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This excerpt is from a 2002 Oxfam report she wrote entitled *Cuba: Social Policy at the Crossroads: Maintaining Priorities, Transforming Practice*.  http://www.pbs.org/wgbh/amex/castro/subimages/hr_greyline_5_1_5.gif  "Cuba's achievements in social development are impressive given the size of its gross domestic product per capita. As the human development index of the United Nations makes clear year after year, Cuba should be the envy of many other nations, ostensibly far richer. [Cuba] demonstrates how much nations can do with the resources they have if they focus on the right priorities - health, education, and literacy." -- Kofi Annan, Secretary General of the United Nations, April 11, 2000  When Cuba's revolution came to power in 1959, its model of development aimed to link economic growth with advances in social justice. From the start, transforming economic changes were accompanied by equally transforming social initiatives. For example, in 1959, Cuba carried out a profound agrarian reform which ended *latifundia* in the island and distributed land to thousands of formerly landless small farmers. Alongside this fundamental reform were programs directed at providing health care and education to the farmers and their families. A national health system and its rural health services were introduced in 1959; only 8% of the rural population had access to health care at that time. The National Literacy Campaign of 1961, recognized as one of the most successful initiatives of its kind, mobilized teachers, workers, and secondary school students to teach more than 700,000 persons how to read. This campaign reduced the illiteracy rate from 23% to 4% in the space of one year.  Initiatives in the cities were no less ambitious. Urban reform brought a halving of rents for Cuban tenants, opportunities for tenants to own their housing, and an ambitious program of housing construction for those living in marginal shantytowns. New housing, along with the implementation of measures to create jobs and reduce unemployment, especially among women, rapidly transformed the former shantytowns.  The swift pace of change of the early years gave way to more measured advances, but the values that framed those initiatives have greatly influenced the body of social policy in Cuba. Cuban social policy is characterized by its emphasis on **universal coverage** and reach for all programs and for all educational, health, and social benefits. These are seen as part of a "social wage" that workers accrue in addition to their monetary wage.  Social policy has also favored the development of **equity** across society, including the equitable distribution of benefits across all sectors of the population, sometimes favoring the most vulnerable. In the last 40 years Cubans have greatly reduced differences in income between the lowest and the highest paid persons. Women have benefited significantly from the revolution as they have educated themselves and entered the labor force in large numbers. The differences among Cubans of different races have also been reduced.  Cuban social policy is also characterized by **the exclusive participation of the public sector** in its development and execution. The government assumes responsibility for financing social programs and for providing all social benefits.  The programs and subsidies that make up Cuba's safety net cover its citizens from cradle to grave. They have led the island to outcomes that, especially in health and education, are almost universally recognized as positive. The 1999 Human Development Index (H.D.I.), which measures basic dimensions of human development -- longevity, knowledge, and a decent standard of living -- ranked Cuba 58 out of 174 countries. Primary indicators for Cuba were: life expectancy at birth (75.7 years), adult literacy rate (95.9%), combined enrollment in school (72%), and per capita income (est. $3100)...  **Health Care** Health care is considered a right of Cuban citizens and is provided free of charge. Health care was nationalized in Cuba in 1961, although some physicians continued to operate privately and a very small number still do so today. When, in 1959, Cuba began the process of transforming the health status of its population, it faced some important challenges. First of all, most health care was concentrated in urban areas, and was offered through a network of private clinics and a weak public system that was generally regarded as deficient. Second, in the first years after the revolution, about one-half of the physicians left the country, many in the wake of the socialization of medicine. Cuba was left with the burden of caring for its people with greatly diminished resources and the need to train almost all its medical personnel. But it was also left with the opportunity to develop a health care system from the ground up. And it developed a system that has attracted the attention of the world for its reach, its access, and its orientation to prevention. Health outcomes worsened during the first decade of the revolution as the system was put in place, but outcomes recovered by 1970 and have continued to improve to this day....  **Education** Education is also considered a right of every citizen and is provided free of charge at every level. The Cuban educational system includes pre-primary, primary (1 to 6), secondary (7 to 9), and pre-university or technical/professional education (10 to 12). University education is also available. The evolution in this area is similar. In 1959, the educational attainment of Cubans stood at third grade. Forty-five percent of primary school children did not attend school, and 23% of the population over 10 years old was illiterate. The National Literacy Campaign reduced the illiteracy rate to 4% in 1961; the illiteracy rate in Cuba has remained under 10% and today stands at 6.8% of the population. According to the United Nations, the rate of literacy among people 15 and older in Cuba was 97%, compared to 99% in Canada and the United States, 96% in Costa Rica, and 83% in the Dominican Republic. In the 1960s and 1970s, schools were constructed, and a system of scholarships was instituted that assured that all children, regardless of where they lived or the economic situation of the family, would be able to attend school. The number of children in the labor force, low even in 1960 when compared to Latin America as a whole, first decreased and then dropped to zero as the availability of schools led to dramatic increases in the rates of enrollment in primary, secondary (high school), and tertiary (university or professional school) education...  In 1980, 98.8% of the children 6-11 were attending primary schools. Enrollments in secondary education also climbed from 14% in 1960 to a high of 90% in 1990... Enrollments in higher education increased from a low of 7% in 1970 to a high of 21% in 1990. These enrollments were strongly affected by the economic crisis of the 1990s, dropping to 12% in 1996. Nevertheless, the educational attainment of Cubans has translated into a highly educated workforce: of all Cuban workers, 14% have a university degree.  **Culture for All** Another area that strongly reflects the universality present in Cuban social policy is arts and culture. As early as 1959, several new cultural institutions were founded in Cuba that would become important to the development of art and culture across Latin America: Casa de las Americas, the Cuban Institute of Cinematographic Arts and Industry (I.C.A.I.C.), the National Theatre, the National Ballet, the National Symphonic Orchestra, and the National Folkloric Group. The literacy campaign also raised Cuban capacity to fully engage in the arts and culture. These developments alone would have enhanced the life of the Cuban people. But what has most characterized the process of cultural development in Cuba is the massive participation and access to arts and culture that is available to the Cuban people.  Uriarte, Miren. *Cuba: Social Policy at the Crossroads: Maintaining Priorities, Transforming Practice*. An Oxfam America Report. 2002, pp. 6-12. [http://www.oxfamamerica.org/newsandpublications/ publications/research\_reports/art3670.html](http://www.oxfamamerica.org/newsandpublications/publications/research_reports/art3670.html), December 2004. | |