

Humanitarianism and Solidarity Cuban-Style

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It has been widely recognized that Cuba has a remarkably effective health care system for a relatively poor Third World country. And this fact is becoming even more widely known thanks to Michael Moore's documentary *Sicko*. As a result, Cuba has health indicators comparable to its far more wealthy neighbor. For example, life expectancy in Cuba is 77.5 years, in the U.S. it is 78. Cuba's infant mortality rate is 5.3 deaths among 1000 live births in the first year, whereas in the U.S. it is 6.9 [according to 2003 figures, the last year for which data have been compiled]. In Mississippi infant mortality is 11.4 and as high as 17 among Blacks, and rising. In our nation's capital, infant mortality is 14.4 among African Americans. In Cuba on the other hand, out of 1000 births only 5.3 infants die in the first year of life, and basically the same low rate is found in every region and sector of the population, and continues to decline year after year.

Even the World Bank has had to acknowledge Cuba's achievements in health and education. The Bank's 2001 edition of 'World Development Indicators' (WDI) showed Cuba as topping virtually all other poor countries in health and education statistics. Former Bank President James Wolfensohn congratulated Cuba for doing "a great job" in providing for the social welfare of the Cuban people.

How is this possible? How is a poor country that lacks the sophisticated medical technology we have and even has difficulty getting basic equipment and medicines due to the U.S. blockade, how has Cuba been able to take such good care of the health of its population? The answer is: doctors. Cuba has 5.3 doctors per 1,000 people –the highest ratio in the world and nearly double that of the U.S. The secret to Cuba's success is the 60,000 dedicated physicians and other health professionals plus a system based on the principle that health care is a right rather than a commodity for sale. Cuba provides free universal health care accessible to all of its people. Not only do doctors make house calls, they live in every neighborhood where they practice comprehensive preventative care. In every neighborhood there is an easily recognizable two story house where the doctor lives on the second floor, the first floor being his office. So a doctor is available close at hand, 24-7, and he or she (half of the nation's doctors are women) make house calls too. And not far away there is a polyclinic. Last month I visited one in the community of La Guinera and was impressed with how well equipped it was. More specialized care is provided by larger municipal hospitals, like the one featured in Michael Moore's film.

It wasn't always like this. After its Revolution in 1959, half of the nation's doctors followed their affluent patients to Miami. So right from the beginning the government had to make great efforts to educate new doctors. Today, there is a major medical school in every province. The country now graduates 3,500 doctors a year, far more than required for its population of 13 million.

Humanitarian Missions

What does Cuba do with its vast surplus of doctors? It sends them to serve abroad in poor countries. Cuba has long been generous in sharing its medical advances with Third World countries. In fact, it has more doctors serving abroad than the World Health Organization. Since 1963 100,000 doctors have served in 101 countries. Currently Cuba has a large medical mission in South Africa and with the Chavez government in Venezuela as well as the Morelos government in Bolivia. Altogether this small country has more than 30,000 healthcare professionals cooperating in 68 countries, according to the Cuban Minister of Public Health Jose Ramon Balaguer Cabrera. In addition, Cuba is training 20,000 healthcare professionals from 26 countries and carrying out special initiatives such as Operation Miracle, which has returned sight to more than a half million Latin Americans.

In fact, Cuba has emerged as a medical superpower. This is the fruit of a sustained commitment to the education and health of its people ever since the 1959 Revolution. Even during the severe economic

depression in the 1990s, Cuba devoted 9.1% of its gross domestic product (GDP) to health. Currently it spends 6.3% of its GDP. A half century of investment has resulted in Cuba not only being able to give its people First World level health indicators, but still have a surplus of medical personnel to share with much of the Third World.

After Hurricane Mitch devastated much of Central America in November 1998, Cuba sent medical teams to provide emergency relief. They went into the more remote areas, bringing medical care to people who had had little access to a doctor even in normal times. The results were spectacular. In Guatemala the infant mortality rate dropped from 40 per 1000 live births to 18.6 -- a figure directly attributable to the work of the Cubans, according to the Guatemalan Ambassador to Cuba, Hugo Guzman. Similar successes have been logged in Honduras, as well as in areas of Africa.

Immediately after Hurricane Katrina hit New Orleans in 2005, Cuba offered to send doctors to help its victims. Within hours over a thousand doctors with backpacks of emergency supplies were ready to fly to Houston. The Bush administration ignored the offer. Cuba repeated the offer several times and the number of qualified and experienced physicians who volunteered grew to 1,586. This became the basis for the formation of the Henry Reeve contingent of humanitarian doctors prepared to provide assistance in disaster situations and epidemics. They have since then gone to Pakistan, where they were the largest medical assistance effort in that country following its earthquake (larger than the U.S. assistance). Today, the Henry Reeve Contingent, the first of its kind in the history of humanity, stands ready at short notice to bring emergency medicine to a world in need of cooperation and solidarity.

