

2010

Cuban Healthcare and the U.S. Embargo: Exploring the Effects of Isolation

Kayla Brown
Parkland College

Recommended Citation

Brown, Kayla, "Cuban Healthcare and the U.S. Embargo: Exploring the Effects of Isolation" (2010). *A with Honors Projects*. 12.
<http://spark.parkland.edu/ah/12>

Open access to this Article is brought to you by Parkland College's institutional repository, [SPARK: Scholarship at Parkland](#). For more information, please contact spark@parkland.edu.

Kayla Brown

Thomas Ayala

HUM 106-002

16 December 2010

Cuban Healthcare and the US Embargo: Exploring the Effects of Isolation

The Cuban healthcare system boasts a ranking among the best in the world (Offredy 270). This includes an impressive doctor-patient ratio, a high life expectancy, and a sufficient amount of hospitals and clinics to support its population (Offredy 270). However, Cuba has struggled to get to and maintain this level of healthcare as a result of the country's unstable economy (Garrett). Cuba's healthcare system offers "nationalized" or "universal" care, meaning that any citizen can receive care there, free of charge. While the idea of this sounds delightful, a universal healthcare system cannot support itself, meaning it must be funded by the government. This, in turn, makes it extremely sensitive to the shape of the economy. The Cuban Revolution brought about the installation of the universal healthcare system; a socialist concept (Offredy 269). However, the economy that supports it took a substantial hit when the US placed an embargo on it to retaliate against actions carried out by the newly socialist state (Shixue). An analysis of this issue reveals a good and a bad side of the universal healthcare system, as well as the effects this embargo has had on not only Cuba's healthcare, but the country as a whole.

In the late fifties, The Republic of Cuba over went great change as the Cuban Revolution forced long-time dictator Fulgencio Batista to flee the country, along with hundreds of others who resisted the conversion of Cuba from a dictatorship to a socialist state ("History" 7-8). Fidel Castro assumed command of the country in 1959, and on April 19th, 1961, he officially declared

the Republic of Cuba a socialist state, causing the United States to become hostile in their dealings with the Cuban government ("History" 7-8). Before the initiation of the revolution, the people of Cuba suffered greatly as a result of inadequate healthcare, mostly from a lack of resources and doctors in rural areas, as most stayed in the cities where money could be made (Offredy 271). The start of the revolution brought a new kind of healthcare that would ensure everyone had access (Offredy 271).

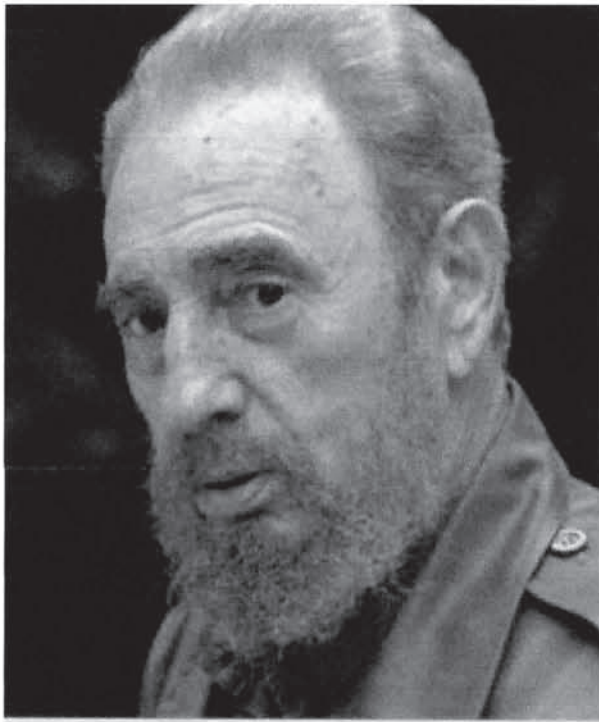
"The Health of a Nation: Perspectives from Cuba's National Health System," is an article by Maxine Offredy, BA (Hons), PhD, Reader in Primary Healthcare, University of Hertfordshire, UK, that was published in *Quality in Primary Care* in 2008 and features information observed on a visit to Cuba by Offredy in 2007. It discusses the mechanics and achievements of Cuba's population-based health care system. Offredy also addresses the lack of international debate regarding Cuba's healthcare achievements as well as how the country's healthcare system has been affected by various adversities (269).

