

MEDICC:

Medical Education Cooperation with Cuba

An Interview with C. William Keck, M.D., M.P.H., F.A.C.P.M. and Gail Reed, M.S.

Medical Education Cooperation with Cuba (MEDICC) is a US not-for-profit organization founded in 1997 to promote collaboration between the US and Cuba around health issues. Since that time MEDICC has sponsored 998 US medical residents, medical students, nursing students and public health students to take electives in Cuba in order to study that country's health system. Unfortunately, this learning program was shut down in 2004 because of restrictions on the travel of US citizens to Cuba imposed by the Bush Administration. MEDICC, however, continues to build a very unique collaboration with Cuba. In December MEDICC's C. William Keck and Gail Reed answered our questions about the work of MEDICC and the US trade embargo.

Dr. C. William Keck is the editor-in-chief of MEDICC's journal, *MEDICC Review*¹ and has a distinguished career in medicine and public health. For many years he was Director of Public Health in Akron while serving as Professor and Associate Dean in the Department of Community Health Sciences at the Northeastern Ohio Universities College of Medicine in Rootstown (NEOUCOM). Gail Reed is a graduate of the Columbia University of School of Journalism and has worked in Cuba for many years. She is the International Director of MEDICC and, along with Connie Field, recently co-produced MEDICC's highly acclaimed film "Salud!" (www.saludthefilm.net).

Social Medicine: MEDICC is primarily known in the United States as an organization that sent US medical students to study in Cuba. Can you tell us a bit about this program and about the work of MEDICC today?

¹ <http://www.medicc.org/mediccreview/index.php>

C. William Keck and Gail Reed: When the Bush Administration tightened the provisions of the U.S. embargo against Cuba in 2004 we were no longer allowed to send U.S. health professions students to Cuba, but we were able to continue our other activities and add a few new ones. Our focus now is on enhancing cooperation among the U.S., Cuban and global health communities with a goal of bettering health outcomes around the world. MEDICC's current programs are quite diverse.

Through our backpack library program we provide *The Merck Manual* and (jointly with the Pan American Health Organization) PAHO's *Control of Communicable Diseases* to the graduates of the Latin American Medical School. These are young physicians from nearly 30 countries around the world. These books, and others provided by the school, are key references for new physicians returning to medical practice in some of the most remote regions of their countries.

We also provide current medical textbooks and journals. From basic sciences to 55 specialties, MEDICC has donated over 5,000 latest-edition textbooks to all 22 Cuban medical schools. A special textbook project was begun in 2006 which supports the nursing school in Dominica founded by Cuba. In addition, MEDICC provides the Cuban National Medical Library with subscriptions to 60 print journals, and in cooperation with the World Health Organization, 2,000 on line journals for professionals and students across the country.

MEDICC has provided support to several projects that have grown from the Latin American School of Medicine. We joined California labor unions and other U.S. non-governmental agencies (NGO's) in supporting the first hospital for Honduras' Garifuna indigenous communities. This opened in December 2007 and was a project of

Garifuna graduates returning to practice in their communities. We anticipate future involvement in other worthy projects.

We are particularly interested in the nearly 100 US minority and low-income students who are currently studying medicine in Cuba at the Latin American Medical School. Most are planning to practice in underserved communities in the U.S. after graduation. MEDICC is offering collaborative support to these students to facilitate their re-entry into the U.S. by providing assistance in preparation for the U.S. medical boards and matching with residency programs committed to the underserved.

Many foreign medical students training in Cuba are speakers of languages other than Spanish, the language of instruction. Re-entry into the traditional medical language of their home country requires conversion of medical Spanish to another language. MEDICC currently supports students from Haiti, South Africa and the U.S. in this effort by providing them with medical language CDs and texts in English or French. We hope to expand this pilot project to Cuban-trained medical students from other countries who that face similar obstacles.

We continue to publish *MEDICC Review* and *Cuba Health Report*. *MEDICC Review*, a quarterly professional journal, is the only English language periodical featuring peer-reviewed Cuban medical and public health research, plus articles on Cuban health programs, outcomes and international health cooperation. *Cuba Health Reports* is a new online service of *MEDICC Review*² that offers timely and reliable health and medical news from Cuba.

Finally, MEDICC works in three areas to facilitate information exchange between the U.S. and Cuba. We support U.S. health professionals undertaking field research in Cuba by providing them with background materials and guidance on research objectives, and by identifying opportunities for publication of their research findings. Our Faculty-Community Health Leadership Program promotes U.S. university-community partnerships that explore the relevance of the Cuban experience to confronting health issues that challenge their local communities. And we provide fellowships to Cuban

health professionals for study and conferences in the U.S.A.

Social Medicine: What do you think American medical students gained by their exposure to the Cuban medical system? Do you have any evidence that this experience impacted on their later practice in the US?

C. William Keck and Gail Reed: American medical students come from a country where the ‘health system’ is focused on disease and injury diagnosis and treatment, where public health is de-emphasized and where medical care is delivered as a commodity using a business model. Approximately one third of the population is limited in access or denied access based on cost, and population healthfulness ranks at the bottom of the scale for the industrialized world.

