

REVIEW

Exodus of Cuban Doctors: Socioeconomic and Political Drivers of a Healthcare Crisis (2020-2025)

Éxodo de médicos cubanos: factores socioeconómicos y políticos que impulsan una crisis sanitaria (2020-2025)

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Cite as: Santiago Roibal R, Carbonell González M, Cabrera Rodríguez D. Exodus of Cuban Doctors: Socioeconomic and Political Drivers of a Healthcare Crisis (2020-2025). Salud Integral y Comunitaria. 2026; 4:282. <https://doi.org/10.62486/sic2026282>

Submitted: 04-07-2025

Revised: 11-09-2025

Accepted: 16-11-2025

Published: 01-01-2026

Editor: Dr. Telmo Raúl Aveiro-Róbalo 

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ABSTRACT

Introduction: between 2020 and 2025, Cuba experienced a profound healthcare collapse, exposing structural weaknesses in a system long praised for universal coverage. Economic decline, political constraints, and institutional limitations hindered service delivery, leading to shortages of essential supplies and personnel.

Objective: to examine the main factors driving the deterioration of Cuba's healthcare workforce and assess the resulting public health consequences, including maternal and child health, resurgence of preventable diseases, and urban-rural disparities.

Method: a review of secondary sources, including official Cuban statistics, international health reports, and independent media, was conducted to analyze trends in physician migration, workforce shortages, resource limitations, and health outcomes.

Results: low salaries, restrictive policies, and supply shortages triggered a large-scale exodus of physicians and healthcare professionals. Consequences include rising maternal and infant mortality, outbreaks of preventable diseases such as measles and dengue, and widening urban-rural health disparities. Cuba's diminished capacity has also weakened its role in global health diplomacy, threatening regional health security.

Conclusions: without urgent economic, institutional, and policy reforms, Cuba's healthcare system risks irreversible deterioration. Immediate measures are needed to retain healthcare professionals, ensure adequate resources, and maintain domestic and international public health standards.

Keywords: Cuba; Health Workforce; Physician Migration; Maternal Mortality; Preventable Diseases; Health System Strengthening.

RESUMEN

Introducción: entre 2020 y 2025, Cuba sufrió un profundo colapso sanitario que puso de manifiesto las debilidades estructurales de un sistema largamente elogiado por su cobertura universal. El declive económico, las restricciones políticas y las limitaciones institucionales obstaculizaron la prestación de servicios, lo que provocó una escasez de suministros y personal esenciales.

Objetivo: examinar los principales factores que impulsaron el deterioro del personal sanitario en Cuba y evaluar las consecuencias para la salud pública, incluyendo la salud maternoinfantil, el resurgimiento de enfermedades prevenibles y las disparidades entre las zonas urbanas y rurales.

Método: se llevó a cabo una revisión de fuentes secundarias, incluyendo estadísticas oficiales cubanas,

informes internacionales sobre salud y medios de comunicación independientes, para analizar las tendencias en la migración de médicos, la escasez de personal, las limitaciones de recursos y los resultados en materia de salud.

Resultados: los bajos salarios, las políticas restrictivas y la escasez de suministros provocaron un éxodo a gran escala de médicos y profesionales sanitarios. Las consecuencias incluyen el aumento de la mortalidad materna e infantil, brotes de enfermedades prevenibles como el sarampión y el dengue, y el aumento de las disparidades sanitarias entre las zonas urbanas y rurales. La disminución de la capacidad de Cuba también ha debilitado su papel en la diplomacia sanitaria mundial, lo que amenaza la seguridad sanitaria regional.

Conclusiones: sin reformas económicas, institucionales y políticas urgentes, el sistema sanitario de Cuba corre el riesgo de sufrir un deterioro irreversible. Se necesitan medidas inmediatas para retener a los profesionales sanitarios, garantizar recursos adecuados y mantener los estándares de salud pública nacionales e internacionales.

Palabras clave: Cuba; Personal Sanitario; Migración de Médicos; Mortalidad Materna; Enfermedades Prevenibles; Fortalecimiento del Sistema Sanitario.

