

Book Review

## **Revolutionary Doctors: How Venezuela and Cuba are Changing the World's Conception of Health Care**

by Steve Brouwer. New York: New York: Monthly Review Press, 2011. \$18.95 U.S., paper. ISBN: 978-1-58367-239-6. Pages: 1-256.

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*Revolutionary Doctors* explores the human needs based health care model developed in Cuba and how those involved are becoming protagonists of social change. Beginning with Cuba's original revolutionary doctor – Che Guevara – readers are guided through the origins of Cuban health care, how it spread to Venezuela and beyond, and the counter-revolutionary response.

Che Guevara's vision of "combining the humanitarian mission of medicine with the creation of a just society" (p.11) is being implemented in Cuba and Venezuela. Soon after the triumph of the Cuban Revolution, thousands of doctors and over a hundred medical professors left the country further weakening their inadequate medical system. The new Cuban government insisted on developing universal health care through adopting a preventative based system, opening a second medical school and creating positions for recent graduates of the University of Havana Medical School in rural areas. Health care continued to improve including through the creation of Basic Health Teams and *brigadistas sanitarias* or health brigades in the end of the 1980's. Every small neighborhood has a Basic Health Team, which includes one doctor and one nurse who live in the community. Not only did this increase community coverage to 99% by 2004 but it also gave residents more of an active role in their health care. Health brigades, made up of residents, assist doctors in prevention programs and public health campaigns. While Cuba created universal health care domestically, they continued their commitment to internationalism.

From Algeria to Angola and more recently Haiti, Cuba has sent health professionals on humanitarian missions for over five decades in response to emergencies and "long-term collaboration in developing

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another nation's system of primary health care" or the Comprehensive Health Plan (p.45). Along with humanitarian missions, the Latin American School of Medicine (ELAM) was founded in 1998 for students from around the World to study medicine for free. In return, students promise to serve the poor of their country through preventative community health care.

Venezuela's health care was in desperate need of an overhaul as "prior to 2003, there were just 1,500 doctors employed by the Venezuelan government to provide primary care in a public system that had 4,400 offices called *ambulatorios*" (p.85). As a means to improve health care the Cuba-Venezuela Comprehensive Cooperation Agreement, a precursor to the Bolivarian Alliance of the Peoples of Our Americas (ALBA), was signed on October 30, 2000. This agreement allowed for the exchange of goods, services and experts between the two countries with oil as the largest export from Venezuela and Cuba offering human capital through "thousands of teachers, agronomists, technicians and other experts" (p.81). After the failed economic coup in 2002, the government consolidated control of PDVSA, the state oil company, and its revenue, which was used to increase funding for social programs such as Barrio Adentro to address the inadequate public health system. Barrio Adentro has been expanded to include four different levels from preventative primary care, diagnostic centers, updating and modernizing the public health care system through increased community involvement, improved medical technology and the construction of new hospitals, and building new specialized research hospitals for specific areas like oncology, cardiology and nephrology.

Similar to the Cuban model, these missions mobilize community members to be active participants in their health care. If a community wants a Cuban doctor they are "expected to organize a committee of ten to twenty volunteers from the community who would commit themselves to finding office spaces, providing sleep quarters, collecting furniture and simple fixtures, and feeding the medical providers" (p.84). Though Brouwer singles out health professionals as protagonists of social change, community members who support the health programs are also shaping the socialist project. Integrating community members into the system empowers residents while giving them a direct role in shaping their health care and negating top down approaches. In terms of gender, women are becoming empowered through their involvement in health committees to increase their involvement in their communities. A main argument of *Revolutionary Doctors* – that those involved in health

care are becoming protagonists for socialist change - can be extended to include all participants of missions or social programs in Venezuela. Not only are Venezuelans taking an active role in their health care but also other missions including education (Ribas, Robinson and Sucre) and local government through communal councils.

Both countries have made huge gains in traditional measures of health care and the social determinants of health but there are still problems internally and abroad. The United States attempts to undermine the new conception of health care through media, laws and aid to destabilizing groups. Domestically, problems include inconsistent coverage in the most disadvantaged communities and the inherited inefficient bureaucracy. Critics argue that Cuba's health care has suffered from a decrease in doctors as large numbers continue to go on humanitarian missions, which pays considerably more than practicing in Cuba. As is set out in the agreement between Cuba and Venezuela and all countries with humanitarian missions, Cuban doctors will leave and host countries must develop self-sufficient health care systems. A common critique is that an insufficient number of new doctors are trained and thus host countries continue to be dependent on Cuban doctors. As a response to potential dependency, Mission Sucre, the program for free university level education, in conjunction with Barrio Adentro, *Medicinia Integral Comunitaria*, "university without walls" (p.15), and ELAM train new medical doctors.

In the end, Brouwer provides a compelling case for the needs based conception of health care, which has improved the lives of the poor around the World. His arguments are supported with the fascinating personal stories that are weaved throughout the book. From medical students studying in *Medicinia Integral Comunitaria* in the small village of Monte Carmelo to Cuban doctors' experiences in post-earthquake Haiti, there are numerous examples of seemingly ordinary people working to create a better health care system and society. These stories provide hope that there is an alternative to the profit-driven capitalist model of health care and capitalism in general.