In Cuba they encounter a country with very limited resources that has nevertheless managed to move its population to a level of health status equivalent to that enjoyed by many countries in the developed world by melding the principles of medicine and public health into a single system. Services are provided largely without cost to the patient, and physicians are responsible for community health. It is a stirring example of what can be accomplished with comparatively little when the national focus is on designing systems and interventions to improve population health. Virtually every student returns to the U.S. thinking about what might be done in this country to emulate Cuba’s health outcomes.

We are making some effort to track the careers of MEDICC student elective alumni, but we have no hard data to share with you at this point. Students who chose to go to Cuba are “self-selected”, of course, and are likely to be more inclined to react positively to the experience than the average U.S. Medical student. We also suspect they are more likely to be inclined toward a future primary care practice. We do have anecdotal feedback, such as one student who told us, “Cuba helped me remember why I wanted to go to medical school in the first place.”

² (<http://www.medicc.org>)



Students very much enjoyed their interactions with Cuban students, health professionals and patients. They appreciated exposure to Cuban culture, music and art and liked the opportunity to see for themselves a country that receives so much bad press in the United States. Among the dislikes were the difficulties encountered when using overburdened public transportation, dealing with hot and humid weather in a country where air conditioning is not always available, food that was often basic and monotonous, limited access to the latest medical journals, communication difficulties if their facility with Spanish was limited and limitations on their ability to communicate with friends and family while in country.

Social Medicine: How do you think the Cuban medical system benefited from having U.S. students studying in Cuba?

C. William Keck and Gail Reed: The Cuban medical system and its professionals gave much more than they got in this experience. They appreciated the opportunity to explain the details of their system to people from the United States, and they enjoyed the challenge common to all teachers when interacting with intelligent and inquisitive students. In some cases, students were in a position to share some of the latest medical knowledge, particularly when the student was a resident in a specialty field in the U.S. The major benefit, however, was the opportunity to enjoy interaction with colleagues from a country that has

largely excluded itself from any communication with Cuba.

Social Medicine: Many readers of this journal may be unaware of the enormous restrictions placed by the U.S. government on work and travel in Cuba. Can you explain to us what those restrictions are and how they have impacted MEDICC's work?

C. William Keck and Gail Reed: The restrictions on travel imposed by the Bush Administration in 2004 require that students may study in Cuba only if their own university or college has obtained its own travel license from the U.S. Treasury Department of Foreign Assets Control (OFAC), and if their course in Cuba is for credit and lasts for a full term of at least 10 weeks duration.

Graduate students working to obtain a graduate degree can visit Cuba to do research. The specific license issued to universities authorizes graduate students to pursue "non-commercial academic research" in Cuba specifically related to Cuba and for credit toward their graduate degree without any limitation as to the duration of their trip to Cuba. Individuals are allowed to apply for specific licenses to engage in graduate research in Cuba and participation in formal courses of study at Cuban institutions if their U.S. colleges and universities are not licensed, but their study in Cuba must satisfy the same requirements that apply to the other categories.



Dr. C. William Keck

See <http://www.medicc.org> for FAQ's and updates on travel restrictions.

The major impact on MEDICC of these new restrictions is that we have had to halt our program offering 4, 6 and 8 week elective rotations in Cuba for U.S. medical students, residents, nursing students and public health students.

Social Medicine: Are there any current venues for U.S. medical students who want to study in Cuba? Is there anything that medical schools or U.S. professional associations can or should be doing to facilitate contacts with Cuba?

C. William Keck and Gail Reed: Unfortunately, venues for students to work and study in Cuba are currently quite limited. Nonetheless, there are things that can be done to improve connections with Cuba. The option open to everyone, of course, is to get involved in the political process to work for a lessening of travel restrictions, or, even better, to remove the embargo altogether. There may be new opportunities in this regard after next year's presidential election in this

country. Beyond that, those education institutions with an interest in Cuba should consider applying for an institutional license to allow their faculty and students to study and do research in Cuba. Professional associations should monitor Cuba's activities in health and celebrate its successes so that awareness of the contributions made by Cuba grows. We might also suggest that associations and institutions acquire a copy of the film, *!Salud!*, a documentary about the Cuban Health System to show to their members and students (see <http://www.saludthefilm.net>). It is a very effective way to stimulate interest and discussion of Cuba's role in global health. Of course, groups interested in doing research in Cuba should consider engaging in one of the Professional Bridges to Better Health described above.

Social Medicine: Global Health – as it is practiced in academia – often seems predicated on a model in which North Americans go overseas to “rescue” people who are in impossibly impoverished conditions. I imagine that in Cuba North Americans have as much to learn as they have to contribute. I wonder what your thoughts are about how North Americans should approach working overseas in health care.

