

**SPEECH BY COMMANDER-IN-CHIEF FIDEL CASTRO IN THE CLOSING CEREMONY OF THE HEALTH MINISTERS' MEETING OF THE NON-ALIGNED COUNTRIES. International Conference Center, Havana. 26 June 1998 [1]**

**Date:**

26/06/1998

Esteemed Doctor Ernesto Samper, president of Colombia and chairman of the Movement of Non-Aligned Countries,

Distinguished ministers and members of delegations who have been present at this meeting,

Invited guests,

I have the impression that we've lost the opportunity to listen to who knows how many ideas, viewpoints and reports on the experiences that you have brought and have expressed in this meeting, in which we haven't been able to take part due to the program of activities that we had to fulfill.

We haven't even had time to write some notes, which is what you should do in a meeting of this type, among other reasons so that it can be shorter. In these international meetings, you really have to take into account the question not only of time but also of languages and everything gets complicated, even for the translators, when there isn't a written paper that they have in their hand, so I ask everyone to excuse me for that.

We have at least had the possibility of listening to the Final Declaration. They'd told me that the closing ceremony would start with the Final Declaration, then the words of our beloved friend, the Minister of Health of South Africa, and that then someone was coming here—in this case it was on me that they'd imposed the task of bringing the meeting to a close. (Laughter.)

When I arrived, I asked once more for the program and they told me: The Minister of Health of South Africa is going to speak and then it's the closing. I said: Well then, I've arrived with a blank sheet because, if I haven't been in the debates or in the exhibitions and, what's more, we don't even know what's in the Final Declaration, we've arrived here with a blank sheet. What are we going to talk about? Or, at least, what are we going to talk about that isn't something invented from this podium? That's why, really, I prayed: Please, invent some excuse, but read that declaration again.

I listened to it with great attention, really, and I think that you've drawn up what can be considered a real program of work for the coming years; it could even be said for the coming decades, although everything changes very quickly and has to be updated.

In a period of just over a month, I've had the opportunity of seeing health ministers, or representatives of the Ministries of Public Health of numerous countries, gathered together, first over in Geneva—I think that it was about the 16th of last month, to commemorate the 50th anniversary of the WHO—and, now, the privilege of seeing many of them again in another health meeting, which seems to me something of great significance, proof that there is more and more awareness of such a noble, such a vital and such a

fundamental task for man's well-being.

President Samper said at the end of his contribution, at the beginning of this meeting, that we were dealing with an eminently political activity, that health is a political question. And I'm going to say something more: It's one of the most important political questions, since it has to do with what is most sacred and what is most appreciated in the human being—health.

I understand this, because we've dedicated a part of our lives to a political work. Even before we had responsibilities, when what we carried in our minds were no more than dreams, we always had some awareness of the importance of health, and we've been able to appreciate, however, just how forgotten health has been in this world.

Weapons haven't been forgotten, arms spending hasn't been forgotten, especially on the part of the big powers and the big arms-producing transnationals. Military budgets were always fantastic.

In Geneva, I quoted an estimate that I think has been very much below the real amount, but I mentioned the figure of 30 million million dollars in military spending in the 50-year existence of the WHO. It's very possible that that spending is 35 or 40 million million. Go and see, if you use a computer and make a comparison of what was spent with the current value of the dollar, to know just how much has been invested in the military domain and in the capacity to create and use such sophisticated and powerful instruments of death, which only the superprivileged who had the possibility of developing themselves at the cost of the rest of the world could give themselves the luxury of possessing.

Weapons have certainly been used justly many times—the question of just wars or unjust wars has been discussed for a long time now. But, when there are unjust wars, it's because there has been dominion, suppression of freedoms, lack of justice, lack of independence, plunder, exploitation, aggression, and not all peoples have always had the possibility of preserving their independence, their progress or their very lives by using weapons, since, in reality, weapons have been used in this world mainly to conquer, at times, entire continents, to dominate, to enslave, to plunder and not to save lives or defend just causes.

Often, not even the small powers have concerned themselves with health, to be frank. Often, the statesmen haven't concerned themselves with health; often the politicians haven't concerned themselves. I'm a politician and a large proportion of you have carried out political activities, but you've had the possibility of getting involved in the topic of health and finding out the problems, finding out the shortages, finding out the needs, the suffering, the lack of resources, of budgets. And those who have most seen the deaths of newborn babies, of children under five years old, and those who've seen women die in childbirth and who've seen millions of people die due to infectious diseases are you, those from the Third World, because, in those rich and industrialized countries, it's known through the statistics and information that practically all the children that can be saved are saved. Some a bit more, others a bit less, but they're all below 15 per thousand live births and some under 10.

Of course, this doesn't mean that, even in those developed countries, all children have access to medical services. Our neighbors in the north, for example—in the world's richest and most powerful country, many cases are known of people and children who don't have medical care.

Statistical information itself is a bit, let's say, misleading because, when they say in the United States, for example, that infant mortality is less than 10 or less than nine or less than eight—right now, I couldn't tell you the exact figure—that's for the rich, first of all; and, second of all, for whites, but pure whites. Forgive me, any white people here. Don't go feeling offended or thinking that I'm a racist. The infant mortality rate in the black population of the United States is, at times, double or triple.

I remember the times in which, in Washington, with a largely black population, the capital of that vast country, not to say that vast—well, I'm going to use the word: that vast empire, in these times in which it's more than ever an empire, and I hope that nobody gets alarmed because I use that term—in the

capital of that vast empire, the number of black children who died was more than 30 per thousand when, in Cuba, infant mortality was already under 15.

The mortality among Hispanics is also much greater than the mortality among the rich and the white. Of course, why speak of the Indians? They hardly die now because they hardly exist. They died before or they were exterminated.

The indices are misleading. There's one index for those who have a lot of resources and there's another index for those who don't have resources. In other words, the poor aren't just condemned to be poor but they're condemned to die of disease, to suffer and to live for fewer years.

Those are the inequalities that are mentioned so much, between nations and within nations.