From Humanitarian Relief to Development Assistance

But Cuba has gone beyond simply providing humanitarian relief in emergencies. Recognizing the need to do something on a more long-term basis, Havana decided to offer young people from the poorest regions of Latin America and Africa the chance to become doctors themselves. The unwritten commitment of each and every student is to return to their country and practice their skills for a period of ten years in the poorest and most needy of their communities, thereby replacing the Cuban doctors. Thus was born the Latin American School of Medicine (ELAM). Opening in 1999, it is located on the western edge of Havana in a former naval base. ELAM educates young people from 29 different nations and 67 different ethnic and cultural groups to become doctors, medical technicians and other health care specialists. The Director, Juan Caresa, told us there are currently 10,200 students. Among them are 91 low income students from the U.S., 8 of whom were among the 1,550 students who graduated last week. 18 new minority students from the U.S. will arrive in August.

Most of the students would have found it impossible to study medicine at home without the financial grant they have obtained from Cuba. The six-year course provides everything: lodging, clothing, food, books and a small amount of spending money. Their training combines "science and a humane sensibility, science and social consciousness," as Dr. Caresa put it. ELAM teaches values as well as techniques. The idea is that society provides a medical education and the doctor in turns owes an obligation to give back to society. His or her knowledge is not their private property, enabling them to get rich. As Fidel Castro said, "Graduating as a doctor is like opening a door to a long road leading to the noblest action that a human being can do for others." [September 19, 2005 speech at the national graduation of students of Medical Sciences.] As Carmen Landau of Oakland, California, one of this year's U.S. graduates, told Reuters, "Cuba offered us full scholarships to study medicine here. In exchange, we commit ourselves to go back to our communities to provide health care to underserved people."

How good is their medical education? Take the first U.S. graduate of ELAM for instance. Cedric Edwards recently applied for advanced training in his speciality at the Albert Einstein Medical School. There were 1,500 applicants for only 5 positions. He was number 3 ! By the way, he had just

graduated from ELAM when Hurricane Katrina hit his home town of New Orleans. He was one of the doctors who volunteered to go there to help. Our government's hostility to Cuba prevented him from doing so.

The story of ELAM moves beyond humanitarian relief for other Third World peoples to development assistance in an act of solidarity. The same story is now being told on a larger scale.

Cuba's growing partnership with Venezuela has enabled it to greatly expand its humanitarian missions abroad. This is illustrated with the Operation Miracle program, initiated in July 2004. Cuban hospitals gave free eye surgery to poor Venezuelans who were brought there by Hugo Chavez's government. By the fall of 2006, 290,000 Venezuelans had had their sight restored. Similar surgical facilities have now been set up in other nations under the supervision of Cuban medical personnel and financed by Venezuelan oil revenue. Today, 13 ophthalmologic centers are in service in Venezuela, and similar facilities are providing services in Ecuador, Guatemala, Haiti, Honduras and Bolivia. Professor Lazaro Vigoa of the Instituto Cubano de Oftalmologia told us that to date over 600,000 people from 29 nations have benefited from Operation Miracle. On January 22, 2006 Cuban President Fidel Castro even offered free eye-surgery for 150,000 poor U.S. citizens, including air transportation and their accommodations on the island. It is unlikely the Bush administration will allow that to happen.

Reforming Medical Education

Cuba is now pioneering a new approach to medical education. Instead of starting their education in the classroom with classes in anatomy and the sciences, students are sent into the field to work with primary care physicians, later going into classes to learn the scientific underpinnings of what they have practiced. This approach was developed under the leadership of my friend Ruben Zardoya. Formerly the Dean of the Faculty of Philosophy and History at the University of Havana, in 2001 he was tapped to head up a new school of social work that trained unemployed youth to become social workers in their communities. After quickly solving the problem of youth unemployment, the school went on to train thousands of Venezuelan youth as well.

Then in 2005, Zardoya initiated the program to develop field-based medical education. He went to Cienfuegos with 900 students from Guatemala, Bolivia and Venezuela where they turned an unused rural school into a medical school. He lived there for 4 months, overseeing the creation of this new program. Later the city of Holguin took on 1,500 students from Bolivia who stayed in the homes of local people. To date 60 rural schools have been renovated across the island and turned into medical schools with 450 students each.

This approach to medical pedagogy is a natural outgrowth of Cuba's community-based health care system. Whether at home or abroad, Cuban doctors live close to the people they serve. They become part of the community and take responsibility on a personal basis for public health and education. This is well illustrated in the new film *Salud!*, which documents Cuba's medical system and missions abroad. It goes into greater depth where *Sicko* only touches the surface.

In any case, community-based medical education was the germ of what has become the Sandino Commitment, a bilateral agreement between Venezuela and Cuba announced in April 2007. This project aims to train 200,000 Latin American doctors over this decade. Like the students in ELAM, more than being trained in medicine, these doctors will be prepared with a high sense of social commitment -- motivating them to care for the peoples of the region wherever they are needed, says Hugo Chavez. Venezuela is now inaugurating its own Latin American School of Medicine, similar to the one in Cuba, using the new approach to medical education. Havana's ELAM is also incorporating this new approach into its curriculum according to its Director.

