



## The Dark Side of Cuba's Health System: Free Speech, Rights of Patients and Labor Rights of Physicians

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## Commentary

# The Dark Side of Cuba's Health System: Free Speech, Rights of Patients, and Labor Rights of Physicians

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**Abstract**—This essay questions the achievements and assessments of the Cuban health system. It argues that health policies in Cuba in the past half century have been implemented with limited concern for civil liberties and certain human rights that are considered a core component of a responsive, transparent, and accountable health system. Three cases are discussed in support of this assessment: (1) the persecution of Cuban analysts who questioned the official version of the socioeconomic situation of prerevolutionary Cuba, including the health state of affairs; (2) the harassment and segregation of gays and people living with HIV; and (3) the violation of labor rights of Cuban physicians working in international missions.

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Health has been one of the trademarks of revolutionary Cuba. In an article published in 2006, Cooper and colleagues state the following:

Cuba represents an important alternative example where modest infrastructure investments combined with a well-developed health strategy have generated health status measures comparable with those of industrialized countries. [...] If the Cuban experience were generalized to other poor and middle-income countries human health would be transformed.<sup>1</sup> (p823)

This enthusiastic view, shared by many in the global public health community, has been nourished by attention to only a few indicators and the reliance on information provided by a deceptive state. Further, the achievements of the Cuban health system have been attained with a disregard for various human rights related to health, including free speech, respect for patient dignity, and the right to receive a full salary.

Cuba's accomplishments in infant health have been used to praise the health system created by the Revolution and are still presented as one of the best examples of good health at low cost.<sup>2,3</sup> Under-five mortality in Cuba is 5.5 per 1000 live

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births, similar to that of Canada (4.9) and lower than that of the United States (6.5).<sup>4</sup> The only country in Latin America with a comparable figure is Chile, which has an under-five mortality rate of 8.1.<sup>[a]</sup>

However, the success in the field of child mortality does not reflect the overall performance of the Cuban health system. A recent report on maternal mortality produced jointly by the World Health Organization, UNICEF, the United Nations Population Fund, the World Bank, and the United Nations Population Division indicates, for example, that the maternal mortality ratio in Cuba is 39 per 100,000 live births, compared to only 22 in Chile, 25 in Costa Rica, and 15 in Uruguay,<sup>5</sup> despite the fact that Cuba reports a physician density of 7.5 per 1000 population, much higher than that of Chile (1.0), Costa Rica (1.1), and Uruguay (3.9).<sup>6</sup>

The Cuban health system also shows a meager performance in other domains related to adult health, including diseases associated with tobacco consumption, mental health, and suicides.<sup>7-9</sup> It has been said that Cuba is a good place to be born but a dreadful place to have cancer.<sup>10</sup>

In addition to its overrated technical performance, the Cuban health system has showed contempt for certain human rights related to health. "A strong state may be able to implement public health measures effectively (even ruthlessly)," says Reich, "but that implementation may occur at great costs in terms of political liberty and human lives."<sup>11</sup> (p441)

In this personal reflection, I argue, following a principle now considered conventional wisdom, that a well-performing health system should provide universal health care coverage with financial protection and generate good health conditions, but it should also guarantee respect for human rights and be transparent and accountable.<sup>12-14</sup> Following this line of thought, I conclude that the Cuban health system is not performing properly because health policies in Cuba have been implemented with limited concern for certain basic liberties and human rights. Three cases are discussed in support of this assessment: the (1) the persecution of Cuban analysts who questioned the official version of the socioeconomic situation of prerevolutionary Cuba; (2) harassment and segregation of gays and people living with HIV; and (3) violation of labor rights of Cuban physicians working in international missions.

Cuba is now going through a transition that has the potential to be transformational. This is a good reason to revisit and debate the situation of the Cuban health system and its relationship to the wider political context. A critical analysis of the evolution of the health system should be of interest to both the global public health community and the general public and could help

overcome past and present flaws and prevent additional abuses as the system evolves in the future.

