

## Global Health Cooperation: International Relations' New Frontier

This issue of *MEDICC Review* appears in the wake of a media splash on the reopening of the Cuban and US embassies in Washington and Havana, signaling the renewal of full diplomatic relations between the two governments. Although the US embargo is still law and one of the thorniest bilateral issues remaining, the Obama administration's bold opening towards Cuba is being echoed in the chambers of Senate committees, calling for an end to the policy in place since 1962. Meanwhile, people from the United States have begun to travel to Cuba in droves, and for the first time in many years, we perceive real hope that cooperation may replace hostility—at least in the sectors that most matter to ordinary people in both nations.

Undoubtedly, one of the most important and most personal is health. The prospect of shared medical innovations and health strategies couldn't come soon enough, perhaps most significantly for patients in the USA that could benefit from Cuban research and clinical use of its biotech advances. These include several that have been the subject of scientific articles in *MEDICC Review*, such as CimaVax and nimotuzumab, therapeutic cancer vaccines; and Heberprot-P, the diabetic foot ulcer medication that has reduced amputation risk in Cuban patients by 70%. At the same time, Cubans stand to benefit from US medical technology, drug breakthroughs and expertise in a number of fields.

Exactly one month after renewed relations, August 20 marks the centennial of the death of Dr Carlos J. Finlay, a Cuban seven times nominated for the Nobel prize and best known for his pioneering work identifying the mosquito as the vector for yellow fever. In 1881, he presented his findings in "The Mosquito Hypothetically Considered as the Agent of Transmission of Yellow Fever," a paper dismissed by his fellow scientists. However, Finlay went on to share his theory, his data (and even mosquito eggs carefully preserved in a porcelain dish) with the US Army Yellow Fever Commission headed by Major Walter Reed, in what is arguably history's first example of Cuban health cooperation with the United States.

Finlay's gesture was all the more remarkable because of the reason the US Army was investigating yellow fever: concern about its devastating effect on US occupying forces in Cuba. This collaboration led directly to elimination of yellow fever from Havana within six months in 1901, ending over 130 years of its deathly shadow over the Cuban capital.[1]

Global health cooperation as Cuban national policy dates from 1960, when an earthquake in Chile left 5000 dead and literally changed the map. At a time when Cuba itself was still struggling to extend health care to all its people, especially those in vast unserved rural and mountainous areas, a fully equipped medical team was dispatched to Chile. So it is perhaps fitting that this issue publishes Pérez's Lessons from the Field on experiences of a recent disaster response team in Chile, this time after the 2010 earthquake.

In 2005, Cuba institutionalized its program of assistance in global health emergencies by establishing the Henry Reeve


Emergency Medical Contingent, named for a volunteer from Brooklyn, New York, who became a brigadier general in the Cuban ranks fighting for independence from Spain in the 1800s. The 1500-member Contingent of specially trained responders was created, in fact, to offer its services in the tragic aftermath of Hurricane Katrina in New Orleans and the US Gulf states. The offer was refused by Washington, but the Contingent, with an additional 1000 members and 32 field hospitals, served in Pakistan the same year, where over three million were displaced by a devastating quake. The Contingent has assisted in a total of 24 countries, including Haiti. There, the Contingent reinforced a Cuban medical team already on the ground when the January 2010 earthquake struck. The team stayed on to provide longterm care and to face the ravages of the cholera epidemic. Its experience with cholera sentinel surveillance sites is reported by Llanes in his Lessons from the Field for this issue.

Direct assistance, usually in the form of bilateral agreements for Cuban professionals to staff public health systems, has been coupled with support for training of human resources for health over the past five decades. The most notable contribution in this context has been Havana's Latin American Medical School—the largest medical school in the world—where 25,000 international students have graduated since 2005, primarily from and for poor communities in developing countries. However, the school has also provided full scholarships to over 200 US students. Senior editor Gorry interviews several of the US members of the Class of 2015, who share insights on their education, life in Cuba and plans on returning home.

In other work on medical education in this issue, professors Garí and Iputo explore problem-based learning for students expected to apply themselves in the complex conditions of rural South Africa; and Véliz's study aims to redefine more relevant content for Cuba's residency in intensive care and emergency medicine.

Cruz continues *MEDICC Review's* pursuit of research on chronic conditions and maternal-child health with his paper on predictors of macrosomia in newborns of Cuban mothers with gestational diabetes.

And finally, two articles in this issue focus on health strategies: Beldarrain's historical review of Cuba's national tuberculosis control program, its reforms and results; and architect Peña's Viewpoint on the need for an intersectoral approach to health-promoting environments in Havana.

Before closing, our congratulations go to the Cuban health system, its professionals and patients, who have made it possible for Cuba to be recognized by WHO as the world's first country to eliminate mother-to-child transmission of HIV/AIDS and syphilis. 

### The Editors

1. Chávez-Carballo E. Carlos Finlay and yellow fever: triumph over adversity. *MEDICC Rev.* Fall 2007;9(1):39–43.