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Ronald F. Coburn, Editor
Lawren S. Bale, Webmaster

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A *QUARTERLY JOURNAL* that describes life in different Latin American countries and Haiti; these include human-interest pieces, political analysis, discussions of US relationships. We will emphasize pieces about indigenous peoples, labor and human rights. We will publish literary pieces. Many of our articles will be reprinted from other sources. WE WILL CONSIDER SUBMITTED MANUSCRIPTS.

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EDITOR'S NOTES

This is the 50th anniversary of the US embargo of Cuban imports.

EDITOR'S NOTES

This issue of our Quarterly Journal latinamericahaiti.com is almost entirely on Cuba; this is the 50th anniversary of the US embargo of Cuban imports. We emphasize mainly the medical care that Cuban citizens receive and their struggle to survive the embargo. This is a very controversial area (just look at web sites under Cuban medical care) and any positive comments are often refuted as propaganda. My article, "Is Medical Care and Training in Cuba a Disaster or a Miracle," tries to emphasize data obtained by the World Health Organization and comments from neutral organizations and people. I am particularly influenced by statements of Dr. Paul Farmer and Dr. Margaret Chan who have observed medical care in Cuba. We also include a paper written by a staff writer of Granma International, a Cuban newspaper. In this article I can feel the excitement of international medical students at the Latin American School of Medicine. We have introduced a new section of latinamericahaiti.com for "comments" and include a comment by Deena Stryker. We hope others will send us "comments." One non-Cuban-related article is published, the Democracy Now interview of Greg Grandin, "Colombia After Uribe." This interview is included because of the importance of the change in presidency in this country, because Colombia has such close ties to the US with a new US military base there, and because Colombia enjoys huge funding by the US government.

A report published in the journal *Science* has laid to rest much of the negative descriptions of medical care in Cuba.

IS MEDICAL CARE AND TRAINING IN CUBA A DISASTER OR A MIRACLE?

By Ronald F Coburn

Analyses of medical care in Cuba published in main-stream US media have often been critical, perhaps reflecting their political agendas. This persists 50 years after the revolution. A study - “Fifty years of US Embargo: Cuba’s Health Outcome and Lesson” by Paul K. Drain and Michelle Barry reported in the prestigious non-political journal *Science* (1) has, in my opinion, laid to rest much of the negative descriptions of medical care in Cuba. Other reports most useful in our research about Cuban medical care include: The American Association for World Health Report (2), an article written by a group of North American medical professionals who studied Cuban medical care (3), and “Cuba’s Cure” (4). Statements by Dr. Margaret Chan, Director General of the World Health Organization (WHO) and Dr. Paul Farmer, who organized Partners in Health, are included. The view that Cuba is using their medical system as a political tool is given in an article published in USA Today (5). Michael Moore’s movie *Sicko* was influential in pointing out the universal health coverage enjoyed by Cuban citizens. Who can forget the image of Moore rowing a boat near the Cuban shores!

The US trade embargo against Cuba, which started 50 years ago, prohibited trade in food, medicine and medical supplies and other commodities. It had little effect on

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After the demise of the Soviet Union in 1989, the embargo was devastating to the people of Cuba.

Cuba during the Cold War because Cuba received imports largely from the Soviet Union but also from other countries. Cuba was producing > 80% of its medication supply using raw chemical materials acquired from the Soviet Union and Europe. During those years, the life expectancy of Cubans increased 12.2 years. After the demise of the Soviet Union in 1989, the embargo was devastating to the people of Cuba. In 1992 the US Congress Torricelli Bill and the Cuban Democracy Act, and in 1996 the Helms-Burton Act, tightened the embargo by decreasing the number of foreign-based subsidiaries of US companies allowed to trade with Cuba. According to Drain and Barry (1), prior to 1992 Cuba annually imported $719M (US dollars) worth of mainly food and medical goods from US subsidiary companies. In the period 1992 to 1995, imports decreased to $0.3M/year. The ban on subsidiary trade also seriously constrained Cuba's ability to import medicine and medical supplies from countries in Asia, Africa and Europe. Recent corporate buyouts and mergers between major US and European pharmaceutical companies further reduced the number of companies permitted to do business with Cuba. In addition, licensing, via the US Treasury and Commerce Departments, of sales of medicines and medical supplies to Cuba for humanitarian reasons were restricted. The number of such licenses granted since 1992 was minuscule on the grounds that these exports would be detrimental to US foreign policy interests. The embargo prohibited

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There was a 48% increase in deaths from tuberculosis.

Caloric intake decreased 40%.

foreign ships from loading or unloading cargo in US ports for 180 days after delivery of a cargo to Cuba. Donations from US non-governmental organizations and international agencies did not begin to compensate for effects of the embargo. Delays in licensing and other restrictions severely discouraged charitable contributions from the US. Cuban physicians found it impossible to obtain life-saving medicines from any source. Also the embargo prevented importation of technologies required for safe surgery and other medical procedures, including anesthetic agents, monitoring devices and other equipment.

The embargo also restricted import of fertilizer and pesticides which initially adversely affected their farming crop yields.

