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Cuba’s Healthcare Mandate: a Vision for the Future or Relic of a Socialist Past?

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Cuba’s Healthcare Mandate: A Vision for the Future or Relic of a Socialist Past?

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Abstract

Castro’s Socialist Revolution in Cuba brought about changes in the Cuban healthcare system that previously had been a bastion for the wealthy and elite. Elite healthcare was top notch, while the underclass suffered from poor medical care, resulting in an infant mortality rate of 60 per 1000, a general mortality rate of 6.4 per 1000, and life expectancy of 65.1 years.¹ With the revolution came a guarantee of healthcare for all Cuban citizens, which was subsequently codified into the constitution of 1972. Cuba has since maintained the reputation of having one of the best healthcare systems in the world, despite its general lack of resources. With the healthcare obligation embedded in the constitution, how are Cubans currently faring with their healthcare? Could the United States, a country with substantially more resources, enact the same guarantee into its legal regime and produce better outcomes for patients? This paper argues that while the ACA personal mandate for insurance is a push towards collectivism, socialized medicine is still a far way off. Additionally, it seems that socialized healthcare in Cuba may not be as effective as we may be lead to believe.

I. Introduction

"Compañeros obreros y campesinos, esta es la Revolución socialista y democrática de los humildes, con los humildes y para los humildes. Y por esta Revolución de los humildes, por los humildes y para los humildes estamos dispuestos a dar la vida." – Fidel Castro

¹ LA Binns, Cuba: Healthcare and the Revolution, West Indian Med J, 62 (3), 244 at
“Fellow workers and peasants, this is the socialist and democratic revolution of the working people, with the working people, and for the working people. And for this revolution of the working people, by the working people, and for the working people we are prepared to give our lives.” – Fidel Castro

A. Revolution

The socialist revolution in Cuba was a response to the corrupt dictatorship of President Fulgencio Batista. While the elites in pre-revolution Cuba had everything one could imagine, the poor underclass often suffered just to survive. Fidel Castro and his group of revolutionaries saw a better way for the future. In 1953 Castro led 120 revolutionaries on a strike against the Moncada barracks in Oriente province. Casto felt that if he were able to take over a military outpost, he might be able to spark a popular rebellion. However, the strike failed and Castro was tried and sent to prison. In 1955, bowing to political pressure, President Batista freed Castro and passed an amnesty bill covering all of the Moncada barracks prisoners.

Then again in 1956, Castro packed a group of revolutionaries onto the ship the Granma and sailed back to Cuba from Mexico where he had spent time (along with time in the United States) raising money to fund his impending revolution. This time the attack, though perilous, was successful and in 1959 Castro successfully deposed Batista and began his socialist rule.

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3 *Id* at 19.

4 *Id* at 20.
Castro ruled extra-constitutionally for sixteen years and then in 1976 Cuba codified the ideals of the revolution in their constitution. The constitution was approved by 97.7% of voters. Among the provisions in the new constitution were centralized governmental control of the market, a promise of free education and free healthcare for citizens, and the institutionalization of the socialist revolution. Article V of the constitution stipulates the state’s dedication to socialism:

\[\text{The Communist Party of Cuba, Martian and of Marxist-Leninist, the organized vanguard of the Cuban nation, is the superior leading force of the society and the State, organizing and guiding the common efforts aimed at the highest goals of the construction of socialism and advancement toward the communist society.}\]

The dedication towards socialism manifests itself in many ways in modern day Cuba. Typically, everyone in Cuba receives the same salary and the government technically employs every worker. There are a few exceptions, such as restaurants called Paladars. Usually these restaurants are owned by Cuban citizens and encompass the first or second floor of their homes. However, as with all businesses in Cuba, the government still must

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6 Id.  
7 Constitution of Cuba, Article V.
own at least 51\%\textsuperscript{8} of the restaurants, technically making these business owners government employees as well. According to locals, the best jobs on the island are tour guide and taxi driver – both professions have access to tourists who give tips in Convertible Cuban Pesos (commonly known as CUCs).

