Chapter 6

Toward an Understanding of Cuban Medical Internationalism

Of all the so-called developing nations, Cuba has by far the best health system. And their outreach program to other countries is unequaled anywhere.

President Jimmy Carter, interviewed in “Salud”

The facts are clear and speak for themselves. Indeed, any one of the following highlights of Cuban medical internationalism could be seen as being a truly exceptional example of international solidarity: 23,000 children, victims of the Chernobyl nuclear meltdown, have been and continue to be treated in the Tarará beach resort outside Havana; 1.5 million people in Latin America, Africa, and the Caribbean have had their eyesight restored through Operation Miracle; tens of thousands of victims of natural disasters have been treated by extensive emergency medical missions—from Pakistan to Peru; some 9,000 students from the developing world are studying (at no cost) to become doctors at the Escuela Latinoamericana de Medicina, and 50,000 other medical students are currently being trained in Cuba through an alternative medical curriculum; medical schools with Cuban cooperation have been established in Yemen (1976), Guyana (1984), Ethiopia (1984), Uganda (1986), Ghana (1991), Gambia (2000), Equatorial Guinea (2000), Haiti (2001) Guinea Bissau (2004), and East Timor (2005); and finally tens of thousands of Cuban doctors have saved countless lives in dozens of countries since 1960. Indeed, by 2008, Cuban medical staff were caring for over 70 million people in the world and in some countries—such as in Haiti—practically the entire population. This multifaceted
contribution undoubtedly reaches more people than the work of all of the G-8 countries together, as well as that of the World Health Organization (WHO) and Nobel Peace Prize recipient Médecins sans Frontières (MSF). Each one of these Cuban initiatives puts the industrialized world to shame and, sadly, the extraordinary value of this Cuban contribution to humanity has been badly ignored by Western media. The obvious question to be asked about this five-decade long approach to medical internationalism is: why does Cuba pursue this approach?

Rationale for Cuban Medical Internationalism: Misreading the Tea Leaves

It would be easy to discount Cuba’s approach as being selfish and claim that the revolutionary government was pursuing this mission as a means of selling its pharmaceutical products abroad (the island produces approximately 83 percent of the medications used domestically). Anybody who has seen the controversial Michael Moore documentary *Sicko* will understand that medicine in Cuba is extremely cheap, particularly if compared with similar products in North America. (Cubans would argue that this is a fair price and that consumers in the “developed” world are being exploited by powerful multinational pharmaceutical companies). It could be argued, therefore, that Cuba was seeking to develop a market for its products abroad through the good services of its medical staff. This argument is strengthened by the fact that since 2005 the export of medical goods and services has brought in more money to the national coffers than the two major industries of tourism or nickel. Indeed it was recently estimated that the sale of medical services brings in between $5 and 6 billion annually.¹ What is missed in the analysis, however, is that medical services (money paid for the work of doctors, nurses, and related professions) by far make up the major component of this income—particularly the compensation paid by Venezuela for Cuban medical services there. The sale of actual medicines generated $162 million in 2006, compared with the $237 million for sugar and sugar by-products, $257 million for tobacco products, and $1.4 billion for nickel.² There is no doubt that Cuba has exceptional potential to export its pharmaceutical products, and the sophisticated technical level of work being carried out at a dozen research institutes (all with state-of-the-art