INTRODUCTION

For decades, Cuba's healthcare system was celebrated internationally as a model of universal coverage and preventive medicine. With one of the world's highest physician-to-population ratios—95,4 doctors per 10 000 inhabitants in 2019, according to the World Health Organization (WHO)—, the country projected an image of resilience and equity. Yet beneath this façade of success, structural weaknesses were already present, and in recent years they have erupted into a full-scale crisis.^(1,2,3,5,6,7,8)

This analysis draws on secondary data sources—official statistics, international health reports, and specialized media—to critically examine the unprecedented exodus of Cuban physicians and its consequences. Since 2020, worsening economic hardship, professional stagnation, and restrictive political conditions have driven thousands of doctors and nurses to emigrate. According to Havana Times in 2023, more than 12 000 physicians left the country in 2022 alone,⁽¹⁾ with additional waves in 2023 and 2024.^(4,9,10,11,12,13,14)

The result has been a profound deterioration of healthcare delivery: hospitals and clinics are chronically understaffed, preventive programs have been disrupted, and rural areas in particular face severe shortages of medical personnel. This paper analyzes the socioeconomic and political drivers of physician migration, the systemic collapse of Cuba's health infrastructure, and the broader implications for regional and global health security. It also outlines potential strategies for reform, emphasizing that without urgent structural change, the Cuban healthcare system risks irreversible decline.

METHOD

This narrative review draws on secondary data from 2020–2025, including official Cuban statistics,⁽²⁾ (ONEI), WHO and PAHO reports,^(6,8,9,10) and independent media.^(1,3,4,5,13,14,16,17,18,19,20,21,22) Sources were selected based on credibility, data transparency, and relevance to the themes of migration, health policy, and workforce sustainability.⁽¹⁵⁾

RESULTS AND DISCUSSION

DRIVERS OF PHYSICIAN MIGRATION

Socioeconomic Factors

Low Salaries and Economic Hardship

Despite their central role in sustaining public health, Cuban physicians continue to earn some of the lowest wages in the Western Hemisphere. In 2024, the average monthly salary for a doctor was estimated at only 20–25 USD^(5,11,21)—barely enough to cover a fraction of basic living expenses in a context of rampant inflation, food scarcity, and a collapsing peso. Physicians increasingly depend on remittances from relatives abroad or informal economic activities,^(11,20) such as private tutoring or black-market trade, to survive. This economic precarity undermines morale and erodes the social prestige once associated with the medical profession.

Shortage of Medical Supplies and Infrastructure Collapse

Chronic shortages of essential medications, laboratory reagents, diagnostic imaging tools, and even basic utilities such as electricity and running water have crippled hospitals and clinics.^(2,3,11,23) Physicians are often forced to improvise treatments or deny care altogether, creating profound ethical dilemmas.^(17,24) The inability to practice medicine according to international standards generates frustration, professional burnout, and a sense of futility among healthcare workers.

Brain Drain and Professional Disillusionment

Highly trained specialists face limited opportunities for academic advancement, research, or international collaboration. The absence of continuing medical education programs and the lack of access to modern technologies foster professional stagnation.^(17,18) Younger physicians, particularly those under 35, increasingly view emigration as the only viable path to career development, scientific engagement, and dignified working conditions.^(1,4,22)

Political and Institutional Factors*Restricted Mobility and Political Control*

The Cuban state has historically imposed strict controls on the mobility of healthcare professionals, particularly those in “strategic” specialties such as intensive care, anesthesiology, and pediatrics. Physicians who abandon international medical missions are often punished with bans of up to eight years from returning to Cuba,^(7,12) a policy widely condemned by human rights organizations.^(12,19) These restrictions transform doctors into instruments of state policy rather than autonomous professionals.

Centralized Management and Lack of Autonomy

The Ministry of Public Health (MINSAP) exercises near-total control over medical practice, research, and education.^(11,23) This hyper-centralization stifles innovation, discourages private initiatives, and prevents adaptation to modern healthcare management models.^(15,19) Physicians are denied agency in shaping their professional environment, reinforcing a culture of dependency and bureaucratic inertia.