The reduced import of food and decreased crop yields exerted serious consequences on the health of Cuban people. During the initial years after cessation of Soviet support the average caloric intake of Cuban citizens decreased 40% and their average weight loss was 20 to 40 pounds. This was temporary before the Cubans switched successfully to organic farming. After the restrictions on import of food, medicines and medical equipment, there was an increased incidence of diseases. Examples: a 48% increase in deaths from tuberculosis, and an epidemic of optic and peripheral neuropathies associated with malnutrition. Although the embargo on food

A senate report concluded that the embargo had failed to achieve its stated purpose.

imports was reduced after 2000 and the US became the top food importer in Cuba (6), import of medical goods continued to be banned. The embargo-induced health crisis was compounded by the country's generally weak economic resources. But as will be summarized below, a humanitarian catastrophe was averted because the Cuban government maintained a high level of support for a health care system designed to deliver primary and preventive health to all of its citizens.

A US Senate report prepared in 2009 (7) concluded that the unilateral embargo had failed to achieve its stated purpose. So far this report has had no effect on the embargo. The total cost of the embargo to US taxpayers has not been published. An American Association of World Health (AAWH) Report has summarized the impact of the US embargo on Cuban health and nutrition (2). This report also pointed out that other embargos in recent history, including those targeted to Iran, Libya, South Africa, Southern Rhodesia and Chile, did not include an outright ban on the sale of food, or so restricted medical commerce as to deny the availability of life-saving medicines to ordinary citizens. In the view of the Organization of American States and the United Nation, the embargo of Cuban imports violates the most basic international charters and conventions governing human rights. Human Rights Watch, a non-profit organization, stated: "The U.S. economic embargo on Cuba, in effect for more than four decades,

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The Cuban government spent 7.1% of their GDP, $355 per person, on health care.

continues to impose indiscriminate hardship on the Cuban people."

The *Science* article (1) emphasizes that, remarkably, despite the embargo Cuba has produced health outcomes comparable to those in the most developed countries. Cuba has the highest life expectancy in Latin American countries, 78.6 years, a life expectancy comparable to that found in the US. It has the second highest ratio of physicians to patients in the world. According to the WHO (2,8) Cuba has a maternal mortality of 59/10,000 and infant mortality of 7.0/1000. Of these, the low infant mortality rate is the most impressive - half that of the infant mortality rate in Washington DC. The WHO lists that in 2008 the Cuban government spent 7.1% of their total Gross Domestic Product (GDP), $355 per person, on Cuban health care (8). In this year the total monies spent on health care in the US corresponded to 15.3% of the US GPD, $6714 per person.

How is it possible for Cuba to get such good results in terms of life span and some other indices on a bare-bone budget? Drain and Barry suggest this is due to an emphasis on prevention of disease and primary care and universal coverage (1). Cuba created a system of community-based polyclinics (a Havana polyclinic is shown here) which provide

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Each citizen is provided with a complete physical examination each year.

primary-care, and laboratory and diagnostic testing for 25,000 to 30,000 people residing in a local area. These polyclinics stress education. There are also neighborhood-based family medicine clinics called consultorios. There are 20 to 40 consultorios for each polyclinic. Each citizen is provided a complete physical examination with laboratory tests each year.

Gail Reed

Claudia Lopez, an intern, with outpatients at 5 de Septiembre Polyclinic, Havana.

According to the WHO Cuba has some of the highest vaccination rates and percentages of births attended by skilled health workers in the world (8). There are larger regional and national specialty hospitals all “free” to patients, but paid for by their taxes. Cuba has emphasized country-wide public health programs including safe water and sewage control.

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The Cuban medical care system is not based on technology or profit.

However, the embargo stopped shipment of water treatment chemicals and spare-parts for the island's water-supply system which resulted in an increased morbidity and mortality rates from water-borne diseases. Even in the early 1960 shortly after their revolution, a public health approach rapidly and markedly decreased the incidences of communicable diseases, such as syphilis, malaria and tuberculosis, which were rampant prior to the revolution. More recently education and public health approaches resulted in an incidence of patients with AIDS 1/6th that found in the US. Obviously the Cuban medical care system is not based on technology or a profit- based system. Thus community health literacy, universal coverage, and accessibility of health services seem to be primary ingredients for a successful health care system. Previous analyses of the medical care in Cuba have not emphasized that universal education in Cuba resulted in > 90% literacy in their population and that a well educated population is a factor in health results.

It is not clear to me how Cuban physicians can safely perform complex diagnostic and surgical procedures without the technological aids used in developed countries. Web site blogs bemoan the difficulty that Cuban physicians have in obtaining anesthetic agents. Yet sophisticated surgery was and is being performed in Cuban hospitals. Since 2004 thousands of people with eye diseases have undergone surgical procedures in a

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Free eye operations for thousands of poor people from Latin America and other Caribbean countries.

program providing free operations for poor people from Latin America and from other

Caribbean countries. The photograph shows the eye operating room in a hospital in Havana.

More than 20,000 children from the Ukraine, Belarus and Russia were treated in Cuba for radiation sickness, a treatment that sometimes requires the highly technological procedure bone marrow transplant. There are articles on the web (not listed here) about cardiac surgical procedures being performed in Cuban hospitals. So far lacking, to my knowledge, are evaluations by a non-political organization of results of different procedures and medical treatments performed in Cuba, similar to evaluations which occur in developed countries. This should include mortality rates, infection rates and successful outcomes.

Soon after the revolution half of the country's approximately 6000 physicians emigrated. However, by 2005 Cuba had

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By 2005 Cuba had > 60,000 physicians, one for every 159 inhabitants.

