



Oncology Nursing in Cuba: Report of the Delegation

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In December 2011, the first delegation of oncology nurses from the United States visited Havana, Cuba. The delegation included oncology nurses, educators, and leaders from across America and provided opportunities to learn about the healthcare system, cancer, and oncology nursing in Cuba. Delegation members attended lectures, toured facilities, and enjoyed Cuban culture. This exchange highlighted the similarities in cancer care and oncology nursing between countries and opened doors for future collaborations.

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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