

Introduction

Most government leaders espouse the principle of health for all, yet few pay more than lip service to the ideal or allocate adequate resources for its development. In Cuba, by contrast, health care is seen as a basic human right and the responsibility of the state, and its leaders consider health indicators as measures of government efficacy.¹ Accordingly, health care has taken a prominent place in the Cuban government's domestic and foreign policies despite Cuba's economic vulnerability.

Although socialist ideology professes the goal of ameliorating the human condition, only Cuba has made health a defining characteristic of its "revolution" and has consistently given health such preeminence that daily operational issues are discussed at the highest level of government. As a result, many in Cuba say that the real minister of public health is Fidel Castro. Since 1978 Castro has made a number of declarations about the direction of Cuban medicine, indicating that Cuba would become "the bulwark of Third World Medicine," put a doctor on every block, become a "world medical power," and equal or surpass the United States on certain health indices.²

Why did Cuba, a small developing nation with scarce resources, a strong economic dependence on a distant benefactor (the Soviet Union), an economic embargo by its most natural trade partner (the United States), and the constant threat of destabilization from abroad, try to achieve such goals? Further, how could a developing country like Cuba even attempt to become a "world medical power"? How

does becoming a "world medical power" fit in with the larger goal of societal transformation? Why and how does Cuba provide medical aid to other developing nations? Finally, can Cuba maintain its current commitment to health and medical diplomacy in the post-Cold War era? I address these questions and also consider whether Cuba's invocation of the term "world medical power" is credible; how the development of Cuba's domestic medical system provided a springboard for its medical diplomacy; what the symbolic significance might be of becoming a "world medical power"; what Cuban medical diplomacy means for Cuba, the Third World, and the developed nations; and, finally, what Cuba's prospects for the future may be in a unipolar world without Soviet aid.

Analysts of both the Cuban health system and Cuban foreign policy have tended to overlook Cuba's medical diplomacy; it is a phenomenon little known outside certain health and development circles, international organizations, and the recipient countries. Limited attention has been given to the larger political and economic forces behind Cuba's domestic and international medical programs. Nor has the relationship between health and medicine on the one hand and political economy on the other been studied. More important, no one has analyzed the symbolic political issues involved in Cuba's foreign and domestic health policies. I attempt to fill the gap by focusing on symbolic politics, political economy, and foreign policy in the Cuban health sphere and by analyzing the current domestic health system as part of the infrastructure for medical diplomacy and, thus, for material and symbolic capital accumulation.

Within the former socialist bloc the Cuban government's preoccupation with the provision of health care was unparalleled. All socialist countries, of course, sought to improve health by providing medical and public health services, generally with no direct charge to the patient.³ Their efforts resulted in significant gains in life expectancy, infant mortality, and general morbidity and mortality, although some recent setbacks have been registered.⁴ Cuba had not yet faced such setbacks by the end of 1991.

Economic difficulties and political choices about resource allocation have prevented some socialist countries from providing adequate health care for everyone.⁵ For example, until 1965 China's health system served only the urban population, which represented about 15 percent of the total population.⁶ In Cuba, however, the leadership

began the public health service in the rural areas, where the need for medical attention was greatest. Even as late as 1989, the Soviet Union and the Eastern European countries experienced great difficulty in providing adequate, universal health care. Cuba, by contrast, has provided such a service for more than two decades. It has not achieved a perfect system, as any Miami Cuban who has had to send medicines to relatives on the island will attest; but not even defectors criticize the Cuban health system.

Until recently, Cuba was largely insulated from the present world economic crisis because of its integration into the Community for Mutual Economic Assistance (CMEA). The political and economic changes that swept Eastern Europe in the fall of 1989, however, have permanently altered economic relations among the former CMEA countries, particularly the nature, amount, and terms of trade. With economic decentralization and privatization, the CMEA became defunct. Trade relations among these countries, where they still exist, are no longer between states but rather between enterprises, with prices set in convertible currency at world market levels.

The need and desire for Western markets has become more critical as the former socialist countries seek hard-currency earnings, Western consumer goods, and access to advanced technology to modernize and bolster their floundering economies. These changes, along with political differences, have led to their curtailment of trade with Cuba. Preferential prices or subsidies by and large vanished by January 1991, when all payments of remaining intra-CMEA exchanges had to be made at world market prices and in convertible currency rather than in barter or nonconvertible currencies. Moreover, Soviet trade subsidies to Cuba, which were tied to world market prices, had been decreasing since 1985,⁷ and largely ended in January 1991 as the Soviet Union faced its own domestic economic and political difficulties. The exceptions during 1991 were Soviet subsidies for Cuban sugar.⁸ Although in 1991 Soviet-Cuban trade was denominated in hard currency, it was actually carried out through clearing accounts without the exchange of hard currency.

Cuba, of course, has always traded with capitalist countries and thus has long been affected by revaluations of hard currencies, fluctuations in interest rates and world market prices, and increasingly unfavorable terms of trade. The recent changes in Cuba's trade relations, however, pose a much more serious challenge to the Cuban

economy and government. The early 1990s will be a trying time for Cuba as well as the former socialist countries as they adjust to the world market and short-term contracts.

