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“No es facil”. This phrase can be translated as “not easy” in English. This was a common saying about life in Cuba and it accurately described what I came to learn about the country. Cuba is a beautiful country with diverse people and a rich culture, but also a dual consciousness that most of the citizens must endure. Learning about the healthcare system helped to highlight some of the contradictions of the country.

I became interested in traveling to Cuba to learn more about the national health system because the country achieves very impressive health outcomes. In some areas, their results are better than the U.S., in maternal and fetal mortality rates, even though it is a relatively poor country with a very meager health budget, when compared to the U.S. Cuba claims that they are able to achieve these results because of their expansive public health network. I worked for the CDC for two years before beginning medical school and am very interested in finding the overlap between public health and medicine. When I begin my primary care work, I plan to serve on community and state healthcare boards, with the goal of improving policies and resources to benefit patient care. I hoped that the Cuban experience would provide me with insight into how to integrate prevention and medical treatment, with a small budget and limited resources, so that I can apply similar techniques in the communities that I will serve as a physician in the future.

During my time in Cuba, I met with public health professors, physicians and nurses at polyclinics, and medical students. Through these visits, I learned that Cuba conducts large health assessments with detailed surveys of all the residents in each community throughout the country. These assessments include home visits to document all the individual’s health problems, environment and social concerns that may impact a patient’s health. They also documented living conditions, support systems, and connected patients to necessary referral agencies. Each patient is then assigned a “tier” based on their level of acuity and this “tier” determined how many times a year the patient would be seen by the local family doctor. The local family doctor operates out of community clinics called Polyclinics. The physician has assigned clinic days and also conducts home visits using the public health assessment for patients, while also managing patient health issues and follows up on referrals. These patients can also see a specialist for any chronic conditions, by venturing to a higher level clinic (consultorio) or specialist hospital. This protocol has enabled Cuban doctors to identify at-risk patients and intervene early or tailor prevention programs and resources, to the patients who demonstrate the greatest need.

The many visits to polyclinics, the medical school, and Havana neighborhoods taught me that Cuba has 3 chief exports: tobacco, rum, and doctors. The third was very surprising to me as I found that Cuba educates more doctors than any other country in the world, many of them at ELAM the medical school in Havana. After graduating, these new doctors return to their communities in Cuba and international students go back to their countries of origin. Cuba also conducts hundreds of medical missions to other countries, including the U.S. after national disasters. But what’s in it for Cuba? And why educate foreign students when there is rarely

potable water for locals and most citizens are struggling to make ends meet each month? Cuban doctors and government officials continually referenced Fidel's vision to spread medical care to all Cuban citizens and the world. However, I discovered, through my own research and side conversations with American medical students and Cuban locals, that medical training and missions are Cuba's foreign policy as they instill goodwill in other nations, especially in regions that are developing and have important roles as potential allies. In addition, Cuba pays these doctors a Cuban wage, which amounts to pennies, when you consider what the government is being paid for providing these medical professionals and services to other countries and these payments benefit the Cuban economy immensely.

This again led to conversations about the contradictions within Cuban society. Nearly everyone we met was very kind and warm and expressed positive feelings about America, despite the longstanding trade embargo. They also had a reverence for Fidel Castro and socialism, which provides free education and healthcare, and wanted to spread Fidel's altruism to the world by way of medical care, in spite of the many difficulties of daily living within their own country, including a struggling economy, very low wages, and necessary rations and government subsidies to feed their families. Socialism did seem to provide a strong sense of equality, community, and connectedness between citizens and the concept of ownership of anything was somewhat foreign, as everything from food to homes could be bartered for or swapped for goods or services, instead of money. Cuban people have had to be very self-reliant due to the lack of trade or communication with other nations and their culture has been well preserved as a result. The love for salsa, good coffee, beauty, family, and the appreciation of their mixed African, Spanish, and Indigenous heritage are very widespread and palpable among Cubans. The pride that Cubans expressed for their nation, principles, and way of life was clearly a unifying factor.

I learned a great deal about Cuba during my short time in the country. I came away with a knowledge of the unique collectivism within their socialist society and how this culture more easily lends itself to universal healthcare. I observed the benefits and disadvantages of the Cuban universal healthcare system, including increased access to care but limitations to interventions and services provided due to cost. Some of the aspects of the Cuban healthcare system will not be transferable to the U.S. because our culture is so dissimilar. However, certain initiatives could conceivably thrive in America. For example, an expanded public health network that sends community health information to individual physicians who have patients within that specific geographic area would be immensely helpful. As the healthcare field and health policy in America continue to change, I believe it is crucial that we look to other models and to learn lessons about healthcare valuations and cost-effectiveness for the future of our profession and our country. Spending time in Cuba enlightened me about the culture, history, and realities of daily life as well as how to improve health outcomes with extremely limited resources. I greatly enjoyed my time in Cuba and am so thankful to have had the ability to travel to the country to learn more about the people, values, and national health system.