

[Speech given by DR. Fidel Castro Ruz, President of the Council of State of the Republic of Cuba to the students graduating from the Havana Higher Institute of Medical Sciences, at the Karl Marx Theater on August 9, 1999 \[1\]](#)

Date:

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Actually, I was forced to come up here. (LAUGHTER) I had not made any commitments but then I heard the master of ceremony say that "on this glorious day, and so on and so forth I would be addressing you", which meant that I must definitely do so. Accepting an invitation to a ceremony does not necessarily mean that you are going to make a speech. In fact, I have made more than one lately adding up to quite a few hours and the press is still waiting for me to revise them all; so, I had no plans to make a speech here today.

I was told that it would be a graduation ceremony for students of medicine, dentistry and nursing as well as a group of technicians and that I was invited to attend. I often do not attend for that very reason because the invitation to attend is usually followed by a request for a speech. This time, therefore, there will not be a speech. I have come up here simply to extend my greetings to you and to say that, in this case, I felt especially motivated to accept the invitation, even at the risk of being forced onto this stage.

I am very much aware that your graduating class has pursued studies during an extremely difficult period in the life of our country.

I am also aware of the dignity and purposes of the studies you have just completed, or should I rather say that you have just begun since it is now that you will truly begin to learn about medicine. The rest could practically be learned from books although the services you have provided in hospitals during your training have certainly given you considerable experience.

I have something else in mind and it is that we are living in one of the most glorious times ever for Cuban medicine. This is absolutely true and I say it because I am fully convinced.

There are several factors that would make anyone stop and think. [Health Minister] Dotres was saying that 2390 medical students and 200 dentistry students are graduating today throughout the country. But there are also over 2100 students graduating in nursing. This is a huge step forward. On the many occasions that I have met with students graduating in medicine and dentistry, this is something I never had the privilege to see and it is the fruit of the ideas guiding the development of our medical schools and the training of health personnel.

Before, only doctors and dentists graduated but today there are also thousands of students graduating in nursing: 2118 in all. We can speak of thousands because two thousands is already plural and the additional 118 is a part of another thousand, and so we can say they number in the thousands. Then there are also the first 18 technicians, which means a qualitative advancement.

At the beginning of the Revolution, students enrolled in the nursing school after finishing ninth grade. Some of the girls were so young that they took dolls with them to the hospital. Teacher training also

began after sixth grade. Then, years later, a grade 12 education was required for both. Later still, a further step forward demanded their graduation from the university.

There was a time when around 6000 new students enrolled in medicine schools every year. As the number of medical students logically decreased, there was a surplus capacity. Some wondered what we would do with the vacancies in the 21 medical schools. I thought we needed them for many other things such as graduating nurses, health care technicians and also for post-graduate courses to upgrade our doctors and dentists. There will never be a surplus capacity in such schools and there is room for no less than 1500 students at each of them since that is how they were planned. In addition, the School of Basic Sciences here in the capital has room for 2500 students. This capacity has been preserved and we have made very good use of it in these difficult times.

We had the professors. Not a single professor at any of our medical schools was laid off although they received a modest salary given the material conditions we have had to endure throughout these years. Also, not a single medical school graduate was left without a job assignment.

The truth is our medical personnel, and we revolutionaries, do not work for money. Yes, we need it; it is understandable. Our country struggled very hard under the blockade to keep the economy growing until the collapse of the socialist bloc struck as a colossal blow putting to the test our integrity, our patriotism, our revolutionary spirit. We have carried on alone enduring a double blockade and finally arrived where we are today, with an economy that is recovering, slowly, but recovering nonetheless.

This year in Latin America as a whole, with its neoliberal policies, there will quite possibly be no economic growth whatsoever. If there is any, it will be 1%, or there will be a recession; even when they have all the credits and all the assistance, which is not our case. That is the truth.

As I was saying, we revolutionaries do not work for money. There are other things in life worth much more than money, and there are things that cannot be bought for all the money in the world. We do not have much financial capital but we do have a great human capital and you are a major part of our country considerable human capital today.

