BOOK REVIEW

Lomarsh Roopnarine, from Guyana, is Professor of Caribbean and Latin American History at Jackson State University in the US. He has written extensively on Caribbean migration, ethnicity and identity.


Reviewed by Lomarsh Roopnarine

Developing countries have always found the achievement of adequate and equitable health care to be challenging, emanating from centuries of colonialism and home-grown corruption. Although not perfect, Cuba has engineered a world-class health care system amid many challenges. This achievement should arguably be a medical model for other countries to emulate based on the dictum of doing a lot with less. Cuba’s health care success story is the focus of Don Fitz’s book. He narrates with clarity and in great detail the transformation of the country’s health care system from the Cuban Revolution of 1959, led by Fidel Castro, to today. The author bases his arguments on the views of the medical loyalists who stayed on in Cuba after 1959. The book describes the development of polyclinics and communitarios, the Cuban medical mission at home and abroad, the challenges facing the health care system, and presents a comparative analysis of medical practice in Cuba and the United States.

The author argues that despite six decades of US embargo and the termination of financial aid from the former Soviet Union since the 1980s, Cuba was able to develop a decent level of health care for its estimated 11 million citizens and embark on an international medical mission to help countries in need. This remarkable achievement is evidenced by the reality that health care is not only free in Cuba but it is comparable in quality and quantity to developed countries such as the United States.

The question is, how was Cuba able to, against tremendous odds, build a world-class health care system? The answer is rooted in the socialist ideology of medical practice copied from the former Soviet Bloc. Stable health care, it is argued, can be materialized only by “undertaking two contradictory processes
simultaneously” (p. 52), that is, the centralizing and decentralizing of medical practice. Through polyclinics, medical practice in Cuba is a family business in which the doctor-nurse team has a close relationship with patients, living and working within walking distance from them in urban and rural areas. The doctor-nurse team goes to the patients rather than the patients going to the doctor-nurse team. Medical care is not restricted to administering medicine; it involves addressing all sorts of social relationships and issues, such as obesity, alcoholism, and spousal disputes, making health care practice different from that in the US. “That Cuba promotes dialogue between doctors and patients contrasts sharply with US health care, where corporate control of medicine pushes physicians to shorten conversations in order to meet patients’ per-hour productivity targets” (p. 85).

What is also remarkable is the manner in which students are trained to become doctors. All students, regardless of class, race, or gender, are admitted to Cuba’s medical school. They are trained not only in the routines of medical schooling but also, in tandem, how to cope with and administer medical practices in challenging rural areas. The focus is generally on preventative care. Cuba also offers medical scholarships to international students, mainly from less developed and developing countries (in Africa, Latin America, the Caribbean) (p. 178), at its medical school named ELAM: The Latin American School of Medicine. One condition is that upon completion of their degrees, students-turned-doctors are required to practice medicine in rural areas of their respective countries.

Cuban doctors are not home-bound. They serve in many developing countries in times of conflict (Angola) and natural disasters (Haiti), amassing a wealth of practical experience that they bring back to Cuba. While this experience is used to boost the Cuban health care system, having doctors serving abroad poses challenges. Experienced doctors are generally away, leaving a gap in the health care system. Moreover, and unfortunately, Cuba is often not recognized for its medical humanitarianism.

The other major form of neglect projection has been to ignore or minimize the significance of Cuba’s emergency response teams for floods, earthquakes, hurricanes, tsunamis, volcanoes, epidemics … These stories rarely appear in the corporate media, despite dozens of Cuban life-saving interventions. (p. 212)

Fitz has, however, presented the internationalized Cuban medical mission and achievement in his book, and an eye-opening account and analysis of the Cuban and US health care systems. According to Fitz, Cuba does not suffer from high health care costs, insurance fragmentation, under-treatment and over-treatment
of patients, over-pricing, and over-diagnosing, among other problems typically seen in the US health care system (pp. 221–243). For example, a daily inpatient hospital stay in Cuba is USD $5.49, while in the US it is USD $1,944 (p. 244). However, it is understood that Cuban health care is not without challenges. For example, doctors work for paltry salaries and under inadequate infrastructure.

Don Fitz has produced a well-researched and well-written book on the internal and external dynamics of the Cuban health care system, hitherto not as shared and known as some other health care systems of the world. The book will be of major interest to those who are seeking an alternative option to health care in developed countries, and to those wondering how a small island with so much stacked against it was able to build a world-class quality health care system.