

IB Extended Essay

An Examination of Cuban Health Following the Cuban-Revolution

Research Question: To what extent did Cuban social reforms in the health care sector (implemented by Fidel Castro post-revolution, 1959) lead to an overall improvement in health among the Cuban populace?

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Abstract

The Cuban Revolution officially began in 1953 with a failed attempt at seizing the Moncada Barracks and culminated in 1958 with the capture of Havana at the hands of Fidel Castro's Revolutionary Army. Castro's victory sparked widespread social reforms across all platforms. However some of the most critical and beneficial reforms occurred in the Cuban health care sector.

In this study my research question was: to what extent did Cuban social reforms in the health care sector (implemented by Fidel Castro post-revolution, 1959) lead to an overall improvement in health among the Cuban populace? My paper draws on data from large international organizations responsible for monitoring health around the world (i.e. the World Health Organization) as well as from the analysis and opinions of multiple academics who are experts on Cuban health such as Julie Feinsilver and Tassie Hirschfeld.

My paper argues that Castro's restructured health systems drastically improved overall health in Cuba (as compared to the health of the nation under Fulgencio Batista before the Revolution) through the implementation of multiple social policies such as the Family Doctor Program. I concluded that health reform was so impactful in Cuba because of: a successful reconstruction of the logistical/physical aspects of the Cuban health system (i.e. increased construction and distribution of hospitals as well as greater expansion into rural areas), an increased presence of domestic health education, as well as an enhanced focus on global health. The paper also examines some of the negative aspects of Castro's health reform while further shining light on the effects of the United States trade embargo on Cuban medical supplies and overall health.

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Introduction

By 1940, Cuba was controlled by United States-backed dictator Fulgencio Batista whose nationwide agenda proved to be both politically and socially skewed. A large amount of the policies implemented by Batista prioritized U.S. corporate interests over Cuban social and political concerns and needs, leading to a general distrust of the United States within Cuba. Leland L. Johnson (an author for the RAND corporation) stated in his published report titled: U.S. Business Interests in Cuba and the Rise of Castro (1964) that “U.S. private capital [was] a source of resentment, conflict, and distrust in many areas of Latin America”.¹ The defeat of Batista’s forces (by Castro’s Revolutionary army) led to the complete reconstruction of the Cuban health system as well as the implementation of sweeping reforms across the island—many specifically targeting the health care sector. These reforms were responsible for a plethora of overwhelmingly positive results on Cuban health. This paper will examine many of the prominent fashions in which Cuban social reforms (post-revolution) improved general health among the Cuban populace. My paper draws on a variety of sources published by various pro and anti Castro organizations while also utilizing a large amount of data (pertinent to health) published by prominent international development organizations such as United Nations, World Health Organization, etc. Furthermore the paper draws on the works and analysis of several experts on Cuban health such as Julie Feinsilver and Demetrius Iatrius. An analysis of data (concerning health related categories) from before and after the Revolution is also included and used to further display the positive impacts of health reform in Cuba.

¹ Johnson, Leland L. *U.S. Business Interests in Cuba and the Rise of Castro*. June 1964. Accessed September 12, 2016. <https://www.rand.org/content/dam/rand/pubs/papers/2008/P2923.pdf>.

For the purposes of this paper, health care has been defined as: the organized provision of medical care to individuals or a community.² My research question to be answered in this essay is: **to what extent did Cuban social reforms in the health care sector (implemented by Fidel Castro post-revolution, 1959) lead to an overall improvement in health among the Cuban populace?**

I. A Pledge to Improve Health

Following the success of the Cuban revolution the Cuban revolutionary army “pledged to provide Cuba with health care equal to any in the world”.³ Demetrius S. Iatridis (an expert on Cuban social policy) quotes: “this bold declaration [was] met with skepticism and caution both in Cuba and abroad”, however Cuban officials kept their promise and even now, nearly sixty years later, “the Cuban government has upheld its promise to provide free, high-quality healthcare to all Cuban citizens”.⁴ Restructuring the Cuban healthcare system proved to be an incredibly difficult task, and consisted of multiple phases. Mayra Espina Prieto (an author for the North American Congress on Latin America—an independent, nonprofit organization) claims that: “the first phase, beginning in 1959 and ending with the final days of the Cold War in 1989, focused

² The Oxford English Dictionary. "Healthcare - Definition of Healthcare in English | Oxford Dictionaries." The Oxford English Dictionary. Accessed October 30, 2016.
<https://en.oxforddictionaries.com/definition/healthcare>.

