Robert Huish

*Where No Doctor Has Gone Before: Cuba’s Place in the Global Health Landscape.*


Basing his research primarily on 47 interviews with students, graduates, teachers, and administrators from the *Escuela Latinoamericana de Ciencias Médicas* (ELAM), members of the *Ministerio de Salud Pública* (MINSAP) and the *Ministerio de Relaciones Exteriores* (MINREX), and villagers from rural Ecuador, Robert Huish has provided a rich description of the practice of Cuban doctors and Cuban-trained doctors to treat illnesses determined by social inequalities. His expertise on global health, poverty, and human rights helps him argue that Cuba’s medical internationalism is the model for providing health care as a human right and that pan-American solidarity and altruism will militate against inequalities in public health.

The book’s six chapters guide readers through the origins of health care injustices rooted in social and political inequalities, the beginnings of the Cuban health care system, medical internationalism and medical tourism, the ethics of medical education, and the hope for a global health system based on solidarity and collaboration. Chapter 5 explores the integration of doctors trained in ELAM when they return to their communities, using Ecuador as a showcase. The book is full of anecdotal and personal reminiscences of the struggle with poverty, poor access to health care, close encounters with death, and the memoirs of health care workers in underfunded clinical settings without the most basic resources.

The Cuban health care system is founded on José Marti’s philosophy that solidarity and humanism empowers people to understand that they are capable of controlling the forces of nature rather than letting nature control them. Huish explains that since the beginning of the Revolution, the Cuban medical system has been based on “providing equitable care” under the reality of scarce material resources. Cuba’s commitment to medical internationalism has the dual purpose of perpetuating the altruistic obligation imbedded in ELAM’s graduates through ethical health care service and clinical training combined with the practice of community medicine, as well as the “soft power” that Cuba gains by providing real and enduring health intervention to help those in dire need. The book describes many instances of Cuba’s brigades in over thirty African nations, Haiti, Central and South America, and elsewhere.

Cuba’s dual commitment to medical internationalism and medical tourism may raise questions for some readers, who may note concerns that the book shares with an article entitled “Patients Without Borders: The Emergence of Medical Tourism” (Ramirez de Arellano 2007). Both authors outline the grow-
ing reports of medical tourism and the potential effects on social equity in the
distribution of scarce resources. There are 63 medical tourism companies in
the United States that offer cost-saving health-care resort packages as a reason-
able alternative mostly for elective medical procedures (Alleman et al. 2010).
Ramirez de Arellano argued that since patients usually do not travel for preven-
tive services, “medical tourism means emphasizing treatment over prevention,
and promoting technology-intensive tertiary services at the expense of primary
care” (2007:196). Huish calls attention to this issue by citing a clinic in one of the
wealthiest areas of Quito with the sign Cuban-Ecuadorean Medical Specialists.
The doctor in the clinic specified that there was no Cuban doctor or Cuban-
trained doctor in the clinic but the sign was left up because “patients respect
Cuban medicine” (p. 136).

Huish expends great effort explaining a good cause but leaves some ques-
tions unanswered. Are Cuban-trained medical doctors returning to the com-
munity to help the poor? Are the governments of those countries allowing these
doctors to provide medical care? The immediate results of health intervention
are probably excellent; two million people in the Americas, for example, have
had their sight restored by Cuban eye surgeons. Providing information on long-
term health services to prevent blindness would have made this a stronger case.
Some initiatives, such as the Bill and Melinda Gates Foundation, Doctors with-
out Borders, and Doctors for Global Health, are briefly mentioned in the book
and the philanthropic nature of these efforts is marginalized, even though their
efforts are not supported by any government. More questions arise for exam-
ple when Huish reports that 76.8 million consultations were accomplished in
one year’s Misión Barrio Adentro in Venezuela, but does not give their results
in terms of improvements in health parameters. Or again, he mentions that
eight nations in Africa do not suffer from a critical lack of health care workers
(p. 64) but does not explain how that has been accomplished. What are these
governments doing to prevent situations like that in South Africa, plagued by
an exodus of health care workers? The book is an excellent account of the way
Cuba has gained an important place in global health.

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