C. William Keck and Gail Reed: The desire to help and the sense of commitment to helping others which are exhibited by the many U.S. health professionals who work abroad, often as volunteers, is refreshing and admirable. There is no question that suffering has been diminished and health improved in the many locations where North Americans have worked for either short or extended periods of time. That said, it is our sense that the greatest impact on health outcomes is reached when health professionals working overseas coordinate their activities with the health system of the country they are working in, whenever possible, or at least work with a group or agency that has a permanent presence in the country. Independent visits for comparatively short periods of time are much less likely to have an on-going effect on health outcomes.

It is also wise for those working abroad to travel with a commitment to learn, as well as to teach and/or provide services. The United States does not have “all the answers,” and many developing countries, Cuba included, have much to teach people from this country about the organization and delivery of health services, and how to cope with limited resources.

Social Medicine: Can you speak (briefly) about the role of Cuba in medical education in other countries – either foreign students studying in Cuba or Cubans studying/teaching abroad?

C. William Keck and Gail Reed: Cuba has an enormous investment in the training of foreign medical students, both in Cuba and abroad. The Latin American Medical School currently has about 10,000 foreign students enrolled, and there are an additional 20,000 foreign students studying medicine in Cuba under programs run by Cuba’s 21 other medical schools. In addition, Cuba manages or supports eleven medical and at least one nursing school operating in other countries. Cuba intends to train tens of thousands of additional physicians for underserved populations over the next decade.

We think it is important to note that the Cuban-trained physician is a ‘different kind of doctor’ than those trained in most other settings. The Cuban medical graduate is likely to come from a medically underserved community and put the patient’s need for care before their own personal and professional needs. They are as much a public health worker as a clinician, and are oriented toward improving community health status by doing a community health assessment, and emphasizing health promotion and disease prevention as key elements of primary care.

Social Medicine: Can you tell us more about MEDICC’s relationship to the North Americans studying at the Latin American Medical School in Havana?

C. William Keck and Gail Reed: MEDICC offers the Mnisi Fellowship to U.S. medical

students at ELAM—this helps defray the cost of standard preparatory courses for the USMLE (US Medical Licensing Exams), and the cost of the exams themselves. As we noted, these students come from low-income minority families, and hope to practice in communities similar to their own. We feel they have an extraordinary contribution to make there, and we hope our efforts will help smooth their path.

In addition to our efforts to help them succeed with the U.S. medical boards and to find residencies that focus on providing services for the medically underserved, we are also working through our Faculty Community Health Leadership Program to prepare communities to take advantage of the particular skills a physician trained in Cuba has. Communities where the medical community, public health community and non-governmental agencies work together are most likely to provide the synergy of efforts that can take advantage of a physician oriented to emphasizing health promotion, clinical preventive services, and primary care to underserved populations.

Social Medicine: If the blockade against Cuba were to end tomorrow, how would you see the relationship between Cuban and U.S. health professionals developing, and what would be MEDICC’s role?

C. William Keck and Gail Reed: We believe when the blockade ends, awareness of, and interest in the Cuban health system on the part of North Americans will grow substantially. Many will want to understand how Cuba has been able to accomplish so much with so little, and will be looking for clues about how our own system might be better organized. For their part, Cubans will be interested in learning more about high tech advances in diagnosis and treatment and how they might be applied in Cuba.

We anticipate that many health professions students will want to have elective rotations in Cuba and vice versa; that demand will also grow



Gail Reed, MS.

for exchanges between basic and medical scientists; that many groups based in the United States will wish to provide material support for Cuba's health service endeavors; and so on. MEDICC's role will be to work with others to broker and guide the movement of people, material resources and information between the two countries.

Social Medicine: How does MEDICC see the role of MEDICC Review?

C. William Keck and Gail Reed: The purpose of the journal is to share with others in both the global south and the global north the progress made in science and health services by Cubans. Cuban health professionals have been largely focused on "doing" things to improve health status, and very few have written about their processes and outcomes. The Cuban Ministry of Health, until recently, has not emphasized the need to publish, and many of the world's journals have shown little interest in publishing articles by scholars in developing countries, and Cuba in particular.

As a result, we find ourselves facing a steep publication/writing learning curve for Cuban authors and a secondary purpose – that of enhancing the quantity and quality of scientific articles authored by Cubans. Yet, the level of medical science and the results achieved in Cuba encourage us. And we are heartened by organizations such as the Pan American Health Organization, which has also encouraged Cuba to

publish its health strategies and outcomes in such programs as immunization, because of their international importance.

Social Medicine: How does MEDICC perceive current trends in medical education?

C. William Keck and Gail Reed: Current trends in medical education include efforts to better integrate the basic medical, clinical and community health sciences, and to improve the teaching of public health principles. This translates into direct student contact with patients and communities very early in the medical curriculum, usually within the first days or weeks of matriculation. In some parts of the world, medical schools have been established to improve the health of underserved populations, so health outcomes for defined populations becomes a central theme in the evaluation of the effectiveness of medical education. Cuba can be considered to be at the "point of the spear" of this trend, and provides strong examples of how these trends can be brought into the mainstream of medical education.

Corrected Version

The original published version of this article incorrectly identified Gail Reed as a graduate of the Emory School of Nursing.

This error was corrected on 2/11/2008.