³ Iatridis, Demetrius S. *Cuba's Health Care Policy: Prevention and Active Community Participation*. N.p.: Oxford University Press, 1990. Accessed September 12, 2016.
https://www.jstor.org/stable/23715727?seq=1#page_scan_tab_contents

⁴ Ibid.

on...Cuba's universal, centralized, unitary and planned social programs".⁵ The first phase also "established the fulfillment of basic needs as a right to which citizens are entitled—especially...health care".⁶ However, accomplishing this monumental goal was no easy task as the revolutionaries inherited a "for-profit health care system that was plagued by political corruption, poverty, illiteracy, economic inequality and social injustice".⁷

II. Restructuring the Cuban Health Care System

The first step taken by the newly created Castro administration was the unification of all health and healthcare facilities, the resources offered by this new web of facilities were then offered to the entire Cuban population at no charge.⁸ Originally, (throughout the 1960's) Castro's National Ministry of Public Health utilized the construction of hospitals as a method to improve public health and reduce rates of parasitic diseases common in Third World countries.⁹ The 1970's ushered in a new era and strategy for the Ministry of Public Health. It was at this point, that greater emphasis on "community-based primary health care" began to permeate all areas of

⁵ Prieto, Mayra Espina. "Changes in the Economic Model and Social Policies in Cuba." NACLA. Accessed September 12, 2016. <https://nacla.org/article/changes-economic-model-and-social-policies-cuba>

⁶ Ibid.

⁷ Iatridis, Demetrius S. *Cuba's Health Care Policy: Prevention and Active Community Participation*. N.p.: Oxford University Press, 1990. Accessed September 12, 2016. https://www.jstor.org/stable/23715727?seq=1#page_scan_tab_contents

⁸ Egan, Isobel. "An Assessment of the Cuban Revolution." CLIO: A Journal for Students of History in the Australian Capital Territory. 2011. Accessed October 28, 2016. [https://cliojournal.wikispaces.com/An Assessment of the Cuban Revolution](https://cliojournal.wikispaces.com/An+Assessment+of+the+Cuban+Revolution).

⁹ Iatridis, Demetrius S. *Cuba's Health Care Policy: Prevention and Active Community Participation*. N.p.: Oxford University Press, 1990. Accessed September 12, 2016. https://www.jstor.org/stable/23715727?seq=1#page_scan_tab_contents

Cuban health programs through the development and distribution of healthcare centers and polyclinics. This movement was titled *el servicio médico rural* (the Rural Medical Service) and its aim (as quoted by the developers of the program) “was to provide disease prevention and to revitalize health services for those most in need, whether because they are poor, in precarious health or live far from urban centers”.¹⁰ Established in 1960, *el servicio médico rural* set guidelines requiring all medical school graduates to gain experience treating illness in rural conditions.¹¹ The RMS further encouraged and promoted the creation of rural health facilities, widening the scope and reach of the Cuban health system.¹² Cuban health officials began to implement and utilize a system centered around primary and preventative care, partially through the implementation of the Family Doctor Team Program¹³ as well as the development of local block associations. The Family Doctor Team Program aimed to provide health care on an unprecedented personal level through the use of mini-polyclinics. This program assigned a family physician and nurse team to a specific neighborhood where both individuals were responsible for managing the health of that local community (usually about 600-700 people). Furthermore, this team of physicians was required to perform a check up on all residents of that neighborhood at least once per year, thus helping to raise the overall health of the entire community¹⁴, and this form of widespread basic care acted as the lowest level of health care in

¹⁰ World Health Organization. "Cuba's Primary Health Care Revolution: 30 Years on." World Health Organization. Accessed October 28, 2016. <http://www.who.int/bulletin/volumes/86/5/08-030508/en/>.

¹¹ Sixto, Felipe Eduardo. "An Evaluation of Four Decades of Cuban Healthcare." Working paper, n.d. Accessed August 22, 2016. <http://www.ascecuba.org/c/wp-content/uploads/2014/09/v12-sixto.pdf>.

