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Health, Politics and Revolution in Cuba since 1898. Katherine Hirschfeld. New Brunswick, N.J.: Transaction Publishers. 2007. 266 pp.

We dedicate this review to Dr. Rolando Alum García --dad/grandpa-- for his lifelong concern in public health education.

Katherine Hirschfeld is one more scholar whose initial idealism about revolutionary Cuba was mugged by an Orwellian reality. She was particularly enticed by a barrage of journalistic and academic reports praising Cuba's healthcare, but became disillusioned at their deceptiveness. The socio-cultural anthropologist lived with a family in Santiago, traditionally considered the second city of importance (870 km east of Havana). She became a *bona fide* participant-observer patient when afflicted with *dengue*, an infectious fever that authorities claimed to have eradicated over a decade earlier. The 1996-1997 *dengue* epidemic was deemed "a state secret," inasmuch as its admission would affect tourism and --above all-- the government's international image (p. 3). Physicians who dared disobey the party-line's absurd denial were arrested.¹

¹ *Dengue* --a life-threatening, mosquito-transmitted tropical viral disease-- was little known in Cuba prior to 1959. Then, it was seemingly mostly confined to certain pockets in the easternmost Oriente province. Apparently, the 1981 outbreak in Cuba was the first documented *dengue* epidemic of the century in the Americas, when it reached Havana itself. Symptoms encompass high temperature, vomiting and joint pains (Ch. 3). Since Hirschfeld's field research, there have been more *dengue* outbreaks in the island. Recently, it has also appeared in other Caribbean Basin areas, as well as Brazil (*vid.* D. Mendoza & I. Fuentes, *Dengue*, 2001).

The author had a Kafkaesque experience at a bring-your-own-medications hospital: it was militarized, under-equipped, overcrowded, and notably understaffed (surprising, since “excess” physicians are deployed to countries with friendly governments, where many of the doctors defect). After her release from a local hospital, Hirschfeld had repeated unpleasant encounters with State Security, resonant of the fate of the Lewis and Butterworth research project in the late 1960s.² Not wanting to abandon her plans altogether, she went to Havana and conducted archival investigations, which she expanded later in U.S. archives. Through an examination of *a propos* documents, Hirschfeld supplemented her initial ethnographic (descriptive) field data with a novel reframing of Cuba’s epidemiological/sanitation ethnohistory for the last century.

Among her key points: 1) Cuba was devastated by the 19th century Wars of Independence from Spain, although the infrastructure was revamped under the U.S. interventions (1898-1902, 1906-1909). 2) Since the 1930s, the healthcare system --albeit urban-oriented-- was semi-socialized. 3) By the 1950s, the nation’s health profile excelled by cross-national comparison. This occurred in spite of the failures, even of social-democrat administrations, and

² The late anthropologists Oscar Lewis and Douglas Butterworth sought to test the idea that the “culture of poverty” could not exist under socialism since the conditions for it were expected to solely exist in capitalist-oriented economies. Butterworth later observed, however, that after the initial decade of Castro’s reign --and despite expanded health and other social benefits-- Cubans displayed culture-of-poverty symptoms (*e.g.*, sexism, racism, hopelessness, as well as an abysmal absence of social consciousness and of delayed gratification). He surmised that these were not pre-1959 survivals, but rather, new phenomena, thus disproving the capitalist-socialist bipolar hypothesis (and even questioning, *inter alia*, the Guevarist “New Man”). In any event, officials abruptly canceled Lewis-Butterworth’s study, leaving behind --in prison-- their research associate, Alvaro Insua, now exiled (*vid.* R. Alum, “La vida in Cuba; Review of D. Butterworth, *The People of Buena Ventura*,” *Cuban Studies*, 1982; “The legacy of a culture of poverty,” *Wall St. Journal*, Dec.30, 1983; also Butterworth’s and Insua’s respective personal communications with R. Alum). Although detained and questioned about her studies by authorities over 2.5 decades later, Hirschfeld --then a U.S. PhD student-- was able to stay in Cuba for several months as she changed gears for her research. While she mentions culture of poverty symptoms, we wished she had addressed the concept directly. This becomes more significant in the light of ongoing conjectures vis-à-vis the challenges of a potential “transition to a post-socialist Cuba” (K. Hirschfeld, “Socialismo and the Underground Clinic,” *Cuba in Transition*, 2006).

the bloody dictatorship of Fulgencio Batista (1952-1959).³ Cuba still surpassed some European nations in social indicators such as physicians and dentists per capita.⁴ Cuba was also a Latin American leader in caloric intake, which decreased with the socialist food rationing. In fact, malnutrition has persisted despite remittances and “survival packages” from Cuban-Americans, that ethnic community so habitually maligned and otherized in U.S. media and academia.⁵

