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The Myth of Cuban Health



Foreword

Cuban health has been one of the main political flags of many supporters of the Cuban regime, both on the American continent and globally, to justify the island's political system. We have seen supranational organizations praise the system and local documentary filmmakers promote it.

Most of the presented arguments use the results of the official figures and the general egalitarian rules of Cuban health as the primary justification for the defense of said health structure. In our present document, originally published as three articles in a series on Fundación Internacional Bases' website, we have compiled, summarized, and analyzed all the critical scientific studies and independent reports available concerning the Cuban health system and the statistics that it contains.

As can be seen from the report, the island's health is nothing more than a myth. Cloaked by false and distorted statistics, the Cuban health system is crumbling to pieces. At the same time, in parallel, a better-quality structure is established for members of the regime and foreign citizens. As if this were not enough, a program that could be termed human trafficking uses medical professionals as a tool for political, propaganda, and revenue operations for the regime and its allies. Cuba's health is neither good, efficient, nor egalitarian, but a perverse scam that unfairly treats its people and deceives the world in complicity with officials of international organizations. In the first section of the document, we will focus on the errors and distortions of the island's health statistics; in the second part, we will highlight the failures and inequalities in the functioning of the health system. In the third and last section, we will analyze the problems of the missions Cuban Doctors International.

In a world shocked by a pandemic, with national health systems and international organizations in the eye of the storm, the public debate on health must maintain a critical and scientific outlook rather than responding to individual political interests. We hope that this contribution, which condenses the information available, in some cases making data available to the Spanish-speaking public for the first time, will allow us to advance in the direction of human progress.

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About The Victims of Communism Memorial Foundation

The Victims of Communism Memorial Foundation (VOC) is an educational, research, and human rights nonprofit organization devoted to commemorating the more than 100 million victims of communism around the world and to pursuing the freedom of those still living under totalitarian regimes. The Foundation was authorized in 1993 by a unanimous Act of Congress signed as Public Law 103-199 by President William J. Clinton on December 17, 1993. On June 12, 2007, President George W. Bush dedicated the Victims of Communism Memorial statue in Washington, D.C.



About Fundación Internacional Bases

Fundación Internacional Bases is an institution that thinks globally and acts locally. Bases participates in the most important current discussions related to individual liberties and the market economy. It does not seek to be just another voice but to be an active part of a substantial change that will bring about the triumph of freedom, the passage to a society of responsible individuals, the opening of the economy and the diminishing of the role of government in our lives. To this end it actively cooperates with think-tanks, individuals, educational institutions, new media people and all those who want to achieve full freedom. The main mission of Fundación Internacional Bases is to generate a pro-freedom groundswell of opinion and thus drive reforms. To this end, the foundation empowers individuals, organizes events, carries out campaigns and produces studies. Thus, the foundation is inspired by Juan Bautista Alberdi's masterpiece "Bases y puntos de partida para la organización de la república", to which it owes its name, to promote that Argentina and Latin America resume the path pointed out by Alberdi in order to achieve freedom and greater prosperity, both in material and cultural terms.



The World Health Organization supports the Cuban Health Statistics Scam

In 2020 the World Health Organization (WHO) was staggered due to **its complicity with the Chinese government** and the mishandling of the SARS-CoV-2 virus pandemic and the COVID-19 disease. However, it is not the first time that the WHO and its director Tedros Adhanom Ghebreyesus support dictatorial governments with dubious sanitary qualities. In fact, the WHO has a history of cover-ups, distortions, lies, and support for such regimes. The most shameful case is the disastrous Cuban health, praised by the WHO and Adhanom Ghebreyesus. In this first part of the study, we will show how **Cuba manipulates the figures with WHO's and the Pan American Health Organization's (Regional Office for the Americas of the World Health Organization) consent.**

The myth of infant and general mortality

Cuba's achievements in children's health have been used to praise the health system created by the communist dictatorship and continues to present as one of the best examples of good health at low cost. Infant mortality in Cuba in 2015 was supposedly 5.5 per 1,000 live births,

like that of Canada (4.9) and lower than that of the United States (6.5). The only comparable Latin American country is Chile, which had an infant mortality rate of 8.1. Despite suffering desperate poverty, Cuba appears to be healthy. Its life expectancy of 79.5 years and infant mortality rate of 4.3 per 1,000 live births (as of 2015) compare well with wealthy nations such as the United States (78.7 years and 5.7 per 1,000 live births). However, its per capita income of \$ 7,602.3 (in 2017) makes it one of the poorest economies in the hemisphere.

