

perfect institutions we have set up to contain the inevitable frictions that attend the clash of divergent purposes. Such efforts may not be enough to save us from self-destruction, but that does not mean we can afford to neglect them. WV

THE HEALTH REVOLUTION IN CUBA

by Sergio Díaz-Briquets

(University of Texas Press; xvii + 227 pp.; \$19.95)

George A. Silver

Critical attention to Castro's Cuba extends to much more than its Soviet ties, the putative danger it represents to U.S. economic and political interests in the Caribbean, or the general threat of falling dominoes. Cuba has adopted a firm Marxist approach to social organization, analagous to, though not slavishly modeled on, the USSR—a Marxism in Latin dress, or, perhaps, distinctively Cuban. Social scientists have taken great interest in the changes that politics have wrought in the organization and activity of traditional social institutions and, to the extent possible, have launched studies about them. Among these have been studies of the health and medical-care system.

The desperate poverty and associated poor health standards of most of Latin America have been the object of concern and laborious efforts, with only modest improvement, over the past fifty years. Within a brief period following the Castro takeover, however, Cuban health standards improved remarkably—not only surpassing the levels of every other Latin American country but matching general U.S. standards and bettering those of some of our geographic areas and impoverished minority groups. In other words, from public health levels in 1953 characteristic of an underdeveloped country, Cuba has achieved the health levels of a technologically advanced, developed country. Not only is Cuban infant mortality at a record-breaking low for Latin America, but it equals that of the U.S., as does life expectancy and the overall death rate.

Infant mortality is heavily influenced by nutritional factors, prenatal care, and good sanitation, and so Cuba's achievement would have been impossible without an "infrastructure"—general improvement in health services, the elimination of the environmental diseases that result from the lack of clean water and good sanitation that are so devastating in poor countries, and good nutrition. Further evidence of improvement in

all the elements that contribute to improved health levels is the increase in health manpower. While the United States still has serious health-manpower shortages in certain geographic areas and continues to import foreign medical graduates, Cuba is exporting doctors, not as immigrants but as extensions of its foreign policy.

It is easy to see a propaganda impact here. The successes of the transformed medical-care system have become the subject of numerous books and articles, and conferences and seminars for the international health community have been fostered, though not necessarily initiated, by the Cuban Government. This July the World Health Organization is sponsoring a two-week seminar in Havana, with visits to clinics, hospitals, and other health institutions. While efforts have been made to impugn the data or the reporters, there is sufficient unbiased evidence to persuade health experts that Cuba has transformed a traditional Latin American, class-oriented medical-care system into a system committed to widely distributed, easily accessible, universally available medical care.

This book, by a U.S. population expert of Cuban descent, is as objective an analysis as has yet come out in the United States. There are many statistical tables, and the data and detailed analysis may not appeal to the casual reader. However, chapters four and seven, describing the situation in Cuba during the first half of the century and the situation since 1953, along with the author's conclusions in chapter eight, are useful and interesting. He recognizes and describes the positive changes and their source, pointing out that Cuba came into the Marxist era with a little more going for it than most

Newly Published

Truth and Tragedy: A Tribute to Hans J. Morgenthau will be published by Transaction Press in December of this year. Its editors are Robert Myers, President of the Council on Religion and International Affairs, and Kenneth Thompson, a Trustee of CRIA and Commonwealth Professor of Government and Foreign Affairs at the University of Virginia. James Finn, Associate Director for Research at Freedom House and former Vice-President of CRIA, edited the forthcoming *Global Economics and Religion*, also to be published by Transaction.

A new edition of Lewis Nkosi's *Home and Exile and Other Selections* has been published as a volume in "Longman Studies in African Literature." Chapter 22 originally appeared as reviews in this journal.

underdeveloped countries but that the leaders of the revolution took excellent advantage of the situation and made the most of this. Some leading spirits of the revolution, like Che Guevara, were physicians; and they were better prepared than others to deal with a system whose professionals were enmeshed in traditional values. The attack on medical institutions was no less firm or complete than the attack on other capitalist institutions.

As Díaz-Briquets sees it, however, Cuba had the advantage of improved health standards from the beginning of the century as a result of several factors: the American occupation(!); a burgeoning trade union movement with beginning health insurance; and better economic circumstances—not detailed. He tries to distance himself from partisans on either side of the political fence; he looks neither to criticize nor to defend. He also recognizes the powerful role played by political considerations. "The key to the effectiveness of the reforms," he writes, "therefore was the political commitment to extend these services to all the population and place a premium on the measures that would minimize the ill effects of disease." Still, he suggests that Cuba's advance in health status resembles that of "similar" countries—Sri Lanka and Taiwan are mentioned—and he associates himself with those theorists who ascribe all such changes to pure economic development.

