In a well-researched monograph with twelve illustrations, three graphs, and one map, Kelly Urban examines chronologically the Cuban public health sector and tuberculosis (TB) public policy from the 1920s through 1980s. She focuses on the efforts of tuberculosis patients, their families, medical personnel, and citizens to pressure their national governments to provide health care. *Radical Prescription: Citizenship and the Politics of Tuberculosis in Twentieth-Century Cuba* includes six chapters, an introduction, and a conclusion. The introduction provides a theoretical framework for analyzing how citizens interact with the Cuban public health sector. The conclusion evaluates the effectiveness of citizens in improving health care in Cuba, and it also compares COVID-19 and tuberculosis, which are both air-borne diseases. The inclusion of photographs contributes to an understanding of the role of tuberculosis in Cuban society. The central story of Cuban health activists and public policy is summarized into two parts: the republic era including the governments of Gerardo Machado (1925-33) and Fulgencio Batista (1933-58), and the revolutionary government of Fidel Castro (1959-2008).

Popular pressures and grassroots activism, particularly in the 1930s and 1940s, encouraged Batista to focus on tuberculosis treatment rather than yellow fever. Tuberculosis prevention proved central in Batista’s effort to gain popular support for his administration. Public and medical pressures encouraged Batista to create the National Tuberculosis Council (CNT), which expanded support for tuberculosis care by increasing the number of beds for the tubercular and national dispensaries. Particularly important was a tuberculosis survey, which provided a wealth of epidemiological knowledge and led to tuberculin testing and chest x-rays of 0.72 to 1.06 percent of the population. The United States’ more limited survey in 1935-36 included only 2 percent of the population. An entrenched system of political patronage undercut the central government’s efforts to reform the health care system and effectively utilize the new information. The government also failed in the distribution of streptomycin. Despite popular
pressures, political connections rather than medical diagnosis dictated who received medical treatment. High costs and few connections meant the poor rarely received streptomycin. New medications reduced mortality rates, but without the ability to afford the entire regimen, the poor were often not cured. Public pressure from the tubercular continued to demand more sanatorium beds, because the ill thought sanatoriums would cure them. The Topes de Collantes National Sanatorium was begun only in 1937, decades after large sanatoriums had been built worldwide. It was inaugurated in 1954 with no more than six hundred beds, far fewer than promised. In comparison, the Sanatorio Nacional de Tuberculosos de Santa Maria in Argentina accommodated one thousand patients by 1917, and Mont Alto State Sanatorium by 1913 had become the largest public sanatorium in the United States with 1,055 beds. For the Batista government, the Topes de Collantes National Sanatorium, with its modern architecture in a mountainous region and its service to hundreds of Cubans, represented good government. However, for most Cubans the sanatorium illustrated government corruption and the inefficiencies of the health sector.

Urban argues that efforts to decrease tubercular case rates and mortality were as important in Castro’s Cuba as they had been in the Batista years. But she points to a major difference. During Batista’s authoritarian rule grassroots public and tubercular patients and their families exercised some influence on public health policy. Under Fidel Castro, public health policies were developed at the top. Although the government created official mass public organizations, it dismantled private civic organizations and eliminated health activism and criticism of the state. X-ray exams, begun in 1959, helped to identify those with tuberculosis. The introduction of BCG vaccinations (Bacillus Calmette-Guerin) led to a 55 percent drop in the rate of TB among children by 1965-66. The social security laws passed in 1969 provided support for tubercular patients and the new national outpatient programs reduced hospital care and assured that patients followed the prescribed medication regimen. After 1971-72, when Fidel Castro claimed that tuberculosis was almost completely eradicated in Cuba, there was increased public health care but less focus on tuberculosis. Graphs and charts provide evidence of the declining tuberculosis mortality and fewer tuberculosis cases from 1972 to 1989. The revolutionary state provided more effective care for the tubercular than the republican state. Although the revolutionary state expanded health care to its citizens, its destruction of the civic basis of health activism and the silencing of criticisms of the state promoted a health citizenship that was less radical than that of the republican era.

Twenty-first-century Cuban citizens are experiencing a deteriorated health care experience, which challenges the political system. With diminished resources in the 1990s, Castro faced new challenges but remained committed to a national health system available for all. By creating agreements with Algeria, Brazil, and Venezuela to exchange doctors for oil, Cuba generated hard currency that supported the national system of health. But in 2021 the government only partially satisfied citizen needs for medicines and vaccines for COVID-19.

By examining the political interaction of government programs and health activists chronologically, Urban effectively explains public health policy in twentieth-century Cuba. Cubans under the republican and revolutionary governments campaigned for better public health. Under the revolutionary government, social security, outpatient services, and new medications led to decreased tubercular morbidity and mortality but did not eradicate tuberculosis. A higher standard of living and better medical institutions improved the health of all sectors of Cuban society. However, the chronological approach makes it more difficult for the reader to understand how the tubercular institutions (clinics, hospitals, sanatoriums) and
the issues of racism, hygiene, and housing in the treatment of tuberculosis developed internally and compared with global efforts. At the same time, by examining the interaction of governments and health activists chronologically and focusing on the continuity of the republican and revolutionary governments’ efforts to provide health care to Cuban citizens, Urban reveals broader issues of Cuban health policies and government effectiveness. This focus on Cuban public health policy and the interaction between the governments and citizens, and not just on tuberculosis, makes Radical Prescription of interest both to historians of medicine and generalists interested in Latin American history.

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