Healthcare in Cuba

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“Healthcare in Cuba”

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Abstract:

Poor Americans who lack health-insurance or have little opportunity to access
specialized or non-emergency medical treatment in the U.S. should be permitted by the
U.S. State Department to spend money in Cuba in order to receive inexpensive medical
treatment, and should be allowed to stay (and spend) in Cuba as long as necessary in
order to receive inexpensive medical treatment.

If Americans were permitted by an exception in the Helms-Burton Act to spend
money in Cuba and visit for medical purposes, then Cuba would likely treat these
Americans for a very low cost. This can be argued because 1) Cuba has a longstanding
history of providing fine medical treatment to their own poor and the poor of other
countries; 2) Cuba has also provided medical education to poor U.S. students seeking to
treat and care for the American poor; and 3) Cuba provides free emergency care,
stabilizing care, and medicine to Americans who fall ill in Cuba.

On February 27, 2008, I attempted to get out of my hotel bed in Havana, Cuba. As I tried, I advised my wife that I had a severe headache and that my stomach hurt. Within moments, the pain began intensifying to the point where I broke into a profuse sweat, my lips became numb, and I literally felt as if I was coming out of my skin.

My wife immediately told me that she was going to call an ambulance. Ambulances in Cuba work as they do in the United States. They are vehicles controlled by the municipality that respond to ailing people.

As I lay there, I heard my wife squealing about my health to all of her friends. As she did, I remember thinking, “I never thought I’d die in a foreign country.”

It seemed like my wife made a bevy of phone calls within the minute. I figured that in a small foreign country, everyone is going to find out your business anyway, so the thinking is, let as many people know upfront when you need medical help because many people may respond. No sense in letting your ill news hit them on the gossip circuit when they probably could have assisted you with your problem from the beginning.

Even in my disillusioned, unhealthy state, my assumption was correct. The first to arrive were Tony and his daughter, Diana, a third-year medical student at the University of Havana. Diana immediately took my blood pressure and it was 40/20.

We were soon met with health and care professionals. It was an overwhelming experience. It was powerful and simple. The healthcare professionals in Cuba are

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1 This entire section is a first-hand account given by Patrick M. Cusack. This story remains factually accurate although the descriptions of the events have been communicated in the words of the author of this article. In person interview with Patrick M. Cusack, Patient, Havana Cuba (Sep. 1, 2008).
different than those in the United States. They don’t hate their jobs as much as we do. It’s like they are on-call emotionally while we aren’t. It’s one patient at a time, day-in and day-out. Whereas the people at our public clinics and emergency rooms treat each of us as if we were a number, for the most part.

They are doctors, nurses, E.M.T.’s, physician assistants, paramedics, and personnel who manage their own job as if it was their own property, not the property of the institution for which they work. They are much less watched for their production of numbers. There, the focus is on health and care. They work like a company made-up of regular folks who exercise stewardship over a state resource, and have control over another person’s health. They work as a group of people offering services for the people.

Within an hour of falling ill, I found myself in the Havana, Cuba Emergency Room. The socialist healthcare system won’t put anyone on the street, so my wife was asked only three pieces of information before I was received into triage. My wife was asked for my name, age and what part of the city I was from.

Just beyond my experience in triage, an intestinal surgeon was called to the emergency room to determine whether this was a serious condition that had to be remedied immediately. A cardiologist and a medical student, a doctor-in-training, took an EKG. The doctor-in-training was from Mexico and actually went to high school in Tennessee. Obviously, he was quite conversant in English and so I enjoyed speaking with him. As I lay in the emergency room, I was put on I.V.s and blood was taken from me numerous times for analysis.

My biggest concern was that since the age of 10, I have had epilepsy. I have been in the hospital numerous times for this condition and frequently in Intensive Care because
of the severity of the seizures. In the States, I take Depokote 500mg four times a day and Dilantin 100mg five times a day. Obviously, I take some significant amounts of medication. However, because of the embargo by the United States against Cuba for medicine, foods and various other commodities, Cuba did not have my medication and consequently, they put me on a pill manufactured in Cuba. It is called Phenotyin 50mg. Initially I took this medication intravenously. (By the time I left Cuba, I was taking three pills a day instead of through I.V. Who knew my seizures could be completely controlled by only three pills a-day rather than nine. For the first time in my life, I wouldn’t feel substance-dependent.)

The emergency unit was full with patients. There were 10 people who all seemed Cuban. I assume they were all Cuban. Although, who knows? Maybe another American was lying in there also.