I am making a summary of the many ideas and efforts that this year --on the threshold of the year 2000-- have materialized in what we have, and above all, what we can have. We have an enormous contingent of very young new doctors whose knowledge will continue to grow.

Quality and progress in medicine or the medical power of a country are not only measured by the number of doctors it has but also by the way these doctors are trained, the spirit in which they are trained and then their knowledge.

I would dare say that it would be difficult to find another country where this potential is as large and as well trained as in our own country. Other countries also have good doctors but the vast majority of them practice private medicine or divide their time between private and public practice.

This is not the case in our country. Here, the private practice of medicine was renounced from the very beginning and not because of a law but rather through the students own commitment. There are still in our country doctors who graduated before the Revolution involved in private practice. I do not know how many, perhaps 30 or 40.

Well, as comrade Dotres pointed out, we now have over 65,000 doctors. It is very interesting to note that at the end of last year, after two major natural disasters, we offered to cooperate with the nations of Central America and the Caribbean --Haiti, for example-- with a medical program, and we volunteered to send up to 2000 doctors to Central America alone. That was aside from the doctors we offered to send to Haiti. You will remember the response of our doctors, health care technicians and nurses; they committed themselves to this effort massively and anyone might think that the country would be left without doctors. But no, the country was not left without doctors.

At the end of 1999 a year will have passed since this offer was made and at this moment, just like Dotres said, there are 1202 health care workers involved. We say health workers because they are not all doctors. We had offered to send up to 2000 doctors to Central America and an additional number to Haiti, as many as were needed to reduce infant mortality. At that time, the infant mortality rate in Haiti was around 130 per 1000 live births, between the ages of 0 and 5, and the goal was to reduce it first to 50, and then to 30. We know how to do it; it is not expensive. In fact, it is very inexpensive, sometimes it only takes a few cents to save a child's life.

The most expensive part of any health care program is the doctors; also the most decisive and fundamental part, and the least costly, is medicines. We have appealed to the conscience of wealthier countries to help save tens of thousands of lives, hundreds of thousands of lives in this hemisphere and in other parts of the world, such as Africa, by contributing the resources for the medicines required.

Well, about 900 of those 1202 health workers are doctors. In addition to the doctors, these brigades sometimes also include technicians who operate the electrical generators or other ancillary equipment. It is not only nurses and health care technicians who are involved but even mechanics who provide certain services, who do a bit of everything and fix everything. This program is now expanding and by the end of the year there could be about 1500 doctors involved, in addition to other workers.

We often suggest to the countries where our doctors are working to assign one or two young people with at least a sixth grade education to work alongside them. We feel that this way, with a nursing textbook or manual, the doctor can provide practical training for paramedical or nursing personnel. These countries cannot develop enough high-level nursing schools in just a few short years to provide the number of well-trained personnel needed but the doctors working there or the nurses themselves, if there are any, can actually help out with this training.

However, in many of the more isolated places there is only one doctor working alone. Yet, in these cases young people from that country with a certain education can help training these other young people, and thus become nursing instructors or health care workers. That is why, in general, we refer to the number of doctors because the countries where they are working tend to help out with ancillary personnel.

Even assuming that 1500 doctors are working abroad at the end of the year under this program, 2390 new doctors will be joining our country's health care services right away and so it will be in the future. No matter how many doctors are sent abroad under these cooperation programs, I am certain that more will graduate. If everyone's conscience was awakened at some point, and this cooperation expanded, it is possible that one year we might send more doctors than those graduating that same year. But our potential is enormous, and we can sum it up in one statement: if one out of every three doctors in Cuba were to go abroad to work, Cuba would still be the country with the highest number of doctors per capita in the world.

We have now included Africa in this program as well.

In some places in Latin America, certain difficulties have come up. There have been complaints from medical organizations that feel threatened by the presence of Cuban doctors. But we do not, in fact, suggest sending Cuban doctors to the capitals and other cities. Our proposal consists of sending Cuban doctors to those places where there are absolutely no doctors or where none of the doctors from the host country ever go so that nobody feels threatened. And it is only as an exception, when certain specialists are not available in the host country, that we agree to send doctors to the cities. That is the line we pursue.

