

# HEALTH CARE IN CUBA REVOLUTIONISED

This is an edited version from a paper by David Werner. The editorial group has made every effort to represent Dr Werner's opinions accurately while having to cut the paper quite drastically because of lack of space to reprint the entire article. The editorial group accepts any responsibility for inaccuracies. Dr Werner prefaces his paper by stating that his visit to Cuba was brief and so his picture of the health care system is incomplete and that he had very mixed impressions and therefore "came away from Cuba with more questions than I had when I went .... questions not only about the reality of Cuba but about the very nature and needs of Man ". However Dr Werner's experience with community-based health care in Latin America has been lengthy and his impressions of Cuba are of considerable interest. This is confirmed by reading his paper; HEALTH CARE IN CUBA TODAY - A MODEL SERVICE OR A MEANS OF SOCIAL CONTROL - OR BOTH."



## WHAT THE REVOLUTION HAS ACHIEVED.

Today, everyone in Cuba has adequate food. Everyone has access to comprehensive health care. Although sufficient housing is still a problem, a greater effort is being made to provide adequate low-cost living quarters for everyone. Primary education is compulsory and almost universal. Today there is virtually no unemployment.

To understand Cuba today one has to take into account the legacy of pre-revolutionary times. Cuba was a typical third world country where people suffered from social and physical hardships as well as poor health and inadequate health care services. Life expectancy was low, infant and maternal mortality were high. Over half of the children were malnourished. More than 50% of the doctors and 70% of the hospital facilities were in

the capital province of Havana where these costly services catered to the fortunate few.

Most of the land and industry were in the hands of a small, wealthy minority, largely under foreign (US) control. For the working people, housing, water and sanitation were inadequate; wages were low, agricultural work was seasonal only; workers' rights were minimal and unemployment was high. The government, representing primarily the interests of the rich, was corrupt and repressive.

## IMPACT ON HEALTH.

Cuba's per capita income remains that of a developing country, however infant and maternal mortality have fallen to nearly that of industrialised countries.

Before 1959 the most common causes of death were those typical of poor countries; malnutrition, diarrhoea, pneumonia, malaria and epidemic disease. In recent years the major causes of death have become similar to those in industrialised countries.

The chart below shows the effect of the Cuban public health system since the revolution on several common infectious diseases. table page 7

A startling statistic of modern Cuba is the declining birth rate. Before the revolution there was a reported birth rate of 28.3 live births per 1000 inhabitants. From 1963 to the present the birth rate has steadily declined. In 1977 it was 17.7 per 1000 compared with the USA rate of 15 per 1000 and at the other end of the spectrum, Mexico with a birth rate of 41 per 1000.

This has occurred despite the fact that Cuba, unlike Mexico, has never conducted a family planning campaign. This supports the theory that "only when people achieve a certain level of economic

security will they choose to have fewer children."(1) The push towards larger families in underdeveloped countries is an economic necessity and not as a result of ignorance.

Even Cuba's adversaries admit that Cuba, through the restructuring of her social and political order, has achieved many of the commonly recognised goals of development.

## THE STRUCTURE OF THE CUBAN HEALTH CARE SYSTEM.

Universal provision of health care has been one of the top priorities of the Cuban revolution and the needs of the rural areas received the greatest attention.

In 1959 more than 60% of the 6.5 million population had almost no access to modern health care. To add to the difficulties, in the first 5 years following the revolution over half of Cuba's doctors fled. In an attempt to stem the mass exodus of doctors the state compromised its commitment to equity and promised substantially higher salaries and special privileges to those doctors who were willing to stay. Many were also offered high positions in the new health ministry in spite of their privileged class background and ideological differences.

