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Op-Ed: Vice President Francia Marquez Would Love To Doom Colombia's Health System

Posted On February 21, 2023 By : Loren Moss

My first professional job that required Spanish was around 1990, where I worked with Cuban refugees who had left the island in the Mariel Boatlift and had been in the US for roughly a decade. I was a night supervisor and so primarily got to sit with these gentlemen, who would tell me stories about the island they left.

One of my best friends for many years was a Cuban fellow named Miguel Cárdenas who left the island much later than the Mariel boatlift, and somehow ended up in Ohio. At first he did very well for himself, but eventually got in trouble and lost his US residency privileges and was returned to Cuba. I was able to talk to him a couple of times after he was back in Cuba, but also stayed in touch with his family.

Once I visited Miguel when he was in Cali (long before I lived in Colombia) where his sister, an official in the Cuban government, was allowed to travel. At the time, a rendezvous in a third country was the only way they could meet. His sister, who had achieved a prominent position in the agriculture ministry, eventually left and resettled in Miami. She now tells me that her quality of life working at Walmart in Miami is much better than when she was a government bureaucrat in Havana. Because of her position, she was one of the

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first Cubans allowed to have an internet connection and actually had a Facebook account before everyday Cubans even had internet.

After Miguel was back in Cuba, he got in an auto accident, and was in pretty bad shape. This was around 2011. I remember getting a call from his sister (she was still in Cuba). Miguel was in the hospital, but there was no medicine, no bandages, no supplies, and she asked me to find these items in the US and send them to her in Cuba for his treatment. What many people don't realize is that [medicines and food can be sent to Cuba](#) from the United States, and that in any case, the US trade embargo does not prevent commerce in medical goods-or any products from any other countries. Cuban hospitals, like Cuban grocery stores are empty because their totalitarian, communist system is a failure.

My friend died shortly after I spoke to his sister, before I was able to ship medical supplies for his treatment. The *"revolucionario"* Cuban medical system cannot provide basic supplies; not because of any US embargo—remember during the COVID pandemic, all the supplies were coming from China?—but because the Cuban economic, political and health systems are BANKRUPT.

Is this Francia's idea of *"vivir sabroso?"*

Colombia's Vice President Francia Marquez was in Cuba last week, where she continued to trash Colombia's health system and pour accolades on the Cuban system.


"There is all the difference in the world between treating people equally and attempting to make them equal."—
F.A. Hayek

"We are proposing a health reform where it is once again administered by the State. Of course, this is not going to be easy because there is a very strong dispute. It is taking away the business of the elite and private sectors that have turned health into a commodity and not a fundamental right. The preventive health that you (Cubans) have maintained as a central axis is what we want to do in Colombia today," said Vice President Márquez.



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Francia Márquez en  dijo que estamos proponiendo una reforma a la salud donde el Estado recupere su manejo y que se le quite a las "élites" que se han enriquecido. Alaba el sistema cubano y busca que aprendamos de su experiencia.

Es una vergüenza.



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Colombia has a mix of public and private hospitals and clinics, with many doctors in private and specialty practice. Doctors have a choice of participating in public or private healthcare plans or participating in no plans at all. The vast majority of doctors participate in the country's EPS system.

In Colombia, clinics, or points of care where patients are seen, are called IPS – *Institución proveedora de Salud*, or health providing institution, in English. Colombians with formal employment choose from a number of health plans, called EPS – *Entidad proveedora de Salud*, which serve as intermediaries. EPS plans may be private businesses, for example the insurance giant [Sura](#), or they may be government owned, like the city of Bogotá's [Capital Salud](#). Some EPS systems are poorly managed, corrupt and insolvent, others are very well managed. Doctors and IPS facilities can choose to accept one or more EPS plans, or accept none. Most accept multiple EPS providers. Some EPS providers are notoriously slow payers.

Colombians below a certain income level also qualify for [Sysben](#) subsidies designed to allow those of the lowest income levels to access the same health care benefits as the rest. Victims of auto accidents are also covered by mandatory [SOAT](#) insurance, which covers death, injury, lost wages, and physical therapy due to vehicular accidents.

Higher income Colombians may also pay cash for services, or purchase a private, prepaid medical plan that usually, but not always, sits atop an EPS plan. The government mandates that all employees and independent contractors participate in EPS. There is also a worker's compensation system called ARL that covers workplace accidents.