4) After 1959 a vast nationwide primary and preventive medicine system was instituted focusing on pre-natal and infant care; and medical services finally reached remote rural areas. Hirschfeld corroborates, however, that the socialist health system is an integral part of the ubiquitous socio-legal control apparatus. There is no Hippocratic Oath or Geneva Declaration doctor-patient confidentiality. Physicians --who are trained to spy on patients-- are *de facto* “soldiers” whose first loyalty is to the omnipresent state (pp.19-22, 214). She further problematizes the two main separate but unequal healthcare strata: one, world-class and well-stocked (extolled by certain sensationalist Hollywood celebrities) catering to dollar-flaunting foreigners and the Communist Party’s privileged hierarchy.⁶ And a second, substandard tier for

³ Hirschfeld notices that Batista, who was of humble origins, launched his political career as a progressive reformer (including rural public health advocacy), and that he had been an ally of the Communist Party during his only term as a legitimately elected president, 1940-1944 (p. 185). Yet, she misses a point by not clarifying that Batista --whose father was an Independence War veteran-- had a following among the phenotypically non-white minorities as he flaunted his own mulatto ancestry when expedient. (This may also add speculation as to why the predominantly European-looking upper & middle classes opposed ex-military Batista, but favored civilian Castro, the exclusive religious-school educated young lawyer, son of a former Spaniard colonist soldier turned *latifundia* owner).

⁴ Indeed, in barely five decades --and once more, albeit the pervasive pattern of corruption-- republican Cuba overcame its former Iberian colonial power in health and other indicators; and note that Spain’s medicine was socialized under the fascist dictatorship of Francisco Franco.

⁵ Throughout her book, Hirschfeld observes that just about every aspect of life in socialist Cuba is politicized (e.g., p.14), healthcare being a cornerstone of the regime’s *raison d’être* (together with educational claims). Although she does not explicitly refer to it, there was a case in point related to malnutrition the year prior to her field project. It involved a cabinet-level purge akin to the denial *modus operandi* surrounding the *dengue* epidemics. In May 1995, then popular Public Health Minister, Dr. Julio Tejas, admitted publicly that malnutrition was largely responsible for --among other diseases-- an unprecedented surge of optical neuropathy, which may cause vision loss. He was immediately replaced in his post (*vid.* also CubaNet.org, downloaded 08/03/08).

⁶ Among the incongruities, one wonders if the governmental leadership fully trusts --medically and/or politically-- its own elite healthcare providers. When in 2006 Fidel Castro fell ill, a Spanish surgeon was flown in to treat him. For still more incongruities in socialist Cuba, see A. Porter, “Fleeting Dreams & Flowing Goods” (*Political & Legal Anthropology Review*, 2008:134-49).

“the poor... politically disenfranchised” majority in the pre-assigned district *policlínicas* (p. 220). It is in this layer where political dissidents are triaged disadvantageously.⁷

5) Hirschfeld describes another incongruence of socialist Cuba, namely a third, informal healthcare sector to which average Cubans resort as they shun the bureaucratized, intrusive system. Many health practitioners, including improvised ones, moonlight extra-legally in exchange for cash, principally the much desired dollars or their “*chavito*” equivalencies (CUC), as well as for *quid pro quo* favors, sheer barter (*e.g.*, canned goods, American cigarettes, bed-sheets or medical supplies, often pilfered or black-market procured), etc. This is all part of what Cubans call “*sociolismo*” (denoting utilitarian reciprocity) in deriding the “*socialismo*” slogan (p. 35). Meanwhile, authorities look the other way, since the underground healthcare relieves the state of patients load, though the government still grandstands about a presumed egalitarian medical feat. Paradoxically, the phantom “network” depends --again-- mostly on the generosity of otherwise vilified Cubans in diaspora, who remit medicines and supplies that may be subject to arbitrary confiscation by corrupt functionaries for self-profit in black-market transactions.

6) Concurring with various other authors, Hirschfeld reconfirms the unreliability of post-1959 official statistics. She notes how the figures for the *ancien régime* get regularly reinvented --worsening in crescendo through time-- while the socialist’s own statistics are progressively exaggerated. This is the misleading portrait that is reproduced, uncritically, by gullible foreign apologists who adopt the regime’s discourse at face value. Typically, they disallow the pre-1959

⁷ Although not specifically mentioned by Hirschfeld regarding the maltreatment of dissidents (also officially labeled at times, among other epithets, “*escoria*” [scum]), renowned dramatist Virgilio Piñera comes to mind. He had been an initial revolutionary intellectual pillar, but recanted when he felt --alone with numerous other scholars and revolutionaries-- that the Castro brothers had departed from the original democratic tenets of the Revolution by imposing the totalitarian Soviet model. Piñera’s disciples reported that he was left to die in 1979 for lack of medical care for a simple asthma attack (R. Arenas, *Antes Que Anochezca*, 1996). More recently, eminent sociologist I. L. Horowitz reports “five deaths of prisoners for lack of medical attention [in] 2007 alone” (“Mi Vida: The Manichean Face of Dictatorship,” *Cuban Affairs*, 2008:3:2).

