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POLS 28000
April 10, 2013

Oil for Doctors

Businesses closed and mourners crowded the streets of Havana, Cuba on the days following the death of Venezuela's president, Hugo Chavez. Witnessing three days of mourning by one state over the death of the president of another state was astounding. The Cubans' love for Chavez is not, however, without secondary motivations. It actually stems from the political ties between the two countries. "Venezuela provides close to 100,000 barrels per day of oil to Cuba in exchange for a host of services including doctors that staff free health clinics in slums and rural areas."[1] In addition, "most of Cuba's electricity... [is] generated from imported oil, [and any]... shortages... [affect] nearly everyone on the island."[2] Let's just say that if my ability to have access to electricity depended on Chavez, I would mourn his death too.

This puts Cuba in a profound transitional state, where its economy and potentially even its political structure are bound to undergo dramatic changes. Having Cuba, which is only 90 miles away from Florida, be in such a vulnerable state brings forth the question of what U.S. policy should be towards Cuba. The U.S. has viewed Cuba as a threat for many years and has, therefore, cut all possible relations with Cuba by imposing the embargo. After having spent one week in Cuba, which has literally been crumbling to the ground for years and is now only able to restore itself with the help of other countries, I do not see Cuba as a threat to the States. Instead, I see Cuba as a resource which could help solve an issue the U.S. faces today.

Headlines such as *Doctor Shortage Could Cause Health Care Crash*, *Where Have All the Primary Care Doctors Gone,* and *Medical Schools Can't Keep Up* have been lurking in the news for the past several years. The solution that the U.S. has come up with, as stated by Dr. Pauline

[1] Brian Ellsworth, *Venezuela's Capriles Vows to End Cuba Giveaways*. The Cuban Economy, 2013.
[2] Megan Quinn, *The Power of Community: How Cuba Survived Peak Oil.* Global Public Media, 2006.

W. Chen, is that "there are no sure-fire solutions in place that will bail us all out in time."[3] Dr. Chen goes on to say that "in the United States, we are now short approximately 9,000 primary care doctors. These are the general internists, family doctors, geriatricians and general pediatricians, the doctors responsible for diagnosing new illnesses, managing chronic ones, advocating preventive care and protecting wellness."[4] In 2009, it was projected that in the next fifteen years "primary care will be [hit the] hardest... with a shortfall of more than 65,000 doctors."[5] This, however, was prior to the new federal healthcare law. With "millions of people newly insured under the law," the Association of American Medical Colleges (AAMC) is speculating "a shortage of as many as 150,000 doctors in the next...[fifteen] years."[6]

As the U.S. is struggling to meet the rising demand of primary care physicians, Cuba is graduating them in record numbers. In 2009, Cuba graduated an astounding 25,000 health professionals, but not all for themselves.[7] "In the 50 years since the revolution, Cuba has sent more than 185,000 health professionals on medical missions to at least 103 countries. About 31,000... are in Venezuela."[8] Dr. Sc. Rodrigo Alvarez Cambras, a physician we met in Cuba, stated that when a set number of primary care physicians are needed, then that number of medical school spots opens up for the incoming class. He then went on to tell us that he was meeting with the Public Health Director of Saudi Arabia to discuss their interest in Cuban physicians. This comment came at me like a punch to the stomach. Why would Cuban physicians be shipped across the ocean when they are needed 90 miles away? The bottom line is that the U.S. is in need of primary care physicians and Cuba has a surplus of them. Hence, the

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[3] Pauline W. Chen, *Where Have All the Primary Care Doctors Gone?* New York Times Company, 2012.
[4] Ibid.
[5] Ibid.
[6] Suzanne Sataline & Shirley S. Wang, *Medical Schools Can't Keep Up.* The Wall Street Journal, 2010.
[7] Mirta Ojito, *Doctors in Cuba Start Over in the U.S.* The New York Times, 2009.
[8] Ibid.

U.S. would benefit from lifting the embargo because it would allow Cuban physicians to practice medicine in the United States.

Succinctly, the number of general care practitioners continues to decline, despite the fact that greater numbers of them are needed due to the growing population and the large number of newly insured patients. The low numbers of family doctors can be attributed to the lack of funding for training and the lack of interest in the field due to factors such as salary and medical school debt. Solving this crisis from the inside may not be as feasible as looking outside of the U.S. for solutions. The U.S. does not, however, have to look far because 90 miles off of the coast of Florida lies an island whose greatest achievement is their healthcare system. Cuban general physicians practice medicine all over the world, and now is the pivotal time for the U.S. to redirect its attention to Cuba. Recent events have put Cuba in a fragile state politically and economically. In turn, Cuba is in a state where it poses no threats to the States. Instead, Cuba presents opportunities. Opening our borders to the state which we usually treat as the exception to the rule would allow the U.S. to take a huge step forward in solving the healthcare crisis. In addition, Cuba has a plethora of medical advances which the U.S. could also benefit from.

