

The new insurance scheme, however, gave rise to endless debate as to how to finance it. Germany has some of the highest social expenditures in the world, and raising them even higher seemed intolerable for the economy. Norbert Blüm, German Minister for Labour and Social affairs, whose ministry designed the scheme, proposed to finance it by making Whit Monday, traditionally a holiday in Germany, a working day. Despite heavy protest, in particular from the churches in all 16-German states (Bavaria was the exception) accepted the idea. In Bavaria, where Minister President Edmund Stoiber had promised both Catholic and Protestant Churches that he would under no circumstances abandon Whit Monday as a holiday, costs are financed by raised social charges. The scheme then became effective on January 1995, and first payments were due on 1 April.

Late in March, however, some problems became obvious. Private charity services, had received almost 800,000 application forms to process by that time and had completed about half of them. Although the congestion had eased somewhat by April and although successful applicants were told that they would get their full money later some disquiet was expressed in the media.

Another problem was that the Bonn government and the public insurance companies on the one hand and the private charities on the other had failed to negotiate hourly rates for the ambulant treatment of elderly and disabled persons. Rates of DM 30 to 40 per hour were seen as insufficient by the private charities, which estimated their hourly costs to be between DM 60 and DM 82. The Catholic charity of Caritas, one of the largest in Germany, even threatened not to participate in the scheme under such conditions. Other groups said that they would rather give up rather than as bankrupt.

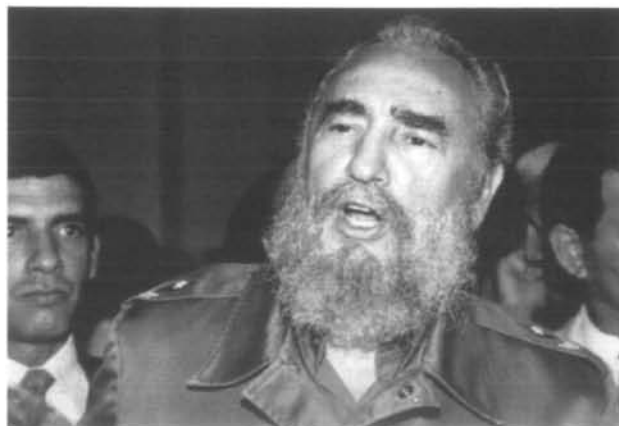
But by now at least the financial problems seem to have been overcome. As Karl Jung of the Ministry for Labour and Social Affairs explains, many more applicants than expected had taken the option of asking for subsidies for home care only rather than for help from charity groups. This caused the unexpected surplus in revenues for the scheme which is now anticipated for its first year. This should make it easier for the government and the health insurance companies to grant higher rates to the charity organizations.

Overall about 75% of the applications were considered justified. But there appears to have been a minor psychological problem for the assessors of the applications: the maximum rate for very severely disabled nursing home patients is DM 3750, but so far not a single patient in all of Germany has been judged to be that needy.

Helmut L. Karcher  
Munich

## Cuban oncology surviving the 'periodo especial'

Cuba is one of those topics which evoke sometimes heated disagreement, but even those who disapprove of the Caribbean island (or, more precisely, its president, Fidel Castro) have had to agree that Cuba's health system was not only the best in the developing countries, but in some respects comparable to the ones in the developed world. Another interesting and less well-known fact is that already more than a decade ago, Cuba showed epidemiologically the hallmarks of a transition from a developing to a developed country. With respect to oncology this means that already then the incidence of breast cancer was higher than that of cervical cancer, which in most Latin American countries is still the tumour most frequently affecting women. In Cuba mammography is requested by all women over the age of 50, while the anti-smoking campaign (lung cancer is the most frequent tumour in men) is showing for the first time a slight decline in the number of smokers.