The ideas of equality instilled in Cuba by the revolution seem to ring true today, with a few exceptions. While the official position of Cuba is that there is total equality and no racism or sexism as a result, Afro-Cubans and women frequently stop tourists and attempt to dispel the “rumor” that racism and sexism does not exist in Cuba.\textsuperscript{9} They argue that while the best jobs are taxi drivers and tour guides, that no Afro-Cubans and very few women inhabit these jobs. On more than one occasion, Afro-Cubans would describe how hard it was to get a job or to go to university as an Afro-Cuban. This anecdotal evidence suggests that while the goals of the revolution may have been total equality, and while in many realms of Cuba this is the case, that overall the grass may not be as green as expected.


\textsuperscript{9} Chapter VI, Article 44 of the Cuban Constitution guarantees that “[w]omen and men enjoy equal economic, political, cultural, social, and familial rights. The state guarantees that women will be offered the same opportunities and possibilities as men to achieve their full participation in the development on the country... The state strives to create all the conditions that will lead to the implementation of the principle of equality.”
B. Legal Regime

The National Assembly of the People, which is comprised of popularly elected representatives, governs Cuba.\textsuperscript{10} The Council of State, which consists of the president, deputy president, five vice presidents, one secretary, and 23 others are elected by the National Assembly and govern day to day.\textsuperscript{11} In 1976, Cuba’s constitution was ratified by 97.7\% of voters.\textsuperscript{12} The section of the constitution relevant to this paper, the Chapter VII Article 50 guarantee to healthcare, reads as follows:

\begin{quote}

\textit{Everybody has the right to health protection and care. The State guarantees this right;}
\begin{itemize}
\item 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;
\item by providing free dental care
\item 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.\textsuperscript{13}
\end{itemize}
\end{quote}

What, if anything, can the United States take away from this constitutional guarantee to healthcare? Cuban citizens currently enjoy the

\begin{footnotes}
\footnotetext[10]{\textit{Id.}}
\footnotetext[11]{\textit{Id.}}
\footnotetext[12]{Bench and Bar of Minnesota, \textit{Cuba’s Legal Composite: A Blend of the Familiar and the Foreign}, 69-Jan Bench & B. Minn. 24, 2012.}
\footnotetext[13]{Constitution of Cuba, Chapter VII, Article 50.}
\end{footnotes}
lowest infant mortality rate in Latin America at 5.3%, the percentage of surviving children at 5 years of age is 99.2%, the percentage of children fully immunized from measles and TB is 99%, and Cuba boasts one of the world’s lowest national rates of AIDS.\footnote{Maxine Offredy BA (Hons) PhD, \textit{The health of a nation: perspectives from Cuba’s national health system}, Quality in Primary Care, 16: 269-277, 2008.} Is it possible that by making the ex ante constitutional guarantee, that even with limited resources, much can be done to improve the health of a nation?

\textit{II. State of Cuban Healthcare System

A. Education and Specialization

Training and (medical) education in Cuba is also a guaranteed right. Chapter VII Article 51 dictates that “[e]veryone has the right to an education. This right is guaranteed by the free and widespread system of schools, semi-boarding and boarding schools and scholarships of all kinds and at all levels of education, and because of the fact that all education material is provided free of charge, which gives all children and young people, regardless of their family’s economic position, the opportunity to study in keeping with their ability, social demands and the needs of socio-economic development.”\footnote{Constitution of Cuba, Chapter VII, Article 51.} Not only is education free in Cuba, but the education is world class as well. Becoming a doctor in Cuba requires great dedication and intelligence, but

\begin{figure}
\centering
\includegraphics[width=\textwidth]{figure1.png}
\caption{Graph showing the percentage of children fully immunized from measles and TB in Cuba.}
\end{figure}
unlike many systems around the world, having the economic means to attend school is not a barrier.

When it comes to specialty training, Cuban healthcare does seem to excel in such fields as stroke rehabilitation and treatment for neurological disorders such as Parkinson’s disease.\textsuperscript{16} Much of the treatment provided for such patients comes from therapists who are well trained in their field. However, one criticism of the overall system is that there is a dearth of resources and as an example, the surgeries offered to patients suffering from Parkinson’s disease are no longer state of the art.\textsuperscript{17}

One of the major perks that incentivize students to go to medical school is the opportunity to travel abroad\textsuperscript{18} and provide their medical services and learn from local practitioners. However, many doctors feel that their opportunities to travel are few and far between and as a result, they are falling behind in their training.\textsuperscript{19} While Cuban medical training is typically regarded as very good, economic pressures and the lack of resources (first experienced with the decline of support resulting from the collapse of the former Soviet Union) are taking a toll on the training of doctors.


