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Health Care for All Love, Cuba

Cubans say they offer health care to the world's poor because they have big hearts. But what do they get in return?



Cuba's health care system is based on the neighborhood doctor and nurse. Most often, one of them lives upstairs from the office.

Sarah van Gelder

They live longer than almost anyone in Latin America. Far fewer babies die. Almost everyone has been vaccinated, and such scourges of the poor as parasites, TB, malaria, even HIV/AIDS are rare or non-existent. Anyone can see a doctor, at low cost, right in the neighborhood.

The Cuban health care system is producing a population that is as healthy as those of the world's wealthiest countries at a fraction of the cost. And now Cuba has begun exporting its system to under-served communities around the world—including the United States.

The story of Cuba's health care ambitions is largely hidden from the people of the United States, where politics left over from the Cold War maintain an embargo on information and understanding. But it is increasingly well-known in the poorest communities of Latin America, the Caribbean, and parts of Africa where Cuban and Cuban-trained doctors are practicing.

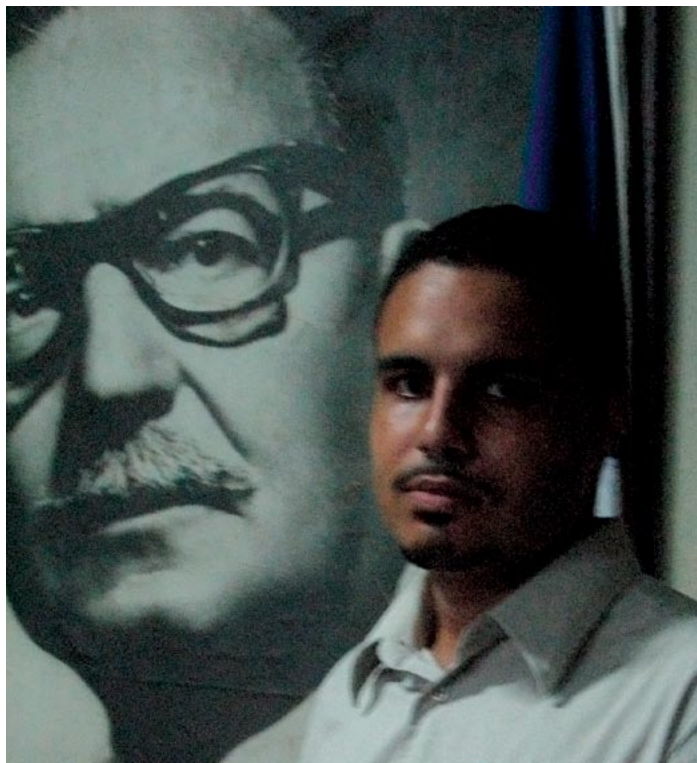
In the words of Dr. Paul Farmer, Cuba is showing that "you can introduce the notion of a right to health care and wipe out the diseases of poverty."

Health Care for all Cubans

Many elements of the health care system Cuba is exporting around the world are common-sense practices. Everyone has access to doctors, nurses, specialists, and medications. There is a doctor and nurse team in every neighborhood, although somewhat fewer now, with 29,000 medical professionals serving out of the coun

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IN THEIR OWN WORDS



NARCISO ORTIZ

U.S. medical student, Salvador Allende Hospital, Havana

When I first came here to Cuba, I was in a hurry to finish up and go back to the U.S. I had the idea that when I returned I would have a big house, and cars. ... At first it was a challenge to be here. I shared a room with seven other people. I ate mostly rice, beans, and salads. But now, I find it a more satisfying way of living. It is not paradise, but it's different when you have the basic necessities met. The human interactions are better; it's more of a community.

I was born in Dominican Republic, my family immigrated to Newark in 1981. My father works at the Board of Education cleaning offices, my mother works at the airport, she cleans airplanes.

I would like to offer free health care when I get back. I met a doctor here who spent two years in Africa and did 800 operations on little kids without getting a dime. I would like to have that opportunity.

One thing that perplexes me is how much the Cubans have done with so little. When I go home, it's backwards. We have money, resources, technology, and yet we don't have universal health care. I believe that we can make it happen. We have to fight off the pharmaceutical and insurance companies, but I think we can do it.

One of the things I see here in Cuba is they are always optimistic. Sometimes when I go back home that's missing. Here, they have the attitude that yes, you can! A better world is possible!



LUIS SANDOVAL

Orthopedic surgeon, served in Pakistan, Indonesia

We arrived in Pakistan soon after the earthquake with our own tent hospitals equipped with x-rays and ultrasound. Within a few days, I was operating on bone fractures. One day it snowed so much the tent collapsed. Everyone went outside to shovel off the tent roof. I cried when I left, and so did many of the people there. Then a month later, an earthquake hit Indonesia, and again a group of us went to help. We made an impact in the three months we were there. When the president of Indonesia came to Cuba, he gave us an award.



