

The Cuban Health System

A personal view by Angela Fyfe R.N.

On the recent Ceres tour of Cuba I took the opportunity wherever I could to find out more about the Cuban Health System which has interested me for some time.

How does a poor undeveloped nation have one of the best medical systems in the World when 1st world nations are having great difficulty funding medical care for their citizens? As I understand it one of Cuba's major exports is doctors.

As most people are aware the American embargo of Cuba has crippled the nation economically especially since the collapse of the USSR. But still Cuba has 1 doctor for every 160 people and Australia thinks it is doing well with 1-500 as our ideal ratio.

Cuba spends 11.5% of it's GDP on health. In contrast Australia spends 9.4% and we are constantly being told health costs are unaffordable. U.S.A. spends 17.4 and I know where I would rather be should I need medical attention overseas in that geographical area.

The Castro Revolution, unlike most of the other revolutions which have occurred in Central and South America in my lifetime, has delivered to it's people free universal medical treatment, free education, an adequate diet and housing.

I saw no evidence of homelessness and very little begging in the streets of those cities we visited despite the obvious lack of money and poor wages for most people. So Cuba has provided it's people with a safety net available in very few countries.

As I was not able to formally speak with anyone in authority in the Health Department or gain access to actual statistical data regarding health in Cuba the following is based on casual conversations with various health professional in the cities we visited and information provided by Roberto Perez from FRANJ.

Every community has a GP clinic embedded-to use an American phrase-in it staffed with a Doctor, R.N and a Social Worker. I never located one of these clinics. The patients attend the clinic in the morning and in the afternoon the staff visit patients in their own homes. This then allows patients to be maintained in their own homes, people to be medically managed when not able to attend clinic easily and ease of follow-up of mothers with babies and young children. Despite the crowding in their homes with often 3 generations living together I never heard a child being hit or screamed at the whole time I was there. It would be interesting to know if Cuba has the levels of domestic violence and child abuse currently at epidemic levels in Australia. From my casual observations it would appear not. This level of community health involvement also provides a repository of knowledge of those in the Community who need assistance in the event of natural disasters.

The next tier of medical care is the Poly-clinic. These were the main facilities Jo and I were able to visit.

The first was in Havana not far from where we were staying. On the day we visited it was not very busy. It appeared to be staffed by 3 R.N.s; a GP and a Consultant, though in what field I am not sure. The nurses said there was a psychologist working on another floor. They were able to tell me that the main health problems in Cuba are heart disease, high blood pressure and cancers especially lung cancer. The doctor there, who said he spoke no English, told me no health statistics are kept. This I find difficult to believe as they are necessary for forward planning. Diabetes² is common but again not as common as in Aust. Like Australia, Cuba is also facing the problems brought about by an aging population. Their obesity rates are only 11%, whereas ours is around 40%. In my opinion, due to their less sedentary lifestyle and very few convenience foods.

In Cuba I was able to see just how effective Australia's smoking cessation program has been. There were some anti-smoking posters in clinics and adverts. on television I believe.

All the poly-clinics had in common were notice boards on which there was advice re the use of herbs/plants (medicine traditionalis) with instructions regarding which part of the plant to use e.g. leaf, flowers, roots and how to prepare it for use and whether to use it topically or ingest. As I was able recognize some of the names due to their similarity to English I was able to guess quite a bit. As time went on I was able to understand more and more of what was written on the notice boards.

Havana with a population of 2.1 million has 12 hospitals. Many are specialist hospitals such a cardiac, cancer, maternity, paediatric and 1 called the Centro for Retinosis Pigmentaria a quite specific eye condition I would not have thought sufficiently common to warrant it's own hospital. However in a Wikipedia article it mentions medical tourism as a source of income for Cuba and mentions this condition. I would be interested to discover if Cuba has a treatment for this condition not available elsewhere.

There is some fear expressed that resources that should be available to all Cubans are being diverted to cater for these medical tourists due to it's income potential. I heard this same sentiment expressed by a young Cuban dancer regarding the expected influx of tourists with the lifting of the embargo, but his fear was in relation to food and other resources.