### MANPOWER

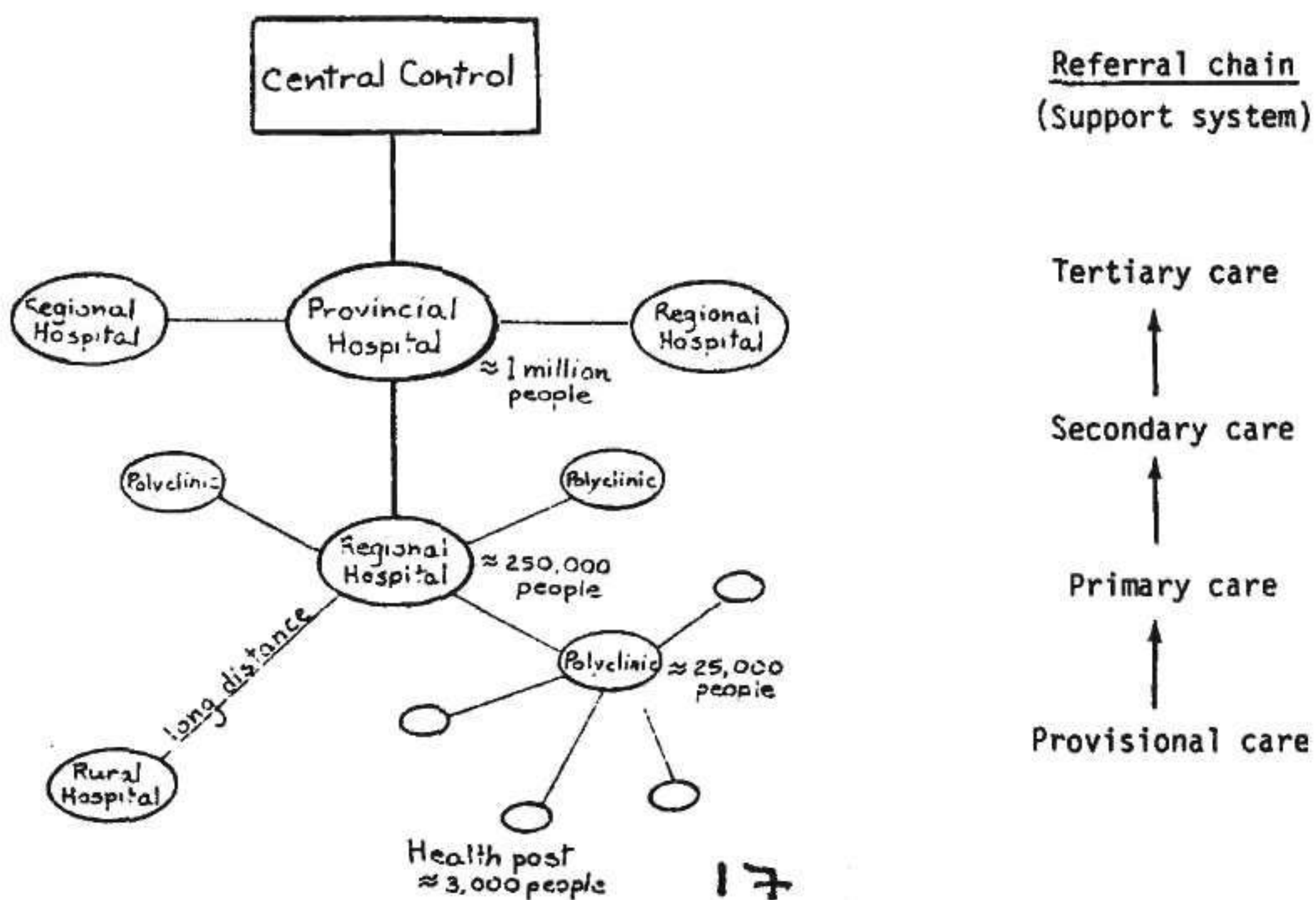
The mainstay of health manpower in Cuba is the doctor. Unlike many other developing countries, Cuba has done little by way of giving medical responsibility to paramedics or community health workers, but has rather focused on training fully qualified doctors to handle every level and aspect of curative medicine.

Following the Batista's overthrow a new ministry of health was formed (MINSAP) and the health system was re-evaluated. Increased emphasis was placed on preventive measures and on maternal and child health.

To implement some of the preventive measures help was solicited from various community organisations. With the help of these popular organisations vaccination campaigns for polio were carried out throughout the entire country in as little as 72 hours. As a result polio was completely eliminated from Cuba by 1963 - years ahead of the USA.

Today each province has a provincial hospital providing tertiary (highly specialised) care, several regional hospitals providing secondary (specialised) care and a network of polyclinics providing primary care. These are situated, geographically and in terms of referral, in a satellite formation. In rural areas, provisional care, followed by referral to the polyclinics, is provided at the community health posts. Where distances from regional hospitals are great, the polyclinic (outpatients only) is often replaced by a rural hospital (inpatients too).

Schematically it looks like this;



An effort is presently being made to shift the training of medical students away from the provincial hospitals (tertiary care "disease palaces") to the more modest regional hospitals. The revised curriculum focuses more on primary care, epidemiology and preventive and community medicine.