It's our duty to respect absolutely the opinions of each one, the ideas of each one or the systems that each one has known or in which they've unfolded their activity. But those discussions are raised between private and public medicine. Of course, private medicine, as we well know, is basically medicine for the rich. Other forms of medical institutions existed of a cooperative nature, for example, of a social nature. I remember that, in Cuba, they'd developed so-called mutualist hospitals before the Revolution. They worked, they were an escape valve in which thousands of people handed over a small installment and those mutualist hospitals provided the best service possible. Later, social-security hospitals also arose in different countries and these generally worked with a certain efficiency, in some countries more than others.

I remember that, in Mexico, for example—a country that I knew in the '50s—the social-security medical services had many good hospitals. It wasn't a form of private medicine.

Now, those that were very bad, really, in many places, were the public hospitals because they didn't have resources, because they didn't have a budget, because nobody remembered them and because, in many cases, as happened in our country, in addition to scarce and diminishing budgets, a part of these budgets was misappropriated. They stole the money, quite simply, and thus discredited public medicine.

We have lived the experience and we've had the opportunity, with very few resources, to see how public medicine can work and, even today, with a double blockade, it could be said, it works, not with all the resources that we would like, but, for many years, the country invested in hospitals. It first used those that existed and it later built many new hospitals and it built clinics, modest hospitals, including in the mountains, in the countryside, with a network of hospitals and polyclinics being established throughout the country, even managing to create, in addition, that outstanding network for primary care that is now made up of our family doctors, with a new sense.

Our illustrious chairman of the Movement of Non-Aligned Countries mentioned family doctors in his contribution. I think that it was him who mentioned another example of a positive experience in family medicine—in England, I think. Yes, I understand that the English have concerned themselves. It's a concept that's gaining ground, although our family doctor responds to a different concept. It's global. We've globalized the family doctor. And the family doctor doesn't replace the polyclinic specialist or the polyclinic itself or the hospital. Before, the outpatients' departments in the hospitals, let's say, were bursting because many people, not even in the polyclinic, had complete confidence, because they believed that the best doctors were in the hospital and they went there and crowded the outpatients' department.

One of the questions that we asked ourselves was if the family doctor would be successful, as we had conceived it, until we discovered that it was an enormous success. But we didn't start with a thousand; we started with 10. That is to say, a bit more—10 in one municipality in the capital, in one polyclinic area. They didn't have buildings. They set up in the room of a family that lent the room, or even in a family's garage—that was where the doctor was, and the nurse.

At the same time, we did the experiment in the countryside, to see what would happen: 10 family doctors in the countryside, a number in the mountains —when I call it the countryside, I mean the plains countryside; the other is the mountainous countryside —and 10 in a polyclinic.

Over there in the front row is comrade Ordóñez, the director of that polyclinic. He hasn't been promoted, and he hasn't been promoted from that post because he's a good doctor and an excellent director and because that became a laboratory, really. There were 10 doctors that we had in the city, but looked after directly by a polyclinic.

It's that we were doing other things, we were trying out a method of improving family doctors and we started with that polyclinic. Already, those doctors weren't just providing their service to the community but they were studying a new specialty in the polyclinic itself because, alongside the idea of the family doctor, arose the idea of transforming general medicine into a specialty, while, on the other hand, we fought against overspecializations. We had to fight hard because it was a tendency. Many wanted to create new specialties.

So who was the general doctor? The one who'd graduated from university and hadn't done higher courses. We thought: But if the family doctor has such enormous importance, if he's there caring for the neighbors, he has to have sound knowledge of pediatrics, of obstetrics, of internal medicine. A study program of three years was developed for the specialty of comprehensive general medicine. The polyclinics where doctors of different specialties work, who could pass on knowledge, became at once centers of higher medical teaching. In this way, thousands of young family doctors are already specialists in comprehensive general medicine, providing their services in the communities. They can be 100 meters from the resident, from the citizen. Others have the doctor 50 meters away if they live nearer the doctor's office. In the cities, the residents have a doctor next door; they live with a doctor next door.

That couldn't be done under another concept because, under the concept of private medicine, it was impossible. In some countries, family medicine did exist, with a doctor systematically looking after certain localities, but one lives in the west of the city, another in another end, great distances apart. No, our doctor is there, very near his patients, next door. If any of them needs his blood pressure taken every day, that citizen doesn't have to go to a hospital. Before, you went to hospital and were there for a week or a fortnight under observation, having your pressure taken. Now, you've got a doctor who takes your pressure there, next door to your house. There's a doctor who also immediately attends to citizens with any discomfort. What's more, you can have a diagnosis for certain kinds of illnesses and, in many cases, instead of being hospitalized, be looked after there in your home. You don't necessarily have to be hospitalized. That's a saving of beds and facilities. It's called home hospitalization because, before, you were hospitalized because you needed to have the doctor by your side, nearby, for him to see you every day, for him to check you. Now, you receive that care in your home.

Ah! If you didn't want to be cared for by that doctor, you could go to the polyclinic, see a specialist, whoever you wanted, or you could go directly to the hospital to see a specialist, to whoever you desired. So, you had a wide and varied range of options.

And what happened with those first trials? The patients stopped going even to the polyclinic. I remember when we swarmed with family doctors the area of a polyclinic that looked after 25,000 citizens. Of 500 patients, on average, who went to the polyclinic every day, the figure was reduced to approximately 100, and they stopped crowding the emergency wards turning directly to the hospital. They had such confidence in that newly graduated doctor, from the first trials, that, when the specialist from the polyclinic told a patient something, the patient often talked to the family doctor and asked him his opinion so as to have more confidence and more certainty in what they'd told him. They turned to the polyclinic when they needed analysis and research or they needed to consult a specialist.

The idea was a success. There was confidence, which was the main thing. Then, on that basis, we began to apply the concept with the doctors who were graduating en masse from the 21 medical schools

created in our country as part of our health programs. Already, the family doctors weren't just in the community—they were in the nursery, in the school, in the factory, in the workplaces in general, in the hotels, well, of course, in any merchant ship. This phenomenon grew massively and they continued studying.

