

People in the Film



Dr Joaquín García
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WHERE IS HE NOW?

Dr. García is an Intensive Care Specialist at the Joaquin Albarran Clinical-Surgical Hospital in Havana, and he is currently in the Master's Degree program for atherosclerosis.

FURTHER INTERVIEW EXCERPTS FROM ¡SALUD! February 2005

On his decision to work in The Gambia:

I volunteered, since it was something I'd wanted to do: visit Africa to try to understand the situation of Africa and how it has impacted the lives of black people in the Americas. I also decided to go for professional growth.

On The Gambia as a transformative experience:

The way I act as a doctor will be transformed after this experience. I believe the most important change from a professional point of view is the way I communicate with a patient...With the constant need for [non-verbal] communication that comes with not speaking the same language, you realize the importance of one gesture, a look, which can convey so much. So, I'm taking that with me. And the other thing is the enormous experience I've gained in tropical diseases, diseases that no longer exist in Cuba but that we might see some day, because the world is becoming a smaller and smaller place, people have more relationships with one another; and it's not the same dealing with a disease you've seen in a textbook as experiencing it first hand, like an acute case of malaria, cerebral malaria, which can be confused with many other problems.

I think Cuban doctors have wonderful scientific training... I've seen here doctors from other countries around the world with excellent scientific training too. I have also seen doctors from other countries around the world with incredible humanistic qualities, willing to give everything to help others. I have met them here and it pleases me that we are not alone, we are not the only ones.

On Gambia's School of Medicine:

There were other experts here before 1999, but the massive injection of Cuban doctors into the Gambian health system began in 1999 with the introduction of the Comprehensive Health Program. To give the program continuity – and by agreement between our governments – it was decided to create the School of Medicine. Another colleague and I were the first to teach clinical medicine at the school.

I believe the opening of the school was an important achievement for the people of The Gambia. This is a very small, poor country, and for a long time there was a colonial presence here, which provided some training [abroad]. After independence, they also trained doctors abroad, but this is the first time that Gambian professionals are trained in their own country, with the experience that comes from being in touch with the diseases and health problems of the country, provided in the school's rotations. And it's crucial for a doctor to graduate who understands the population they are going to treat - the most important diseases, the environmental and sanitary conditions, the perspectives of each of the people that are a part of this country, their country.

On the School of Medicine's curriculum:

The curriculum is very similar to Cuba's in the basic sciences, but the clinical part is mostly based on British and West African training models. It's not a conflict, but sometimes it's a difficult process of integration, which I think is very productive because in the end, the students will get the most and the best from both systems. In the future they'll have 'Gambian medical training' and a new, different way of looking at the problems in the country.

On the students at Gambia's School of Medicine:

The medical students here in The Gambia are outstanding. They have been through very rough times. If there's something that's hard to create, it's a medical school, and the students have given the teachers the motivation to keep at it. They have had the opportunity to leave the country and study in London or the United States, but a group of them chose to stay here and help consolidate the medical school. I think – and I always tell them so – that they are the real owners of this project, they are the spirit of the project, and it is because of them that we are here.

On the Cuban medical team in The Gambia:

The Cuban medical team is present in practically every aspect of the Gambian health system. Our main mission is health care and prevention. We have doctors working in the most isolated villas, the least accessible ones...these are doctors living in the community and tending to the health problems of the community. We have doctors in all the health centers, large and small, and in emergency centers as well. They deliver babies and also help with the vaccination program and malaria prevention.

Most of the population has no access to the private medical sector, since the prices are too high. There was a time when hospitals had very few doctors. Occasionally volunteers came from other countries to provide some of the services required. They worked mostly in the bigger hospitals...but once the Cuban doctors arrived, people had more access. All over the country they had access to a doctor on short notice. Timing is very important here because the roads are in very bad shape and the transportation system archaic. What the Cuban doctors guarantee here is more accessibility to medical services for patients, and of course, we've introduced a new element into the health care system which is the preventive element.

On the philosophy of the Cuban health system:

Cuban doctors have grown up thinking that it is important to help others, that it is important to be where we are most useful, and we have seen other Cubans go where they are needed and even give their lives for this, and we come here and give our lives to save lives.

In Cuba everything is health care. Television and radio are constantly broadcasting health-related messages; teachers, senior citizens clubs – everywhere there are health-related messages and that is something we can bring other countries in the world. This costs very little and brings about very good results.

On the relevance of the Cuban health care model to The Gambia:

Highly-developed countries have a different experience in dealing with health problems, which is often impractical for Third World countries. The Gambia can't follow the health practices of the UK because it doesn't have the same resources. The Gambia can't follow the health practices of the United States because it doesn't have the technical resources the United States has. It's easier for The Gambia to follow the Cuban experience in public health, because it was designed on the basis of material scarcities. Important things were accomplished [in Cuba] by taking full advantage of human resources in the midst of important material shortages, which is very similar to the situation in this country.

On the need for more cooperation and integration in The Gambia:

There is cooperation between different international agencies, non-governmental organizations, and the Cuban doctors – especially in the TB program, malaria control program and HIV-AIDS patient care program. But I think a lot more joint work could be done; the cooperation could be more integrated, and we could maybe have collective work sessions with the different organizations to see what each counterpart could provide. Because in the end, we all have the same goal: to improve Gambian health indicators. That's something that still needs work – the integration among the different organizations assisting the health system and in the health system itself. Everyone is working hard, but separately. We often coincide, but if we worked together cooperatively, better results could be achieved.

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