I have mentioned these figures in case anyone wonders if we are going to be left without doctors. We will never be left without doctors because we have an enormous potential; a great human capital in the medical field and what is most important is our doctors' knowledge and qualities.

And this is not just idle talk. The behavior of these 1200 health care workers in the most difficult places is truly admirable. The respect, admiration, affection and love people feel for them cannot be described. In many places, they have performed surgeries never seen there before and the people have been amazed, genuinely amazed. These are simple operations regularly performed in our country. For example, there have been people whose facial deformities have been surgically corrected.

Some significant humane problems have been solved --I am not going to repeat them, as some have already been reported by the media-- and the population of these sister nations have responded with overwhelming affection to the work done by our doctors. I think this provides them with a great motivation to carry out their tasks.

I have also said on occasions that if Cuban doctors are told that there are two places to go and one is more difficult than the other they will choose the more difficult place.

It is also admirable that many of these doctors are in isolated places with no electricity, where there are mosquitoes, insects, snakes, everything; fortunately, there has not been a single accident. Moreover, many of these doctors are women and this is a source of admiration, amazement and respect. Our doctors go anywhere, whether a nearby island or a distant continent. And there has never been a case where there were not enough volunteers; brigades have been organized in a matter of hours to make use of an airplane that was heading for a country that had asked for a certain number of doctors.

I really must say that we are all proud, and I sincerely feel especially proud, of what our doctors are doing. It shows the creation of values in our Revolution regardless of some bad examples given by those empty-headed and empty-hearted who allow themselves to be swept away by the consumer society siren song.

I constantly observe what our countrymen do, whether fighting it out in extremely difficult sport competitions in a hostile environment or heading out en masse to provide the kind of services we are discussing. It had been quite a while since our doctors had been tested. There were a few working abroad under contracts. You never hear about the doctors under contract in Third World countries; perhaps some people even think that they are doing us a favor by hiring some of our doctors.

The human impact, the effect on solidarity, the influence on the health care field caused by the presence of the doctors who go to provide their services free of charge through programs like the ones we are carrying out in Central America, Haiti and several African countries, is tremendous. Just one of these doctors makes a greater impact than 100 doctors under contract although the latter also make sacrifices. Moreover, for reasons of solidarity, the services of our country's doctors are provided at a much lower cost than those from wealthy nations. It is true that the contracted doctors make a certain economic contribution to our own health care services but this is nothing compared to what the country spends on health care in convertible currency and what it spends on medical schools; it is almost nothing, a very small amount.

Our mission is loftier than just earning a few dollars. Our mission is to create a doctrine about human health, to set an example of what can be done in this field, which is obviously the most crucial for everyone in the world. People's lives and health are in doctors' hands.

There are other very noble professions, extremely noble, such as the teaching profession. Obviously, without teachers and the priority given to education we would not have the tens and tens of thousands of doctors we have today. It is an extraordinary profession and I would place the two among the most important but I see that the medical profession, given that it deals with health and life, is something that all human beings highly regard, even more than knowledge and certainly more than education.

I would not separate the two and place one before the other. I am simply referring to the way that people react to them. There are families who are not very interested in sending their children to school,

or who cannot send them out of necessity because they need to send their children out to work, or they need their help to survive, or because their children do not have clothing or shoes. But, I do not know of a single family that would not take a child to a doctor and even walk great distances to find a doctor if they believed that the child's life was threatened or that his health was seriously endangered. Such was the case in the mountains and rural areas of Cuba before the Revolution.

There are no exceptions when it comes to health care services; everybody seeks them out. And those are decisive, dramatic moments for people. It is dramatic when a child or a young person is illiterate but it is more dramatic still when a child dies for lack of medical care, or when a person, whether young or old, dies because no medical care was available. This is why I believe the medical profession is so noble and so highly regarded, and this is why it upsets me when this profession is commercialized.

You all know what is happening in sports. You know that we have athletes who are worth millions on the sports market. There may be the odd one who gives in and sells his soul for money, like a Judas --to use a biblical example. However, it must be kept in mind that there are also a large number of athletes here who live modestly and whose incomparable dignity and love for their homeland and their people lead them to turn down any amount of money they may be offered.