The Sandino Commitment is one of the many agreements forged between the two countries and forms

the core of the Bolivarian Alternative for the Americas (ALBA), a effort toward Latin American integration. As an alternative to the U.S. proposed neo-liberal Free Trade Area of the Americas (FTAA), ALBA is based on principles of solidarity and complementarity between the peoples of Latin America. It seeks to promote the development and integration of the region by focusing on programs benefiting the poor and socially excluded, rather than the transnational corporations. It is an alternative to the neo-colonial domination of the hemisphere.

Yo Si Puedo

There is one other program that warrants brief mention among Cuba's humanitarian missions. That is its innovative literacy program. Immediately after the triumph of the Revolution in 1959, Cuba embarked on a literacy campaign, sending young people into the most remote areas of the country to teach reading and writing. The success of this effort in wiping out illiteracy made the Cuban approach a model hailed by UNESCO. It laid the foundations early on for the impressive educational accomplishments of the past decades.

Now Cuba has developed a new pedagogy for teaching literacy called Yo Si Puedo (Yes, I Can). In 2006 UNESCO again awarded Cuba its literacy prize for this new method. It is currently being used in 16 countries to teach over 580, 000 how to read and write in just 7 weeks. Last month I visited the school in Havana where the method was developed. The Pedagogical Institute of Latin America and the Caribbean (IPLAC) has also developed a follow up program that takes students to a ninth grade reading level. In Venezuela Yo Si Puedo has reached 2 million people and made the country virtually illiteracy free. There is even a project in Mexico called MECE.

Yo Si Puedo is another component in ALBA in which the countries of Latin America are helping each other cooperatively develop using their own human resources.

Conclusion

This array of Cuban humanitarian missions is impressive by any standard. I have focused on the medical programs and barely mentioned the educational ones. Cuba also has thousands of teachers serving abroad and foreign students studying on scholarship in Cuba. Cuba is reversing the brain drain from the Third World. Unlike the US, which is attracting educated and technically trained people away from poorer countries where they are desperately needed, Cuba is contributing to the development of these capacities in the Third World. In the US, some 50% of foreign students who receive doctorates, remain to work in the US. For instance, there are more Ethiopian doctors in Chicago than in all of Ethiopia. By contrast, Cuba encourages, even requires, those whom it educates to return to their countries so they can help the underserved communities they come from.

The question remains: how is a relatively poor country like Cuba able to do so much? Why does it do it?

There are obvious foreign policy benefits to Cuba. It's humanitarian solidarity with the poor in the global South, wins popular support for Cuba. For example, after recovery from Hurricane Mitch the Honduran government sent the Cuban doctors home. There was so much popular protest against this from rural communities who had never seen a doctor until the Cubans came, that the government had to invite them back. On the other hand, in Venezuela the doctors protested the presence of Cuban doctors who were threatening to break their monopoly over health care in the country, even though the Cuban doctors served in poor barrios where the Venezuelan doctors feared to go. Humanitarian missions that help the poor sometimes open up interesting class contradictions in a country.

There are also sometimes important economic benefits to Cuba. While most of its services to poor countries are given free, there are also countries like China who are able to pay and do. Then too there are mutually beneficial exchanges with other countries under ALBA. In return for the large number of

doctors and teachers Cuba sends to Venezuela, it is able to buy oil at below market prices. Both countries benefit as a result. However, this is not seen as a purely commercial agreement and no one seems to know how Cuba monetarizes the services it provides.

However, Fidel Castro did recently reveal an interesting fact when he stated in a speech “the healthcare system has become the most important sector in the exchange of goods and services between our country and the rest of the world in economical terms; but despite this Cuba has not failed to offer its medical assistance completely free of charge to more than 60 Third World countries lacking economic resources. That is how it has always been and how it always will be.” [September 19, 2005]

Usually Cuba’s humanitarian missions are presented in terms of ideals of solidarity with the peoples of the world. For instance, at a Cuban airport you might see a huge banner proclaiming “Nuestra pais es humanidad.” This is not just empty rhetoric. The Cuban people are very humanistic and internationalistic minded. Throughout his life, Fidel Castro’s speeches have had a strong moral tone, as he has held up for his people the noblest of ideals. In this their leader has tapped into and reinforced important values in Cuban culture: generosity of spirit, selfless devotion to the common good, service to those most in need, solidarity with the wretched of the earth. My colleague, Jualynne Dodson, who has been doing anthropological field research in the Oriente of Cuba for years, suggests that this comes in part from the influences of African traditions in Cuban culture. These traditions value service to others and see that we all have a responsibility to make the world a better place than we found it. This is a far cry from the values of conquest and greed that the Spanish *conquistadors* brought to Cuba. Fortunately, it was not those values that shaped Cuba’s national culture. Instead, the African origins of most of its population blended with and reinforced the humanitarian strain in the European-based culture that Spaniards and others brought to the island.

These values have been nurtured in a century and a half of national struggle for independence and dignity. They constitute a universal legacy vital to making a better world possible and greatly admired by all those who have come to know Cuba well.

Venceremos !