## SUPPRESSION OF ACADEMICS TO PROMOTE REVOLUTIONARY PROPAGANDA

From the beginning of their quest, the leaders of the Cuban Revolution disseminated the fact that prerevolutionary Cuba was governed by a tyrant protected by the US government, Fulgencio Batista. They also spread the idea that Cuba was a poor, uneducated, and unhealthy country, the Hispanic version of Haiti.<sup>15</sup> In his famous speech "History Will Absolve Me," Fidel Castro, the main leader of the Cuban Revolution, states the following:

In terms of struggle, when we talk about people we're talking about the six hundred thousand Cubans without work, who want to earn their daily bread honestly without having to emigrate from their homeland in search of a livelihood; the five hundred thousand farm laborers who live in miserable shacks, who work four months of the year and starve the rest, sharing their misery with their children, who don't have an inch of land to till and whose existence would move any heart made of stone; the four hundred thousand industrial workers and laborers whose retirement funds have been embezzled, whose benefits are being taken away, whose homes are wretched quarters, whose salaries pass from the hands of the boss to those of the moneylender, whose future is pay reduction and dismissal, whose life is endless work and whose only rest is the tomb.<sup>16</sup>

According to these leaders, the Revolution not only brought independence and liberty but it also solved the huge problems of poverty, ignorance, and disease of millions of Cubans.

Martha Beatriz Roque-Cabello and Arnaldo Ramos-Laurique, founders of the Havana-based Cuban Institute of Independent Economists, questioned this Manichean vision.<sup>17</sup> In the 1990s, making use of data issued by international organizations, they started publishing notes demonstrating that in the late 1950s Cuba was a relatively prosperous nation. The country had lived under a dictatorship but reported some of the best socioeconomic indicators of the whole Latin American region, including education and health indicators.

According to UNESCO, in 1958, Cuba devoted 23% of its total public budget to education, the highest percentage in Latin America.<sup>18</sup> Its literacy rate in 1960 was 79%, compared to 65% and 60% in Mexico and Brazil, respectively.<sup>19</sup>

In the field of health, Cuba's investments were also noteworthy. The number of physicians and nurses per 1000 popu-

lation was 1.0 and 4.5, respectively, the third and fourth highest figures in Latin America in those days.<sup>20-22</sup>

Cuba also achieved good health outcomes before the Revolution. Life expectancy at birth in Cuba in 1958 reached 64 years, higher only in Argentina (65 years) and Uruguay (68 years) in Latin America.<sup>18</sup> Its infant mortality rate in 1958 was 39 per 1000 live births, the lowest in the region and much lower than that of Argentina (60), Costa Rica (87), Chile (118), and Mexico (94).<sup>19,23-24</sup> In a paper published in 2003, McGuire and Frankel, research fellows at the Harvard Center for Population and Development Studies, concluded:

Cuba from 1900 to 1959 raised life expectancy and reduced infant mortality faster than any other Latin country for which data are available. [...] We believe that access to health care for an unusually large share of the population (by then current Latin American standards) may have played a greater role than previously recognized.<sup>24 (p29)</sup>

The documentation of these and other realities, and its dissemination through local social networks, must have been a major setback for the Cuban *nomenklatura*, who worked hard to limit access to any information that could challenge the official history.

The government's reaction to the threat represented by the activities of the Cuban Institute of Independent Economist was extreme. In 2003, as part of what is now called Cuba's Black Spring, Roque-Cabello and Ramos-Lauzurique were arrested with other 73 political dissidents, subjected to a summary trial, and condemned to 20 and 18 years of prison, respectively.<sup>25</sup> They were accused of "acts against the independence or territorial integrity of the state."<sup>26</sup>

Due, among other things, to the international pressure generated by Amnesty International, Roque-Cabello was given early release from prison in 2005 in recognition of her declining health.<sup>27</sup> Ramos-Lauzurique remained incarcerated until 2010 and died in 2016.<sup>28</sup> When released, they both rejected the exile offers made by the Cuban government. In an interview with the BBC, Roque-Cabello stated:

We need enough space in our society and we are working for this. We need to make a hole inside the government to live, to think, to talk. This is my country and my country needs what we do.<sup>29</sup>

## PRISON FOR PEOPLE LIVING WITH HIV

Imprisonment of those who defied the Cuban dictatorship is a common practice born with the Revolution itself. Just a few months after his triumphal arrival in Havana, at the side of

Fidel Castro and Camilo Cienfuegos, commander Huber Matos, one of the main leaders of the guerrilla groups that overthrew Batista, was sentenced to 20 years in prison. His crime: requesting release from the Army and any responsibility for the Revolution. In his memoirs, *How Night Fell*, reminiscent of Koestler's *Darkness at Noon*, Matos wrote: "It's been ten months since we took power. The image of the leader turning into a kind of tyrant unknown to our country is taking shape in the Cuban landscape."<sup>30 (p337)</sup>

A large part of the sentence for Matos, which he fully completed, was spent in solitary confinement in the prisons of Isla de Pinos, Guanajay, La Cabaña, and Castillo del Príncipe. He was released in October of 1979.

