2015

The Cuban Health Care System and Child Health Outcomes: an Admirable Accomplishment with Lurking Questions

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International Immersion Program 2015: Cuba
April 25, 2015

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An admirable accomplishment with lurking questions

John F. Kennedy once stated, "Children are the world's most valuable resource and its best hope for the future." Contemplating economic development without considering the health and education of children is shortsighted; children are the next generations' workforce and leadership, and a country's future is dependent on children's successful development.

The Cuban health care system, and particularly its strong health outcomes for children, is a point of great pride for the Cuban people. By constitutional mandate, universal health care is free for all citizens. And in the past forty years, Cuba has made great strides it expanding life expectancy and decreasing child and infant mortality. This paper seeks to explain the constitutional and legal framework underlying the Cuban health system, explore the community-based model and its impacts on child health in particular, and raise some questions regarding the reality and causes of the strong health outcome statistics. First, I will turn to some of the numbers that have gained Cuba acclaim in the international medical community.

I. Statistical Success and International Recognition

"We sincerely hope that all of the world's inhabitants will have access to quality medical services, as they do in Cuba."[1] Margaret Chan, Director-General of the World Health Organization (WHO), made this statement soon after her visit to Cuba in July 2014.[2] And looking at the numbers, one can see why. WHO reports that the life expectancy at birth in Cuba as of 2012 was 76 years for men and 81 years for women.[3] This is the exact same life expectancy as the United States, yet Cuba is currently defined as a Third World nation and has far lower resources and far lower health care expenditures.

Cuba's health statistics for infant and child health are similarly if not more impressive. According to UNICEF data, Cuba has an under-five morality rate—the probability of dying between birth and five years of age expressed per 1,000 live births—of 6;[4] this is far lower than the worldwide under-five mortality rate (46) and the regional Latin America and Caribbean rate (18), and is even lower than the United States' rate (7).[5] The infant mortality rate, which describes the probability of death between birth and one year, is even lower: 4 deaths between 1,000 live

[1] Salim Lamrani, Cuba's Health Care System: a Model for the World, Huff Post: Politics (Huffington Post Aug 8, 2014), online at http://www.huffingtonpost.com/salim-lamrani/cubas-health-care-system-_b_5649968.html (accessed Apr 23, 2015) (internal citation omitted).
[2] Id.
[3] WHO, Cuba: WHO Statistical Profile (WHO Jan 2015), online at http://www.who.int/gho/countries/cub.pdf?ua=1 (accessed Apr 23, 2015).
[4] UNICEF, Cuba: Statistics (UNICEF Mar 2, 2014), online at http://www.unicef.org/infobycountry/cuba_ statistics.html (accessed Apr 23, 2015).
[5] UNICEF, *Committing to Child Survival: A Promise Renewed - Progress Report 2014* (Sept. 16, 2014), http://data.unicef.org/resources/apr2014#sthash.l6ITV9Xm.dpuf.

births.[6] Both are also an internal improvement compares to 1990, when the child mortality rate was 12 and infant mortality rate was 11.[7]

Other UNICEF data also reveals positive indicators. For example, only 5.2% of newborns were recorded as having low birth weight, and the immunization coverage for common immunizations ranges from 96% to 99%.[8] UNICEF also considers school enrollment as an element of child health: the net enrollment in primary school between 2008 and 2011 was 98.4%. As is also well publicized, Cuba has a very high literacy rate, approaching 100%.[9]

Given these impressive indicators, it is not surprising that Cuba is widely recognized as a leader in community health, particularly in the third world. How does the law and health care framework in Cuba contribute to this progress?

II. Legal Framework: Cuba's Constitutional Guarantees for Health Protection, and the Public Health Laws Supporting Them

Cuba is a socialist state. In the minds of many in the United States, socialism is often connoted with a total lack of individual rights. But while many of the freedoms that are a hallmark of our system are entirely absent (in word, practice, or both), the Cuban government does guarantee certain rights. A robust "right to health protection and care" is one such right that is an integral part of Cuba's identity.[10] A detailed constitutional right, public health law, and directives

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[6] UNICEF, Cuba: Statistics (cited in note 4).
[7] Id.
[8] Id.
[9] Id.
[10] Constitution of the Republic of Cuba, 1976 (as amended in 2002) Chap VII, Art 50 (Cuba Const)

from the Cuban president provide a legal foundation to the Cuban health care system.