Senior medical students, interns and residents must spend three 4 hour sessions per week in the polyclinics.

All doctors have to spend two years of compulsory service in rural areas. In an attempt to bestow a higher value on the much denigrated field of public health, only the top 10% of each class are eligible for public health residencies. Despite this unusual status and the increased exposure of medical students to community medicine. 80% of doctors still apply for residencies in some branch of highly specialised hospital oriented curative care. Evidently the prestige linked with classical Western medicine has not greatly changed with the revolution.

#### POSITIVE IMPRESSIONS OF THE HEALTH CARE SERVICE.

More than anything I (Werner) was struck by the obvious dedication of the personnel, above all by the friendly rapport between the doctor and the patients. When I entered a ward, the doctor would introduce the visitor to the patients, telling them something about my work in Mexico. He spoke to the patients as friends -- almost equals -- not as mere cases and "interesting pathology" as do so many doctors during ward visits in other countries I know. The friendliness of and apparent commitment of the medical staff, both to serving their patients and the goals of the revolution, was something I witnessed time and again.

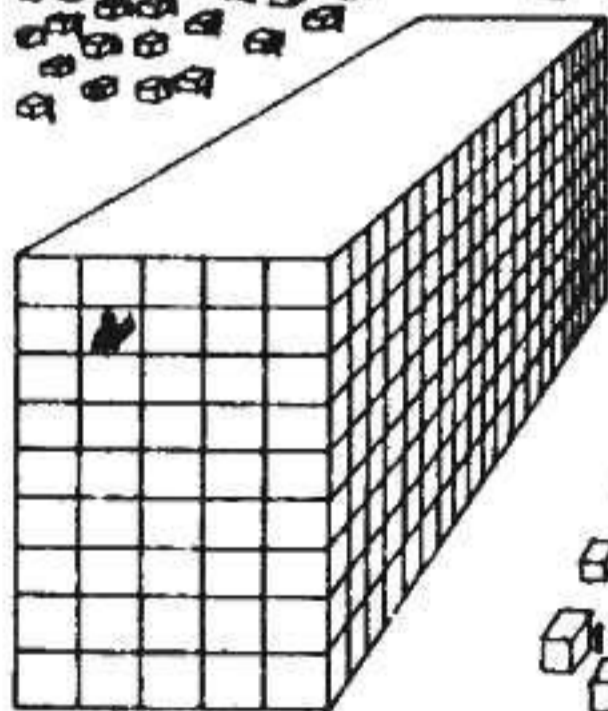
Mothers are encouraged to stay in hospital with their sick children. Whenever a child is hospi-

talised, his or her mother is given leave from work and permitted to stay with the child. The mother helps with feeding, bathing and entertaining her child, thus reducing the load on the nursing staff. Mothers are given free food and stay almost around the clock, sleeping in armchairs beside the beds.

Not only has the length of hospital stay been substantially reduced, but since mothers were permitted to stay most children stopped losing weight, whereas weight loss in hospitalised children had formerly been a major problem.

Before the revolution a mother stayed with her hospitalised child at an enormous sacrifice because hospital care was inadequate. Now she stays, in relative comfort, because the hospital recognises the importance of her presence. When mothers stay with their children they are requested to attend special sessions in which they are instructed on hygiene, safety, nutrition and disease prevention.

**Primary health care workers can cost a tiny fraction of the cost of training a doctor, and are often more effective in promoting good health.**



Doctors take time to explain things to their patients and this was witnessed on several occasions. However medical decision making is strictly the domain of the doctor. Even nurses, although permitted to perform a somewhat wider range of procedures than in many other countries, for eg the administration of intravenous solutions, are not officially permitted to make any decision regarding treatment. Cuban nurses pride themselves on being "the right hand of the doctor". The nurse's job is to implement decisions, not to make them.

#### THE HEALTH CARE SYSTEM HAS REMARKABLE OUTREACH.

Today more than 90% of the population lives within one hour's travel of a polyclinic or rural hospital. Only a few people in the most remote mountainous areas now live as far away from a health centre as three or four hours, usually on foot or mule trails.

This remarkable accomplishment has required the joint effort of different ministries and work forces; a full-scale program for extension of roads into formerly inaccessible areas - the construction of scores of polyclinics and dozens of regional rural hospitals.

