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The Collapse of the Soviet Union and the Eastern Bloc: Effects on Cuban Health Care

By Kathleen Barrett

On a warm fall evening, women and children are milling around the open-air waiting room of a shabby downtown polyclinic. They have come for basic remedies: aspirin for one child's fever, anti-diarrhea medicine for another's severely upset stomach. The nurse behind the desk is sympathetic but blunt: The clinic has nothing. The mothers and their children slowly drift back out to the street. Two young doctors shrug their shoulders to a visitor, offering neither excuses nor apologies.

The scene would not be surprising in most developing countries. But this is Cuba, where free, high-quality health care has been promoted as a gleaming example of what Fidel Castro's revolution has accomplished. Along with the island's universal education system, health care has been presented to the world as a moral emblem of Castro-style communism.

Official Cuban statistics still depict a third world country that compares favorably with advanced industrialized nations, including the United States: a low infant mortality rate and a long average life span. Respected international organizations, such as the Pan American Health Organization, have praised these accomplishments.

But, as the author discovered during a month-long research trip to Havana in the autumn of 1992, however good the country's health-care system may once have been, it is now disintegrating. The loss of subsidized trade with the now collapsed Soviet Union and its East European satellites has devastated the system as well as Cuban society more generally. The island has hundreds of clinics and hospitals, and thousands of doctors and nurses. But these people and facilities are barely functioning. A pillar of Castro's revolution is steadily eroding.

By the Castro government's own account, Cuba had depended on the Communist bloc countries for 85 percent of its economic resources, received in trade or subsidies. Access to those resources was sharply curtailed beginning in the late 1980s. In 1990, Castro declared a "special period in time of peace" during which Cubans would be forced to live as if the country were at war. Food rationing, in effect since the early 1960s, was tightened, as was access to other goods and services.

In September 1992, the author visited Cuba to examine the impact of the country's economic and social difficulties on its health-care system. Four polyclinics (Rampa, Plaza, Playa, and Lawton), six hospitals (Julio Trigo, Diez de Octubre's Clínica de Dolor, Hermanos Ameijeiras, Cira Garcia, Retinosis Pigmentosis, and Pediátrico Juan Manuel Márquez), the Centro Nacional de Educación para la Salud, the Red Cross, the Instituto de Nutrición e Higiene de los Alimentos,

and the Instituto Superior de Ciencias Médicas/Victoria Girón were visited. Interviews were also conducted with officials from the Ministry of Public Health (MINSAP) and physicians assigned to the teaching staff of hospitals and the School of Medicine. In addition to official appointments, informal meetings were held with health-care workers and patients, both in their homes and in public places such as hotel restaurants and parks. (The author suspected that her activities were monitored by government agents; the day before she left Cuba, her room was broken into and searched, and notes, documents, and other materials were taken.)

Loss of Imports of Primary Materials, Medicines, and Paper

Ascertaining the exact level of health-care development assistance provided to Cuba by East bloc countries is extremely difficult. Cuban officials were vague when questioned on this matter. According to the U.S.-based expert Jorge Pérez-López, details regarding development assistance provided by the socialist bloc have never been made available, but "scattered information suggests that aid has been substantial and covers a wide swathe of economic activities." Moreover, as U.S. scholar Robert Packenham notes, "Soviets were reportedly deeply involved in every sector of Cuba's economy and in most government ministries."

The economic crisis in Cuba caused by the collapse of the Soviet Union and loss of trade with the socialist bloc has affected all aspects of the health-care system. Despite their unwillingness to acknowledge extensive development assistance, Cuban officials readily admit that the trade disruption has hindered the health-care system's ability to deliver services to the population. Cuba is no longer able to import primary materials from the Socialist bloc that were available before the crisis. Although official Cuban statistics indicate that only 8 percent of imported primary materials had come from East bloc countries, interviews in Havana suggest a far greater reliance. Ministry of Public Health Adviser Enrique Comendero Hernández said that before 1990, the government obtained enough materials from the members of the Council for Mutual Economic Assistance (CPVIEA) to produce 85 percent of all medicine consumed by Cubans. Most of the raw material used to manufacture medicine came from the Soviet Union. In addition, Cuba imported medicine from the Soviet Union, Bulgaria, Czechoslovakia, East Germany, and Hungary. East Germany also provided computers, which were installed in hospitals throughout the island, as well as pharmaceutical equipment.

As a result of the crisis, Cuba faces a critical shortage of medicine. Most neighborhood pharmacy shelves are empty. Although pharmacists cannot fill prescriptions, physicians continue to write them. Some medications previously had been imported from the Eastern bloc; the rest simply can no longer be manufactured in Cuba. Other medical products, such as anesthetics, Suture, and surgical gloves are available only in limited quantities. In addition, x-ray plates, which had been imported from East Germany, are in short supply. Polyclinic directors indicate that the diagnostic kits used in general examinations are now unavailable because key reagents are no longer imported. The shortage of primary materials directly leads to people to go untreated for illnesses, experience pain, and risk contracting chronic diseases. Vascular conditions and respiratory ailments are among illnesses left untreated because of a lack of medication.