Fidel Castro  
The anti-smoke campaign prompted him also to quit his legendary cigars

What is the situation in Cuba now with oncology, more than five years after the disappearance of the Eastern block, which caused the loss of about 90% of their foreign market? This latter fact, together with the stiffening of the U.S. economic blockade, has generated a profound social and economic crisis, which a few months ago led to the 'Balseros crisis', i.e., the mass exodus to Florida, during a time designated 'periodo especial' by Cubans? How is oncology faring? Taking advantage of the Congreso Oncológico Cubano (with an extensive participation from Latin America, Canada and Europe) *Annals of Oncology* sought to answer this question. "The periodo especial also has some positive aspects, since we had to learn to be much more careful with our resources, which was not always the case in the past, when we were doing everything without regard to the price" says Dr. C. Dotres Martinez, a



Instituto Nacional Oncológico, La Havana

pediatrician who has just been appointed as the new health minister. Before becoming minister, this energetic manager was in charge of one of the most successful Cuban programs: the free-of-charge treatment, in Cuba, of thousands of Ukrainian children, whose health was damaged by the accident at Chernobyl. Just before taking his new position, he has been touring every important health centers in the island to gain a clear picture of the situation: "Only for the most urgent needs, I would immediately need 25 million dollars, but where might I find them?" In fact, while in Cuba there are possibly far too many doctors and health structures, the disappearance of the Eastern European block has created a huge technological crisis. "We have a cancer center in almost every one of our 14 provinces and most of them have at least one unit of a cobalt radiotherapy equipment" says R. Camacho, the new director of the National Cancer Institute, "but half of them are not working, because of damage which cannot be repaired since we cannot get the necessary parts from the former Soviet Union. This applies also to two of the four cobalt machines and to the linear accelerator, which should function in the area of Havana." The problem is less acute for cytotoxic drugs, which are, however, not always available "in the needed quantity at the right moment". But the situation has improved, since a few months ago the association of workers in the tourist area decided to donate a percentage of their salaries for buying drugs needed for cancer treatment. This move is typical of the current situation in Cuba. In order to survive the 'periodo especial', the government is placing a very high priority on tourism, and tourists are flooding in, mainly from Europe and Latin America. This financial bonanza has, however, created not only some highly visible social problems (prostitution, burglary, etc.), but also social tensions, since workers in the tourist field receive remuneration which physicians can only dream of. This is leading to demoralization among physicians, a group which in the past was generally supportive of Cuban socialism. Notwithstanding these difficulties, Dr. R. Camacho emphasizes

that "in contrast to Russia, life expectancy is still around 75 years in Cuba, infant mortality lower than in the U.S. and patients from many Latin American countries continue to come here to be treated" (which in fact is another important source of income for the government). It should be remembered (Ann Oncol 1994; 5(8): 670-1) that changes in the Soviet Union have led to a dramatic increase in mortality and a parallel deterioration of all health parameters. In an attempt to avert a similar evolution, Cuba is endeavoring to "liberalize with care". Even if some observers believe, that this process is far too slow, though it is generally recognized that there are many new 'managerial' faces around. Even the nomination of Dr. Camacho to the directorship of the National Cancer Institute after the death in 1990 of Dr. Zoilo Marinello, the charismatic founder of Cuban oncology, was viewed as a move by the government to avoid giving the impression of nepotism, since two sons of Marinello (both high-ranking physicians in the same center) were widely viewed as his 'natural successors'.