60,594 physicians, 1 x 159 inhabitants, and a total of over 447,000 health workers including medical and dental personnel (information provided by the Cuban Government). Of course the training of large populations of health professionals is a big plus for their medical- and dental-care systems. The Cuban government lists multiple medical schools, but the most

famous of these is the Latin American School of Medicine (LASM), also called the Latin American School of Medical Sciences and its Spanish abbreviation ELAM. This school based in Havana was founded in 2001 and presently has about 10,000

Students are expected to make a commitment to work in underserved communities.

students, all enjoying free tuition, meals and housing and receiving stipends. The course consists of a three-month to one-year pre-medical bridging course, two years of basic science at either the Havana or Santiago campuses followed by four years of clinical rotations (9). The Havana facility and some of their students are shown on the previous page. For their clinical rotations students are sent to Cuban medical schools in all 14 provinces. 50% of the students were and are women. Students know they are expected to make a commitment to work in underserved communities upon graduation. This concept is reinforced by examples they see during their training. For me this is particularly poignant, since my examples during medical school in the US were all provided by specialists and I became a specialist. Like other parts of their medical care system, medical training is highly efficient and planned and the school is developing a reputation as a model for other countries that have limited funds for medical education and medical care. This school also includes dental and nursing curricula. I have not seen information on numbers of nursing or dental students or how they are trained.

After the revolution Cuba began to train foreign students. An emphasis on both training of non-Cuban students and providing medical care to other countries has become a hallmark of Cuban medicine and the evidence that this effort is not just propaganda is overwhelming. Dr. Francisco

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Hundreds of international students graduated from Cuban medical schools.

Durán, Director of Higher Medical Education in Cuba's Ministry of Public Health stated: "The idea of international assistance in health was part of our activity, part of our principles from the beginning." From 1966 through 2004 hundreds of international students graduated from Cuban medical schools. Now each year 500 tuition-, meal- and housing- free LASM scholarships are offered to international students. Students from 29 countries, including the US, have attended the LASM representing 101 ethnic groups. The training of international students continues to escalate, responding to the lack of numbers of trained physicians in Latin American and African countries, using a curriculum that is appropriate for medical care in third world countries. In 2005 President Fidel Castro announced that the country would join with Venezuela to train 100,000 physicians for developing countries over the next 15 years, including 60,000 new scholarships for Venezuela. Cuban medical educators have also been active in founding another eight schools of medicine in Africa, Latin America and the Caribbean and the University Without Walls in Venezuela.

Another article in this issue of the Quarterly Journal, "The First Multinational Crop of Doctors," gives stories about some of the Cuban students that were entering the LASM in 2004, and the promise and excitement of this program. Also republished is a speech by Dr. Margaret Chan, Director-General of the World Health Organization, which was given at the LASM.

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Cuba's international outreach also includes sending physicians to other countries where they are needed.

These articles give a different perspective on various aspects of this school.

Cuba's international medical outreach also includes sending Cuban physicians to other countries where they are needed. This is a major endeavor. By 2009 approximately 29,000 health workers were living and practicing medicine in 69 different countries. Cuba entered in agreement with United Nation agencies to provide physicians to different countries in crisis. When an earthquake struck Pakistan, 2300 Cuban Physicians came to help, bringing 3 field hospitals to remote, frigid regions of the Himalayas. Haiti has recruited hundreds of Cuban doctors to staff their clinics and following the earthquake last year, many Cuban doctors provided aid to Haitians. The photograph shows Cuban doctors working in Haiti.

Cuba's medical internationalism is recognized in ALBA, the new trade agreement among Venezuela, Bolivia, Nicaragua and Cuba, which is an alternative to the Free Trade Area of the America. This agreement puts human needs ahead of economic growth.

CUBA

"For me to admire Cuban medicine is a given."

Paul Farmer

Finally - I quote Tracy Kidder from his book "Mountains Beyond Mountains" (10) about Dr. Paul Farmer's view of Cuban medicine. Paul Farmer, of course, is the guru on how to develop medical care and public health systems in third world countries, based on his work in Haiti and around the world. "For me to admire Cuban medicine is a given," Farmer said. He was quoted by Kidder as saying Cuba was a poor country, and made that way at least in part by the United States' long embargo. Yet when the Soviet Union had dissolved and Cuba had lost both its patron and most of its foreign trade, the regime had listened to the warnings of its epidemiologists and had actually increased expenditures on public health. By American standards Cuban doctors lacked equipment, and even by Cuban standards they were poorly paid, but they were generally well-trained, and Cuba had more of them per capita than any other country in the world, more than twice as many as the United States. Everyone, it appeared, had access to their services, and to procedures like open heart surgery. Indeed, according to a study by WHO, Cuba had the world's most equitably distributed medicine. Moreover, Cuba seemed to have mostly abandoned its campaign to change the world by exporting troops. Now they were sending doctors instead, to dozens of poor countries. About five hundred Cuban doctors worked gratis in Haiti now-not very effectively, because they lacked equipment, but even as a gesture it meant a lot to Farmer. One time he got in an argument about Cuba with some friends of his, fellow

A fair, efficient and competent medical care system is a key answer to managing poverty.

Harvard Professors, who said that the Scandinavian countries offered the best examples of how to provide both excellent public health and political freedom. Farmer said they were talking about managing wealth. He was talking about managing poverty. Haiti was a bad example of how to do that. Cuba was a good one.