I arrived in the emergency room at approximately 9:30 a.m. and was stable enough to be moved to intensive care by 6:00 p.m. that evening, and conscious enough to converse with other patients around me by bed time. Once stabilized and awake, I also had an opportunity to talk to each of the numerous doctors who treated me while in the emergency room. I was overwhelmed with their compassion and dedication to their chosen profession.
II. THESIS.

Poor Americans who lack health-insurance or have little opportunity to access specialized or non-emergency medical treatment in the U.S. should be permitted by the U.S. State Department to spend money in Cuba in order to receive inexpensive medical treatment, and should be allowed to stay (and spend) in Cuba as long as necessary in order to receive inexpensive medical treatment.\(^2\) The Helms-Burton Act (Torricelli Law) has severely restricted American spending in Cuba and prohibits this.\(^3\) The U.S. State Department prohibits any American, who does not have a license, or does not fall under a special exception, from spending money in Cuba.\(^4\) By reviewing the plain language of the law, Americans are never granted permission to spend money in Cuba to acquire inexpensive or free medical care.

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\(^2\) The word “poor” in this article refers to 3 different groups of adults. First, it refers to the portion of the American public who are impoverished but are ineligible for Medicaid or Medicare or who, for various reasons, are uncomfortable with lifelong (10-30 year) repayment plans for hospital care. Second, it refers to the impoverished Americans who are covered by Medicaid and Medicare but are not covered for elective surgeries such as cosmetic improvement of unsophisticated cleft palate surgeries or non-threatening facial deformities; extreme dental care; breast implants following mastectomies; or voluntary vasectomies. Third, it refers to working, middle-class Americans who are ineligible to receive Medicaid or Medicare but are medically impoverished insofar as they cannot afford insurance through their employers or do not have access to health insurance through their employers. See, Social Security Act (42 U.S.C. §§ 1396—1396v); Centers for Medicaid and Medicare services, Medicaid Eligibility, (2010), http://www.cms.hhs.gov/medicaideligibility/; The Associated Press, Census Bureau: Number of Americans without health insurance rises to 46.3 million, New York Daily News, Sep. 10, 2009, at Al., http://www.nydailynews.com/money/personal_finance/2009/09/10/2009-09-10_number_of_americans_without_health_insurance_rises_to_463m.html ; Kurt Herzer And Meena Seshamani, Md, Ph.D, Middle Class Task Force, Office Of Health Reform, Department Of Health And Human Services. (2009), www.WHITEHOUSE.GOV/.../071009_FINAL_MIDDLE_CLASS_TASK_FORCE_REPORT2.PDF.


Although Americans are not forbidden from travelling to Cuba or receiving medical care in Cuba, the State Department will inquire about expenditures in Cuba by any American who is known to have visited the island. The State Department will fine individuals who refuse to incriminate themselves (by supplying the State Department with that information) and have the authority to prosecute anyone who admits to spending. While there has been talk in the Cuban-American community regarding whether an American may receive gifts in the form of room-and-board from the Cuban State, Cuban nationals, or third-country nationals living in Cuba, the State Department has not answered these questions, and it would not seem like a safe avenue to explore by those Americans who are poor or powerless, and simply seeking inexpensive medical care.

If Americans were permitted by an exception in the Helms-Burton Act to spend money in Cuba and visit for medical purposes, then Cuba would likely treat these Americans for a very low cost. This can be argued because 1) Cuba has a longstanding history of providing fine medical treatment to their own poor and the poor of other countries; 2) Cuba has also provided medical education to poor U.S. students seeking to treat and care for the American poor; and 3) Cuba provides free emergency care, stabilizing care, and medicine to Americans who fall ill in Cuba.

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6 Id.
III. The Effects of the U.S. Embargo Against Cuba on Travel.\(^7\)

Visiting Cuba to receive medical care is impermissible.\(^8\) Only those who have obtained a license may travel to Cuba under very restricted circumstances.\(^9\) Licenses are obtained through the Department of the Treasury and through the Office of Foreign Assets Control.\(^10\) Generally, exceptions provide the following people immunity from prosecution when spending in Cuba without a license:\(^11\)

- U.S. persons with close relatives.
- Journalists.
- Official government travelers on official business.
- Members of international organizations of which the United States is also a member (traveling on official business).
- Full-time professionals conducting full-time, publishable, non-commercial, academic research.
- Full-time professionals attending an internationally organized conference sponsored by an institution that is not headquartered in the U.S., relating to tourism, or relating to bio-technological products.