Dr. Zoilo Marinello (center), who structured clinical oncology in Cuba

"The worst of the crisis is over": this remark is intoned by almost all Cuban officials these days, in reference to the fact that in recent months (for the first time in five years) there has been a slight increase in the GNP. This might not be the impression of the man in the street, who perceives that there is more food around (especially since the introduction of the so-called 'peasants free markets'), but that for most of them it is too expensive. The government is, however, investing in the future. "As regards oncology, we want to produce as many generics as possible, so as to become, if possible, almost independent" says Dr. I. Goicoechea, vice-minister for the pharmaceutical industry. In fact, an existing factory, first planned for the production of vitamin C, has now been assigned to producing cytotoxic drugs. "We still need an investment of about 2 million U.S. dollars: this is, however, what we currently spend in 18 months for these drugs" adds Dr. Goicoechea. Moreover, and notwithstanding the economic restrictions imposed during this 'periodo especial' in most areas, the government has continued



Centro de Inmunología Molecular  
CIM: a new, high-tech biological research institute recently inaugurated

to invest in the research area. Cuba already has an impressive biotechnological industry, which by recombinant technology is manufacturing various products (e.g., interferons) widely sold in the developing countries. A few months ago an impressive new research institute (the Centro de Inmunología Molecular, CIM) was inaugurated near one of the most important hospitals (CIMEQ) in Havana creating another 'polo científico'. The CIM is chiefly devoted to research in oncology: while vaccines are discussed, their researchers have already produced at least two monoclonal antibodies (one against CD6, the other against EGF), which are currently in phase II trials in cutaneous T-cell lymphomas and in lung cancer, respectively. When visiting this and other basic research centers, one can only be astonished at the quality of the investigators and the equipment. At the same time, there is cognizance of the fact that this research can only pay off in the long term, long after the moment when the success or failure of the 'periodo especial' to satisfy more basic needs of the Cuban population will have decided the destiny of the present Cuban social and political structures. Opinions about the 'Cuban anomaly' will no doubt continue to diverge.

## No more research minister in France

The French research community has been concerned since the May election of Conservative Politician Jacques Chirac as President of France. Its members uneasily recall Chirac's tenure as prime minister between 1986 and 1988. When as part of a campaign to curb public expenditure he cancelled a number of previously planned increases in the budgets of France's most important research agencies.

Moreover, during the 14-year tenure of France's socialist president François Mitterrand, research always

had prominent political status. So the composition of the new French government, including the new prime minister, Alain Juppé, seems to confirm these fears.

In fact, Research Minister F. Fillon was not replaced, and research has been absorbed into a new 'super-ministry'. Headed by François Bayrou, this super-ministry also includes secondary education, higher education and professional training of young people for their first jobs. Direct responsibility for research has been delegated to a secretary of state in the person of Elizabeth Dufourcq. Moreover, the new secretary of state is relatively unknown in science policy circles, and she lacks the political clout of past research ministers such as Fillon or Chevènement. Some observers note that this lack of political punch will mean bad news for research, particularly when the time comes for budget levels to be negotiated with the very powerful finance ministry.

Just after the composition of the new government became known, super-minister Bayrou visited some of the agency's headquarters together with Dufourcq, in what is being seen as an attempt to allay concern over the future of research funding in France.

## Health care reform and oncologists

At the recent ASCO meeting, there was a prominent new feature within the educational programme: a round table discussion about the consequences for oncology of the so-called health care reform in the U.S.

The panel consisted of representatives of ASCO (R. Mayer, Dana-Farber Cancer Institute, Boston), the national alliance of breast cancer organizations, and an HMO, a professor of public health and the vice-president of the Association of American Medical Colleges. There were a few irate remarks from the public, but everyone else seemed to be at a loss.

No one seems to know exactly what should be done even though it is recognized that the problems are mounting and the future of oncology appears to be in jeopardy (Ann Oncol 1995; 6(5): 408). For an outside observer the impression is that oncologists and probably other medical specialists forfeited the opportunity to reform health care in the early phase of the political discussion, when they decided to withdraw their support of the Clinton's plan. The presidential proposal was probably not clear enough, but it could have served as the basis for discussions leading to achievement of both universal coverage and a medically acceptable re-distribution of resources. When the discussion about health care reform became stuck in Congress, corporate interests, particularly investor-owned HMOs increasingly took control of health care. So they put into practice a health care reform scheme which is probably much less palatable for physicians than the one proposed by Clinton. Even during the