In my opinion, Farmer has it right. A fair, efficient and competent medical care and public health system is a key answer to managing poverty. He might have added, also a fair and universal education system. Are there other lessons for the US to learn from analysis of medical care in Cuba? In the United States we seems to be going in the opposite direction, more based on profit and technology and less on primary care, easy access to medical care, efficient organization or efficient funding. Although there is a need for additional studies of the successes and failures of the medical care system in Cuba, clearly medical care in Cuba is not a disaster and some would see it as a miracle for Cuban citizens.

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CUBA

THE FIRST MULTINATIONAL CROP OF DOCTORS

By Marelys Valencia

They came from the forgotten communities of America who maintain their traditions with dignity in the mountains and tropical forests, on the banks of rivers and in small towns and villages. Always attached to family, the land, the prodigious corn, neighborhood friends, they barely grasped the distance, the homesickness, and

At the current time there are 8,447 young people studying on the five-year degree course.

equally how far away Cuba was for them.

In early 1999, the conditions were created for the start of a new project in Havana. The campus of the former naval school became the Latin American School of Medicine with 1,993 students from 18 nations, representing almost the entire continent. The first to arrive came from the Central American region devastated by recent hurricanes. At the current time, there are 8,447 young people studying on the five-year degree course. Those in the third to fifth years are found in the 21 medicine faculties throughout the country, and linked to hospitals in the provinces where they are located.

Some of them spoke with **Granma International** about the experiences that have changed their lives. In August 2005, they will return to their countries as doctors. The first graduates will number around 1,380 from 19 different countries, including one U.S. citizen, and represent the first crop from the Latin American School.

THE BEST THING THAT COULD HAVE HAPPENED TO US

At 18 years of age, Ledesma Liset Arita was one of the first students. She left a tiny village in Santa Barbara province in Honduras where a river of thermal waters flows from the mountainside, and is the pride of the local population.

She had never been separated from her parents before but says that she came here determined to study for her degree. “Cuba is famous for the quality of its teaching; I couldn’t let homesickness overwhelm me.”

After five years of study, Brenda Barranaga and Ledesma Liset Arita from Hondurus believe that the recognition Cuba has earned for its medical training is well deserved.

Just like the rest of the 5th year Honduran students, since the third year of the course she has been located at the faculty within the Calixto García Training Hospital in Vedado. Here they receive classes, tour the wards with the doctors, and do shifts at the emergency room with hospital staff.

“The teaching methods are very good; they encourage students to study more through frequent evaluations, seminars, tests and workshops. Another thing that has impressed me, because I’ve felt it throughout the course, is the attention you receive from the teachers, the desire they have to teach.”

Beyond the teaching methods, the development of these young people also extends to their personalities. “We have learned to live alongside people from other cultures, to understand them, to be more

“Cuba is famous for the quality of its teaching.”

We have learned to live alongside people from other cultures.

independent and responsible," comments Ledesma Liset.

Tomás Bardales sums up his five years as "a wonderful period". "They have helped us to grow as people; we are at an age when we are starting to form our own ideals, our personalities and for this reason I believe that the best thing that could have happened to us as students is to have come to Cuba, one of the most prestigious countries in terms of medicine in America and the world."

The largest delegations – from Honduras and Guatemala – after Nicaragua, were located in various faculties in training hospitals in the capital, from the third year onward. The rest are placed throughout the island.

Around 200 Guatemalans have reached the fifth year, including 24-year-old Guillermo Barrios. Leaving Cuba will once again test his emotional fortitude. "It's not going to be the same when we go back: the

lives of the friends we had before will have changed; they'll have got married and be working. Of course, our stay here has helped us to see life from another point of view, and I hope that we can better place ourselves in our societies. I'm really going to miss not just one, but many families who have supported me during this time, also the friends I've made, the society, the way people are, their friendliness and hospitality."

For both him and Tomás, their gratitude is infinite. "They have given us what no other country has: somewhere to live, food to eat, books, classes, everything."

"They have given us what no other country has."

In Cienfuegos, some 200 kilometers from Havana, Chilean Magdalena Brito thinks the same. She has made lots of friends and, from the third year of the course, has acquired experience from the practical placement and specialists in the city's two main hospitals. Although Magdalena feels somewhat saddened when the moment comes to talk about her departure next year, her conviction will instill a sense of hope inside her when she returns to her village in Chile's cold and forgotten southern region. She tells us that she will be one of the few doctors available for her people.

AN INVESTMENT IN HUMAN CAPITAL

Juan Carrizo has a long medical and teaching career behind him – some 30 years – five of which have been spent at the Latin American School of Medicine, a place

"where it's not just the students who have increased their knowledge."

Referring to the students set to graduate within the next 12 months, the dean affirms that: "If they have grown, then we have grown alongside them because this is an institution in which one can learn about human beings, of experiences – sometimes unimaginable – that are occurring in the world where these young people come from. Although you might have read things, or listened, it's not the same when you learn to feel those experiences together with the students, to understand the experiences and problems they face in their countries of origin. Sometimes their behavior at a given moment reflects the burdens of their lives, their education or absence of training."

"They have had an appropriate preparation; one that has seen them grow in terms of the profession's human and ethical values, with a spirit of solidarity, because they are trained within the doctrine of our own doctors, and when they finish their studies, they are going to fulfill the aims of this program. The vast majority of them have a tremendous commitment to helping their communities, to going back to their places of origin," adds Carrizo.

"The vast majority of them have a tremendous commitment to helping their communities."