I did briefly visit the paediatric hospital and it appeared to be the same as any other hospital anywhere just less modern. I also walked past a specialist geriatric rehabilitation centre in Havana which a brief glance revealed it looked the same as a similar facility in Australia except they are usually attached to a hospital or aged-care facility. There were several amputees noticeable in Cuba. Usually one or both of the lower limbs—perhaps as a result of smoking. It must be very difficult to be disabled or in a wheelchair in most of Cuba due to the cobbled streets and housing designs with multiple stair cases. The new prosthesis used by the Iraqi/Australian Surgeon would be a godsend to these people and their ability to mobilize.

Our next stop Mantanza, population 134k was home to what looked to be a modern purpose-built rehabilitation centre but time constraints did not permit a visit during open hours.

Sancti Spiritus, population 100K. Here, accompanying some of our party who had concerns re medical conditions, I visited a clinic specifically for foreign nationals who must pay for the service. The Doctor stated they sometimes treated those from the nearby community as well. These clinics are staffed by a Doctor, a R.N. and a pharmacist who work a 24 shift and then have 48 hours off duty. There is provision for the staff to sleep/rest on the premises. Again, maybe not as well equipped as a modern Drs. Surgery in Australia but everything was clean and well organized.

The Doctor was able to speak English so was able to tell me that a Cuban medical degree is a 6 years University course with a further 3 years of study for a specialty. Nurses do 5 years at University but their degree includes psychiatric and obstetric nursing whereas in Australia both these are post graduate degrees.

Talking with Roget when visiting a village with 2 permaculture facilities-1 still under development, we discovered that the permaculture designer of the previous day also was a R.N. who had worked as a psychiatric nurse for 20 or so years. Using mime, hand signals and broken Spanish we were able to find out that depression is not as common in Cuba as in the 1st world countries. Those suffering depression seem to be those with a chemical imbalance in the brain (more a life-long condition) or those who are temporarily depressed due to some life crisis. Those males who suicide seem to mostly be those whose wife/partner has had an affair. Treatment of mental illness seems to have a similar approach to here as in medication, counseling and therapies such as exercise/gardening crafts etc. In fact the nurse takes some of the patients to the permaculture gardens to work at part of their therapy. There doesn't seem to be the same stigma regarding mental illness or the lack of adequate resources for support or treatment.

Trinidad. Population 74K. Here Jo, Bronwyn and I visited a rehabilitation clinic which was quite busy with patients being treated in various rooms- to which we were given free access. I noticed the first and only designated disability toilet I had seen in Cuba.

It seemed to be the day for physiotherapy when we visited as patients were using ultrasounds and heat lamps on limbs-mostly knees. One room the physio was supervising treatment of a patient with some condition of the intercostal muscles of his chest and he was "walking" his fingers up a special designed ratched board. The room seemed to be just like any other physio room with parallel bars and exercise mats and a treadmill. All equipment was old but in good repair. Other clinics held there on other days were diabetes, HIV, drugs/alcohol, cardiac rehab -in fact the usual suspects found at any rehab. centre. We just don't seem to have a many such designated clinics. Ours are usually attached to the major hospitals. Again on the walls the same posters re complimentary therapies such as traditional Chinese medicine and Chinese medicine including acupuncture, cupping and herbs, ear candling. Brochures re the dangers of smoking.-info re HIV/Aids and practicing safe-sex as seen at most medical centres. Bronwyn took photos of the notice-board but apparently they have been destroyed somehow.

Another clinic visited in Trinidad was an ante-natal clinic but this was especially for "social cases" the doctor explained. On the days we visited this seemed to consist of very young teenagers 13-16. The doctor explained all babies in Cuba are born in a Clinique(hospital). All visit hospitals for ante-natal care,

except these social cases who need more support. Pregnant mothers from rural areas need to transfer to a hospital from around 7 month's gestation. Something similar happens in isolated rural areas of Northern Australia though the distances here are of course far greater.

30% of pregnancies in Cuba are delivered by caesarian. It is 45% in Australia. Roberto hinted this was mainly for the Doctor's convenience—as it is in Australia. Here also Doctors are concerned in minimizing the risk of being sued for mal-practice. Both % s are too high to be explained by the need for medical intervention due to problems with mother and/or baby.

Cien-Fuego. Population 141k. This city to me was the most modern-looking city we visited. It was also the city with the busiest poly-clinic we visited. 3 floors of an old building filled with patients on a Monday morning. Here we were shown around by one of the R.N.s, who like those of the other clinics we visited was very courteous and interested in talking to a nurse from Australia.

