“Si tienes un amigo, tienes un central”

A Field Study of the act of informal gift exchanges and social networks between patients and medical staff, in Cuba’s public healthcare system.

By: Julia Spaton Goppers

Author: Julia Spaton Goppers
Word Count: 13,491
Supervisor: Hans Blomkvist
Uppsala University, Department of Government
Bachelor Thesis, 15 ECTS
Political Science, Spring Semester of 2019
Abstract
This thesis explores the act of informal reciprocal exchanges and relationships - sometimes referred to as bribes or corruption - within the Cuban healthcare system. The research was conducted in Havana during the autumn of 2018 and was funded by a Minor Field Study scholarship from SIDA. The theoretical framework of Institutionalism is used to answer the research question: For what reasons do patients informally pay for healthcare services, that formally are meant to be free? The study shows through qualitative interview methods, that the perception of informal gift giving varies between the respondents; some consider it to be a way of showing gratitude, while others claim it to be corruption. There was however consensus among the respondents, and also according to previous research, that one’s personal connections within the healthcare system can impact the quality of the services and grant better access to medical resources. The study concludes that gifts can function as a factor creating or strengthening friendships, which may provide better access to healthcare.

Resumen
Esta tesis explora la acción de intercambios y relaciones recíprocas e informales — a veces llamadas soborno, o corrupción — al interior del sistema de salud en Cuba. La investigación fue desarrollada en La Havana durante el otoño de 2018 y fue financiada mediante una beca del programa de Breves Estudios de Campo de la Agencia Sueca de Cooperación Internacional para el Desarrollo (Asdi). El estudio hace uso del esquema teórico del institucionalismo para responder a la siguiente pregunta: ¿por qué razón los pacientes están dispuestos a pagar informalmente por servicios de salud supuestamente gratuitos? El estudio muestra, mediante el método de entrevistas, que la percepción del presente informal varía entre los entrevistados; algunos lo consideran una manera de mostrar gratitud, mientras que otros lo consideran una forma de corrupción. Sin embargo, existe consenso entre los entrevistados, y también de acuerdo a investigaciones anteriores, en que el acceso a relaciones personales dentro del sistema de salud puede influenciar la calidad del servicio, y asegurar mejor acceso a recursos médicos. El estudio concluye que los obsequios pueden funcionar como una manera de crear o fortalecer amistades — una función importante en la vida de los cubanos — lo que puede resultar en un mejor acceso al servicio de salud.
Acknowledgements

This Field Study would not have been possible without the cooperation of the Cuban patients, medical employees, and medical students who participated in the interviews. I especially thank my local contact person Sylvia for welcoming me to Havana and assisting me with valuable help, as well as many kind people in Sweden who gave me useful advice and provided me with contacts on Cuba prior to departure. For the generous financial support, I want to thank SIDA for the Minor Field Study Scholarship I was awarded, as well as the preparatory course in Härnösand with dedicated staff where valuable information was provided. Lastly I want to thank my supervisor Hans Blomkvist at the department of government at Uppsala University, for the guidance and support throughout the process. Gracias.

Key words: Cuba, Field Study, Healthcare, Gifts, Institutionalism, Sociolismo
# Table of Contents

1. **INTRODUCTION** .................................................................................................................. 5

   1.1. AIM AND RESEARCH QUESTION ............................................................................. 6

   1.2. DISPOSITION .............................................................................................................. 6

   1.3. BACKGROUND AND COUNTRY INFORMATION ..................................................... 6

   1.3.1. THE HEALTHCARE SYSTEM OF CUBA ................................................................. 7

   1.4. PROBLEM DESCRIPTION ............................................................................................. 9

2. **PREVIOUS RESEARCH AND THEORETICAL FRAMEWORK** ........................................... 10

   2.1. PREVIOUS RESEARCH ............................................................................................. 10

   2.1.1. SOCIOLISMO ......................................................................................................... 10

   2.2. INSTITUTIONALISM .................................................................................................... 11

   2.3. ANALYTICAL FRAMEWORK - IDEAL TYPES ............................................................. 12

3. **DESIGN AND METHODOLOGY** ....................................................................................... 14

   3.1. DESIGN AND MATERIAL .......................................................................................... 14

   3.2. METHODOLOGY ........................................................................................................ 14

   3.2.1. RESPONDENT SELECTION .................................................................................... 15

   3.2.2. OBSERVATIONS AND HOSPITAL VISITS ............................................................. 16

   3.3. ETHICAL CONSIDERATIONS ..................................................................................... 16

   3.4. DELIMITATIONS ......................................................................................................... 17

   3.5 SOURCE CRITICISM ...................................................................................................... 18

4. **RESULT AND ANALYSIS** .................................................................................................. 20

   4.1. GENERAL PERCEPTION OF THE FUNCTIONING OF THE CUBAN HEALTHCARE SYSTEM ........................................ 20

   4.1.1. PERCEPTION OF THE EXISTENCE OF THE GIFTS ........................................... 22

   4.2. GRATITUDE ................................................................................................................ 23

   4.3. CORRUPTION ............................................................................................................ 25

   4.4. FRIENDSHIPS ............................................................................................................. 27

   4.5. OVERLAPPING .......................................................................................................... 29

   4.6. SANCTIONS ................................................................................................................ 31

   4.7. DISCUSSION ................................................................................................................ 32

5. **CONCLUSION** ................................................................................................................... 34

6. **BIBLIOGRAPHY** ............................................................................................................... 36

7. **APPENDIX** ....................................................................................................................... 40
List of Figures and Tables

Figure 1: Life expectancy in Cuba and Latin America…………………………………………………………8
Figure 2: Life expectancy in Cuba and High-income countries………………………………………8
Figure 3: Illustration suggesting potential effects of the gift………………………………………33

Table 1: Health Statistics from the World Health Organization ………………………………8
Table 2: Helmke’s and Levitsky’s typology of informal institutions…………………………12
Table 3: Ideal types and operationalization of gratitude and corruption…………………………13
Table 4: Ethical requirements…………………………………………………………………………………17
Table 5: Information about the respondents……………………………………………………………20
1. Introduction

Healthcare policies and their outcomes are shaped differently over the world, and countries have various means and strategies to reach the United Nations’ sustainability goal of ensuring good health and well-being for all at all ages (UN, 2016). Cuba, one of the last communist societies in the world, has since the revolution in 1959 when Fidel Castro seized power, invested in creating a public healthcare system - free and equal for all Cuban citizens, which has continuously impressed international observers with its undeniable success and development (Keck & Reed, 2012).

As a result of implementing a healthcare system with focus on preventative medical attention, home visits, control of infectious diseases and by training a large body of skilled medical workers (Ibid), infant mortality dropped from 42 per 1000 live births in the 1960s, to 4 in 2016, while life expectancy rose from 64 to 80 years (World Bank, 2016). Exporting doctors to other countries is today a main source of revenue for the government, and thousands of doctors have since the 1960s worked in 103 different countries engaging in so called “medical diplomacy” (Andaya, 1998:367). The service of Cuban doctors abroad is based on government contracts between Cuba and the recipient countries, allowing the Cuban government to retain a large part of the doctors’ salaries (Cherneski, 2009:48).

In Cuba today it is not unusual for patients to bring a gift to their doctors or provide a reciprocal favor when receiving medical attention (Andaya, 2009:361). Such a gift has become normalized and remains a central feature of Cuban medical practice and is also said to have shaped the basis of social strategies through which patients aspire to bypass “formal ideology” of equal and undiscriminating access (Ibid:364). Such use of informal reciprocal exchange and personal friendships within public sectors to gain private benefits or access to goods and services are said to occur on different levels more or less all over the world (Williams & Onoshchenko, 2015). It is for instance prevalent in Russia, China and Brazil, and some claim it to be culturally accepted and widely condoned also in generally non-corrupt countries such as Germany or Sweden, where the use of family and friends connections in order to get ahead queuing systems to receive treatment is widespread (Ledeneva et.al, 2009).
1.1. Aim and research question

The purpose of this thesis is to investigate through qualitative methods how informal reciprocal exchanges are carried out within the Cuban healthcare system and explore how formal and informal institutions in this respect relate to each other. The aim is to gain a more profound understanding of the patients’ perception of informal relationships with medical staff, reciprocal exchange, as well as their view of the quality and functioning of the medical system. In order to understand why patients bring a gift to their doctor, the essay also aims to investigate the medical staff’s point of view to some extent, and grasp whether they alter their medical performance or attitude, depending on the nature of the gift. The main research question of this thesis will be the following:

*For what reasons do patients informally pay for healthcare services, that formally are meant to be free?*

1.2. Disposition

The study begins by, in chapter I, providing background information on the country as well as on the structure and functioning of Cuba’s medical system. Chapter II describes previous research and the theoretical framework used in the essay, while chapter III discusses the methodological approach, explaining inter alia the research process, sample selection, ethics and delimitations. In chapter IV the findings from the interviews, and observations from hospital visits are presented and analyzed, and finally in Chapter V conclusions are made. In an appendix interview guides, and some photographs are presented.