Every doctor that graduates, except in a very few specialties, in order to become a specialist in the varied branches of medicine, first has to be a family doctor, a professional with great knowledge of man, experience, human behavior, who has looked after patients in a community, to know well how they live, in what social conditions. Then, later, if they want, they can acquire a second specialty—internal medicine or many others. But they're people who already have very wide knowledge. They've studied for six years at university and they've studied for three years from their office. They've had nine years studying and, later, they'll have to study for another three or four years if they're going to acquire a second specialty.

There exist plans and programs for care, which are very important—we mustn't forget that—having to do with the preparation of personnel. If any idea is worth emphasizing, I think, at this time, at this moment, it's the question relating to the preparation of medical personnel in terms of ethics, solidarity and science.

These are programs that, based on the topic mentioned that was analyzed here—who could carry them out if not the state? I'd say: If the state is sick, let's cure the state, let's give the state health. It's necessary for the state to function healthily. But let's not hand the solution of problems of human health over to the market.

I'm not suggesting to anybody that they close private hospitals, far from it. If, in poor countries, there are people who have resources and have money, well, that's fine—they've got a lot of money, they can use it looking after their health in a private institution.

We're developing medical care for the whole people, regardless of the citizen's income, although there are differences in income, of course. But, in a society made up fundamentally of manual workers or intellectuals, the good doctors and the best specialists are at the service of all the citizens in whatever part of the country.

We had to develop medical programs in the middle of a tremendous confrontation with the neighbors from the north, of a rigorous blockade and constant harassment; and not only that—in the middle of attempts to take away our professionals. They opened the doors wide, which they didn't do with any other country in the world, to all citizens who wanted to emigrate. They steal brains. We know it and you know it. They take away the best scientists from your countries, not only because they've got a lot more money and can pay them high salaries but because they've got scientific institutions that the countries of the Third World don't have.

Yes, they defend patents a lot. But how many Latin Americans do we know who carried out important research in laboratories in the industrialized countries, whose firms are now the owners of those patents?

How many eminent doctors and other professionals who graduated in their modest and poor country and then went to provide their services in the rich countries?

That's a problem, which you no doubt tackled openly, regarding everything to do with cooperation and the transfer of technology and the question of scientific research in the field of medicine.

The minister from South Africa just mentioned the problems related to genetic engineering and biotechnology, which are occupying a very important place in the search for solutions to medical problems and also other problems related to food, agriculture etc. etc. and even a mixture of agriculture with medicine, because it's possible to succeed in developing by those means—I'll give an

example—perhaps even a cow that produces milk with insulin or another medicine so that the medicine is there in the milk. I mentioned that case, but there could be many other related to food-producing animals and plants.

They're opening up a vast area, but it's not our countries who have those resources. It's others, it's those countries, those that want to defend the patents at all costs and in an extremely selfish way. Our patents aren't protected. Even the brands of our products, for example, are forged over in the United States.

One day, as a joke, I said that, some day, we were going to put a Coca Cola factory here with a Cuban formula, even if it was just to annoy them. Because who protects us there? What court or what judge protects us? Our patents, when they're stolen in the United States- who protects them?

Ah! Those that are protected, well protected and more and more protected, are theirs.

That was what was raised the most and what was defended the most by our neighbors from the north and the industrialized countries in the WTO, in the OECD and in other international agencies. The OECD, the club of the rich, is really that, with all due respect to Mexico, which, by way of exception, joined the club of the rich one day and Mexico still isn't so rich, of course; but all the others have very high per-capita incomes and, often, the United States cooks up agreements there and then takes them to the WTO. We were there. We know everything that they tried to impose after the Uruguay Round and it's an extension of domination and a guaranteeing of interests, not our interests—nobody can fool us about that—but of those who are the most industrialized.

In the question of patents, patents and technology of every kind, the one that puts on the most pressure is the United States, which has accumulated many of the best scientists from throughout the world—even Einstein, for example, or other celebrities who made a decisive contribution to discovering and designing nuclear and thermonuclear bombs and carrier rockets. They came from other countries. They weren't trained in United States universities. They started gathering great talent in that way. After it emerged as the richest power in the world, its plunder of the best intelligence in the Third World hasn't ceased. But another serious problem also exists: From among the young people from the Third World, generally selected, who went to study in the industrialized countries, many stayed there once they'd graduated. They didn't go back to their countries. You know that only too well!

There's practically one single country or one of the few countries in this world where the doctor or professional graduates and returns to his country, and don't take this for immodesty: that country is Cuba.

How many have graduated from our universities? But it's not London, it's not Paris, it's not New York, it's not San Francisco, it's not in countries that can pay large salaries, nor would our country even think of stealing a single professional from a Third World people.

There were times, I can assure you, in which our country had 22,000 foreign scholarship students, when we weren't in the situation we're in today, after the collapse of the socialist bloc. Twenty-two thousand! And there are still thousands.

So, there's even the tragedy where, instead of cooperating for the development of poor countries, they hold onto their young professionals who graduate abroad and they choose the best. Maybe we don't see these attempts to steal our scientists? Inviting them to a course and telling them: "Look, you're very intelligent. It would be good if you stayed another year." And so on. When you go to look, it's already five or six years under whatever pretext. They uproot them, adapt them, even, to the resources and the life of an industrialized country.

We have to defend our scientists and we've managed, fortunately, due to our educational plans, to train tens of thousands of scientists in research centers, one of the programs to which special attention has

been given.

That's why, really, we vehemently defend social medicine, the central role of the state, as the Minister of Health of South Africa emphasized in her speech and which had already been expressed in the Final Declaration.

I was telling you that these meetings—this one, the one that we had over in Geneva recently—due to the need to bring us up to date on a lot of facts and figures, made us still more aware of these problems.

I remember that, in the FAO meeting in Rome, in a final declaration, I protested quite strongly about the fact that, in the Final Declaration, they talked about reducing, by the year 2020 or 2025, the number of starving people to 500 million people or a figure around that—I don't remember exactly now. I said: Gentlemen, how can we resign ourselves so calmly to the fact that, after so many years, there will still be so many starving people?