In fact the diabetes educator seemed to say she based her program on one from Australia but how she learned it and from where, our combined language failed us at this point.

The Nurse Immuniser was especially pleased to discover I was also a Nurse Immuniser and promptly presented me with a copy—in Spanish—of Cuba's immunisation schedule. It is very similar to the current schedule used in Australia. Cuba adds T.B.vax for pregnant women, plus typhoid and cholera. They also don't include pneumococcus which Roberto said his children had had in Australia and Rotavirus which has been added relatively recently. Roberto also informed us that immunisation is compulsory in Cuba. Only those with medical reasons are permitted to opt out.

On the vax schedule handout were guidelines for child growth rates, when to introduce solids to a baby's diet and what solids to add at what age. Though written in Spanish I was able to guess most of it due to its similarity to advice here. What really interested me in this clinic was the range of complimentary or alternative therapies available many of whom most Doctors here would think part of the lunatic fringe and if effective the success is due to the placebo effect.

Some of the clinics offered were Ozone therapy, pyramid therapy, hypnotherapy, magnetic therapy, music/sound therapy, homeopathy, riki, reflexology and a full range of asian medicine including acupuncture and acupressure, Chinese herbs and cupping plus of course the traditional medicines on offer everywhere. When walking into pharmacies it is obvious that these herbs are prescribed and may be purchased across the counter perhaps as well on the advice and instruction of the pharmacist. This was as well as diabetes, cardiac rehab. Dressings and other treatment, vax and post-natal clinics and general rehabilitation following illness /injury as were in most polyclinics. Alcoholism and smoking seems to be the most common addictions with drug abuse relatively uncommon.

As homosexuality is accepted in Cuba there is no stigma with HIV and treatment is available I assume though most anti-virals are patented to American pharmaceutical companies. There is a very low incidence of AIDS in Cuba but I have no idea why except perhaps the low drug abuse levels.

This clinic was the only facility where there was any reference to the cost to the taxpayer of medical treatment, in this case a breakdown of the cost of pregnancy and delivery.

We were not permitted to photograph the notice boards and copies were not available partly due to the non-working of the photocopier and the cost of paper. I had offered a ream of paper in lieu of payment but this was declined. It was accepted as a gift of appreciation.

Ephraim, our landlord was able to explain the education system to us. Cuba has a 98 literacy rate and the only criteria, in choosing a career is the ability to pass the exams.

Medicine is sort after as it holds a lot of prestige in the Community.

Roberto provided the following information: Abortion on demand has historically always been available in Cuba even prior to the Revolution. It has become the preferred method of contraception which is now being discouraged due to the increased risk of problems with fertility, pregnancy and birth following multiple abortions. Condoms are encouraged but Roberto says there is resistance to their use amongst the macho Cuban male as they believe pregnancy is a woman's issue. I am not sure this is only a Cuban male perspective as it has always seemed a fairly universal concept in my experience. No doubt there is a Cuban version of "the futility of showering whilst wearing a raincoat".

Cuba is experiencing a spike in the incidence of sexually transmitted diseases due to an increase in prostitution related to the increase in tourism. Perhaps condom usage may become more widespread in the future if this trend continues.

The diet in Cuba is mainly the so-called slave diet which consists of salt pork, rice and beans and there hasn't been a lot of success in persuading the population to eat a more varied diet including more fruit and vegetables. Both of which are freely available judging from the diet we were given during our travels and from viewing road-side stalls and the various organiponicos around the Cuban cities. However food choices are notoriously hard to change as it is so bound up in our psyches from childhood.

Cuban doctors now work in over 160 countries world-wide and Cuba is amongst the first countries to respond to emergencies such as natural disasters and epidemics such as Ebola. This has resulted in a very well informed medical profession having seen/treated such a wide variety of conditions. Traditionally the Doctors have always had an understanding of conditions peculiar to Africans due to the large number of slaves landed in Cuba.

Cuba is developing its own vaccine manufacturing facility and it was reported in Australia that Cuba has developed a vaccine which is effective against lung cancer at a cost of \$1 per dose.

