

Introduction of Cliff DuRand

It was on this date, the 26th of July, in 1953 that the Cuban Revolution was launched. It finally came to power January 1, 1959 and embarked on a vast effort to build a more just society. Our speaker today, Cliff DuRand, has been following this experiment ever since. Traveling annually to the island for 30 years, he has led hundreds of people on educational trips. Now a retired Philosophy Professor at Morgan State University in Baltimore, he and his wife, Julie, moved to San Miguel in 2004 to help found the Center for Global Justice. A popular lecturer, Cliff has continued to follow his vocation as an educator and activist.

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A Robust Public System for Health

By Cliff DuRand

During the last six months we have been witnessing a gigantic human tragedy. Covid 19 has claimed over 600,000 lives worldwide and 146,463 as of this morning in the US –and we haven't seen the worst yet. My country takes the dubious distinction of being the world leader. Credit for this “honor” goes in part to the misleadership coming from the White House. But it has not been solely Trump's fault. The pandemic has exposed serious shortcomings in our public health and medical institutions. Arguably even with the best leadership the loss of life would still have been immense, as it has been in many other countries. We need to look deeper.

I have no experience in epidemiology, but any of us can see some of the systemic failings. There was a shortage of testing kits and PPE for medical personnel and ventilators for patients. This was made all the worse by pitting states against one another competing for resources, driving up their price, as might be expected when treated as scarce commodities in the marketplace. Hospitals, public and private, were ill prepared to handle the flood of patients since they had been managed on the neoliberal “just in time” principle. Having the capacity to handle more than a normal level of medical demand had been eliminated in the name of austerity and efficiency. Too much of medical care had been privatized.

The means for paying for medical care is also privatized. Private health insurance was not affordable for everyone, and since it is employee based, those who lost their jobs also lost their insurance. Unable to pay a hospital bill, many who were sick stayed away, only to spread the virus. If ever there was a time for Medicare for All, this was it. Especially in a pandemic, health care needs to be universal and free, it needs to be a public good.

The pandemic has revealed other failings of our society. The death rate of African Americans, Hispanics and Native Americans is three times that for whites. The racism afflicting these minorities depriving them of access to health care, healthy diets, clean air and water have made them more vulnerable to the virus and their jobs leave them more exposed to infection. Economic inequality results in health and longevity inequality, and jeopardizes us all.

Beyond this, since sound epidemiological practice requires quarantining to prevent spreading the virus, millions found themselves without income. To successfully tackle a pandemic it is necessary to have political leadership that is guided by science and has the authority to impose necessary measures for as long as it takes. And if this requires locking down the economy, they will need financial resources to sustain the idle population. With many now unable to pay rent or pay mortgages, mortgage foreclosures and evictions are expected to soar and banks will find themselves holding vast non-performing paper. Without customers, small businesses fail as on-line giants like Amazon absorb the lions share of consumer spending. The big fish get bigger and the little ones collapse, taking with them a large portion of the previously existing jobs. Government pretended to make up for this by moving trillions of dollars, some to households and small businesses, but mainly to the big fish – neoliberal economics in action.

Now there is a race to develop a vaccine to protect against Covid 19. Such a pandemic had long been predicted, and yet the world's major pharmaceutical companies were totally unprepared. Why? Because it is not cost effective to invest millions of dollars in developing a medicine for a possible future illness that might or might not effect enough people to provide a large enough market to be profitable. Better to wait for the market to materialize and then rush development of the needed drugs, hoping to cash in big time before the market disappears due to herd immunity. A private pharmaceutical industry is risk adverse when it comes to R&D spending. Better that the population suffer the risks. And when we do get a vaccine, will it be shared with the world at an affordable price?

So, what have we learned from the failings of the present system? For one thing we have learned the value of a public system for health as a public good – a health commons supported and managed by a government committed to protecting the health of its people. Society needs to devote sufficient resources to ensure the health of all its people as a human right. And the other institutions of society need to synchronize with this to achieve a healthy society.

What would such a society look like? For one thing it would have free universal preventative health care with a small army of medical professionals equipped with all the necessary medicines, equipment and other supplies. It would have a pharmaceutical industry constantly developing new drugs and making them available cheaply to society. These would make up a robust public system for health. And I emphasize public as against private since with the latter all of these features are weakened by the drive for profit. Such a system requires public support through a government committed to caring for the well being of everyone, committed to a healthy society.

Lest you think this is a utopian fantasy, a close approximation to this exists in Cuba. Yes, that little country to its south that the US has treated as its enemy for over 60 years. Cuba has free health care for all of its people. In every neighborhood there is a doctor's house where he lives, available 24-7. He, or usually it is a she, the doctor is there not just to treat illness, but to monitor and maintain the health of her neighbors. She practices preventative medicine. This is the first level of the system. There is also a network of free polyclinics to which patients can be referred when necessary. And above that are free full service hospitals in all parts of the

country. This is a nationally integrated health system. It recognizes that when it comes to health, “what affects one affects us all.”