Also, in the meeting of the WHO—let me point out that that's one of the institutions that I appreciate most in the United Nations, as I appreciate many other institutions in that organization, among which I expressly don't include the Security Council—a program was outlined to reduce in X number of years, I think it was 25, in relatively modest figures in my opinion, infant mortality and other mortality rates. Of course, perhaps they had no alternative on the basis of the realities of resources that are available or, with what's happening in the world, they didn't consider it prudent or realistic to set higher targets in that time. But what about those who die in the meantime? Those who die while the world spends 800,000 million dollars in the military domain every year? Don't they count? Can a world order be defended that has to resign itself to hundreds of millions dying?

I remember a figure that really shocked me. I worked out an estimate and I myself ended up shocked with the estimate. It occurred to me to think, while looking for some statistical information, how many children had died since the WHO was founded, after the last world war, and the figure indicated a minimum, according to a very conservative estimate, of 600 million children whose lives could have been saved. The number of children is more shocking because, although people aged 30 or 40 can also die of infectious diseases that could be prevented or cured, which is distressing, when you talk about children under five years of age, you're talking about a whole life lost, about children who could be saved, sometimes with a vaccine that cost a few cents. As I explained, a little generosity and, above all, solidarity—that word that, with such good sense, you've included in the declaration—that was enough and yet 600 million died. The inhabitants of the planet at that time perhaps numbered around 6,500 million.

It's possible that, frightened at the excess population, some of the very rich countries, who fear immigration terribly—when there was a workforce shortage, they didn't fear it as much as they fear it now that they've seen our population multiply—they become terrified and the smallest thing doesn't concern them and they even build walls a hundred times bigger than that of Berlin, like the one that they're erecting there on the border with Mexico, where more people lose their lives each year than those who died during the whole time that the famous Berlin wall existed. And it's not to avoid the smuggling of goods; it's simply so that people don't cross over.

I worked out another estimate about mothers who died in childbirth—again, very conservative, relying practically on the figures of those who die now. Twenty years ago, more died, many more. And the minimum, ultraconservative estimate showed 25 million women who died in childbirth.

Imagine, I've referred to no more than two categories of human beings who died and who could have been saved: children under five years old and young mothers —because, to be a mother, you have to be young. Work out the other people, of other ages, higher than five years, who, for different causes, excluding those who died in childbirth, died when they could have been saved.

What is that? Isn't it genocide? They talk about the Second World War, yes, something very sad, where 50 to 60 million people died. They talk a lot about wars, holocausts and genocides, but nobody talks about what I'm talking about and that's genocide.

Who is the perpetrator who should maybe be taken before the International Criminal Court? The system, the economic order that reigns in the world; this, which develops in one direction, as President Samper indicated when he spoke about "a globalization guided by the logic of the market". And he added a phrase. He said: "without a human face"—take note of the significance— "it carries within itself the seeds of its destruction."

Forgive me, respected friend, and I don't know how much damage I'll do you if I tell you that that phrase reminds me of a phrase by the author of a book called Capital, Karl Marx, and I don't want to attribute anything to you that might harm you there in the field of politics. "It carries within itself the seed of its own destruction." That's exactly how we think.

The blind laws of the market lead to that neoliberal globalization, a stage that, it seems, we will almost inevitably have to pass through but, for all that, without us giving up struggling to the maximum to lessen its hard and bitter consequences while the seeds do their work and a more humane, more just world order, with more solidarity, reigns in the world.

I've brought up that idea, affirming that that order or that neoliberal globalization is untenable.

That order, that system must be brought to a tribunal for war crimes, for genocide, even if it's to a moral tribunal; or, at least, let a tribunal or a judge, in the consciousness of thousands of millions of human beings, understand it, judge it and condemn it.

We trust in humanity; we trust in man. And humanity won't let itself be annihilated. It won't let its nature, its waters, its seas, its resources be annihilated. No, it will react, because there's something that can be seen growing everywhere, in our peoples, and it's something that is called awareness; clearer and clearer ideas about these realities.

These are reflected there in your declaration, which is so just, so logical, so well argued. We hope that it can contribute and help reduce the number of those who are going to die and that they won't say, like those gladiators of ancient Rome, "Hail Caesar! Those who are going to die salute you!" Those who are going to die so unjustly can tell the Caesars of the new empire: "Down with Caesar! Those who are going to die condemn you and despise you!"

Your proposals aren't utopias and it's necessary to have the courage to understand them and to struggle for them. It's vital to defend that program on all platforms and in every place and to reaffirm it again in the next summit meeting and in all the meetings that are going to take place on health matters.

Who, if not you...? Do you think maybe the seven big powers or the five big powers or I don't know how many big powers are going to worry in their meetings about our countries' health budgets or about the cost of medicine and technology and about the vast inequality that exists and about the millions that die? Those who die and who could be saved are almost 100 per cent poor. Around 99 per cent, we could almost say 100 per cent of those under five years old who die and could be saved are poor. Those who die are the sons of the poor, the children of the poor and poor children.

I was astonished the day that I saw the figures of women who had died in childbirth last year or two years ago—there are more than 500,000. Of these women, more than half a million belong to the Third World; only 2,000 to developed countries. Those who die are poor mothers. They're not going to worry about that in those meetings; it will be about financial problems, interest rates, total and absolute free trade—no protection for the poorest countries. It's not health problems that are discussed there but wide-open doors for the transnationals, wide-open doors for international finance capital.



There, they don't discuss those things that you were discussing here. They don't discuss aid to development there either. Over in Geneva, we pointed out that the United Nations had proposed that the industrialized countries, as a moral duty, contribute 0.7 per cent of their gross domestic product to development assistance. They'd progressively managed to reach up to 0.34 per cent. To the extent that the wave of neoliberal globalization advanced, this figure was reduced to 0.24 per cent. I understand that, this year, it's at the level of 0.22 per cent.