Díaz-Briquet is willing, however, to concede contradictory evidence: "It is of particular interest that the mortality decline since the early 1960s has taken place in the absence of economic growth as measured by conventional economic indicators." And further: "Commitment to a full, or nearly full, employment" with attendant job security does play a role. He notes that "other development programs geared to the elimination of social and rural-urban differentials have included a literacy and general education program." (Cuba's literacy rate is over 90 per cent.) Indeed, he notes, "It is possible partly to account for the mortality changes that have occurred in Cuba over the past two decades...by the extent to which these programs have expanded the coverage of public health and medical services and on the impact of increased availability of services on health conditions and mortality." In short, basic mechanisms aimed at improving health in the population, so far as public-health statistics can measure these, include "increased emphasis on preventive medicine; improvements in sanitation and related areas; raising of nutritional levels for the disadvantaged social groups, education of the public re-

garding health matters.”

Scientists’ attitudes toward scientists of the Third World differ little from the attitudes of politicians and entrepreneurs toward their Third World counterparts. They are considered educated (though not so well educated as “our” scientists) and are treated respectfully, perhaps; but they are more tolerated than appreciated. Carlos Finlay’s publication of the transmission of yellow fever by mosquitoes was acknowledged but ignored. Then U.S. Army officers published the fact and have received the credit and acclaim. Today the splendid and almost unparalleled accomplishments of the Cuban Government in the health field are patronized and minimized in this country. It would do no harm were our medical planners and politicians to deal a bit more humbly with the facts and study the Cuban achievements with an eye to remedying the deficiencies of our own rural and central-city medical care, our generally inequitable access to medical care, and our uncontrollable costs.

MEXICO: DEVELOPMENT STRATEGIES FOR THE FUTURE
by Denis Goulet

(University of Notre Dame Press; 159 pp.; \$16.95/\$8.95)

David D’Arcy

World recession, a drop in oil price and demand, and a staggering foreign debt have forced the new Mexican government to impose the most severe austerity policies of that country’s history. The threat of social unrest has led more than a few observers in the United States to speculate that our southern neighbor may well be the next domino to fall, that Mexico could turn into another Iran, or that it might initiate a “debtors’ OPEC” aimed at engineering a massive default on the enormous loans that weigh down so many Latin American nations.

Politically, things may not be as frightening as these tales of doom suggest; the government institutions of Mexico have shown greater stability than those of any other Latin American country, though there are indeed problems with the economy—this according to Denis Goulet, who has here outlined a broadened, integrated approach to Mexican development that takes the diversity and complexity of the country’s needs into account. He is persuasive in making the case for such an approach.

Goulet’s list of crucial problems is a long one: an inequitable distribution of the ben-

efits of rapid economic growth; a dangerous imbalance in agriculture, where a modern, highly productive export-oriented sector receives far more government attention than does the inefficient subsistence cultivation that is expected to feed the rural poor who make up the overwhelming majority of Mexico’s population; the enormous dependence of Mexico’s national economy on world markets (petroleum, agricultural products, and timber), and particularly on the United States. Additional difficulties include woefully low productivity, high inflation, serious unemployment and underemployment, extensive ecological devastation, bureaucratic overcentralization, perilously high levels of borrowing and debt-servicing, and the severe demographic pressures of a rapidly growing population.

Goulet starts with the conclusion reached by the Bariloche Foundation in 1976: “The major problems facing society are not physical but sociopolitical...based on the uneven distribution of power, both between nations and within nations.”

In Mexico, Goulet argues, the elite that retains a monopoly on political and economic power is in large part responsible for policies that have neglected the needs of most Mexicans. In Mexico’s case, the proper goals of development should arise out of three central concerns: “The satisfaction of Basic Human Needs as a first and direct priority, the centrality of promoting self-reliance, and the need to foster non-elite participation in development decisions and actions.”

Goulet proposes an alternative develop-

ment strategy based on a new concept of Mexican national identity, drawn from the country’s rich cultural and historical traditions, particularly the ideals of the Mexican Revolution of 1910: land and freedom to peasants, equality, social justice, national sovereignty, and pride in indigenous culture.

While the Echeverría and López Portillo administrations publicly supported these values, the policies they pursued in industry, agriculture, economic management, and political reform did little to reduce dependency or to increase efficiency and extend the benefits of economic growth to the disadvantaged, largely rural Mexican majority. Although Goulet’s well-documented criticisms take in almost all spheres of economic activity in both administrations, it may seem odd to some readers that the author does not single out the shocking scale of routine corruption in Mexican economic and political life.

In recognition of Mexico’s economic and cultural diversity, Goulet suggests a pluralistic model for Mexican development, which would place special emphasis on the active defense and nurture of that diversity. He argues that if cultural diversity is not just to be ornamental, then government programs must recognize multicultural socioeconomic and political structures.

A pluralistic approach in agriculture would adapt to the needs and aspirations of subsistence farmers, and domestic food markets would have priority over export markets. Along with new rural cooperative ventures, special consideration would be given to the major ecological problems of