Specific licenses are issued for the same reasons stated above, in addition to reasons relating to non-commercial sports, art, humanitarian aid for Cubans, religion, and

\(^7\) *Supra* note 3.  
\(^8\) *Id.*  
\(^9\) *Id.*  
\(^10\) *Id.*  
\(^11\) *Id.*
education. Although some U.S. citizens may send gifts, that include medicine and medical supplies to some Cuban nationals, and some Americans may bring humanitarian aid (including medicine and medical supplies) to Cuba, this in no way authorizes any Americans to travel to and spend money in Cuba in order to receive inexpensive medical treatment.\textsuperscript{1314}

IV. Health Insurance and Healthcare for the American Poor.

If travel restrictions could be eased, then millions of uninsured Americans could probably receive inexpensive medical care.\textsuperscript{15} Although hundreds of millions of Americans are covered by insurance or by a government healthcare plan, more than a few Americans find it difficult to receive elective surgery, advanced dental care, therapeutic treatments, or cosmetic treatments (such as treatment for acne or scar revision surgery).\textsuperscript{16}

In 2008, 43.8 million persons had no health insurance\textsuperscript{17} Even though current legislation has attempted to lower the cost of insurance for middle class employees, poor Americans who are ineligible for Medicaid, or members of the middle class who are

\begin{itemize}
\item Id.
\item \textit{Supra} note 3.
\item Even with Medicaid and S-CHIP, almost nine percent of children under the age of 18 did not have health insurance in 2008; and only about thirty-four percent of children had public health coverage. Only 13.9 percent of those under 65 were covered by Medicaid in 2007. National Center for Health Statistics. \textit{Nearly 44 Million in United States Without Health Insurance in 2008}. Centers for Disease Control and Prevention, Jul. 1, 2009. http://www.cdc.gov/media/pressrel/2009/r090701.htm?s_cid=mediarel_r090701.
\item \textit{Supra} note 15.
\item \textit{Supra} note 15.
\end{itemize}
unemployed or self-employed will still have difficulty paying for advanced elective care or non-emergency surgeries and treatments.\footnote{18}{The new Healthcare Reform Bill will require States to initiate Small Business Health Options Programs (“SHOP Exchanges”), which will allow small businesses (fewer than 100 employees) to buy group insurance plans and receive tax credits that will lower health insurance plans by an average of ten percent. See, J. Jackson and J. Nolen, Health Care Reform Bill Summary: A Look At What’s in the Bill. CBS News, March 21, 2010. http://www.cbsnews.com/8301-503544_162-20000846-503544.html. By 2014, all individuals will be penalized for failing to purchase and maintain minimal healthcare coverage unless the individual meets poverty standards; suffers hardship; refuses healthcare coverage on religious principle; is a member of an Indian tribe; is not lawfully in the U.S.; or is incarcerated. [no signal] Patient Protection and Affordable Care Act, Pub. L. No. 111-148 (2010); Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152 (2010).}

An example of how the American healthcare system (although helpful to some) may leave gaps in its coverage is evidenced by the self-employed, middle aged, single-father living in Arizona in 2010. A father who is self-employed (not impoverished, but living pay-check-to pay-check) may not be able to buy into a group plan, even under the new legislation.\footnote{19}{Id.} He would likely be ineligible for Medicaid since he does not meet the federal standard for poverty; cannot buy into a group plan to insure his family; and because Arizona eliminated S-CHIP on March 16, 2010, his children would not be insured this year either.\footnote{20}{K. Sack, Arizona Drops Children’s Health. New York Times, March 18, 2010. http://www.nytimes.com/2010/03/19/health/policy/19arizona.html} If he or one of his children needed advanced care this year, his only option would be to negotiate a long term payment plan with a hospital, and then negotiate to repay tens of thousands of dollars over the next two or three decades.\footnote{21}{See D. Schorn. Hospitals: Is the Price Right? A Look At Hospital Pricing For The Uninsured. CBS News, March 5, 2006. http://www.cbsnews.com/stories/2006/03/02/60minutes/main1362808.shtml.} If the U.S. embargo made an exception for healthcare-related spending in Cuba, then this father might be able to negotiate a similar payment plan with a hospital in Cuba, but for much lower payments each month, and fewer years of repayment.

People who fall into these
coverage gaps, may still have or find the resources necessary to visit Cuba and spend American money on healthcare treatment.\textsuperscript{22}

The international community already visits Cuba for medical treatment.\textsuperscript{23} A program called Cubanacan assists tourists in obtaining medical treatment in Cuba.\textsuperscript{24} This program demonstrates Cuba’s willingness to perform advanced or extensive treatment for a low cost.\textsuperscript{25} However, because Cubanacan deals with tourists who can afford airfare from Europe and other far away destinations; afford six-week stays at Cuban hotels; and afford (non-corrective) cosmetic surgeries, the Cubanacan program cannot attest to how willing Cuba would be to treat a poor American who is in dire need of medical treatment but cannot afford the tourist element that Cubanacan offers, or in some cases, the price at which Cubanacan offers these treatments.\textsuperscript{26}

\textsuperscript{22} Groups like Pastors for Peace or Jewish Solidarity may give scholarships for travel on a case-by-case basis. See Pastors for Peace, http://www.ifconews.org/node/350, and Jewish Solidarity http://jewishcuba.org/solidarity/.

