A delegation of oncology nurses from the United States traveled to Havana, Cuba, in December 2011 for an academic and cultural exchange. The trip, sponsored by Academic Travel Abroad, Amistur, and the Cuban Institute of Friendship with the Peoples (ICAP), provided the opportunity for 17 members of the Oncology Nursing Society (ONS) to learn more about the Cuban healthcare system, nursing, and cancer care.

After arriving in Cuba’s capital city, Havana, the delegation was greeted by a bilingual tour guide from Amistur, Tatiana Rodriguez. In addition to serving as a tour guide, Rodriguez would become the congenial and articulate authority about Cuban history and daily life. The delegation stayed at the seaside Hotel Melia Cohiba, which provided a stark contrast to the rundown buildings passed on the trip through Havana.

Cuban Healthcare System

The Cuban healthcare system is internationally known for primary and preventive health care as well as global humanitarian aid. The system was developed to treat low-income patients with scarce resources and a focus on health promotion in community settings. In fact, Cuba spends only $229.80 per capita per year, whereas the United States spends $6,096 per capita per year (Nationmaster.com, 2012). Health indicators such as infant mortality (4.83 deaths of infants less than one year old per 1,000 live births) and mortality under age five years are very low in Cuba, even lower than in the United States (infant mortality = 6.61 deaths of infants less than one year old per 1,000 live births) (Central Intelligence Agency, 2012; Mathews & MacDorman, 2008; Nationmaster.com, 2012). The improvement of the health of Cubans has been accomplished by relying on human resources and strengthening the workforce, particularly training programs for family doctors. In each neighborhood of about 1,000 people, a family practice or primary care clinic is established. Each of those neighborhood clinics is staffed by a family doctor and a nurse who live above the clinic with their families. The neighborhood clinic attends to the basic health needs of their area, including well-child visits and vaccinations, routine prenatal and postpartum care, episodic illnesses, and health promotion such as safe-sex programs and alcohol education. If the providers note complex or special needs in neighborhood patients, they refer them to the polyclinico, a specialty clinic with departments such as laboratory, radiology, oncology, internal medicine, pediatrics, psychology, and infectious disease, as well as radiology, physical therapy, and disability specialists. The polyclinico also offers walk-in service for common dental problems, as well as clinical trials. The nurses in the polyclinico have a variety of roles ranging from educating patients to conducting Papanicolaou smears to decontaminating instruments.

Nursing in Cuba

Nursing was established in Cuba in the late 1890s, around the same time the profession was being formally recognized in the United States. American nurse Clara Barton even worked as a nurse in Cuban hospitals during the Spanish-American War. In fact, Cuban nursing schools were developed based on the U.S standards of nursing at the turn of the 20th century. To implement the Nightingale model in Cuba, nursing was transitioned from being overseen by religious orders to a secular and standardized model of education. In 1899, the first
school for nurses in Cuba, Escuela de Enfermera, was opened by Mary O’Donnell of Bellevue Hospital in New York, NY (Cano, 2001). Nursing developed in Cuba but, by 1959, the country only had about 1,000 qualified nurses and six nursing schools (Garfield, 1981). The revolution brought a change in Cuba’s healthcare delivery, with a focus on health promotion, which created a new foundation of nursing. The Society for Cuban Nursing was formed in 1974 with the purpose of developing the science of nursing (Garfield, 1981). The First Congress of this society was held in 1980, with more than 800 delegates in attendance (Garfield, 1981).

Today, practicing nurses are prepared at two levels of education, the professional level, equivalent to a baccalaureate-prepared RN in the United States, and the technical level, similar to a licensed practical nurse. The delegation learned from the presentations that national examinations for nursing are similar to state board examinations in the United States and are taken after one year of practice as a new graduate. Nurses are viewed as patient advocates and, in some ways, assistants to the doctors, which is similar to American nurses in the 1960s.

Postgraduate programs also exist in specialty areas of nursing such as pediatrics, emergency care, and oncology care. Today, more than 800 specialty nurses work in Cuba (Galán, Fernández, Torres, & García, 2009). Oncology nursing is offered as a postgraduate program, but not at the master’s level. The programs for nursing education are growing nationally in Cuba. Today, Cuba has 12 nursing schools (Galán et al., 2009). According to the presentations, the first professional nursing programs began in 1976 and the first master’s degree programs in nursing to prepare faculty for teaching in the schools of nursing were opened in the 1990s. The newest addition, doctoral programs in nursing, opened in 2006. The presenters estimated that more than 103,000 nurses currently work in Cuba, of whom about 40% are professional nurses. Women make up about 88% of the nursing workforce and more than 60% of the estimated 79,000 doctors in Cuba. In addition, the presenter’s explained that Cuban master’s and doctoral programs have more than 3,000 master’s-prepared nurses and 12 PhD-prepared nurses working mainly in academics.