The Nordic countries did reach that figure of 0.7. Some surpassed it. The Prime Minister of Norway, in a conversation that I had with him there, a few minutes before going up to the podium—I asked him about that topic, what ideas they had—he told me that they were proposing reaching 1 per cent. I quickly did a few calculations and I realized that, with 1 per cent of the industrialized countries' gross domestic product, 200 billion dollars could be collected. If the miracle took place—because it would be a miracle, although we know that that miracle isn't going to happen—whereby the industrialized countries would contribute that 1 per cent, a quarter of that sum used well could achieve, in a short number of years, the current health indices of the developed world in all the countries of the Third World and there would be enough money to give a strong boost to their economic development, especially that of the most backward and poor.

Yes, we know that, in Sierra Leone, 173 out of every 1,000 live births die in the first year of life and similar situations exist elsewhere. The situation isn't the same in all our countries. It's necessary to start from those realities, we understand that. But we all have some problems in common—those that have been mentioned here and those of an economic nature that affect the service and the aspirations to health that affect our peoples know no exceptions. What's more, among the more advanced, more developed countries of the Third World, there is a lack of resources for health programs. It's not just about the poorest countries of Africa. The countries from this hemisphere that have more resources, from the border of Mexico to Patagonia, have shortages of resources for health. There's no exception. The budgets aren't enough. We very well know that.

To this is added another fact—the region of the world where the distribution of wealth is most unequal is Latin America. This is reality—the inequalities between a rich minority and a poor vast majority.

I think that some countries of our region that are more developed and have a bit more resources could generate enough to reach the health levels proposed in the program Health for All by the Year 2000. But that depends on other factors. But, with regard to the world's health situation, the goals set have been far from being fulfilled. They're postponed until who knows when. It's said until 2015. Let's see what happens. On the road we're going, it will be necessary to analyze the figures in 2015 and postpone the goals. We know the real situation of the Third World countries because we've been in a lot of places, we've had the privilege, the honor of cooperating with many of them.

When I was listening to the President of the United States speak over in the WTO about an idyllic society, which is how they want to portray to us the society that they promise with neoliberalism, of thousands of millions of middle-class people, in other words, societies from a strange world that, it seems, would know one single class—practically the same as the society conceived of by Karl Marx but, in this case, not of workers but of the middle class—I tried to imagine Africa, for example, all changed into the middle class that Clinton was raving about, there, where the number of telephones in the whole continent is less than the number in Tokyo or less than the number in Manhattan. I tried to see them all with schools, high levels of education, without illiteracy, with electricity, communications and each family not only with its car, its color television and its telephone but also with its computer equipment connected to the internet. Really, I was smiling inside. It was enough to make you burst out laughing, like when somebody tells a particularly funny joke. But, out of respect, due to the seriousness of the meeting and, what's more, because it's something that, rather, should really irritate, I confined myself to laughing inside and to wondering: Do they really believe that? Who are they kidding? Of course, then come all the magazines, full of commercial propaganda, that circulate through Africa; or those who have television can see the advertisements on television or some film, almost all made in Hollywood, and the

television series that reflect the life, customs and tastes of the rich societies.

Even Europe is invaded by that culture generated in the United States, so why speak of Latin America? We know the situation of the cinema, the so-called leisure industry in Latin America, totally ruined by the United States transnationals. And everything that gets shown is ideology and canned culture, which is not really to be recommended for mental health and good judgment. No educator, no psychologist would recommend it.

Much more is spent in the world on propaganda—to instill those ideas, to control minds and alienate people—than on medicine. This is also reality.

Well, a lot could be said about this topic and others, but it seems to me that the most important thing is that, if the ideas are worked out, they're fought for, and you've expressed the main ones.

I was talking to you about important things like the training of professionals and I reiterate that it's very important because, before, when the Revolution triumphed, there weren't doctors in sufficient numbers or prepared to carry out their noble profession in our own countryside and, today, our doctors go anywhere in the world, to any remote settlement, to any mountain. And we feel very honored that, today, several hundred Cuban doctors are providing their services in South Africa, as a now independent country. It's a special case, South Africa. No wonder it is the object of so much sympathy and so much admiration. It's now in a process of starting social programs for the benefit of the tens of millions of its black or mixed-race population who didn't have the opportunity to study, to go to school or to receive medical care.

We were very honored by the request that they made for a large contingent of doctors—I've already talked about that, over in Geneva, I think—who have already demonstrated that language is no obstacle to medical services, because they had to study English intensively, be examined and, when they arrived in the village that corresponded to many of them, the villagers didn't speak English. I don't know. [He looks at the South African Minister of Health as he speaks.] That's the impression I have. If I say something that doesn't strictly correspond with reality, please correct me. But that's what the doctors have told us—that, in the village, many people didn't speak English. They've had to learn the village dialect and there are many dialects.

I was really pleased because it was proof that, for care and medical collaboration, language is not a hindrance, where the doctor is most needed. True, to give classes, to teach people to read, it's impossible to overcome the language barrier. But, for medical services, a doctor, a professional can, in a relatively short time, communicate with his patients for the care that they need and they can save many lives.

Don't think that we have helped others. Others have helped us, because the thousands and thousands of doctors who gave their collaboration in other countries, if we work it out, number around 25,000. They learned, learned to know the world; they developed their awareness; they developed their spirit of internationalism and solidarity. It wasn't our help to the Third World. It was the Third World's help to our awareness and to the human formation of our doctors.

For us, it's not a duty; it's a benefit, because that future world, which must come after neoliberal globalization, is inconceivable without solidarity, without a deep consciousness of solidarity. And we've tried to educate our people in that, while our neighbor tries to deform and alienate us by every means possible and to daze us with its absurd models of consumption, a diabolical and inevitable invention of the system that it represents.