A. The Cuban Constitution's Protection of Health

Cuba enacted the Constitution of the Republic of Cuba, its first post-revolutionary constitution, in 1976. It has been amended twice, in 1992 and 2002. The constitution affirms that Cuba is a socialist state, the Communist Party is "the organized vanguard of the Cuban nation" and "the superior leading force of the society and the State," and asserts the form and organization of the government system.[11] The Constitution also outlines a specific list of rights. In contrast to the broader statements of the U.S. Constitution, the outlined rights are more detailed and ranging.

Rights are noted throughout the document's twenty five chapters and one hundred and thirty seven articles, but are primary outlined in Chapter VII of the 1976 Constitution: "Fundamental Rights, Duties and Guarantees." The right to free health care is a preeminent and detailed protection. Article 50 provides:

> Everybody has the right to health protection and care. The State guarantees this right;
>
> - by providing free medical and hospital care by means of the installations of the rural medical service network, polyclinics, hospitals and preventive and specialist treatment centers;
> - by providing free dental care;
> - by promoting the health publicity campaigns, health education, regular medical examinations, general vaccinations and other measures to prevent the outbreak of disease. All of the population cooperates in these activities and plans through the social and mass organizations.[12]

[11] Cuba Const Chap I, Art 5.
[12] Cuba Const Chap VII, Art 50.

Other enumerated rights also touch on public and individual health; for example, a "right to physical education, sports and recreation," workers' "right to rest, which is guaranteed by the eight-hour workday, a weekly rest period and annual paid vacations," and a right to state-supported care for the elderly.[13]

As will be discussed below, maternal and child health is particularly important and valued in Cuba. The Constitution speaks to this priority. In the chapter on equality, the constitution provides:

> Providing for their health and for a healthy offspring, the State grants working women paid maternity leave before and after childbirth, and temporary work options compatible with their maternal function.[14]

The equality provisions also assert that no person can be denied medical care in any medical institution regardless of "race, color, sex, religious creeds, national origin, or any other type offending human dignity."[15] These foundational principles may play a role in the high rates of prenatal care and other positive health indicators surrounding mother and child health.

B. Public Health Laws and the Support of Leadership

A claimed constitutional guarantee means very little if not protected in a nation's laws or practices. This is certainly evident in Cuba; for example, the constitution guarantees "freedom of speech and of the press in keeping with the objectives of socialist society."[16] In practice, this means very little, as all media is government-controlled and speech critical of the state or government is not

[13] Cuba Const Chap VII, Arts 52, 46, 48.
[14] Cuba Const Chap VI, 44.
[15] Cuba Const Chap VI, Art 42.
[16] Cuba Const Chap VII, Art 54.

protected, but is instead undercut by crimes like "disseminating counterrevolutionary propaganda."[17]

But both the government and the Cuban people have taken the health protection right very seriously. The current legal framework dates back to the 1980s, and specifically the Public Health Law of 1983. Prior to 1983, the health system was organized in a centralized, "top down" approach.[18] The 1983 law, which gave some specificity to the "general activities to be carried out by the state to protect the health of Cuban citizens," gave significant more control to the local level.[19] The law established national, provincial and municipal levels of care. On the national level, the Ministry of Public Health is primarily responsible for data collection and coordination of scientific and medical research. [20] The Provincial Administrative Council, which was created by the Public Health Law, occupies the middle-level, and has responsibilities that include hospital oversight, standardized nurse training and the management of blood banks.[21]

As will be discussed in the next section, it is the local, community level that has had some of the largest impacts on Cuban health. The Public Health Law established local councils, which were given the the responsibility of "insur[ing] that that the community's needs were assessed and that care was established to meet

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[17] See, for example, Katherine Hirschfeld, Health, Politics, and Revolution in Cuba Since 1898, 4 (Transaction Publishers 2007) (describing a doctor arrested for this offense).
[18] Steven G. Ullman, The Future of Health Care in a Post-Castro Cuba, Institute for Cuban and Cuban-American Studies: Cuba Transition Project (University of Miami 2008), online at http://ctp.iccas.miami.edu/Research_Studies/StevenUllman.pdf (accessed Apr 23, 2015).
[19] Id at 10.
[20] Id.
[21] Id at 10 – 11.

those needs."[22] Community hospitals, or polyclinics, were established to provide direct care on a neighborhood level. The local councils also oversee specialty hospitals, like maternity, dental, elderly and mental health care centers.