Offredy begins with a brief history of Cuba in regards to its healthcare as to better demonstrate the evolution of the system in place today. She starts by describing Cuba's healthcare system preceding



Young and Old at Havana Clinic Photo: Sven Creutzmann/Polaris (2004)
 Source: "'Sicko,' Castro and the '120 Years Club'." *New York Times*. Web. 27 May 2007.
 <<http://media.artdiamondblog.com/images2/HavanaClinic2004.jpg>>

the 1959 Cuban Revolution as following "...a market-led model of healthcare, with healthcare services that were representative of third world health provision" (269). Offredy relays that a shortage of doctors unevenly distributed throughout the country, with higher concentrations in cities not accessible to a large portion of the population, left the country with a healthcare system unable to support its populace (269). The year 1960 brought the start of change for the country's healthcare with revolutionary Che Guevara's idea for the installation of universal healthcare (Offredy 269). This included accessible healthcare for the largest number of people possible, the availability of preventative medicine, and personal hygiene education for the public (Offredy 269). By 1961, the Cuban government initiated changes that included the nationalization of pharmaceutical companies, reduced medicine costs, mutual aid co-operatives, as well as an expansion in the amount of facilities per capita, to inaugurate a



Fidel Castro

Source: "Fidel Castro (Ruz)." *A&E Television Networks* (2006). Web. <<http://www.biography.com/hispanic-heritage/fidel-castro.jsp>>



Che Guevara Photo: Alberto Korda

Source: "Che Guevara, Until Victory Always." *COTO Report*. 13 November 2009. Web. <<http://coto2.wordpress.com/2009/11/13/che-guevara-until-victory-always/>>

completely socialist healthcare system (Offredy 270).

By 1976, free healthcare was a part of a citizen's constitutional rights (Offredy 270). In turn, however, this caused the rapid financially driven diffusion of fifty percent of Cuba's doctors (Offredy 270). Doctors of the universal healthcare system experience financial strain unlike the US because the universal system does not focus on personal gain and the doctors are paid by the government, and not with much (Garrett). Doctors, under contract by the government often have to report back to Cuba after assignments abroad in order to satisfy the mandatory duty of fulfilling whatever assignment is deemed necessary by the government with minimal compensation (Garrett). These stipulations often drive doctors and nurses out of the country or out of the medical field all together, taking on odd jobs where they can receive pay in convertible units of currency (Garrett).



Cuban Doctors in Venezuela

Source: Yordanka Caridad, "Cuba's Doctors in Venezuela." *Havana Times*. Web. 13 October 2010. <<http://www.havanatimes.org/?p=31017>>.

Even to this day,
doctors are being sent abroad
to work on projects assigned
by the government, but some
regard this as a way for Cuba
to "earn diplomatic influence"
or even just make money for
their unstable economy
(Werlau). "Cash for Doctors"

is how the media has referred to these projects and some claim that they violate "Trafficking in Persons Protocol and ILO Convention on the Protection of Wages" because of the maltreatment