However, not everything is as straightforward as it seems. The 2015 United Nations (UN) report indicated, for example, that the maternal mortality rate in Cuba is 39 per 100,000 live births, compared to only 22 in Chile, 25 in Costa Rica, and 15 in Uruguay. These figures contrast with Cuban reports that the density of doctors is 7.5 per 1000 inhabitants, much higher than that of Chile (1.0), Costa Rica (1.1), and Uruguay (3, 9).

In turn, in terms of healthy life expectancy (years a person is expected to live without illnesses or disabilities), Cuba lagged Costa Rica,

Chile, Peru, and Bermuda and surpassed Uruguay, Puerto Rico, Panama, Nicaragua, and Colombia marginally. Likewise, the Cuban health system shows poor performance in other domains related to adult health, including diseases associated with tobacco use, mental health, and suicides.

In another 2015 study found that, although the relationship between late fetal deaths and early neonatal deaths in the countries with available data was between 1.04 and 3.03 (a relationship that is also representative of the countries of Latin America), Cuba, with a ratio of 6 was a clear outlier. The study detailed that this distorted figure, in combination with its existing complaints, would seem to indicate that doctors reclassify early neonatal deaths as fetal deaths, thus deflating the infant mortality statistics and increasing life expectancy. The latter, as by protocol, are not counted for the calculation of these statistics.

By contrasting these proportions found for other countries, corrections were proposed to the statistics published by the Cuban government. Instead of 5.79 per 1000 births, the infant mortality rate appears to be between 7.45 and 11.16 per 1000 births. Recalculating life expectancy at birth, taking these corrections into account, life expectancy at birth for men is between 0.22 and 0.55 years below the values expressed.

Hospitalizations and forced abortions

Misreporting to meet targets is not the only reason for the low infant mortality rate. Thus, an ethnographic study of the Cuban health system detailed how doctors, when they feared the presence of behaviors that could lead to not reaching the centrally established objectives, do not hesitate to recommend the forced hospitalization of risky mothers in state clinics.

Likewise, doctors often perform abortions without the mother's explicit consent, raising

severe medical ethics issues - when an ultrasound reveals fetal abnormalities. The cause is clear-cut : failure to do so could increase the already manipulated infant mortality rate. In turn, Cuban doctors and researchers have reported as a common practice that fetuses from induced abortions are thrown still alive into garbage cans in the living room bathrooms and that these are omitted from the reports.

Coercing or pressuring patients to abort artificially improves infant mortality and life expectancy by preventing high-risk births that would have inflated rates, helping physicians meet centrally set targets. With 72.8 abortions per 100 births, Cuba has one of the highest abortion rates in the world. As an example, Spain has about 24 abortions for every 100 births, and Uruguay with about 26.

What is more, if we combine the misreporting of late fetal deaths and miscarriages under pressure, life expectancy would drop between 1.46 and 1.79 years for men. With this adjustment alone, instead of occupying first place in the ranking of life expectancy at birth for men in Latin America and the Caribbean, Cuba falls to third or fourth place, depending on the rank.

Poverty and its consequences

Repressive policies, pauperization, and economic failure also contribute to Cuba's health outcomes. For example, car ownership is highly restricted in Cuba, and consequently, the country's car ownership rate is well below the Latin American average (55.8 per 1,000 people versus 267 per 1,000 in 2016). A low rate of car ownership results in low traffic congestion and few deaths from traffic accidents. In Brazil, where the car ownership rate is 7.3 times that of Cuba, road deaths reduce the life expectancy of men and women at birth by 0.8 and 0.2 years. This restriction also forces the population to increase its dependence on more physically demanding forms of transport (e.g., cycling and walking).



Another example is the ration cards that entitle Cubans to limited merchandise quantities with prices well below market clearance levels, implying a need to ration consumed quantities. During the “Special Period” (prolonged economic crisis), there was a sustained shortage of food, which led to reductions in daily per capita energy intake. The latter, combined with increased energy expenditure due to dependence on physically demanding forms of transport, reduced net nutrition. Thus, obesity rates were accidentally reduced by 50%. Being careful about establishing causal links has likely contributed to significant reductions in deaths attributed to diabetes, coronary heart disease, and stroke.

Of course, these improvements in health statistics do not reflect the low quality of life that the Cuban people must tolerate. In conclusion, Cuban health is nothing more than a myth forged by the regime through suffering and lies.