Nursing research is developing as a result of doctoral education and an increasingly scientific approach to nursing care. However, Cuba does not have advanced practice roles or nurses with prescriptive authority; writing prescriptions and ordering diagnostic tests are limited to physician practice. Nurses are commonly involved in voluntary international service, known as “collaboration,” for six months to two years, as all nurses are required to provide public health service after completing their education. By the early 1980s, more than 1,000 nurses were participating annually in such missions (Garfield, 1981).

Cancer Care and Oncology Nursing

Cancer incidence and mortality are growing in Cuba. Each year, more than 23,000 new cases of cancer are diagnosed and more than 19,000 patients die (Galán et al., 2009). According to the presentations in Havana, Cuba is the center for oncology care in Latin America. Cuba’s National Cancer Registry was established in 1964 and updated in 1984 as part of the national public health system’s cancer prevention and control strategy. The most common cancer for men is prostate cancer, followed by lung, colorectal, laryngeal, bladder, and stomach cancers (Medinfographics, 2012). The most common cancer for women is breast cancer, followed by cervical, lung, colorectal, uterine, and ovarian cancers (Medinfographics, 2012). However, the leading cause of cancer deaths for both genders is lung cancer.

Within the Cuban healthcare system, cancer care is a specialty service. It begins at the polyclinic level after a referral...
from the neighborhood family doctor. The doctors at the *polyclínico* can make subsequent referrals to the specialty hospital for additional diagnostic workup including magnetic resonance imaging and pathology. The oncology hospital also provides specialized surgery, chemotherapy, and radiation therapy, as well as clinical trials. Of note, the local polyclinic that the delegation visited was offering a clinical trial for a vaccine for small cell lung cancer.

The Delegation’s Stay

The first official meeting took place in a 1920s mansion, *La Casa de la Amistad* (Friendship House), which now is used as a conference center for ICAP. The first morning’s presenters included representatives from the Ministry of Public Health and doctors from the National Program for the Comprehensive Control of Cancer, who provided an overview of the Cuban healthcare system. The presentations often were conducted in English or in Spanish with a translator. Cuban oncology nurses, although not often presenting, were in the audience and were introduced to the American delegation. The U.S. oncology nurses also introduced themselves to the presenters and audience.

In another presentation, a representative of ICAP gave a review of the economic constraints on the Cuban society and healthcare system imposed by the U.S. embargo. The United States enacted a complete embargo with Cuba in 1962, three years after the revolution. The embargo includes all trade activities: no importation of Cuban products to the United States and no exportation of American-made goods to Cuba. Cubans feel unjustly penalized by the United States and would like American visitors to understand how difficult the U.S. embargo is for the Cuban people.

Other presenters provided information about cancer care and oncology nursing. One panel comprised nurses from the Institute of Oncology, the Cuban National Society for Nursing, and the Nurse Coordinator for Clinical Trials, but the main presenter was a medical doctor. In another presentation, a doctor detailed how international trade embargos had limited access to chemotherapeutic drugs, requiring the Cuban government to begin manufacturing and developing its own pharmaceuticals. In addition, Cuba launched clinical trials research in the 1980s. Cuba has a large biotechnology industry, with more than 7,000 scientists dedicated to researching new drugs (Murray, 2008).

According to the Cuban presenters, they currently export 180 different drugs to Europe, Asia, and South America.

One member of the delegation, Erin Hartnett, DNP, APRN-BC, CPNP, presented to pediatric oncologists and nurses about her role in the importation of the first Cuban-origin drug into the United States. In 2006, Hartnett diligently fought for the compassionate use of a Cuban-made monoclonal antibody, nimotuzumab. When her patient, an eight-year-old girl with recurrent brainstem glioma, failed treatment, Hartnett advocated for and finally received permission to import this experimental drug to the United States. That was the first time a Cuban-manufactured drug was imported to the United States since the trade embargo almost 50 years prior. The drug’s results were so dramatic that the U.S. Food and Drug Administration permitted a clinical trial of nimotuzumab to be held for recurrent brainstem gliomas in eight sites in the United States from 2007–2010. During the trip to Cuba, Erin was able to bring part of the nursing delegation to the Center of Molecular Immunology in Havana to meet with the global nimotuzumab project leader, Normando Enrique Iznaga-Escobar, MSc, PhD, who gave a presentation on all of the global clinical trials involving nimotuzumab. Hartnett plans to continue working on clinical trials with nimotuzumab in pediatric neuro-oncology.