¹² Ibid.

¹³ Iatridis, Demetrius S. *Cuba's Health Care Policy: Prevention and Active Community Participation*. N.p.: Oxford University Press, 1990. Accessed September 12, 2016. https://www.jstor.org/stable/23715727?seq=1#page_scan_tab_contents

¹⁴ Blumenthal, David, M.D. "Fidel Castro's Health Care Legacy." The Commonwealth Fund. November 28, 2016. Accessed November 20, 2016. <http://www.commonwealthfund.org/publications/blog/2016/nov/fidel-castros-health-care-legacy>.

Cuba.¹⁵ Local block associations consisted of groups of residents (all living in a specific neighborhood) who collectively governed their own health care and protection. Demetrius Iatridis briefly summarized the function and importance of local block associations, he quoted: “Block associations (mass organizations), mutual support networks and locally elected committees of popular power collaborate with Ministry of Public Health and the polyclinics to manage and monitor regular health care activities. This model enables citizens to protect and maximize their own health through local self government with minimal external controls”.¹⁶

Castro and his health ministry also created a healthcare system hierarchy, ranging from primary/community care to super specialized care (following the implementation of the Family Doctor Program in the 1980’s) with the aim of simplifying and expanding the reach of the health care system. Neighborhood mini-polyclinics (primary care serving 600-700 individuals per community) provided the most basic and widespread care. Furthermore, according to Demetrius Iatridis, the use of family medicine in this manner creates a “more intimate relationship among the health practitioner, the patient, and the neighborhood. It also ensures continuity in the patient-physician relationship”.¹⁷ Larger health centers serving 25,000-30,000 people acted as a higher level of primary care for patients that required more specialized, but still basic health services.¹⁸ Specialized hospital centers (serving 250,000 people) represented the country’s

¹⁵ Dresang, Lee T., MD, Laurie Brebrick, FNP, Danielle Murray, MD, Ann Shallue, DO, and Lisa Sullivan-Vedder, MD. "Lee T. Dresang." *Family Medicine in Cuba: Community-Oriented Primary Care and Complementary and Alternative Medicine*. Accessed October 28, 2016. <http://www.jabfm.org/content/18/4/297.full>.

¹⁶ Summary of “local self government” taken from: Iatridis, Demetrius S. *Cuba's Health Care Policy: Prevention and Active Community Participation*

¹⁷ Iatridis, Demetrius S. *Cuba's Health Care Policy: Prevention and Active Community Participation*. N.p.: Oxford University Press, 1990. Accessed September 12, 2016. https://www.jstor.org/stable/23715727?seq=1#page_scan_tab_contents

¹⁸ Ibid.

secondary care level, and treated patients with increasingly severe illnesses while provincial tertiary care hospital centers (serving 1 million people) received any patients deemed too sick for secondary care.¹⁹ Finally, nationwide quaternary care (health institutes and super-specialized hospital centers serving over 10 million people) acted as the final level of the Cuban health care system and housed patients who possessed the the highest levels of illness (both physical and mental).²⁰

III. Health Improvements Through Education

Cuba's impressive level of personal care has led to the creation of one of the greatest health education programs in the world. Just days after the success of the Cuban Revolution, Cuban officials implemented a strategy of chronic degenerative disease management through better health education and awareness. Programs such as the Family Doctor Program have aimed to promote health through education and through the development of close, personal relationships between doctors and patients. Julie Feinsilver, a visiting assistant professor of political science at Oberlin College, writes: "family doctors have made health education a part of daily life because they tend to use both professional and social interactions with their patients for educational purposes".²¹ Health education further occurs in the waiting rooms at local polyclinics and family doctors' offices where informational lectures are often given. These lectures most frequently focus on disease prevention and detection but also urge citizens to take advantage of available health services. Feinsilver also notes that: "specific themes addressed [in the lectures]

¹⁹ Ibid.

²⁰ Ibid.