#### DISTURBING FEATURES OF THE HEALTH SERVICE.

The people are allowed almost no medical responsibility. At the first sign of disease, however trivial, they are instructed to contact a doctor at the closest polyclinic. It is carefully explained to them that even an apparently minor symptom may be an early sign of serious disease, and that to be safe it is always better to consult a doctor. In Cuba everyone is quick to agree that a doctor always knows best.

There is an overdependency on professionals and the enforcement of a strict medical hierarchy. People are instructed to make full use of the free professional services available. Self care is actively discouraged.

For eg, diarrhoea in children, regardless of how mild, is always a cause for professional intervention. I asked if instructions were given to mothers about the importance of giving plenty of fluids to a child with diarrhoea. "Definitely not," the doctor told me, "we don't want to tell the mothers anything that might lead them to put off getting adequate medical attention at once."

This sort of concern by the state for protecting its people from "dangerous" knowledge that might lead to self care, would seem to conflict with the official policy that "the people must participate actively to assure and maintain high health levels". On the one hand people are required to participate actively in prevention. On the other hand, they are instructed to depend passively upon professionals.





This enforced, often artificial division between preventive and curative medicine is self defeating. For eg. in the August issue of the Women's Federation magazine, "Mujeres," a call was made to the people to cooperate in helping to control a current epidemic of dengue. The first request was that "All persons with real or possible symptoms of dengue report immediately to the doctor so that he can make a diagnosis and initiate treatment." However, the article provided no information as to the symptoms of dengue and one supposes that such diagnostic information is a professional, not a public domain. The article was also misleading in that it did not mention that there is no effective treatment for dengue and that it is a viral disease that goes away on its own after about 10 days.

Very little responsibility is given to the community health workers. The "bragadist sanitaria" or health brigadist is mainly an agent between the distant polyclinic and the community. Their medical skills consist of a few minimal concepts. They are permitted to bandage minor cuts and burns and issue painkillers and to inject certain medicines but only on the instructions of a doctor.

#### HEALTH EDUCATION APPEARS TO BE ANTI EDUCATIONAL.

In Cuba today, a great deal of emphasis is placed on "health education". However, a large part of what is called education consists of providing non-educative information (information that doesn't really tell a person how to resolve a problem himself). It constantly encourages going to the doctor for even the most minor ailment. For example, a popular health education booklet, under the heading "Eliminacion," states:

"There are some babies who urinate each time they are fed and this worries the parents; the correct thing to do is to consult a doctor."

The absence of educative content in this sort of popular informative material is often disguised by unnecessarily complicated language. In the above mentioned booklet, section headings

read like this

when they mean this

The stimulation of language

Helping a baby learn to talk.

Buccodental hygiene

Keeping the mouth and teeth clean.

In considering the effect of such needlessly obscure language on the minds of the people, it must be remembered that the average educational level in Cuba is still about 6th grade. Much of the impact of this sort of health non-education serves to reinforce the image of medicine as a cryptic art decipherable only by an officially ordained minority -- namely doctors.

Cuban officials, of course, and many of the Cuban people proudly proclaim that the revolution still lives and that it is still in process. Some insist it is only beginning. Granted, many of the ideological changes introduced in 1959 are still being implemented. However, revolution implies radical change in policy. It entails not just reform, but transformation in the way things are looked at and done. Yet, the new centralised power structure in Cuba, far from taking steps to guarantee that basic changes (revolution) in policy can and do take place, appears to have instituted a very rigid system of enforced popular conformity which makes public questioning of policy impossible and private questioning of policy a moral as well as a civil offence; punishable in various ways ranging from social alienation to reduced material rewards, and even police harassment.

