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FAST FACTS

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Revolutionary Health Care

Each of us read Steve Brouwer’s *Revolutionary Doctors* (MR Press, 2011) the same week the media reported average gross fee-for-service earnings of Manitoba doctors at \$298,119. The media also reported, again, that many Canadians do not have access to a family doctor; that some specialists are in short supply; and that health conditions in many Aboriginal communities are appalling.

While we are fervent supporters of Canada’s Medicare system, we think there is much to be learned about health care from Brouwer’s book.

First, Cuba produces large numbers of high quality health care providers, including doctors—more doctors per capita than any country in the world. This is a tribute to the quality and cost—free tuition—of their entire education system. The benefits to the Cuban people are reflected in two key health indicators: average life expectancy in Cuba at 77.7 years, while behind Canada at 81.4 years, is on a par with the U.S. and higher than most countries in the Americas; the infant mortality rate (number of deaths of children under one year per 1000 live births) at 4.90 is the same as Canada at 4.92, and less than the U.S. at 6.06.

Moreover, at Cuba’s Latin American School of Medicine, established in 1998 as part of the Cuban vision of a “caring socialism” rooted

in international solidarity, large numbers of international students are studying to be doctors. This includes 23 Americans who enrolled because they are unwilling to take on the \$150,000–200,000 in debt to pay for a U.S. medical degree, and are attracted by the obligation, in return for free tuition, to return home to practice medicine in poor communities.

Second, large numbers of Cuban medical personnel are sent around the world in response to natural disasters. Cuba’s medical team was particularly important in responding to Haiti’s January, 2010 earthquake, for example, although it earned them virtually no media coverage. The highly publicized U.S. hospital ship that anchored off Haiti, the USNS Comfort, performed 843 medical operations; Cuba’s medical brigades performed 6499. Meanwhile 547 Haitians graduated from Cuba’s Latin American School of Medicine between 2005 and 2009, and more will continue to graduate year after year.

Third, and the main focus of this book, Cuba sends physicians and other health care professionals to Venezuela in return for much-needed oil. Cuban medical practitioners work and live in Venezuela’s barrios. From 2004 to 2010 one Cuban program “continually deployed between 10,000 and 14,000 Cuban doctors and 15,000 to



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FAST FACTS continued ...

20,000 other Cuban medical personnel—dentists, nurses, physical therapists, optometrists, and technicians,” to work among the poor. In the barrios the Cuban health care workers practice primary health care, and promote a holistic and preventative approach—*Medicina Integral Comunitaria (MIC)*, or Comprehensive Community Medicine (a concept, Brouwer notes, that appealed to health experts and some medical schools in Canada and the U.S. when first proposed 1978, but that was abandoned in the pursuit of profits in ‘health care markets’).

Cuban doctors work directly with Venezuelan medical students in the morning; the students take medical classes in the afternoons. The medical training, which is state of the art, is extremely demanding. Yet large numbers of Venezuelans—30,000 as of 2011, including many of the poor who have longed to be doctors but have never had the chance because of the huge cost of medical education—are now studying to be doctors. Most want to practice as the Cubans do: meeting the needs of low-income people in the low-income communities long neglected by the Venezuelan medical establishment; promoting a holistic and preventative form of medicine; and working in the context of the *values* that are a central part of Cuban medical practice.

Time and again Brouwer recounts examples of the egalitarian values that guide the Cubans’ medical practice. He describes the shameful policy implemented in 2006 by George W. Bush, called the Cuban Medical Professional Parole Program. It is aimed at inducing Cuban medical personnel practicing grassroots medicine in poor communities in more than 100 countries to defect. Brouwer estimates that a mere 2 percent of Cuban medical personnel practicing outside Cuba have accepted offers of much more money. The rest, the vast majority—not the Occupy Movement’s 99 percent, but a close 98 percent—reject these monetary inducements. They believe in what they

are doing, and in the values that are such a central feature of their practice.

We wonder if Cuba’s world class medical emergency team should be invited into Attawapiskat and other Aboriginal communities in which Canada has long violated residents’ human rights. (The Cuban team was poised to assist victims of Hurricane Katrina in New Orleans in 2005. George W. Bush, whose lackadaisical response to Katrina is well known, rejected the offer. Would Prime Minister Harper similarly refuse a Cuban offer?) We wonder why *many* more Canadians are not being trained—without amassing huge debts—to become doctors, so that all Canadians who need health care can receive it, and all Canadians who want to do meaningful work, and who have the necessary abilities, can do so. We wonder why the values that inspire Cuban doctors and health workers—and that inspired the creation of our Medicare system in Tommy Douglas’ Saskatchewan—can’t be adopted by governments and the medical establishment in Canada.

We don’t know what is likely to happen in Cuba in the future. But for over half a century and against overwhelming odds, Cuba has developed educational and health care systems that stand head and shoulders above anything practiced elsewhere in the Americas, including the U.S. and that are a tangible expression of a system committed to the egalitarian principles of developing the capacities and capabilities of all people.

In these hard times, this book and the work it describes are an inspiration for everyone seeking alternatives to the dominant values and practices in our health care system, and in Canadian society generally.

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