He commented that with respect to recognizing the qualifications, progress has been made with certain Latin American universities in terms of bilateral and governmental agreements, principally with

“This program devotes more time to actual practice, to being closer to the patient..”

Venezuela, Ecuador, Bolivia, Guatemala and Honduras.

“It’s a subject that should interest all governments because it represents a mass of well-prepared young people, a human resource that will provide much-needed transformations in the field of health care. It is an investment in human capital, donated by our country.”

THOSE WHO ARE BEGINNING

Nelson Aícaíre is Uruguayan. He is always seen with the small flask and metal straw for the *mate* he has drunk since he was 12 years old. He’s now 23. He studied medicine in his country but was unable to continue because of economic difficulties. He found out about the scholarship through the Uruguayan University Students Union and, fulfilling the required requisites, he is now in the second year at the Latin American School.

“The academic level of the program is excellent. Comparing it to medical programs in other places, this one devotes more time to actual practice, to being closer to the patient and focuses not just on the biomedical side but also on the social part. In the first year, we spent five weeks on Integral General Medicine in clinics, where we learnt basic nursing methods and interviews, and now we are on the introduction to Clinical Medicine, where we’re learning how to give patients physical examinations,” he told me.

“What do you think you’ll do when you graduate?” I asked.

“I grew up in an orphanage. I want to work for the children that live in those places, because I know that the medical attention they receive is not the best. After that, I’d like to help the people who live on the outskirts of Montevideo, we’re talking about people who only eat every other day, the poorest areas.”

According to Nelson, the public health care that exists is suffering a total decline. These people could never ever pay for private healthcare. The costs are around $200-300 a month plus the price of medicines.

Sartoma Sefa-Boakye is of African origin. Her parents left Ghana more than 30 years ago for the United States, where she was born. At the university in Los Angeles, California, she studied the pre-medical course but it was difficult to continue. “In order to study medicine, you have to pay between $25-30,000 per year,” she explained.

Sartoma came here two years ago. Her father had read an article about the school in **The Los Angeles Times** when former president Jimmy Carter toured the faculty during his stay in Cuba. After that, Sartoma got in touch with the Reverend Lucius Walker, head of the Pastors for Peace organization, who runs the committee that selects potential U.S. scholarship students for ELAM.

"Here, there's a lot more emphasis on practice in the teaching program. You feel a lot more support. The professors have a lot more clinical knowledge because they know how to diagnose without the use of equipment and instruments. In countries such as the United States, the specialists are more dependent on computer systems to provide a diagnosis."

"Professors have a lot more clinical knowledge because they know how to diagnose without the use of equipment and instruments."

The young woman explains that 80% of the inhabitants in her neighborhood in the city of Los Angeles don't have medical insurance. Sartoma will be there for them when she returns.

As all the students say, ELAM has become the center of their lives. For Joel José Caraballo from Sucre state in Venezuela, medicine was his preferred choice of career. His family lives in a rural community where the majority of people are from indigenous backgrounds (*guaraos* and *cariñas*, that is to say, mixed race communities). He explained that there are no doctors there and those that are closest charge the population an arm and a leg.

Joel believes that “the ELAM project is extremely important for the situation in Latin America at this time. It is contributing a tremendous solution to the lack of doctors and poor health in the region.”

PERSONALIZED ATTENTION

Mayra Sánchez Martín is a professor of embryology and founder of the school. “This is a new and unique experience. You can have students from up to 22 countries altogether in one classroom.”

“Those who have difficulties, with either adaptation or learning, receive personal attention from the department’s psychology teachers for student orientation and development,” explained Wally Parraño, methodologist, professor and medical psychology consultant.

Tito Díaz Bravo, doctor of technical science and professor of Biostatistics and Informatics. “The most interesting thing is working within the social composition, the heterogeneity of the groups. Some are already appropriately prepared, other less so. Many need emotional help to come to terms with the fact they are so far from home. But the difficulties are resolved. Being here allows us to have the satisfaction of directing the training that they have to go through in the early years to adapt to their new environment.”

CUBA

REMARKS AT THE LATIN AMERICAN SCHOOL OF MEDICINE MADE IN 2009.

By Dr Margaret Chan, Director-General of the World Health Organization

Honourable ministers, medical students, present and future colleagues in public health, ladies and gentlemen.

It is a fascinating experience for me, as the head of an international agency, to come to the island of Cuba to address a truly international audience. I understand that Cuba's Latin American School of Medicine has students from around 30 different nations.

You are receiving a privileged medical education because you come from underprivileged backgrounds and are personally committed to serving underprivileged communities.

"You are receiving a privileged medical education because you are personally committed to serving underprivi-leged communities."

CUBA

I know of no other medical school that offers students so much, at no charge. I know of no other medical school with an admissions policy that gives first priority to candidates who come from poor communities and know, first-hand, what it means to live without access to essential medical care.

For once, if you are poor, female, or from an indigenous population you have a distinct advantage. This is an institutional ethic that makes this medical school unique.

You are also privileged because the curriculum and methods of problem-based, hands-on learning are uniquely equipping you to meet the real challenges of medical practice in the 21st century. The greatest challenge today is not keeping up with the latest techniques using the latest high-tech equipment and procedures. Instead, the greatest challenge is to get essential care to the underserved.

“Fairness in health matters in life and death ways.”

Fairness in health care matters, in life-and-death ways. No one should be denied access to life-saving interventions for unfair reasons, including those with economic or social causes.