Our doctors are not health care merchants. They receive what they need to live and I hope they will receive more every year as our economy continues to recover and advance.

I was saying that the commercialization of medical services is repugnant and it does not only happen in Third World countries but also in such super-developed countries as the European. I have spoken with health ministers and former health ministers who have visited here and who have sometimes tried, in vain, to suspend the privilege that allows doctors working in public hospitals to bring in private patients. They have told me that sometimes citizens who would usually go to the hospital for health care services must wait two, three months or more to have a surgery while paying patients are admitted and given treatment within five or 10 days.

Private medicine grants privileges to those who have money to the detriment of those who do not have it and nothing could be more inhumane than that. It is unbelievable that rich societies that apply this and many other similar policies speak of human rights and humanity when their own system is the most inhumane, the most egotistic, the most individualistic and the most alienating.

We are proud of our medical system. We will continue to trust the integrity of our doctors. May none of them ever be swayed by the temptation to grant privileges to someone offering a gift. There is no need to turn down a gift offered to a doctor as a sign of gratitude. What a Cuban doctor must never do is discriminate against a citizen of our country who does not have the resources to offer a gift or is not in the habit of doing so. May corruption and bribes never enter the ranks of our health care workers.

I know of countries in Europe --I do not want to name any specifically-- where the health minister has had to step down because he wanted to set a limit on the excessive privileges enjoyed by those practicing private medicine.

It is a fairly general practice for doctors to dedicate a number of hours to public health care and the rest of their time to private practice. That is the way things are. It is truly humane that we have gone beyond that stage thanks to the doctors trained in the Revolution.

But what motivates the Cuban doctors who have gone abroad to fulfill noble and sometimes heroic human missions? I said that the medical sector was put to the test. How would they respond to the promise we made? I was confident it would be a massive response. I was confident of these doctors' behavior and today we are all truly amazed and filled with admiration for what they are doing. We have tried to ensure that they all have at least a battery-powered radio with them wherever they are, all alone, and that there are medium-wave or short-wave radio programs, depending on the distance, to provide them with news from the country and from their families.

We have invested in television cameras, tape recorders and other equipment; we have spent money on airfares so that brigades of journalists can visit the places where these doctors are working to report to our country of their feats and also to take to the doctors news from their families. At the same time, their families can not only hear their voices on the radio but also see them on videos while the doctors providing these services have the chance to see videos of their mothers, sisters, daughters, husbands, brothers, sons or wives back home. It is moving to see the exchanges between family members, or when a group of these doctors get together to watch the footage of their families brought to them by journalists. We are trying to improve our human care for these doctors but their conduct is truly admirable. They were trained as you have been trained, with the same values, the same concepts.

I know that here being an eminent and prominent student means, in the first place, heading for the most distant mountain regions of the country. Newly graduated doctors are not sent to other countries regardless of their academic performance.

The students with the highest marks go to the remotest places here. This is a sound tradition and it is possible that they will later be assigned even more praiseworthy tasks, in more distant places. That is how high marks are rewarded in this country, with tasks that demand more effort and greater sacrifice. That is how the most outstanding students are rewarded. They will go on to shine even more brightly throughout their lives. This is a beautiful tradition that must always be preserved.

I am absolutely certain --I have said it more than once, in more than one place-- that if an immensely wealthy country like the United States with 270 million people, set out to find 2000 volunteer doctors to send to Central America and work in the places where our doctors are pleased to go, they would not be able to gather them. I do not know if they would even manage to gather 1000 volunteer doctors for this task. And even if they paid them as much as 100,000 US dollars a year, I am still not sure that they could find the doctors needed to go to these places, not for 100,000 US dollars or for all the money in the world. That is the truth.

There is an enormous difference between the way people are educated in such selfish and individualistic societies and the way they are educated in a system like ours. And you can see the fruits of this. I ask if anyone can refute this, in the same way that I can ask if any other country, no matter how wealthy, has the same number of doctors per capita that we do. Our doctors are in every corner of this country; no other country has that.

