

Cuba Series, Part 3: Healthcare



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The four parts to this Cuba series are all available here:

"Cuba Series, Part 1: The Bay of Pigs," <https://www.cumber.com/market-commentary/cuba-series-part-1-bay-pigs>
(<https://www.cumber.com/market-commentary/cuba-series-part-1-bay-pigs>)

"Cuba Series, Part 2: US Sanctions on Cuba?" <https://www.cumber.com/market-commentary/cuba-series-part-2-us-sanctions-cuba>
(<https://www.cumber.com/market-commentary/cuba-series-part-2-us-sanctions-cuba>)

"Cuba Series, Part 3: Healthcare," <https://www.cumber.com/market-commentary/cuba-series-part-3-healthcare>
(<https://www.cumber.com/market-commentary/cuba-series-part-3-healthcare>)

"Cuba Series, Part 4: Helms–Burton & Readers Respond," <https://www.cumber.com/market-commentary/cuba-series-part-4-helms-burton-readers-respond-0> (<https://www.cumber.com/market-commentary/cuba-series-part-4-helms-burton-readers-respond-0>)

In 2016, I published a discussion about Zika and Cuba. Here's the link (<https://www.cumber.com/sites/default/files/2021-08/Zika-Pamphlet-by-David-R-Kotok.pdf>) to the entire pamphlet. For time-constrained readers, I suggest that Chapters 6 and 7 (starting on page 24) will be helpful if you have only ten minutes for background. My series of writings about Zika and the Cuba section were based on information I learned during my first visit to Cuba.



(<https://www.cumber.com/sites/default/files/2021-08/Zika-Pamphlet-by-David-R-Kotok.pdf>)

The Cuba sanctions had been lifted by Obama in 2015, and on that first visit the Cubans I spoke with were open and seemed forthright. I was given all the access that I requested. That included medical officials and professionals and ministerial officials. I delved into how the Cuban healthcare system emphasized preventive medicine. You can read about that in the pamphlet. I walked with mosquito-spraying teams in several places, in the countryside at a Canadian resort and in Havana at a private home. As one of the health ministry doctors said to me, "We are a poor country; we don't have money for medicines the way you do. So we try to prevent sickness as much as possible."

I want to start today's discussion of the healthcare system in Cuba with an excerpt from a commentary I wrote almost 8 years ago that went on to be include in the Zika pamphlet.

I'm in Cuba and have been meeting with doctors and others to learn what the situation is here with regard to Zika. I've visited a daycare center and a rural community and been briefed on mosquito control.

What I'm learning is eye-opening.

Cuba has 3.5 times the population of Puerto Rico. While Puerto Rico has 25,955 confirmed Zika cases, Cuba has only 14, 13 of which were contracted off the island. (Note: Keep in mind that all Cuban statistics reported here are official government numbers. That is the only data we have. People here are very cautious about

contradicting the government, and the government knows every person I met with.) But on the face of it, Cuba is doing a better job with Zika defense and related health issues than we are doing in America and certainly better than we are doing in the nearby American territory. Cuba and Puerto Rico have the same climate. The same rainfall. The same species of mosquito. Yet the outcome in one place is so vastly different than in the other. How is Cuba doing it?

The Cubans learned some hard, valuable lessons from epidemics of dengue fever that hit them in 1977, 1981, and 1997. These outbreaks killed hundreds of people, and hundreds of thousands were infected. In the wake of the 1997 epidemic, an epidemiological alert system was established, and mosquito control was reinforced in the entire country. What that means on the ground is that mosquito control teams visit every house in the country at least weekly, and schools and other community facilities receive daily visits. They fumigate weekly. Standing-water elimination is a constant. People attribute the lack of Zika cases to this preventative effort that they learned from combating dengue. I'm getting this story from villagers, teachers, and others – it's not just a government propaganda story; it's real.



Segue to today.

Every GIC delegation trip (all 3) has had medical professionals as part of the group. Meetings in every case have included counterparts in Cuba and government officials. Our GIC delegations have visited clinics and the Latin American School of Medicine in Havana and held numerous private meetings with professionals. In Cuba, the healthcare system is 100% government run and controlled. As a ministerial-level spokesperson said to me, "Healthcare is off limits for anyone but the government."