\textsuperscript{17} \textit{Id.}

\textsuperscript{18} This being particularly important in a country where you need an Exit Visa to leave and those are difficult to obtain.

\textsuperscript{19} \textit{Id.}
B. Physician Exchange Program

In order to remedy the lack of resources on the island, Cuba has engaged in a services-for-resources trade with other nations in Latin America. The number of trained physicians in the country is impressive given the lack of resources. Take for example:

*Despite the vulnerability and international obstacles highlighted by the Bay of Pigs Invasion and the United States (US) trade embargo in 1961, Cuba’s unwavering revolutionary stance won the political and economic endorsement of the Soviet Union. This relationship, along with similar acknowledgement from the Eastern Bloc, was soon realized through the Ministry of Public Health’s control of all healthcare facilities... Within three decades there is a record of annual expenditure by Cuban estimates at 10-15% of GDP with results of over 60,000 trained physicians, a national ration of one to every 180 persons, scores of nurses, physical therapists and medical technicians, 267 hospitals, 440 clinics, 5000 medical and biological scientists, 11 research institutes inclusive of pharmaceutical and biological facilities and 15 medical schools.*

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As a result of this training, thousands of physicians have the opportunity to travel to other countries in Latin America to provide services, in exchange for those countries sending resources to Cuba. For example, in Venezuela, Cuban physicians go for a minimum two-year program offering primary healthcare services, where they are paid approximately $50 per month. In exchange for the physician services, Venezuela sends petrol to Cuba, part of which is used to sell for cash.\(^\text{21}\)

Currently there are more than 22,000 Cuban physicians practicing abroad. As one can imagine, many physicians take these exchange programs as an opportunity to leave the island permanently and search for better opportunities elsewhere. The physicians that chose to abandon their posts in search of better opportunities are considered deserters in Cuba.\(^\text{22}\)

The exchange program seems to leave some services lacking in Cuba. According to citizens utilizing healthcare services in Cuba, because of the number of physicians that go abroad, wait times to receive care are greater. In some cases patients had to wait up to two weeks to see a doctor.\(^\text{23}\) However, many healthcare providers in Cuba rebut this position by stating that the ratio of doctors is still high and the low infant mortality rate is


\(^{22}\) *Id.*

\(^{23}\) Maxine Offredy BA (Hons) PhD, *The health of a nation: perspectives from Cuba’s national health system*, Quality in Primary Care, 16: 269-277, 2008.
indicative of high-quality healthcare.24 Furthermore, “[o]ne doctor pointed out that patients were used to walking two blocks to see a doctor, but now they have to walk five or six blocks, and for some patients this was unacceptable. He refuted the claim of a two-week waiting list and pointed out that family doctors are available 24 hours a day.”25 Though citizens may have complaints with the system due to the ratios of physician to patients slightly declining, Cuban healthcare still presents a paradox where resources may be lacking, but one can obtain surgery such as a breast augmentation or even a complicated procedure such as a sex change, free of charge.26

C. Healthcare Statistics

Cuba prides itself on its low infant mortality rate and it is high life expectancy as indicative of the high quality of healthcare that is provided on the island. The infant mortality rate is 5.3% and the life expectancy is 77.6 years (lagging just behind the United States at 77.7).27 The claim is that the Cuban system of preventative care creates better outcomes for patients. The hierarchy consists of consultorios (family doctor clinics), policinicos (specialty

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24 Id.
25 Id.
clinics) providing secondary care, hospitales and institutos (hospitals and medical institutions) providing tertiary care.\textsuperscript{28}

