Kevin Riley, Health Care in Venezuela and the Cuban Doctors

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**Venezuela’s Professional Services Needs**

Although Venezuela has experienced high government revenues since the exploitation of oil in the 1930’s, Venezuela’s professional services remained weak prior to Chavez’s presidential term. Venezuela’s living standards significantly declined “between 1990 and 2000 [as] the number of poor rural households more than doubled, and poverty spread to an even greater number of villages.”1 Furthermore, during this time period access to schools and healthcare was severely limited. Venezuela, like Cuba, was faced with the need to import foreign assistance to address the nation’s socioeconomic needs.

**Integral Cooperation Accord**

Based on each country’s core competences and external needs, Chaves and Castro signed the Integral Cooperation Accord in 2000. In its original state Cuba was to receive petroleum at a subsidized rate and in return “approximately 12,000 Cubans in Venezuela would provide an array of free medical and social services in marginalized urban and rural areas.”2 In particular Cuba was granted the right to receive access from PDSVA to 53,000 barrels per day (bpd) of petroleum in addition to the right to use of oil derivatives such as diesel and jet fuel. The oil Cuba received from Venezuela accounted for roughly a third of Cuba’s total oil supply and cut Cuba’s purchase of oil in the spot market in half. Furthermore, Chavez and Castro agreed the bartering of oil would operate smoothly through the integration of CUPET, PDSVA’s counterpart and Cuba’s own state owned oil company. In return for the bpd contract, Cuba agreed to send doctors and other healthcare workers to the barrios of Venezuela under the terms that the Venezuelan government would provide room and board to the doctors at no additional costs. In addition to these professional services, the Cuban government agreed to send Venezuela vaccinations.

However, the original structure of the Integral Cooperation Accord only lasted one year as in 2001 during Castro’s visit to Cuba, Chavez announced Cuba would now receive hard currency for the services provided to Venezuela. Cuba’s ambassador announced that “Venezuela will now pay Cuba for medical, sports, and technical services on a conventional commercial basis” as “Cuba had already charged Venezuela as much as US$12 million for goods and services.”3 Nevertheless by 2004 the original accord increased significantly as PDSVA was shipping over 80,000 bpd to Cuba. Additionally, Cuba’s own CUPET was now capable of producing 85,000 bpd of the country’s own heavy crude through assistance from PDSVA. The result of these “engagements allowed the Cuban government's hard-currency expenditures on the spot oil market [to be] reduced to about US$82 million a year (approximately 7,000 bpd at US$32 per barrel).”4 Furthermore, Cuba has benefited even greater in recent years as Chavez and Venezuela

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3 Ibid

4 Ibid
have relaxed their collection process as a result of Cuba’s economy suffering from declines in tourism. Even more recently, PDSVA announced an investment of US$500 million to restructure an old Soviet oil refinery in Havana. Not only will the project alleviate Cuba’s own need for oil, but it will allow the Caribbean country to export oil to other Caribbean countries.

**Barrio Adentro**

For decades Venezuela has been blessed with a strong supply of oil, but the country has continually failed in distributing the revenues from oil exploitation. Chavez and the Bolivarian Revolution have sought to redistribute the wealth because until recently 80% of Venezuela’s 26 million people have been excluded from the benefits of living in an oil rich country of great wealth and natural resources. For the first time in its history, the Government of Venezuela is pumping the oil wealth into the barrios of Caracas and the depopulated countryside. They are using it to create innovative health and education systems which emphasizes the development from within and the active involvement of the communities themselves. They call it “sowing the oil” so that present and future generations reap the benefits.5

Chavez is redistributing the country’s subsoil wealth through Barrio Adentro, (meaning inside the neighborhood) which was instituted under the Bolivarian Revolution as a means of providing social welfare through sports training, healthcare, and other professional services to the poorest regions of Venezuela. Barrio Adentro I, which focused on assisting the most neglected areas, was established to reconstruct local medical facilities. To further address Venezuela’s social needs, Barrio Adentro II was created in 2005. Barrio Adentro II was focused on building Integrated Diagnostic Centers (CDI), and Integrated Rehabilitation Services (SRI). Additional services have been provided under Barrio Adentro II such as special surgical procedures, x-rays and diagnostic exams. In addition to Barrio Adentro I & II, Barrio Adentro III was inaugurated in 2005, which is set to reconstruct forty two of Venezuela’s worst hospitals. The last phase of Barrio Adentro was recently announced which focuses on the construction of fourteen new hospitals.

