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Introduction: The public health crisis in communist systems

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By Keith Armes
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The communist economies of the Soviet Union and Eastern Europe have brought grave and enduring consequences for the health of the populations of these countries. Hitherto this aspect of the legacy of Leninist political systems has received relatively little attention outside the demographic and medical community. Consequently the Institute for the Study of Conflict, Ideology & Policy organized a roundtable at Boston University on March 26, 1990, in co-sponsorship with the Boston University Health Policy Institute, on public health in communist countries, inviting as speakers several prominent experts on health issues in the Soviet Union and Eastern Europe.

Professor Murray Feshbach of Georgetown University, an internationally recognized authority on Soviet demographics and public health, was able to draw extensively on the new spate of plausible statistics from the Soviet Union in order to describe the quality of Soviet medical care and the population's standard of health. Low life expectancy and the high incidence of infectious diseases result not only from misallocation of resources, inadequate medical equipment and shortage of pharmaceuticals, but also from the defective training of physicians and appalling environmental pollution. To at least as great an extent as insufficient resources, long-standing Soviet governmental policies cause the poor health of the population and threaten the next generation.

Pravitel'stvenny Vestnik cites the new Soviet Minister of Health, I.N. Denisov, as planning to require doctors to gain more experience with patients before practicing independently and to introduce a system of incentive payments for doctors to take examinations in order to qualify as specialists. He displayed nothing but hostility toward the medical cooperatives which have recently arisen in the Soviet Union despite severe legal constraints. Denisov has no proposals for new public health programs; instead, he advocates the creation of
yet another government committee independent of the Ministry of Health with special responsibilities for postoperative care and for sanatoria.*

Andrzej Milczanowski, a prominent Solidarność official, described the public health situation with which the Mazowiecki government is confronted after 40 years of communist rule in Poland. Massive investment in emission cleaning equipment and alternative sources of energy will be required to reduce the adverse effects of the pollution caused by the industrial plants in densely populated regions of the country. In addition, poor nutrition and inadequate immunization programs contribute to infant mortality and infectious disease statistics that are far worse than in Western Europe. It is encouraging that the new government has introduced a major health care reform program that will be administered by practicing physicians and municipalities, not by the state.

William H. Anderson, chairman of the Department of Psychiatry at St. Elizabeth's Hospital, Boston, who has done extensive research on the problem of AIDS, reported on the probable incidence of the disease in Cuba. Alone in the world, the Castro regime has instituted a program of universal testing by a method unique to Cuba and coercive quarantine for all persons determined to be HIV positive. The internees are allowed out at intervals with or without an official escort, depending on whether they are deemed "reliable" or "unreliable." All the available evidence imposes the conclusion that the Cuban government statistics indicating an extraordinarily low incidence of AIDS bear no relation to reality. When glasnost' ultimately reaches Cuba, the gravity of the AIDS problem will bring about an agonizing reappraisal of the island's reputation for superior health provision for its population, which has often been cited as a notable achievement of Cuban socialism. It is likely that the assignment of Cuban troops to Central Africa will turn out to have been a major cause of infection with the AIDS virus—over one-quarter of Cuban males aged 15-30 have served in Africa. The affliction

of this scourge on the population is directly attributable to government policies, undertaken in disregard of the interests of the Cuban people.

In addition to the speakers whose papers are included in this volume, contributions were made by Professor Igor Lukeš, International Relations Department, Boston University, on the health crisis in Czechoslovakia, and by others, including Professor Joseph S. Berliner, Russian Research Center, Harvard University; Professor William J. Bicknell, Director, Office of Special Projects, Health Policy Institute, Boston University; and Professor Anthony W. Robbins, School of Public Health, Boston University.

The papers presented at the roundtable demonstrate that the legacy of socialism in the Soviet Union and Eastern Europe has left not only a low standard of living and the degradation of the work ethic of the population, but also hazardous environmental conditions, reduced life expectancy, and prevalence of infectious diseases. These countries are confronted simultaneously with economic and public health crises that will demand greatly enhanced levels of capital investment both in industry and in medical facilities over many years. Any significant improvement in health standards will require a higher proportion of national income devoted to health care provision, and the national governments will be compelled to make painful decisions on priorities for resource allocation. Nevertheless, there are clearly areas in which the United States and Western Europe could make a cost-effective contribution to meeting the most pressing needs. In particular, if East European political leaderships are prepared to make choices in the interest of the welfare of their peoples, the Western community could play a major role in ensuring that these countries acquire the infrastructure and limited resources required to introduce internationally adopted immunization and public hygiene programs. Moreover, it could assist Eastern Europe to establish new or upgraded production facilities for pharmaceuticals. In the absence of substantial Western cooperation, it is likely that continuing shortages of hard currency will severely restrict the availability even of basic types of medication. The burden, however, will fall upon the countries concerned to adopt integrated public health programs directed atremedying the consequences of many years of governmental
neglect and wrongful policies, if only in the interest of having a productive workforce and alleviating an unfavorable demographic situation. At least there is now heightened awareness in the Soviet Union and throughout Eastern Europe that the condition of the people is unworthy of an advanced industrial society.

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