I wonder how is it possible that a Third World country, one that is subjected to a rigorous economic blockade, can have lower infant mortality rates than the United States. You have to wonder how this can be possible; and how it would be possible without our system, and how it would be possible under the cheap capitalism that existed in the neocolony we were from the turn of the century until 1959. This is the work we have done and it shows in many other fields: in education, in physical education and sports, in culture, in the intelligentsia and in the training of skilled and professional workers.

I am certain that the number of university graduates in Cuba today is higher than the number of people with a grade eight education at the time of the Revolutionary victory. Do the calculations yourselves and you will see if I am right or not because we now have more than 600,000 university graduates. That is an old figure, but that is the way it is.

It has been your lot to live in a period of sacrifices but at the same time you have taken part in one of the worthiest projects that any nation has ever had the opportunity to undertake: the development of the human health doctrine that we promote.

Another new aspect of today's graduation ceremony is the presence of 150 students from the Latin American Medical School where there are currently 1600 students and there will eventually be about 3300. At the beginning of next year, new students will be enrolling for premed studies; they all need to be prepared and brought up to the same level because they come from various teaching centers and

not all of them have the same level. Medical school is a difficult endeavor, very difficult!

We know the difficulty students have with Biochemistry, Biology, Anatomy and other complicated subjects. The most difficult are the first two years of basic sciences and that is why we have asked them to come five or six months early. It is easy in the case of Central America because the school year ends and their vacation begins a few months earlier than in Cuba; in other countries in our hemisphere it is the same as in Cuba. This is the way it is in Central America because of the rainy season and tradition. It must be different in some South American countries, too, where it is winter while it is summer in the tropics. On the other hand, not all countries have the same level of intermediate education. There are differences between regions of the same country.

There are students here from all over Latin America with only two or three countries missing but it is my hope that in the future there will be students from those countries at the school as well.

We have given a priority to countries where there is a larger peasant population, a larger indigenous population or more poor people. Countries like Bolivia or Paraguay, for example, that already had a number of students on scholarships --they now have a higher number-- or Peru and Ecuador, apart from Central America and Haiti where the program began.

The Chancellor of Havana University was telling me that whenever people talk about the students at the Latin American Medical School they forget the one in Santiago de Cuba. There is a small school there; it is a replica of the one here with 120 students from Haiti.

They tell me that the students from Haiti have a good educational level but, of course, they need to learn Spanish. We have to analyze it with them and decide what to do. As they are selected at the end of their school year, that is, a year in advance we could take advantage of that period and send them Spanish teachers there. That way they would arrive here knowing some Spanish and they would not have to use their time at the medical school to learn the language. There are already a number of students from Haiti in Santiago de Cuba.

We currently have 379 health care workers in Haiti; this number could increase significantly in the next few months. Presently, about four and a half million people there are benefiting from our medical brigades' work. The brigades have not been able to go to the more distant places in the countryside because there were many towns with medical facilities but without doctors that had to be given a priority. A few also went to the capital because there they have the only hospital in a city with a two million population and it is no larger than the Calixto García Hospital; it is a university hospital. They asked for about 35 specialists because they did not have a sufficient number of them.

Our comrades have told us that they have good well-trained doctors there, with up-to-date medical literature and so on. But many of their doctors have emigrated, the majority of them to the United States and Canada.

In Haiti, a doctor can accomplish much more than in other countries in the Caribbean or Latin America because infant mortality is twice as high as it is elsewhere and so the potential for lives that can be saved by our doctors is also doubled.

There are countries in Africa where the potential for lives that could be saved is even greater, double what it is in Haiti. There are countries with an infant mortality rate of 213 per 1,000 live births; several have rates above 200 and a high number have rates above 150. When I mention this index, I am referring to deaths between 0 and 5 years of age per 1,000 live births. In Cuba, the rate is about 9 per 1,000. That is why we have included these countries.

We have addressed several European countries for their cooperation in a program we have drawn up for northern sub-Saharan Africa, where most of the aforementioned countries are.