of the medical personnel (Werlau). Doctors were reported to have sued the Venezuelan and Cuban governments after being assigned to Venezuela as part of an agreement for trade of oil to Cuba, calling the work they performed there as “modern slavery” as well as “conditions of servilism for debt” (Garrett, Werlau). These doctors reported being forced to work under dangerous conditions in long shifts that they felt were not in their best interest (Werlau). It’s amazing that doctors would continue to work under these conditions knowing the risks, but there is a plus side. The money they make on these projects may not be much considering the conditions, but compared to their wages within Cuba, the pay for going abroad is considerably better (Werlau). The Wall Street Journal reports that “Cuban doctors go abroad because at home they earn a scant \$22-\$25 a month. When they work in other countries, they typically get a small stipend in local currency while their families back home receive their usual salary plus a payment in hard currency -- from \$50 to \$325 per month” (Werlau). However, the better pay isn’t enough for many, who eventually flee the country (Werlau). The United States actually aids in the immigration of Cuban healthcare providers to the US by means of offering residential accommodations while they obtain medical licensing in the states (Garrett). Unfortunately, due to language barriers, a majority of them will never achieve the level of doctor and will be put to work as nurses or in other positions of assistance (Garrett). Since 2006, it is stated by the Department of Homeland Security that 1,500 doctors have made it to the US (Werlau).

Shortly after the installation of the universal healthcare system and the new socialist government, in 1961, the US placed a financial and commercial trade embargo on the country, cutting it off entirely in an attempt to bring down Fidel Castro’s regime (Offredy 270). An

embargo, coming from the Spanish verb “embargar” meaning “to restrain,” is a sanction that acts as a restriction in trade with the intention of influencing policy change (“Embargo”). As a result, Cuba looked elsewhere for assistance, finding aid within the Soviet Union as well as countries in Eastern and Western Europe (Offredy 270)

According to Jiang Shixue, writer for the *Beijing Review*, the original confrontation that started the embargo was the result of Cuba nationalizing American property (Shixue). Shixue claims that the Cuban government offered money for the land but the US refused (Shixue). However others, like Wayne S. Smith, author of “Our Dysfunctional Cuban Embargo,” claim that Cuba had no intentions of releasing compensation for the property (Smith). In addition, according to Smith the US was displeased with Castro’s agenda to spread his revolutionary politics throughout Latin America (Smith). The stipulations of this embargo consisted of two things, being that Castro cease his plans to spread his revolution any further and also to terminate any military association with the Soviet Union (Smith). This negotiation, or lack



Illustration of UN disapproval of US Embargo on Cuba
Source: "WOLA: U.N. Vote to Condemn Cuba Embargo Isolates U.S. in Hemisphere." *Progreso Weekly*. 27 October 2009. Web. <<http://progreso-weekly.com/2/images/stories/embargo%20caricature.jpg>>.

thereof, took place at the end of US President Richard Nixon’s term (Shixue). By the time John F. Kennedy took office the embargo was already in place and he embarked on a much larger confrontation of his own, resulting in the “Caribbean Missile Crisis”

(Shixue). It was during this 2-3 year period that relations between Cuba and the United States

deteriorated and Cuba's economy took a turn for the worse (Shixue). The United Nations has tried to intervene multiple times in the recent past, urging the US to remove the long-standing embargo on Cuba, emphasizing that they were doing themselves damage as well (Shixue). Statistics show that the US is down roughly \$1.24 billion annually from the block of agricultural imports from Cuba, among other things (Shixue).

However, between 1989 and 91', due to the fall of Soviet Russia, Cuba lost its subsidies and a major ally (Offredy 270). Further restrictions from the US embargo in the 1990s resulted in an even greater economic decline for Cuba, including the Helms-Burton law, which prohibited even third-party trading with Cuba (Offredy 270). These restrictions meant that Cuba could no longer acquire necessary resources on the open market, including medications and equipment (Offredy 270). Offredy describes a cataclysmic decline in Cuba's overall health during this time, stating that the population saw an increase in infectious disease that increased the country's mortality rate considerably (270).