1.3. Background and Country Information

Cuba is one of the last remaining communist regimes in the world, and the government owns approximately 80% of all companies. Some market economic reforms have been made during the past ten years, but the Communist Party founded in 1965, still has a firm grip on the executive as well as legislative powers (Landguiden, 2019). The revolution of 1959 brought a profound change to the Cuban society, and all US businesses in Cuba were nationalized without compensation, provoking the US to break all diplomatic relationships by introducing a total embargo on Cuba’s exports. This embargo has been maintained until today and as a condition for its removal the US Government has demanded that Cuba must start to move towards “democratization and greater respect for human rights” (Cuban Democracy Act of 1992).
With the revolution, the Soviet Union replaced the US as Cuba’s dominating trade partner, and also provided the Cuban government with substantial aid and trade benefits, such as allowing Cuba to pay only approximately 50% of the OPEC prices of petroleum, which constituted 90% of Cuba’s dependency (CIA, 2012:1). The dissolution of the Soviet Union in 1991 had devastating effects on Cuba, because of the loss of trade privileges. A severe economic crisis with an immense shortage of resources and imported goods followed. The period is called “período especial” (the special period), and was a time of misery for many inhabitants, the worst period occurring in 1991-2000, when lack of food, medicine and petroleum was widespread over the island (Brotherton, 2006:184). Still today Cuba lacks many resources and the scarcity constitute a daily struggle for many citizens.

According to the Cuban National Office of Statistics (2017:13) the average salary in Cuba is approximately 30 USD (740 CUP), and many professionals quit their jobs or maintain side jobs in tourism, a sector which today constitutes an important source of revenue for Cuba (Landguiden, 2018). Working as a taxi driver or rent out part of your apartment to Airbnb customers, can generate as much as half a month’s salary in just a couple of days (Miami Herald, 2016).

1.3.1. The healthcare system of Cuba

The law of public health No. 41, established in 1983, declares in its 49th article of the Constitution of the Republic, “the right of all citizens to attend to and protect their health, and obliges to guarantee this right with the provision of medical assistance free of charge, through the network of medical service facilities” (my translation), (Ley No 41, 1983).

Reforming the country's healthcare and implementing a stable system is considered as one of Fidel Castro’s major political achievements, and Cuban doctors have since the beginning of the revolution been referred to as promoting the “socialist ethos of self-sacrificing labor to benefit the greater mass” (Andaya, 2009:362). Despite of Cuba being a poor, isolated country with an authoritarian regime, the healthcare system of the country is often seen as a role model (Briggs, 2011). It stands out in the Latin American region and in the world with a reputation of being well functioning, free and achieving health goals such as a low infant mortality rate.
death rate and an average life expectancy rate on par with many high-income countries (WHO, 2013), (Feinsilver, 1993:5).

Today approximately 45% of all countries and 90% of least developed countries have less than one doctor per 1000 people, and over 60% have fewer than three nurses or midwives per 1000 people (United Nations, 2018). Cuba on the other hand is one of the countries with highest density of doctors in the world, with 6.7 doctors per 1000 people and 9.1 midwives and nurses per 1000 people. According to WHO (2013) Cuba spends 8.8% of its GDP on healthcare and the state provides all medical services for free.

Table 1: Health Statistics from the World Health Organization (WHO, 2019). *And the World Bank (2016).

<table>
<thead>
<tr>
<th>Country</th>
<th>Neonatal deaths per 1000 people</th>
<th>Life expectancy*</th>
<th>Density of doctors per 1000 people</th>
<th>Hospital beds per 1000 people</th>
</tr>
</thead>
</table>

The healthcare system operates on three main levels: family doctors (consultarios), polyclinics, and hospitals or specialist institutes, and is composed of 38 642 beds spread over the island (WHO, 2013). *Family doctors* are located in each neighborhood and there are approximately 11 450 of such family level clinics on the island, each responsible for 1095
inhabitants on average (WHO, 2013). The “consultarios” should make home visits once per year but the patients can also visit the neighborhood clinic and access primary care and preventive services (Campion & Morrissey, 2013). The healthcare sector has a total of 535,305 employees, accounting for 7% of the country’s workforce (WHO, 2013). The average salary for employees in the health sector in 2016 was approximately 32 USD (816 CUP) per month (Cuban National Office of Statistics, 2017:13).

1.4. Problem description
Bringing gifts to doctors, as a gratuitous gesture, or as an attempt to receive better treatment, can be seen as a practice traditionally occurring in most cultures in the world; both developed and developing countries although to varying extent (Ledeneva et al, 2009:35). Researchers have called the use of “informal reciprocal exchanges in terms of using personal connections and informal payments to gain better medical access” as a Soviet legacy (Sharipova, 2015:326), and appears to be frequently occurring in Cuba as well as former Soviet regions such as Kazakhstan, Russia and Ukraine. It is argued that these informal practices originate from and are interacted with the formal institutions of authoritarian political systems and planned economies (Ledeneva, 1998).

In Cuba, the “regalitos” (small gifts) normally consist of coffee, juice, soap, food, laundry detergent, clothing, and in some cases small amounts of money or services. The act of giving gifts has become rather normalized and is not afforded too much attention by the doctors, however previous research argues that the gifts may impact the quality or access to medical care (Andaya, 2009:361). The ethos and ideological ground of socialism has been defined as equality for the population, and Fidel Castro has in a famous quote which is often seen on large signs in hospitals, stated that the revolution means full equality and freedom, altruism, solidarity and heroism and to never lie or violate ethical principles (Appendix 2A). These values which are deeply rooted in the constitution can seem incompatible with the prevailing acts of informal gift giving, when the gift is prone of impacting the medical services or result in unequal provision of public resources. This creates a “problematization”, providing further relevance to this study.

---

2 The salary differs depending on which type of work one engages in within the medical industry, and doctors usually makes more than the average. Today it can be approximately 50 -70 USD per month.
2. Previous Research and Theoretical Framework

2.1. Previous Research

Scholars having conducted research about the Cuban medical system which I have been inspired by include Elizabeth Kath, Matthew Cherneski, Elise Andaya and Alena Ledeneva. They discuss the act of gift giving within the medical sphere of Cuba and how there can be variation in the quality of medical attention depending on their capacity to pay, which can be seen as working against the country’s ambition to provide free and equal healthcare for all (Kath 2017:148). The gifts are described as examples of informal institutions functioning as social norms, which are strongly embedded in the Cuban culture. While some argue the gift is an example of solidarity between Cuban people, and how it is not unusual to give something in return to your doctor, teacher, or colleagues as a social recognition of their work, others reject this assumption arguing that the gifts are means of corruption and how they can be strategic exchanges, investments in social relationships that could result in receiving special access or benefits (Andaya, 2009:363; Kath 2017:148).

2.1.1. Sociolismo

One pervasive feature of “actually existing socialism” across Eurasia and the Eastern Bloc has been said to be the use of personalized connections in order to get access to goods, services and information (Makovicky & Henig, 2009:35). The term “economies of favor” was introduced by Sociologist Alena Ledeneva to describe these social relationships and exchanges (1998). As previously mentioned, this phenomenon occurs to some extent all over the world both in developed and in developing countries, having given these practices local names reflecting the culture which the phenomenon derives from. Some examples are: Blat in Russia, Jeitinho in Brazil, Veza in Serbia, Guanxi in China, Agasha in Kazakhstan, Vitamin B in Germany, Jaan-nehchaan in India, and lastly Sociolismo in Cuba (Ledeneva et. al, 2009:40-96).

In Spanish “socio” means “partner”, “member”, or “buddy”, and the concept is said to be based on principles of “lo informal” (the informal) (Cherneski, 2009:46), and is composed of individuals who use their friends to circumvent rules and legal norms based on an “ethos” of being “special” (Fernández 2000:29–30). Cuba’s economic circumstances and rationing system are important to understand, in order to grasp the prevalence of these ways of finding
loopholes while pilfering something at one’s workplace or attempting to bypass formal rules. During the hardship of the “periodio special”, the informal economic exchanges developed, and acts of sociolismo boomed, and are still present today. The abuse of power by the Cuban government, and high level of corruption from the elite are mentioned as factors which has sustained sociolismo over the years (Cherneski, 2009:48). The concept of Sociolismo is based on a few principles, which many Cubans aim to apply and live by, such as “simpatía” (likability) and “ser buena gente” (being a good person) (Fernandez 2000:29). Another concept commonly used is “resolver” (resolve) which in this context means to find a good and acquire it, or “to get things done” (Weinreb, 2009:69; Azel, 2010:69–70).

2.2. Institutionalism

The analysis of political institutions has been a main focus in comparative politics during the last two decades, and the concept of institutionalism has been ascribed multiple definitions by different scholars. Helmke and Levitsky (2004:727) define institutions as rules and procedures (both formal and informal) that structure social interaction by constraining and enabling actors’ behavior”. Institutional research that has been performed in the post-communist world and socialist regions such as Latin America, Eurasia, Africa and Asia, suggests that many of the “rules of the game” influencing formal political life, appear to be informal (Ibid:725).

