 1234 (explaining the ten financial, fiscal, monetary, regulatory, legal and economic, reform tenets of John Williamson's Washington Consensus theory of economic growth through emulation of U.S. policy; and how the Washington Consensus has left countries worse off – particularly with negative social consequences – by failing to deliver on promises of economic growth); *See* also, LAWRENCE GOSTIN, GLOBAL HEALTH LAW (2014 Harvard), at 132, 138.

> "Support for selective primary care was a reflection of the neoliberal ideology—dubbed the Washington Consensus—that was taking root. It was an era marked by expanding debts in developing countries, often a result of loans for large national development projects. A global recession in the late 1970s and early 1980s left many of these states unable to repay the loans.
> …
> Neoliberal policies prescribed by the World Bank, the IMF, and rich Western governments in the 1980s and 1990s affected public health perhaps even more than the bank's health projects. World Bank and IMF loan conditions required reduced overall public-sector spending, resulting in the deterioration of health systems in many low- and middle-income countries."

See generally, Kam Wong, *The Cuban Democracy Act of 1992: The Extraterritorial Scope of 1706(a)*, U. PA. J. INT'L BUS. L. 651 (1994); OXFAM, *Myths and Facts About the U.S. Embargo on Medicine and Medical Supplies* (1997), *available at* https://www.wola.org/sites/default/files/downloadable/Cuba/past/cuba_myths_facts.pdf (discussing myths and facts about the U.S. embargo on medicine and medical supplies to Cuba).

[13] *Cuba Profile Timeline*, *supra* note 3.

[14] *Id.*

following a military coup by Sergeant Fulgencio Batista in 1933.[15] In 1959, Fidel Castro, Raul Castro, and Ché Guevara overthrew the Batista regime.[16] Two years later, the U.S. ended diplomatic relations with Cuba and attempted to overthrow the Castro regime with the ill-fated Bay of Pigs Invasion.[17] In response, Cuba pointed Soviet nuclear missiles at the United States in 1962 and began the transition to a full-fledged communist state.[18] That same year, Kennedy imposed a full embargo on all trade with Cuba, pursuant to his authority under the Foreign Assistance Act.[19] Cuba renamed its sole political party the "Cuban Communist Party" in 1965 and became a full member of the Soviet Council for Mutual Economic Assistance in 1972, and enacted a new socialist Constitution in 1976.[20] After the fall of the Soviet Union in 1991 and in an effort to destabilize Cuba economically and politically, the United States tightened its embargo and required foreign subsidiaries of U.S. companies to cease all trade with Cuba.[21] As of 2007, the U.S. sanctions against Cuba were more comprehensive than even sanctions against sate sponsors of terror.[22] Moreover, although the United States nominally excepted medicines, pharmaceutical companies were not meaningfully able to obtain licenses to do business in Cuba.[23] Because of

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[15] *Id.*
[16] *Id.*
[17] *Id.*
[18] *Id.*
[19] Embargo on All Trade with Cuba, Proclamation No. 3447, 27 Fed. Reg. 1085, 3 C.F.R. § 1959-1963 (Feb. 3, 1962).
[20] *Cuba Profile Timeline*, *supra* note 3.
[21] Cuban Democracy Act, Pub. L. No. 102-484, §§ 1701-1712, 106 Stat. 2575 (1992); Cuban Assets Control Regulations, 31 C.F.R. pt. 515 (1992). *See generally,* Kam Wong, *The Cuban Democracy Act of 1992: The Extraterritorial Scope of 1706(a)*, U. PA. J. INT'L BUS. L. 651 (1994); OXFAM, *Myths and Facts About the U.S. Embargo on Medicine and Medical Supplies* (1997), *available at* https://www.wola.org/sites/default/files/downloadable/Cuba/past/cuba_myths_facts.pdf (discussing myths and facts about the U.S. embargo on medicine and medical supplies to Cuba).
[22] U.S. GAO, "*Economic Sanctions, Agencies Face Competing Priorities in Enforcing the U.S. Embargo on Cuba*," Nov.2007.
"The embargo on Cuba is the most comprehensive set of US sanctions on any country, including the other countries designated by the US government to be state sponsors of terrorism".
[23] Cuban Democracy Act, Pub. L. No. 102-484, §§ 1701-1712, 106 Stat. 2575 (1992); *Denial of Food and Medicine: The Impact of the U.S. Embargo on Health & Nutrition in Cuba*, AMERICAN ASSOCIATION FOR WORLD HEALTH , at v, 8 (March 1997), *available at* https://medicc.org/ns/documents/The_impact_of_the_U.S._Embargo_on_Health_&_Nutrition_in_Cuba.pdf.

these sanctions, Cuba was compelled to develop a medical system that was independent of the rest of the world.

COMPARISON OF CUBA TO OTHER COUNTRIES

As of 2015, Cuba is an upper-middle income country in Latin America of 11,461,432 people with a GDP of $87.133 Billion (USD).[24] In 1970, however, Cuba had a GDP of $5.693 Billion (USD) and a population of 8,715,123.[25] Ten years prior, Cuba's population was 7,141,135.[26] The Life Expectancy for a person born in 1960 was 63.834; in 1970, 69.812; and in 2015, 79.57.[27] As can be seen in figures 2 and 3 below, the GDP of Cuba and life expectancy were both detrimentally impacted in the 1990's by the combined forces of the Cuban Democracy Act and the collapse of the Soviet Union.[28] All told, Cuba spends 11.1% of its GDP on healthcare,