²¹ Feinsilver, Julie Margot. *Healing the Masses: Cuban Health Politics at Home and Abroad*. Berkeley: University of California Press, 1993.

are the health hazards of smoking; proper nutrition; the benefits of exercise; personal and environmental hygiene; prevalent diseases in the community and their diagnosis and control...”.²² Health education does not simply cover adults as school children also receive health education, primarily in first aid (not commonly offered to children in the United States)²³ through general classes conducted and led by *brigadistas* (health brigade members) and nurses, while youth organizations such as “the Pioneers” (a Cuban youth organization for children under 14 years of age) provide classes to all members.²⁴ As a result, many of the Cuban youth have a basic understanding of first aid techniques and possess the knowledge to identify and potentially treat minor injuries. This broad understanding of basic health across the youth population of the country allows for the more rapid diagnosis and treatment of illness and stresses the idea of disease prevention...reducing long term health costs paid by the Cuban Government.

IV. Promotion of Health on a Global Stage

Cuban health advancements post-revolution have also led to the creation of a culture promoting medical assistance abroad, especially during times of natural disaster or crisis. Feinsilver writes: “Cuba’s own success in domestic disaster relief (hurricanes) and epidemic control (dengue) has demonstrated the country’s organizational and scientific ability in these fields, and therefore it is not surprising that Third World officials request Cuban assistance when disaster strike their countries”.²⁵ Cuba has offered international medical aid to various countries

²² Ibid.

²³ Ibid.

²⁴ Ibid.

²⁵ Ibid.

including: El Salvador, Ethiopia, Brazil, Iran, Mexico and the former Soviet Union among many others, and this aid is often substantial.²⁶ Following a devastating 1970 Peruvian earthquake, Cuban officials authorized the shipment of “six rural hospitals...constructed and equipped by Cuban workers, though Cuba and Peru did not have diplomatic relations then”.²⁷ About fifteen Cuban doctors, fifteen Cuban nurses and ten Cuban hygienists were also sent to Peru to provide medical aid to a Peruvian population riddled with injury and illness.²⁸ Cuba even provided aid to Iran following the widespread earthquake of 1990 consisting of two planes carrying twenty-nine tons of medical cargo consisting of; nineteen doctors, twenty-one additional medical personnel and a portable field hospital.²⁹ Feinsilver concludes: “that the Cuban government repeatedly offers its services...to other developing countries suggests that its concern for the amelioration of the human condition is genuine and that its use of medical diplomacy is well received.” This commitment to global health remains foundational in Cuba today, according to David Blumenthal (a doctor and author for the Commonwealth Fund) Cuba has “trained a surplus of physicians in its 13 medical schools, and send 50,000 health professionals, including 25,000 physicians, abroad annually to provide care in developing countries”.³⁰ Furthermore, Cuba spends approximately 10 percent of its gross domestic product on health care and to this day, services remain free to all citizens (all services are funded by the state) displaying that domestic

²⁶ Ibid.

²⁷ Ibid.

²⁸ Ibid.

²⁹ Ibid.

³⁰ Blumenthal, David, M.D. "Fidel Castro's Health Care Legacy." The Commonwealth Fund. November 28, 2016. Accessed November 20, 2016.
<http://www.commonwealthfund.org/publications/blog/2016/nov/fidel-castros-health-care-legacy>.

health services have not suffered in response to an increasing amount of resources being focused on health abroad.³¹

V. Health Care Improvements Through a Statistical Lens

When health care in Cuba is examined through a statistical lens the positive effects of the Castro created health system can be observed, one of these being an increase and sustained level of excellence in the category of average life expectancy. Cuba is classified as a Third World country and therefore inherently has far fewer resources and cash to invest into health care related fields than its neighbor to the North³² yet their ability to maintain an excellent life expectancy matching that of many First World countries is impressive. According to a 2014 report conducted by the World Health Organization, the average life expectancy in Cuba as of 2012 was 76 years for men and 81 years for women which mirrors that of the United States³³, and this statistic has remained on par with the U.S. since 1960.

Other improvements have been noted in various measurable categories such as number of hospitals. By 1958, only 72 large hospitals existed on the island³⁴, while a shortage of physicians to staff these hospitals became increasingly problematic (only 9.2 physicians per 10,000

³¹ Blumenthal, David, M.D. "Fidel Castro's Health Care Legacy." The Commonwealth Fund. November 28, 2016. Accessed November 20, 2016. <http://www.commonwealthfund.org/publications/blog/2016/nov/fidel-castros-health-care-legacy>.