By 1991 the Cuban economy was in dire straits and negative growth had been predicted for the foreseeable future. The Soviet Union, in a state of economic and political disintegration, shipped little of what the Cubans had contracted for 1991 except oil. By September 30, 1991, less than 50 percent of grain and most other contracted items had been shipped; most shipments, in fact, were less than 20 percent of the expected quantities.⁹

As a consequence, Cuban officials and trade representatives have been making greater efforts to increase trade with market economies, particularly in Latin America. Castro has stated that the Cuban economy is ripe for integration with the economies of the region, so much so that he will offer special advantages to Latin American investors interested in joint ventures in Cuba.¹⁰ It seems unlikely, however, that investment, trade, and aid from international organizations will be sufficient to shore up the economy. It will not be the first time, however, that Cuba has faced adversity. Indeed, the past thirty-four years testify to Cuba's ability to overcome seemingly impossible odds.

Consider, for example, the 1980s. Elsewhere in the Third World this decade has been characterized as the "lost decade" because of the severe social and economic dislocations caused by the debt crisis. In most developing nations, massive external debt, coupled with International Monetary Fund austerity measures, precluded the expansion, or even the maintenance of current levels, of social expenditures. Economic constraints have led many countries, including the United States, to privatize public services and reduce social service expenditures.¹¹ The Soviet Union, which decreased health expenditures to levels below what would be expected at its stage of economic development more than two decades ago, continued this practice through the 1980s.¹² Cuba, in contrast, increased general social service expenditures until 1991 and continued even then to increase the public health budget in the face of economic adversity.¹³

Cuba's focus on health care projects an image of progress that other developing nations do not have. To gain international influence and prestige, Castro has chosen to represent Cuba as a country of increasing social development and scientific sophistication. This, of course, is difficult for a developing nation that relies on a single prod-

uct (sugar) for the lion's share of its exports and has long depended on trade subsidies from a single, large market. For a variety of reasons, domestic inefficiency and the U.S. economic embargo among them, Cuba cannot compete in the economic sphere with the Asian newly industrialized countries (NICs), nor can it compete with the already developed world. Its potential for product diversification is limited because of a dearth of the hard currency and raw materials needed for manufacturing processes.

Where Cuba has been able to surpass other countries and approach the level of the developed world is in improving the health of its population and providing its medical expertise to other countries. This is not to say that the entire Cuban health system is on a par with that of the United States; but health outcomes in certain critical areas are. The improvement of the population's health initially required more political commitment than hard currency and scientific expertise. Once the obvious public health, health education, and sanitation measures were taken, however, further progress depended on other factors, such as the expenditure of considerable hard currency on a system of well-equipped medical institutions and the rapid incorporation of scientific advances.

In numerous speeches prior to the demise of the socialist bloc, Castro had claimed that Cuba would become a "world medical power." He has used this phrase to attempt to gain credibility for Cuba in much larger arenas than health and medicine alone. It connotes socioeconomic development, scientific achievement, a model health system, and international influence. Socioeconomic development is generally quantified by several indicators, but the most telling are infant mortality and life expectancy at birth; these figures include a whole range of other indicators as inputs, among which are sanitation, nutrition, medical services, education, housing, employment, equitable distribution of resources, and economic growth.¹⁴ For Cuba to qualify as a "world medical power," moreover, its medical system should have an effect on other countries, and its health achievements should be admired and emulated by others.

I evaluate Cuba's success in achieving this goal first, and primarily, by Cuba's own standards. These criteria are: general health indicators, especially infant mortality rate and life expectancy at birth; the extent and distribution of human resources, particularly the physician-to-population ratio and the overall health personnel-to-population ratio; provision and expansion of universal primary and preventive care

and high-technology tertiary care; biotechnology research; and provision of medical aid to other developing nations. Later in this study I also compare Cuban achievements with broader criteria.¹⁵

The provision of medical aid to other countries will be evaluated in the context of its importance in Castro's diplomatic efforts with the Third World and international organizations. Unable to offer monetary aid to nations, Cuba has instead offered what it excels at and what is easily available. The international recognition of Cuba's health expertise has made medical diplomacy an effective foreign policy tool. What country would refuse humanitarian aid that appears to be purely altruistic? But has medical diplomacy contributed significantly to Cuba's claim to the status of world medical power, and vice versa? Provision of medical aid abroad is one of the more important criteria because it transcends Cuba's borders and projects the country's capabilities in far-flung parts of the world. For this reason a rather extensive chapter is devoted to medical diplomacy, and its importance is reiterated throughout the book.

Chapter 1 sets the stage on which Cuba acts in the international arena and discusses theories of symbolic politics and symbolic capital as they affect Cuban medical diplomacy. Chapter 2 provides the background to the health ideology and organization necessary to understand Cuba's domestic success in this sphere and its ability to export medical assistance. Chapter 3 picks up the domestic thread of Chapter 2 and weaves an impression of how health education and popular participation have made the Cuban model compelling to outsiders. Chapter 4 evaluates Cuban health indicators and compares them with those of the United States to ascertain whether Cuba was, in fact, becoming a world medical power before the collapse of the socialist bloc.

Cuba's medical diplomacy would have been all but impossible without the development of its domestic health system and its considerable success in achieving First-World health statistics. Chapter 5 discusses Cuban biotechnology and medical exports, areas of considerable scientific sophistication and real and potential profits. Chapter 6 presents Cuban medical diplomacy in all of its forms and considers the benefits to both the host country and Cuba. Chapter 7 concludes with a discussion of the costs and applicability of the Cuban model to other nations; problems and prospects for the domestic medical system and medical diplomacy, particularly in the post-Cold War era;

and an analysis of the symbolic significance of Cuba's health system and medical diplomacy. Obviously, changes in the socialist world that occurred after the writing of this manuscript have made this into a historical work that tells a tale of what was (during the 1980s) and what could have been.