

People in the Film



Dr Yiliam Jiménez
Head of Cuba's Comprehensive Health
Program
Cuba

WHERE IS SHE NOW?

Since the filming of *¡Salud!*, Dr Yiliam Jiménez, a specialist in family medicine, was promoted to Vice Minister for Cooperation in Cuba's Foreign Ministry. Her work takes her into the countries where Cuban medical teams serve and she was central to the organization and dispatching of the Henry Reeve Team of Medical Specialists in Disasters & Epidemics to Pakistan, Bolivia, Guatemala and Indonesia, when disaster struck those countries; she also collaborates closely with the various Cuban programs to train physicians from developing countries.

FURTHER INTERVIEW EXCERPTS FROM *¡SALUD!* December 2004

On Cuba's Comprehensive Health Program:

The Comprehensive Health Program is an extension of the medical cooperation our country has been developing since the 60s...a program that includes medical care, prevention, and also human resource training. The last helps to create or strengthen a real health infrastructure...it's what sets apart this program and makes it comprehensive.

I think the real legacy we're leaving behind in the countries where we work is community health education. In the case of HIV/AIDS, for example, we began working on preventive education. Which raised another hurdle: how can we inform people if there are so few of us and so many communities? So we thought, let's use the radio – the local and municipal radio stations – and let's develop a project for educational radio. Today, we have 209 radio stations in a host of countries working for the HIV/AIDS prevention program, reaching over 12 million people.

On how Cuban international health cooperation is developed:

Once we receive a request for health cooperation, then we explain our approach, and the country expresses their needs. We are respectful of their needs' definition, since they know their own reality and medical services issues. We start from the principle that we have to adapt to the existing health systems, help strengthen them without losing creativity. But that creativity is best nurtured if local authorities are involved, because no one knows a country better than its own people; they know the playing field better than we do. In this process of collaboration, little by little – and in conversations with the health authorities – a common approach evolves, and then we adapt our assistance accordingly.

In rural and isolated areas, our principle is that our efforts should not interfere with the work of the country's own doctors. In a country like The Gambia, for example, there is an individual – a person they call the Marabú, who is the local healer – who heals people with medicinal plants, prayers, and other traditional means. The Cuban doctors don't replace the Marabú – they respect him, learn from

him, look to incorporate his information and knowledge. The process that has occurred with midwives is similar. In many cases, they are the community's health care providers – helping women in labor, birthing, and preparing for the coming of a new life. We decided our role was not to replace them, but to offer them more information, more training, to help them achieve even better outcomes in their work.

On the challenges of volunteering internationally, being far from home & adapting to hardship:

Do Cuban doctors want to be away from home, to provide health services to other populations? I think not. I think Cuban doctors want to be with their families, with their people, in their country. But they also feel – because of the education our people have had – the responsibility to contribute something to the health of the world. I think Cuban doctors feel that responsibility, and that they're motivated by many things. They're motivated by scientific reasons, by personal and professional reasons...And I think important exchanges from the cultural and scientific point of view happen allowing them to evolve as human beings.

I'd say that something we work hard at is not becoming frustrated. The search for alternatives is an effort we continuously encourage in each of the medical team leaders, because becoming frustrated impedes collaboration...Cuba's own constant difficulties could have turned us into people who are satisfied simply by surviving. But that's not the philosophy of the Cuban people. Cubans hang on in the face of difficulties, but they also look for ways to transform the reality they live in. And I believe this philosophy has energized the Cuban doctors in their cooperation efforts.

Extreme poverty is the common denominator of the people for whom we're providing health services. And I believe Cuban doctors understand that, and have a greater ability to adapt to these conditions; and they are mindful of not demanding better conditions than the governments and institutions in those countries can provide.

One important thing we've developed in this endeavor is an information network. Everyone remains connected with a center here in Havana, with us. They send us the results of their work on a weekly basis; we've also created a virtual campus and reference center for them to update their knowledge and receive continuing medical education, because it is a sad thing to spend two years of your life in a remote place and not have the opportunity to remain current in, and even advance, in your field.

On health statistics and data gathering in the developing world:

One of the most common problems we deal with in these countries is lack of statistics. There is no data to help understand the health situation of a place. We then work with local authorities and often, with international agencies, to collect the data needed.

On Cuban doctors who desert:

Out of the thousands of doctors who have worked abroad through this and other programs, approximately 2% desert. And why they do it? I've tried to analyze it – not from a political point of view, but from a human one. Some people can't allow the common good to be more important than their individual interests, and I think it's legitimate for someone to care about their life. That is, we all care about our individual, personal, and professional development, and there are those who cannot merge collective interests with individual ones; who are more concerned with themselves and their profession as individuals. And there are people who don't adjust to the conditions our doctors work in, which as I mentioned, are very difficult. There are those who don't understand the entire dimension of the work we're doing, and they decide to leave. It's not pleasant for us, we'd like everyone to love and believe in this program we're building together – this humanitarian project – but you have to accept that there are people who don't see it that way.

On privatization of health care:

Today there is a constant push towards privatization; and what does privatization lead to? It turns health care into a commodity. Human beings stop being patients and become customers. How much is a visit, how much is the medicine, how much is this or that? That's not our concept.

On global and South-South cooperation:

I think all assistance is valid and that valuable contributions come from many quarters. But we believe that if these were comprehensive contributions – where everyone concerned came together under a single umbrella to strengthen local health systems – then it would be much more positive, and it would enhance the results of international cooperation.

South-South cooperation has, I would say, some differences from North-South cooperation. I don't ever like to praise one at the expense of the other. I like to compare them, looking at what is positive and negative in both. But I think South-South cooperation has proven to be effective and embodies the potential for great collaboration, built on the foundation of a profound understanding of the situations faced by our countries.

©MEDICC, 2007