Thus, private medical-services entrepreneurs are prohibited. The Castro revolution promised lifetime healthcare to all Cubans. This fact is taught to young children and reinforced through the education system. A few years ago, the estimated employed doctor and nurse populations were measured in the hundreds of thousands. Consider that Cuba's population today is about 11 million and you can quickly see how disproportionately large the healthcare system is. People are all working for the government if they are in healthcare. Private physicians and other healthcare providers are nearly nonexistent.

Segue.

The Cuban government uses its healthcare professionals to earn foreign exchange. Cuban medical schools graduate thousands of doctors and nurses a year and provide them to many countries throughout the world. When we tell that to Americans, they are doubtful. Or they often point to third-world countries if they accept this assertion. But it isn't just third-world countries. Here's a report from the Guardian about 500 Cuban healthcare professionals working in Italy: "Giving us oxygen: Italy turns to Cuba to help revive ailing health system (<https://www.theguardian.com/world/2024/jan/16/italy-calabria-cuban-doctors-public-health-system>)." Why are these folks in Calabria? Because Italy doesn't have enough healthcare professionals left in the post-Covid environment. So, they turned to Cuba, which assigned the 500 people to work in Calabria.



(https://en.wikipedia.org/wiki/Reggio_Calabria)

The economics are interesting. Italy pays for these folks in euros. Thus, Cuba earns foreign exchange by “exporting” healthcare services to Italy. Italy fills a staffing shortage with trained professionals, so it is worth paying for the 500 persons. The Cubans working there are paid according to the Cuban governmental pay scale. The Cuban government keeps the difference as a “profit” or addition to its revenues. This pattern is repeated in many countries of the world. It’s part of the Cuban healthcare system and part of the way Cuba earns money from “exports” of healthcare. Trump’s reimposed American sanctions do not allow for US participation in the system in any way. But those sanctions do not reach the government of Italy and the province of Calabria. Note: Biden suggested he would lift this sanction but hasn’t done so.

Inside Cuba, on the other hand, the healthcare system is stretched. Professionals are leaving it because they are not making a living wage. I met a physician who spent six years in medical school and three more years in specialty training and then three years working in a government clinic within his highly trained specialty. After 12 years, he quit. He now makes more money working in a privately owned hotel as a manager/receptionist. He still assists his former colleagues as a volunteer when there are medical emergencies and they are shorthanded. The Cuban government doesn’t want him to leave the country. He is working on options.

I met another family-practice physician who is part of the cleaning staff of a hotel rather than a doctor in a clinic. She has a 7-year-old child. She couldn’t make ends meet by working as a doctor. She wishes it were otherwise. So, this trained doctor is mopping floors (I saw it) to provide for her family. She declined to join our delegation as a dinner guest. She said, “I have a 7-year-old at home, so I must go home.” I also encountered a taxi driver who was a doctor and needed to supplement his income.

Enough. You get the drift.

Segue.

The Cubans developed their own Covid vaccines. The official line is that they were successful. The private

information is, maybe in part but not wholly successful. The only statistics are from the government. In private conversations, physicians describe how the Covid period was “very difficult.”

As an aside, over half our GIC delegation tested positive for Covid on our return to the US. I was one of them, and the experience was rough for me. Others in the delegation had mild cases and others never tested positive. We cannot blame the Cubans for our Covid. No one knows for sure where and when infection occurs. Any airport, crowded bus, and all points in-between can be a risk.

In my case, I had all the Moderna shots and all the Moderna boosters and both Evusheld special antibody treatments and a lot of respiratory and cold treatment meds that helped me fight the virus. I couldn't take prescription antivirals like Paxlovid due to my compromised immune system and possible contraindications with other meds. So, it was just fever, night sweats, heavy coughing, and some breathing difficulties – the symptoms Covid patients describe when they have a rough case. I consider myself fortunate to have been fully vaxxed and boosted. My blood oxygen never got under 92, so I toughed it out at home and avoided a trip to the hospital. The vaccines and boosters helped, in my opinion.



Segue.

In a medical issue discussion meeting in Havana, one of our delegates raised the subject of ambulances. The Cubans were amused by the question. One said, “I wouldn't wait for an ambulance; it could take many hours.” What we found is that a community response has replaced ambulances when there is such a need. Ambulances are in short supply and there is a shortage of gasoline. So, in an accident, motorists stop and help. We heard about cases of accident victims being helped into the back seat of a car and driven to the nearby hospital. During our four days and nights in Havana, we never heard a siren. That was also true on all my previous trips.