Doctors generally make a good living in Colombia, though the pay is not exorbitant. You might see [a typical doctor making](#) between the equivalent of \$40,000-\$60,000 USD which in Colombia is quite a bit. Specialists and aesthetic surgeons can make quite a bit more, with owners of successful practices pulling in several hundred thousand dollars per year, but this is the tiny exception. [In Cuba? \\$32 USD per month.](#)



Colombian President Gustavo Petro presents his proposal for reworking the Colombian health system (photo)

No health system is perfect. In the US, there is groundbreaking treatment, but heartbreaking prices. Canada and the UK claim to offer "free" health care, which of course is not free, but disguised through taxation, and patients often have to wait years suffering painful conditions before treatment. Treatment may also be rationed based on cost and staffing limitations.

In Colombia there are several inadequacies, but the biggest is an unequal availability of services based on geography. Bogotá, Medellín and Cali all boast world class hospitals, and many modern specialized treatment centers. MRI, CAT scans, even PET scans are available. Many foreigners come to Colombia for knee replacements, back surgery, and of course, cosmetic surgery. The cost of the entire procedure might be less than the co-pay

course, cosmetic surgery. The cost of the entire procedure might be less than the co-pay plus deductible in the patient's home country.

On the other hand, travel to rural regions of Colombia, or tertiary cities, and it is a different story. Not only is there a lack of facilities, but a lack of medical professionals, especially specialists. Add to this a high incidence of corruption in regional EPS providers and local governments. This stark inequality means that in the same country, one may receive world-class treatment, or practically no treatment at all based on a combination of one's income and geography.

Meanwhile, there is no shortage of medicines or durable medical supplies. Pharmacies are plentiful and well stocked, and most medicines are affordable. The government maintains a list of critical medicines and has measures in place to assure that these critical medicines are available and affordable.

Marquez has been explicit in her desire to destroy the concept of healthcare as a business in Colombia. But fortunately, it is unlikely that she will ever get the chance. Grocery stores and pharmacies in Colombia are full, and there are mobile phones in every pocket in Colombia, because they are provisioned by businesses. Overall, Colombia has an excellent electrical grid compared to many other Latin American countries, and much of the electricity is provided by private businesses. Even the utilities like [EPM](#) or [EEB](#) that have government involvement are indirectly owned and must follow corporate government best practices. For example, petroleum giant [Ecopetrol](#) is between 80-90% owned by the Colombian government, but because a minority of shares are traded on the New York Stock Exchange (NYSE: EC), the company must behave as a corporate citizen and cannot be treated by the Colombian government as a sinecure for friends and cronies. Voluntarily trading on the NYSE, the company, its employees and directors are subject to US securities law.

The good news

Leftist President Gustavo Petro, formerly a militant guerilla, would surely love to have an entirely government-controlled health system—an entirely government controlled economy if his wishes came true—but fortunately Colombia has enough institutionalism to prevent a Venezuela-style usurpation, or Cuban style “*revolución*,” though groups like the FARC and ELN did try.

Petro wants to get some kind of reform passed, and that still may be difficult. However, the president has pledged via the country's [official presidential website](#) that:

“Complementary plans, prepaid medicine or health policies will continue to function normally and will not be affected by the project.”

This is critical. And let us also be clear, one of President Petro's stated objectives to provide an equal basic level of care throughout the country **is a very good thing**. This is something the country currently lacks. People in Tumaco or Catatumbo do not have the same access to healthcare as people in the south of Cali or the north of Bogotá. However, increasing the **quantity** of health care throughout the country, should not come at the expense of the **quality** of health care.

Colombia is in fact a very unequal country, and this inequality should be addressed by creating more opportunities, providing better, more universal education, and yes, challenging the pretty awful class hierarchy that exists in Colombian society. However, Friedrich August Von Hayek admonished us all that:

Even the striving for equality by means of a directed economy can result only in an officially enforced inequality—an authoritarian determination of the status of each individual in the new hierarchical order.

Headline photo: vice President of Colombia, Francia Marquez Miria (left) with Cuban President Miguel Díaz Canel (Photo: Colombian Government) during her visit last week.

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About the Author

Loren Moss is the founder and publisher of Finance Colombia. He has over 20 years of international business experience, including over a decade of experience in securities, insurance, and commercial real estate, at the institutional and international level.



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