In addition to establishing the Public Health Law system, the government has taken other measure to tackle particular problems. For example, it conducted vaccination campaigns to confront and eventually eliminate polio, malaria, diphtheria, and tetanus, and established a controversial mandatory quarantine system in the 1980s to handle HIV/AIDs.[23] Several of these initiatives have focused on infant and child health. Among the more noteworthy, in 1987, then-president Fidel Castro ordered the costly creation of perinatal intensive care units in every maternal-infant hospital in the country.[24]

The constitutional guarantees and the public health laws are an important foundation. But with this established backdrop, the question becomes what this promised health protection look like in practice.

III. Cuba's Community and Preventative-based Health System and its Special Role in Children's Health

Both the available literature and the firm convictions of those on the ground in Cuba assert the same driving force behind Cuba's improvements in health outcomes: their community-based and prevention-focused health care model.

A. Community-Based Care Is at The Heart of The Cuban Model

[22] Ullman, Future of Health Care at 11.
[23] Id.
[24] Julie M. Feinsilver, Healing the Masses: Cuban Health Politics at Home and Abroad Chap 4 at 101 & n 50 (University of California Press 1993).

According to WHO, in 2008, Cuba had more than 33,000 family physicians.[25] The focus on family medicine is embedded into the medical school system; 97% of medical graduates are required to specialize in family medicine, and can later apply for a second residency in a different specialization.[26] Many of these physicians are working in either community-based polyclinics or neighborhood doctor-and-nurse offices. As of 2008, there were 498 polyclinics throughout the nation, each serving between 30,000 and 60,000 people. Dr. Cristina Luna, former national director of ambulatory care in Cuba, referred to the polyclinics as "the backbone of Cuba's health system."[27] The polyclinics not only serve as a care resource and as a medical training outlet for doctors and nurses, but they each also act as the "organizational hub" for 20 to 40 neighborhood nurse-and-doctor offices.[28]

The nurse-and-doctor family doctor offices are one of the unique features of the Cuban health care system and one that is often attributed as a key part of its success.[29] The archetypal neighborhood family doctor office is located with a residential neighborhood and serves the people who live in the area. Thus, what those in the United States would consider a person's primary care physician is based on where a person lives. The doctor typically lives on the second floor of his or her office, and is assigned a regular nurse. Because the doctor and nurse live

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[25] WHO, Cuba's Primary Health Care Revolution: 30 Years On, 86 Bulletin of the World Health Organization 321 -1416, online at http://www.who.int/bulletin/volumes/86/5/08-030508/en/ (accessed Apr 22, 2015).
[26] Id.
[27] Id.
[28] Id.
[29] The following discussion is based upon a meeting with Doctor Diame and other medical personnel at a polyclinic in Havana, Cuba. Notes from this meeting on file with the author.

within the community, they are better aware of the community's health care issues and needs. This role takes on personal dimensions very different from that in the United States. As an example, a polyclinic doctor I spoke with in Cuba said that if a patient came into the office and reported that she is having consistent headaches and trouble sleeping that she attributes to loud neighbors, the doctor or nurse may go out and speak to the neighbor to ask him to keep down the volume.

The neighborhood offices also facilitate more direct and preventative care. According to the medical personnel I spoke with, if someone has a health issue, they can go to the family office without an appointment, and can usually be seen that day. This allows for catching some health issues before they escalate. The doctor can take the patient to the associated polyclinic or a specialized hospital if a medical issue is too severe to be handled at the local office. Additionally, because the nurses and/or doctors visit schools and local workplaces, they also have an avenue to encourage preventative care and healthy lifestyle choices.

B. The Special Role of Community-Based Care in Maternal-Infant and Child Health

While in Cuba, I had the opportunity to visit a local polyclinic and speak with its Deputy Director, Dr. Diame, and other medical personnel. They were able to give me a closer first-hand view into how the community health care model helps serve the particular needs of mothers, infants and children.