³² Ibid.

³³ The Cuban Health Care System and Child Health Outcomes: An admirable accomplishment with lurking questions" (Law School International Immersion Program Papers No. 14, 2015).

³⁴ Smith, Kirby, and Hugo Llorens. Renaissance and Decay: A Comparison of Socioeconomic Indicators in Pre-Castro and Current-Day Cuba. Report. Association for the Study of the Cuban Economy . 1998. Accessed December 14, 2016. <http://www.ascecuba.org/c/wp-content/uploads/2014/09/v08-30smith.pdf>.

inhabitants were recorded in 1958)³⁵. Furthermore, only one rural hospital existed by 1958, leading to a gross inequality in healthcare treatment between urban residents and rural residents.³⁶ By 1989 (under Castro) the number of rural hospitals had increased to 62 while the number of hospital beds (per 1,000 inhabitants) had increased from 4.3 in 1958 to 5.3 in 1989.³⁷ Infant/child mortality rates (deaths per 1000 births) are also extremely low in Cuba and have drastically improved under Castro (compared to under Batista), and these rates have rivaled that of First World countries since 1989. 1957 recorded an average Cuban infant mortality rate of 33.4 deaths (per 1,000 born alive) while maternal mortality rates were recorded at 125.3 deaths (per 100,000 deliveries).³⁸ However by 1984 Cuban Ministry of Health Officials reported an average infant mortality rate of 15 per 1000 live births, only 4.2 points higher than the 1984 U.S. rate.³⁹ and by 1990 the rate had dropped to 10.7 deaths per 1000 live births, slightly lower than that of the United States.⁴⁰ Recent data indicates that Cuba now has a better under-five mortality rate than the the United States. A 2012 UNICEF report states that “Cuba has an under-five mortality rate—the probability dying between birth and five years of age expressed per 1,000 live births—of 6, this is far lower than the worldwide under-five mortality rate (46)...and is even lower than the United States’ rate (7)”.⁴¹ Furthermore, vaccinations have been widely distributed among the Cuban population since Castro’s takeover in 1959 and UNICEF reports that in 2014:

³⁵ Mesa-Lago, Carmelo. Economic and Social Balance of 50 Years of Cuban Revolution. Report. Penn State University. 2009. Accessed December 17, 2016.
<http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.403.8964&rep=rep1&type=pdf>.

³⁶ Ibid.

³⁷ Ibid.

³⁸ Ibid.

³⁹ Feinsilver, Julie Margot. Healing the Masses: Cuban Health Politics at Home and Abroad. Berkeley: University of California Press, 1993.

⁴⁰ Ibid.

⁴¹ The Cuban Health Care System and Child Health Outcomes: An admirable accomplishment with lurking questions" (Law School International Immersion Program Papers No. 14, 2015).

“there is 99% vaccination coverage for tuberculosis and meningitis, 98% coverage for polio, 96% coverage for DPT and hepatitis and similar rates for other routine vaccinations”.⁴²

Another important aspect of health reform to note is the drastic increase in the average number of physicians (per 10,000 inhabitants) post-revolution. Under Batista (1957) approximately 9.2 physicians per 10,000 residents existed, by 1989 (under Castro) the number had skyrocketed to 33.1 per 10,000 residents. This can be attributed to the implementation of programs such as the “Family Doctor Program” and through greater distribution of local polyclinics and health centers. Additionally, in the 57 years since the end of the Cuban Revolution, Cuba’s number of family physicians has drastically increased with the World Health Organization stating that in 2008 that more than 33,000 family physicians were present in Cuba. This focus on deeply personal family medicine has continued to be deeply integrated into the medical school system since the Cuban Revolution.⁴³

VI. Negative Impacts of Health Reform Under Castro

However, while a large amount of data appears to display various positive effects of the health care situation under the Castro controlled government, shortcomings exist and are plainly visible. Richard H. Streiffer, a dean of the College of Community Health Science—University of Alabama, traveled to Cuba in 2014. While visiting a local health clinic he noted that: “family doctors are mandated to collect certain data” and that Cuban health practitioners are “very

⁴² Ibid.