Now for some reader comments about this Cuba series.

1. I got a note from Jack, who wrote, “Hi David, Enjoyed part 1 of your Cuba Series. My wife and I visited Cuba in 2020 just as Covid was getting started. We talked about it with our guide, [and] when we saw Asians that had coughed or sneezed, we laughed, ‘They must be from China with Covid’. Ha ha, turned out not so funny... But, it was a very interesting private tour, a few times we even stayed in private homes. We were disappointed to see pharmacies next to each other, one well stocked for tourists and next door for locals with empty shelves.”

2. Tom Heller was one of our GIC delegates. He shared this story: “I talked with a 78yo condo neighbor who's fluent in Spanish... at the pool on Friday afternoon. She was very curious about Cuba. We talked for over 30 minutes. As a child, she enjoyed winter/spring vacations and whole summers in Havana with her uncle's family. He was in the gaming, gambling business and she described frequent dinners with her dad's business associate, Meyer Lansky – a very cordial gentleman among family & friends. She was 14yo and in Havana for Christmas vacation in December 1959. She left Havana on January 1, 1960. All property was lost, expropriated.”

3. And here's another one from Tom. “On Friday, I mentioned the trip to a fellow tennis player whom I've long known as a retired American Airlines pilot. He was AA's DC10 pilot that flew the last, final plane load of 350 Americans out of Cuba. He was very familiar with the “very tight” approach and take-off patterns around Guantanamo Bay Naval Base because he'd retired from the Navy squadron that ultimately flew the reconnaissance missions which discovered the Russian missiles. He related that Russian MIGs periodically

taunted the Navy base with Touch-&-Go Fly-Bys on GBNB's runway."

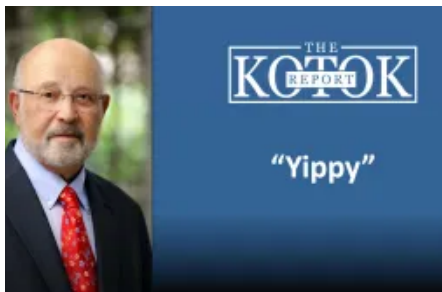
4. Professor Yasiel Scull (Cuban Research Institute, Florida International University) cites "The WHO estimates of excess mortality associated with the COVID-19 pandemic" (as of March 2022) stating, "[It] shows that Cuba's average was higher than that of eleven Latin American countries, an indication that [Cuba] did not manage the pandemic well." Hat tip to Tom Heller for the reference.

5. Sam corrected me. He wrote, "I think I'm right, when speaking of Ms. Huddleston, that she was 'Principal Officer' or 'Chargé d'Affaires' in Havana, not Ambassador. I don't think we have had an ambassador since 1960." Harvard Kennedy School says that Ambassador Huddleston "served as a career diplomat in Africa and Latin America. She was ambassador to Madagascar and to Mali, as well as Deputy Assistant Secretary for Africa. Huddleston was the chief U.S. diplomat in Cuba from 1999 to 2002."

6. Doctor R. wrote, "I really enjoyed your Part 1 interview with Manuel and Bay of Pigs. As a teen in Miami during the 50-60's with some recollections (however immature and thoroughly filtered information) I always felt uneducated about the whole event. I had a summer job in a hospital in N. Miami, and there were a number of Cuban exiles working there. I made some good friends during those summers but really had no appreciation for their life events. My one friend treated me to some authentic Cuban cuisine on 8th St., the home of many exiles at the time. I'll always remember that marvelous part of my education in international relations. Previously, I had a Cuba-born HS friend. He and his family came during the first wave of Professionals, and I recall marveling at his adaptability to a new life and culture, esp. his language expertise. After only 2+ yrs, he had no accent at all and you would never know his 1st language was Spanish, a very rapid Spanish. His Mother – "no speak English" and "Tony no here" is all she could say when I would call their home. The sights, smells, and sounds in their modest home are now unforgettable to me. Gracias and Adios."

7. See also <https://cri.fiu.edu/news/2023/cuba-current-economic-crisis/carmelo-mesa-lago-cuba-economic-crisis.pdf> (https://cri.fiu.edu/news/2023/cuba-current-economic-crisis/carmelo-mesa-lago-cuba-economic-crisis.pdf)

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