## HEALTH CARE NOT COST EFFECTIVE.

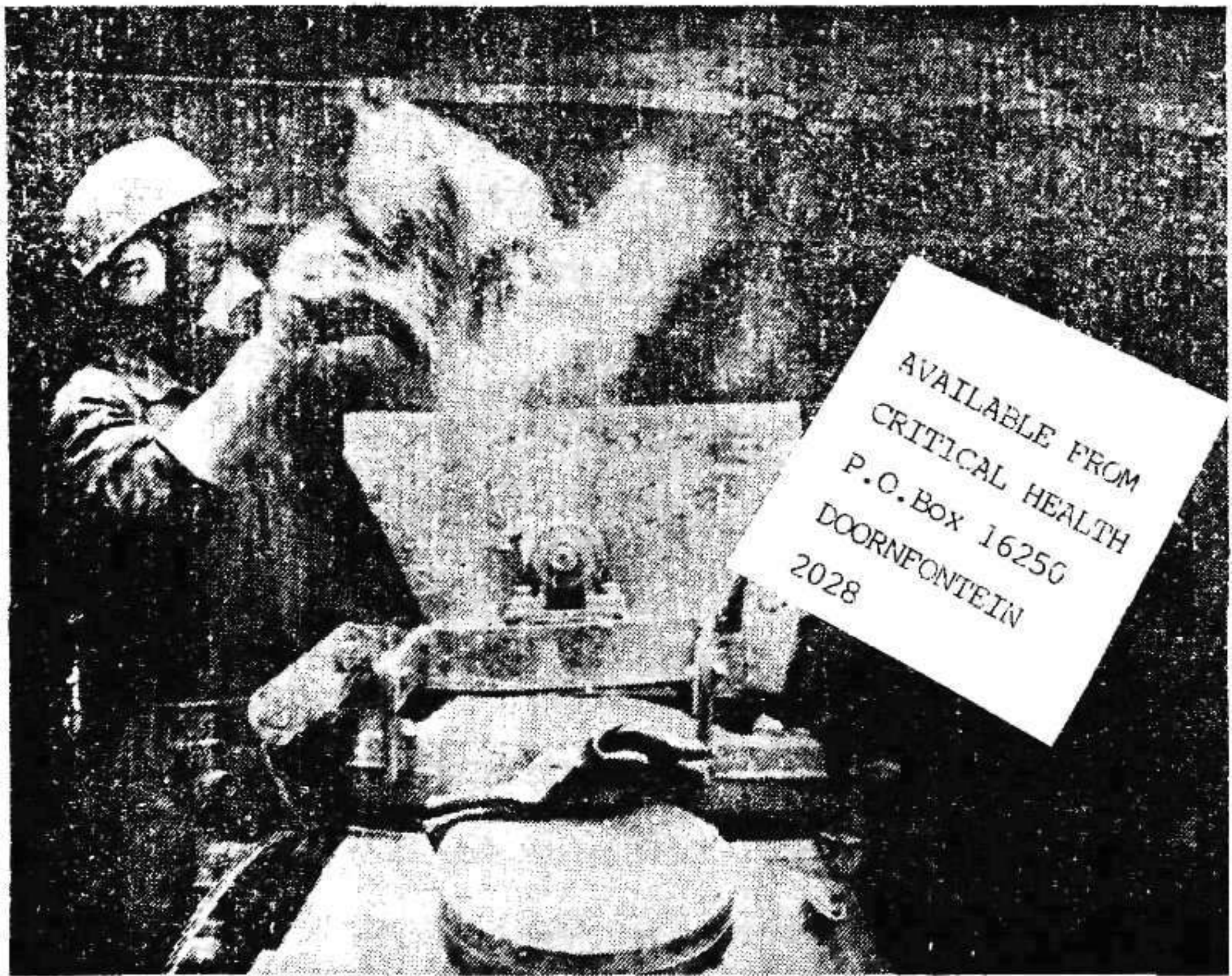
Cuba's health care system is not cost effective, but reliant on doctors who are expensive to train. The state tries to justify this approach by insisting that a completely professional delivery-oriented system guarantees the best health care for its people. But is this the case? There are indications that both quality of care and cost effectiveness can be improved by partial deprofessionalisation of medicine.

Not only has Cuba's extravagant, highly professionalised health care system resulted in growing dependency of the people on an influential minority of experts, it has also perpetuated the dependency of Cuba as a nation on massive foreign aid. Without the enormous assistance of the USSR, there is no way that a country as poor as Cuba could afford the extravagant luxury of universal health coverage provided almost exclusively by doctors.

Thus Cuba's present health care system while achieving much in improving the health of the nation, breeds a two-edged dependency; that of the people on the state and that of the state on foreign aid. It must be questioned whether such self-limiting dependencies are conducive to the optimal development or health of either a people or a state.

**Dissertation Series No. 4**

# HEALTH AND SAFETY FOR WORKERS



AVAILABLE FROM  
CRITICAL HEALTH  
P.O. BOX 16250  
DOORNEFONTEIN  
2028

**A Study of Conditions of Health and Safety in the  
Metal Industry in the Vaal Triangle**

**Judy Maller**

**DSG/CRITICAL HEALTH**