⁴³ Ibid.

compulsive about collecting data and reporting it regularly”.⁴⁴ Politifact (a well known, reputable fact-checking website) argues that “[Cuba’s] obsession with statistics can be a two-edged sword when it comes to reliability” and that because Cuba is so concerned with large statistics (such as infant mortality and life expectancy) the government often interferes to protect their global rankings in these categories.⁴⁵ One area in which government interference is constantly enforced is in that of infant mortality. Tassie Katherine Hirschfeld (chair of the department of anthropology at the University of Oklahoma) spent over nine months living in Cuba, studying the health system and noticed that: “Cuba does have a very low infant mortality rate, but pregnant women are treated with very authoritarian tactics to maintain these favorable statistics, they are pressured to undergo abortions that they may not want if prenatal screening detects fetal abnormalities”.⁴⁶ Hirschfeld concludes that pressure to falsify statistics (including infant mortality statistics) exists because “individual doctors are pressured by their superiors to reach certain statistical targets. If there is a spike in infant mortality in a certain district, doctors may be fired. There is pressure to falsify statistics”.⁴⁷ Hirschfeld further explains that when pregnant women develop complications they are often monitored in “*Casas de Maternidad*” (Maternity Houses) even if these women would prefer to be at home during this period of time.⁴⁸ Cuban officials claim that women are never pressured to undergo abortions, however Julie Feinsilver admits that in times of decision making many doctors may strongly advise women to consider an

⁴⁴ Jacobson, Louis. "Sen. Tom Harkin Says Cuba Has Lower Child Mortality, Longer Life Expectancy than U.S." Politifact. January 31, 2014. Accessed October 29, 2016. <http://www.politifact.com/truth-o-meter/statements/2014/jan/31/tom-harkin/sen-tom-harkin-says-cuba-has-lower-child-mortality/>.

⁴⁵ Ibid.

⁴⁶ Jacobson, Louis. "Sen. Tom Harkin Says Cuba Has Lower Child Mortality, Longer Life Expectancy than U.S." Politifact. January 31, 2014. Accessed October 29, 2016. <http://www.politifact.com/truth-o-meter/statements/2014/jan/31/tom-harkin/sen-tom-harkin-says-cuba-has-lower-child-mortality/>.

⁴⁷ Ibid.

⁴⁸ Ibid.

abortion.⁴⁹ Tassie Hirschfeld isn't the only academic who is skeptical about the reliability and accuracy of Cuban health statistics, Rodolfo J. Stusser (the former advisor to the Cuban Ministry of Public Health's Informatics and Tele-Health Division) argues that post-revolution health data is often "overestimated". He later quoted: "the showcasing of infant mortality and life expectancy at birth has been done for ideological reasons".⁵⁰ Politifact concludes that while official statistics portray Cuban health in a very positive light, these statistics should be taken with "a grain of salt" due to potential statistical manipulation or interference as well as a "lack of transparency" from the Cuban government.⁵¹

VII. Effect of the United States Embargo on the Cuban Health Sector

Cuban health reform also suffered many harsh setbacks (limiting the constructive effects of the Castro regime) specifically as a result of the strict embargo imposed by the United States. While the collapse of the Soviet bloc in 1991 greatly damaged Cuban health efforts both domestically and abroad, the embargo played a much more prolonged negative role.⁵² A 1997 report published by the American Association for World Health (AAWH) quoted: "it is our expert medical opinion that the U.S. embargo has caused a significant rise in suffering—and

⁴⁹ Feinsilver, Julie Margot. *Healing the Masses: Cuban Health Politics at Home and Abroad*. Berkeley: University of California Press, 1993.

⁵⁰ Jacobson, Louis. "Sen. Tom Harkin Says Cuba Has Lower Child Mortality, Longer Life Expectancy than U.S." Politifact. January 31, 2014. Accessed October 29, 2016. <http://www.politifact.com/truth-o-meter/statements/2014/jan/31/tom-harkin/sen-tom-harkin-says-cuba-has-lower-child-mortality/>.

⁵¹ Ibid.