It is estimated that in the first ten years of the Revolution, between 7,000 and 10,000 dissidents were executed and over 30,000 were sent to prisons or to the 250 concentration units that operated in the Camagüey province between 1965 and 1968 known as UMAPs (*Unidades Militares de Apoyo a la Produccion* or Military Units to Aid Production).<sup>31,32</sup> In these agricultural labor camps devoted to the production of sugarcane and tobacco, the Cuban government incarcerated not only political dissidents but also religious leaders, Jehovah's Witnesses, Seventh-Day Adventists, Catholic priests, peasants opposing land collectivization, hippies, and homosexuals, the targets of what was called the "moral depuration." According to a 1967 human rights report, the UMAPs' objectives were "facilitating free labor for the state [...] and punishing young people who refuse to join communist organizations."<sup>33</sup>

The Cuban government was particularly merciless with the gay community. In his book, *Gay Cuban Nation*, Bejel states that the governing Cuban elite considered homosexuality a curse that corrupted children and youngsters and prevented the emergence of the "new man" anticipated by Che Guevara in many of his writings.<sup>34 (p7)</sup> In "The Labyrinth of Failure," Regis Debray, French intellectual and former companion of Che Guevara in the 1960s Bolivian guerilla movement, wrote: "The purity of exterminating angels: neither Che nor Fidel ever tolerated homosexual, deviated or 'corrupted' individuals in their surroundings."<sup>35</sup> According to the revolutionary leaders, only the harsh conditions of labor camps could abolish this evil. In fact, the title of Diefenbach's novel, which the Third Reich used as motto in Auschwitz and other concentration camps—"Arbeit macht frei" or "Work Sets You Free"—was adopted by the Cuban authorities, slightly modified, to crown the entrance gates of all UMAPs: "Work Makes You Men."<sup>36,37</sup>

This social discrimination against gays, denounced, among others, by Oscar-winning cinematographer Nestor Almendros in his documentary film *Improper Conduct* and by painter and filmmaker Julian Schnabel in his movie *Before Night Falls*, ended in 1968. However, a similar version of these sites was enacted in the 1980s to deal with the AIDS cases emerging in Cuba. The new camps were not called UMAPs and they did not fall under the responsibility of the security forces; instead, they were called “sanitariums” and came under the control of national health authorities with the support of military personnel.

The first AIDS cases were diagnosed in Cuba in 1985, almost all them in heterosexual men arriving back from military missions in Africa.<sup>38</sup> These men were all admitted to the National Naval Hospital. The number of HIV infections in Cuba, however, soon began to increase, especially among homosexual and bisexual civilians. A response to this crisis was immediately implemented. In 1986, the Cuban government adopted an authoritarian solution that made mandatory both HIV detection tests and indefinite confinement in sanitariums for all people living with HIV. The first and most famous sanitarium was “Los Cocos” farm in Santiago de las Vegas, but 13 more similar entities were eventually established. Inpatients received comfortable rooms and good food and medical and personal attention, but their personal liberty was severely restricted. They were, in the words of Saumell, both patients and prisoners.<sup>39</sup>

For a few years, Cuban health authorities and several researchers who supported these measures stated that the actions were taken based on solid public health principles and that the objective was just to stop the spread of HIV.<sup>40,41</sup> In fact, this goal was accomplished. Cuba has one of the lowest HIV adult prevalence rates worldwide (0.3% of adults aged 15 to 49).<sup>42</sup> However, it is also the only nation in the world where HIV detection tests are mandatory and where, until very recently, people living with HIV were imprisoned.