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- 12 “The Myth of Cuban Health Care”; Jay Nordlinge
13. Articles from the WHO and the Cuban health system
14. Cuban sanitary facilities images



The Lies of the Operation of the Cuban Health System

In the first part of this report, we saw how the World Health Organization (WHO) and its director Tedros Adhanom Ghebreyesus supported the cover-up, distortion of figures, and lies of the Cuban dictatorship about health of their country. In this second section, we will analyze the crucial failures of the Cuban health system that the WHO and its director praise so much, strongly questioned by handling the coronavirus pandemic and its complicity with the Chinese dictatorship. While the WHO speaks of the Cuban “health revolution” and praises the facilities, figures, and equipment of the system, the reality shows a quite different scenario.

Health before the Revolution

The Cuban regime had always propagated the idea of a destroyed Cuba in health and education matters before Fidel Castro came to power. However, according to UNESCO itself, in 1958, Cuba dedicated 23% of its total public budget to education, the highest percentage in Latin America. Its literacy rate in 1960 was 79%, compared to 65% and 60% in Mexico and Brazil, respectively. In the health field, Cuba’s investments were also notable. The number of doctors and nurses per 1,000 inhabitants was 1.0 and 4.5, respectively, the third and fourth highest in Latin America. In fact, Cuba had already achieved good health results before the Revolution.

Life expectancy at birth in Cuba in 1958 reached 64 years, a figure that was only higher in Argentina (65 years) and Uruguay (68 years) in Latin America. Its infant mortality rate in 1958 was 39 per 1,000 live births, the lowest in the region and

much lower than that of Argentina (60), Costa Rica (87), Chile (118), and Mexico (94). Despite this, the Cuban revolutionary government is ruthless in painting a bleak picture regarding pre-revolutionary Cuban health.

Inequality in care

Currently, Cuba is depicted by international journalists as the panacea for equality in access to quality health. However, Dr. Jaime Suchlicki, from the Institute of Cuban and Cuban-American Studies at the University of Miami, explains that there is no one system on the island, or even two: there are indeed three.

The first is for foreigners who go to Cuba specifically to receive medical attention known as “medical tourism.” Tourists pay in foreign currency, which provides oxygen to the regime. Moreover, the facilities in which they are treated are clean, well-supplied, and state-of-the-art. Foreign-only facilities do significant business with Botox treatments, liposuction, and breast implants. Let us also remember that there are many other separate or segregated facilities in Cuba. People speak of “tourist apartheid,” where, for example, there are separate hotels, separate beaches, independent restaurants, all separate from the standard population.

The second health care system is for Cuban elites: the party, the military, artists, and official writers. Their system, like that of medical tourists, is top-notch.

Finally, there is the accurate Cuban system, the one that ordinary people must use. The testimony

and documentation on the subject are vast: Hospitals and clinics are falling apart, conditions are so unsanitary that patients can be better at home, whatever the home. If they have to go to the hospital, they should bring their sheets, soap, towels, food, light bulbs, even toilet paper. Likewise, essential medicines are scarce.

Lack of supplies, equipment, and buildings in good condition

The Cuban health system is collapsed and does not have adequate facilities or supplies. A clear example of this is the [compilation of photographs](#) taken in hospitals and health centers in Cuba by three authors.

Researchers conducting fieldwork observed an overwhelming widespread reliance on the black market or the informal economy to meet the basic needs of consumers, including health needs. Almost everyone relied on goods and services purchased through informal reciprocal networks of friends and family (often referred to as “partners”). The popular term for this practice is “socialism,” a term that Cubans jokingly use to describe the lived reality of their socialist system.

For example, in one of the communities studied, no one used the formal health sector for common ailments (colds, flu, muscle strains, arthritis) during the entire time the fieldwork lasted. Instead, “partners” were called upon for medical consultations, surgical supplies, dental equipment, pharmaceuticals (often sent by Miami relatives), and local advice. In contrast, local family practice clinics were often lacking in patients as necessary supplies.

Violation of patient privacy

In Cuba, there is no right to privacy in doctor-patient relationships, nor the right of patients to informed consent, no right to refuse treatment, nor the right to protest or sue for malpractice. Consequently, medical care in Cuba can be intensely dehumanizing. The health care system in Cuba is often quite paternalistic and authoritarian, and politics intrude on medical practice in various ways, whether subtle or overt.

