

PHOTOS BY CARRIE ANN TERRELL



This painting shows that motherhood is revered in Cuba.

approved program. The women we met held doctorate-level degrees in areas such as mathematics, physics, cyber security, art studies and agricultural engineering even if their current job was bus driver, artist, teacher or housekeeper. As we interacted with them and toured hospitals and clinics, I learned a great deal about their health care system and Cubans' attitudes toward health and medicine. The following are some of my observations.

The health care system

Health care in Cuba is universal and free and considered a fundamental right. It is not tied to employment. It is highly regulated and "housed" under civil defense. Many Cubans view routine health care and screening as good for them and good for their country.

Family doctors live and work in the neighborhoods they serve. Most are responsible for the care of just more than 1,000 patients and follow those patients from birth to death. Their offices are generally located within their homes and they are available 24/7/365. In addition, a family nurse often lives in the same building as the doctor's office and helps the doctor manage the local population and maintain records. If the doctor cannot manage a situation or case, he or she may refer the patient to the polyclinic (a multispecialty clinic) or the hospital. The system is a stepwise pyramid. Clinics serve their immediate areas and are located within walking distance. Polyclinics serve larger areas and often require a bus or taxi ride. We saw only one ambulance and heard no sirens during our 10-day visit.

Informed Dissent?

A glimpse at health care in Cuba

BY CARRIE ANN TERRELL, MD, FACOG

In early March of 2016, I was part of a delegation from Witness for Peace to Havana, Cuba. This trip took place immediately prior to President Obama's lifting of travel restrictions to the island country. The goal of our trip was to gain an understanding of the Cuban health care system and how it affects the women of the country. I had few, if any, expectations and no preconceived notions about practicing

or experiencing medical care in a communist country. Our assigned pre-trip readings from Witness for Peace reviewed the country's pride in its socialized medical and education systems. I was not expecting the poverty, dated facilities and lack of resources I discovered.

Our delegation met with health care officials, medical school directors, community members and leaders, and physicians as part of a structured, government-



The imposing Art Deco facade of the Obrera Maternity Hospital in Havana



Members of the Witness for Peace delegation

PHOTOS BY CARRIE ANN TERRELL

It was explained to us throughout the trip that the medical system in Cuba operates on love and humanity. Medical training is free. We were told repeatedly that physicians practice for their love of patients not for compensation or prestige. This is easy to believe, given the average family doctor earns the same salary as any government employee: \$20 to \$35 per month. Because of the low pay, doctors are leaving Cuba by the thousands.

Cuban physicians receive clinical updates from the monthly government-produced MedInfo document. This information is available online, but most family doctors do not have Internet access and view it at a hospital. The physicians we interviewed do not subscribe to any journals published outside Cuba. At the medical school, we were informed by the school's two international affairs experts that students do not attend medical conferences outside Cuba but that some professors do.

Family doctors must see healthy patients (level I) once a year and maintain a paper medical record. For patients with mild chronic disease (level II), two visits per year are required. Those patients who are levels III and IV and have more severe illnesses are usually managed by a team

including the family doctor and consultants at the polyclinic and/or the hospital.

Cubans do not challenge health care recommendations. If a woman is due for a Pap smear, for example, she may be approached by her local family doctor not only in the clinic but also on the street or at a local gathering and counseled on the need for the examination. In our discussions with Cuban people and providers, our questions about autonomy were met with confusion. In general they could not comprehend a patient not wanting to comply with government-ordered or doctor-recommended tests. When pushed on the question, one doctor eventually said in essence that should she choose not to comply with a recommendation she would have to report to the courthouse to sign a waiver documenting that she understood the recommendations and risks. Hence, in the rare instance of noncompliance, a patient would need to sign off, in effect providing "informed dissent."

Maternity care

As an OB/GYN physician, I was especially interested in Cubans' approach to maternity care. I learned that pregnant women have regularly scheduled medical visits.

Because pregnancy is revered, women are expected to adhere to their doctor's recommendations. Prenatal screening includes hemoglobin, Rh status and AFP at 15 to 18 weeks. According to one polyclinic lab director, the tests are performed "if reagents are available." Neither quad screens nor any fetal DNA fragment testing were available in any of the institutions we visited. We also learned that ultrasounds are not widely used in routine pregnancies but are available at the polyclinic and hospital if problems are detected.