Box 1 Examples of Cuba's health achievements

- Comprehensive free health care
- Total number of physicians: 70 594¹⁶
- Number of family physicians: 33 769¹⁶
- Elimination of polio: 1962¹⁷
- Elimination of diphtheria: 1979¹⁷
- Elimination of measles: 1993¹⁷
- Elimination of rubella and mumps: 1995¹⁷
- Life expectancy at birth (both sexes) 77.6 years¹⁸
- Infant mortality: 5.3‰¹⁸
- Percentage of surviving children at 5 years of age: 99.2‰¹⁶
- Percentage of children fully immunised from measles and TB: 99‰¹⁸
- Production of the world's first meningitis B vaccine¹⁹
- Production of own antiviral drugs¹⁹
- One of the world's lowest national rates of AIDS²⁰
- Highest treatment and control of hypertension in the world²¹
- Free medical education for Cuban students as well as for students from Africa and Latin America²²
- Creation of national biomedical internet: INFOMED²³

Cuba's Health Achievements

Source: Maxine Offredy, "The Health of a Nation: Perspectives from Cuba's National Health System." *Quality in Primary Care*, (2008): 270.

Since then, however, Cuban healthcare has blossomed into a much more productive system for its people (Offredy). Within the first hint of a break in the economic crisis in the mid to late 90's, Cuba's healthcare system took this as a time for healthcare recovery (De Vos, et al). Much of this improvement was the result of impressive hospital management as well as a growth in the number of available providers (De Vos, et al; Offredy 270). From the 3000 doctors left after the original installation of universal healthcare, to the 71,000 in Cuba today, it is apparent that Cuba has made vast

improvements within the system (Offredy 270). Offredy points out that the doctor-patient ratio, as of 2006, was 1 doctor for every 158 people, far surpassing most countries (270). Providers also focused on the length of inpatient stays, shortening the time from 12 days to nearly half, just 6 days on average (De Vos, et al). This turnover rate opens up available beds and medical

personnel, helping to make healthcare in Cuba much more accessible (De Vos, et al).

Cuba has seen many more great accomplishments in recent years, including the elimination of measles, mumps, rubella, polio, and diphtheria, as well as a significant overall drop in mortality rates (Offredy 270). It is interesting to learn that much of Cuba's healthcare facilities operate



Polyclinic in Cuba

Source: "History of the Cuban Healthcare System."

DrBlythe.com.Web.

<<http://www.drbllythe.com/Cuba/images/polyclinic.jpg>>.

their own personally and institutionally conducted efficiency checks which act as care evaluations that ensure true quality in service (De Vos, et al).

As of recent years, research suggests that Cuba has maintained a structured and well functioning universal healthcare system (Offredy 271). Service is arranged into three branches; consultorios (family doctor clinics), policlinicos (specialty clinics), and hospitales and institutos (hospitals and institutes) (Offredy 271). Consultorios provide primary and preventative care to a community and the buildings often house healthcare professionals responsible for care in that establishment, making them available 24 hours a day (Offredy 217-72). Policlinicos offer specialized curative and preventative care as well as social and environmental services to people in a particular area (Offredy 272). The polyclinics also offer education for medical professionals and reach out to educate their communities (Offredy 272). In describing the nature of the polyclinics, Offredy states that:

This model of 'medicine-in-the-community' aims to treat patients as biopsychosocial beings in their respective unique environments. The model focuses on disease prevention by identifying risks present in the environment before they become health problems, as well as prioritizing those who are deemed high-risk categories such as the elderly, adolescents and people with long-term conditions. Thus practitioners have skills in primary care, epidemiology, prevention, ethics and social sciences. (273)

The third main component of Cuba's healthcare system is the hospitals and institutions (Offredy 273). Offredy reports that there were 256 hospitals in Cuba as of 2007, as well as 13

medical research centers that cover a large spectrum of specialization (273). Some of these establishments specialize in specific surgical procedures as well as many other areas of specialization like immunology, infectious diseases, and HIV/AIDS (Offredy 273).