When man needs so many things, doesn't he need to be supplied with a teacher before anything? Don't the school, the doctor, the hospital, food have to be supplied? Why are they introducing into people's heads the idea of an enormous automobile, like those driving along the roads of the United States and many parts of the world where there's a minority that can acquire it and, often, even poor people

because they buy them second-hand? With only the automobiles that they replace or that they substitute, the rich countries can inundate the world, more easily still without any tariff barriers. Then the fuel, spare parts, tires and everything else have to be imported. It's a tragedy; it's an untenable model of consumption. With so many problems that this world has to solve, with so many thousands of millions of inhabitants, of poor, of illiterate, of starving, of sick people, of premature deaths-it doesn't need repeating; you must have been deluged by now listening to figures and statistical data-, with such pressing needs, that neither the pure air nor drinking water nor natural resources nor cultivable land, in a constant process of erosion, chemical poisoning and desertification, would be enough.

China is a country that, within a few years-a few decades, because it's the country that has succeeded most in slowing the demographic explosion-, it's going to have 1,500 million inhabitants, it's said by the year 2050; it could be before. But India is nearby and is growing faster than China. It will reach China. There will be 3,000 million inhabitants in only those two countries.

Can the western model of consumption that brought the world its economic and social system be applicable to those 3,000 million? And I haven't mentioned Bangladesh, Indonesia and all the other countries of Asia, Africa and Latin America.

Is that the model? Is it that we're mad? Can they fool us, those who were their colonies and who gave our sweat, our blood and our natural wealth, so that those two worlds would exist today-one superdeveloped and richer and richer and the other impoverished, full of destitution and ever poorer, which has its origin not in the stupidity of those of us living in that Third World, not in the foolishness of its inhabitants, not in the human or racial inferiority of those of us who live in it? Because, in the Third World, we live as a mixture, a great mixture, of all ethnic groups: Chinese and Indians, brown-skinned Arabs and black Africans living in Africa and in other parts of the world-in Africa and in Cuba, in Africa and in the Caribbean. We're a mixture that also includes whites of European origin and I have the deepest conviction that that mixture of ethnic groups and each of the ethnic groups that people the Third World possesses the potential for extraordinary intelligence. Who's going to tell we Cubans who have fulfilled internationalist missions in so many places? Who knows the Africans, for example, better than us?

I would like to picture a well-educated Africa, with modern technology and its talent.

Likewise, who can ignore the talent of the Chinese? Don't you know, for instance, that, in all the Olympiads of mathematics and other subjects, the Chinese carry off almost all the gold medals? Are the Chinese inferior to those who colonized them and dominated them? Neither are they inferior to the so extraordinarily developed Japanese, nor are the Japanese inferior to the North Americans.

The Third World is full of capacity for work, sacrifice, unselfishness, talent. Let them deploy their talent! Let them deploy their mental and physical possibilities! Yes, because, often, the rich countries take them not to educate them; they take them to do the hardest jobs that they no longer carry out or they take them to win Olympic medals. And, to win Olympic medals, not only muscles and reflexes are needed. Intelligence is needed, because a basketball game is just as complicated as a game of chess in its combinations, and a game of volleyball and a match of football, which is so fashionable at the moment. And with our regret and sorrow [he addresses President Samper and the Colombian delegation] at such an adverse event as our fraternal team from Colombia having been beaten 2-0 today against the English. Forgive me if there's an English person here. As far as I know, they still don't belong to the Non-Aligned Movement. But how pleased I am with the victories that the Africans and Latin Americans have won in that difficult sport, which requires not only resistance and physical capacity but talent.

That's what it's about-freeing the talent, the potential of our countries; and they're the ones who can save the world, because what the others can do is destroy it.

Look at the discussions in Kyoto about the problems of the environment, gas emissions and the policies

of each one. The selfishness of the richest country doesn't only manifest itself in the question of the environment.

For example, the United States is the country that, proportionally, contributes the least assistance to development. I don't remember if I mentioned the figure when I referred to the subject before. It's less than 0.1 per cent of its gross domestic product. It's only 0.08 per cent-more than ten times less the 1 per cent that Norway and other Nordic countries contribute. And its gross domestic product extends to almost 10 million million dollars.

At the same time, they're the most reluctant to cut gas emissions. They reached an agreement and they promised over in Japan, after a lot of struggle, to reduce the levels by the year 2010 to only 7 per cent below the 1990 level, which was the reference point, in relation to which even Europe was ready to reduce the emissions by more than 15 per cent and despite the United States consuming a quarter of the world's fuel. Ah! But they invented another market-the markets of gas-emission quotas. Can anything so irrational be conceived as the creation of a market with the emissions quotas and, instead of deducting the savings of any country from the emissions that are going to be emitted at world level, simply, selling them so that others can use them? If a country has 20 per cent left over, then, instead of saving humanity 20 per cent of what that country emits, that right to emit it is sold on the market. Look at just how blind they are, how fanatical and fundamentalist with relation to the market as a remedy and universal panacea! They were opposed to essential reductions. Well, they were the last, those who put up most resistance to a miserable agreement. What can we hope for from a system ruled and a world ruled by those principles, by those beliefs?

Ah! A large part of the Third World belongs to the Movement of Non-Aligned Countries. There were those who scarcely received a few loans and, privatizing a lot of things, they considered themselves already part of the other world and said: "That group doesn't suit us. We're off." If there were some that left, rest assured that there will be a good few who will want to come into the Movement of Non-Aligned Countries.

Why does this meeting, called together by that movement, have so much importance for us? Because the Movement of Non-Aligned Countries is not a club for the rich. I admit that there may be some rich countries, for certain reasons. Some of these are even going through a serious crisis now because of the price of oil, for example. But they can't be called industrialized countries; they can't be put in that category.

They've had a resource that's very necessary in the world, indispensable, consumed in its vast majority not by the Third World but by the industrialized world. They've had very high incomes, certainly, but they belong to the Third World and, by expressing themselves, many of them, I see that they have a sense of solidarity. And it was precisely the Third World that supported them when they nationalized the oil industry in many of them, during times when there didn't exist the current wave of privatization generated in the concept of globalization that has been mentioned. We supported them, despite it being costly for many other poor countries, not producers of oil. Out of solidarity, we supported them in their struggle. And we supported those who united to defend the prices of aluminum, for example, and other similar cases, out of solidarity, out of a true sense of solidarity.