Cancer in Cuba

According to the presentations, more than 2,500 women are diagnosed with breast cancer in Cuba each year. The guidelines for breast care in Cuba recommend mammography every two years after the age of 40, with more emphasis on self-breast examination and clinical breast examination because mammography machines are scarce. Most women are diagnosed with stage II or IIIb disease and frequently are treated with mastectomy. The delegation met with a breast cancer specialist, Hector Canterro, MD, and a group of women with breast cancer who were well educated in all aspects of breast cancer care and support. The group embraces the spirit of hope and uses bi-monthly meetings as a place to celebrate life with each other and their families.

Cantero and the group of patients also have developed a program for women with breast cancer, “Wings for Life.” The program recognizes that women with breast cancer need individualized care and support after treatment. The overall goal of the group is for “healthy women to know that the enemy is near” (H. Cantero, personal communication, December 2011). For more than nine years, “Wings to Life” has met every two months and focused on improving quality of life, increasing self-esteem, eliminating stress, improving spiritual and psychological well-being, and incorporating all women with breast cancer into society. The group has a strong following throughout Cuba and is making a difference for women with breast cancer.

The delegation’s tour also included a meeting at the National Center for Medical Science Information (INFOMED), where the group learned about their virtual public health university and library. INFOMED (2012) began in the early 1960s with the mission of providing health information for all in Cuba. Similar to PubMed in the United States, the site is updated and maintained by healthcare professionals in each specialty; in fact, a new Web site for oncology was launched in 2011.

Conclusions

Participating in a delegation of American oncology nurses to Cuba offered the authors a unique opportunity to learn about the Cuban healthcare system, nursing, and cancer care. The group had the privilege to take part in this people-to-people exchange to enhance communication, share information, and promote collaboration between the United States and Cuba. The Cubans clearly are proud of their primary healthcare system and the development of the nursing profession. From the presentations, the delegation learned that Cuban nurses are striving to increase their educational level and voice in a healthcare system dominated by medical doctors.

Although the delegation was allowed to visit a local primary care health center and a *polyclínico*, it did not visit the oncology
U.S. Delegation to Cuba

Delegation Leader: Carlton Brown, PhD, RN, AOCN®, past Oncology Nursing Society president.
Delegation Members: Jennifer Bennett, RN, OCN®, Maria DeCarvalho, RN, MSN, Kathy Dillon, RN, OCN®, Victoria Doolittle, RN, OCN®, Anne Gross, PhD, RN, Erin Hartnett, DNP, APRN-BC, CPNP, Kathleen Leonard, RN, NP-C, AOCNP®, Thomas Nolan, PhD, RN, Mary Alice Miller, MS, RN, OCN®, Ellen Poage, FNP-C, MPH, CLT-LANA, Mary Schueller, RN, MSN, AOCNS®, Lisa Kennedy Sheldon, PhD, APARN-BC, AOCNP®, Jennifer Squires, CRNP, AOCNP®, Susan Stary, MSN, OCN®, Martha Trout, MPA, BSN, RN, OCN®, and Vicki Ullemeyer, RN, MSN

hospital or an ambulatory oncology center. Presentations by the oncology nurses from the United States were not scheduled into the itinerary and only one presentation of research was fit into a visit to the Escuela de Enfermeria in Havana. One-on-one conversations with oncology nurses often were impromptu after the completion of the planned, formal presentations by the local Cuban officials. Ever apparent was the message that the U.S. embargo against Cuba is detrimental to their society and the healthcare system specifically, and has serious implications for patient care.

The authors hope that international conferences will provide opportunities for more exchanges and future collaborations on educational and research initiatives with Cuban counterparts. The delegation’s hosts mentioned the 2013 Cuban Nursing Conference, which is a venue to share experiences and best practices in nursing care and education. The 2011 conference was attended by thousands of nurses from Cuba, Latin America, Canada, and many European nations. In addition, international conferences provide opportunities to share experiences and discuss strategies to improve patient care and safety in global settings.

As this was a new experience for all involved, the authors have some suggestions for future delegations traveling to international sites such as Cuba. First, the U.S. group should take an active role in planning the itinerary, which begins with communication among delegation members four to six months before the planned travel to clarify the objectives. That way, leaders and trip planners from both countries can coordinate presentations to meet the objectives of all interested parties. Most of all, remaining flexible is important. Schedules of presentations from both countries may change depending on a variety of factors, some of which may be unpredictable. Some facilities and units may not be accessible to visitors, similar to healthcare institutions in the United States. During the trip, members of both delegations should establish means for continuing communication after the visit, such as exchanges of e-mail addresses. Although being bilingual was helpful for one of the visitors, translators and bilingual tour guides were provided by Amistur and Academic Travel Abroad. Some members of the group have been able to continue relationships formed in Cuba through e-mail correspondence. Although that was difficult to arrange, it is possible. Finally, as invited guests, the delegation represented the United States and oncology nursing. Despite the history of the two countries, being respectful of the host country and Cuban presenters was important. The authors hope to continue collaborations with the Cuban oncology nurses and hope that they will one day be able to visit the United States.

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