This system is staffed by 89,000 doctors, that’s 9 doctors per 1,000 people -- three times the ratio in the US.(2.6 per 1,000) There are also 84,000 nurses and 9,000 students scheduled to graduate from medical studies this year. They are trained in the 13 medical universities Cuba has built since its 1959 Revolution in every province across the country. And since the US blockade has made it difficult for Cuba to buy medicines, it has developed its own bio research institutes to develop and produce medicines. Altogether the Cuban government spends over 50 % of its budget on health and education.

This system has produced impressive results. Infant mortality is lower than it is for major sections of the US population. Longevity is comparable to the US. Measured by outcomes, poor Cuba surpasses its wealthy neighbor to the north which spends 18% of GDP on health.

The pandemic has put this system to a test. How has it fared?

It was on March 11 that Covid hit Cuba when three Italian tourists brought the virus to the island. Later some returning Cuban nationals also brought the infection. Cuba quickly sprang into action. Political leadership and medical authorities met and developed a plan based on the best scientific information available. Cuba closed its borders on March 23, even though tourism is at the heart of the economy. It brought the full force of its health care system into play. National leadership gave clear, consistent messages to wash hands, practice social distancing, wear masks –the usual. All but essential employment was shut down and people told to stay home. Payment of taxes, electricity, water, gas, telephone, and internet bills was postponed, as were the installments on bank loans. The state covered the wages of those laid off because of the pandemic. Social workers brought food to the elderly who lived alone, so that they would not have to venture out into the street. Restaurants sold food for consumption at home.

Extensive testing was done and everyone who tested positive was hospitalized -- for free. One or two hospitals were set up with intensive care wards in each province, and there were more in the capital. Neighborhood doctors coordinated teams of medical students who went door to door, interviewing people to identify possible cases. 36 isolation centers were set up to quarantine people for 14 days who had been in contact with already confirmed cases of COVID-19. Neighborhood hot spots were locked down under intense medical supervision. There was a peak when primary healthcare services were monitoring some 30,000 people across the entire country. As of a month ago (June 27), this figure stood at less than 100.

During the peak, there were a maximum of 847 active cases admitted into hospitals. On June 27th, there were only 55 cases still in hospitals. Out of the 2,478 cases that tested positive for COVID, 93.8% have already recovered. Only 87 people have died, and the majority of those involved patients who had underlying health conditions. Not a single health worker has died. Cuba's COVID-19 death rate is 0.72 per 100,000 inhabitants, which is one of the lowest in the world. The US death rate is over 42/100,000 population.

In treating patients Cuba has used some drugs they had developed themselves. Interferon alpha 2B has been effective in shoring up the immune system. It had been used extensively in China's suppression of Covid, and is now used in 45 countries, except the US because of the blockade. [Cuba is also using CIGB 258 and Itolizumab.] The country's public biopharmaceutical industry and other scientific centers are currently conducting 70 research projects and clinical trials, The Center for Genetic Engineering and Biotechnology is seeking to create a vaccine against COVID-19. If they succeed, you can be sure it will be shared with the world.

One remarkable fact stands out for me. Worldwide 80% of hospital patients who are at the critical stage eventually die. In Cuba less than 25% of critical patients die. That no doubt has something to do with the good care they receive. But I suspect it is also because Cuba has a healthy population with fewer underlying conditions due to its comprehensive preventative health system.

I can't leave out the fact that while Cuba is making huge efforts to try and save the lives of the sick, the US government is doing everything it can to make Cuba fail in this endeavor, without the slightest bit of concern of how many people may die as a result.

For example, the US blocked a donation of medical equipment from a Chinese businessman, as well as a container with raw materials needed to produce medicine which came to Cuba via boat. It couldn't be unloaded and had to be sent back to its remittance address, because the ship's

captain would be sanctioned if he didn't abide by the Helms-Burton Act. Has anyone seen an eviler and more murderous attitude, in the middle of such a dangerous pandemic?

Over all Cuba has succeeded in its battle against the pandemic. It has the lowest infection rate and lowest mortality rate in the hemisphere – a death rate of just 0.72 per 100,000 inhabitants

Cuban authorities are considering the spread of the virus under control. There has been only one death in the last month and there are currently no critically ill patients in hospitals. The country has begun a phased opening up.

You can learn more about this in tomorrow's Global Justice webinar. It will feature the Cuban Ambassador to the US, Jose Ramon Cabanas.