For example, Cuban family doctors are expected to attend to the “health of the revolution” by monitoring their neighborhoods for any signs of political dissent and working closely with officials to correct beliefs or behaviors. Family physicians must also report on their patients’ “political

integration” and share this information with state authorities.

How family practitioners participate in their patients’ political (or financial) oversight varies widely: some physicians seem eager to score political points by reporting their patients, while others struggle to maintain at least some confidentiality. The intrusion of politics into health care is also illustrated by the militaristic rhetoric used in Cuban medical textbooks and other health publications that detail the ideology and practice of socialist medicine.

There are situations where, for example, patients are not granted autonomy to make their own reproductive decisions, inducing abortions in high-risk cases without informing the mother of the possibilities or giving her room for choice. Furthermore, the clinical setting is not a private space where doctors and patients discuss medical options and reach a joint decision on how to proceed. Instead, the clinic is a political space, and decisions are often made following broader statistical and political goals set by the national Ministry of Health. There is no right to privacy in the doctor-patient relationship to protect clinical medicine from this type of totalitarian intrusion.

There are malpractice cases in all global health systems, but there are two dire particularities in Cuba. On the one hand, investigations into cases of malpractice record a strong collaboration between Cuban doctors to cover up errors. On the other hand, there is no effective right for patients or family members in Cuba to publicly criticize their doctors and assert a right to compensation in known malpractice cases. Any attempt to vindicate these rights is likely to result in some form of political sanction, which poses a severe prejudice to citizens’ freedoms.

Persecution of dissident doctors and researchers

There are famous cases of health persecution, to call it somehow. In a famous case, after filing a complaint against the health system with the authorities, not only was there no investigation, but the complainant, the doctor Oscar Elías Biscet, was sentenced to 25 years in prison.

Another recognized case is that of Hilda Molina Morejón. She was the leading neurosurgeon in the country, founder of the International Center for Neurological Restoration, and a deputy in the National Assembly. However, in the early 1990s, the regime informed him that the neurological

center would focus on foreigners, given their ability to bring in foreign exchange. She objected, resigning her positions, and returning the medals that Castro had awarded her. After this came acts of repudiation and government persecution. He was forbidden to leave the island, and he was prevented from practicing medicine. Finally, in 2009 he was able to emigrate to Argentina.

Discrimination against HIV patients

In 1986, the Cuban government adopted an authoritarian resolution that made HIV testing and indefinite confinement mandatory for all people living with the virus. The first and most famous sanatorium was the “Los Cocos” farm in

Santiago de Las Vegas, but finally, 13 other similar entities were established. The patients were prisoners in these facilities. In 1988, under pressure from the international community, Cuban authorities relaxed restrictions on the mobility of people living with HIV. It was only in 1993 that sanatorium doors were opened, and outpatient care became the norm.

As we can see, the Cuban health situation cannot be described as less than an absolute disaster. The last of the scourges, sending professionals abroad under a semi-slave regime, will be dealt with in the next section.

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The Deception of Cuban Doctors and International Complicity

In the second part of this work, we saw how the World Health Organization (WHO) and its director Tedros Adhanom Ghebreyesus supported the decadent and oppressive Cuban health system. In this third and final section, we will study the human trafficking system that Cuba has set up with its doctors worldwide. WHO and its directory highly praise this health system; however, it is an organization **highly questioned for the coronavirus pandemic handling and its complicity with the Chinese dictatorship.**

International missions of Cuban doctors

The World Health Organization has praised the Cuban dictatorship for sending doctors to Africa, thanking them for their support through corresponding international support organizations. However, not everything is rosy as the WHO tries to paint it.

It is estimated that half of all Cuban doctors, no less than 40,000, currently work in 66 countries in Asia, Africa, and Latin America. According to the Cuban Ministry of Commerce, the export of doctors to provide medical services has become the primary source of foreign

exchange, more critical than nickel, tourism, and remittances.

However, many have criticized the level of training and preparation of Cuban professionals, who on many occasions are not doctors but nurses and assistants, and of whom it is difficult to verify the quality of their teaching and practical experience. The regime, for its part, has always prevented the supervision of training. This is not surprising since it is in their best interest to send the most significant number of “doctors” abroad to earn foreign exchange for their services.

