

# Snapshots

## Cuba: Land of contrasts

**Barriers of language, culture, and politics can easily divide people, but physicians worldwide often face similar challenges and share a commitment to finding new and better ways to confront them.**

Michael Markus, M.D., assistant professor of medicine, and Ashley Fernandes, M.D., Ph.D., assistant professor of pediatrics and community health, had an opportunity to appreciate this conundrum firsthand during an international conference in Cuba in late 2008.

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The conference, entitled “Medical Education for the 21st Century: Teaching for Health Care Equity,” took place in Havana from November 30 through December 3 and brought together nearly 350 participants from more than 25 countries on six continents.

“It was great to exchange ideas with people from around the world about how to teach,” Fernandes said.

He delivered a presentation on the first-year Social and Ethical Issues in Medicine course, which emphasizes interactive, experiential, and small group activities. Markus presented two papers, one on an online tool that allows students to ask questions and suggest changes anonymously, and another

describing an online library of virtual patient case studies.

All three presentations generated strong interest at the conference and reinforced Markus and Fernandes’ impression that the medical school is implementing some innovations that deserve notice.

### **Glimpses—and whispers—of a different world**

In addition to learning from their international colleagues, both physicians had a chance to visit sites around the city.

“I took advantage of every break in the conference,” Fernandes said. “I was out there on the streets, seeing Havana, and it was an amazing experience.”

Both were moved by the stark contrasts on display, between the island’s beauty and poverty, and between the hardships and restrictions imposed by the government and the resilience and optimism of the Cuban people.

“The buildings in Havana are beautiful,” Fernandes said, “but there’s no money to repair them, so they’re all basically falling apart. You have this 17th-century, 16th-century Spanish colonial architecture that’s held together with tin and bits of wood.”

“Everything is broken,” Markus said. “Everything needs painted, repaired... Poverty is really rampant.”

“I saw rationing lines that went around the block, like we had in the Great Depression,” Fernandes added. However, people would eagerly chat with him “in the cabs, in the marketplace, on the street. They would come up to me. They were just so friendly. They have hope.”

“The people were fairly vocal about being unhappy” with the government, Markus agreed, “but you were also aware that they were careful about who they were vocal around.”

At an outdoor artisan fair, Markus said, a Cuban man told them, “What do I care if they put me in jail, because the island is a



prison. I can't leave. I can't go anywhere. Somebody tells me what kind of work I'm going to do, or if I'm going to be able to work. And somebody tells me where to live."

While many people felt comfortable voicing critical opinions casually, Fernandes said, in terms of official communication, "There was a lot of propaganda, even within the medical conference. Cuban participants almost always had some slide with Fidel Castro's picture on it. Or public health students presenting would throw in a line like, 'This would not be possible were it not for the glorious leader Fidel.'"

### Struggle and success in an imperfect system

As for their direct counterparts, Markus said, most seemed torn between praising the Cuban health care system and admitting its shortcomings.

"I think they can have a great deal of pride. There are medical successes there," he said, including the availability of free health care for the entire population.

On the other hand, universal access to care doesn't imply that the care is high-quality or equitable. Markus was appalled by the conditions in some of the local clinics, and the limited scope of available care surprised him. For example, one "pharmacy" he was shown consisted of a single, small cabinet.

"It was like a '40s or '50s candy store cabinet," he said, "and there were about 10 drugs, and three or four bottles of each. But they're free."

Fernandes recalled one conversation in particular, when a successful Cuban physician in a more modern care center told his tour group, "The reason the Cuban health system is as good as it is, is because the American health system is as good as it is."

The fact that American texts, medical techniques, and research often reach Cuba is hardly a state secret. Even so, the physician's fellow Cubans, including an official from the health ministry who accompanied conference participants on all scheduled tours, were visibly startled by his candor.

"I know you're all shocked," the physician said, "but if something is good, let's just acknowledge it as being good. That's the only way we learn from each other."

"I was struck by that comment," Fernandes said. "He was willing to say that even though America causes his country hardship—that we do a lot of good things (for Cuba), and they can learn from that."

Fernandes tried to adopt a similar attitude while visiting a Cuban hospital and health clinics, and while attending presentations on medical education practices from around the world. He advocates for open-mindedness when considering ways to improve health care in the United States.

"We need to look at systems like Cuba's realistically, without idealizing" or condemning them, he said. "Let's be honest about what they're doing and the way they do it, but we can still look at the ideas and ask, 'Would this work?' Keep that in the dialogue." **VS**



Outside of the conference, Fernandes and Markus had the opportunity to tour parts of Havana, converse with residents, and take photos (shown here) in neighborhoods where crumbling colonial architecture mingles with Soviet-style industrial construction.