And yet the inverse care law, first put forward in 1971, still prevails. The availability of good medical care tends to vary inversely with the need for it in the population served. In other words, the best care goes to the people whose health is already good. We know this is true. With

your backgrounds, you have probably seen this nearly every day.

You are a large group of students in a large medical school. But this school is not just turning out thousands of graduates to meet the critical shortage of health care workers, though this is important. Instead, you are being trained to correct an imbalance in the way medical care is distributed. You are being trained to return the practice of medicine to the basic values of people-centred, compassionate care, guided by need, and not by the patient's ability to pay.

"You are being trained to correct an inbalance in the way medical care is distributed."

You are being trained in family medicine to deliver primary health care. In many parts of the world, these are disciplines of medicine that have begun to disappear. As a recent editorial in the New England Journal of Medicine noted, primary health care brings huge personal rewards, but less financial gain than work in a specialized branch of medicine.

You are being trained to spot community-wide threats to health linked to living or working conditions, or lifestyles and behaviours, or what people eat, drink, or think. You are being trained to engage with members of the communities you serve, and not just be doctors in white jackets waiting for the problems to show up, preferably by appointment, in your offices.

You will complete your studies well-versed in preventive medicine, equipped with a range of life-saving clinical skills, and able

to provide high-quality care in resource-poor settings.

In short, you are being trained in the skills needed to help the underprivileged enjoy good health as a basic human right. You are being trained to serve as a permanent resource for health, and not just part of an emergency team that comes in when disaster strikes.

Ladies and gentlemen, Primary health care is the right way forward, and not just for poor and underprivileged communities. Last year's report of the Commission on Social Determinants of Health concluded that health systems organized to achieve universal coverage do the most to improve health outcomes.

"Health systems organized to achieve universal coverage do the most to improve health outcomes."

The Commission endorsed primary health care as a model for a system that deliberately aims for equity, but also acts on the underlying social, economic, and political causes of ill health.

The WHO is currently leading a drive to renew the values, principles, and approaches of primary health care. Cuba has long been a centre of excellence for primary health care. Cuba provides solid evidence that factors other than national wealth can produce health outcomes that rival that in the richest nations.

When you begin to practice the many skills you have learned, I have two pieces of advice. First, remain true to the principles and values of your training, that is, the principles and values of primary health

“We have failed to give the systems that govern international relations a moral dimension.”

care. Second, pay attention to what is happening at the international level.

More and more, health the world over is being shaped by the same powerful global forces. As the economists tell us, the financial crisis has had such a far-reaching impact because it comes at a time of radically increased interdependence among nations. This interdependence also affects health. Too often, health pays the price for bad policies made in other sectors.

Collectively, we have failed to give the systems that govern international relations a moral dimension. The values and concerns of society rarely shape the way these international systems operate. If businesses, like the pharmaceutical industry, are driven by the need to make a profit, how can we expect them to invest in R&D for diseases of the poor, who have no purchasing power?

The international systems that govern economies, financial markets, international trade, and foreign policy rarely make equity an explicit policy goal. In a sense the Millennium Development Goals are a corrective strategy. They aim to compensate for policies and systems that create benefits, but have no rules that guarantee the fair distribution of these benefits.

Too many models for development assumed that living conditions and health status would somehow automatically improve as countries modernized, liberalized their trade, and experienced rapid economic

growth. This did not happen. Instead, differences, within and between countries, in income levels, in opportunities, and in health status, are greater today than at any time in recent history.

Around the world, nearly 1 billion people live on the margins of survival. It does not take much to push them over the brink.

More and more, the crises delivered by our imperfect world are global in their impact, though the consequences are profoundly unfair. Developing countries have the greatest vulnerability and the least resilience. They are hardest hit and take the longest to recover.

“In my view, the net result of all our international policies should be to improve the quality of life for as many people as possible.”

In my view, the net result of all our international polices should be to improve the quality of life for as many of the world’s people as possible. Greater equity in the health status of populations, within and among countries, should be regarded as a key measure of how we, as a civilised society, are making progress.

Needless to say, I am honoured to address you, as an international group of very privileged medical students. You are being trained, with noble motives, for a noble vocation, returning to your disadvantaged origins with numerous advantages, as you work for better health.

Cuba’s investment in your training is a statement of commitment to greater equity in health, and this, too, earns my full respect.

IRANIA MARTINEZ GARCIA: HERO OF THE PLANET

By Sandra Dunn

Cuba today is in many ways an ecological wonder. The U.S. embargo and the political and economic conditions created have resulted in perhaps the only island in the Caribbean (if not the world) that has not been highly developed. The emphasis has been on social, medical and educational programs. Thus, in many ways, the Cuban countryside and mountains are much as they were 50 years ago. Today there appears to be a strong commitment to preserving and protecting the environment as the possibility of increased commerce and tourism looms. National parks and bio reserves have been established with an incredible variety of flora and fauna, some found only on the island.

"Cuba today is in many ways an ecological wonder."

However, as in all urban areas, there is the refuse of human activity and in Guantánamo City a visionary woman working with her community faced this problem.

Irania Martínez García is an extraordinary woman. Eight years ago she looked at her city's sprawling urban dump and saw acres of rotting city trash and a miasma

CUBA

The center focuses on educating children about conservation and caring for the environment.

of noxious fumes permeating the neighborhood. As a worker in the agricultural sector, she organized her neighbors to clean up the dump. The work began as a painstaking, manual effort.