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> "Licensing-Under the Cuban Democracy Act, the U.S. Treasury and Commerce Departments are allowed in principle to license individual sales of medicines and medical supplies, ostensibly for humanitarian reasons to mitigate the embargo's impact on health care delivery. In practice, according to U.S. corporate executives, the licensing provisions are so arduous as to have had the opposite effect. As implemented, the licensing provisions actively discourage any medical commerce. The number of such licenses granted-or even applied for since 1992-is minuscule. Numerous licenses for medical equipment and medicines have been denied on the grounds that these exports "would be detrimental to U.S. foreign policy interests."
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> . . .
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> In the course of preparing this report, the authors conducted an informal survey of U.S. pharmaceutical companies to inquire about their efforts in obtaining licenses for the sale of medicines to Cuba. In addition, the authors contacted the Office of Foreign Assets Control with the Department of the Treasury and the Bureau of Export Administration (BXA) within the Commerce Department, the two offices responsible for the processing of applications for licenses to sell medicines to Cuba.
>
> In our interviews with pharmaceutical company representatives, we were told the same thing repeatedly: All inquiries to the U.S. government regarding the possibility of obtaining licenses to sell medicine to Cuba are met with confusing, sometimes hostile replies, all designed to discourage the company from even initiating the licensing process. Of the seven companies that agreed to participate in our survey, only one stated that it had successfully obtained licenses to sell to Cuba since 1992 and then only for a few specific items. This company indicated that it continued to seek to sell medicines to Cuba due to humanitarian concerns, as applying for the licenses 'is more trouble than it is worth.'"

[24] Cuba, THE WORLD BANK (2018), *available at* https://data.worldbank.org/country/Cuba.

[25] *Id.*

[26] *Id.*

[27] *Id.*

[28] *Id.* The Cuban GDP experienced a recession, while life expectancy broke with a 20 year trend, stopped increasing, and briefly declined.

which is somewhat high compared to its peer upper-middle income countries throughout the world, but perhaps a bit low compared to high-income countries, which admittedly dwarf Cuba with the sheer magnitude of their respective economic output.[29] To put Cuba's expenditures in perspective, Thailand spends 4.1% of its GDP on healthcare, Mexico spends 6.3%, Brazil spends 8.3%, South Africa spends 8.8%, Great Britain spends 9.1%, Canada spends 10.4%, Germany spends 11.3%, and the United States spends 17.1% of its GDP on health care.[30]

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[29] *Cuba*, WHO, 2018, https://www.who.int/countries/cub/en/.

[30] *Thailand*, WHO 2018, https://www.who.int/countries/tha/en/; *Mexico*, WHO, 2018, https://www.who.int/countries/mex/en/; *Brazil*, WHO, 2018, https://www.who.int/countries/bra/en/; *South Africa*, WHO, 2018, https://www.who.int/countries/zaf/en/; *Great Britain*, WHO, 2018, https://www.who.int/countries/gbr/en/; *Canada*, WHO, 2018, https://www.who.int/countries/can/en/; *Germany*, WHO, 2018, https://www.who.int/countries/deu/en/; *United States*, WHO, 2018, https://www.who.int/countries/usa/en/; *See, generally*, THE WORLD BANK, 2018, https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups.
Thailand, Mexico, Brazil, and South Africa are characterized as upper-middle income, and the United States, Germany, Canada, and Great Britain are characterized as high-income countries.
These countries were chosen because they are either the leading representatives of the four predominant health financing models or fall under comparable World Bank income classification group and represent health systems across North America, South America, Africa, and Asia.

Cuba: World Bank Data

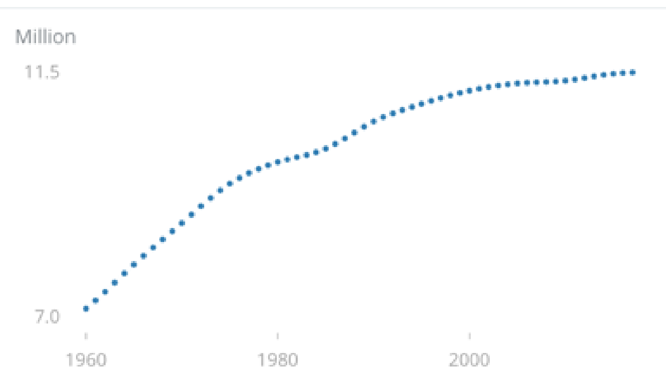

Figure 1

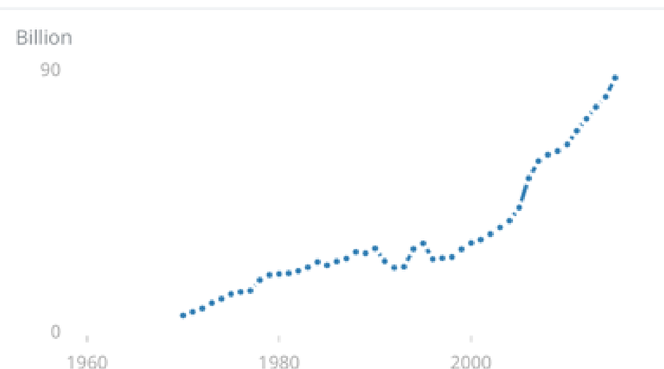

Figure 2

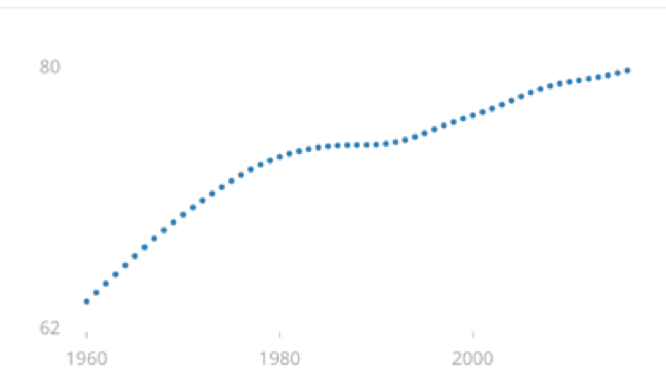

Figure 3

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[31] Cuba, THE WORLD BANK (2018), *available at* https://data.worldbank.org/country/Cuba.