This movement isn't going to decrease. Rather, it's going to grow, because there are countries that have passed from the First World to the Third World in recent times. It has a strength. It's not a club, as I was saying-it's a movement of the countries most affected by these situations, by this world order that they've imposed on us.

We're a majority in the United Nations, an ample majority. We have the right to vote, at least, in the General Assembly and we have to struggle for the necessary transformations in that institution, which is more indispensable today than ever.

There has to be a struggle for reforms. Since they talk so much about reforms, yes, the United Nations

must be reformed. Since they talk so much about "democracy", those powerful gentlemen who are the masters of money and of the world's wealth and who have special privileges in the United Nations. The United Nations must be democratized. Of course, that won't be done overnight because they're inventing things to put it off.

This must be talked about. It's got to do with what we need; it's got to do with the aspirations of all of us. If the veto can't be abolished, which would be the ideal thing, then let the number of members with the right to exercise it be increased and let it not be increased only for the rich.

We've raised this problem and we've proposed the idea that Latin America should have at least two permanent members on the Security Council; Africa, two permanent members; Asia, the Asia of the Third World, apart from China, two permanent members. We're not opposed to the entry of some new members from the developed world. But, above all, do justice to the regions that represent thousands of millions of inhabitants of the planet and that don't have any representation in that body.

Yes, let it be widened and, if the veto can't be abolished, then let the new members have the same right as the other five, because that's a power that has often been exercised by the most powerful of all in defense of unjust policies. The poorest countries could use it to defend the most just of causes-their own cause. A shared privilege is a bit better than an exclusive privilege. And I say this because the idea is going around, promoted by you-know-who and creating disagreements, of one for Latin America. What's that about one? Who said one? And why does it have to be one? Why is Europe going to have four or five, Latin America one and Africa one? It's an apple of discord that they're already exploiting in order to divide us.

If we want to ask for more, let's ask. Why not? Let the privilege be shared out and let the Third World also have several countries with the right to a veto. It would be a tremendous mistake if we let ourselves be cheated in that.

The ideal thing, I repeat, is that there would be no veto. But those that would have to approve that reform have the right to veto it. Those that take the final decision have the right to veto it and those that have the veto aren't going to want to give up the veto, just as it has also been demonstrated that those that have nuclear weapons don't want to give up nuclear weapons.

So, does it get widened? Yes, but the General Assembly also has to approve that. And we have to struggle; nobody's going to give us anything on a silver platter. We have to win it by fighting, creating public opinion, looking for support among ourselves, who are the immense majority in those United Nations, perhaps the embryo of future forms of leadership and even of government, because globalization, which is coming inevitably and which we hope will, one day, be of another type, will need, as something indispensable, a leadership of the world.

Of course, there's leadership today. It's not that there's no leadership. There's leadership, yes, on the part of a hegemonic power. The only hegemonic superpower is the one that's exercising it. It tries to use certain mechanisms of the United Nations. Our reply must be to reform and to use the mechanisms of that organization in order to defend ourselves from that dominion. And the Non-Aligned Movement, made up of countries that constitute the immense majority, has a strength and it can have a much greater strength to the extent that we realize it.

Before the seven big powers, we, joined together and united, make many great powers. We can create seven big powers, not seven in number but to be as great as the seven big powers together and also even bigger than the seven big powers, although they now frequently have a new guest. Sometimes they say seven and, other times, eight. But those that cut the cod, as we say in Cuba, those who rule the roost are the seven we know. (Laughter.) And that doesn't mean that we're enemies of the seven we know; no, no, the seven big powers also have their contradictions, which must be very much taken into account. Among other contradictions, the biggest wants to impose its interests and opinions on all the others. Let's not forget how events develop; we mustn't simplify. I think that those contradictions aren't

detrimental to our countries and, in certain circumstances, it happens that the interests of our countries and some of the seven big powers coincide.

Intelligence recommends that those factors be taken very much into account in our struggle, doesn't it, Mr. Chairman?

The Movement of Non-Aligned Countries isn't an institution that meets simply every three years. It's an institution that meets almost every day because our representatives are there in the United Nations, representing our countries in the General Assembly, and they meet systematically, every time it's necessary, discussing problems of importance.

Unfortunately, we are sometimes divided. It is necessary to struggle to try to overcome as far as possible everything that divides us. It's necessary to become ecumenical. Let's practice ecumenism between our countries, regardless of ethnicity, religion, political and social concepts, because I'm not talking about the ideology and culture of each one—I'm talking about real events that every one of us suffers, about realities that are seen every day.

It's a movement that has its representatives there in the United Nations and, in my opinion, they should meet and work now more than ever. In the next summit, we'll have the honor of the presence of such an illustrious and such an outstanding figure as Nelson Mandela, a symbol of many things, among others of the heroic struggle, of the political and revolutionary talent of Africa, who struggled so much to eradicate one of the most repugnant political systems that has existed on Earth, a mixture of colonialism, capitalism, fascism, slavery and racism.

Thanks to the effort of the commission investigating the crimes committed in South Africa during apartheid—and I point this out as an element of proof—several scientists have confessed to the research that they were actively carrying out to produce diseases that would affect the black population and not the white population. They were using genetic engineering, biotechnology, to create bacteria that only the black population would be sensitive to. It was practically the idea of the extermination of the population of a country and of a whole continent and they've said it, the scientists who were working in that, by the order of the government. Look how far the repressive, genocidal, merciless and inhuman spirit of apartheid went, carrying out research and programs of that kind.

When we were fighting there, alongside the Angolans, against the apartheid troops, near the border with Namibia, tens of thousands of Cuban combatants, at that time, South Africa had seven nuclear weapons and nobody said a word. Can anyone believe that those who have more satellites and more spies and spend almost 30,000 million dollars a year on intelligence services and who have friends and allies, from where technology transfers must have taken place, didn't know that South Africa already possessed seven nuclear weapons? We suspected it. Also, along with the Angolans, we adapted our tactics to the possibility of an attempt at a blow of that nature, adopting all measures of protection possible—a mass of anti-air weapons and the dominion of the sky, in order to decrease the possibilities of an attack with that type of weapon.