No polio has been reported in Cuba since the 60's due to the compulsory vaccine program. The need for cholera and typhoid vaccines is obvious to anyone who experiences the Cuban sewerage system. As Andrea confirmed, the greatest advance in medicine was due to engineers not doctors and was the provision of clean water and the safe disposal of human waste. I suspect there are large numbers of Hepatitis A as this is a faecal-borne disease. Most Cubans mitigate these problems by always boiling

water for drinking. Adequate hand-washing proved difficult at times when travelling and using some toilets.

There is a dengue fever program in place and people are employed to spray mosquito breeding areas and we saw people in the streets with spray equipment but I have no idea what was being sprayed. Similar programs take place in Northern Qld and there has been some disquiet regarding the poisons used. It used to be DDT though this is now banned in Australia. With Global warming the haemorrhagic dengue fever is occurring further and further south. It was once confined to S.E.Asia. I don't know if this is occurring in Cuba.

The Doctors with the highest marks in the final year are sent to isolated rural areas for at least 12 months. Many enjoy the experience so much they remain. These Doctors are provided with solar panels to power televisions as these seem to be used so Doctors can maintain their professional skills and not for referral/consult with specialists as telemedicine is used in Qld. to overcome the tyranny of distance. Roberto said Bolivia has a tele- medicine system which sounds similar. Buses are provided to take patients to medical specialists in the cities from these rural areas.

According to the Internet some Cuban doctors feel the embargo has led to their not being at the cutting edge of medical technology but as they are able to work in so many countries other than the USA I am not sure why this is so. They would have had access to Russian medicine which in some areas is quite advanced.

Doctors in Cuba are paid between 20-30 CUC/month which is a low salary but many still choose to continue being Doctors. Some add to their income with other occupations. When overseas they are paid as local doctors and are allowed to keep all these earnings so in some cases overseas places are sought after. Cuba sells Doctors to Venezuela in return for oil (\$27/barrel).

Cuban life-expectancy is the same as the USA at 79 years—slightly lower than Australia's. The cause of death is much the same as here, coronary heart disease, circulatory diseases and cancer.

Roberto denies there are large numbers of industrial accidents and this is borne out by research on the internet. Somewhat surprising considering workplace health and safety seems to be rather low in Cuban priorities and the state of repair or ill repair of so many of the buildings in the cities.

Cuba like Australia is an urban society with 79% of the population living in the cities. These are mostly coastal and will be prone to flooding with rising seas caused by global warming. The Government is aware of this and may have in place some plans to offset this problem. According to Julio more hurricanes are hitting cities they previously did not go near. This will impact on health preparations for the future.

It appears the Cuban system with its embrace of complimentary treatments and medicines is more advanced than our own in the acceptance of the mind, body, spirit connection, though more and more doctors in Australia are accepting of the power of and interconnectedness of mind and body.

It would be advantageous to both countries in my opinion to have a formal exchange between medical and other health professionals. Hopefully this could broaden the minds of some Australian health

professionals and provide Cuban health professionals access to a greater range of technologies. The Australian Integrated Medical Association &/or the Doctors Reform Society may be more receptive to such an exchange than the AMA.

As the Cubans are involved in helping East Timor develop its health system, no doubt incorporating traditional medical treatments and keeping the costs of provision low, perhaps a pilot program between Cuban Health Professionals and an Indigenous Community might be an interesting exercise.

All in all, I like to think Cuba has developed a permaculture approach to Health.

A system which provides prevention, treatment, education. A system available to every Cuban from pre-birth to death and apparently more sustainable than that we have in Australia at present. It has shown itself to be sustainable despite being starved of resources by adapting and using what is there. How Permaculture is that?

Zone 00 ---personal responsibility. Like most of us from my observations, this might need a bit of work. The information regarding keeping the body healthy, preventing disease, proper attention to diet and exercise and keeping a healthy immune system and healthy mind is available if we are motivated to find the information and most importantly put into practice. The access to this information may be more readily available in Australia though, I will admit.

Zone 1—the local GP clinic. Readily available and easy to access for day to day health maintenance/diagnosis and treatment.

Zone 2 –the Poly-clinic. Readily available and providing a wide range of services that usually are needed occasionally but can be on a regular basis.

Zone 3—the Hospital. Something only accessed when really necessary due to illness or accident.

Zone 4 --the World. Helping others. Sharing information. Creating a better fairer world.

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