We have said that we have the potential to save hundreds of thousands of lives in those places of Latin America where the population has no access to medical care. In this hemisphere, from the south of the United States down we know that every year over 500,000 children die who could be saved, notwithstanding the number of adults who could be saved with adequate health services. This is not so much the case in the Caribbean, as the English-speaking Caribbean countries have good health care indicators, although Haiti is in the Caribbean as well.

We have made a public proposal on the way to save hundreds of thousands of lives every year in this hemisphere. What a great thing! How inspiring it is to know that our country --a country where only 3000 doctors stayed after 3000 were stolen-- now has more than 60,000 well-trained doctors and can offer the rest of the hemisphere enough human resources to save hundreds of thousands of lives, without affecting its own national health services in the least!

The situation in Africa is most desperate. We have here some small very interesting maps printed on several sheets of paper showing where our brigades are currently located. They are peripheral areas, all very distant.

You cannot see very well from there but here is a map of a Central American country, Honduras (he shows the maps). This one here is a map of Nicaragua and the medical brigades are in the remotest and most difficult regions along the border with El Salvador and Honduras.

Here is Belize, where they are also in distant places. There was a group of doctors under contract working there. We chose to change the formula and proposed sending brigades with a larger number of doctors under the same conditions as the ones providing their services in other countries of the region, since Belize also suffered the effects of the hurricane.

Here is Guatemala. It is the Central American country with the largest number of Cuban health workers. They paid much attention to this problem. They are also in the most isolated places in the mountains and rural areas.

Here is Haiti. As you can see, the map is totally covered. These are towns; the doctors are not working alone but in small groups and there are isolated rural areas there that are still not covered.

Here is Niger. We had come to an agreement on a cooperation program with Niger but, unfortunately, some domestic problems have emerged and the situation has become unstable so the program in Niger is on hold, you could say, until the conditions are right for it. There are 29 Cuban doctors there. This is the country, if I am not mistaken, with the highest infant mortality rate in Africa, and possibly in the world.

Now, here we can see something truly admirable. It involves a small country, the Gambia, on the western coast of sub-Saharan Africa; it is several hundred kilometers long stretching on both sides of a wide river that flows into the Atlantic. They say there are a lot of crocodiles in that river, so I hope our doctors do not go swimming across it for a bit of exercise.

The President of the Gambia came to visit. He is quite a young man --he reminds me a bit, in fact, of the current president of Venezuela Hugo Chávez-- very intelligent, lively and concerned over his people. He knew that we had made an offer to Niger, Burkina Faso, Mali and other countries. He said that his country had a great many needs in this area and asked for us to send medical personnel as soon as possible. I asked him: "How many doctors do you need?" He answered: "No fewer than 150 doctors to cover our basic needs; we will provide the medications."

Well, we sent a fact-finding mission, worked out a program and began to recruit doctors. The brigades were organized and sent immediately; you can see where they are located (he shows map). We have also offered our cooperation to help them create a medical school, which is the definitive and fair solution for these countries in the long run.

I asked Dotres, "How many doctors does the Gambia have?" He said, "Eighteen Gambian doctors." I said, "And a few others?" He said, "Yes, several others from Europe and other places, a small number of doctors."

Just look at our country's potential: on a single airplane, all at once, we sent 158 health workers to the Gambia, that is, 126 practitioners, five dentists, 25 nurses and two technicians. The health ministry officials visit them too. You can see how they have been distributed (he shows map). And we sent them on one of our own planes, an IL-62, one of those we use when traveling abroad, with room for 160 passengers or a few more. The 158 health workers arrived all in one group. This is a graphic example of Cuba's medical potential, its mobilizing capacity and solidarity. Has this done us any harm? No. Does it hurt in any way the women and men who have gone there? No, absolutely not; on the contrary, it makes them even better human beings.

There they will be able to see what things are like in the Third World. They will suffer while facing the problems there but they will enrich their knowledge of medicine and humanity and they will be more aware of the hard realities on the planet we inhabit. Fortunately, they will have great support from the government there that is truly concerned over its people's problems.

And I think there will be quite a few more maps in the future.