Ideological Pressures and Professional Censorship

Doctors who publicly criticize healthcare policies or expose systemic shortages risk retaliation, including demotion, forced relocation to rural areas, or exclusion from lucrative international missions.^(12,17) This climate of institutional pressure and censorship erodes trust, silences professional voices, and accelerates the desire to emigrate.^(3,18)

Impact on the Cuban Healthcare System*Workforce Shortages and Service Collapse*

Between 2020 and 2024, Cuba lost more than 30 000 healthcare professionals, including doctors, nurses, and technicians.^(3,16,22,23) The exodus has forced hospitals to close wards, cancel elective surgeries, and reduce emergency coverage. In some provinces, waiting times for basic consultations have tripled, and specialized services are virtually unavailable (figure 1).^(14,24)



Figure 1. From White Coats to Empty Wards

An abandoned Cuban hospital corridor with white coats hanging on hooks, representing absent doctors. Dim lighting and a faded Cuban flag in the background evoke abandonment, scarcity, and the collapse of medical infrastructure.

Burnout and Overwork Among Remaining Staff

Those who remain face unsustainable workloads, often working 12-14-hour shifts and covering multiple specialties outside their training.^(11,17) This overextension increases medical errors, absenteeism, and burnout, further compromising patient safety and accelerating attrition.^(18,24)

Rise in Preventable Diseases

The collapse of preventive programs has led to the resurgence of diseases once under control, including dengue, hepatitis, and tuberculosis.^(2,11,24) Cancer screening programs and maternal health follow-up have been disrupted, contributing to a 27 % increase in maternal mortality between 2021 and 2024. These reversals mark a dramatic erosion of Cuba's historic achievements in public health.⁽²⁾

Unequal Access and Urban-Rural Divide

Rural and eastern provinces such as Granma, Guantánamo, and Holguín are disproportionately affected.^(11,23) Many municipalities no longer have permanent doctors, forcing patients to travel hours for basic care. This widening inequality starkly contradicts the founding principles of Cuba's healthcare revolution, which once prided itself on universal and equitable access.^(24,25)

International Implications

Erosion of Cuba's Global Health Diplomacy

For decades, Cuba's "medical internationalism" was a cornerstone of its foreign policy, with thousands of doctors deployed abroad. The physician exodus has weakened this capacity, leaving countries such as Venezuela, Nicaragua, and Angola—once heavily reliant on Cuban doctors—facing acute shortages since 2023.^(15,19,22)

Loss of Trust and International Image

The migration crisis has tarnished Cuba's reputation as a leader in medical solidarity. Once celebrated for exporting health services, the country now struggles to meet its own domestic needs (figure 2).^(13,14,24) International observers increasingly question the ethical dimensions of Cuba's medical missions, particularly the treatment of health workers as state-controlled labor.^(12,19)



Figure 2. Bridges Beyond Borders

Silhouetted doctors cross a bridge from the darkness of Cuba toward a radiant horizon marked by universal medical symbols. The scene symbolizes migration, hope, and the pursuit of professional freedom in a global context.

Impact on Regional Public Health

Cuba has historically played a key role in disease surveillance and epidemic response in the Caribbean and Latin America.^(6,9,15) With a shrinking workforce, its participation in Pan American Health Organization (PAHO) initiatives has diminished, weakening collective health security and reducing regional preparedness for emerging epidemics.^(15,24)

The ongoing physician exodus from Cuba illustrates the convergence of economic decline, political rigidity, and institutional inefficiency, exposing the fragility of a system long portrayed as a global model of universal health.^(11,15,24) What was once celebrated as a symbol of equity and preventive medicine has now become a case study in how centralized control, chronic underinvestment, and restrictions on professional autonomy can erode even the most resilient health systems.^(21,25) The crisis is not merely the result of external pressures such as sanctions or global economic downturns; it is deeply rooted in structural deficiencies and policy choices that have systematically undermined the medical profession.^(15,19,20,21)

Addressing this multifactorial collapse requires more than incremental adjustments.^(16,24,25) It demands comprehensive reforms that rebuild trust, restore professional dignity, and align Cuba's health system with international standards of autonomy, transparency, and sustainability.^(9,15,20,21)