In this study informal institutions will be conceptualized as socially shared rules, usually unwritten, that are created, communicated, and enforced outside of officially sanctioned channels. Formal institutions are rules and procedures that are created, communicated, and enforced through channels widely accepted as official. This includes state institutions such as courts, legislatures, bureaucracies, and state enforced rules such as constitutions, laws or regulations (Helmke & Levitsky, 2004:727). The authors argue that good political institutional analysis, requires strict attention to both formal and informal rules, due to the fact that they impact each other on various levels. A rigorous analysis of formal rules alone would be incomplete in order to understand the incentives which shape individual and public behavior. This is because actors in the political sphere react to a mix of formal and informal stimuli, and the theory suggests how informal incentives can sometimes supersede formal rules. Informal structures may shape the performance of formal institutions and their outcomes in crucial ways in areas such as legislative or judicial politics, party organization, regime change, or public administration (Ibid: 726).
Depending on the effectiveness of formal institutions, informal institutions are said to have different impacts and meanings. When formal institutions appear to be effective, the informal institutions can function as problem-solving and “gap filling”, something which formal institutions for some reason has failed to do and will in such cases improve the formal institutions (Helmke & Levitsky, 2004:728). On the other hand, when formal institutions are ineffective, the informal institutions can appear dysfunctional, create problems and result in an undermining of the performance of the formal institutions. This is often observed in terms of clientelism, corruption and patrimonialism, and the outcomes are said to be “convergent” or “divergent” (Ibid:728,729).

Explanations of the origins of these informal institutions are that actors create informal rules, because formal institutions are incomplete, or it is a “second best strategy”, when the formal institutions fail to be practically efficient and provide credibility (Ibid:730). Another example of how informal institutions are created, is when actors seek outcomes which are not socially accepted, - illegal or unethical - thus finding ways which circumvent formal procedures, in pursuit of private gain, such as bribery and vote-buying (Ibid:729).

Table 2: Helmke’s & Levitsky’s typology of informal institutions (2004:728)

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Effective formal institutions</th>
<th>Ineffective formal institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convergent</td>
<td>Complementary</td>
<td>Substitutive</td>
</tr>
<tr>
<td>Divergent</td>
<td>Accomodating</td>
<td>Competing</td>
</tr>
</tbody>
</table>

2.3. Analytical Framework - Ideal Types
The sociologist Max Weber introduced the concept of ideal types, which are “purifications” of certain elements of reality. Their purpose is to portray an “extreme image” of a central phenomenon and function as a point of reference, making it possible to observe to what extent a specific phenomenon matches its ideal type definition (Esaiasson et. al, 2017:141-43, 283). If multiple ideal types are applied in a case, they must be clearly distinguished from each other, however the units of analysis can be assigned to more than one ideal type (Eneroth, 1984:150). This study will use the Ideal type categories of gratitude and corruption, in order to analyze the central phenomenon of acts of “sociolismo”. The choice of
these two concepts was based on previous research where there seems to have been a discrepancy with respect to whether the frequently given gifts within the healthcare system of Cuba, are perceived as tokens of gratitude or means of corruption.

Table 3: Ideal types and operationalization of gratitude and corruption

<table>
<thead>
<tr>
<th>Ideal types</th>
<th>Operationalization</th>
<th>Central phenomenon in the study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gratitude</td>
<td>* Emotional appreciation for benefits received.</td>
<td>As a patient bring gifts to the doctor, even though the system is formally <em>free and equal</em> for all Cuban citizens.</td>
</tr>
<tr>
<td></td>
<td>* Desire to reciprocate.</td>
<td></td>
</tr>
<tr>
<td>Corruption</td>
<td>* Little trust in decision makers.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Fear of not receiving what one is formally entitled to.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Public officials misusing their power.</td>
<td></td>
</tr>
</tbody>
</table>

**Gratitude**

The concept of gratitude has been attributed multiple definitions depending on the field of research, however the definition used in this essay is: “the *emotional appreciation of the benefits received, accompanied by a desire to reciprocate*” (Dewani et. al, 2016). These emotions of gratitude are said to occur when people receive valuable help, which was somehow a sacrifice or costly for the benefactor to provide (ibid). Gratitude is a feeling of the positive emotion people have when receiving something of value (Cownie, 2016).

**Corruption**

Corruption is sometimes defined as the misuse of public office for private gain (Rose-Ackerman, 2006). A public official is said to be corrupt if: “he accepts money or money’s worth for doing something that he is under duty to do anyway, that he is under duty not to do, or to exercise a legitimate discretion for improper reasons” (McMullan, 1970:5). The nonprofit organization Transparency International defines political corruption as: “A *manipulation of policies, institutions and rules of procedure in the allocation of resources and financing by political decision makers, who abuse their position to sustain their power, status and wealth*” (2018c). 1 being the least corrupt and 180 being the most corrupt, Cuba is
ranked as number 61/180. Compare to Sweden which is 3/180, United States 22/180 and Mexico 138/180 (Transparency International, 2018:a,b).

3. Design and Methodology

3.1. Design and Material
The design of this thesis is a descriptive single case study. A descriptive study aims to describe the reality, which is a fundamental step before explanatory and normative studies can be made (Teorell & Svensson, 2013:23). The main material of this essay consists of the transcripts from interviews held with patients and medical employees. These transcripts are based on handwritten notes taken during the interviews, and on a few recordings. The final document with the transcriptions consists of approximately 13,000 words. Additionally, I have used notes from my observations made at hospitals and clinics, photographs of Cuban signs put up inside of hospitals expressing “values of the revolution”, previous research and basic historical information from factual websites such as “Landguiden”, and also “Law no. 41 - the law of public health” which was collected from Cuban legislative documents.

3.2. Methodology
The main research methodology used is semi-structured respondent interviews. The units of analysis consist of eleven patients and eight medical workers that were interviewed and asked the same questions, however the setting of the interviews differed depending on what was most convenient for the interviewee. The questions were written beforehand and were of open-end character, allowing the interviewer to focus on what was relevant in each specific case. The interview guide is attached as an appendix. When studying a relatively unexplored field, or when seeking to understand how people perceive their lives, these types of interviews are suitable since they are suggested to expose people’s thoughts on practices that are taken for granted or “invisible” for people involved (Brinkmann, 2016). Therefore, they are suitable for this study given the normalization of the acts of sociolismo.

The majority of the interviews were held with only one respondent at a time; however, three group interviews were also conducted, this being a request by the respondents. The group interviews tended to result in more nuanced and vivid conversations, with multiple opinions and experiences being discussed. However, there can be a risk of the respondents influencing
each other when being interviewed as a group, especially if the subject is sensitive or controversial. The interviews commenced with a number of warming up questions in order to create a relaxed discussion climate - a bit about themselves as well as basic information regarding the general functioning and structure of the Cuban healthcare system. The respondents are anonymous but have been given fictional names. Considering the fact that this is a qualitative study with only 19 respondents, the ability of generalizing the material is limited, which is a weakness of qualitative studies. However, studies with few units of analysis possess the strength of getting closer to the core of what is being examined as well as profoundly understand people’s thoughts (Esaiasson et. al, 2017:237).

3.2.1. Respondent Selection
In Cuba it can be challenging to find people to interview, because some may fear to give the impression of being critical against the government. However, the healthcare system being such a central part of the Cuban society, most people I encountered during my eight weeks in field, seemed to have an opinion or knowledge of the system. This alleviated the search for eligible respondents despite the circumstances. A few respondents were approached before arriving to Cuba, but most were selected as I got to know people during my stay in Havana. The sample included people I approached in hospitals, my own acquaintances, and people I was introduced to via respondents or other contacts in Cuba. The interviewees were a diverse blend of people of different age, economic backgrounds and occupation, and included three foreigners who had lived in Cuba for a substantial amount of time. Having a diverse sample can contribute to capturing different “main perceptions” that exist among citizens (Esaiasson et.al, 2017:166). A risk when already interviewed respondents are introducing you to your “next” respondents, is that it might lead you to similar type of people, which can affect the result in terms of one-sided answers or bias (ibid 190). However, the majority of the respondents did not know each other.

The definition of the “population” which the respondents were “drawn from” is “people with experience of being a patient in a Cuban hospital, dentistry, clinic, or people who work or study medicine in Cuba, and are willing to discuss their perception of the functioning of the healthcare system” (Esaiasson et.al, 2017:190).
3.2.2. Observations and hospital visits

Esaiasson et.al (2017:314) defines observations as “attentive scrutinizing” and focuses on people’s actions rather than on their words. Observation studies can have different purposes, and situations where they are suitable can include the following: i) When studying something which is normalized so people do not consider it important to mention in an interview; ii) when suspecting there might be a discrepancy between what people *say they do*, and what *they actually do*; or iii) when the research problem can appear sensitive or controversial, making people unlikely to casually speak about it (Ibid:315). However, observations are not prone to revealing people’s *intentions* for their actions, nor how certain behaviors should be interpreted, and they do not manage to determine feelings (Esaiasson et.al, 2017:315). For these reasons, observations are a good complement to other materials, such as interviews, but they are normally insufficient on their own. Given the previous research, the three examples of when observations are suitable can be applied to this study to the extent that gifts are being referred to as “normalized” and not as problematic. Furthermore, any forms of complaints or questions that could be interpreted as critique against the Cuban government, are in themselves controversial, and may be difficult for some Cubans to answer.

