

MAKING A DIFFERENCE

## **An Interview of Cosme Ordóñez Carceller**



Dr Cosme Ordóñez Carceller is a pioneer in public health and community-based medical education in Cuba. He has held important positions and received many awards, but he is most proud of his 33 years as Director of the Plaza Polyclinic in Cuba. Working through PAHO (Pan American Health Organization) and WHO (World Health Organization), he has consulted with health workers throughout the world. In this edited, abridged interview, based on my conversation with Dr Ordóñez in November 2005 during the Network: TUFH Conference in Vietnam, he discusses his career and the innovations in Cuban health-care and medical education.

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*You have been devoted to improving the health of all Cuban people as well as the health of the public throughout the world. How did your career begin?*

I attended Colegio de Belén, a Jesuit school, from 1934 until 1946. There I met Fidel [Castro]. We worked together, played together and were closest friends.

In 1946 I began to study medicine at the School of Medicine of the University of Havana. I took courses and began learning in the Calixto Garcia Hospital. At that time it was the only hospital for medical education in all of Cuba. There I saw hunger, ignorance, illiteracy, and racial and social discrimination – the symptoms of social misery that lead to biological misery in a capitalistic

country. In my struggle to become a doctor, I learned a principle that I've defended and tried to live – that in a medical career, self-learning and self-study are fundamental.

After graduating from medical school, I was a professor at Calixto Garcia until 1956. Then I was selected as a member of the National Medical School (Colegio Médico Nacional) and started to work for the Revolution. The National Medical College represented the organization that took care of the needs and rights of the Cuban physicians. The organizational structure had two levels: provinces and nation. Two years after the Revolution won on 1 January 1959, the Medical College of Physicians finished its work and began the Syndicate of Health Workers.

*In your autobiography (Ordóñez Carceller, 1995), you describe how you became increasingly radicalized and committed to healthcare for all, not just the wealthy. You were also committed to collaboration among health professionals.*

Before the Revolution triumphed, my colleagues and I were already totally identified with the struggle. We had formed the Committee of Revolutionary Integration. In January 1959, when I was working as an internal medicine specialist in the Clinica de Dependientes, I organized in the clinic a movement of revolutionary integration between doctors, nurses and manual laborers. In the past these groups had gone their own way. Now we worked together.

When the Revolution won, we organized the clinic independent of the Spanish owners who were using the clinic to earn money. That was the birth of the *mutualismo*, which means that the people pay monthly and they receive all their services in the clinic. Then we began to integrate the different mutualista clinics into the Ministry of Health. Having these important clinics gave an extraordinary boost to the National Health System.

*Did you have enough physicians?*

In 1958, Cuba had 6 million inhabitants and approximately 6,000 physicians, 80% of whom were concentrated in Havana and in the capitals of the provinces. The rural areas and the isolated areas in the mountains never saw a health worker. In the first years of the Revolution, 3,000 of the 6,000 physicians left Cuba. Most went to the United States and Spain.

We needed to educate more physicians. Before the Revolution only 300 doctors graduated yearly. After the Revolution we started to disseminate the faculties. We now have 21 faculties of medicine as well as the Latin American School of Medicine that prepares students from countries all over the world, particularly the developing world, free of cost.

Now we have 11 million inhabitants in Cuba and 77,000 physicians. We have 32,500 family doctors. Canada has 35,000 and the United States has 52,000 family doctors.

We have 12,000 doctors in Caracas, Venezuela. We have 500 in Guatemala and 500 in Haiti. We have many hundreds of doctors in Africa.

The Latin American School prepares students to serve their own people as physicians in difficult places, particularly rural areas, where the majority of physicians and health workers don't go.

*Weren't you involved both in improving the health of the public and in the education of physicians?*

In 1962, Fidel asked me to organize the Department of Preventive Medicine in the University of Havana. Then we started to integrate epidemiology with the clinic in the formation of the doctors. At the same time the Ministry of Health started to disseminate and construct hospitals in each of the provinces, and we started to develop medical education in the provinces. This means that the development of education occurred alongside the development of public health services.

One of the important occurrences at the beginning of the Revolution was the literacy campaign in which more than 100,000 students helped more than one million people learn to read. In 1961, the Minister of Health sent me as his delegate to the preparatory camp in Varadero, Matanzas. Weekly, we received approximately 5,000 students in order to prepare them for the campaign. While they were there, about 50 health workers and I gave them a complete medical exam and vaccinated them.

In another project, for 3 months, my team of doctors, nurses, and technicians and I worked in the territory of Ciénaga de Zapata where the Bay of Pigs Invasion later occurred. Our work included a program of health education, massive vaccinations against tetanus, diphtheria, and polio, and a radiographic check up. We detected 83 cases of tuberculosis that were treated and cured at the Clinica Mutualista Centro de Dependientes. As the result of this work, when Fidel came to Ciénaga de Zapata with the astronaut, Yuri Gagarin, there was a sign that said: "Ciénaga de Zapata – Territory of Freedom in Cuba, Territory of Freedom from Poliomyelitis, Diphtheria, Tetanus, and Tuberculosis."

