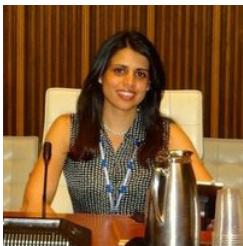


FIELDWORK IN HAVANA, CUBA

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Cuba is a long Caribbean island colloquially divided into EL Occidente to the West; EL Central; and EL Oriente to the East. The country however comes together under a heroic story of communist revolution stemming from the strategic military and ideological wars won by its protagonists Fidel Castro and Ernesto Ché Guevara who crafted the revolution as a continuation of long-standing revolutionary and nationalist thought emerging with the influential writings of a highly-revered hero and martyr, Jose Martí. Cuba is a hive of music and dance, its landscapes and parks littered with revolutionary statues and images; and bright red flamboyant Madagascan Poinciana trees. Popularized in the 1950s, the Poinciana song conveys the feeling that love and passion is everywhere.

Listening to the song seemed fitting, as though it were made for modern day Cuba, which to visitors appears to be stuck in this nostalgic era and that is indeed imbued by a sense of love; for and by those contributing to the community. Pink Cadillacs, Chevys, Dodges, Buicks and Fords still bob along the streets, fashioning their classic outer shells while grinding along with newer, albeit fume-producing, diesel engines. Cuba may lack riches in terms of material resources, but its wealth and power seems to lie in its people, their relationships, their sense of community and in their leaders' reluctance to move beyond Cuba's time and its own terms. The resulting dynamic has coalesced around human resources which are a central component of the political system, enabling the public sector to function, even if salaries are extremely difficult to live on. I met a variety of Cubans on this exploratory visit, and I was struck by the warmth, friendliness and willingness to go the extra mile. The sense of community was palpable. I recall meeting a medical historian - an old frail professor hobbling along with a walking stick. I had listening to him speak and approached him with some questions. He asked if I had any of his books, to which I replied that I didn't. He insisted on bringing some for me the next day. Sure enough, the next day, I found him at our agreed upon meeting spot, a huge bag slung around his shoulders.

He pulled out 3 heavy books! I was overwhelmed with gratitude at the sight of the strain he was under. He smiled and said, 'I am happy to be of help to you'. Along with the interesting social encounters, this first fieldwork visit to Cuba gave me insights on the health system and public health programs, their aims and their components. The insights enabled me to hone in on my research interest - medical genetics and genomics - with a broader understanding of healthcare practices in Cuba. I gained a view of healthcare in Cuba through my attendance at a large public health conference in Havana. The event also presented an excellent opportunity to network. The conference was the third of its kind, but the first to be attended by the WHO Director-General himself.



WHO Director-General at the podium, President of the Republic of Cuba center stage

The event was significant and auspicious, attended by the President of the Republic, specialists from 83 countries, 44 of whose delegations were headed by their ministers of health. Famous Cuban personalities were also in attendance, from Fidel Castro's personal physician to the forensic pathologist in charge of the search and recovery of Ché Guevara's remains from Bolivia. In a quintessentially Cuban style, the presentations were rich and inspiring. Master orators and competent experts took the podiums to deliver their well-crafted messages. Organized jointly by various ministries, the School of Public Health, the WHO, societies, unions and associations, the event took place under the banner 'Salud Universal Para el Desarrollo Sostenible' (Universal Health for Sustainable Development), highlighting the role of health and the shape of health interventions as highly political endeavors. There were over 60 panels, 20 round table discussions and 200 open sessions and meetings. Topics included the social determinants of health, primary health care, family medicine, medical education, precision medicine and many more.

The plenary speeches including those given by the Director-Generals of WHO and PAHO reiterated the strength of the Cuban health system and its important role as a model for the world. There was little doubt that Cuba was contributing their expertise and ideological approach to healthcare across the globe in a significant way, emphasizing their preference for strong community-centered approaches at the primary healthcare level and state provision and control of healthcare. My work looks at medical genetics practices, in what the Cubans call 'Community Genetics' because of its deep integration within primary health care. The Cuban case stands out from other models of healthcare for this reason. Since the early 1980s, the Cubans have developed a network of institutions and a national genetics program managed by medical staff formally trained in genetics. This is the primary interest of my work. There are many contradictions within Cuba that are interesting to reflect upon.

Free, quality care is provided to a population with limited freedoms; effective community participation programs are based on politically-driven community organizations with a variety of other agendas; mass health education is made possible by the absolute control of the market; and labor-intensive medicine-in-the-community operates with few medical supplies; and Cuba has achieved significantly laudable health indicators for a country with limited resources. The primary health care model emphasizes prevention and promotion of health, and in the Cuban case, what health, prevention and promotion mean for the population and how medical genetics is practiced within this context has important implications for populations and medicine at large. My research focuses on the practices to understand how Cuba approaches genetics as a medical specialty and as a development objective and with what consequences. My work ties in with research being carried out by other members in our GlobHealth team tackling similar questions in different contexts as well as across different health issues. I look forward to returning in the coming months to continue my fieldwork.



Sameea and the former Minister of Health of El Salvador Dr. María Isabel Rodríguez, who was named a Public Health Hero of the Americas by the Pan American Health Organization/World Health Organization

Dr. Sameea Ahmed-Hassim is a Post-Doctoral Researcher at the Centre de recherche médecine sciences, santé, santé mentale, société (CERMES), a laboratory of CNRS, INSERM, EHESS and Paris Descartes. She works as a part of the GlobHealth research project funded by the ERC. Sameea's research focuses on the local Cuban context as a means of gaining an understanding of the myriad ways in which a medical specialty, in this case, medical genetics and genomics, is globalized. Her work contributes to a broader view of global health, its emergence, persistence, meaning and its significance.



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