One respondent invited me for a visit to the hospital where she was working, and I was given a tour covering a few wards, staff rooms, bathroom facilities, waiting areas, the local pharmacy and food court where both staff and patients could purchase meals or refreshments. I made a few visits to hospitals on my own, however this was not easy, because they simply do not permit foreigners coming too close to these institutes. The entrance of the hospitals was commonly manned with two guards, followed by a reception where every entrant was supposed to register. I was usually not granted permission to enter, firstly due to being a foreigner, and secondly due to me not being able to state a specific person to visit.

3.3. Ethical considerations

There are several ethical elements which need to be considered in this study, mainly due to the controversial nature of the topic. All respondents were given information of the purpose of my visit to Cuba and that they were participating in a study about the Cuban healthcare system. Before the interviews they were given a note containing a short description of the study, their participant rights, and my contact information, which enabled them to contact me.
afterwards if questions, concerns or regrets would arise. Ethical requirements have been formulated into four main categories by Vetenskapsrådet (1990).

Table 4: Ethical requirements (Vetenskapsrådet 1990)

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Information requirement:</strong></td>
<td>The researcher shall inform the people who are concerned about the purpose of the research.</td>
</tr>
<tr>
<td><strong>Consent requirement:</strong></td>
<td>The participants in an investigation have the right to autonomously decide about their participation.</td>
</tr>
<tr>
<td><strong>Confidentiality requirement:</strong></td>
<td>Details about the participants in a study shall be given confidentiality and be stored so unauthorized people cannot gain access.</td>
</tr>
<tr>
<td><strong>Utilization requirement:</strong></td>
<td>The collected details about individual people are only permitted to be used in research purposes.</td>
</tr>
</tbody>
</table>

My ambition throughout the study has been for the respondents to be comfortable with the published material, and to feel that it is a correct reflection of their thoughts that has been put into the right context. A few of the respondents expressed uneasiness when the phenomenon of gifts came up, prompting me not always to disclose the full details of the purpose of the study. A similar concern came up when people in hospitals were not aware of me observing them nor the purpose of my visit. These aspects can result in not entirely fulfilling the information requirement. Plankey-Videla (2002:4) recommends to i) find balance of fulfilling ethical concerns of informed consent, but without the cost of losing valuable information which can be useful for the public good, and ii), as a researcher actively reflect over potentially negative consequences and whom they would concern, and then motivate which information is reasonable to publish.

I legitimate the publishing of my observations based on the fact that they do not disclose any information about specific individuals, but rather on behavioral patterns and what the hospitals looked like, which can be of interest for the public. The material from the interviews, on the other hand, I find legitimate, firstly because the respondents voluntarily sharing their experiences, and secondly due to none of them being in a vulnerable position, public key person, or can be recognized from this study, thus protecting their anonymity (Vetenskapsrådet, 1990:13).

3.4. Delimitations

A main limitation I was exposed to during my time in Cuba was obtaining access to hospitals and clinics. Another shortcoming was that Spanish is not my first language and this can cause
a communication barrier and a risk of misinterpretation, even though I generally manage the language well enough to get by and understand and be understood. This “issue” was however addressed by carefully preparing the interviews and by studying “medical” vocabulary which was likely to be used. In addition, I always had access to an offline digital dictionary which enabled me to quickly search for unfamiliar words or I simply asked the respondent to explain confusing parts. A third challenge was the narrow internet access in Cuba which limited the possibility of online research and to quickly find information or contact people. However, having been aware of the relatively poor internet conditions prior to departure, I downloaded and prepared the majority of the necessary documents before arriving to Cuba.

3.5 Source Criticism

Prior to my departure, I was given an advice from the Cuba-expert Erik Jennische which was: “The key to success in this project if you want to get truthful answers, is to interview people outside of the system.” This statement constitutes a valid point, because for obvious reasons medical staff would not tell foreigners that they accept “bribes” or are part of corrupt authority. However, excluding people who were part of the system did not feel like a good option either, because it is still valuable to listen to their experiences and perception of the system. In terms of bias, it is important for me as an author not to draw conclusions beforehand or assume that the doctors’ replies would be “wrong” in any way. Answers from qualitative interviews are not categorized as right or wrong, but rather as something that is influenced from the individual’s personal experience and background (Esaiasson et.al 2017:268).

The “source critical rule of tendency” refers to the interest that a source has to deliberately share a modified or twisted version of the reality that is being described, which may result in bias (Esaiasson et. al, 2017:294). The medical staff could have motives not wanting to spread a flawed image of the system they work in (reflecting Jennische’s comment), and this contingency can be accommodated by comparing their answers to previous research as well as to the patients’ point of view. The patients probably do not have tendencies to conceal or twist information, however it is worth reminding oneself of Cuba’s lack of freedom of speech, and of the repercussions all citizens can face if they are caught by a CDR-
representative\(^3\) sharing “non -advantageous” information of Cuba. Furthermore, there are norms in Cuba of being proud of the revolution and its accomplishments, which can affect the respondents in terms of not wanting to deviate from these norms and regulations.

The respondents shared recent experiences in the interviews, which fulfils the requirement of “simultaneity” meaning that there are advantages using stories that are being told shortly after the incident that is being subject to discussion. If a patient shared an experience from ten years ago, there is a likelihood of after constructions or forgetfulness (Ibid:294). Additionally, most of the respondents did not know each other, and they were interviewed separately, which strengthens the criteria of independency (Ibid:292). The same concerns may apply regarding previous research. In terms of statistics and basic facts of Cuba, the data was retrieved from sources such as the World Bank, World Health Organization, Landguiden among other internationally legitimized and peer reviewed platforms.

\(^3\) CDR – Comités de Defensa de la Revolución – A “neighborhood committee” whose representative are supposed to report “counterrevolutionary behavior among the citizens of Cuba.
4. Result and analysis

Chapter four begins by presenting the patients’ and the medical employees’ answers of their perception of the functioning of system, as well as their perception of the existence of the gifts. The ideal types of gratitude and corruption are discussed in respect of the interview answers in sub categories below.

Table 5: Information about the respondents (their names are pseudonyms).

<table>
<thead>
<tr>
<th>Patients</th>
<th>Age</th>
<th>Occupation</th>
<th>Monthly Income</th>
<th>Medical staff</th>
<th>Age</th>
<th>Occupation</th>
<th>Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1 - Antonio</td>
<td>40-45</td>
<td>Carpenter</td>
<td>16 USD</td>
<td>M1 - Manolito</td>
<td>60-65</td>
<td>Biotechnician</td>
<td>Unknown*</td>
</tr>
<tr>
<td>P2 - Benjamin</td>
<td>35-40</td>
<td>Airbnb rental</td>
<td>Unknown*</td>
<td>M2 - Niguel</td>
<td>35-40</td>
<td>Nurse</td>
<td>30 USD</td>
</tr>
<tr>
<td>P3 – Carlito</td>
<td>25-30</td>
<td>Technology</td>
<td>20 USD</td>
<td>M3 - Octavio</td>
<td>60-65</td>
<td>Neurologist</td>
<td>80 USD</td>
</tr>
<tr>
<td>P4 - Dolores</td>
<td>45-50</td>
<td>Airbnb rental</td>
<td>Unknown*</td>
<td>M4 - Penelope</td>
<td>55-60</td>
<td>ENT-doctor</td>
<td>70 USD</td>
</tr>
<tr>
<td>P5 - Eleanora</td>
<td>35-40</td>
<td>Diplomat</td>
<td>Unknown</td>
<td>M5 - Quintana</td>
<td>30-35</td>
<td>Pediatrician</td>
<td>35 USD</td>
</tr>
<tr>
<td>P6 - Felipe</td>
<td>25-30</td>
<td>Theatre host</td>
<td>28 USD</td>
<td>M6 - Raul</td>
<td>30-35</td>
<td>Doctor</td>
<td>30 USD</td>
</tr>
<tr>
<td>P7 - Gabriella</td>
<td>60-65</td>
<td>Engineer</td>
<td>23 USD</td>
<td>M7 – Susanita</td>
<td>25-30</td>
<td>Student</td>
<td>Unknown</td>
</tr>
<tr>
<td>P8 - Homero</td>
<td>30-35</td>
<td>Tourist guide</td>
<td>Unknown*</td>
<td>M8 – Timoteo</td>
<td>25-30</td>
<td>Student</td>
<td>Unknown</td>
</tr>
<tr>
<td>P9 - Ignacio</td>
<td>25-30</td>
<td>Street Vendor</td>
<td>15 USD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P10 - Juanita</td>
<td>70-75</td>
<td>Pensioneer</td>
<td>Unknown*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P11 - Laurita</td>
<td>55-60</td>
<td>Receptionist</td>
<td>30 USD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* The Asterix represents the respondents who engage in full time or part time apartment rental, which generates large sums of money. Naturally, the revenue will depend on how many nights one rents out a room or apartment as well as its standard, however their monthly income is likely to exceed at least 100 USD.