HERUERREA MIRIAM ROMERO

Pediatric nurse, served in Honduras

In 2002 there was a dengue fever epidemic in Honduras. Children were dying every day. Students from the Latin American Medical School in Havana gave up their summer vacations to help, and we were able to control the outbreak. We were scared when we first arrived because of all the soldiers with machine guns. There was a lot of violence. The hospital was full of children. People would pretend they had dengue to get treatment for other problems. We saw people who had never seen a doctor before.



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In Their Own Words: Cuban doctors who provide disaster relief abroad.

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try—a fact that is causing some complaints. If someone doesn't like their neighborhood doctor, they can choose another one.

House calls are routine, in part because it's the responsibility of the doctor and nurse team to understand you and your health issues in the context of your family, home, and neighborhood. This is key to the system. By catching diseases and health hazards before they get big, the Cuban medical system can spend a little on prevention rather than a lot later on to cure diseases, stop outbreaks, or cope with long-term disabilities. When a health hazard like dengue fever or malaria is identified, there is a coordinated nationwide effort to eradicate it. Cubans no longer suffer from diphtheria, rubella, polio, or measles and they have the lowest AIDS rate in the Americas, and the highest rate of treatment and control of hypertension.

For health issues beyond the capacity of the neighborhood doctor, polyclinics provide specialists, outpatient operations, physical therapy, rehabilitation, and labs. Those who need inpatient treatment can go to hospitals; at the end of their stay, their neighborhood medical team helps make the transition home. Doctors at all levels are trained to administer acupuncture, herbal cures, or other complementary practices that Cuban labs have found effective. And Cuban researchers develop their own vaccinations and treatments when medications aren't available due to the blockade, or when they don't exist.

Exporting Health Care

For decades, Cuba has sent doctors abroad and trained international students at its medical schools. But things ramped up beginning in 1998 when Hurricanes George and Mitch hammered Central America and the Caribbean. As they had often done, Cuban doctors rushed to the disaster zone to help those suffering the aftermath. But when it was time to go home, it was clear to the Cuban teams that the medical needs extended far beyond emergency care. So Cuba made a commitment to post doctors in several of these countries and to train local people in medicine so they could pick up where the Cuban doctors left off. ELAM, the Havana-based Latin American School

of Medicine, was born, and with it the offer of 10,000 scholarships for free medical training.

Today the program has grown to 22,000 students from Latin America, the Caribbean, Africa, Asia, and the United States who attend ELAM and 28 other medical schools across Cuba. The students represent dozens of ethnic groups, 51 percent are women, and they come from more than 30 countries. What they have in common is that they would otherwise be unable to get a medical education. When a slum dweller in Port au Prince, a young indigenous person from Bolivia, the son or daughter of a farmer in Honduras, or a street vendor in the Gambia wants to become a doctor, they turn to Cuba. In some cases, Venezuela pays the bill. But most of the time, Cuba covers tuition, living expenses, books, and medical care. In return, the students agree that, upon completion of their studies, they will return to their own under-served communities to practice medicine.

The curriculum at ELAM begins, for most students, with up to a year of "bridging" courses, allowing them to catch up on basic math, science, and Spanish skills. The students are treated for the ailments many bring with them.

At the end of their training, which can take up to eight years, most students return home for residencies. Although they all make a verbal commitment to serve the poor, a few students quietly admit that they don't see this as a permanent commitment.

One challenge of the Cuban approach is making sure their investment in medical education benefits those who need it most. Doctors from poor areas routinely move to wealthier areas or out of the country altogether. Cuba trains doctors in an ethic of serving the poor. They learn to see medical care as a right, not as a commodity, and to see their own role as one of service. Stories of Cuban doctors who practice abroad suggest these lessons stick. They are known for taking money out of their own pockets to buy medicine for patients who can't afford to fill a prescription, and for touching and even embracing patients.

Cuba plans with the help of Venezuela to take their medical training to a massive scale and graduate 100,000

doctors over the next 15 years, according to Dr. Juan Ceballos, advisor to the vice minister of public health. To do so, Cuba has been building new medical schools around the country and abroad, at a rapid clip.

But the scale of the effort required to address current and projected needs for doctors requires breaking out of the box. The new approach is medical schools without walls. Students meet their teachers in clinics and hospitals, in Cuba and abroad, practicing alongside their mentors. Videotaped lectures and training software mean students can study anywhere there are Cuban doctors. The lower training costs make possible a scale of medical education that could end the scarcity of doctors.

U.S. Students in Cuba

Recently, Cuba extended the offer of free medical training to students from the United States. It started when Representative Bennie Thompson of Mississippi got curious after he and other members of the Congressional Black Caucus repeatedly encountered Cuban or Cuban-trained doctors in poor communities around the world.

They visited Cuba in May 2000, and during a conversation with Fidel Castro, Thompson brought up the lack of medical access for his poor, rural constituents. "He [Castro] was very familiar with the unemployment rates, health conditions, and infant mortality rates in my district, and that surprised me," Thompson said. Castro offered scholarships for low-income Americans under the same terms as the other international students—they have to agree to go back and serve their communities.

Today, about 90 young people from poor parts of the United States have joined the ranks of international students studying medicine in Cuba.