We have even offered to send doctors --and the European countries know it-- to the Balkan region and other nearby countries in the southern Mediterranean where doctors are needed. Doctors are needed everywhere.

In some places the reason is there are very few doctors; in others, the doctors do not go to places that are far away from the cities and from the comfort these offer.

This is another school where our doctors learn a great deal.

It is also very pleasing to see that the person heading the largest contingent of doctors in Guatemala --there are almost 400 doctors-- is a young woman doctor, only 32 years old, who graduated only eight years ago.

All of this gives us a tremendous satisfaction that is greater still when we hear about our doctors' experiences, the way they work and how they have gradually earned the trust and the affection of the people with their humane approach and total devotion. They say that at the beginning some in the local population, particularly the indigenous people in the more isolated areas, were extremely reserved and not very trusting. They subjected the doctors to a kind of test, gradually giving them more and more support, as they observed their performance until finally giving them their complete support and confidence.

These compatriots are living an exceptional experience and raising the prestige of our homeland to considerable heights.

We hope that at the Latin American Medical School the students of our Latin American sister nations can be instilled with the same doctrine we teach our own doctors, that is, the same full dedication to their noble future profession. For us, a doctor is like a church minister, a priest, a missionary, a crusader for health and physical and mental wellbeing.

In three more years, there will be 6000 Latin American students here. Of course, in the case of some large countries there are very few students compared to their large populations, just a few dozen but more will come every year. In these cases, nobody believes that this will solve any of those countries' problems. A country like Brazil is not the same as Bolivia, a Central American country or Ecuador where the population is less than 10 million and there are very large rural and indigenous populations. In

countries like the latter, the number of students who come to the school here will constitute a relatively important contingent of doctors.

Why then do we want to have students from everywhere in Latin America? Because here they will meet young people from an entire continent --except the North-- who are called on to integrate, who are called on to unite.

These young people are called upon to be the vanguard in health care and in the concepts of this crucial and unavoidable integration and they need to meet one another. Moreover, it will be a culturally enriching experience for them all. I know that, for example, one day they will celebrate Honduras' day and the Honduran students, who are very numerous, over 250 in all, will organize a party and show their traditions and their culture; another day, it will be the Guatemalans' turn, and then someone else's turn.

This is a group of nations called on to integrate. We all speak practically the same language because even between Brazilian [Portuguese] and Spanish there is hardly any difference. And for a group of nations called on to integrate, it is very good to start getting to know each other and to unite from the very first day they begin their studies.

It would be wonderful if our country had the resources to establish other schools where we could invite them to study teaching or any other professions. All of these countries have universities and some are very good. Anyway, we have begun with the profession having the greatest human content, that is, medicine.

Imagine these thousands of young students, trained under certain concepts of medicine, getting to know one another and learning about the traditions of all these different countries; they will serve as a solid building block in the foundations of our nations' integration. They will undoubtedly be a significant element although this union needs many building blocks. Such is our dream for that medical school.

I would dare say that it is already a gem, given its guiding concepts: creation and development. The facilities are excellent --it used to be a naval academy-- and they have all of the necessary equipment and the most experienced professors. The students are very industrious and tremendously interested in their profession.

While talking about these students I have expressed the hope that they will be even better than our own students. Actually, our young people are used to having many opportunities to study. But at this school, there are young people who had never even seen the sea and now they live right on the shore. Many come from distant corners of their countries. In the majority of cases, there was a coordinated selection process between their countries' government and our diplomatic missions where preference was given to students from isolated towns, far from the large cities and with the most humble backgrounds possible.

The people at this school are first class; therefore, we can form students better than our own. Nobody should feel bad about this; it should rather be our greatest desire. Later, they will go on to work in our hospitals, when they are in third year. They will need to have all of the patients' trust because they will be cooperating in the care of Cuban patients. The school would fail if it did not succeed to make them better than you. But they are even more motivated than you are although you are highly motivated with your profession and have earned your place in our medical schools. Many of them had no other possibility of studying were it not for this school.