4.1. General perception of the functioning of the Cuban healthcare system

The image and reputation of Cuba being a “world medical power” (Feinsilver, 1993:1) with a high density of well-educated doctors was brought up by many respondents often expressing feeling proud of the doctors’ competence, hard work and “sacrifice” for the nation. The positive factors consisted of good and free education for the medical staff, high quality preventative care and the appreciation of the home visits doctors and nurses sometimes do.

“Even in the countryside where not many people live, there are “consultarios” and clinics to serve the people of that village.”

(Gabriella, P11)

“The pregnancy care is very good, and the doctors make sure the mother to be, goes through all the necessary examinations and ensure the well-being of both the mother and the baby. (....) Women are also called to gynecology examination every three years until you turn 40.”

(Dolores, P4)
“We have the best doctors in the world! (laughed) They are super dedicated and possess a lot of knowledge. Doctors who perform well can be sent on work missions abroad by the government, which many people dream of doing since it is difficult for us to travel outside of Cuba otherwise.”

(Laurita, P11)

In line with previous researchers having defined health as the key symbol of the Cuban revolution (Briggs, 2018) many respondents agreed and explained that this symbolic connotation is a reason that many young people want to study medicine.

“I hope the reputation and results of the system to maintain in the future. I wish to be part of the development of the healthcare and contribute to the public good as previous generations have.”

(Raul, M6)

The terms “it’s relative”, “it depends” and “it’s complicated” when discussing weaknesses of the healthcare were frequently used. Despite the respondents’ general pride in the system and trust in the competence of the medical staff, several shortcomings were pointed out, such as broken equipment, long waiting, lack of medicines, inadequate sanitation management and decaying facilities. Some of these I observed, such as the long lines and dirty sanitation facilities. Picture 2I in the appendix shows a shared bathroom in a hospital ward, which looks difficult for disabled people to access easily.

“Some people are sick for a very long time, without getting the help they need - and should get!”

(Felipe, P6)

“You need to bring your own sheets, clothing, plastic gloves, disinfection, soap, toilet paper, fans, water. They have the medical instruments and the medicines, but it is not always sufficient, but they do their best.”

(Gabriella, P7)

“They don’t always clean the equipment or use gloves between patients. I experienced going to the bathroom after having surgery, and it was very dirty and the water to wash your hands with did not function either. Hand sanitizer can be difficult to acquire, so I’m sometimes worried of bacteria spreading.”

(Antonio, P1)

A common reflection from the patients regarding these shortcomings, was that the problems cannot merely be blamed on the employees or the hospitals. Instead they were explained to fundamentally hinge on the scarce resources and broken equipment, described as a consequence of the US embargo and poor economic management of the Cuban government. Laurita (P11) expressed how she thinks it is impossible for hospitals to operate in a “normal
way”, when they do not have “normal prerequisites” due to the immense lack of resources, which she blamed the communist system for.

“It is bad - very bad sometimes but given the economic / resource circumstances the doctors are still doing a good job and are innovative with the few resources that they have.”

(Gabriella, P7)

“Well, the treatment is free, and everything is included, but listen to me - it’s always relative. We can never predict what there will be a lack of or what will be broken when we go to the hospital or polyclinic. One time it’s excellent and another time it’s much worse, which makes everything complicated”

(Dolores, P4)

The respondents were asked what they thought about the image of Cuban healthcare that is being depicted in media as very successful and as a role model for other poor countries.

“When you watch TV everything always sounds excellent, because no one dares to say anything else. The government wants to portray a certain image of Cuba for the rest of the world. The citizens are always scared of being sent to prison if the wrong person would hear you criticize the government. If a CDR-representative hears you he will report it, and that is not good. The reality is a lot different than what is seen on tv.”

(Ignacio, P9)

“The system has been truly amazing and has definitely been worthy of the good publicity over the world, however it has changed due to the big export of doctors, which leaves us Cubans with a shortage. Many doctors choose to leave Cuba for other countries, such as Venezuela, Mexico, Africa. So now there is more of a lack of doctors.”

(Benjamin, P2)

Despite of the healthcare being free, there were still economic concerns from the patients, for instance the cost of traveling to and from the hospital.

“The bus is cheap, but also very crowded. If you are sick and additionally are carrying sheets, soap, or a fan, the bus is not a sustainable option, and the taxi costs a lot more than I can afford.”

(Quintana, M5)

4.1.1. Perception of the existence of the gifts

As mentioned in the section Ethical considerations in chapter III, posing questions on the main topic of this essay – informal exchanges or gift giving - was sensitive and not always easy. There were mixed, and sometimes strong reactions, when the question came up. The majority of the respondents agreed regarding the existence of gifts, however the answers differed regarding what the gift represented and why it was given. The explanations were ranging from some saying “it is not a big deal” – “just something polite as everyone does”, while there were also “criteria” from the definitions on gratitude and corruption brought up.
The respondents were asked if the gift is of open kind or is being hidden or avoided for other people to notice. The medical student Susanita (M7) underscored that the visibility of the gift can depend on the size or value of it.

“I’ve seen money change hands, which is not given “just like that”, then it’s hidden. The amount is around 5 USD which is quite a lot for someone who only earns 30 USD per month.”
(Susanita, M7)

“Well, you bring it in your bag and then given quite openly when you meet the doctor. Many people do it, so I don’t feel I need to hide the coffee or sandwich that I’m bringing. I want to be nice!”
(Gabriella, P7)

“Some doctors would not make a difference, while others live by their moral principles. The gifts can alleviate the daily life of the doctors because it is so poor, and that is why they accept the gifts, and the patients keep bringing them because they know it can make a difference.”
(Timoteo, M8)

Gabriella mentioned that she sometimes brings three gifts with her for a hospital visit; one for the person in the reception, one for the main doctor and also something for the nurses. The medical students Susanita (M7) and Timoteo (M8) described how many of their peers bring gifts to their supervisors during the shifts, who sometimes thank the student in front of the entire group, which they believe creates competition among the students. This type of social pressure can be a factor reproducing the phenomenon and contributes to the cultural entrenchment (Helmke & Levitsky, 2004:730).

“We see baskets containing fruit and chocolate, or bottles of yogurt on the supervisors’ desks every day!”
(Timoteo, M8)

4.2. Gratitude
Some of the patients expressed how the gifts are considered as a mean of pure gratitude, simply because the doctors work hard for a small salary, and the patients want to show how much they appreciate their work and “sacrifice” for the nation.

“They must buy food and I know it is hard for them to buy it, so i might as well bring it to them. It is not anything strange, everyone does it! You bring it as a way of saying thank you, and to try to help and resolve some of their problem, since they are helping me.”
(Juanita, P10)

“I don’t always bring something, but mostly I do. The salary is not sufficient for the doctors and therefore you bring a gift for showing gratitude for their sacrifice.”
(Dolores, P4)
These answers above can be related to the ideal type definition of the term gratitude used in this study, in terms of appreciating the received benefit (public healthcare) and a desire to make a reciprocal gesture. The healthcare system is free for everyone formally, but the fact that the informal gifts have become so normalized shows that these informal institutions have become so strong and entrenched in the culture, that it overshadows formal rules. However, according to some respondents, gratitude can also be more culturally established in terms of solidarity between the people.

“Besides, it is a free system for us, even if it costs the government a lot, so by bringing a gift you are showing that you appreciate it.”

(Dolores, P4)

Dolores (P4) also explained that there are signs at the hospitals showing the cost of the healthcare and expressed how this makes her reflect over the value of the medical care, making it natural for her to do a nice gesture for the doctor who enables this. During my observations I saw many of these signs, and just like Dolores described it, they appear to radiate a feeling that healthcare system is “doing you favors”, and promoting an atmosphere of gratitude and a constant reminder of how the healthcare system is a result of the revolution and historic sacrifices for the country (Appendix 2C-F). This can strengthen the emotion of the positive feeling people have when receiving something of value (Cownie, 2016). These thoughts can also be linked to the concepts of “ser buena gente” and “simpatia” (Fernandez, 2000:29), which emphasizes the willingness to reciprocate and live up the ideal of being a good person and honor the revolutionary ideals.

“Many doctors work such long hours and sacrifice so much to do what they do. Of course, I want to bring something to show that I appreciate their work. They need to have lunch so I will bring them a lunch and maybe a soft drink too, or something for dinner, because they will not have time to stand in the long lines when they finish their 14-hour shifts.”

(Laurita, P11)

“It’s a form of gratitude and it does not affect poor people. You will always get help independently whether you bring a gift or not.”

(Dolores, P4)

“The gift is for gratefulness because the doctors sacrifice a lot for the population, and they have a tough working situation. They have big hearts and my opinion is that their work is important for our lives.”

(Juanita, P10)

“People bring gifts to motivate the doctors to work, and to give (us) a reason for it since people sometimes feel sorry for doctors. I think patients want to refill our level of energy for the next shift.”
The medical workers did in general agree that the healthcare system of Cuba is worthy of its generally good reputation. Some flaws and “bad” working conditions were brought up, to which the respondents remarked that just like any other country, Cuba also has its problems. Many also mentioned the low salaries, in combination with the immense lack of resources and many doctors moving abroad resulting in long working days for the remaining staff.