COUNTRY SPENDING AND OUTCOMES COMPARISON CHART						
	GDP (2015) in Billions (B) or Trillions (T), USD	**Total Expenditures on Health Care as a Percentage of GDP (2014)**	**Total Expenditures on Health Per Capita (2014)**	**Life Expectancy at Birth (m/f) (years, 2016)**	**Probability of Dying between 15 and 60 years (m/f) (per 1,000 population, 2016)**	**HIV-adult prevalence rate (ages 15 to 49) (2017)**
Cuba	$87.133 B	11.1	$2,475	77/81	116/68	0.4*
South Africa	$349,419 B	8.8	$1,148	60/67	359/246	18.8
Thailand	$455, 221 B	4.1	$600	72/79	203/91	1.1
Mexico	$1.15 T	6.3	$1,122	74/79	164/89	0.3
Canada	$1,653 T	10.4	$4,641	81/85	76/49	< 0.01
Brazil	$2.056 T	8.3	$1,318	71/79	194/91	0.6
Great Britain	$2.622 T	9.1	$3,377	80/83	81/52	< 0.01
Germany	$3.677 T	11.3	$5,182	79/83	88/49	0.2
USA	$19.391 T	17.1	$9,403	76/81	142/86	< 0.01

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REVOLUTION AND THE INSTALLATION OF SOCIAL MEDICINE

Fidel Castro, Raul Castro, and Ernesto “Ché” Guevara were the primary drivers of healthcare reform in Cuba. Ché Guevara stands out in particular, as he, himself, was a physician.

[32] WHO, *supra note* 21, https://www.who.int/countries; World Bank, *supra note* 21, https://data.worldbank.org; Regions and Countries, UNAIDS, http://www.unaids.org/en/regionscountries (last accessed 2018); Cuba may, however, actually have the lowest HIV prevalence in the world. *See,* Offredy, *supra* note 10, “Cuba has the lowest HIV prevalence in the world.”

Ché Guevara's role in Cuba's commitment to universal health coverage cannot be overstated and his own words bear repeating here . . . as his effigiated rhetoric was to the Cuban revolution what Helen was to Sparta – the face that launched a thousand ships:

> "Almost everyone knows that years ago I began my career as a doctor. And when I began as a doctor, when I began to study medicine, the majority of the concepts I have today, as a revolutionary, were absent from my store of ideals.
>
> Like everyone, I wanted to succeed. I dreamed of becoming a famous medical research scientist; I dreamed of working indefatigably to discover something which would be used to help humanity, but which signified a personal triumph for me. I was, as we all are, a child of my environment.
>
> After graduation, due to special circumstances and perhaps also to my character, I began to travel throughout America, and I became acquainted with all of it. Except for Haiti and Santo Domingo, I have visited, to some extent, all the other Latin American countries. Because of the circumstances in which I traveled, first as a student and later as a doctor, I came into close contact with poverty, hunger and disease; with the inability to treat a child because of lack of money; with the stupefaction provoked by the continual hunger and punishment, to the point that a father can accept the loss of a son as an unimportant accident, as occurs often in the downtrodden classes of our American homeland. And I began to realize at that time that there were things that were almost as important to me as becoming famous or making a significant contribution to medical science: I wanted to help those people."[33]

Under Battista in the 1950's, like much of Latin America, Cuba had an inequitable private medical system that concentrated health resources in cities with the effect that the poor and rural lacked access.[34] Pre-revolution elected officials abrogated meaningful public health stewardship.[35]

In response to the failure of the Battista regime to provide medical care, Ché Guevara and Fidel Castro implemented a policy of social medicine, developed by Bismarck's foil, Rudolf

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[33] Ernesto "Ché" Guevara *On Revolutionary Medicine* (Aug. 1960) (from *Obra Revolucionaria*,,Ano 1960, No. 24) (official English Translation), *available at* https://www.marxists.org/archive/guevara/1960/08/19.htm.

[34] Nelson Valdés, *Health and Revolution in Cuba*, 35 SCIENCE & SOCIETY 321-22 (Fall 1971) "medical personnel congregated in the urban areas because health was a commodity to be sold. Medical services, their scope and extent of coverage were determined by a commitment to profits and not to serve the needs of Cubans."

[35] *Id.* at 322. "Needless to say, public officials were concerned with the health of the people only every four years, during the weeks before elections."

Vrichow, who was the leader of the German liberal opposition party.[36] Vrichow's theory of social medicine is that while medicine is caused by pathogens, it is also caused by social and political failures that traditional medicine has ignored at its peril, which was connected to exploitation of the working class.[37] The theory continues that multicausal models that account for the interaction of agent, host, and environment are superior paradigms for the construction of a health system than models that focus solely on the control of agents of infection.[38] Vrichow believed that physicians should transcend the practice of medicine and zealously advocate for their patients and communities, essentially becoming "attorneys for the poor."[39] Ultimately, Bismarck's ideas prevailed over those of Vrichow in Germany and most of Vrichow's social medicine adherents migrated to Latin America (mostly Chile and Argentina).[40] These German expats accepted teaching positions, through which they promulgated the theory of social medicine.[41] These professors subsequently inspired the beliefs of Salvador Allende (who received his medical degree from the University of Chile and implemented social medicine health system reforms before his assassination and the installation of Augusto Pinochet); and importantly, they also inspired Ché Guevara, who received his own medical degree from the University of Buenos Aires.[42]

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[36] Paul Farmer, "Whither Equity in Health? The State of the Poor in Latin America." REVISTA HARVARD REVIEW OF LATIN AMERICA (2000), *available at* https://revista.drclas.harvard.edu/book/whither-equity-health; Jordan Robison, *Social Medicine & Che Guevara: An Historical Observation*, MEDIUM, Oct. 17, 2015, *available at* https://medium.com/@jordanarobison/social-medicine-che-guevara-an-historical-observation-30e1a8912d9e.
[37] Robison, *supra* note 36.
[38] *Id.*
[39] Robison, *supra* note 36; Farmer, *supra* note *36*.
[40] *Id.*
[41] *Id.*
[42] *Id.*; Howard Waitzkin, *Social Medicine in Latin America: Productivity and Dangers Facing the Major National Groups*, 358 THE LANCET 315-16 (JUL. 28, 2001). This is a troubling case history, which illustrates the right-wing government suppression of social medicine:

