The book gives the reader a great overview of how Cuba, despite the embargo from the United States, has been able to have one of the most organized and proactive health care systems in the world (Rhea, 2008; Ward, 2009). As you begin reading, you learn facts about the island that perhaps you had never heard of, and of course you feel motivated to know more and more about Cuba’s history and the type of system Fidel Castro has developed over the years, since the beginning of the revolution, to offer each and every one of Cuba’s citizens the right to health care. To be able to understand a little bit about Cuba one has to know about its history and the triumph of the 1959 revolution and this book gives the reader all the basics to understand how this communistic system runs.

The book is comprised of six parts that contained separated chapters, each written by well know doctors, professionals, social workers, educators, anthropologist and psychologists that give their own view point and describe their own work within the Cuban health system, at the end you are fascinated by what you have learned (Hoffman, 2008; Samuelson, 2009) and wonder very much about life in Cuba.

**PART I: INTRODUCTION AND OVERVIEW OF THE CUBAN HEALTH-CARE SYSTEM**

Part I consists of six chapters, that give the reader a brief summary of Cuba’s history, how the Spanish conquered Cuba in the late 1400’s, and how Cuban natives were forced to work for the Spanish under terrible conditions, which brought illnesses, starvation, suicides and horror to the natives of Cuba. In addition, the author talks about how different racial groups began to form in Cuba with the arrival of the Spanish colonization, most Spanish in the island were males, they ended up introducing the females natives, forming a new racial group called the Creoles, then the Creoles mixed with African slaves forming the Mulatos. African slavery was something common in the 1700’s in Cuba, and slaves worked under the most horrible conditions a human being could work and live. They were so abused and mistreated that many of them preferred to commit suicide to end the terrible abuses they were under. Also, they rarely received medical attention of any kind, and suffered illnesses due to the conditions they lived under. The author explained how na-
ative healers often took care of the indigenous people and the African healers took care of the slaves. On the other hand, for the Creoles there were barbers who did the work of a dentist and midwives and bonesetters who were available to all groups. There were very few physicians by then and usually they would only take care of wealthy Creoles or Penninsulares, who were immigrants from Spain.