“We are doctors because we love our profession, not because there would be any big money, we know that it is not the reality. We want to cure people.”

(Raul, M6)

“You need to understand the conditions here. Since there is always a lack of things people actually become very grateful when we can cure them, and we appreciate the gift a lot if they would give us something, but I always treat people equally. Just the people who wants to bring us something, does it.”

(Penelope, M4)

Two non-Cuban medical students were interviewed and asked how they perceive working in the Cuban medical sector. Susanita (M7) recently had a patient who upon arrival, carefully unpacked pieces of candy, divided into one of each color, and additionally the patient put pens and papers on the desk. Not being used to this in Europe where she is from, first found this gift strange, but when she was going to write a prescription, she noticed that there were no paper or writing utensils in this ward. She suddenly understood that Cubans are used to these types of shortages and therefore learns what to bring that the doctor will have practical use from. Susanita concluded by saying how she really appreciated receiving that gift and found it sweet that the patient had planned his visit in such detail.

4.3. Corruption

While there were many respondents expressing the desire to reciprocate due to feeling appreciation of the medical workers, others thought differently. Notions of not trusting the system were mentioned by some patients as well as their feeling that the gift will actually change the quality of the healthcare and also the perception that public officials abuse their position.

“Yes, the gift is mandatory, at least if you want to get the help you need. If you don’t bring something they will say they do not have time for you, and I feel I have no power“ (he showed with body language how you will be ignored and have a hand put up in your face).”

(Antonio, P1)
“Healthcare is not free; we all pay for it indirectly and the government steals my money already. I make 15 USD per month, and my labor is worth more. Of course, healthcare and education must be free because no one would ever be able to pay for it with the low salaries we have. People worry and they are scared they will not get the help they need.”

(Ignacio, P9)

“I bring a gift to secure my relationship with the doctor or with the entire ward by giving a good impression. If you know your doctor personally it is better, so if you don’t know them already, the gift can help creating a friendship. You will definitely be treated differently if you don’t bring something or lack connections”.

(Ignacio, P9)

“There is no motivation without corruption here, and people always need fast cash.”

(Raul, M6)

Helmke and Levitsky (2004:726) mentioned how informal institutions can be created in a society when actors seek outcomes that are unethical or not socially accepted. Based on the answers, it seems like some people give gifts in order to personally benefit from it, which can be seen as something not fully socially accepted. This could partly explain a reason for the appearance of the informal norms of gifting.

“It would not be a problem if it was given only out of politeness, but that is not the case in Cuba. The gift has power to influence the quality of the medical attention. Especially if you need a scarce medicine or have a problem that takes time for the doctor. Even if it is a little corrupt it is better to bring something than not do it.”

(Carlito, P3)

In contrast to the answers above from the patients, none of the doctors explicitly said that the gifts could constitute corruption, which was somewhat expected. Octavio (M3), who works as a neurologist was one of the few who basically denied the existence of the gifts and he responded in a defensive way saying:

“We work the hardest we can and deeply care about the patients. That we would want or require something in return is not true! I find it very offensive that people think doctors would receive bribes and that it would have an impact on the services and the help we happily give equally to all patients. It’s problematic that this image is spreading about Cuba.”

(Octavio, M3)

“If the patient appreciates my work and brings me a gift, it is nice of course, but I would never demand it. And I do not think it is problematic to accept the gifts, and also it would be rude to say no to a gift, so I accept it if the patients are kind and bring me one.”

(Penelope, M4)
The doctors mainly agreed that they do not change their performance depending on what they may receive in return, however it is important to consider the source critical criteria of “tendency”, meaning doctors who are part of the system would most probably not want to depict an image of the system being corrupt, which can explain the discrepancy between the answers of the patients and of the doctors (Esaiasson et. al, 2017:295).

Institutionalists mean that sometimes actors must violate one rule in order to abide by another, and this suggestion can be applied to both doctors and patients in this case (Helmke & Levitsky, 2004:729). They are both expected to follow the deeply entrenched informal institutions, but at the cost of breaking the formal one. Carlito (P3) also pointed out how public officials often misuse their position creating a fear of the patient that he or she will not receive what formally entitled to. Due to these feelings from the patient point of view (which are conforming to the operationalization of the term corruption) incentives incompatible with formal rules, are created to follow informal institutions, resulting in competition and divergence (see table 2, page 12) since there will not be enough resources for everyone. The interview with Homero (P8) took place in a park and he explained the following, while pointing across the street where approximately seven cars were parked in a pedestrian area.

“Do you see the fence over there? It’s there because no vehicles are allowed to be on that side of the fence. But do you see how many cars are standing there despite of the sign saying it is prohibited? They’re here because they pay to pass through the fence. So practically, if you manage to pay, you can park there anyway. That’s the case in Cuba; as long as you pay the “right” person you could even park your airplane or cruise ship here.”

(Homero, P8)

4.4. Friendships

Sometimes initiated by themselves and sometimes mentioned while discussing the “norm” or behavior of *gift giving*, was the value of having friends or acquaintances working within the healthcare system. Usually described as both highly common and efficient, and the respondents emphasized how the friendly connections can benefit you in all “industries” in Cuba, and advantages ranging from bypassing queues to receiving a scarce medicine could be the effect of knowing someone. Conforming to Ledeneva’s (1998) “*Economies of favours*” and the concept of *Sociolismo*, it was pointed out how the usage of friendships can yield benefits because one is “special” to the one enforcing the law or rule (this case medical staff)

---

4 The last sentence was said in a sarcastic manner.
(Fernández, 2000:29-30). Some respondents emphasized that to assure oneself of access to proper healthcare, having a friend within the system is crucial.

"Si tienes un amigo, tienes un central."

(Felipe, P6)

Felipe (P6) further explained how this is a famous saying on Cuba which in English translates to “If you have a friend, you have a sugar factory” (my translation) and refers to the time when Cuba’s sugar exportation blossomed. If you owned a sugar factory you automatically possessed power since it granted essential contacts and people wanted to do you favours. The factory would essentially generate money, wealth, and benefits. Today, having contacts in the “right” industries, is compared to the sugar factories, due to the strong power friendships can carry.

“It works like this in all industries, public officials will send your errand to someone else, and you will be kept moving around to get the basic paper work done or get diagnosed with your medical problems.”

(Gabriella, P7)

“Usually it is always better if you have a personal relationship with someone in the hospital or clinic. When you know someone, it is easier because you can talk to them privately outside the hospital and avoid standing in line and wait all day. I had a friend working as a doctor, but she moved two years ago. Luckily, I am healthy now (laughed), but I think it would be more challenging to get the equivalent help I used to when she worked here. This is how the system is not equal; if you have a friend, there is more help and resources available for you.”

(Dolores, P4)

As stated above, many respondents mentioned the skewed allocation of resources and misuse of public goods for personal gains, something which fits the ideal type definition of corruption. Susanita (M7) noticed during her time in the Cuban hospital how patients did not seem very upset when being told their medicine is out of stock or that the equipment is broken, because they are used to it and are aware of the shortcomings. This aspect however makes it easy for employees to withhold medicine and save it to later give to someone according to their priority. These actions become systematized and strengthens the need to know someone “inside the system”.

“It is hard to apply the rules when you lack supplies, because the supplies are needed to enforce the rules. But even sometimes when you have everything it is not applied either. There’s no real consistency, and everyone is used to not having the resources. The patients cannot check themselves if the medicine really is out of supply or if the doctor is saving it for somebody else, which gives even more incentives to give gifts to secure your relationship with the employees in the ward.”

(Susanita, M7)
According to Cherneski (2018:49), remittances are a crucial source of income for Cuban people, which creates incentives to strengthen trust relationships, which entrenches the practice of sociolismo. Timoteo (M8) said that he thinks that the medical staff want to give the same treatment to everybody, however that they will put more effort into their work if they get something in return, since they get paid so little. He also said how there are strong relationships between the doctors in the hospitals as well, and how it seems like they work better if they know whose patient they are working for.

“I have seen the doctors change their “social behavior” after they receive something from the patient. They become more friendly and ask more questions. Many patients bring coffee which is quite effective, since the patient and doctor get some time to bond while drinking the coffee together.”

(Timoteo, M8)

4.5. Overlapping

Coming across as surprising in the beginning but made more sense after a while in the field was how the answers of the respondents overlapped. The same respondent could express multiple complaints about the fear of not receiving the healthcare one is entitled to and how the medical attention will vary depending on one’s friendly relationships, but still summarize her or his thoughts by saying he or she was proud to be part of it and how one give gifts anyway because they felt a desire to reciprocate.

In terms of appreciation of the free medical care and then wanting to bring something to the doctor who are also unable to influence the situation, it is interesting to hear whether patients perceive their healthcare as a right (which it is formally expressed as) or as a benefit. Even if one wants to be a “buena gente” (good person) it might not be sustainable to waste one’s rations or buy even a small gift, if one is entitled to the corresponding care also without the gift. During my observations I saw many signs like the ones Dolores (P4) mentioned (Appendix 2C-F), aiming to remind the patients that the government has a cost for the healthcare which is given to people for free. These day to day notions of the “actual expense” of the system, can contribute to the feeling of appreciation for” benefits” since it is portrayed that way in the formal institutions.

