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

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

- Pre-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
- Yale University
- New York University
- El Instituto de Historia de Cuba
- El Museo Histórico de las **Ciencias Medicas**
- La Biblioteca Médica
- Nacional

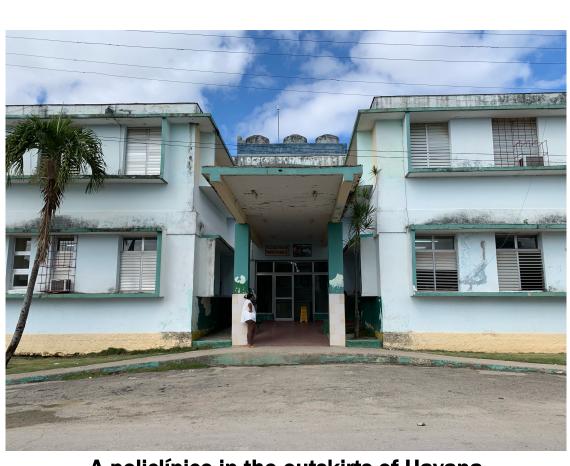
I conducted interviews in Havana, Cuba with physicians who worked at:

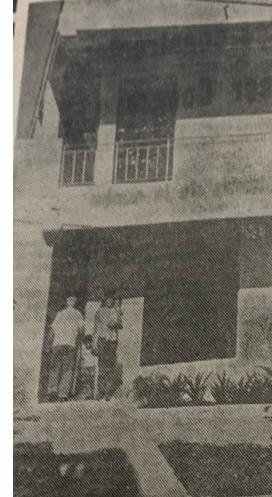
- **Consultorios (medical offices)**
- Policlínicos (community clinics)
- Hospitals

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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





A consultorio in Lawton with the consultorio on the first floor and the doctor's living space on the second

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

A policlínico in the outskirts of Havana





A family physician traveling to a patient on horseback in the Sierra Maestra



A consultorio in the outskirts of Havana with the office on the right and the doctor's living space on the left



Cuban physicians arriving in Brazil as a part of medical internationalism

• "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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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

Acknowledgements

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