A microscopic overview of the system at work explains the magazine The Economist’s complimentary feature toward the evolving regime. In its article “One thing Cuba does right”, the remark: “Cuban medicine is disciplined and innovative… Cuban research establishments have made breakthroughs in vaccines, immunology and biotechnology” is a gesture in response to free and effective medical and healthcare that range from services in rural clinics and maternity homes to municipal hospitals all of which are supplemented by technologically advanced research centres. Each urban neighbourhood is equipped with a community clinic that address the needs of its residents. In addition, an expansion of network links the extension of benefits from local clinics for minor ailments to regional hospitals for the chronically ill while providing required service and medicines whenever available, free of charge.\textsuperscript{29}

D. Possible Explanations for Success

While many in the Cuban healthcare system tout the discipline and training of physicians as a reason for their statistical success, some in Cuba

\textsuperscript{28} Maxine Offredy BA (Hons) PhD, \textit{The health of a nation: perspectives from Cuba’s national health system}, Quality in Primary Care, 16: 269-277, 2008.
have a more pessimistic view. In a meeting with counter-revolutionary bloggers, alternative explanations were proposed for the low infant mortality rate. Specifically, the bloggers suggested that prenatal defect detection is actually fairly high quality and sophisticated in Cuba. For this reason, physicians can detect defects in fetuses early on in a pregnancy. Rather than advising the parents to continue with the pregnancy and risk losing the child at birth or shortly thereafter, physicians will suggest to the parents that they obtain an abortion. The bloggers suggested that abortions are very easy to obtain in Cuba and this is a major cause of the low infant mortality rate.

When asked about life expectancy, they offered a less specific answer, but a thought provoking one nevertheless saying that “el leon en jaulado vive el mas largo” or “the caged lion lives the longest.”

Other explanations for the statistics suggest similarly dubious motives. Could it be that as part of a propaganda campaign to bring honor to Cuba, that the government is fabricating statistics? It is noteworthy that in order to visit a hospital or clinic in Cuba, the Cuban Ministry of Health has to be contacted in order to set up interviews and meetings with relevant people.

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30 Names of the bloggers withheld purposefully. Speaking out against the government of Cuba can potentially result in detention and being subject to other human rights abuses. For that reason, the names of the bloggers will not be published in this paper.

31 Referring to the fact that lions in the wild typically live 10-14 years, whereas in captivity they can live upwards of 20 years.

32 Maxine Offredy BA (Hons) PhD, *The health of a nation: perspectives from Cuba’s national health system*, Quality in Primary Care, 16: 269-277, 2008 (stating that “[b]efore the trip was embarked on, the Cuban Ministry of Health was contacted to inform them of the purpose of the visit and to arrange interviews with key people.”).
Should a visitor show up without the proper license they are turned away and guided to the relevant ministry to obtain permission to visit.\textsuperscript{33}

While the strengths of the healthcare system are touted around the world, the weaknesses are hardly discussed. Take for example that “[i]ronically, many medicines that cannot be found at a pharmacy are easily bought on the black market. Some doctors, nurses and cleaning staff smuggle the medicine out of the hospitals in a bid to make extra cash. Although medical attention remains free, many patients did and still do bring their doctors food, money or other gifts to get to the front of the queue or to guarantee an appointment for an X-ray, blood test or operation. If you do not have a contact or money to pay under the table, the waiting time for all but emergency procedures can be ridiculously long.”\textsuperscript{34}

An explanation that receives little attention but may have some merit is the idea that political will plays a major role in the success of the healthcare system. Without a strong commitment to the ideals of the

\textsuperscript{33} On the author’s recent trip to Cuba, the travel group attempted to visit a school without permission from the Ministry of Education and was promptly turned away. The tour guide, employed by the Cuban government, informed the group of the unwavering necessity of obtaining permission from the Ministry to visit a school.

revolution and the health of the population, it is possible that without the resources Cuba would not be able to achieve the outcomes that it has.\textsuperscript{35}

More than 50 years ago, following the Cuban Revolution of 1959, Cuba seems to have captured the urgency of saving lives, and it initiated a consistent process to improve the health of all Cubans, with impressive results. The excellent achievements in population health in Cuba have been widely recognized...In fact, some researchers observing Cuba’s success refer to it as a ‘paradox’ (good health at low cost). However, Spiegel and Yassi have convincingly concluded that generating wealth is not a condition for good health, but well-developed public policies independent of external forces are. Cuba’s population health achievements, although influenced by other factors, may not have been possible without a strong commitment to this – indeed, without a revolution – as some Cuban authors have acknowledged.\textsuperscript{36}

While there are plenty of pessimistic explanations for the success of Cuban health care, political will is an optimistic take on how they are able to produce desirable outcomes for patients with few resources. If political will is an answer, is it possible this could translate to other nations?