**Cuba’s Role Within Barrio Adentro**

Although Castro and Cuba are receiving oil from Venezuela below market price as well as oil refinery investments, Cuba is providing Venezuela with access to the country’s excellent professional services through Barrio Adentro. Barrio Adentro has allowed Chavez and Castro to exchange 90,000 bpd for some 35,000 professional services. Cuban professionals first arrived in Venezuela in 1998 with roughly 250 doctors. Today Cuba has roughly 30,000 doctors practicing in Venezuela’s most malnutritioned areas, the barrios. The Venezuela government claims that Cuban doctors have provided medical services to some 185.7 million Venezuelans while saving over 25,000 lives.

The 30,000 Cuban doctors currently providing medical service to the poor regions of Venezuela are integrated into the local culture in unique ways. These doctors not only

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work in the barrios, but live in the barrios as they are housed by locals. This provides Venezuelans with exceptional access to these doctors as the doctors are on call twenty four hours a day. Furthermore, the doctors are expected to work in the clinics until noon each day followed by an afternoon of house visits. Each doctor is signed to a two year contract in which they must live and work in the barrios. Rather than continually rely on the professional services of Cuban doctors, Venezuela has initiated a method by which Venezuelan understudies work closely with a Cuban mentor. The long term goal of this plan is to allow for more Venezuelan doctors to supplement the country’s healthcare needs.

In addition to the Cuban doctors, Barrio Adentro has also brought over 5,000 professional coaches from Cuba to Venezuela. Like the Cuban doctors, the professional trainers are required to live and work in the barrios on one and a half year contracts. Through this program, Venezuela has adopted the saying, “sports means health” in which the government views sports as an effective means of keeping Venezuelans healthy and out of trouble. A Cuban doctor was quoted saying, “we do this in order to keep them away from drugs. Unfortunately, this is a threat which always looms around the corner.”

Part of Barrio Adentro’s success has been a result of the Cuban doctors and trainers coordinating their efforts. Active sports participation is viewed as a way to keep the elderly healthy, as they often spend a considerable amount of time alone and inactive. “Sometimes doctors direct their patients to the sports trainers, because for instance the blood circulation of their patients needs improvement.”

Venezuela and Cuba’s economic relationship extends further as “Mission Ribas guarantees the training of 10,000 Venezuelan graduates in Cuba from programs in the areas of Medicine and Nursing, who will be deployed throughout the country’s polyclinics and hospitals and will stay in the homes of Cuban families.” Additionally, Cuba is helping 100,000 Venezuelans with a variety of eye conditions. Each patient is expected to receive surgical treatment for their eye problems in hospitals located in Cuba. Cuba is also exporting professional services to “Venezuela in the form of education as these efforts have been so successful that Venezuela will soon declare itself the second illiteracy-free territory in the American continent, having taught 1.46 million Venezuelans how to read and write.”

One way in which Cuban educators are aiding Venezuela’s fight against illiteracy is through a joint venture with the University of Carabobo. This joint venture integrates over 100,000 volunteers from the local university to take part in the massive literacy campaign throughout Venezuela. However, Cuba and Venezuela are not ending their education efforts there, as they have plans to offer scholarships to Venezuelans to pursue higher education in Cuban universities.

All of these initiatives will see expansion in coming years as Chavez and Castro continue to expand their economic partnership through a strategic plan. The Strategic Plan will “guarantee the most beneficial productive complementation on the bases of rationality, exploiting existing advantages on one side or the other, saving resources,

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7 Ibid
9 Ibid
extending useful employment, or any other consideration sustained in genuine solidarity that will promote the strength of the two countries.”

In addition to the implementation of high technology medical centers, over 40,000 Venezuelan doctors will be trained as well as 5,000 health specialists. Furthermore, over 10,000 Venezuelan students will be trained in Cuba for targeted medical education. Lastly, Mission Veulvan Caras will be established to assist those individuals unemployed in training for employment in the formal sector.