PART II: HEALTH-CARE INTERVENTIONS

Part II consists of four chapters. Chapter 7 is related to breast cancer in Cuba. The author described how breast cancer is treated in Cuba and the difficulties some patients have for not having the adequate medicine delivered on time. Breast cancer is the number two cause of death after cardiovascular diseases in Cuba, and this tendency has been increasing steadily in the last twenty years. Nowadays, Cuban women have the opportunity in becoming more involved in the community. Many women have jobs, attend school, and some others decide to have children at a later age. Many of them also chose to have the wrong diet by consuming fatty foods on a daily basis. The author also explained that older women do not want to follow the necessary steps to detect cancer at an early stage. Many of these women have reminiscences about how ill women were treated before the 1959 revolution. They are afraid because they do not understand that things have changed and now they can freely obtain the treatment they need to fight and win this battle against cancer. The treatment of cancer in Cuba begins with the general check out a family doctor does at the consultorio or family practice located in the neighborhood. This family practice usually takes care of approximately 150 families. Doctors and nurses in charge of such facilities have to live in the neighborhood. Since doctors and nurses live in the same community, they are able to understand the needs of such patients, and know the conditions they live under. Patients can also seek primary health attention at any of the polyclinics located in different cities among the 169 municipalities. When patients need specific health care they are taken to a hospital. There are 248 general, clinical/surgical, pediatric and other specialized hospitals that provide medical attention throughout Cuba’s fourteen provinces. Lastly, tertiary care is provided at the provincial level, with eleven institutes that specialize in areas like cardiology, oncology, neurology and rheumatology. Cancer patients begin their treatment with chemotherapy as any other patient in any developed country. However, in most of the cases, some patients are not able to receive the drugs needed to combat the illness, due to the U.S embargo, medicine and some raw materials to manufacture drugs have to be brought from different countries. This is a time consuming process. The United States may have the best and least expensive medicine and technology around the world to treat cancer, but unfortunately Cuban’s patients are not able to obtain them. Many Cuban folk healers have developed alternative treatments to fight cancer; these treatments include the verbal remedies, snake venom, and the poison of the blue scorpion. Chapter 8 presented the Cuba’s National Program for Chronic Kidney Disease. Despite Cuba’s economic conditions, the country has been able to maintain survival rates almost at the United States level. In 1966 the National Institute of Nephrology is founded in La Havana. Currently, the institute has more than one hundred physicians, with specialist in thirteen fields. In addition, the institute oversees organ procurement and the national organ bank with its registry. The institute performs approximately forty transplants a year as well as more than one hundred dialysis on a daily basis. Once again, the author mentioned the United States embargo and how this has affected patients that suffer from kidney diseases. As a consequence of the embargo, patients are not able to receive the most efficient treatment; instead, they have to deal with obsolete and not so efficient equipment, many times delaying the healing of patients. Chapter 9 covered HIV/AIDS in the island. The government has been trying to educate Cuba’s habitants in the use
of condoms to prevent not only the spread of HIV but also the spread and transfer of STD’s. Cubans are not so conscious about the problem the country is facing; men still have that macho behavior that keeps them from using condoms. However, the author highlighted the fact that Cubans don’t use a condom among themselves (Cubans) but they use condoms with tourist in most of the occasions. Prior to 1993 patients with HIV/AIDS were kept in quarantine and were sent to a sanatorium in order to prevent further spreading of the disease. However, many worldwide organizations that defend the rights of HIV patients were against this practice and in 1993 this practice ended. The patients began to be treated at their local medical community centers. Today Cuba produces its own antiretroviral medication at a capacity that is striving to keep up with its present and future needs. “For a country of eleven million people with an economy that has suffered from economic downturns and the U.S.-initiated embargo, this is quite an achievement”. Chapter 10 explained the personal, social, cultural, economic and environmental factors that influence the health status of Cuba. After a thorough analysis of these health determinants, the author understood that how a poor country like Cuba, has been able to produce such good health results. The conclusion is that this country has pointed all its main concerns towards health by applying the principles of Alma Ata. The Alma Ata states the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world.

PART III: SOCIAL SERVICES AND HEALTH CARE

Part III consists of three chapters. Chapter 11 emphasized the importance of social workers in the Cuban health care system. Social workers in Cuba study to earn a licenciatura degree which is equivalent to a master’s degree in social work. Social workers assist patients with temporary or permanent disabilities in need of physical therapy or psychosocial adjustment. Chapter 12 overviewed how Cuban patients with dementia are treated in their own communities with love and care. Working in Cuba is not easy, but is not impossible. All Cuban doctors care for their patients. The philosophy is not working to become rich rather than working for the community. Alzheimer’s disease is the most common cause of dementia in Cuba. Chapter 13 showed the importance of social work with the frail elderly in Cuba and the role of the social worker in the community to make sure that elder citizens receive the appropriate care to satisfy their health care needs. The author encourages United States social workers that work with elders to adopt part of the Cuban approach to treat their patients the way that Cuban medical doctors do. A more socialist approach should be carried out (Nutting, 2009). The involvement with the patient’s community should be encouraged and way of living plays an important factor in the benefit and healing of patients.