In 1961 as Subdirector of the Institute of Hygiene and Epidemiology of Havana, we developed Operación Distrito, visiting all of the municipalities, using the methodology we used in Operación Ciénaga de Zapata.

In 1962, as Director of the Institute of Hygiene and Epidemiology of Havana, I was also the head of the first immunization campaign against poliomyelitis, which was one of the most important events in the history of public health in Cuba. During the campaign we immunized around 3 million children under the age of 15. The campaign included children who lived in remote areas where there were no streets. The campaign was the beginning of the eradication of polio in Cuba.

*What important accomplishments!*

In 1963 I had the honor of participating in the 8th International Symposium on Polio in Prague. I also studied for 3 months in the Institute of Hygiene, Epidemiology and Microbiology in Prague.

As Chairman and Professor of the Department of Preventive Medicine at the University of Havana School of Medicine, I introduced the concepts of preventive medicine and social medicine. My innovations included taking students from the classroom and having them practice and learn in the community.

In 1966 I had the privilege of winning a British Council scholarship to study at the London School of Hygiene and Tropical Medicine at the University of London. I graduated in 6 months in epidemiology and statistics. When I returned to Cuba, they sent me to work as an epidemiologist in the 10th of October Region [of Havana], which included 500,000 people, 10 teaching hospitals, and 14 polyclinics. There, while maintaining my position in the university, I was able to struggle against hospital infections and create the basis for the formation of the Committee to Prevent Hospital Infections.

After 2 years, they made me Director of the Region 10th of October. There I made many innovations, including a pilot program for tuberculosis that was extended later to all of the country, the participation of the hospitals in supporting polyclinics, collective teamwork, a multidisciplinary and interdisciplinary focus, the work of hospital professors in the community, a clinical epidemiological and social focus, the daily scientific studies in the polyclinics, and moving students from hospitals to the polyclinics and the community.

*Wasn't Tamas Fülöp of the World Health Organization interested in your innovation of teaching students in the community?*

That was the reason that in 1979, Tamas Fülöp held a meeting in Jamaica, with the first members of the Network including Ron Richards from the University of Michigan (Upper Michigan); Jack Sibley from McMaster University in Canada; Ramón Villareal from Universidad Autónoma Metropolitana Xochimilco, Mexico City; Cosme from Havana University; David Madison from The University of New Castle, Australia; Moshe Prywes from Beer Sheva, Israel [Ben-Gurion University of the Negev]; and Co Greep from Maastricht University.<sup>1</sup> We were the beginners of the Network. In the beginning I was a member of the Executive Committee. Since 1979, I have participated in more than 20 meetings of the Network. At the meeting in Thailand, they designated me as an honorary member. So as you see, I'm one of the founding fathers of the Network.

*Congratulations! What are you most proud of in your career?*

Being the director of the Plaza Polyclinic for 33 years. It's a national referral center in primary health care and family medicine in Cuba. They asked me to be a Vice Minister and a Dean of the Faculty. I said, "No. I will work in the

<sup>1</sup>Others at the founding meeting of the Network included Florentino Herrera from the University of the Philippines, Eldryd Parry from the University of Ilorin in Nigeria, and Wynand Wijnen from Maastricht University.

polyclinic”. Doctors who work in hospitals and researchers think they are the best. I wanted to demonstrate that you can have professional values and status and work in the first level of the national health system.

*In the mid 1970s didn't you argue that there was great potential in research at the primary care level?*

In the Plaza Polyclinic (since the decade of the 1970s) we have been doing research in primary health care. One of the most important projects was the diagnosis of the health situation of our community. We did research in all the family physician consultorios linked to our polyclinic. We looked at the apparently healthy people, the ones with risk factors, the ones with chronic or acute diseases and the patients with sequela. This made it possible for family physicians to make a program of visits and audits for all patients in accordance with their health problems. We learned that the principle problems were in maternal and child health, infectious and chronic diseases and in third age [elderly] care, so we were able to create programs that addressed these problems.

*For many years you struggled to make medical education more community based.*

In the 1980s I defended primary care and predicted that the polyclinic was going to be the faculty [school] of the family physician. The university professors wanted to limit the amount of time that students spent in the community. Finally in 2004 the polyclinic became the university center. In the past, students spent 6 years in the hospital and then made some visits to the community. Now they will spend 6 years in the polyclinic and make visits to the hospital.

Last year we had 444 polyclinics. Around 200 of them are involved in the new plan of study at the polyclinic level. Last year I received my first 12 medical students. At the same time psychology students are also full-time in the polyclinic. I received 17 psychology students. Now I have my second group of first year students.

