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Modernizing the Cuban Healthcare System by Updating Medical Immigration Rules

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Cuba's healthcare system is globally known for providing aid in medical crisis to multiple countries. It is acknowledged that the "healthcare and education are the two jewels in the Cuban crown" (Kirk 79). After hearing these flattering statements, many would expect the Cuban healthcare system to be in impeccable conditions. Although Cuba does seem to possess one of the lowest child mortality rate and has one of the highest life expectancies in the world, some of the hospitals in the country are in dilapidating conditions, which seems to contradict the statistics mentioned earlier. Hospitals such as Sala Avelino Gonzalez and Jose Antonio Echevarria have fungi on the walls, cracked walls, broken patient beds, and unsanitary conditions. How does a healthcare system under those conditions achieve such global recognitions?

While Cuba appears to possess medical statistics that resemble those of first world countries, the actual conditions in the hospitals are indicative of those in third world countries.

This contradiction is known as the Cuban Health Paradox, where the physical conditions of the hospitals are not correlated to the successful results. The discrepancy present in the system could be diminished by modernizing the Cuban medical immigration laws. Cuban doctors are often sent to countries in Latin America or Africa, which are mostly underdeveloped (Kirk 120-121).

Instead of focusing on mostly aiding underdeveloped countries, Cuba should provide doctors with the opportunity to travel voluntarily to modern countries, such as the United States and Australia. This would allow them to participate in technological exchange opportunities and contribute towards the development of the Cuban hospitals.

Before deconstructing a possible solution to Cuba's hospitals dilapidating conditions, it is necessary to address their medical internationalism and how it is affecting the Cuban hospitals.

The country has one of the highest ratios of doctors per population in the world, 6.7 doctors per 1000 people, which is more than twice the amount of doctors in the United States. This advantage allows the Cuban government to utilize their doctor currency as a source to generate profit for the government. According to the Latin American Bulletin, Cuba's "medical services has become the country's largest source of hard currency" (Goeury 110). The largest relationship and medical effort was created with Venezuela. During the 1999 crisis, 20,000 people were killed by mudslides in Venezuela and Cuba sent 31,000 doctors in exchange of about 7.5 million dollars worth of oil every day (Kirk 162-170). Although this might appear to be a symbiotic relationship where both countries beneficiate, sending this amount of doctors abroad is detrimental to the conditions of the Cuban hospitals. While the Cuban doctors are having a positive effect on the Venezuelan healthcare, the same cannot be said about the Cuban healthcare, where "one in five local surgeries has been forced to close as a results of a lack of medical personnel and supplies" (De Albornoz 464). These incidents suggest that the Cuban government is disregarding the conditions of their own country and prioritizing making profit from the doctors.

Aside from monetary compensation, the Cuban healthcare system is not benefiting from medical advancement through their involvement abroad. Cuba's approach to medical internationalism should be modernized and updated in order to allow doctors to travel voluntarily to first world countries. These doctors could serve as a vessel to exchange technology and incorporate it into the Cuban government, which could potentially improve the condition of hospitals. According to data from WHO, Cuba's healthcare is cost effective, has an excess of primary care physicians, and emphasizes preventive medicine, which are traits that first world countries are trying to acquire. However, the healthcare has downfalls such as

lack of tertiary care, deficiency in specialized care, and limited access to drugs (Frist 4). Other countries, such as India, have already adopted models where their healthcare system is able to collaborate with the United States and learn valuable information to improve their treatment of diseases and technology. (Grover *et al* 957).

Allowing the Cuban doctors to participate in technological exchange with modernised countries will transform the manner in which doctors are viewed in Cuba, while simultaneously allowing them to learn new skills that will later help raise the standards of healthcare in Cuba.

Additionally, Cuban doctors could help foreign governments incorporate preventive medicine into their system. Therefore, if Cuba adopts these changes in their medical policies, they would not only be improving their healthcare by introducing cutting-edge technology into their system, but they will allow modern countries to learn preventive medicine and eventually advance their approach to health. Reframing the bureaucracies of the Cuban healthcare system could lead to a truly symbiotic relationship where the countries involved are advancing each other.

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