Women with complications such as gestational diabetes or hypertension are admitted at 37 weeks to a maternity home. They stay there under the supervision of a maternity nurse until they are admitted directly to the maternity hospital, which may happen during active labor or at 39 or 40 weeks. Given that most women have two or fewer children, cesarean sections and repeat cesarean sections are rarely complicated by pelvic adhesive disease or placenta accreta, increta or percreta. Overall, per the WHO, the Cuban cesarean rate is 35 percent, which is comparable to the U.S. rate of 32 percent.

(continued on next page)



A poster hanging on a wall at the Obrero Maternity Hospital features this shot of the building, as well as charts showing the hospital's cesarean, maternal and infant mortality rates.

Interestingly, abortion is widely available in Cuba, and it carries no stigma. It is covered by their health care system. Therefore, Cuban women have much more freedom than women in the United States when it comes to their decisions about and access to abortion.

On our tour of the Obrero Maternity Hospital in Havana, it was common to see four mothers/infants to a room with minimal bedding. All wore street clothes. Patient bathrooms had crumbling concrete walls, and toilets without seats and doors. Those issues aside, the building, completed in 1942, is a miraculous piece of art deco architecture, and an aerial view would reveal the shape of uterus, fallopian tubes and ovaries.

Signs documenting the hospital's maternal and infant mortality rates are posted. Rates at this institution are on par with national reported rates (unicef.org) and are equal to or better than those in the United States. The NICU appeared adequate but likely incapable of handling infants other than those who were born preterm but healthy. Given the antenatal screening provided and the overwhelming acceptance of abortion, we wondered if many pregnancies with severe fetal anomalies were continued.

Postpartum, women stay in the hospital for two to four weeks and are expected to breastfeed for one year. During this time, they receive a slightly reduced government salary. If, at one year, the child is walking, he or she can attend day care and the mother can return to work. If the child is not walking, the family may take four more months of paid leave. This can be taken by either parent. When asked about

postpartum depression, we were told there was a "program" for that. Our guides also insisted that women who had familial and community support were unlikely to experience any such thing.

The embargo and its impact

The embargo has resulted in extreme resource restriction. It is nearly impossible for Cuba to buy or trade supplies and medicines. When we asked about the incidence or management of gestational diabetes and hypertension, we were told "we have a program for that." We could not ascertain whether insulin, sulfonylureas or antihypertensives are available or utilized.

My most important discovery about the embargo was not only that there were restrictions on trade with the United States but also with any countries that trade with us. That said, the Cuban government has long supported medical research and drug development to the best of its ability. Cuba has developed a lung cancer vaccine that has shown strong results. It is currently being evaluated in the United States by the FDA.

The complete and utter lack of products became maddeningly clear during a trip to a fancier free-market grocery store. Aisles of shelves, empty save for a single brand of biscuit, dominated the lofty air-conditioned building. There was a long dark row of refrigerated units, all empty except for one containing eight canisters of yogurt and 20 half-gallons of milk. Cubans pick up rationed food and shop for state-produced soap, canned meat, boxed juice, and a meager selection of fruits and vegetables at bodegas. Pregnant and postpartum women are prescribed more meat, more than the rationed five eggs per month and supplemental milk.

Pharmacies have only a handful of items on a few shelves. Tourists are warned to bring abundant supplies of over-the-counter medications, toilet paper and snacks.

In all of our interviews, we asked women if they thought their lives, family circumstances, work and communities would improve if the embargo was lifted. Every one emphatically answered "yes," that things would be better.

The future

We left Cuba on March 9. And since then, I've thought about my country's relationship with Cuba. I fear little will change. To end the embargo literally requires an act of Congress. Given Cuba's small size, insignificant trade products and continued communist government, ending the embargo is unlikely to be a major American concern. President-elect Trump has been quoted as saying both that he'd return to a hardline against Cuba and normalize relations with the country.

I've also thought about how ineffective universal health care is when a system lacks reagents and medications, is unable to buy or lease equipment, and has deteriorating facilities. I have been and continue to be an advocate for universal, single-payer health care. However, my trip clarified for me some of the challenges in administering such a system and the required buy-in by the populous. **MM**

Carrie Ann Terrell is an assistant professor and division director general OB-GYN and medical director, Women's Health Specialists, at the University of Minnesota.