One of the biggest issues the U.S. is facing today is the lack of first-line care practitioners. For one thing, there are not enough seats in medical schools to meet the demands of our nation. In response to this "a number of new medical schools have opened around the country" and some have "raised the enrollment of first-year students."[9] However, this only brings us partway to the solution. After medical school, doctors are required to complete a residency, which is when they train in a hospital setting to work in the specialty of their choice. Hence, the efforts of medical schools to create more seats "hit[s] a big bottleneck...[because

[9] Sataline & Wang.

there] is a shortage of medical resident positions" as well.[10] According to the AAMC, there are 110,000 medical residency seats which are funded by Medicare.[11] In order to make more residency seats available, more funding is needed. Unfortunately, "Congress imposed a cap on funding for medical residencies" in 1997, which makes creating more positions difficult.[12] A provision was proposed for increasing the number of funded residency spots, but this unfortunately did not make the final bill.[13] Regrettably, solving any crisis is never as simple as taking one step; if it was then it would not be a crisis.

Funding more residency seats alone is not, however, the only hurdle the U.S. needs to overcome. Even if more seats were available, it would not guarantee more general practitioners because newly graduated doctors have a plethora of specialties to choose from. For one thing, education in the U.S. stresses innovation. This mentality sways physicians' interests to specializing and doing research. As stated by Ruchika Tulshyan in Time Magazine, choosing to specialize stems from a "combination of a higher salary and more interesting work."[14] A primary care doctor makes roughly $191,000, whereas a specialist makes upwards of $350,000.[15] Rising medical school costs contribute to these decisions because a majority of medical students graduate at least $200,000 in debt.[16] Hence, the capability of paying off the debt sooner rather than later tends to be the more attractive option. According to Suzanne Sataline and Shirley S. Wang from The Wall Street Journal, "the number of medical-school students entering family medicine fell more than a quarter between 2002 and 2007."[17] The desire for innovation and the financial factors contribute largely to the lack of general care practitioners. As the population of

[10] Ibid.
[11] Ibid.
[12] Ibid.
[13] Ibid.
[14] Ruchika Tulshyan, *Primary Care Doctors: Saying No to $191,000 a Year.* Time Magazine, 2010.
[15] Ibid.
[16] Ibid.
[17] Sataline & Wang.

newly insured patients grows, the U.S. faces "a shortage of primary-care and other physicians [which] could mean more-limited access to health care and longer wait times for patients."[18]

The solution to this crisis may lie 90 miles off of the coast of Florida. Cuba is known for its healthcare system because of its health statistics. The reason behind their success lies in their successes in preventative and primary care. "Cuba produces more primary care practitioners per capita" because a medical education is Cuba is free.[19] In addition, no matter what specialty a Cuban physician wants to choose, they must first serve for two years in a primary care setting.[20] Although this system works very well for the country, its physicians are not always satisfied. A typical salary for a physician in Cuba is $25 a month.[21] As a result, "while the rest of the...[U.S.] is suffering from a shortage of primary care physicians, Miami is awash with Cuban doctors who have defected in recent years." The catch? These doctors end up "'working in warehouses or factories or as gas attendants,' said Julio César Alfonso, 40, who graduated from medical school in Cuba in 1992."[22]

"Foreign doctors trained in languages other than English face immense challenges getting a license to practice in the United States. Not only must they relearn their profession in English, but many... must also work to support themselves and their families."[23] Relearning the profession does, however, entail going through a residency program and taking exams. And, if the U.S. is already unable to provide enough residency positions to meet the demands of the country, then they surely will not be able to provide more seats to Cuban physicians. This is where lifting the embargo would allow the U.S. to make exceptions to some rules. In the past,

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[18] Ibid.
[19] Ibid.
[20] Ibid.
[21] Ojito.
[22] Ibid.
[23] Ibid.

the U.S. has set forth specific guidelines which only apply to Cubans regarding citizenship and permanent residency. Hence, Cubans have historically been the exceptions to rules. In turn, if the U.S. lift the embargo, it could implement a system where its language and techniques will be incorporated into residency training in Cuba. In turn, the general physicians Cuba graduates would already have met the requirements and passed the necessary exams prior to coming to the States. Implementing such a system would provide the U.S. with more family doctors without the costs of residency training. This would be particularly beneficial for parts of the U.S. were Spanish-speaking doctors are needed.

In addition to increasing the number of general practitioners in the U.S., lifting the embargo would lead to a beneficial exchange of technology. For instance, Professor Rene Caparros Aguiar from the University of Havana told our group about a hepatitis A vaccine which was endorsed by the United Nations and used in many countries. The U.S. could benefit from such an exchange of knowledge with Cuba.