> "Case history 1
> The public-health expert is about to receive torture by electric shock applied to his testicles. His crimes have been to teach medical and other health science students in a model community clinic, one of the major teaching sites for the University of Chile. A graduate of the Harvard School of Public Health, he also is accused of conducting research on the relations between poverty and health outcomes in local communities. He knows that several of his colleagues have already been killed

The Cuban revolution and health reform were directly intertwined; it was *during* the revolution that Cuba turned its focus to the implementation of the development of primary care, through the creation of the Department of Technical, Material, and Cultural Assistance to the Comrades of the Rebel Army.[43] And the need was urgent. Nearly half of Cuban doctors fled the country after the triumph of the revolution; many teachers and professors fled too.[44] Following the 1959 revolution, Cuba immediately invested in medical school education. In January 1960, Cuba officially began the implementation of social medicine by passing Law 723, which provided financial incentives for new medical school graduates to practice in rural communities for at least six months as part of the Rural Social Medical Service.[45]

Cuba began rapidly implementing social medicine reforms, strengthening public health, medical education, primary care, and specialty services, with the result that within twenty years Cuba's morbidity and mortality statistics were on par with developed countries.[46] The curricula

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> for similar crimes. In his interrogation he has been asked to provide information about many friends and colleagues, but so far has refused.
> The torturer, a clean-cut and matter-of-fact person whose military affiliation isn't quite clear, orders the public-health expert to pull down his trousers. He complies, looking at the electrodes in the torturer's right hand. Just then, the torturer glances at his watch on his right wrist. 'OK', the torturer says, 'it's five o'clock—time to go home', and leaves the room. The public-health expert pulls his trousers back up and waits for a guard to take him back to his cell. Recalling this experience in an interview, he mentions Max Weber's work on the sociology of bureaucracy—'bureaucratised torture', he calls it."

[43] Patricia Peréz Peréz, *La Educación Y La Salud En Cuba: Un Estudio Inédito*, CUBAINFORMACIÓN (Jun. 14, 2016), *available at* http://www.cubainformacion.tv/index.php/sociedad/69498-la-educacion-y-la-salud-en-cuba-un-estudio-inedito.

> "Fue con la Revolución que se inició en Cuba un movimiento para el desarrollo de la atención primaria de salud. Una de las primeras labores realizadas para mejorar la situación en que se encontraba el país fue la protección y la prevención contra las enfermedades. En febrero de 1959, se creó el Departamento de Asistencia Técnica, Material y Cultural al Campesinado del Ejército Rebelde, el cual se ocupaba de la atención médica a la población rural, pues conocía con detalle la mala situación del campo cubano."

[44] *Id.* "Muchos maestros y profesores y casi la mitad de los médicos con que contaba Cuba en 1959, abandonaron el país al triunfar la Revolución."

[45] Francisco Rojas Ochoa, *Origins of Primary Health Care in Cuba*, MEDICC REVIEW (2004), *available at* http://www.medicc.org/publications/medicc_review/1104/pages/cuban_medical_literature.html; Cuba, "La Ley 723 del Servicio Médico Social Rural (SMSR-no obligatorio)," Ley 723 de 22 de Enero de 1960. Gaceta Oficial de 1ro. de Febrero de 1960.

[46] Howard Waitzkin, *supra* note 43 at 319.

of medical and public health schools in Cuba expressly included historical materialism, psychology, anthropology, sociology, epidemiology, primary care, and community-based service.[47] With the passage of time, many in the Cuban medical community, however, began to lament that Cuba may have drifted from its commitment to social medicine.[48]

Cuba has invested heavily in medical education. Prior to the revolution, Cuba had just one medical school, the University of Havana, and only 6,000 doctors for a population of roughly 6 million, which was lambasted by the leaders of the revolution for not complementing theoretical studies with practical medicine.[49] The situation has changed drastically, as Cuba currently lays claim to twenty medical schools and over 70,000 doctors for a population of 11.5 million, which is the best patient-doctor ratio of any country.[50] The Latin American School of Medicine (ELAM) – a repurposed naval base – is the most recently constructed medical school (1998); its opening followed the collapse of the Soviet Union and ELAM has been used to strengthen Cuba's connections to other countries, having provided free education to between 1,400-1,700 foreign students (including U.S. citizens) each year, who are typically poor and face discrimination.[51] As is typical of Cuban medical education, the focus reflects a sustained commitment to social medicine with courses that are a "radical departure from traditional pedagogy," including extensive

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[47] *Id.* at 320.
[48] *Id.* at 319, 320.
[49] Ochoa, *supra* note 45,

> "El país contaba con unos 6 000 médicos, concentrados fundamentalmente en la capital y cabeceras de provincias y solamente existía una escuela de medicina, la de la Universidad de La Habana, donde los estudios teóricos no se complementaban con estudios prácticos."