Once apartheid had disappeared, the world was informed that that regime then had seven nuclear weapons and that those who controlled those weapons before the coming to power of the ANC had destroyed them. Now that everything relating to nuclear tests and weapons has become fashionable, it will really be necessary to promote a little more transparency about what happened with relation to the nuclear weapons of the South African racists.

Look at how far it got. And it's on that soil that you're going to meet. You can maybe read or ask for reports about what the doctors declared about the homicidal bacteria to liquidate the black population. As if there were few bacteria and few diseases in the world and in Africa, some racist bacteria, exterminators of entire ethnic groups. The South Africa Summit must be a big meeting and we hope that our South African brothers, our brothers in the ANC, who are leading that country with so much glory and honor, will bring together and support the aspirations of their Third World brothers, who were

so much in solidarity with the ANC and with the heroic struggle of the people of South Africa against apartheid.

The privilege of seeing each other there will be a whole symbol for us. Let's work, study deeply, clarify our ideas in order to struggle together, to constitute the force that we are or that we should be and to have the right to a better and more humane future. And, there, where they knew political apartheid, let's also forcefully denounce other kinds of apartheid that exist in the world. What policy is the United States applying with its criminal blockade against Cuba? A policy of economic and political apartheid—an attempt to kill our people through hunger and disease, in order to destroy their revolution and their example.

President Samper, in his speech, mentioned, for his part, technological apartheid. Yes, one of the many things that you discussed here is so real and so visible that it isn't necessary to use expressive words to describe it. And it's terrible that the creation of intelligence be used to subjugate us, to exploit us, to plunder us, that it be used so that a medicine is sometimes sold at a price 50 times higher than its cost, including the famous AIDS cocktails—ten thousand dollars a year so that a man, taking pills the whole day, has a hope of survival.

If so much money is earned, will there be as much interest perhaps in a vaccine, to apply the most efficient and most productive of all techniques, which is the prevention of disease? We're confident that there will also be vaccines against many kinds of cancer and other diseases.

Man can't be a piece of merchandise nor can human health be a piece of merchandise, because selling, trading, profiting from health is like selling, trading and profiting from slaves, trading and profiting from human life.

It's necessary to fight against all that. They're things that must be disseminated and denounced in order to create awareness.

For we ourselves, how would the health programs that we've gone ahead with have been possible if we hadn't been concerned with developing the production of medicines with the resources available, which were modest? We produce almost 90 per cent of the different types of medicine that the country requires. It's true that many raw materials and ingredients have to be imported from other places, but our researchers have worked intensely in the formulas of the medicines.

Yes, we pay for raw materials that are sometimes expensive, but the prices that have to be paid for many imported medicines, even for aspirins, are very high. It's known that the raw material for an aspirin cost fractions of a cent a few years ago. By importing the ingredients—to which must be added the packing materials, which also need to be imported—and producing them in the country, the costs can be reduced extraordinarily in relation to the imported medicines that are produced in the transnationals' laboratories. How they earn money by using research as an excuse! Admittedly, research is necessary and sometimes costly. Our countries also pay the vast costs for publicity that the big capitalist firms use to promote their products, which are often the same as others, with different brands.

I think that, instead of investing so much in the development of ever more sophisticated weapons, those who have the resources for it should promote medical research and put the fruits of science at the service of humanity, creating instruments of health and life and not of death. There wouldn't then exist even the excuse for charging what they charge for medicines. The day must come when those medicines against AIDS, which started off being sold at 15 dollars a pill and are now sold at 10, which is equivalent to a cost of 10,000 dollars per person per year... [Somebody hands him a piece of paper.] They're quite rightly reminding me of the time [due to the pending commitments with the program of the official visit of the President of Colombia]. I remembered as well. I felt it coming. I'll continue for a few minutes. We have information that the production cost of those pills could be less than two dollars.

How can the African peoples—who, through a lack of resources, have seen this disease spread like a plague—pay for the pills needed every day, to give the attention due to tens of millions of people? Or is it that they have to die inevitably? And aren't those guilty of that tragedy taken to court?—those who do those things, those who deprive those tens of millions of people of life because they can't apply that medicine that already exists, due to the prices, which are out of their reach.

For a millions Africans sick with AIDS to be able to use those medicines would cost, at current prices, 10,000 million dollars. And there are countries that have several million infected people and that's every year. Is it or is it not important, all that you've been discussing here about these topics? How can it be ignored? How can it be denied?

That's our hope—that we'll understand these realities, disseminate them, denounce them, fight them. And that's why, now, more than ever, this movement is needed.

There were those who said that, with the cold war over, the Movement of Non-Aligned Countries wasn't needed. No, it's needed now more than ever, because it arose in the circumstances of a world where two big superpowers existed and competed. We're now living in a world that's characterized by the global dominion of one single superpower, the most powerful in the sphere of politics, economics, technology and the military that has ever existed in history.

We can't align ourselves with neoliberal globalization. We can't align ourselves with all the injustices that are being committed in this world, with those responsible for those tens and tens of millions of people who, in the field of health alone, lose their lives every year.

We can't align ourselves with genocide. We can't align ourselves with unipolar hegemonism. We can't align ourselves with anything that would adversely affect our future and the future of humanity.

We now have to preserve our freedom, our most legitimate rights and our most just aspirations, in the most frightening and difficult circumstances.

We will be non-aligned and we'll continue calling ourselves that. But we'll also be aligned with our peoples and their interests, aligned with the best causes of humanity, aligned and united for survival and the future of all the human beings of the planet.

Thank you very much.

(Ovation.)

Versiones Taquigráficas

---

**Source URL:** <http://www.comandanteenjefe.org/en/discursos/speech-closing-ceremony-health-ministers-meeting-non-aligned-countries?height=600&width=600>

### **Links**

[1] <http://www.comandanteenjefe.org/en/discursos/speech-closing-ceremony-health-ministers-meeting-non-aligned-countries>