PART IV: MENTAL HEALTH

Part IV consists of four chapters. Chapters 14 and 15 are about mental health care for adolescents in Cuba and mental health concerns in Cuba. Topics are the communism and how Cuban citizens have restrictions to leave the country, to check the internet, or to have more availability to more material goods. Since the 1959 revolution, Cubans have been under the regime of Fidel Castro and his communist government. Older citizens accept the communism as a way of living and something they have been used to. However, younger citizens wish they could have access to more freedom, to be able to explore different things like any other individuals in capitalistic countries do. This level of restrictions create confusion and frustration among young Cubans who in their desperate need to experience different things wind up suffering different mental problems caused by the system. On the other hand, Cuban adolescents grow up in large families.
with, in some cases, divorced parents who can’t split due to the financial reasons. In the event an adolescent is diagnosed with a mental problem the health care systems immediately assigns proper treatment for the patient. In many cases, treatment involves the family, in most of the cases the mother is asked to stay home with the adolescent to be able to provide any medicine and care he or she may need. If the parent works, she would be able to miss work and receive the same check for the time needed until her child feels better. Cuban psychiatrists do a great job with the few resources available to treat patients that need strong medicines such as the ones the United States pharmaceuticals manufacture to treat psychiatric patients. Furthermore, Cuban physicians believe that if mothers take good care of themselves when and before pregnancy, they will be delivering children in good health care conditions and will avoid any illnesses that could directly affect them, especially those diseases that affect the brain. Chapter 16 revealed psychology in the community. The author explained how prior to the revolution of 1959 most psychologists in Cuba studied abroad and came back to Cuba to practice those theories learned overseas, which were strongly emphasized on psychoanalysis, behaviorism, and psychological testing. Right after the triumph of the revolution in 1959 psychology was influence by Marxist-Leninist ideals. Things were different by then. Chapter 17 addressed the importance of music among Cubans and how this media is used to treat patients in many different levels. Since music is part of the culture, Cubans feel it as part of their roots and own lives. The author highlighted the impact that music treatment has had in many Cuban patients, nor only they have gotten better but some of them have healed completely.

PART V: VOICES

Part V consists of three chapters. Chapter 18 displayed the assistance Internationals Jewish Organizations gave to Cuba’s Jewish community. As we all know that Jewish communities are strong no matter what part of the world they are in. They are known for helping each other in difficult and good situations and that is how they have been able to succeed in many aspects around the world. The Cuba’s Jewish community is relatively small and they receive communitarian help from fellow Jewish that show their concern for their own race. Chapter 19 laid bare the Chinese-Cubans and how Chinese migrated to Cuba many years before the revolution, how this community first came into Cuba as slaves and centuries later they have gained good economical and social status in the country. Chinese people began to have their own businesses in Cuba forming the little China town in Cuba, right immediately after the revolution they were part of the country, had the same rights as any other Cuban and had access to free health care. As per the author, the most difficult part of many Chinese to get adjusted to the culture of the island was the language and the fact that they felt very home sick at times. The culture is totally different and many Chinese reported signs of sadness staying that they will be sad like that until the time they died. On the other hand, Cuba-Chinese is known to believe in self-healing. Many groups of Chinese get together on the hot afternoons of the island to play mah-jonng or just to talk about anything in their own language and feel not so far from home. Chapter 20 put something through Afro-Cuban women and health care. Afro-Cuban women have been subject to discrimination among Cuban groups. These women live afraid of talking about these issues and suffer in silence, many times hiding their illnesses afraid of what others may say or think about them. The stress these women carry leads to illnesses. Nonetheless, these women are entitled to free health care like any other Cuban citizen in the island.

PART VI: CUBAN INTERNATIONAL HEALTH CARE

Part VI consists of one chapter, chapter 21, which out of all the chapters in this book was
the most fascinated and interesting to me. This chapter explained the humanitarian help that Cuba has sent to many different countries in the last decades. With a health care system like the one Cuba has; it is very easy to dispatch a doctor’s brigade to attend the needs of other countries in calamity. Cuba has even offered its help to the United States in times of disaster such as the one occurred in 2005 with hurricane Katrina, but not surprisingly, the United States rejected Cuba’s help. Despite the relationship United States – Cuba, other countries have benefited from Cuba’s humanitarian help in cases of disasters such as the case of Nicaragua, Honduras, and Haiti in 1998. Cuba has demonstrated that so much can be done with scare resources. Their knowledge in treating patients under basic resources has taught other physicians in developing country new techniques. On the other hand, Cuba has been presence in times of distress in countries that don’t count with the infrastructure to act quickly and effectively in times of catastrophe. Physicians travel to remote areas such as Africa as well, where they see their jobs as taking care of the society without any reward. As a final outcome, their only reward is the fact that they have been able to save a life or make a better day for a human being.

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James E. Yao is a professor of management information systems in the Department of Management and Information Systems at Montclair State University. Professor Yao received his Ph.D. from Mississippi State University and has taught in several universities prior to Montclair State. Professor Yao’s research interests include information technology adoption, e-commerce and e-business. He has been a member of The Association of Information Systems (AIS), Decision Sciences Institute (DSI), and International Association of Computer Information Systems (IA-CIS).