An emphasis on pre-natal and infant care is one way the Cuban system works to lower infant and child mortality, as well as improve the health of women and children. Dr. Diame emphasized that family doctors strongly encourage women

to come in regularly for prenatal care from the first trimester through birth. When asked if such care was mandatory, she noted that all medical care is by consent, but that it doctors do strongly push the importance of proper care. The Chief Nurse of the polyclinic noted that she thinks the maternal and young child health programs are among the hardest to administer, particularly with high-risk pregnancies, including teenage women, women with high blood pressure and particularly older women. The doctors and nurses emphasized that it is their duty to try to get all women, and especially those who are high-risk, to come in regularly. Julie M. Feinsilver, an academic who has studied the Cuban health care system, similarly noted the role of polyclinic and family doctors seeking out women who missed appointments, and suggested that this effort played a part in decreasing infant mortality in the 1980s.[30]

Once a child is born, regular child health visits and a full round of vaccinations are standard. Similar to the emphasis on prenatal care, doctors and nurses embedded in the community urge mothers to continue to bring in children for regular care. While Dr. Diame stated that vaccines are not mandatory, medical personnel have a duty to strongly encourage parents to vaccinate their children, and vaccination is far and away the norm. According to UNICEF data, vaccination efforts are effective; there is 99% vaccination coverage for tuberculosis and

[30] Feinsilver, Healing the Masses at 100 – 101 (cited in note 24).

meningitis, 98% coverage for polio, 96% coverage for DPT and hepatitis, and similar rates for other routine vaccinations.[31]

Neighborhood doctors and nurses also play an important role in child protection from abuse and neglect, which in turn can contribute to lower levels of child mortality. Professor Louis Palensuapier, a law professor specializing in family and civil law, spoke to this benefit.[32] In describing the child protection efforts, Professor Palensuapier noted that the first line is always community doctors and nurses. If they see a child at the clinic or anywhere else in the community and he seems malnourished or otherwise neglected, the doctor will first check with the mother and father to see if there is a need to be addressed. The doctors also have a duty to follow up with the schools, neighbors, and the local Women's Federation. If a situation is revealed to be truly abusive, the state can take the child to a child shelter, and there is a process for terminating parental rights and adoption. But Professor Palensuapier emphasized that this is uncommon and many times, problems can be solved by early intervention that often stems from the medical community.

Thus Cuba's community-based health care model takes a robust view of health and a very hands-on role in both treating current medical needs of individual patients, and promoting health within the community. Polyclinics and neighborhood doctor-and-nurse offices are the key health care delivery means. And

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[31] UNICEF, Cuba: Statistics (UNICEF Mar 2, 2014), online at http://www.unicef.org/infobycountry/cuba _ statistics.html (accessed Apr 23, 2015).
[32] The following discussion is based on a meeting with Dr. Palensuapier at the National Association of Cuban Jurists. Notes from this meeting are on file with the author.

there are statistics, research, and on-the-ground advocates that all attest to the success of this system. However, there are reasons to think that this picture may not portray the full story.

IV. Lurking Questions: The Possible Limitations on Reported Health Statistics and The Public Picture of Medical Care in Cuba

Given the significant recognition of Cuba's successes in the global health community, the fact that many Cuban-trained doctors are working successfully around the world, and some findings from the limited but existent research into the Cuban health system, it would be untenable to claim that all of Cuba's successes are a show and that health in Cuba is secretly abysmal. However, there are significant concerns—raised both by those within and outside of Cuba—that the strong health indicators, particularly for children, may obscure some significant issues. Two such concerns are the reliability of health data and the role of "therapeutic abortions."

A. Credibility of Cuban Health Information

Any good researcher knows that data can lie. Data can be inaccurately recorded, whether intentionally or unintentionally, manipulated to help suggest a certain picture, or presented in a misleading manner. One potential issue in Cuba is a lack of freedom of information and external control. Cuba does not have non-government agencies or nonprofits that look do medical data and research. According to the doctors I met in Cuba, health data is recorded at each individual polyclinic and hospital, and then reported to a central statistical center. All hospitals and medical data centers are state run. Particularly given the national

acclaim and the leadership's emphasis on health, there could be motives to manipulate or even falsely record data.