In 1988, Cuban authorities, hard-pressed by the international HIV/AIDS community, relaxed the mobility restrictions on people living with HIV. In 1993, the gates of the sanitariums were unlocked and outpatient care became the norm. To date there is only one HIV/AIDS inpatient unit left and the number of inpatients has declined considerably.<sup>43</sup> However, stigma, harassment, and control persist in Cuban society. A person living with HIV interviewed in Havana by the journal *The Body* stated: “There is a lack of freedom here in Cuba, and when you live with HIV it’s that much harder. You are seen as a threat to society by the authorities.”<sup>44</sup>

## MEDICAL INTERNATIONALISM OR HUMAN TRAFFICKING?

Overseas travel was rigorously restricted in Cuba for a long time. It was a privilege limited to high government officials, military personnel, elite artists, high-performance sportsmen, and health personnel working in international brigades.

The first international medical brigades were created in Cuba in 1963 in support of Algeria, which suffered a massive exodus of health personnel of French origin after independence.<sup>45</sup> They were followed by the brigades that supported the national liberation movements in Guinea-Bissau and Angola and, later, the Sandinista revolution in Nicaragua.

Medical brigades were also mobilized in support of natural disasters. They were sent to Chile, Nicaragua, and Iran after the earthquakes that hit these countries in 1960, 1972, and 1990, respectively; to Honduras, Guatemala, and Haiti in 1998 after the Mitch and George hurricanes; to the states of Vargas, Miranda, and Falcón in Venezuela in 1999 after the storms that killed over 20,000 persons; and to Indonesia in support of the victims of the 2004 tsunami.

In the 1980s, Cuban medical missions began to pursue commercial more than humanitarian and geopolitical objectives. The number increased notably after the fall of the Berlin Wall, which produced a dramatic decrease of the economic subsidies received from the Soviet Union and a decline of the preferential trade agreements that Cuba had with East European countries. In 1998, after the so-called white flight generated by the end of apartheid, no less than 400 Cuban physicians arrived in South Africa.<sup>46</sup> After a while, new missions were sent to Cape Verde, Ivory Coast, Gambia, Equatorial Guinea, Mozambique, and Zambia, to provide standard health services rather than disaster relief support.

The turning point in policy objectives arrived with the medical cooperation program that Cuba established with Venezuela as part of two trade agreements signed in 2000 and 2005. This program, known as “Oil for Doctors” (*Médicos por Petróleo*), included the exportation of more than 30,000 Cuban physicians and dentists to Venezuela in exchange for 105,000 barrels of oil daily.<sup>47</sup>

The next major mobilization of health workers had Bolivia as its destination, after the election of Evo Morales as president in 2005, followed by new exportation waves to Ecuador, Guatemala, Haiti, Honduras, and Nicaragua. In 2013, the Brazilian president Dilma Rousseff announced the recruitment of 4000 Cuban physicians to provide medical services, through the program “More Physicians” (*Mais Médicos*) in poor rural communities of Brazil, where local physicians resisted to work.<sup>48</sup> Its number increased to over 11,000 in March of 2014.<sup>49</sup>

It is estimated that half of all Cuban physicians, no less than 40,000, are presently working in 66 countries of Asia, Africa, and Latin America.<sup>50,51</sup> According to the Cuban Ministry of Trade, the exportation of physicians to provide medical services has become the main source of foreign currency, more important than nickel, tourism, and remittances.

Trans-border movement of health workers has become a global phenomenon that generates economic benefits to exporting countries. There is nothing inherently objectionable with Cuba renting its surplus of physicians to foreign nations. The problem is the labor conditions in which this exchange takes place. This exportation of physicians, which Cuban authorities insist on calling “proletarian internationalism” or “solidary support,” is being implemented in a context of strict control that violates the labor rights of Cuban physicians and the International Labor Organization agreements on the protection of wages.<sup>52</sup> In fact, the Cuban government, operating through the Comercializadora de Servicios Médicos Cubanos, has been accused of human trafficking and sued in Brazilian courts.<sup>53</sup>

It is known, for example, that the government of Brazil pays a monthly wage of 4150 USD (10,000 reales) to each Cuban physician, in addition to food, transportation, and medical insurance.<sup>54,55</sup> However, physicians only receive 1000 USD a month, of which 600 USD are deposited in bank accounts in Cuba to which they have access only after they return to their hometown when their mission is completed. The rest (3150 USD a month) is retained by the Cuban government.