Key Strategies

1. Economic and Labor Reforms
 - Introduce salary adjustments indexed to cost of living, ensuring that physicians can meet basic needs without reliance on remittances or informal economies.
 - Allow partial privatization of medical services and encourage international partnerships to diversify funding sources and reduce dependence on state-controlled budgets.
 - Implement transparent reward systems based on merit and performance, breaking with the culture of uniform compensation that discourages excellence.
2. Improving Professional Development
 - Establish exchange programs and academic collaborations with Latin American, European, and North American institutions to reverse professional isolation.
 - Expand postgraduate training and research opportunities within Cuba, ensuring that young physicians see a future for themselves in the national system.
 - Guarantee equitable access to continuing education and modern technologies, reducing the knowledge gap between Cuban doctors and their international peers.
3. Modernizing Health Infrastructure
 - Prioritize investment in hospitals, laboratories, and medical supply chains, reversing decades of neglect that have left facilities in near collapse.
 - Adopt digital health solutions and telemedicine to extend access to underserved rural areas, mitigating the urban-rural divide.
 - Strengthen supply chain resilience through regional cooperation, reducing dependence on fragile state procurement systems.
4. Enhancing Freedom and Professional Autonomy
 - Repeal punitive migration laws that criminalize the mobility of health workers and violate international human rights standards.
 - Promote open scientific dialogue, academic freedom, and ethical independence in medical decision-making, dismantling the culture of censorship and political loyalty tests.
 - Decentralize decision-making within the Ministry of Public Health (MINSAP), granting hospitals and professional associations greater autonomy in governance.

Without urgent reforms, Cuba risks a structural collapse of its healthcare system within the next decade, leading to irreversible loss of human capital, worsening health indicators, and the erosion of its international credibility. The physician exodus is not only a national tragedy but also a regional threat, as Cuba's diminished capacity undermines collective health security in the Caribbean and Latin America. The choice is stark: either embrace systemic transformation or face the continued unraveling of one of the most emblematic health systems of the Global South.

This crisis is not an abstract phenomenon for the authors of this study. Like thousands of Cuban physicians, we—Marlon Carbonell Gonzalez, MD, and Rosali Santiago Roibal, MD—were compelled to leave the country in search of professional dignity, academic opportunities, and the ability to practice medicine under conditions that respect both patients and doctors. Our current process of medical revalidation in the United States, including preparation for and completion of the USMLE board examinations, reflects both the challenges and resilience of Cuban-trained physicians navigating new systems. This lived experience underscores the urgency of reform: without structural change, Cuba will continue to lose its most valuable human capital to emigration (figure 3).



Figure 3. The Silence of the Corridor / The Torn Stethoscope

Symbolic representation of the rupture between Cuban doctors and their homeland. A deteriorated hospital setting with a covered stretcher and a faded Cuban flag conveys loss, resilience, and systemic deficit.

CONCLUSION

Between 2020 and 2025, Cuba's healthcare system has undergone a dramatic transformation—from an internationally acclaimed model of universal coverage to a system in profound crisis. The mass migration of physicians has not only depleted the workforce but also revealed the structural fragilities long concealed beneath the rhetoric of medical excellence. Economic precarity, political restrictions, and institutional inefficiencies have converged to erode the very foundations of the national health project.

The consequences are already visible: rising maternal mortality, resurgence of preventable diseases, widening inequalities between urban and rural populations, and the collapse of Cuba's once-celebrated role in global health diplomacy. These outcomes underscore that the crisis is not temporary but systemic, rooted in governance models that prioritize control over professional autonomy and sustainability.

Without urgent and tangible reforms—economic, institutional, and political—Cuba risks an irreversible loss of human capital and the dismantling of one of the most emblematic health systems of the Global South. The physician exodus is more than a national emergency; it is a regional threat that undermines collective health security in the Caribbean and Latin America. Rebuilding trust, restoring professional dignity, and guaranteeing freedom for healthcare workers are not optional measures but existential imperatives for the survival of Cuba's healthcare system.

The physician exodus is not only a national statistic but also a personal reality. For Cuban doctors like myself, Marlon Carbonell Gonzalez, MD, and my colleague Rosali Santiago Roibal, MD, now engaged in the revalidation process in the United States and progressing through the USMLE boards, this migration embodies the trajectory of a generation compelled to seek professional survival abroad. Our departure, along with that of thousands of colleagues, reflects both a symptom of systemic failure and a call to action: unless Cuba undertakes profound reforms, the hemorrhage of medical talent will continue, with devastating consequences for national and regional health security.