The offer of medical training is just one way Cuba has reached out to the United States. Immediately after Hurricanes Katrina and Rita, 1,500 Cuban doctors volunteered to come to the Gulf Coast. They waited with packed bags and medical supplies, and a ship ready to provide backup support. Permission from the U.S. government never arrived.

"Our government played politics with the lives of people when they needed help the most," said Representative

Thompson. "And that's unfortunate."

When an earthquake struck Pakistan shortly afterwards, though, that country's government warmly welcomed the Cuban medical professionals. And 2,300 came, bringing 32 field hospitals to remote, frigid regions of the Himalayas, and for seven months. There, they set broken bones, treated ailments, and performed operations for 1.7 million patients. The disaster assistance is an extension of Cuba's medical aid missions that has extended from Peru to Indonesia, and even included caring for 17,000 children sickened by the 1986 accident at Chernobyl nuclear plant in the Ukraine.

It isn't only in times of disaster that Cuban health care workers get involved. Some 29,000 Cuban health professionals are now practicing in 69 countries—mostly in Latin America, the Caribbean, and Africa. In Venezuela, about 20,000 of them have enabled President Hugo Chávez to make good on his promise to provide health care to the poor. In the shantytowns around Caracas and the banks of the Amazon, those who organize themselves and find a place for a doctor to practice and live can request a Cuban doctor.

As in Cuba, these doctors and nurses live where they serve, and become part of the community. They are available for emergencies, and they introduce preventative health practices.

Some are tempted to use their time abroad as an opportunity to leave Cuba. In August, the U.S. Department of

Homeland Security announced a new policy that makes it easier for Cuban medical professionals to come to the U.S. But the vast majority remain on the job and eventually return to Cuba.

Investing in Peace

How do the Cuban people feel about using their country's resources for international medical missions? Those I asked responded with some version of this: We Cubans have big hearts. We are proud that we can share what we have with the world's poor.

Nearly everyone in Cuba knows someone who has served on a medical mission. These doctors encounter maladies that have been eradicated from Cuba. They expand their understanding of medicine and of the suffering associated with poverty and powerlessness, and they bring home the pride that goes with making a difference.

And pride is a potent antidote to the dissatisfaction that can result from the economic hardships that continues 50 years into Cuba's revolution.


From the government's perspective, their investment in medical internationalism is covered, in part, by ALBA, the new trade agreement among Venezuela, Bolivia, Nicaragua and Cuba. ALBA, an alternative to the Free Trade Area of the Americas, puts human needs ahead of economic growth, so it isn't surprising that Cuba's health care offerings fall within the agreement, as does Venezuelan oil, Bolivian natural gas, and so on.

But Cuba also offers help to countries outside of ALBA.


"All we ask for in return is solidarity," Dr. Ceballos says.

"Solidarity" has real-world implications. Before Cuba sent doctors to Pakistan, relations between the two countries were not great, Ceballos says. But now the relationship is "magnificent." The same is true of Guatemala and El Salvador. "Although they are conservative governments, they have become more flexible in their relationship with Cuba," he says.

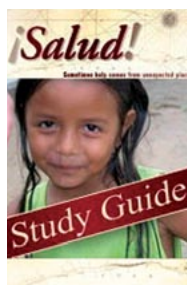
Those investments in health care missions "are resources that prevent confrontation with other nations," Ceballos explains. "The solidarity with Cuba has restrained aggressions of all kinds." And in a statement that acknowledges Cuba's vulnerabilities on the global stage, Ceballos puts it this way: "It's infinitely better to invest in peace than to invest in war."

Imagine, then, that this idea took hold. Even more revolutionary than the right to health care for all is the idea that an investment in health—or in clean water, adequate food or housing—could be more powerful, more effective at building security than bombers and aircraft carriers. 

Sarah van Gelder, executive editor of YES!, was in Cuba (legally) in December 2006 visiting medical schools, clinics, and hospitals. Her travel was supported by The Atlantic Philanthropies, and MEDICC provided program consulting.

 This article is available in Spanish at www.yesmagazine.org/cubapdf

¡Salud! Cuba's Global Health Mission



The film ¡Salud! follows Cuban doctors to Honduras, Venezuela, The Gambia, and other poor countries where they offer medical care and training. The 90-minute documentary also tells of the thousands of international medical students studying in Cuba, and what it means to their communities when they return. www.saludthefilm.net MEDICC (Medical Education Cooperation with Cuba), distributes ¡Salud! and supports international medical students and graduates trained in Cuba who are returning

to under-served areas to practice medicine. MEDICC publishes MEDICC Review, a peer-reviewed journal on Cuban medical and public health, and Cuba Health Reports, an online news service, and assists U.S. health professionals exploring the Cuban public health experience. www.medicc.org



MENINGITIS B

Cuba's Got the Vaccine —Why Don't We?

A vaccine with proven effectiveness against Meningitis B was developed in Cuba in the 1980s. Since then, 55 million doses have been administered in Cuba and other countries. But not in the U.S., where outbreaks still kill children. Dr Robert Fortner, MD, wanted to find out why. His findings are at:

 www.yesmagazine.org/vaccine