[50] Robert Huish and John Kirk, *Cuban Medical Internationalism and the Development of the Latin American School of Medicine*, 34 LATIN AMERICAN PERSPECTIVES 77 (Nov. 2007), *available at* https://www.jstor.org/stable/pdf/27648060.pdf?refreqid=excelsior%3A8873f05e3813c98a9355f0d87ba32b03; Joanna Mae Souers, *Cuba Leads the World in Lowest Patient Per Doctor Ratio; How do They Do It?*, THE SOCIAL MEDICINE PORTAL, *available at* https://www.socialmedicine.org/2012/07/30/about/cuba-leads-the-world-in-lowest-patient-per-doctor-ratio-how-do-they-do-it/; *But see*, Milan Korcok, *Cuba Trains American Medical Students – To Work in US*, 164 CAN. MED. ASS'N. J. 1477 (May 15, 2001), *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC81080/pdf/20010515s00033p1477.pdf (reporting the number of physicians in Cuba to be 60,000).
[51] *Id.* at 83.

training in public health and medical history, with an emphasis on critical examination of the development of medical science.[52] Education emphasizes an integrated approach to medicine, with subjects that may be overlooked in traditional western medical schools, such as home visits as a way for physicians to learn about the health of families and communities, as well as demographic and epidemiological study as a way for physicians to learn about the determinants of health that impact their own communities.[53] Education extends to combating "social illnesses" such as poverty and overcrowding in housing.[54] Cuban medical schools are not merely training doctors, but are directly placing trained physicians into marginalized and impoverished communities.[55]

A comparison of Cuba's medical education to South Africa's elucidates the unique differences inherent to Cuban medical schools.[56] For one, South African medical schools derive their pedagogical approach from the British system, which emphasizes specialization; few South

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[52] *Id.* at 86.

[53] *Id.*

[54] Shah Ebrahim, *Human Resources for Health and Economic Growth - Learning from the Cuban experience in Medical Education. Department for International Development Policy Research Project 2013-2017*, London School of Tropical Medicine (Dec. 2017), *available at* http://www.idsihealth.org/wp-content/uploads/2015/06/Cuba-med-ed-project-blog-at-project-end-Dec-2017.pdf, (working paper).

[55] Paul Farmer, "Whither Equity in Health? The State of the Poor in Latin America." REVISTA HARVARD REVIEW OF LATIN AMERICA (2000), *available at* https://revista.drclas.harvard.edu/book/whither-equity-health.

> "I recently went to visit the new Escuela de Medicina de las Americas, with which Cuba proposes to serve the hemisphere by training a new generation of doctors. Say what you will about propagandistic intent, transforming- in less than a year- a naval base into an international medical school is the ultimate in swords-into-plowshares. The facility was attractive and clean. There were few supplies, of course, and not much in the way of textbooks. But the student body came from all over Latin America. And they looked quite different from the students I had met in the capital cities of the region. Several of the students from Bolivia, Mexico, and even Colombia had the look of indigenous people, the ones you could imagine seeing scorned for their appearance or their accent in the streets of La Paz or San Cristobal de las Casas.
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> I was there to beg for medical school spots for rural Haitians, of course, and the Cubans were more than interested."

[56] Ebrahim, *supra* note 50.

> "What is Cuba doing that South Africa is not?
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> Cuban medical education is different. The medical school is an integral part of the health system and is the responsibility of the Ministry of Health which enables academic outreach to community health services providing early linkages with community/family/patients for students. The objectives are to: 1) recruit and train socially committed students; 2) match what is learned to the health needs of Cuban communities and other countries where these future doctors may serve; 3) scale up training to meet the needs of the whole population. The Cuban doctors have multiple roles: care-giver, decision maker, communicator, manager, community leader, and teacher."

African students desire to enter primary care.[57] In the British tradition, South African schools value prestige and academic excellence, aspiring to train only the brightest students; Cuban schools, on the other hand, value egalitarianism and deploying educational resources to training physicians who will directly contribute to the health of their communities upon the completion of their studies.[58] Because of this emphasis, the South African healthcare system has workforce shortages and skills-mix imbalances.[59] Regional hospitals are underserved at the expense of urban centers. In one report, 90% of South African medical trainees who were trained in Cuba planned to work in underserved areas, as opposed to just 24% of South African trainees.[60] Additionally, 79% of Cuban trainees wished to work in primary care, compared to just 21% of South African doctors.[61] The focus on social medicine has driven Cuba to democratize medical education and is an exemplar to any country wishing to grow its capacity of skilled medical personnel.

DELIVERY OF HEALTHCARE SERVICES

The achievements of Cuba's health system have been simply incredible and serve as a validation of social medicine. In 1959, Cuba established the Sistema Nacional de Salud (National Health Service; NHS) to administer a free and universal health care program with a focus on primary care that would aspire to rank among the most comprehensive in the world.[62] Cuba developed a free dental care program in the 1960's, as well.[63] In 1962, Cuba began a poliomyelitis eradication campaign, with the result that in just three months, Cuba had become the first Latin American country to eradicate polio.[64] This early success with vaccination would serve to

[57] *Id.*
[58] *Id.*
[59] *Id.*
[60] *Id.*
[61] *Id.*
[62] Peréz, *supra* note 43.
[63] *Id.*
[64] *Id.*

canonize a rigid commitment to vaccination as a means to combat infectious disease, while releasing health resources for deployment against other threats.[65] As an example of this commitment to vaccination, Cuba has developed a revolutionary immunotherapeutic lung cancer vaccine, not available in the U.S. (primarily because of the embargo) called Cimavax that has demonstrated safety and efficacy against late stage lung cancer.[66] In 1964, the NHS formed the integral preventative and curative polyclinic network, which evolved into community polyclinics (which are clinics that integrate preventative and curative medicine and include at least one general practice physician, nurse, pediatrician, OB/GYN physician and a social worker).[67] In contrast to the Soviet system, the Cuban government aspired to avoid problems caused by over-centralization, and overcame that problem by setting health care norms and standards at the central level, while delegating autonomous responsibility for patient care to these polyclinics.[68] The delegation and community empowerment can be considered an essential decision that drove Cuba's success in health care outcomes.[69] The polyclinic network served as the basis for the development of the official program for family physicians and nurses in 1984.[70] Under the program for family

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[65] *Id.*
[66] *CIMAvax Vaccine and Nivolumab in Treating Patients With Stage IIIB-IV Non-small Cell Lung Cancer*, CLINICALTRIALS.GOV, *available at* https://clinicaltrials.gov/ct2/show/NCT02955290 (last updated May 4, 2018); Julia Belluz, *Cuba Has a Possible Lung Cancer Vaccine that America Can Now Test*, VOX, May 21, 2016, *available at* https://www.vox.com/2015/5/16/8613019/cuba-lung-cancer-vaccine.
[67] Peréz, *supra* note 43.; Don Fitz, *The Birth of the Cuban Polyclinic*, MONTHLY REVIEW, Jun. 1, 2018, *available at* https://monthlyreview.org/2018/06/01/the-birth-of-the-cuban-polyclinic/.
[68] Fitz, *supra* note 67.
[69] *Id.*

