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On the very day that President Obama signed the Patient Protection and Affordable Care Act into law, I was preparing to leave Cuba to return home to the United States. I had traveled there as part of the March 13-23, 2010 Women's Research Delegation to Cuba (Theme: Women's Rights, Racial Justice, and Social Welfare) and to research the relationship between Cuban health care delivery policies and human rights, a subject that I now see as inextricably connected.

My first contact with Cuban health care policies came in 1976 in Guinea Bissau, when my then five year old daughter's life was saved by a Cuban volunteer doctor. Who knows how or where exactly she contracted the dreaded malaria? All I know is that if a Cuban volunteer doctor had not come to the entrance of the closed Bissau hospital one Sunday morning at dawn, I might have lost her.

Since that time, I have made it my business to learn more about Cuban health care. The volunteer program has grown immensely and there are now not only doctors who travel to serve in other countries, but also to teach people on the ground and to help them set up medical schools and hospitals in their own countries.

Perhaps one of the most important aspects of Cuban medical service is the emergency hurricane and natural crisis training that is a part of medical education. When former President Bush rejected the Cuban government's offer of emergency medical support during the Katrina Hurricane, subsequent indications were that this assistance from Cuba could have saved lives. When the recent earthquake hit Haiti, 400 Haitian doctors trained in Cuba joined 350 other Cuban medical personnel to provide immediate disaster relief.

On this trip to Cuba, I visited the Latin American School of Medicine (ELAM) which has over 130 students from the United States along with more than 10,000 students from 50 other countries, all of whom commit to working in underserved communities when they finish their studies. Both the Educational Commission on Foreign Medical Graduates (ECFMG) and the California State Medical Board, which has the most stringent vetting process of all 50 states, have recognized ELAM as a legitimate institution of medical training, clearing the path for US ELAM students to complete their residencies in the US after graduation. In an impromptu chat with some of those students, more than one mentioned the support they receive.

In addition, I tried to learn as much as I could about new medical research done in Cuba around diabetes because that runs in my family. Indeed, I wish I could have brought back some HEBERPROT-B, a medication that aids in healing deep diabetic ulcers. There are other breakthroughs brought on by new medical research there, especially at the Center for Genetic Engineering and Biotechnology. I am glad that Cubans are working on vaccinations against breast cancer, and remembering friends who have died from this disease, hearing about the new anti-oxidant medication VIMANG—a cream and pills used with radiation therapy to protect the woman's breast—warmed my heart.

The blockade against trade with Cuba has made joint medical research projects such as those between Johns Hopkins University personnel and a few investigators in Cuba difficult. We have much to learn from the Cuban people. An argument could be made that patient protection and access to affordable medical innovation anywhere is a basic human right. Even for us.