*How much time do the first year students spend in the polyclinic?*

Full-time. They have computers that provide them with training, so they can combine study and work. The educational philosophy used to be “teaching to know”. Now it’s “teaching to learn how to learn”. We have 4 Ss: self-organization of work, self-study, self-learning, and self-evaluation. These 4 Ss constitute a new strategy and methodology that improves learning.

*What do students do after they successfully complete the 6 years of medical school?*

They work as a family physician in a consultation office. After 3 years they are specialists in integral medical care. If they want to be a specialist, such as a pediatrician, they then have to do postgraduate work in their field.

*Please remind readers how your health care system is organized.*

In Cuba we have 14 provinces, each with 10 to 15 municipalities, 169 municipalities in total. In each municipality we have 6 or 7 polyclinics with integrated teams of professors of pediatrics, internal medicine, obstetrics and gynecology, psychiatry, as well as nurses and social workers. My polyclinic, for example, serves 20,000 inhabitants.

The polyclinics support the work of teams composed of a doctor and nurse who are located in community consultorios. The family doctor and nurse take care of 600 to 800 inhabitants. That's 120 to 130 families.

In each municipality we have a children's hospital, a maternal hospital, and a general hospital. Everything is free of cost.

We now have an infant mortality of 5.8 per 1,000 live births. Mortality for children who are less than 5 years old is 7.7 per 1,000 live births. We have the third longest life expectancy (76.4 years) in the Americas.

*Some people say that you are the father of the family physician in Cuba.*

No, the father of the family physician in Cuba was Fidel. He said, "When I travel there is always a physician with me. When a delegation travels, there is always a physician with them. Why in the communities isn't there a physician and a nurse to take care of the health and the social environment of families that live there?" That was the birth of the family physician.

Fidel also said, "If this family doctor completes a 3 year residency, he is as much of a specialist as a surgeon and should have the same salary. If not, no one will want to be a family doctor." So, in Cuba family physicians make as much money as cardiologists.

*You have consulted with many countries regarding health care.*

Since the beginning, PAHO (Pan American Health Organization) and WHO selected me as an advisor in primary healthcare and family medicine. I visited 80 countries, including all of the Latin American countries and all of the islands of the Caribbean, except Puerto Rico. When Fülöp was head of the Department of Medical Education and later Charles Boelen, I was a member of the committee of medical education of WHO.

In 1990, I won the WHO León Bernard Prize in Social Medicine. I'm also National Hero of work in Cuba, which is a high honor.

Since the beginning of the Revolution, I have represented the innovation in the public health system in Cuba. For 22 consecutive years I was the Cuban delegate in the General Assembly of WHO. In 1983, the WHO Assembly gathered together all of the countries and presented the evaluation of the Health for All Strategy. Cuba was the only country that demonstrated by its indicators that it was a "Health for All" country.

*That's impressive.*

As a consultant of PAHO, under the direction of Kerr White, I made the PAHO scientific publication *Health Services Research: an Anthology* with Barbara Starfield, Julio Frenk, and Jose Maria Paganini (1992).

At the APHA (American Public Health Association) meeting in Boston in 2002, I was on a panel with Howard Waitzkin of the University of New Mexico and Victor Sidel, the former president of APHA. Victor Sidel visited my polyclinic 20 years ago. He wrote in my book that our polyclinic was one of the best in the world.

My son, who was working in Montreal, attended the Boston meeting so he could see me. He was seated in the first row. When the panel started, Howard Waitzkin said, "Here is Cosme. He's one of the giants of healthcare in the world."

When Victor Sidel started to speak, he said, "I have 25 minutes but I'm only going to talk 5 minutes so you can hear Cosme Ordóñez."

There were about 1000 participants at the meeting. When I finished my participation (my lecture), I said, "I always try to speak about the miracle and never about the saint. The saint is the Cuban Revolution and the miracle is the achievements that we have in health, education, sports, and social security. After the darkness of the night, represented by the aggression of the United States over Cuba, appears the brightness of the day with the support of the people of the world. Everyone stood up and applauded for 5 minutes. My son was emotional. It was an unforgettable meeting.

*I can see that it was important to you. What are some of the lessons you and your colleagues have learned that our readers from around the world can apply to healthcare in their countries?*

I feel you can't copy anything. One of the problems of healthcare in Latin America is that people have copied what the people in the North have said. That's why the infrastructures of the health systems of many countries in Latin America and the underdeveloped world have not worked. You can't copy. You must see and express your experience. Then you have to decide what you need to do. The development of how, what, and when to do is something that belongs to each country.

"America must teach what it is," said Jose Marti. That's what's happening now. Each country is trying to find out what it is. Marti also said, "Each history in each country has its own decisions. No one can tell you what to do." Third he said, "When a people wake up, they never go to sleep again." I have the feeling that the great fatherhood of America is developing now.

*Thanks very much for sharing your story.*

## References

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