> "It cannot be overemphasized that these advances in medical care could only have succeeded through the massive changes throughout Cuban society that began immediately after the revolution and continued during the ensuing decade. . . . The redesign of medical services was thus hardly an isolated process – it was an essential component of remaking Cuba.
> . . .
> Policlínicos integrales thus became the unifying link in the structure and services of the new national medical system, which made clinics independent of hospital control and authorized them to determine how to enact guidelines, create their own specialists, and, very importantly, cover a specific geographic service area for which they became the entry point for all local patients. Yet nothing enhanced their stature more in the eyes of average Cubans or better solidified their position in the decentralization of health services than their role in coordinating health campaigns."

[70] Peréz, *supra* note 43

physicians and nurses, Cuba debuted several key subprograms, such as the maternal-infant health program, dental program, and control of transmissible disease program.[71] Cuba also constructed 128 new hospitals from 1959-1969 with an emphasis on closing the gap between the number of rural versus urban hospitals, with the result that in 1982, Cuba had developed 117 rural hospitals, which accounted for 35.8% of all of the nation's hospitals.[72] As of 2008, Cuba has 256 hospitals and 13 major research medical centers.[73] In an ongoing push to modernize, Cuba passed Ley 41 in 1983, which regulates organ donation.[74]

Cuba's healthcare system is divided into six hierarchical levels (figure 4).[75] Patients primarily interface with the area, sector, and neighborhood levels which provide primary care services and form the core group of polyclinics.[76] The polyclinics provide services in the following areas: child health, school health services, psychology, ophthalmology, x-rays, ultrasounds, ob/gyn, dentistry, women's health, optometry, rehabilitation, endoscopy, and cardiac emergencies.[77] At the neighborhood level, family physicians maintain close relationships with patients and frequently live above their practices.[78] At the national level, patients can obtain super-specialized care for rare diseases; similarly, at the provincial level, patients can obtain highly

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> "Se creó además un Sistema Nacional de Salud caracterizado por poseer uno de los programas de atención primaria gratuitos más completos del mundo, que en sus momentos iniciales tuvo como objetivo la formación de la Red del Policlínico Integral Preventivo Curativo (1964), sustituido más tarde por el modelo del Policlínico Comunitario (1974) y por el del Médico y la Enfermera de la Familia (1984)."

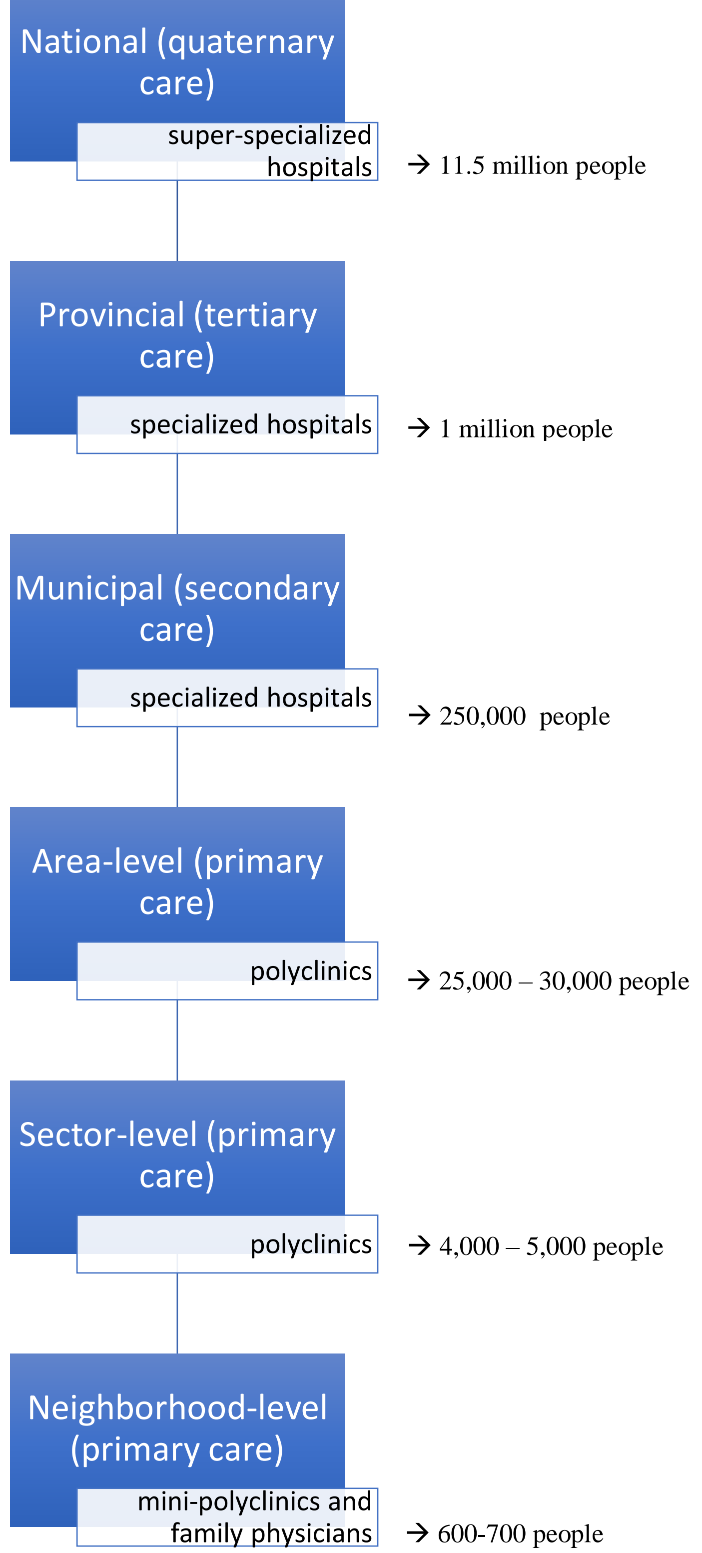
[71] *Id.*
[72] *Id.*
[73] Offredy, *supra* note 10 at 273.
[74] *Id.*
[75] Iatridis, *supra* note 10 at 31. Other scholars, such as Offredy, describe three tiers (family practice, polyclinic, and hospitals)
[76] *Id.*
[77] Offredy, *supra* note 10 at 273.
[78] *Id.* at 271.