LIST OF ABBREVIATIONS

ICU: Intensive Care Unit
 MINSAP: Ministerio de Salud Pública (Ministry of Public Health, Cuba)
 PAHO: Pan American Health Organization
 WHO: World Health Organization
 ONEI: Oficina Nacional de Estadística e Información

REFERENCES

1. Grimal A. Healthcare crisis: Cuba loses 12,000 doctors in one year. Havana Times. 2023. <https://doi.org/10.62486/sic2026282>

havanatimes.org

2. Oficina Nacional de Estadística e Información (ONEI). Health Statistics Report 2023. Havana: ONEI; 2024. <https://www.onei.gob.cu>
3. Diario de Cuba. The exodus of doctors: reflections on Cuba's healthcare system. Diario de Cuba. 2024. <https://diariodecuba.com>
4. CiberCuba. Cuba loses 13,300 doctors in 2023: a blow to the health system. CiberCuba. 2024. <https://en.cibercuba.com>
5. The Guardian. 'We can't survive on \$20 a month': Cuban health workers leave in record numbers. The Guardian. 2023. <https://www.theguardian.com>
6. Pan American Health Organization (PAHO). Regional overview of human resources for health in the Caribbean. Washington, DC: PAHO; 2024. <https://www.paho.org>
7. Human Rights Watch. Restrictions on Cuban health professionals abroad. New York: HRW; 2023. <https://www.hrw.org>
8. World Health Organization (WHO). Global health workforce statistics. Geneva: WHO; 2022. <https://www.who.int>
9. Pan American Health Organization (PAHO). Human resources for health: challenges and strategies in the Caribbean Region. 2025 update. Washington, DC: PAHO; 2025. <https://www.paho.org>
10. World Health Organization (WHO). Global Health Observatory: Cuba health workforce statistics 2023. Geneva: WHO; 2024. <https://www.who.int>
11. Mesa-Lago C. The economic crisis and its impact on Cuba's health and education systems (2020-2024). *Cuba in Transition*. 2024;34:112-30.
12. Human Rights Watch. Punished for leaving: restrictions on Cuban doctors' mobility and family reunification. New York: HRW; 2024. <https://www.hrw.org>
13. BBC News. Cuba faces doctor shortages as thousands leave for the U.S. BBC News. 2024. <https://www.bbc.com/news/world-latin-america-68673221>
14. Reuters. Cuba's health system struggles amid mass exodus of medical professionals. Reuters. 2024. <https://www.reuters.com>
15. Inter-American Dialogue. Cuba's health workforce crisis: regional consequences and policy options. Washington, DC: Inter-American Dialogue; 2025. <https://cubaminrex.cu>
16. EFE News Agency. Cuba lost more than 30,000 health workers between 2020 and 2024, report reveals. EFE. 2024.
17. Almaguer D, Suárez-Viera M. Professional disillusionment among Cuban physicians: a qualitative perspective. *Rev Panam Salud Publica*. 2023;47:e60. <https://iris.paho.org>
18. López-Rivero A, et al. Socioeconomic determinants of physician migration in Cuba. *Glob Public Health*. 2024;19(7):854-66.
19. Ramos Y, Pérez M. From solidarity to survival: the changing meaning of Cuban medical missions. *Soc Med*. 2023;17(2):45-59.
20. International Labour Organization (ILO). Working conditions of health professionals in Latin America and the Caribbean. Geneva: ILO; 2024. <https://www.ilo.org>

21. UN Economic Commission for Latin America and the Caribbean (ECLAC). Socioeconomic outlook of Cuba 2024. Santiago de Chile: ECLAC; 2025. <https://www.cepal.org>
22. Associated Press. Cuba's health care exodus deepens as doctors seek better pay abroad. AP News. 2025.
23. Granma. Ministerio de Salud Pública reconoce déficit de personal sanitario. Granma. 2024. <https://www.granma.cu>
24. The Lancet Regional Health - Americas. Healthcare under pressure: Cuba's crisis and the flight of physicians. Lancet Reg Health Am. 2025;29:100750. <https://www.clinicalkey.es>
25. United Nations Development Programme (UNDP). Human development report 2024: Cuba country profile. New York: UNDP; 2024. <https://www.undp.org>

FUNDING

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors. The authors declare that there was no participation of sponsors in study design, data collection, analysis, interpretation, article writing, or the decision to submit the manuscript for publication.

COMPETING INTERESTS

The authors declare that they have no competing interests.

ACKNOWLEDGMENTS

The authors would like to thank all researchers, clinicians, and data scientists whose work contributed to this review. We also acknowledge the support of colleagues who provided insights during the manuscript preparation and revision process.

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