Cuban physicians working on these missions are also subjected to various prohibitions and continuous surveillance. Health workers in international missions are not allowed to establish personal relationships with the local population or talk to journalists and foreign diplomats, and they must ask for permission to travel outside their jurisdiction. Cuban intelligence personnel, ubiquitous mostly in Venezuelan territory, try to enforce these measures. Janoi González, a Cuban physician exiled in the United States since 2013, states: “In every mission there is a person called ‘*jurídico*,’ a state security agent who controls the whole thing, [and] has the right to ask for your private documents, your telephone, and everything.”<sup>56</sup>

Feinsilver, author of the book *Healing the Masses: Cuban Health Politics at Home and Abroad*, is convinced that Cuban physicians trained under the Revolution do not know any other system and view this foreign service as an honor and an opportunity to learn and serve.<sup>57,58</sup> However, reality may be more complex. Many Cuban physicians, who earn

less than 50 USD a month in their own country, may be leaving Cuba in search of prosperity and freedom, which they often find in exile.

The number of Cuban health workers assigned to international missions who desert is increasing at a dramatic pace, in part as the result of the implementation of the Cuban Medical Profession Parole Program established by George W. Bush in 2006, which allowed Cuban medical professionals to defect to the United States while on their mandatory assignments abroad. This program was banned by the Obama Administration in January of 2017: “By providing preferential treatment to Cuban medical personnel, the medical parole program [...] risks harming the Cuban people,” President Obama declared.<sup>59,60</sup>

According to the Spanish newspaper *El País*, in the past decade, no less than 5000 Cuban physicians, nurses, and therapists have deserted while on their mission.<sup>61</sup> In 2013, over 3000 Cuban physicians coming from Venezuela arrived in the United States, an increase of over 60% with respect to 2012.<sup>62</sup> The same phenomenon was observed with Cuban health workers working for “More Physicians” in Brazil. Ramona Matos Rodríguez, the first Cuban physician to abandon this program and look for asylum in Brazil, declared: “I was deceived by the Cuban government and I intend to stay here. I’m sure that if I go back to Cuba I will be imprisoned.”<sup>54</sup> She sued not only the government of Brazil and the municipality of Pacajá, where she started working, but also Comercializadora de Servicios Médicos Cubanos and the Pan American Health Organization, which acted as intermediaries for her medical mission to Brazil.

Even though Cuba continues its massive production of physicians, the growth of international missions and exportation of physicians are affecting the supply of medical services in Cuba and have generated continuous complaints within the country.<sup>63</sup> Reflecting these concerns is a joke circulating in Cuba about two friends who meet in a queue waiting for the *guagua* or bus: “I’m travelling to Venezuela,” says one of them. “Really! Which international mission are you joining?” asks the other guy. “I’m not joining a mission, buddy,” answers the first fellow, “I’m going to see my family doctor.”

## CONCLUSION

A critical review of the Cuban Revolution, which Farber considers one of the most important events in the recent history of Latin America, has already begun.<sup>64</sup> The recent death of Fidel Castro marked its starting point. Health and Cuba’s health system will take center stage in this process. This

review will recognize major achievements of Cuba's health system: the creation of medical brigades to help address international health crises and natural disasters, the achievement of universal health care, and the excellent infant mortality figures attained since the early stages of the Revolution.

However, the review will also shine light on another side, a dark side, which will be increasingly apparent. The reputation of the Cuban health system will be tarnished by certain profound problems: the imprisonment of analysts who challenged the official history of the country, the persecution and isolation of gays and people living with HIV, and the persistent violation of the labor rights of physicians working in international missions.

In the future, people looking for effective, responsive, and accountable health systems in the developing nations of Latin America in the 20th century will turn their eyes not to Cuba but to other countries such as Costa Rica and Uruguay. These two countries successfully provided universal health care to their populations and reached health status measures similar to those in developed regions—but without limiting civil liberties and violating human rights.

## NOTES

- [a] Roberto Gonzalez has recently questioned the validity of the infant mortality rate (IMR; number of deaths of infants under one year old per 1000 live births) in Cuba. According to him, Cuba's IMR could be as much as twice as the IMR reported by Cuban health authorities. He states that these authorities may be consistently misclassifying neonatal deaths as late fetal deaths. If corrected, IMR in Cuba would still be lower than that of most middle-income countries but not lower than that of high-income countries and, very probably, higher than that of Chile and Costa Rica.<sup>65</sup>

## DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

No potential conflicts of interest were disclosed.

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