specialized care for less rare diseases; and at the municipal level, patients can receive specialized care that is beyond the scope of the polyclinics. [79]

[79] Iatridis, *supra* note 10 at 273.

figure 4.

Cuba's Integrated Health System



[80]

[80] *Id.*

Cuba's authoritarian approach has not been without controversy, however. Despite reducing its prevalence of HIV/AIDS to the one of the lowest rates (if not the lowest in the world), there have been concerns about abuse of patients. In the past Cuba employed the use of sanatoriums to quarantine HIV-positive individuals and recommended that HIV-positive pregnant women have abortions.[81] Even today, pregnant women without major medical concerns may be forcibly compelled to attend daily appointments against their will.[82]

Additionally, there is speculation that the government of Cuba is manipulating its health statistics to strengthen its international reputation, particularly when it can outperform the United States. Family physicians may intrude improperly into the lives of their patients. Experts have pointed out that Cuba's approach to data-collection verges on fanatical, highlighting cases of family practitioners, who decorate their walls with "dashboards" of data, flooded with medical minutiae of the tiniest vestige.[83] The data may reflect idiosyncrasies in methodologies that allow Cuba to artificially strengthen its numbers. For example, by welcoming refugees into its borders, Cuba may benefit from inclusion of refugees who give birth within Cuba's borders, which are

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[81] Sheri Fink, Cuba's Energetic Aids Doctor, 93 AM. J. PUBLIC HEALTH, 712, 712 (May 2003), *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447823/pdf/0930712.pdf.

[82] Ivana Kohut, THE CUBA PARADOX: An Assessment of Primary and Maternal Healthcare in Cuba Today, UNIVERSITY OF PENNSYLVANIA SCHOLARLY COMMONS, at 49-50, *citing* Fergal Browne *Cuba Has One of the Best Healthcare Systems in the World...But It Pays Doctors € 46 A Month*. THE JOURNAL IE, (Mar 29), *available at* https://www.thejournal.ie/cuba-healthcare-system-2668448-Mar2016/.

> "Due to this careful monitoring of pregnant women [sic.] the healthcare system has also been described as 'tenacious' by other scholars who specifically study Cuba's Maternal-Infant Program. "They send you to do ultrasounds, psychologists, absolutely everything day after day and it's obligatory. If you miss an appointment, someone will come to your door and bring you to the appointment. You don't have a choice[.] Moreover, 'a study for the International Journal of Epidemiology entitled 'Health in Cuba' says the work of Cuba with regards [to] child survival shows how a 'continuum of care that provides for the preconceptual health of women, prenatal care, skilled birth attendants and a comprehensive well-baby programme can quickly reduce infant mortality to levels approaching the biological minimum[.]'"

[83] Louis Jacobson, *Sen. Tom Harkin says Cuba has Child Mortality, Longer Life Expectancy than U.S.*, POLITIFACT (Jan. 31, 2015), *available at* https://www.politifact.com/truth-o-meter/statements/2014/jan/31/tom-harkin/sen-tom-harkin-says-cuba-has-lower-child-mortality/, *quoting* Tassie Katherine Hirschfeld, the chair of the department of anthropology at the University of Oklahoma and Richard H Streiffer, dean of the College of Community Health Sciences at the University of Alabama.

counted, without offsetting those births with death statistics of refugees, which are not counted in longevity statistics.[84] Doctors may also face pressure to outright falsify statistics because they may be fired if there are spikes in infant mortality within their districts.[85] At the expense of excellence in health statistics, Cuban policies may sacrifice basic medical necessities, resulting in a paradoxical system that achieves spectacular outcomes and yet fails to deliver the most basic and affordable health products. Medicine like Benadryl, and Depakine may be unavailable, particularly in rural communities; likewise, for feminine hygiene products.[86] Another concern is that doctors are underpaid, earning a shockingly low salary of perhaps $50 a month.[87] Nevertheless, WHO Director-General Margaret Chan, following her 2014 visit to Havana, showered praise upon the Cuban health system and advised the rest of the world to look closely at the wisdom of the Cuban medical community.[88]

MEDICAL DIPLOMACY

No discussion of Cuba's healthcare system would be complete without discussing its policy of medical diplomacy. Cuba has sent over 100,000 health professionals to 103 countries, beginning

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[84] *Id.*
"In a more benign statistical quirk, Carmelo Mesa-Lago, a professor emeritus of economics at the University of Pittsburgh, suggests that the flow of refugees could skew longevity statistics, since those births are recorded but the deaths are not."
[85] *Id.*
[86] *Id.* at 3.
[87] Ciara Nugent, *How Doctors Became Cuba's Biggest Export*, TIME, Nov. 30, 2018, *available at* http://time.com/5467742/cuba-doctors-export-brazil/
[88] Margaret Chan, *Speech of the Director General of the WHO, Margaret Chan, in Havana, Cuba*, PAHO (July 2014). "Hay algo muy positivo que veo en Cuba. Esta es mi tercera visita a este país maravilloso. Cada vez que vengo veo avances. Hay algo que todavía no he visto, ustedes no tienen muchos establecimientos de comida chatarra, por el momento. Y en el sector de la economía, estoy segura de que algunos de ellos ya están presentes aquí. En las transformaciones económicas que están llevando a cabo, la inversión extranjera directa es importante. Los cubanos son personas inteligentes. Ustedes necesitan hacer sus cálculos y estudios económicos cuidadosamente. No les estoy diciendo lo que deben hacer, sólo les aconsejo que no repitan los errores de tantos otros países. La comida chatarra perjudicará a sus hijos."