This once toxic dump has been transformed into a virtual Garden of Eden. City trash is still delivered and processed daily. But now, where there were acres of trash, there are now trees, plants, nurseries and an educational center. Everything possible is recycled: bones from animals as borders; plastic food containers hold seedlings taken from trash; organic matter is converted into compost; plastic bottles are watering systems. The Center has become a model for change for other towns and focuses on educating children about conservation and caring for the environment.

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In 2008 Irania won the CNN Hero of the Plant award.

Walking through the site today is like taking a walk in a very interesting park. The paths are lined with signs reminding all to take care of our planet...everything is made from recycled materials taken from the trash.

In 2008 Irania won the CNN Hero of the Planet award. It is unfortunate that she was not permitted to come to the US for the award ceremony nor receive the $10,000 prize. Her work is a model for the world.

COLOMBIA

LATIN AMERICAN HISTORIAN GREG GRANDIN ON COLOMBIA AFTER URIBE - AN INTERVIEW WITH AMY GOODMAN ON DEMOCRACY NOW AUGUST 10, 2010

AMY GOODMAN: I'm joined here in New York by Latin American historian Greg Grandin, professor of history at New York University, author of *Empire's Workshop*.

AMY GOODMAN: Greg, the significance of the former defense minister, now president of Colombia,

Santos, saying he wanted to improve relations with, well, Venezuela, also Ecuador?

GREG GRANDIN: Yeah, well, I think that he's caught between a rock and a hard place between pressures from within Colombia that have mitigated against establishing good relations with Venezuela. I mean, if we step back and we look at the beginning of this conflict back in 2007, 2008, Chávez actually had good relationships with Uribe. He had offered to mediate, and he was mediating the release of hostages held by the FARC. There was incredible pressure placed on Uribe within Colombia by the military, by the oligarchy, and by the United States, not to allow that to go forward, not to kind of showcase Venezuela's role as a mediator. And he broke relationships with Venezuela, and Venezuela was kind of left hanging out there. And that's where all the accusations came from, over exaggerated intelligence reports or falsified intelligence reports about Venezuela's relationship with the FARC, and relations deteriorated. And these are both pragmatic men, Santos and Chávez, in their own way, and I think that they have a lot invested in trying to reestablish good relations. We'll see how long it lasts.

"There was incredible pressure placed on Uribe within Colombia by the military and by the US, not to showcase Venezuela's role as a mediator."

AMY GOODMAN: What would you say is the legacy of Uribe, and if you do hold out hope for Santos?

GREG GRANDIN: Well, that's the question. Uribe's legacy is basically four things. One

“There has been a massive land grab under Uribe.”

is massive civilian deaths—14,000, 15,000 civilians killed during the war, thousands killed under this false positive in which—practice, in which the military would dress up civilians as guerrillas in order to raise the body count in terms of how many guerrillas were killed. They just found a mass grave of 2,000. There’s massive internal displacement. Colombia has the highest internally displaced population in the world, over two million. It’s an enormous tragedy. But more important, more structurally, is, Uribe presided over what could be understood as the kind of normalization of paramilitary politics, in which paramilitaries weren’t so much vanquished as they went legit. They took over local municipal governments. They moved into particularly biofuel production. There’s been a massive land grab under Uribe. Ten million acres of land, half of the arable land in Colombia, is now seized paramilitary land. That’s not going to change.

This is the kind of legacy that Uribe has left to Santos. And Santos, the question is if he’s going to continue it or if he’s going to try to change it. The big challenge for Santos is that the Uribe model is unraveling. People hold up Uribe as a model, or the Plan Colombia as a model, of success, for having brought down the FARC, having brought down violence in key urban cities, like Bogatá and Medellín. Over the last year, year and a half, that’s been unraveling. There’s more FARC activity. Crime in Medellín has gotten—homicide

rate in Medellín has skyrocketed. And the hope that—or the attempt to normalize paramilitary politics by bringing them into government on the local level, that's also unraveling. There's factions within paramilitaries. They work with what's called "mini-paramilitaries" that are spinning off, that are now fighting with each other over spoils. And Santos, this is the kind of mess that Santos has inherited, when, outside, politically, it has a reputation as being a success, but internally, there's a lot of strains.

AMY GOODMAN: Can you talk about the Colombian-Israeli relationship? This is very interesting, because now, well, the former president, Uribe, is one of those heading up the UN investigation of the Israeli commando attack on the Gaza aid flotilla.

GREG GRANDIN: Yeah, there's a kind of beautiful symmetry to this. I mean, one wouldn't imagine somebody from the Likud being put on some truth commission in Colombia. There is this kind of structural similarity between Colombia and Israel in terms of US foreign policy, where the US is—the relationship with both countries. And in regions that are increasingly antagonistic or antagonistic, the US is recently banking its authority on a highly militarized power that basically makes endless war—Israel in the Middle East, Colombia in the Andes. The US encourages a kind of reckless preemptive doctrine that excuses all sorts of military action in Colombia. There was the raid into Ecuador.

"The US is recently banking its authority on a highly militarized power that basically makes endless war."

"Theres a big push by the White House for the free trade agreement with Colombia."

Recently it's been its accusations against Venezuela, the US alone in the Americas has supported and encouraged. I think, if you step back and you look at Israel's role in Colombia over the last couple of years, it's been a large supplier of aid, large supplier of military technology. This is nothing new. Israel in Central America in the 1980s, particularly in Guatemala, was a large—was an important supplier, stepping in when Carter, when Jimmy Carter cut off aid to Guatemala, for instance. Israel stepped in and set up an assault weapons factory in Guatemala, supplied intelligence technology and training to Guatemala. It's a long history of Israel supporting some of the worst elements in Latin America.