Scholars mean one does not necessarily need to define informal gifts as a euphemism for corruption, however gratuitous behavior does not have to be naturally benign or altruistic
(Henig and Makovicky 2016). It is suggested that the favor can be a social practice which result in economic consequences but is not fully explicable in terms of cost-benefit analysis. The gifts can be a natural part of a culture, central to the social production of value, as well as pride, respectability and self-worth (ibid).

Eleanora (P5), a foreigner working in Cuba for three years explained how corruption is widespread all over Cuba and a large variety of goods and services are swapped between public officials and the population, and perceived these phenomena as clear signs of corruption. Foreigners are not normally allowed into local hospitals, but they are referred to a special hospital. When Eleanora visited the hospitals for foreigners, she first paid a formal fee of 30 USD in the reception but still brought an additional contribution to the doctor who examined her.

“I knew that the money I paid in the reception would not go to the doctor who helped me, and since I am aware of the “social norms” of gifting here, I still felt I wanted to bring some extra cash in an envelope for him as well as some chocolate. He got very happy and grateful, and I can afford to bring something and therefore I do it because I know what poor circumstances many doctors live under”.

(Eleanora, P5)

According to Helmke and Levitsky (2004:38) informal economic activities are often culturally meaningful to those who undertake them, and they can carry a moral value within an uncaring state. Often, they are part of a “survival strategy” developed by an impoverished population. Eleanora’s (P5) arguments for informal payment correlated to this theoretical assumption. Even if she expressed that she was aware that it means contributing to a systematization of corruption, she suggests these procedures are part of something larger and how one cannot blame the doctor for accepting gifts, but rather the governmental system and economic situation. As Andaya (2009:359) stressed that “the gift remains a central metaphor for Cuban medicine”, the gift does seem (according to my material) like a social norm, which falls into Helmke and Levitsky’s (2004:725) definition of “rules of the game” deeply rooted in the society.

A similar connotation was shared by Ignacio (P9) who emphasized how there are uncountable flaws within the system, but still meant it is not because of the doctors, but how this is the situation all over Cuba and depends on factors from a higher administrative level, and said everyone do what they can to “resolve” their personal situation. Eleanora (P5) also
said that pilfering something from one’s work for example is not unusual and is not quite seen as stealing, but a way of “resolving” your situation, which can be a reflection of a Cuban way of thinking.

4.6. Sanctions

The local doctors I spoke to did not say they differentiate patients based on if it is their friend or if they receive a gift, but they did describe the low salaries as a daily struggle, and how they “appreciate” the gifts which they sometimes receive. Just like the patients, the doctors also live under a flawed governmental system, and just like patients have incentives to follow informal institutions in order to avoid being sanctioned, the doctors experience the same.

The actions of the patients intertwine with the actions of the doctors. If the patients expect “better treatment” when they bring gifts, it can beget an incentive for doctors to work harder in order to demonstrate that they are “worthy of the gift”, which they are in need of (due to low incomes). Even if the doctors do not want to differentiate among patients, there are incentives to do so, because deviating from this informal expectation might result in not receiving a gift from a patient the next time, which can be seen as a form of sanction. The informal behavior is thus triggered and reproduced by both camps. Institutionals mean that informal systems are difficult to break free from since they are so culturally rooted in a society and are easily reproduced when some actors benefit from abiding them (Helmke & Levitsky (2004:38).

This system establishes a “win-win” situation for some actors who have the possibility to comply, however the informal normalized system creates “losers” as well, in terms of some people experiencing sanctions or miss out on something that can be valuable; a gift for the doctor, and assurance of adequate healthcare for patients. This systematization can be seen as what Helmke and Levitsky call “a second-best strategy”, meaning it could be an effect of the ineffective formal institutions (2004:731).

Felipe (P6) was one of the respondents who did not worry much about healthcare and had not much experience from contingent sanctions. He expressed critique against the system, however he did not refer to it as a personal problem, which might be due to him never experiencing what it is like without connections.
“My mother is really beautiful and has lots of friends in hospitals (and basically everywhere) so every time she wants something for me or her, it just appears without much effort - it is great! (laughed)”.

(Felipe, P6)

However, Antonio (P1), who expressed having been denied adequate healthcare and experienced the sanctions from not being able to afford a gift, expressed distrust and worrying about the public abusing their power. It is suggested that richer people are more likely to bribe public officials than poor people (Hunt, 2007:2) and a pattern of this can be noted in this material, in terms of that the people who felt personally worried usually has no source of extra income or close friends within the healthcare system. Richness is thus not only defined in terms of money, but in Cuba friendships can also count as “wealth” since, according to some respondents, it is so powerful. Ignacio (P9) expressed being stressed by the fear of not receiving what you formally are entitled to.

According to institutionalism, when deviating from the norm of bringing gifts or having strong relationships with someone, one might be unsure of the potential sanctions and one can therefore be unwilling to risk it, and might thus prioritize to bring a gift, even if it is economically costly.

4.7. Discussion

According to the theory of institutionalism, the more dissatisfaction or mistrust the respondents have for the formal institutions, the more incentives do they have to obey informal norms which in this study mainly examines the act of gift giving (Helmke & Levitsky, 2004:734).

As presented in the result, the feeling of gratitude seemed to appear in both directions. Doctors appreciate receiving gifts, and this in turn will give them incentive to perform better. In the Cuban context of frequently overworked doctors and a medical system lacking many resources, gifts can be a way of creating or strengthening informal social relationships that distinguish the giver from others and thus bring benefits from this relationship. According to my respondents it appears that patients are not explicitly denied access to healthcare and medicine, when available, even if they show up without a gift. However, in situations where there was a shortage of resources or if a situation required extra effort from the doctor, the
friendship or the gifts seemed to have a larger impact in terms of gaining more personalized care or access to scarce medicine or equipment.

There was a case of a patient suffering from cancer who did not get help in time due to “long lines” and unavailable medicine, who was tragically not able to be cured, since it took too long to become prioritized. Susanita (M7) who told the story, was convinced her disease would have been treatable if the patient would have gotten help in time, which could have been the scenario if she had a doctor who took care of her case personally. Development economists debate how corruption causes poor or marginalized people to be excluded from public services, while benefiting the rich or powerful (Hunt & Laszlo, 2005:1). This is an example how the system creates winners and losers, which strengthens the incentives to give gifts, thus nurturing the systematized phenomena.

The gift was suggested to sometimes “directly” grant you better access to medical care, but also to have a central indirect role in terms of working to strengthen or create a friendship with the medical staff which can result in benefits for the giver long-termy.

Due to the shortage and poor economic circumstances in Cuba, there can be a fear among patients of not being able to receive the help or medicine one needs, which can beget a competitive behavior creating incentives for patients to strengthen the relationship with the medical staff. One can be formally sanctioned for not following informal behavior. This is why the economic situation is an important component in understanding how the gifts and favours operate, since the act of gifting within the system hinges on competition, from both the doctor’s and patient’s perspective. They are both under a corrupt system from a higher level, which makes people “resolve” their situation and do what is best given their prerequisites and situation.
5. Conclusion

The aim of this field study was to investigate how informal practices of reciprocal exchange are carried out within the Cuban public healthcare system and explore how the formal and informal institutions relate to each other. A special focus was given to the reciprocal gift giving within the healthcare sector and the research question was; *For what reasons do patients informally pay for healthcare services, that formally are meant to be free?*

Based on the material collected for this essay, the main reasons for patients to gift one’s doctor seem to be to assure oneself of getting access to either scarce resources or to “get valuable time” from overworked doctors. The gift can thus motivate the medical employees to do a better job, satisfy and relieved them because the small gifts can be of big importance in their daily life. This act of giving *may* strengthen or structure a friendship with a public official which according to many Cubans is crucial link, in order to ensure oneself of adequate healthcare or access to scare resources. The intertwining of formal and informal institutions in terms of informal norms having an impact on formal regulations, and in combination with the “solidarity” entrenched in the Cuban culture, was essential to understand how the incentives and reasons for gifting are created. Abiding by informal institutions can be an example of what Helmke and Levitsky (2004:731) calls a second-best strategy, for both patients and medical workers.

Although this essay suggests that informal practices can create winners and losers, it is not necessarily a sign of doctors being part of a corruption apparatus. They also live under an authoritarian state, work hard for little money and are simply doing what they can to survive and gain the best “opportunities” given the economic and political circumstances. The fact that some patients expressed gratitude despite of the many flaws, can be a result of the culturally entrenched solidarity between people and how they truly appreciate the work of the doctors. By contributing with a small gift, patients feel they alleviate the daily life of the doctor and live up to Cuban ideals such as being a good person and act solidary.