Opposition to Barrio Adentro

Cuba and Venezuela’s strategic economic relationship has experienced great success; however, recently Barrio Adentro has come under heavy opposition. The majority of the opposition to Barrio Adentro has been directed towards the Cuban doctors operating in Venezuela. The opposition party is not backed by citizens living in the barrios as Barrio Adentro has spread in popularity within these low income areas. Rather, it is being driven by Venezuelan doctors, other professionals and the bourgeoisie. These individuals feel cheated by the Venezuelan Government as they are losing their jobs to the imported Cuban professionals.

Barrio Adentro has attracted additional opposition from El Universal, a national TV station. El Universal has launched a campaign depicting reasons why Barrio Adentro needs to be cut. Politicians are even joining the fight against the Barrio Adentro through public statements alleging the government’s efforts to Cubanize the country. Furthermore, politicians have also claimed “that the Cuban physicians are not here to save lives but are “Castro agents”—in reference to Cuban president Fidel Castro—brought to “indoctrinate the poor.” Additional accusations have been made stating that the Cuban doctors are working in Venezuela in an effort to spread communism.

However, the majority of the opposition effort is being lead by Venezuelan doctors and the Venezuelan Medical Federation. In a recent effort to dismiss the program the Venezuelan Medical Federation filed an effort to have the Cuban doctors disbarred. Cuban doctors and Venezuelan patients are also being affected on lower levels. For example, one Venezuelan citizen states “when someone goes to a hospital with a referral from a Cuban doctor, they are turned away or have to wait all day.” Furthermore, Venezuelan doctors have made allegations stating Barrio Adentro has caused over 8,000 Venezuelan doctors to lose their jobs as the Cuban doctors earn a lower salary. The Venezuelan doctors strongly believe that the Venezuelan Government should be employing its own doctors rather then exploiting cheap labor. In recent months the problem has escalated as there have been several attacks on Cuban doctors.

Costs

10 Venezuelan and Cuban delegations, Final Declaration from the First Cuba-Venezuela Meeting for the Application of the ALBA, April 30, 2005
11 Economics with a Face, The Man Who Controls Venezuela, March 10 2006,
   http://www.economicswithaface.com/weblog/archives/venezuela/
13 Ibid
14 Economics with a Face, The Man Who Controls Venezuela, March 10 2006,
   http://www.economicswithaface.com/weblog/archives/venezuela/
To further understand the economic relationship Chavez and Castro have established through the Integral Cooperation Accord and Barrio Adentro, the following paragraph will examine the dollar amounts transacted and still owed to each country for the services and goods acquired. In terms of the cost each government incurs “Cuba collects a monthly fee of about US$300 per doctor from the Venezuelan government. In addition, Venezuelan authorities pay each doctor's monthly salary, some 400,000 Venezuelan bolivars per month (approximately US$200 at the current exchange rate), directly to the Cuban government.”\(^{15}\) Additionally each Cuban doctor is provided US $50 a month for their families living in Cuba. Furthermore, “the total direct cost to Caracas -- excluding room, board, and transportation -- adds up to US$60 million a year, comprised of an estimated US$36 million in employment fees and US$24 million for salaries, all of which is paid directly to Havana.”\(^{16}\) These payments have led to Cuba’s increasing revenue from Venezuela over the last several years. For example, in 2001 Cuba earned US$34 million, 2002: US$25 million, 2003: US$154 million, and 2004: US$186 million. However, recent concerns have risen in regards to Cuba’s rising oil debt to Venezuela. In 2001 Cuba owed Venezuela US$96 million, 2002: US$144 million, 2003: US$380 million, and in 2004: US$992 million.\(^{17}\)

**Discussion**

…During my time spent with the two Cuban doctors in Sanare we were able to engage in various topics about their experiences in Venezuela, Cuba’s medical services, and various other topics. One topic that intrigued me was our discussion pertaining to the ways in which the United States’ embargo of 1958 on Cuba has limited the country’s ability to share the country’s greatest resource, advancements in medicine. To avoid complicating my research paper and causing this paper to become extremely lengthy I am not going to provide history of the embargo but rather share the perspectives of the Cuban doctors on this topic.