Some health-care entities did not appear to have been hard hit by the crisis. The director of a tourist hospital stated that his institution is largely unaffected, since it earns hard currency with which to purchase needed supplies. But ordinary Cubans do not have access to tourist hospitals. The director of a sanitarium for people with HIV (human immunodeficiency virus) or AIDS (acquired immune deficiency syndrome) said that he had enough medication for 1993 because he had deliberately overestimated the amount he would need. He conceded that he did not know how the expensive medicine used to treat such patients would be procured in the future. The cutoff of primary materials from the Eastern bloc has not only affected the supply of medicine, but also created shortages of soap, detergent, and chloride used to treat the water supply. During September 1992, the amount of soap rationed to each person - the equivalent of a small bar such as one might find in a hotel - was halved. Shampoo is rarely available. Detergent is scarce, forcing people to wash their clothing in water alone. The loss of paper imports also threatens health. Toilet paper, never abundant in Cuba, is largely unavailable; women lack sanitary supplies, or are forced to reuse them. Personal hygiene is markedly deteriorating in Havana. People interviewed said that they felt filthy, and many were. Finally, the crisis has resulted in a lack of pesticides, and fumigation efforts aimed at controlling mosquitoes, cockroaches, and other insects have been curtailed.

Lack of Spare Parts and Fuel

In addition to the absence of medicine, shortages of all sorts of spare parts affect health care. A lack of automotive parts, coupled with the fuel shortage, has reduced ambulance service in most parts of Havana, and presumably elsewhere in the country. Cuban Red Cross director Mario Squires Guerra notes that spare parts for Citroen ambulances made in Yugoslavia and Fiat ambulances made in Argentina are not available anywhere. A reduced ability to transport the chronically ill or accident victims to emergency rooms will clearly result in increased mortality rates.

This shortfall of spare parts has disrupted water service and rendered water unsafe to drink from the tap. In Havana, the quality of running water is uneven because of an aging aqueduct and a dearth of parts to repair it, as well as a lack of electricity needed to operate the city's pumps. Because of problems with chlorine production, people are instructed to boil whatever water they do get before drinking it.

The oil shortage has also affected health care. Interrupted gasoline supplies have disabled those ambulances that might otherwise work. The supply of electricity has fallen drastically, reducing hours of laboratory and clinic operation and limiting the provision of medical treatment requiring the use of electricity. One director of a polyclinic says it can offer few services after dark. Sanitary conditions have deteriorated because of the lack of gasoline needed to fuel trash-collection trucks. Piles of refuse are common on Havana's streets; some that the author observed had remained uncollected for months.

Current Health Risks and Statistics

These limits on clean water and soap and minimal food have led to an overall deterioration in hygiene and nutrition. The connections between these factors and health maintenance are well established. For example, U.S.- based expert Sergio Diaz-Briquets says that before the Castro

revolution, diseases such as dysentery and typhoid were controlled by safeguarding the population's water from contaminants. Under Castro, health officials have extended this protection to previously, ignored rural areas. But Cuban doctors now fear that these illnesses will resurface because of poor sanitation, which allows bacteria to flourish.

Like other current statistics, those on the population's health were not made available. According to Dr. Manuel Rasgo of the MINSAP Bureau of Statistics, such information is compiled monthly at the provincial level, not in Havana. Virtually every polyclinic director formally interviewed said that "up to now" the collapse of the socialist bloc has not caused any major problems. Moreover, party newspapers daily herald new health development. Yet physicians and health-care workers interviewed privately told the author about severe problems. For example, as a consequence of deteriorating personal hygiene, hepatitis A is rampant, as are fungal infections and head lice.

Health-care workers noted that it was too soon to see serious or life-threatening malnutrition, but that this was inevitable given the widespread food shortages. In addition, physicians expect to see widespread infectious diseases not only because of the lack of basic hygiene, but also because of rotting garbage and the increasing numbers of disease-carrying dogs, cats, and insects.

U.S. Embargo Adds Strain

The effect of the crisis is exacerbated by the 31-year-old United States embargo. According to Cuban sources, the embargo has contributed difficulties in procuring medicines, equipment, technology, and up-to-date medicinal literature. According to Cuban officials, after the collapse of the socialist bloc, the United States began to exert greater pressure on third countries doing business or contemplating negotiations with Cuba. For example, during the past two years, the United States has thwarted Cuban efforts to obtain medical equipment from Germany. Equipment such as the Siemens Gamma counter, used in nuclear medicine, requires an American computer to process the information and provide a printout of results. Responding to pressure from the United States, Siemens declined to sell the Cubans the equipment.

Although Cuban officials and many others decry the "*yanqui* bloqueo," some Cubans, including several physicians, favor the U.S. embargo. Such Cubans stated that lifting the embargo would allow the entrance of goods that in all likelihood would be hoarded by the elite or diverted to foreigners, leaving Cuban health care and ordinary Cuban lives little improved. These Cubans hope that the embargo will maintain hard conditions, exacerbate public dissatisfaction, and hasten Castro's departure.

