

# Cuban Medical Internationalism



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# What is Cuban Medical Internationalism?



- Complex relationship held between Cuba and the countries with which it works on medical endeavours.
- Since 1960
  - 135,000 medical professionals to over 100 countries
- Why?
  - Humanitarianism, human resource, professional experience, soft power, money

# Case Study: Brazil, 2013-present

- Problem in Brazil:
  - 54,000 doctors for a population of approximately 203 million.
- 2013: street demonstration over cost World Cup in 2014 and the Olympic games, while social disparities continued to grow.
- Brazilian President Dilma Rousseff decided upon a bold initiative.



# Mais Médicos: More Doctors



- As Rousseff noted in July 2013, “Every Brazilian should have access to a doctor...We have few doctors. If we do not have sufficient doctors in Brazil, we shall search for good doctors where they are”.



- Talks in Havana began in early 2013
- Cuba would send some of its surplus of doctors
- \$1,240 per month

- Federal Council of Medicine (CFM), the National Federation of Doctors (FENAM), and the Medical Association of Brazil (AMB), mounted a massive campaign against the idea.



- Rousseff government and Pan American Health Organization (PAHO).



# Cuban Contribution



- Various aspects to the programme.
- 15,000 doctors to work the underserved areas, providing medical care to 46 million Brazilians.

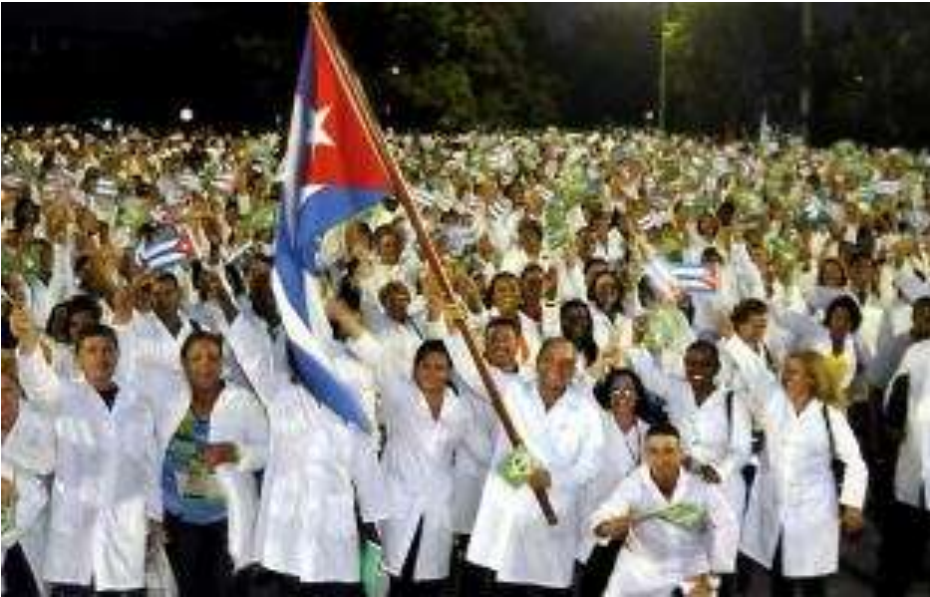


# Opposition

- Brazilian doctors still not happy, and continue to hold demonstrations, media campaigns, etc.
- Florentino Cardoso, president of the Medical Association of Brazil (AMB) noted, “Brazil is seeking to bring medical scum here...I challenge anybody to show the quality of Cuban medicine”.



# Results



- Within just three months of the start of the programme 4.2 million citizens received medical treatment
- For the first time 600,000 natives could access healthcare
- In the entire country the programme has resulted in a 35% increase in general medical consultations.





# Case Study:

## West Africa Ebola Crisis, 2014/2015

- Background:
  - Relatively new disease
  - Became a global health issue in autumn 2014
- October 2014, both the U.N. Secretary-General Ban Ki-Moon and the Director-General of the WHO, Margaret Chan, made an international plea.



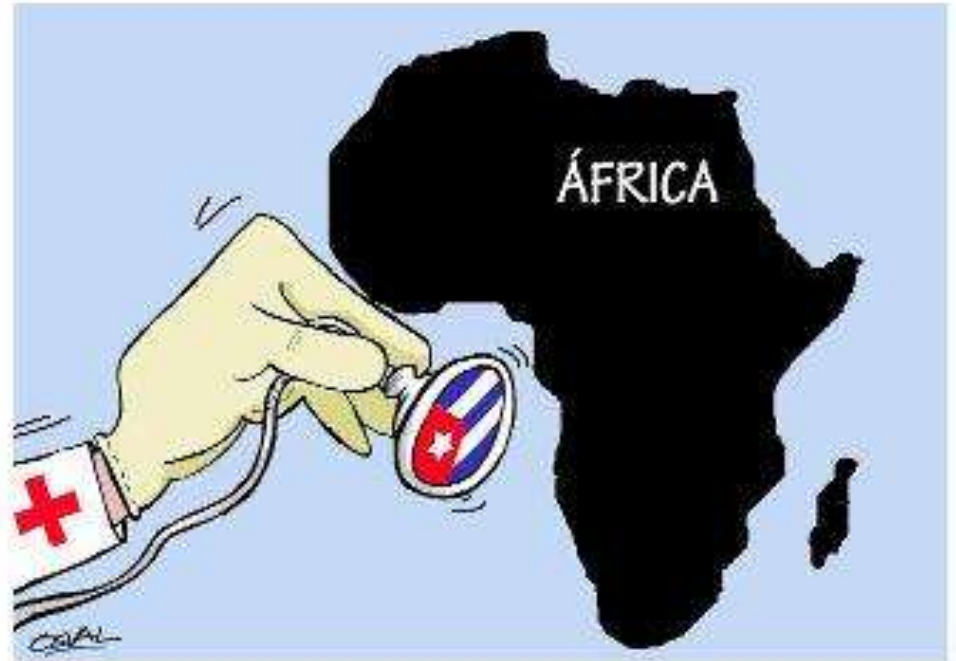


- By May 2015, a total of 26,593 cases had been reported, with over 11,000 deaths.
- The main areas affected were Liberia, Guinea, and Sierra Leone.
- Two factors made the outbreak even worse—the death of hundreds of healthcare workers, and the lack of organized public healthcare facilities, or even an established programme to deal with Ebola.



# Cuban Contribution

- First country to respond, and with the largest contingent
- 6-month contracts
- 12,000 Volunteered
- -165 in Sierra Leone
- -53 in to Liberia
- -35 in Guinea.
- Average age: 47
- Minimum experience: 20 years
- Paid \$249 per day



# Other Contributions



- Military
  - In October 2014, Secretary of State, John Kerry noted: The US had contributed \$258 million, and was sending 4,000 troops.



- Did not stay long

# Results

- Education and prevention programmes
- 1,000 treated in Sierra Leone
- -“The Cuban doctors were oblivious to the risks faced. They instead declared that they were our brothers from across the ocean and came to help us as brothers”.  
–Augustine Kpeche  
Ngafuan, Minister of Foreign Relations, Liberia



# Conclusion



- 1. Cooperation is Key



- 2. The right to health should never be affected by politics

- 3. *Humanismo* is crucial, above all.
  - distinguished by what revolutionary Cubans understand as the essence of being “human”—solidarity.