\textsuperscript{35} Nino Pagliccia and Adolfo Alvarez Perez, \textit{The Cuban Experience in Public Health: Does Political Will Have a Role?}, International Journal of Health Services, Volume 42, Number 1, Pages 77-94, 2012.

\textsuperscript{36} \textit{Id.}
III. Analysis

What lessons can the US take from the Cuban healthcare system?

First, preventative care seems to play a role in positive patient outcomes. This fact is widely understood by healthcare professionals in the U.S., however, preventative care is not always an option. With the introduction of the Affordable Care Act, more people across the country now have health insurance\(^\text{37}\) and are able to visit primary doctors. Yet, the prevailing culture has not shifted to preventative holistic medicine. According to the Centers for Disease Control, Americans utilize preventative medicine at about half of the recommended rate.\(^\text{38}\) American’s still tend to wait until symptoms have manifested before visiting a physician (for economic reasons or cultural) and this causes treatment costs to be higher than they would if the ailments could have been prevented in the first place. Typically “chronic diseases, such as heart disease, cancer, and diabetes, are responsible for 7 of every 10 deaths among Americans each year and account for 75% of the nation’s health spending. These chronic disease can be largely preventable through close partnership with your healthcare team... eating healthy, exercising.

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\(^{37}\) Before the ACA there were as many as 47 million uninsured people in the United States. According to the ACA website, the law was able to reduce the percentage of uninsured adults from 18% to 13.4%. Information available at: [http://obamacarefacts.com/sign-ups/obamacare-enrollment-numbers/](http://obamacarefacts.com/sign-ups/obamacare-enrollment-numbers/)

regularly, avoiding tobacco, and receiving preventive services are a few examples of ways people can stay healthy.”

Second, the number of family practitioners in Cuba is approximately 38,000. The average doctor serves a population between 600-900 patients and lives in their vicinity. Typically, every square block is assigned a practitioner and they are responsible for making sure that every child gets their proper vaccinations, that pregnant women receive proper care, and that medicine is prescribed to patients in need. The overwhelming view in Cuba is that it is far less expensive to prevent diseases, than it is to cure them. Compare Cuba’s numbers to the U.S. where the typical family doctor has about 2300 patients under his or her care. Furthermore, to fully service those patients for acute, chronic, and preventative care, each doctor would have to spend almost 22 hours per day. This ratio is further evidenced by the fact that “[a]bout 75 percent of the doctors in the survey described themselves as ‘overextended and overworked’ or ‘at full capacity.’”

39 Id.
40 Maxine Offredy BA (Hons) PhD, The health of a nation: perspectives from Cuba’s national health system, Quality in Primary Care, 16: 269-277, 2008.
41 Id.
43 Lenny Bernstein, How many patients should your doctor see each day?, The Washington Post, 2014. Available at http://www.washingtonpost.com/news/to-your-health/wp/2014/05/22/how-many-patients-should-your-doctor-see-each-day/.
44 Id.
45 Id.
The Cuban healthcare system contains many features that the United States can learn from. At its worst, it is a propaganda driven time bomb that would likely implode on itself without outside funding to provide resources that are desperately needed. At best, it is a beacon for preventative medicine that demonstrates that desirable healthcare outcomes can be achieved, when a vision is articulated, particularly when it becomes a constitutional obligation. While the system in Cuba certainly gives the U.S. targets to aim for in terms of preventative medicine and doctor to patient ratios, economic and political realities would keep the country from effectively implementing a system like Cuba’s. However, should the political will grow to lower healthcare costs and attack chronic disease in a proactive and preventative way, the United States would likely be able to implement a healthcare system to produce better outcomes for patients. While a constitutional guarantee to healthcare would not likely work or even be desirable in the U.S., perhaps that obligation combined with the unwavering will to succeed nationally, is exactly what is needed to jumpstart our system.