However, Offredy mentions that Cuba may not be receiving enough credit for its accomplishments and influence in other parts of the world (274-75). She provides multiple theories as to why Cuba's progress is not often up for discussion (274-75). She feels that Cuba could possibly pose a threat to the US's agenda by showing examples of success and progression in a socialist environment, or, according to Jiang Shixue, a writer for the *Beijing Review*, by "... expanding the influence of communism in the Western Hemisphere" (Offredy 275; Shixue). The statistics alone show that Cuba has a lot to offer the world regarding the progression of quality healthcare

that is accessible to everyone (276). They seem to have created and benefited from a universal health system "which has its roots in the provision rather than the purchasing of health care" (Offredy 276).



Currency Exchange in Havana, Cuba

Source: "Cuban Economy." *Latinamericanstudies.org*. 2004. Web.
<<http://www.latinamericanstudies.org/cuba-economy.htm>>.

In order for Cuba to maintain this system, there will have to be substantial stabilization of their economic situation. The last fifty years have not been easy ones for Cuba's economy. Omar Everleny and Perez Villanueva explain in greater detail Cuba's economic situation in recent years in the article "The Cuban Economy: A Current Evaluation and Proposals for Necessary Policy Changes." Further elaborating on Cuba's rocky economy will help to provide a background to better understand the conditions in which their healthcare system has been functioning and gives a little insight into the conditions ahead (Everleny, Villanueva 1).

By the turn of the 21st century, Cuba's economy had started making progress, experiencing on average, a 7.5% annual growth rate in GDP (Everleny, Villanueva 2). Again, however, the economy took a downward shift in 2008 due to inconsistencies in Cuba's economic infrastructure, including currency inconvertibility, pricing, and an overall lack of earnings (Everleny, Villanueva 5). Unemployment also became a problem as dwindling resources began thinning available job opportunities (Everleny, Villanueva 6). For example, in 2008 the reduced production of sugar due to a lack of basic necessary resources for producing the crop resulted in the loss of 100,000 jobs (Everleny, Villanueva 6). Today, Cuba is heading back in a promising



A Cuban waiter holds a three convertible Cuban Peso note, with an image of Ernesto 'Che' Guevara, October 25, 2004. Source: "Cuban Economy." *Latinamericanstudies.org*. 2004. Web. <<http://www.latinamericanstudies.org/cuba-economy.htm>>.

direction, due in part to progress made in important areas that support employment, resources, and revenue, such as oil production and even construction (Everleny, Villanueva 5). The improving conditions in Cuba's economy mean a more promising future for the healthcare system and the overall wellbeing of the population.

It has been argued that a lift of the US embargo could be an even bigger push in the right direction for economic stabilization and would bring much needed consistency as trades pick up, resources are acquired and traded, and jobs are made (Garrett). Some also argue, however, that Cuba would have to make significant unwelcome adjustments in the event of a curtail in restrictions (Garret; Offredy 270). In a perfect world, opening the doors to trade and commerce for Cuba would allow the influx of valuable resources that would better its overall standing. However, a lift of the embargo could also bring about a whole new set of challenges for Cuba's government, healthcare system, and economy (Garrett).

In her essay "Castrocare in Crisis," published in the Jul/Aug 2010 issue of *Foreign Affairs*, a magazine about American foreign policy and international affairs, journalist Laurie Garrett discusses the possible effects of lifting or easing the United States' embargo. Cuba's economic rollercoaster has left many Cubans blaming the embargo for the country's past challenges and expressing hopes that its removal will someday replenish the country's overall wealth (Garrett). However, Garrett acknowledges the possibility that their universal healthcare system could possibly suffer as a result of the drastic changes (Garrett). She describes the possibility of for-profit companies monopolizing the nation's healthcare for financial gain through the promotion

of medical tourism and suggests that “...although the U.S. embargo strains Cuba's health-care system and its overall economy, it may be the better of two bad options” (Garrett).