AMY GOODMAN: Final question, President Obama opposed publicly, in the last presidential debate before he became president, a unilateral agreement between—or the bilateral agreement between US and Colombia, said union trade unionists were being killed in Colombia. We have ten seconds. Yet he now he supports it.

GREG GRANDIN: He supports it. Hillary Clinton supports it. Ron Kirk supports it. There's a big push among—by the White House for the free trade agreement with Colombia, and there's a big public relations push by Colombia for a free trade agreement. And I'm sure some of this, some of the good language and conciliatory language coming out from Santos, is part of this public relations campaign.

COMMENT: CUBA AND HAITI TODAY

By Deena Stryker

It's been hard to listen to Dr Sanjay Gupta reporting on CNN about the terrible medical conditions that continue to prevail in Haiti six months after the earthquake that devastated the capital and much of the countryside.

"..the terrible conditions that continue to prevail in Haiti six months after the earthquake."

It's been even harder for former President Bill Clinton to answer Anderson Cooper's questions about why the aid money he raised hasn't been forthcoming, and why, when goods arrive in Haiti, customs officials take a cut. The once buoyant Clinton, who could make anything look good, has been at a loss as to why the debris from the earthquake still blocks the streets of Port au Prince, hindering deliveries of vital necessities - when they arrive.

How ironic that in contrast to the miserable reality of Cuba's closest neighbor, one should come cross a website offering advice and information on "Cuba - The Sleeping Giant of the Caribbean", promoting an e-letter that explores "living, traveling and investing in Cuba and other exciting destinations around the world". If Haiti is an example of the results of a Western investment regime, I suspect these advertisers are not to be taken

seriously.

When Cubans look across the Windward Passage that separates Oriente Province from Haiti, they must consider themselves blessed, to have the problems they have, and not those of their neighbor, “blessed” with the “investments” of the international community, via Bill Clinton (or George W. Bush, whom the camera caught wiping his hand on Clinton’s shoulder after shaking the hand of a Haitian victim).

In America, as the Tea Party becomes louder and louder, clamoring now for repeal of the 14th amendment that guarantees citizenship to all who are born here, the instigator of the Cuban Revolution, Fidel Castro, has lost nothing of his sense of international solidarity. At age 84, he has come out of retirement to caution President Obama against attacking Iran.

Speaking to the Cuban National Assembly, one of the protagonists of the Cuban missile crisis of 1962 (the other two being Nikita Khruschev and President John F. Kennedy), spelled out briefly, but with terrible clarity what such an attack would mean: millions would be killed, not only Iranians, and their neighbors, the sailors in the straits of Hormuz

and in the waterway nearest Iran's nuclear installations, the Caspian Sea, but also, Americans in the homeland. In 1962, Castro and Khruschev backed down and the Soviet missiles were removed from Cuba. Notwithstanding the absence of defensive missiles, the Cuba revolution survived for over fifty years.

Now, the man who had headed Cuba through eleven American presidencies is telling the latest president to pull the reins on his protege as Khruschev did with him: do not allow Israel to attack Iran; do not attack Iran at Israel's insistence.

In eleven short minutes, Castro cut to the chase: nuclear war is not the answer to the world's problems: The financial system is collapsing. New forms of distribution of goods and services, education and social relations are emerging spontaneously. Should there be all-out war, it will be more difficult for a new society to emerge.

We can regulate population, we can preserve non-renewable resources, we can avoid a climate crisis, guarantee work for all, cure the sick help the handicapped, preserve human knowledge and culture. But not if there is nuclear war.

Our Authors:

Dr. Margaret Chan - *Remarks at the Latin American School of Medicine.* Dr. Chan is Director General of the World Health Organization

Ronald F Coburn - *Is Medical Care and Training in Cuba a Disaster or a Miracle?* Dr. Coburn is a physician who is on the faculty of the University of Pennsylvania School of Medicine. He is editor of latinamericahaiti.com and Coordinator of Amnesty International in Philadelphia. He resides in Philadelphia, Pennsylvania, USA

Sandra Dunn – *Irania Martinez Garcia: Hero of the Planet.* Ms. Dunn speaks of her *experience* of serving as a volunteer interpreter for a humanitarian aid organization that has worked in eastern Cuba for over 10 years. She resides in Philadelphia, Pennsylvania, USA.

Greg Grandin - *Colombia After Uribe - An Interview With Amy Goodman*. Greg Grandin is Professor of History at New York University and author of *Empire's Workshop: Latin America, the United States*, and *The Rise of the New Imperialism*. His most recent book *Fordlandia* was a finalist for the Pulitzer Prize in history.

Deena Stryker – *Comment: Cuba and Haiti Today* - Deena Stryker who now lives in Philadelphia has also lived and worked in France, Italy, Cuba, Holland and Eastern Europe. She taught at the University of Massachusetts, was a State Department speech writer and policy analyst during the Carter Administration and has published 4 books. She wrote *Cuba Yesterday and Today* which was published in the Winter 2010 issue of our Quarterly Journal.

Marelys Valencia - *The First Multinational Crop of Doctors.* Ms. Valencia is a Granma International staff writer who resides in Cuba.