Integration of Medicine and the Community: How the 1984 Family Doctor and Nurse Program in Cuba Transformed Health Care

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Significance
• Ever since the 1959 Cuban Revolution, health care has played a vital political role in Cuban society
• Through the Family Doctor and Nurse Program, Cuba revitalized its primary care system and emphasized preventive medicine
• By defining what it meant to be a family doctor, the government addressed longstanding issues of rural health care
• As the program started just before a period of extreme economic hardship, it showed the medical benefit of community integration amid difficulty

Background
• Pro-1959, Cuba experienced a deep urban—rural health care gap
• Post-1959, the revolutionary government prioritized developing Cuban medicine as a national goal
• In the 1960s, the government sought to improve public health and disease prevention at a local level
• In the 1960s and 1970s, the government developed a preliminary system of larger community clinics throughout Cuba
• Since 1959, medical internationalism has been a central pillar of Cuban medicine

Research and Methods
I accessed archival materials at:
• University of Miami
• El Museo Histórico de las Ciencias Médicas Nacional
• New York University
• Biblioteca Médica de la Familia y el Policlínico
• Universidad de la Habana
• El Primer Congreso de Cuba

I conducted interviews in Havana, Cuba with physicians who worked at:
• Consultorios (medical offices)
• Policlínicos (community clinics)
• Hospitals

Integration of the Program into the Community
• Initial structure: a physician-nurse pair who lived within the 150-person community they were assigned to oversee
• Levels of medical care: consultorios, policlínicos, and hospitals
• These medical offices (consultorios) sought to widen accessibility
• Newspaper depictions showcased the idealized physician: - Lawton (Havana suburbs) modeled doctors as community neighbors - Sierra Maestra (rural mountains) exemplified the great reach of the Cuban medical system and the commitment to rural health
• The incorporation of general internal medicine sought to attract physician trainees and to fight stigma against primary care physicians
• The program sought to incorporate better demographic representation among the family physicians

Resiliency of the Program Amid Two Different Stressors
• The program faced two stressors shortly after its inception: - a period of extreme economic hardship caused by embargos (Special Period) - a growing focus on medical internationalism (sending doctors abroad)
• As a result of the economic crisis, the health of Cubans severely deteriorated as they faced nutritional difficulties
• The material shortages limited the construction of medical offices
• As physicians were deeply integrated in their communities, they experienced a greater level of burnout because they saw their patients’ difficulties firsthand
• Medical internationalism sought to showcase Cuban medical might to the world
• With the increasing demands of internationalism, physicians began to be removed from their posts at consultorios to be sent abroad
• The Cuban physician’s characterization as a community member allowed the program to persist

Key Takeaways
• The government sought to create an image of a physician who was a neighbor to Cubans, whether in the suburbs of Havana or in the isolated mountains
• Even in the face of hardship, family doctors were still able to remain connected with their patients and continue providing care
• Dueling priorities of a health system dedicated to the community and overseas stressed the physicians and weakened the program
• “If you do not feel the pain of your patient, you will not cure them” - Family doctor in the outskirts of Havana

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Bibliography