The passion and morality each of the Cuban doctors spoke with about the ways in which the United States’ embargo on Cuban limits the country’s efforts to increase world health standards was captivating. Our discussion on the effects of the blockade arose due to my questioning of the ways in which the blockade limits Cuba from attaining medical devices. I clearly hit a sensitive point with one of the Cuban doctors as one responded with the statement that the blockade causes Cuba to lose $82 billion a year. Following this statement the second doctor responded with statements directed towards Hurricane Katrina. After Hurricane Katrina left Louisiana and Mississippi devastated, Cuba organized a team of 3,000 doctors to provide much needed medical assistance to the U.S. Rather than accepting Cuba’s help, the U.S. foolishly turned away their efforts and allowed thousands of U.S. citizens to suffer. It became clear through these statements and others that Cuban medical professionals had adopted the belief that it is their moral duty to help others even though they may receive nothing in return. Additionally, we spent

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\(^{17}\) Quoted in Moises Naim, "A Venezuelan Paradox," *Foreign Policy*, March/April 2003
time discussing the role of Cuban doctors throughout the world. In particular, Cuba’s role in Pakistan after the country was hit by a devastating earthquake in 2005. The numbers don’t lie; in Pakistan there “were 2,465 Cuban health workers, 1,430 of them experienced physicians who combined have worked in 40 countries. They cared for over 1 million people (nearly half of them women), performed 12,400 operations, hospitalized 12,000 patients, saw 440,000 people in tents or in the rubble.” As stated early, to be a Cuban doctor means acting as a humanitarian and forgoing all monetary rewards, traits in which both these individuals demonstrated.

We also spent time discussing the differences between formal education of medical students in the U.S. and Cuba. Both doctors felt that in the U.S., students are too heavily restricted from interacting with patients and that is why students in Cuba and Venezuela are able to interact with patients in their first year. Additionally, both doctors felt as though the United States’ medical examinations were created to fail students as it takes the majority of students several attempts to pass the test, whereas in Cuba and Venezuela students are taught the value of life. One of the doctors spoke of a recent instance where an American student studied in Cuba and upon his first attempt passed all the required tests in the U.S. Another difference in patient care is the way in which each county treats drug addicts. The doctors shared with us that in the U.S. drug addicts are treated as criminals whereas in Cuba that are treated as individuals with illnesses.

Both of the Cuban doctors placed significant emphasis on the need for individuals to better understand the relationship between Cuba and the U.S. One of the doctors stated “people are confused by thinking that Americans and Cubans are against one another, when they should understand the conflict is between our governments.” In recent years Cuba has found great success with establishing the world’s greatest biotechnology centers. Cuban medical professionals are on the cutting edge of new research and technology but their efforts are significantly hindered by the U.S. embargo on Cuba. The example was made by one of the Cuban doctors that Cuba is unable to import aspirin under the embargo. Under the embargo even products with only one percent of its contents is made in the U.S. cannot be imported, which limits such goods as aspirin. I can understand how the U.S. may want to limit various goods to Cuba but as a world leader how does the U.S. have the ethical standards to limit a leading medical pioneer access to medical supplies. I could not help but agree with Cuban doctors not only on this issue but on the possible outcomes of a U.S. Cuba alliance. Maybe the time has come for the U.S. to stop building walls around countries and individuals, and join forces to truly fight causes worth fighting for.

Conclusion

Prior to my field work in Venezuela I outlined a paper in which I would study the overall economic relationship between Cuba and Venezuela. However, what I found through my field study was not a synopsis of the two countries’ relationship but rather the power of ethical and humanitarian beliefs between doctors and students. The role Cuban doctors’ play in raising the health standards of Venezuela’s most needy and their education of Venezuelan medical students is quickly changing the face of Venezuela.

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Rather then being a country crippled with poverty and malnutrition, Venezuela and Cuba are changing the face of Latin America. These two countries are proposing an alternative model of development and are findings great success in doing so. The next decade could bring significant changes for Venezuela with the addition of 24,000 medical professionals, which will enable the country to export its own medical professionals as its sister country has done.

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