But that's not all. Cuba has been sending medical teams to other countries. In the last four months Cuba has sent 38 health brigades to 31 countries and territories, a deployment that marks a new milestone in this Cuban practice of helping when needed. To confront the spread of the new coronavirus, 3,440 health workers have been mobilized from Cuba. 65 percent of whom are women. Here we see 200 preparing to go to South Africa. On March 26, Cuba sent fifty-two doctors and nurses to Italy. A smaller and poorer Caribbean nation was one of the few aiding a major European power

Such medical solidarity is not new to Cuba. For over 20 years she has been sending doctors across the world. When the pandemic hit, Cuba already had 37,000 medical workers in 67 countries. All together by 2008, Cuba had sent over 120,000 health care professionals to 154 countries. Its doctors had cared for over 70 million people in the world, and almost 2 million people owed their lives to Cuban medical services in their country. That's not a bad record for a small poor country like Cuba.

In 2005 when hurricane Katrina devastated New Orleans, Cuba offered to send doctors. President Bush turned a deaf ear to the 1,586 volunteers waiting at the Havana airport to go and help its victims. This became the basis for the formation of the Henry Reeve contingent of humanitarian doctors prepared to provide assistance in disaster situations and epidemics. They have since gone to Pakistan after the earthquake, to Haiti after its earthquake, to Africa after the Ebola epidemic and now to 31 countries during the present pandemic. Cuba is a medical superpower! The Henry Reeve brigade is being nominated for the Nobel Peace Prize this year. As Fidel said in creating the brigade "Doctors, not bombs, doctors, and not smart weapons."

One last point. In 1999 Cuba opened classes at the Latin American School of Medicine. ELAM is the largest medical school in the world. It provides a free 6 year medical education for socially

committed youth from poor communities in Latin America and Africa. The only requirement is that they return to serve poor communities as doctors. It has even graduated 185 low income youth from the US. Another 69 are currently enrolled. To date ELAM has trained thirty thousand doctors from over one hundred countries.

What can we learn from Cuba's inspiring humanitarian example and from our own national tragedy with the pandemic? Above all, for me it is the value of public goods, the value of a robust public health / medical system guided by the value of life. Privatized for profit health institutions are not adequate to meet the health needs of all the people, especially when faced by the present challenge. Even in normal times, they end up reinforcing race and class inequalities. What is needed is a system of public health as a common, a public good. That is something we are beginning to learn from our present tragedy. And from that, hopefully we will also come to recognize other commons that we need to strengthen in order for our lives to flourish, commons like public education and culture, care for the elderly, public transportation, and perhaps the greatest challenge of all, care for our common home, the planet. Let us commit ourselves anew to build a good society where we can all flourish together.

Closing words.

There are goods that are best provided collectively, held in common as public goods. They are society's way of taking care of each other. And they make us all better off than an individualistic approach of everyone for himself. A pandemic dramatically teaches us that we are all in this together. It impels us to recognize the inherent worth and dignity of each person in a society of inexorable mutuality.

"The purpose of life is to serve, and to show compassion and the will to help others." -- Albert Schweitzer.

NOTES

“Hollowed-Out Public Health System Faces More Cuts Amid Virus”

<https://truthout.org/articles/hollowed-out-public-health-system-faces-more-cuts-amid-virus/?eType=EmailBlastContent&eId=4ee0010c-28f3-40f1-a753-7913908a683b>

Conner Gorry “Covid-19 Case Detection: Cuba’s Active Screening Approach” MEDICC Review April 2020 <https://mediccreview.org/covid-19-case-detection-cubas-active-screening-approach/>

Weissenstein M. Cuba: US embargo blocks coronavirus aid shipment from Asia [Internet]. New York: APNews; 2020 Apr 3 [cited 2020 Apr 11]. Available at: <https://apnews.com/2858fbaa2dd5460fa2988b888fc53748>

Trump has revved up the stakes with a “maximum pressure” strategy that includes more than 90 economic measures placed against the nation since January 2019. Josefina Vidal, Cuba’s ambassador to Canada, called the measures “unprecedented in their level of aggression and scope” and designed to “deprive the country of income for the development of the economy.” Since its inception, the embargo has cost Cuba well over \$130 billion dollars, according to a 2018 estimate. In 2018-2019 alone, the economic impact was \$4 billion, a figure that does not include the impact of a June 2019 Trump administration travel ban aimed at harming the tourist industry.

As of June 28, Cuba stands out with only 8 deaths per million inhabitants. The Dominican Republic has had 67 deaths per million. Puerto Rico, a U.S. colony, has 64.7 deaths per million. Venezuela, has 2 deaths per million people, while Colombia has 61, Panama 140, and Brazil, 271 deaths per million. China has only 3 per million people, compared to 388 for the US.