relative high levels while enthusiastically swanking about the latest inflated indicators, such as ostensive relative high longevity and low infant and maternity mortality (Ch.10). But Cuba's level of abortions is disproportionately elevated, a topic not dwelled upon by Hirschfeld. Minimally at-risk pregnancies are routinely coerced to abort (especially the poorest women), therein skewing statistics. Indicatively, birth rates are quite low too, perhaps revealing that Cubans refrain from procreating given the dismal quality of life, of which absence of liberties may be a key component. Albeit not well covered here, the incidence of suicides is alarming as well; nor does Hirschfeld expand on the abuse of psychiatry as a weapon for the state's hegemonic domination (pp.214-17). She finds dehumanizing the infamous treatment of HIV-AIDS patients, which closely correlates with cyclical homophobic policies (as also discussed elsewhere, independently, by highly-respected medical anthropologists R. Bolton and D. Feldman, among others).

Notwithstanding, Hirschfeld undercredits the republican years (1902-1958), chiefly the private sector that unburdened the public health system (pp.166-74, 233). To wit, contrary to her assertion, the nonprofit HMO Spaniards-founded *quinta* clinics could not legally --and normally did not-- exclude other ethnics. In fact, these *sui generis* affordable private *quintas* also provided free emergency care to any non-member patient, irrespective of ethnicity or financial abilities. Our own research reveals that many of the then relatively few U.S.-resident Cubans found it cost-effective to retain a *quinta* enrollment despite commuting expenses. Some of the *quintas* had paid representatives in major eastern U.S. cities enrolling even non-Cubans, notably other Hispanic immigrants (thus, also unburdening the U.S. healthcare system at the time).⁸

⁸ When the still demonized early 1960s exiles brought with them to Miami the cooperative-mutualist *quinta* concept (including *de rigueur* house calls) --among other self-help institutions-- it generated hypercritical opposition from the powerful Florida medical establishment.

On balance, one can also gather that Cuba's socio-medical indicators should have been *legitimately* better by now, considering: a) the pre-1959 baseline, b) 21st century technology, c) the peculiar political stability of the last half-century, d) and that Cuba is a narrow island, e) with an urban-concentrated, slow-growing population and without freedom of movement. Indeed, republican Cuba welcomed millions of immigrants, including Asians, Spanish Republican exiles, and Jewish refugees, among others. But since 1959 --*au contraire*-- people run away from Cuba, regardless of the much publicized social benefits, as noted too in this landmark volume.⁹

Social scientists are relentlessly urged to guard human rights cross-culturally and to elude complicity with oppressive/repressive regimes; Hirschfeld sets the example, empathizing with her Cuban informants engaged in everyday resistance. This book is significant in at least five additional salient contributions: i) the author follows the classic call by the influential functionalist anthropologist B. Malinowski to contrast ideal cultural tenets with actual practice (equally applicable to tribal and modern societies). ii) Beyond its health focus, it constitutes an alternative para-manual for legal/political sociology, inasmuch as it restores contemporary Cuba to a martial, despotic and dynastic framework (reminiscent of British ethnologist C. Humphrey's *The Unmaking of Soviet Life*, 2002). iii) As opposed to much of the recent literature on Cuba, it challenges simplistic clichés that pass as scholarship nowadays (and much of which may serve to "launder" [our term] the darkest sides of today's Cuba). iv) It rejects ultimately ethnocentric/bigoted-informed stereotypes that permeate studies on Cuba, albeit inconsistently masqueraded as cultural relativism. v) And finally, it is a reflection of a new generation of

⁹ Also, more U.S. North Americans used to reside in Cuba, than Cubans in the U.S. As for the ethnics, as it is known, the Chinese, Christian-Arab, Jewish, and the other traditional communities have been decimated since most of them opted to vote *en masse* with their feet by fleeing Cuba -- again, even with the socialist healthcare (exaggerated about) benefits (see Note 8).

courageous, facts-based researchers who validate that eclectic qualitative/quantitative comparative anthropological techniques can be mighty effective --when objectively implemented -- for deconstructing a closed society's crafty propaganda. In sum, this tome is exemplary science making in the best Millian-Popperian tradition with implications transcending ever-growing Cubanology.

Roland Armando Alum
Palisades Medical Enterprises (N.J.)

and

Alexander L. Alum
Northwestern University School of Law

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1531 Brescia Avenue, Coral Gables, 33146-3010;
Tel: 305 284-CUBA (2822), Fax: 305 284-4875, Email: cubanaffairs@miami.edu