In principle, there would be nothing inherently objectionable because Cuba leases its medical surpluses to foreign nations. However, this export of doctors, which the Cuban authorities insist on describing as “proletarian internationalism” or “solidarity support,” takes place in a context that violates the labor rights of Cuban doctors and the agreements of the International Labor Organization (ILO) on the protection of wages. Indeed, the Cuban government, which operates through the *Comercializadora de Servicios Médicos Cubanos*, has been accused



of human trafficking and sued in Brazilian courts.

Mutilated wages and hostage families

In 2014, the Brazilian government paid a monthly salary of \$ 4,150 to each Cuban doctor, in addition to food, transportation, and medical insurance. However, the doctors only received \$ 1,000 a month, of which \$ 600 was deposited in bank accounts in Cuba only to have access to the funds when they return to their hometown after completing their mission. It is regrettable to point out that this mutilated payment far exceeds the 50 dollars a month usually paid to doctors on the island.

Either way, the remaining \$ 3,150 a month is being withheld by the Cuban government. According to a report by the organization Cuban Prisoners Defenders (CDP), a Spanish-based NGO that campaigns for human rights in Cuba and is linked to the opposition group Unión Patriótica de Cuba (Unpacu), doctors receive on average between 10 % and 25% of the salary paid by the host countries. The rest remains with the Cuban authorities.

In turn, most of the doctors sent to these missions leave their families in Cuba. The situation of quasi hostages of wives and children operates as a limitation for possible desertion either because they want to see their loved ones again or because they fear the consequences that could befall them.

Violations of medical ethics

Cuban doctors working in these missions are also subject to strict bans and continuous surveillance. Medical personnel in international missions cannot establish personal relationships with the local population or speak with foreign journalists and diplomats and request permission to travel outside their jurisdiction.

For example, a [doctor interviewed by the BBC](#) stated that she voluntarily signed a contract for three years but did not have time to read it, nor

was she given a personal copy. The interviewee assured that she wanted to flee, but her Cuban mentors had taken her passport as soon as she arrived in Guatemala.

[Another doctor interviewed](#) explained that, during his seven years in Venezuela, he saw how medicine was used as a political tool for propaganda purposes, sometimes at the expense of the ethical code of doctors. During the 2004 campaign, they sent doctors to give gifts and medicines to win support for Hugo Chávez. They also had lists of patients according to their political persuasion. Supporters of the Chavista government were given better treatment than the rest, and all the information they collected about Venezuelans was handed over to the mission coordinator.

Despite the strict rules of the Cuban authorities and the fact that they rarely send single or familyless doctors, [according to the Spanish newspaper El País](#), no fewer than 5,000 Cuban doctors, nurses, and therapists have defected in the last decade during their mission. Many are escaping from Venezuela to the US or within Brazil itself.

[The Cuban Prisoners Defenders \(CDP\) group report](#), made from the direct testimony of 46 doctors with experience in medical missions abroad, in addition to public information extracted from the statements of 64 other doctors, details that:

- 89% said they had no prior knowledge of their destination within a particular country
- 41% said that a Cuban official withdrew their passport upon arrival in the host country
- 91% said Cuban security agents had watched them on their mission, and the same percentage said they were asked to transmit information about their colleagues to security agents
- 57% said they did not volunteer for a mission but felt compelled to do so, while 39% said they felt strongly pressured to serve abroad

The CDP has recently reported that more than half of the 46 doctors with experience in international missions who were interviewed confessed to having had to falsify the statistics, inventing patients, consultations, and pathologies that did not exist. By exaggerating the effectiveness of the missions, the Cuban authorities may, according to the report, ask for more money from the host country or justify expanding the mission.

In turn, an 11-page report dated in Geneva on November 6, 2019, signed by Urmila Bhoola of the Office of the Special Rapporteur on Contemporary Forms of Slavery and by María Grazia Giammarinaro of the UN Rapporteurship on Person Trafficking, is based on the complaint filed by Cuban Prisoners Defenders on May 10,

2019. It arises from 450 testimonies of Cuban doctors that reveal the mechanisms of slavery exercised in these missions. These captivity-type methods are 64 hours a week of work, the pressure to participate for fear of reprisals from the Cuban government, and the impossibility of withdrawing from work abroad. Abandonment of the mission of civil workers is punishable by deprivation of liberty from three to eight years.

According to official Cuban figures, Cuban medical missions have been operating since 1963, and more than 600,000 health workers have provided medical services in more than 160 countries. Currently, some 30,000 Cuban doctors are active in 67 countries.

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A green-tinted background image of a stethoscope, with the chest piece and earbuds visible, set against a dark green gradient.

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