\textsuperscript{23} Currently, GRUPO CUBANACAN connects tourists with healthcare opportunities in Cuba. CUBANACAN helps tourists from countries without travel restrictions to access a variety of treatments, including the following: 1) treatment for addiction; 2) clinical programs and surgery 3) pigmentary retinosis; 4) neurological rehabilitation and restoration; 5) treatment for vitiligo, psoriasis, and alopecia; 6) aesthetic surgeries; and 7) improvement of quality of life. See www.Cubanacan.Cu; Cuban Medical Tourism. Havana Journal, October 25, 2007. http://havanajournal.com/culture/entry/cubanacan-turismo-y-salud-tourism-and-health-cuba-medical-tourism/. Since CUBANACAN suggests that tourists receive their treatments in the comfort of their hotels, and pay for medical treatments using traveler’s insurance (purchased through Asistur S.A. at www.asistur.ru), it is obvious that these treatments are not the life-saving treatments that Cuba might provide for free under emergency circumstances (and would be available for free in the United States); but these treatments do reflect the variety of comparatively low-cost treatments that are available to tourists in Cuba. The adults contemplated by this article are those who would likely not have the financial means to travel to Cuba. Two of the three groups contemplated by this paper are the poor who would not regularly travel to a foreign country to receive medical care or even to visit. But if the embargo restrictions were loosened, then it is possible that altruistic groups might form 501(c)3 corporations that could provide for patient’s airfare. Scholarships, donations, or low-cost carriers providing discounted rates for the sick and poor could develop once travel restrictions were loosened. See Cuba Travel USA. Promise Of Cures Lures Tourists To Cuba; They Get Cut-Rate Treatment; Havana Gets Hard Currency, Travel Tourism (2009). http://www.cubatravelusa.com/Health-Care%20Tourism.htm. While middle class patients may be able to invest this much for treatment, poor patients would not. However, it remains unclear whether Cuba would provide inexpensive healthcare to verifiably and truly needy people.

\textsuperscript{24} Id.

\textsuperscript{25} Id.

\textsuperscript{26} Id.
Middle class people without healthcare insurance might be in the best position to travel to Cuba for healthcare. While these domestically uninsured patients would not opt for surgery here because of the exorbitant cost they may find that $700 plane ticket and surgery costing only a few thousand dollars is within their budgets.27 Rosa Maria Medina, a spokeswoman for the International Center for Neurological Restoration (a popular tourist destination in Cuba) estimated that five weeks of treatment at the Center costs about $11,000.28 This is about half of what it would cost in the United States.29

Some Americans without healthcare coverage or affordable access to the state-of-the-art treatments offered through the American healthcare system could benefit from a change in the embargo. An absence of health-insurance for some Americans can create difficulty in accessing non-emergency care or specialized care including but not limited to elective surgeries, dental care, alternative modalities, corrective care, or specialized care.30 If allowed by the Department of the Treasury, these Americans could receive affordable care ranging from life-saving treatments to corrective treatments in Cuba.

V. It Is Likely That Cuba Could Provide Poor Americans with Inexpensive Medical Treatment.

U.S. Citizens could likely receive inexpensive medical treatment in Cuba since Cuba has demonstrated a persistent effort to provide free healthcare and medical

27 Id.
28 Id.
29 Id.
30 Id.
education to the poor nationals of Cuba as well as the poor abroad, and U.S. citizens who visit the island and fall ill.\textsuperscript{31}

The Cuban Constitution requires that all poor people (including anyone born in Cuba, but living in the United States for any reason) have a right to healthcare.\textsuperscript{32} Cubans receive free emergency care, regular check-ups, specialized care, mental care, physical therapy, and even cosmetic care for free.\textsuperscript{33} Cuba continues to experience a shortage of medicine and contemporary medical supplies throughout the most remote parts of the island, even though the influx of medicine and supplies has increased dramatically this decade.\textsuperscript{34} U.S. citizens may not be able to receive every type of treatment in the remote parts of Cuba because supplies may be limited, but polyclinics and hospitals in Havana would be well-prepared to provide for their needs.\textsuperscript{35,36}