And, at least anecdotally, there is evidence to suggest that the government has at times hidden true health issues, and placed barriers to prevent research into their medical system. Katherine Hirschfeld, an anthropologist and academic who did a period of field research in Cuba in the 1990s, expressed this concern. Hirschfeld went to Cuba to "document (and highlight) Cuba's achievement in social medicine."[33] However, less than six months into her stay, she contracted dengue fever during a 1997 outbreak in Santiago, Cuba. Prior to her falling ill, she had been told that dengue had been "successfully eradicated," and even after her sickness, the state newspaper claimed that there "was not one case" in Cuba since the 1980s.[34] When Hirschfeld was forced into hospitalization, she discovered that thousands of others were also sick with dengue and quarantined; a soldier guarded the hospital and she was not allowed to communicate with anyone in America. She later learned doctors were ordered not to report diagnoses as anything other than "virosis", or a virus.[35]

Eventually word got out, as a Cuban doctor, Desi Mendoza, defied the government order and leaked word of the outbreak.[36] When Hirschfeld recovered, she felt skeptical of the government's official reports regarding health, and noted an

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[33] Hirschfeld, Health, Politics, and Revolution at 3 (cited in note 17).
[34] Id.
[35] Id at 3 – 5.
[36] Hirschfeld reports, citing the Associated Press, that the doctor was subsequently arrested and charged with "disseminating counterrevolutionary propaganda." Id at 4.

interest in studying the reliability of Cuban health care data. However, she concluded that this was impossible:

> Public dissent from the party line remains a serious crime in Cuba, and foreign researchers are closely watched—especially if they begin to ask the wrong kinds of questions. In fact, soon after my release from the hospital, I was subject to several uncomfortable visits from Cuban State Security officers who questioned me about my political beliefs, my research agenda and what I intended to publish once I left Cuba and returned to the United States.[37]

Of course, this is only one researcher's experience. And as noted, the dengue outbreak did eventually come to the surface, although official numbers of those struck remain unclear.

Other academics have taken a much more positive view of the reliability of Cuban medical data. Feinsilver notes that, at least as of the mid-1980s, the Pan American Health Organization considered Cuban health statistics "very reliable," and she argues that there is some scrutiny of the statistics by outside international organizations.[38] Although it is perhaps of note that, according to the medical personnel we met on our visit, health outcome information is still collected by "statistics department" at each individual facility, and reported to a central government collector.

B. Implications of High Abortion Rates

There is an additional potential concern about the significance of child and infant mortality rates specifically: the impact of "therapeutic" abortions and the risk of forced abortions.

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[37] Hirschfeld, Health, Politics, and Revolution at 5 (cited in note 17).
[38] Feinsilver, Healing the Masses at 97 (cited in note 24).

When received through a health care provider, abortion is legal in Cuba and available on demand. The United Nations reports that the abortion rate—which is the number of abortions per 1,000 women—was 24.8% in 2004, the ninth highest rate of abortion of any country in the world.[39] In and of itself, a high abortion rate may not mean anything significant about the infant and child mortality rates. However, if many of these abortions happen on account of the determinations that the fetus is unhealthy—and particularly if women are coerced into having abortions for this reason—this could be troubling from both a data comparison perspective and a humanitarian view.

While the data is somewhat outdated, according to Feinsilver's research in Cuba in the 1980s, genetic screening to detect congenital abnormalities and "therapeutic abortions for those whose infants would not be viable" were expanding.[40] She notes that this use of abortion "lowered infant mortality rate, not to mention the cost of care for a seriously malformed infant with little potential to be a productive member of society."[41] She reports that in 1987, alpha feto-protein studies were conducted on over 80% of pregnant women; these tests resulted in the detection of 505 cases of neural tube defects and a resulting 495 abortions, and the finding of 22 cases of sickle-cell anemia, resulting in 17 abortions.[42] Amniocentesis

[39] Abortion Rate, UNdata: A World of Information (UN Mar 21, 2008), online at https://data.un.org/Data.aspx?d=GenderStat&f=inID%3A12 (accessed Apr 24, 2015).
[40] Feinsilver, Healing the Masses at 101 – 102 (cited in note 24).
[41] Id at 101.
[42] Id.

tests for Down Syndrome were far less common; however Down Syndrome was detected in 39 women and 32 of those women's fetuses were aborted.[43]

Feinsilver goes on to note that only about one third of infant mortality was thought at the time to be connected to genetic disorders, and that therefore such abortions could not fully explain low infant mortality.[44] Nonetheless, it certainly does make some impact.