⁵² Due to a massive decrease in GDP

even deaths— in Cuba”.⁵³ The Association attributes this suffering to factors stemming from the 1992 Cuban Democracy Act (CDA). By 1992, the CDA had paved the way for the creation and implementation of a strict ban on subsidiary trade with Cuba, and this ban drastically reduced Cuba’s importation of medicine and medical supplies from other countries.⁵⁴ The CDA also (in theory) gives the U.S. Treasury and Commerce Departments the ability to license individual sales of medicines and medical supplies to Cuba, to lessen the harmful effects of the embargo on Cuban health. However, the report argues that “in practice, according to U.S. corporate executives, the licensing provisions are so arduous as to have had the opposite effect. The number of such licenses granted—or even applied for since 1992—is minuscule”.⁵⁵ AAWH also points out that a large amount of medical export licenses (aiming to deliver American medical equipment to Cuba) have been rejected on the grounds of these exports being “detrimental to U.S. foreign policy interests”.⁵⁶ Licensing delays have also discouraged and even denied many charitable contributions made from the United States-based charities to Cuba, further affecting the Cuban health sector in a negative manner. Shipping has also been impacted as the embargo (since 1992) has not allowed for the unload of cargo in U.S. ports for 180 days after cargo has been delivered to Cuba.⁵⁷ As a result of these harsh restrictions, shipping costs between both countries have increased exponentially, inherently discouraging trade between the two countries and leading to a vast reduction of the flow of goods (including medical supplies) between the United States and Cuba.

⁵³ The American Association for World Health. Denial of Food and Medicine: The Impact of the U.S. Embargo on Health and Nutrition in Cuba. Report. The American Association for World Health. Washington, DC: American Association for World Health, 1997.

⁵⁴ Ibid.

⁵⁵ Ibid.

⁵⁶ Ibid.

⁵⁷ Ibid.

VIII. Conclusion

This paper aimed to examine the effects of Cuban health reform following the Cuban revolution while also arguing that (under the Castro administration's vastly different approach to medicine) health improved dramatically in Cuba. Having conducted a significant amount of research and presented my findings above, it now merely remains to draw a final conclusion. I have concluded that the health reforms set in place by the Castro Administration were extremely effective in improving general health among the Cuban population. This was due to three key aspects of health reform: a successful and well-designed reconstruction of the logistical and physical aspects of the Cuban health sector (i.e. increased construction and distribution of hospitals as well as greater expansion into rural areas), an increased presence of domestic health education, as well as an enhanced focus on global health (i.e. Cuban aid provided to nations in need).

The restructuring of the Cuban health care system had overwhelmingly beneficial implications on the Cuban populace. Through the development and expansion of rural care (i.e. construction of local polyclinics and health centers) as well as increased training efforts made by the Rural Medical Service (to better educate future doctors on how to most effectively treat disease in rural settings) the inequality gap between medical service in rural and urban areas was rapidly bridged. Furthermore, the creation of a health care "hierarchy" consisting of primary, secondary, and tertiary care facilities for treating disease vastly improved the stability and coordination of the Cuban medical system thus (over time) improving various key measures of health in a nation (such as: average life expectancy, infant and maternal mortality rates, etc.).

Improved health education in doctor's offices and other public areas combined with the successful implementation of the Facility Doctor Team Program and local block association programs improved doctor-patient relationships and led to a greater domestic awareness of good health practices.

Cuba's increased awareness and interest in preserving health on a global stage is also another key aspect of health reform post-revolution. The Castro administration's continued medical and physical support abroad during times of disease or natural disaster is a crucial sign of the country's continued commitment to preserving health both domestically and globally.

It is important to note the inherent negative characteristics of Castro's health reforms on the Cuban populace. Many academics argue that statistical manipulation is a commonplace practice within the Cuban health industry and increased pressures for abortion (from doctors to patients possessing fetal abnormalities) is certainly cause for concern. Furthermore, various academics such as Rodolfo Stusser also argue that the Cuban government uses statistics such as low infant-mortality rates and average life expectancy as propaganda to further a political agenda or message.

Finally, the effects of trade restrictions (as a result of the embargo imposed by the United States on Cuba) significantly impacted supplies of medicines and various equipments, however with many aspects of the embargo being eased as of late 2016, trading is expected to slowly resume between both the United States and Cuba.

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