\textsuperscript{31} Supra note 1.
\textsuperscript{32} Constitution of the Republic of Cuba (1992), Chapter 1 Article 9. (b) “as the power of the people and for the people guarantees…that no sick person be left without medical care;” Chapter 6 Article 43; Chapter 8 Fundamental, Rights, Duties, and Guarantees, Article 50.
\textsuperscript{33} In person interview with Cassandra Cusack Curbelo, student, Latin American School of Medicine (ELAM), (March 15 2009). Cusack Curbelo is my sister; she is an American citizen attending Escuela Latino American Para Medicina (ELAM) in Havana, Cuba). She has witnessed this personally and reported this to me as commonly known information. She also received a free medical device to assist her with an exclusively cosmetic concern in November 2008 from a medical clinic at her school in Havana Cuba. I saw the device and she explained the purpose to me personally in March 2009 while I visited her at ELAM in Havana, Cuba. She also said that this sort of provision for cosmetic needs is common knowledge in Cuba.
\textsuperscript{34} In 1996, I visited the island of Cuba. By jumping off a cliff into a river, I injured my leg. I was given free treatment at a local clinic. Surprisingly, the antibacterial cream that was used on my leg was the same cream that was included in a package of humanitarian supplies that I had brought with me to the small town of Cumanayagua. Since restrictions on travel and medical aid have lightened in recent years, and Cuba has carved stronger alliances with China and Venezuela, rather than the (former) Soviet Union, the Cuban economy improved dramatically. See, R. T. Valdes and H. Popper Venezuela, Cuba Sign $3 Billion in Joint Projects. ABC News, Dec. 12, 2009. http://abcnews.go.com/Business/wireStory?id=9321420; Havana Journal, China Leader Meets With Castros And Will Loan Cuba Money To Buy 10 Cargo Ships, Oct. 5, 2009. http://havanajournal.com/business/entry/china-leader-meets-with-castros-and-will-loan-cuba-money-to-buy-10-cargo-sh/.
\textsuperscript{35} The keystone of the Cuban public healthcare system is the community-based polyclinic. There are 498 polyclinics nationwide that serve between 30 000 and 60 000 people each. The polyclinics are like organizational headquarters for 20 to 40 neighborhood-based family doctor-and-nurse offices. The polyclinics, especially in the major cities, serve as accredited research and teaching centers for medical and nursing sciences. 86 Bulletin of the World Health Organization, Cuba’s Primary Health Care Revolution: 30 Years On, 1 (2008). http://www.who.int/bulletin/volumes/86/5/08-030508/en/.
Despite Cuba’s status as a third-world country, the Cuban state has not only provided free healthcare domestically, but they have also exported healthcare, often for free. They have provided billions of tons of medical supplies, including hundreds of field hospitals, to the poor of other countries. They have also provided thousands of doctors for inexpensively to the poor of other countries during times of tragedy and during times of stability. Finally, Cuba has donated full medical education, supplies, room and board, healthcare, and personal items to scores of poor U.S. citizens (between


38 Supra note 36.

39 Supra note 36.
the ages of 18-30) who wish to serve the underprivileged of the their local communities in the U.S.\textsuperscript{40}

Like the introductory story reports, Americans who fall ill in Cuba do receive emergency, stabilizing, and necessary continued care for free that is similar to the emergency care that they would receive in the United States for free.\textsuperscript{41}. Although Cuba does not exclusively treat Cuban-Americans who fall ill while in Cuba, the Cuban-American community that travels to Cuba reports this as a fact of common knowledge. Since Cuba provides healthcare for these Americans for free, and educates Americans for free with the expectation that they will provide free or low-cost medical care for the poor living in the U.S., and Cuba regularly donates medical treatment and supplies to the poor of many other nations, it is unlikely that Cuba would deny poor Americans inexpensive or even in some cases free medical care in Cuba.

VI. Conclusion.

If poor Americans or Americans without health insurance were permitted by an exception in the Helms-Burton Act to spend money in Cuba and visit for medical purposes, then Cuba would likely treat these Americans for a very low cost. This can be argued because 1) Cuba has a longstanding history of providing medical treatment to their own poor and the poor of other countries; 2) Cuba has also provided medical education to poor U.S. students seeking to treat and care for the American poor; 3) Cuba provides free emergency care, stabilizing care, and medicine to Americans who fall-ill in Cuba.

\textsuperscript{40} Supra note 36.
\textsuperscript{41} Emergency Medical Treatment and Active Labor Act (EMTALA) 42 U.S.C. § 1395dd (1986).