I would say that this school is a gem in its design, and it is going to be an outstanding institution. I say this based on comments made by visitors; many foreigners want to visit the school and they are genuinely impressed when they do. There is no other institution like this anywhere else in the world. In the United States, for example, the lowest tuition in a school of medicine is between 25,000 and 30,000 dollars a year. We hope to train better doctors than any good American university and more experienced.

This school is truly an institution unlike any other in the world. I believe it is an example of what can be done even in a small Third World country.

It would be wonderful if other countries wanted to establish such schools. We do not want a monopoly on this honor. Let's hope others do it as well. Let's hope that many young people like those here can carry out their studies and pursue other careers. This is something that the developed countries should do. Yes, it is true that they give out scholarships now and then, but in the end they keep the best graduates; the best are hired in the countries where they studied instead of returning to their own.

Many students from Africa have studied in Europe, we know it, but a large number of them stay, they do not go back to Africa. And, as a rule, foreign students, or rather, our brothers and sisters from other Latin American countries or Africa who come here to study all return to their countries. We have never attempted to steal brains, talent or intelligence. They live modestly here and share our limitations although it is only natural that we make an extra effort in caring for these students.

Providing the best possible care for 3000 scholarship students is not the same as doing exactly the same for 40,000. In spite of this, however, we have adopted measures in recent years to provide better care for the 40,000 Cuban scholarship students. [Leader of the Young Communist League] Otto, which national meeting was it where we addressed the issue of improving the food for university scholarship students? (He is told that it was at the Young Communist League Congress last December) There are 40,000, and that is a lot. We recently made an effort to improve conditions for them and we plan to continue doing so.

It is natural that these foreign students would receive more attention than the 40,000 Cuban University students on scholarships would but we will gradually even things out. Later, when the students at the Latin American Medical School go off to the various provinces of the country, and are no longer at this school where they will only spend just over two years, then they will have the same conditions as our own scholarship students in all these medical schools.

During this time, we hope to continue improving the general conditions and food for all scholarship students and not only those in medical school but in all fields of study.

Well, you made me come here and this is a subject I find truly exciting, encouraging and rewarding, something that fills me with pride: the work we are undertaking in the medical field beyond our borders.

Within our borders we have done everything humanly possible for the wellbeing of our people. Now, this enormous human potential must begin to serve the rest of the world, so that no one can ever say that our medical schools are being closed because there are too many doctors, or that enrollment is falling below a certain level because there are already too many doctors in the country. We are not afraid of the number of doctors. There will never be too many doctors anywhere, be it a passengers plane, a train or a boat. Today we have doctors in day care centers, schools, in all educational institutions, everywhere.

When we had barely 20,000 doctors somebody once told me that we did not need any more. "You think that there will be too many doctors? That is not possible, said I, because doctors have to defend people's health like the CDRs defend the Revolution; there should be one on every block."

That is the task assigned to community doctors and nurses who are responsible for continuously safeguarding the health of a number of people in the community.

I wanted to briefly outline the fruits of the efforts in which you have been involved while training as health care professionals at this time in the history of our country, on the eve of a new century, a century that is awaiting you, not us. We have already lived in this century and tried to do everything possible in the era in which it was our lot to live. But for you young people, who are 24 or 25 years old,

and even younger in some cases --who have studied for six years, so let's say 24 or 25-- a new century is waiting.

This is the second-to-last graduating class of this century because remember the year 2,000 is still in this century. Next year's graduating class will be the last of the century. But the next one is right around the corner. In less than 17 months, young graduates, you will be in a new century and a new millennium.

We dream of a better world, a world with more justice, a world that is truly more humane and for which it is our duty to struggle. Your future and that of your children will be the future this world is capable of building. This world is threatened by a huge number of dangers, everywhere, but this does not give anyone the right to lose faith in humankind, to lose faith in a better fate for humankind.

You should always behave as young people aware of your task, as young people aware of a new stage in the history of humanity. I should not say any more, except:

Ever onward guardians of health and life!

Long live the Homeland!

Long live the Revolution!

Long live socialism!

HOMELAND OR DEATH!

WE SHALL OVERCOME!

(OVATION)

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