Cuban Government Response

Since 1990, in response to shortages of medicine and medical products, the Ministry of Public Health has been directing physicians to conserve and control existing medicines and materials for the benefit of priority groups. These include the elderly, pregnant and nursing women, children under the age of 7, and the chronically ill. The ministry has also been urging a greater emphasis on disease prevention and promotion of health by community-based physicians. To respond to the limited supplies of paper, water, soap, and detergent, the government is urging

family physicians to promote health through education. A lack of paper hinders educational publishing, but radio and television are used to teach the population how to maintain basic hygiene standards. This campaign is directed by the family doctor program, which is considered the key to maintaining the country's first-world health indicators. As of June 1991, 11,901 physicians served 57 percent of the population. MINSAP reported that by June 1992, 67.6 percent of the population received coverage.

The government is also expanding the use of alternative medicine. Unlike countries such as Mexico, with its pre-Columbian civilizations, Cuba does not have a strong tradition of reliance on herbal medicine. Before 1959, the only Cubans using herbal medicine were poor campesinos and followers of the Santeria religion, who used it during rituals. Before the 1980s, Cuban physicians and the educated population scoffed at its use. But during the 1980s, when there was a heightened threat of confrontation with the United States over its policies toward Nicaragua and Grenada, the Cuban military began experimenting with herbal medicines, which it could use when nothing else was available. These experiments led to the civilian use of herbal balms instead of steroids for dermatological conditions. At one hospital, a plot of land the size of a typical square city block was used to grow herbs with medicinal applications, which are processed at a nearby laboratory. Leaf extracts are being used to make expectorants for mild respiratory conditions, digestive disorders, insomnia, arthritis, toothaches, children's urinary-tract infections, and mild cases of hypertension. While polyclinics and some hospitals are using herbal remedies, all officials interviewed pointed out that they are not yet in mass production and are still in the developmental stage.

Acupuncture and acupressure began to receive serious attention after several Cuban physicians who studied medicine in Vietnam and China during the 1970s returned home and began teaching others what they had learned. For example, Cuban doctors report that in some hospitals, acupuncture therapy is now used instead of analgesics, even, experimentally, as a substitute for anesthesia. Acupuncture is also used to treat stress, migraines, psychological disorders, obesity, and smoking. Cuban officials note, however, that alternative medicine has its limitations and is only a partial solution to Cuba's current health-care difficulties.

In 1991 the Ministry of Public Health announced government attempts to expand Cuba's ability to produce additional medicine by broadening the mandate of its pharmaceutical and biotechnological industries. In the past, the biotechnology industry was oriented toward promoting research for products to be sold abroad, and the pharmaceutical industry based its production of domestic goods on foreign inputs. The Cuban government is now trying to become more self-sufficient, and the pharmaceutical industry is oriented toward import substitution. For example, suture made from the henequin plant—ordinarily used to make rope and twine—has been developed and is now being used in hospitals as a substitute for previously imported synthetic suture.

New Health-Care Monitoring Program

Physicians officially interviewed acknowledged the likelihood that the country will once again face some of the infectious diseases it eliminated during the 1970s. To prevent new epidemics of infectious diseases, the government has developed a "national vigilance" program intended to

monitor the population for health problems caused by deteriorating living conditions. The program is designed to produce timely information that can be acted on quickly. It involves the collaboration of demographers, sociologists, geographers, economists, mathematicians, psychiatrists, epidemiologists, and biostatisticians from regional research institutes and the University of Havana. A pilot version of the program has been implemented in three municipalities (Guanabacoa in Havana, Rodas in Cienfuegos, and Bartolomé Maso in Granma).

Conclusion

The government's response to the crisis had modest success, largely in the form of incidental side benefits from emergency policies. Some hardships, such as the lack of meat, have forced many Cubans to adopt a diet low in fat. The use of bicycles in place of buses and cars has likewise made people exercise more. In regard to the health-care system itself, the government has adopted many rational measures to cope with the situation. But while the new health initiatives seem sound in theory, they amount to little more than a temporary brake on the deterioration of the overall system. Health-care officials speculate that the condition of the population will worsen until the government can resolve the overarching crisis with substantial foreign capital investment, trade, or assistance.

The consequences could have significance far beyond any immediate effects on the physical health of the Cuban people. Deterioration of health care could undermine popular support for the Cuban government, accentuating its inability to provide previously available benefits of Castro's revolution. The threat to Cuban health is a threat to the Castro regime itself. The two crowning achievements of the revolution have been health care and education. If the health-care system cannot be made to function, given that little else works, pressure on the government will intensify. If Castro's popularity drops, he will be able to maintain power only through force and intimidation. A repressive trend could lead to increasing popular unrest, instability, and-perhaps-to the end of three decades of Communist rule in Cuba.

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