in 1963 with Cuba's first medical mission to Algeria.[89] The very construction of the Latin American School of Medicine was inspired, in part, by Hurricane Mitch, and a desire to provide medical training throughout Latin America, as a way to rebuild.[90] Medical diplomacy is rooted in both foreign policy and in community health.[91] The types of services provided are diverse. Cuba responded to earthquakes in Chile (1960), Nicaragua (1972), and Iran (1990), despite political tensions between these countries.[92] In 2000, Cuba sent medical teams to El Salvador to combat dengue fever, even though El Salvador had repeatedly condemned Cuba at the United Nations for human rights violations.[93] Cuba has offered to send a team of 5,000 medical personnel to sub-Saharan Africa at no charge, provided the west will provide needed medication.[94] And Cuba had even offered to send 1,586 medical personnel and 36 tons of medical supplies at no cost to the United States following Hurricane Katrina – an offer which the United States declined.[95] Cuba was "the single biggest medical force on the Ebola frontline" in October of 2014.[96] There was speculation at one point that the United States and Cuba could reconstruct diplomatic relations as

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[89] *See, e.g.*, Elise Andaya, Cuba: Health Care as Social Justice, THE NORTH AMERICAN CONGRESS ON LATIN AMERICA (Sept. 1, 2009), *available at* https://nacla.org/article/cuba-health-care-social-justice

> "Since the first Cuban medical mission in 1963 (to Algeria), more than 100,000 of the country's health professionals have served in 103 countries. Whether this 'health diplomacy' reflects Cuba's policies of international solidarity or strategic political positioning (or both) is a hotly contested question. Whatever their intentions, Cuban health missions have been extremely effective in helping poor countries confront their often daunting health care needs. As one health policy expert, interviewed by Field, aptly points out: 'If this were the kind of international relations that every nation practiced, this would be a better world.'"

[90] Robert Huish and John Kirk, *Cuban Medical Internationalism and the Development of the Latin American School of Medicine*, 34 LATIN AMERICAN PERSPECTIVES 77 (Nov. 2007), *available at* https://www.jstor.org/stable/pdf/27648060.pdf?refreqid=excelsior%3A8873f05e3813c98a9355f0d87ba32b03

> "In response to Hurricane Mitch (1998) in Central America, which claimed over 30,000 lives, Cuba sent medical brigades to the affected region and constructed the Latin American School of Medicine just outside Havana."

[91] *Id.* at 78.
[92] *Id.* at 79.
[93] *Id.*
[94] *Id.* at 80.
[95] *Id.* at 77.
[96] Monica Mark, *Cuba Leads Fight Against Ebola in Africa as West Frets About Border Security*, The Guardian, October 11, 2014, *available at* https://www.theguardian.com/world/2014/oct/12/cuba-leads-fights-against-ebola-africa.

a result of the efforts both countries played in responding to the outbreak.[97] Perhaps, the medical diplomacy of Cuba is especially salient today, as an unchecked Ebola epidemic is ravaging the war-torn Democratic Republic of Congo, with no end in sight.[98] Of course, it is important to understand why doctors may decide to participate in medical diplomacy: a doctor can earn perhaps $1,000 a month by going abroad, a twenty-fold increase from the salary of a doctor who remains in Cuba.[99] The Cuban government, for all of the goodwill it is building and the benefits it is providing, however, retains most of the income generated from foreign governments for the services of its exported medical personnel; Cuba is still a Communist government.[100]

CONCLUSION AND IMPLICATIONS

Cuba has implemented a policy of social medicine and has achieved results that rival and, at times, exceed developed nations by focusing on primary care, investing in medical human resources, and investing in the provision of basic services directly to communities.[101] Care is free and comprehensive, though there are concerns about paternalism and gaps in the provision of basic services. Cuba's experience is unique. Cuba has adopted a Soviet, Semashko system.[102] As the neoliberal Washington Consensus policies crumble and as donors have begun to constrict funding, it may behoove developing countries to replicate Cuba's investment in primary care and capacity building via the development of medical education training.[103] The contrast between South

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[97] Ted Piccone, *Ebola Could Bring U.S. and Cuba Together*, THE BROOKINGS INSTITUTE, Oct. 31, 2014, *available at* https://www.brookings.edu/opinions/ebola-could-bring-u-s-and-cuba-together/.
[98] *See, e.g.,* Max Bearak, *'Like a Horror Film': The Efforts to Contain Ebola in a War Zone*, WASH. POST, Dec. 7, 2018, https://www.washingtonpost.com/world/africa/like-a-horror-film-the-efforts-to-contain-ebola-in-a-war-zone/2018/12/06/435ee0f4-f738-11e8-8642-c9718a256cbd_story.html?utm_term=.dfcaa38662d3 (discussing the Ebola epidemic in the Democratic Republic of Congo, the withdrawal of U.S. forces, and the projection by the World Health Organization that the epidemic will last at least another six months, with few plans to stop it).
[99] Nugent, *supra* note 87.
[100] *Id.*
[101] *See supra* note 36.
[102] *See supra* note 4.
[103] *See supra* note 11.

Africa's aristocratic medical schools and Cuba's egalitarian schools may explain more about the divergent health outcomes of the two countries than the South African government, with its legacy of extreme racial discrimination and Apartheid, would care to admit.[104] In some ways, the health system a country wishes to have is based on the priorities that that country chooses to pursue. After all, ELAM, Cuba's sterling paragon of a medical school, was a decommissioned naval base.[105]

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[104] *See supra* note 50.
[105] *See supra* notes 50, 55.