On the other hand, Garrett also explains that in the case of the embargo's removal, Cuba would more than likely see their universal healthcare give way to the installation of a two-tier domestic health system consisting of a private and public sector (Garrett). A two-tier system would aim to keep health professionals in the country by offering positions with adequate compensation (Garrett). Garrett suggests that a shift in policy for Cuba would allow for a more efficient healthcare system; one that would provide a financially able system that could persuade its doctors and nurses to stay working in their country in exchange for decent wages (Garrett). Garrett explains that:

In the long run, Cuba will need to develop a taxable economic base to generate government revenues--which would mean inviting foreign investment and generating serious employment opportunities. The onus is on the Castro government to demonstrate how the regime could adapt to the easing or lifting of the U.S. embargo. Certainly, Cuban leaders already know that their *health* triumphs would be at risk. (Garrett)



Countries in blue have some type of universal health care. Countries in green are currently attempting to implement some type of universal health care. Orange countries have universal health coverage provided by United States war funding.

Source: "What Countries Have Universal Health Care?" *Gadling.com*. 5 July 2007. Web. <<http://www.gadling.com/2007/07/05/what-countries-have-universal-health-care/>>.

All in all, these different viewpoints revolving around Cuba's healthcare system show that there really isn't much difference between it and other healthcare systems out there, although the circumstances surrounding it may differ greatly (Everleny; Villanueva 6). It has a light and dark side like most other government managed systems as it ebbs and flows in overall functioning, but at the end of the day someone is always working to make it better (Offredy 270-75). Universal healthcare can be financially trying, especially when a country is suffering economically, but the growth in accessibility of healthcare brought vast improvements to the country's overall health (Offredy 270-75).

The stabilization of the economy, though, would definitely help with available resources and would improve the quality and accessibility of care to an even greater extent (Offredy 270-75). The embargo has been a problem for Cuba's healthcare, but they have made it work regardless and have achieved greatly (Offredy 270-75). A lift in the embargo is not something

anyone is expecting in the near future, but in the event, Cuba would have to make the appropriate adjustments and carry on as they always have and as people always do (Garrett).

Work Cited

- De Vos, Pol, et al. "Public hospital management in times of crisis: Lessons learned from Cienfuegos, Cuba (1996–2008)." *Health Policy* 96.1 (2010): 64-71. *Business Source Complete*. EBSCO. Web. 16 Dec. 2010.
- "Embargo." *The Companion to British History*, Routledge. London: Routledge, 2001. *Credo Reference*. Web. 16 December 2010.
- Everleny, Omar, Perez Villanueva, and Pavel Vidal Alejandro. "Cuba's Economy: A Current Evaluation and Several Necessary Proposals." *Socialism & Democracy* 24.1 (2010): 71-93. *Academic Search Premier*. EBSCO. Web. 10 Dec. 2010.
- Garrett, Laurie. "Castrocare in Crisis." *Foreign Affairs* 89.4 (2010): 61-73. *Academic Search Premier*. EBSCO. Web. 9 Dec. 2010.
- "History." *Cuba Country Review* (2010): 6-9. *Business Source Complete*. EBSCO. Web. 10 Dec. 2010.
- Jiang, Shixue. "Winless Confrontation." *Beijing Review* 50.42 (2007): 14-15. *Academic Search Premier*. EBSCO. Web. 11 Dec. 2010.
- Offredy, Maxine. "The health of a nation: perspectives from Cuba's national health system." *Quality in Primary Care* 16.4 (2008): 269-277. *Academic Search Premier*. EBSCO. Web. 9 Dec. 2010.
- Smith, Wayne S. "Our Dysfunctional Cuban Embargo." *Orbis* 42.4 (1998): 533. *Academic Search Premier*. EBSCO. Web. 16 Dec. 2010.

Werlau, Maria C. "Cuba's Cash-for-Doctors Program. " *Wall Street Journal* 16

Aug. 2010, Eastern edition: ABI/INFORM Global, ProQuest. Web. 16 Dec. 2010.