In conclusion, the overall context and the Cuban healthcare example, can according to the material from this study, be seen as an informal institution being so strongly culturally rooted, that it partly undermines the formal institutions, thus creating incentives for patients to abide informal rules in terms of giving gifts when visiting a doctor.
Future research may attempt to get in touch with more medical workers and collect a sample, from perhaps one or a couple of clinics or hospitals and interview patients and staff from the same hospital. Doing a more profound examination of the economic situation could also be interesting, by studying how it affects people’s perception of the gifts and investigate how it may have changed during the last two decades, since the periodio special (1991-2000) which brought large economic and structural changes all over the country.
6. Bibliography


Briggs, C.L. 2011, "'All Cubans are doctors!' news coverage of health and bioexceptionalism in Cuba", *Social Science and Medicine*, vol. 73, no. 7, pp. 1037-1044


Kath, Elizabeth. “*Social Relations and the Cuban Health Miracle*”. Routledge. 2017


Websites


**Interviews**

**Patients**


P3 - Carlito (2018-11-26) 40 min, Individual interview, Havana, Cuba.

P4 – Dolores (2018-12-03) 65 min, Individual interview, Havana, Cuba.

P6 – Felipe. (2018-12-06) 60 min, Individual interview, Havana, Cuba.
P7 – Gabriella. (2018-12-07) 80 min, Individual interview, Havana, Cuba.
P8 – Homero. (2018-12-15) 45 min, Individual interview, Trinidad, Cuba.

Medical Employees or medical students

M3 – Octavio. (2018-12-30) 90 min, Group interview, Havana, Cuba.
M4 – Penelope. (2018-12-30) 90 min, Group interview, Havana, Cuba.
M5 – Quintana. (2018-12-30) 90 min, Group interview, Havana, Cuba.

Other resources


7. Appendix

1) Interview guide
   1a) Patients
   1b) Medical staff

2) Photographs

1a) INTERVIEW GUIDE for patients:

Theme 1: Introductory questions about the healthcare system
- Would you like to tell me about the Cuban healthcare system?
- Is it always free?
  - What type of care is “included”?
  - Is there anything that is not included in the free healthcare?
  - Where can you learn about your formal rights or general information of how the system works?
- If you or anyone you know have a health problem, how does one approach the doctor?
  - Would you say it is difficult to access health information/help?
  - Why, how?
  - Would you like to elaborate?
- Does it seem to you that patients have a personal relationship to the doctor?
  - Would you want to elaborate or share an example?

Theme 2: Personal experience:
- What contact have you had with the Health Care in Cuba?
  - What sickness or problems have you experienced?
  - Have you ever had surgery?
- Have you ever stayed at a hospital over the night or for a long time?
  - If yes, would you like to elaborate how it was?
  - Was there sufficient equipment and resources or did you bring your own?
  - Did you have to wait for a long time for help?
- Does the health care seem safe?
  - Do you trust it?
  - Do you trust the medical employees?
  - Can you predict beforehand what the visit will be like?
- Is it accessible?
  - Are there long queues?
  - If yes, how long?
  - Do you need to fill out a lot of paperwork?
  - Could anything of this be a problem?
- Are you ever worried you will not receive quality health care?
  - If yes / no, why or how come?
- Do you have a “personal relationship” with the doctor or the nurses working at the clinic or hospital?
  - If yes, how do you know them?
  - How long have you had the same doctor / nurse?
  - Do you know a lot about their working situation (including salaries, schedule etc)?
- Do you feel grateful for your doctor? Do you find their job admirable?
  (Given that they have very low salaries, that they do important work, that it has a meaning for the Cuban history and solidarity?)
- Are you proud of the Cuban public free health care system?
  - Do you feel that you want to do something in return, after you get help with a medical problem?

Theme 3: Discussion
- How do you experience the general functioning health care system?
  - Do you think it works well?
  - If yes, what do you appreciate with it?
  - Do you feel a desire to reciprocate what you have been given in terms of medical help?
- If not, what could be improved?

- Do you usually bring something (e.g. A gift, offer a service, or money) for the doctor when you go to them?
  - If yes, what do you bring? And why?
  - Do you see it as a social norm?
  - If no, why not?
  - Have you heard of others doing it?

- What does the gift symbolize for you?

- Can it be difficult to afford a gift or a means of exchange?

- Have you ever felt pressured to bring a gift?
  - From who? E.g. doctors, friends or receptionist at health center?
  - Do you think that the gifts matter a lot for the doctors?
  - Do you notice any difference in treatment due to the standard or existence of the gift?
  - Do you feel impolite if you do not bring one?
  - If yes, does it feel like a problem?
  - If no, why do you think so many people bring a gift when they are poor, and the healthcare should be free?

**Theme 5: Closing questions:**

- Is there anything you would like to add?

Thank you for your participation!

1b) **INTERVIEW GUIDE for medical employees**

**Theme 1: Introductory questions:**

- Would you like to tell me about what you work with?
- Have you always worked in Cuba / Havana?
  - If yes, is it your choice/ preference?
  - If no, where else and under what circumstances?

**Theme 2: Perception of Health Care System:**

- How does the Healthcare system of Cuba function?
  - Do patients visit the clinics or do doctors and nurses do home visits?
  - How many patients do doctors see per week?
  - How many hours per week do doctors work?
- How much doctors make?
  - Are there any differences in salary for doctor, nurse or depending on your experience?
- Is there a big difference between working in a hospital and work at a family clinic for instance?
  - Has the healthcare system changed at all during the time you worked in it?

**Theme 3: Personal experience and discussion:**

- How come you wanted to study medicine?
- What is the best part of being a doctor/ nurse / employee in the medical field?
  - Do you want to elaborate?
- What is the worst / hardest part of being a doctor/ nurse?
  - Do you want to elaborate?
- Do you know your patients personally?
  - How many patients do you see per day/ week?
  - Do you sometimes help or give your friends medical advice outside of the hospital?
- Are you proud of your profession and of the historic and solidary aspects of it?
- Do your patients usually bring you a gift?
  - If yes, what?
  - If no, why do you think that is?
- Do you “expect” a gift or reciprocal favor from your patients?
  - If yes, what and why?
  - If no, what is your perception of it?
- What do you feel or think if/ when you receive a gift from the patients?
  - Is it necessary for your economic “survival” given the low salaries?
  - Do you consider it rude of the patients not to bring one / or can it be rude to bring a “bad” gift?
  - Are you grateful for the gifts?
  - Are the gifts always a “good” thing?
  - Does it motivate you to stay a doctor?
Have you ever felt pressured to prioritize your patients differently depending on what type of gift they bring you?
Is it difficult to live on your salary?
Do you have colleagues who have turned to the tourist industry due to the low incomes?
  - Have you ever thought about it?

**Theme 4: Closing questions:**
  - Is there anything you would like to add?

*Thank you for your participation!*

**Photographs:**
The photographs below are taken by me at hospitals in Havana between November 2018 and January 2019. The translations are my own.

**2A) Picture taken at a local clinic in Havana, Cuba**

**Revolución**
is a sense of the historical moment; it is changing everything that must be changed; it is full equality and freedom; it is to be treated and treat others as human beings; it is emancipating ourselves and our own efforts; it is to challenge powerful dominant forces within and outside the social and national sphere; it is to defend the values in which it is created at the price of any sacrifice; it is modesty, disinterest, altruism, solidarity and heroism; it is to fight with audacity, intelligence and realism; it is never to lie or violate ethical principles; It is a deep conviction that there is no force in the world capable of crushing the force of truth and ideas.

**Revolución**
is unity, it is independence, it is fighting for our dreams of justice for Cuba and for the world, which is the basis of our patriotism, our socialism and our internationalism
2B) Sign outside of a hospital in central Havana.
“Efficiency, Efficiency and sustainability”
“There is a lack of people who work more and criticize less, who build more and destroy less, who promise less and settle more, who expect to receive less and give more, who say better now than tomorrow.”

“Until the victory always!” - Che Guevara
“Revolution is unity, it is independency, it is the battle for our dreams of justice for Cuba and for the world.”

“Thank you Fidel,” - By the entrance of a hospital in Central Havana.
2E) These types of pictures are seen in most wards and waiting halls at the hospitals in Cuba.

"Your healthcare service is free..... but it costs"
Tu servicio de salud es gratuito... pero cuesta

Consultas: 36,55 pesos
Consulta de Rehabilitación: 36,60 pesos
Examen de Laboratorio Clínico: 19,67 pesos
Consulta de Oftalmología: 46,15 pesos
Ultrasonido: 148,50 pesos
Rayos X: 99,39 pesos
Consulta de Genética Especializada: 34,95 pesos
Prueba Citológica Especializada: 23,95 pesos

1 USD = 25 Cuban Pesos

2F) “Your healthcare service is free, but it costs”
2G) Sign of how one can prevent health issues by quitting to smoke.

"Stop smoking if you can"

"The wisest thing would be to learn to live without smoking"
2H) A ward at a central hospital in Havana.
A shared bathroom facility inside of a ward with approximately 14 people, at a hospital in central Havana.
REVOLUCIÓN
es unidad, es independencia,
es luchar por nuestros sueños de justicia
para Cuba y para el mundo.
2L) A Hallway under construction at a hospital in central Havana.
“Only one companion can remain in the room at a time.”
2N) One hospital in central Havana.