The high prevalence of abortions performed on account of perceived genetic diseases does not necessarily mean there is pressure on women to get such abortions. The medical personnel I met, as well as all official sources, insist that all medical treatment is only delivered upon the consent of the patient. Feinsilver notes this state policy, and also points out that for mothers who do not abort a fetus with medical complications, there are free services for the physically and mentally impaired to assist. However, even Feinsilver acknowledges that there is a significant risk that women could face extreme pressure:

> [G]iven the intense effort to decrease infant mortality, it is possible that, the free-choice abortion policy aside, many doctors may strongly advise and even pressure for abortion. Certainly the statistics [on medical-related abortions] suggest this might be the case. … Whether or not one considers abortion an ethical option, this procedure certainly has given Cuba an advantage over other countries in the race to decrease the infant mortality rate.[45]

Thus while available information can not determine for certain either how much of the lowered infant mortality is attributable to what Feinsilver refers to as "therapeutic abortions," nor can it say how large a role medical personnel pressure

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[43] Id.
[44] Feinsilver, Healing the Masses at 101 – 102 (cited in note 24).
[45] Id at 102.

may play in the decision to abort, this issue certainly raises some red flags worthy of further study.

C. A Different Perspective: Dissident Blogger's Take on Cuban Health

A group of Cuban dissident bloggers[46] in Havana first alerted me to the potentially misleading effect of high abortion rates on infant mortality rates. The bloggers suggested that when doctors discover that a pregnant woman is likely to have an unhealthy or disabled baby, she might be pushed into having an abortion. While they did not cite any statistics or data, it is perhaps telling that those on the ground have this perception.

The bloggers also provided an interesting perspective into the health care system and its touted effects more generally. The men were clearly very proud to be Cubans living in Cuba, and were proud of the health care advancements in their country. They found the lack of universal health care in the U.S. very concerning. Nonetheless, their tone suggested that things might not always be as sunny as they appear. They noted—without our mentioning a visit to a health clinic—that some health clinics and hospitals are shown off to foreigners and used to show off the humanitarian nature of Cuba. But they suggested that the level of care is not the same everywhere, both within and outside of Havana and other more urban areas.

The most striking point the bloggers made was about the way the strong health statistics—particularly relating to infant and child mortality—are used as a

[46] Despite what many public officials may say to foreigner visitors, political dissent is still punished in Cuba. The bloggers we met with face frequent, repeated harassment and arrest by the police. Thus for their protection, their names and organization/blog will remain anonymous throughout this paper.

"distraction" and brought up whenever other questions of human rights are presented. As an example, they suggested that if someone asked a government official about lack of freedom of speech or true electoral participation, the official would likely give some perfunctory answer then start talking about how amazing their child health statistics are.

This hypothetical rang true to some of our experiences in Cuba, particularly on our visit to the Instituto Cubano de Amistad con los Pueblos (ICAP), or The Cuban Institute for Friendship with the Peoples.[47] ICAP is an NGO that was established soon after the Revolution to help build friendship and support among citizens of other countries, particularly given tensions with the United States. On our visit, we met with a man named Vladimir Falcon. Mr. Falcon was very receptive to us and agreed that greater Internet access is needed in Cuba, which he said is improving all the time. But he also was clearly sticking to the state line, and used the tactics noted by the Bloggers. For example, when asked about the limitations on free speech, he gave a short response about how Cubans have a lot of opinions on lots of issues; he then abruptly shifted focus to how Cubans also have wide access to free health care, and noted that this is not true in the United States, and how Cuba's infant mortality rates were also lower than in the United States.

While such aversion techniques certainly do not detract from any medical success, it does point to the very politicized nature of health in Cuba. Given how much Cuban officials seem to feel they have riding on their health care success,

[47] The following discussion is based on a meeting with Mr. Vladimir Falcon at ICAP. Notes from this meeting are on file with the author.

concerns about issues like coerced abortions and the reliability of internally collected data may have some validity.

V. Conclusions

Cubans are proud of their successes in the realm of health, and deservedly so. With life expectancy and infant and child mortality rates not only out-pacing peer nations, but also the United States and many other wealthy developed countries, it is not surprising that the international medical community has recognized Cuba for its health care success. A constitutional mandate, extensive Public Health Law, and a resulting intricate system of community-based care are all part of this story. However, they may not be the whole story. Noted concerns from citizens about the lack of truly equal care, the very high abortion rate, and the lack of transparency and non-governmental monitoring of the health care system and its data all give reason to pause. As Cuba continues to become more open to foreign investment, the United State re-establishes diplomatic relations, and medical progress moves forward, hopefully there will be greater opportunity to explore these questions.