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FAST FACTS

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Cuba: Going Beyond Borders to Scale up Access to Universal Health Care

I have just read Errol Black and Jim Silver’s review of the book *Revolutionary Doctors* (“Revolutionary Health Care,” CCPA-Manitoba Fast Facts, January 4, 2012). I agree with what they say about the important role that Cuban doctors play in Central America. Based on my experience, what Cuban medical personnel do in Central America is a testament to Cuba’s commitment to providing quality health care services, both within and beyond their borders. After living and working in Central America and Mexico for over 10 years, I can confirm many of the central points argued by Black and Silver.

After attending Brandon University in the 1990s, I studied Social Work at the University of Calgary and later pursued a practicum placement in Central America. This experience led to over 10 years of supporting local development with organisations of small farmers, indigenous people and women in Central America.

I learned a lot about economic and social conditions there, including the vital role played by Cuba in supplying doctors and other professional health care workers to the region. I learned also about the role of Cuba in helping citizens of other countries to acquire the same knowledge, skills and qualifications in Cuban medical schools.

In Central America and Mexico, conditions of poverty are exacerbated by governments’

failure to provide accessible education, health and social services, particularly to the rural indigenous population. Complex historical socio-economic and political factors combine with the widening war amongst drug cartels in the region, and the extreme levels of corruption and impunity in Mesoamerica, and all of these have contributed to the creation of near failed states in countries such as Guatemala and Honduras. Governments are not accountable to their populations, and there are generalized levels of distrust, misuse and mismanagement of public funds, and severe fraud among public officials. Attempts to improve access to public services such as health and education have been stunted by corruption, and the lack of available public resources has limited attempts to make advances in this area.

I had many experiences with the Guatemalan healthcare system that were appalling, and that highlighted the lack of quality service. This was especially the case in remote areas of the country. The one factor that has caused a shift in access to health services is that for several years the Cuban government has been providing Guatemala and other countries with one of their most valuable resources—highly skilled people. Based on my experience, the presence of Cuban doctors in Guatemala together with the Cuban government’s



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programme that brings international students to study top-notch medicine in Cuba is making a marked difference in access to health care. In remote areas where previously there was no access to services, medical professionals from Cuba are providing high quality care.

In 2007, my partner at the time was on an assignment to photo-document an inhumation in the remote Guatemalan highlands of the Quiche Department. In Guatemala, inhumations usually involve the ceremonial re-burial by family and community members of remains uncovered in communal mass graves from the period of the 30 year internal conflict, during which genocide was committed largely against the rural indigenous population. During the drive back to Guatemala City, on a treacherous dirt road winding through the mountains, his jeep skidded on the gravel and plummeted over a sharp cliff. Upon regaining consciousness, Ulysses knew that he and his colleague were in trouble. Rodrigo had been thrown through the windshield and was half buried in dirt, not breathing. They were very far from an urban centre, and in any event public health services in Guatemala are sketchy at best. To make a very long story short (which includes local indigenous healers, raw eggs and the amazing will and solidarity of local villagers), they were eventually transported to the closest small village. Ulysses managed to gain consciousness and speak to me a few times briefly. He described the “facility” as bare, with little for supplies and equipment, and without electricity to do a simple X-ray to determine internal injuries. Then he said, “but, we are in luck, there is a Cuban doctor here!”

That brought huge relief. We all had witnessed the commitment of the Cuban government to educating and sharing skilled Cuban medical practitioners in acts of solidarity with Guatemala, and with other Latin American countries with less access to top universally accessible health care. These acts of global solidarity had produced a huge

and positive impact on health services throughout the region.

Additionally, Cuba offers several scholarships every year to aspiring doctors, in Guatemala and other countries. Several Guatemalans I know have family and friends who have been supported by the Cuban government to study in Cuba, where they can earn a top-quality medical education. This would have been otherwise impossible.

Ulysses and Rodrigo recovered fully; weeks later they were raving about the amazing work of the Cuban professional, who, in this remote village without electricity, stitched them up and attended to their injuries. Later they were flown by their agencies to the top hospital in Guatemala City, but by then they were already well. I was left thinking about all the villagers in this remote area of Guatemala who rely on this doctor. They would not otherwise have access to care.

The high quality medical service provided to Guatemalans as part of Cuba’s commitment to countries “in development” is a no-brainer. I had known in a theoretical way about Cuba’s international health care work. But this, along with other personal experiences, made me more aware of the situation of those leaving Guatemala to study in Cuba. I noticed Cuban optometric and orthodontic delegations, and also looked for medical attention myself from Cuban professionals, which dramatically changed my own experience with healthcare in Guatemala.

I could share several more anecdotes about the provision of health services by Cuban medical professionals doing their service in Guatemala, but my greatest lessons included the reiteration of the importance of the values of sharing and solidarity, and the amazing power of building and sharing human skills in a country historically excluded by embargos and with little access to material resources.

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