

May You Live in Interesting Times

Whether or not the so-called curse, “May you live in interesting times” is apocryphal, we have to acknowledge that we do indeed live in interesting times. It has been only three months since the October 2016 issue of *MEDICC Review*, but the changes since—in many directions—have been head-spinning.

For starters, scientists at Roswell Park Cancer Institute have launched a clinical trial of CIMAvax, the therapeutic lung cancer vaccine developed at Cuba’s Molecular Immunology Center, surely a win-win for the citizens of both countries. The vaccine, intended to lengthen life and restore quality of life to people suffering from non-small cell lung cancer, has already been used for thousands of patients in Cuba and abroad. Cuban researchers say that the aim of such cancer immunotherapies is to use them in combination with others to convert cancer from a life-threatening condition to a chronic disease.

In related news, just prior to the end of US President Barack Obama’s second term, his administration penned the 22nd agreement with Cuba since the opening announced in December 2014. Among the latest agreements were those on migration, ending the wet-foot/dry-foot policy and the US Cuban Medical Professional Parole Program, both of which until then provided nearly automatic residency to Cubans over other potential immigrants to the USA. The latter even assured Cuban health professionals serving mainly in low-resource countries “walk-in” visas at the nearest US embassy, depriving those countries of these health workers’ services while not ensuring employment in their professions in the United States.

And on November 25, Fidel Castro’s death at 90 sent shockwaves throughout Cuba, despite his advanced age. Our publisher, MEDICC, extended condolences to the Cuban people and recognized his contribution to building Cuba’s universal health system and global health cooperation programs.

As a result of his leadership, the new government dedicated itself first to health and education for all...Over the years, President Castro took an abiding interest in health and was at the forefront of promoting advances in health care, research and medical education: establishing rural hospitals and a national network of hundreds of community-based clinics, making prevention a cornerstone of training and service; generating extraordinary investments in biotechnology to develop novel vaccines and cancer therapies, and specialized services for Cuban newborns with heart disease...Under [his] leadership, Cuban health professionals also began volunteering to serve abroad as early as 1960...

Indeed, it is impossible to talk about Cuba’s health system and its outcomes without reference to Fidel Castro, as he was its main architect and a strong proponent of acting on what we later began to call the social determinants of health: literacy, education, housing, etc.

In the 1980s, he propelled two “revolutions within the revolution” in the arena of health. The first was the decision to invest in biotechnology R&D, making Cuba one of the first countries to do so. The investments continued right through the economic collapse of the 1990s, producing admirable results such as a meningitis B vaccine (the world’s first effective against this strain of the killer disease), and of course later not only CIMAvax, but also other cancer-fighting therapies and most recently, Heberprot-P, a treatment for diabetic

foot ulcers, a condition responsible for over 70,000 amputations annually in the USA alone.


The second revolution came in 1984 with the Family Doctor-and-Nurse Program, intended to locate the offices of these health professionals in every Cuban neighborhood. The move was part of Cuba’s implementation of the principles of the 1978 Alma Ata Declaration, which posited health as a right and primary health care as the fundamental strategy for ensuring it. In this issue, Senior Editor Gorry reports on a day spent in a Havana family doctor-and-nurse practice.

Finally, since our last issue, a new administration has taken office in the United States, one that has pledged to undo much of President Obama’s legacy, particularly in health care and foreign policy, and that has already provoked multitudinous reactions in the United States and around the world protesting the new president’s positions on women’s and civil rights, climate change, fossil fuels and immigration, among other issues. For the sake of people’s health in both countries, we can only hope that the door opened between the US and Cuba remains open, and indeed is used to expand cooperation in this vital area.

Two other articles address areas where Cuba may hold important lessons: Llibre’s concerning dementia surveillance (especially important in light of population aging worldwide) and Lemus’s regarding approaches to tuberculosis control. Also related to TB control, Chapman examines some of the reasons why health care workers in the Dominican Republic may not be doing all they can to protect themselves from occupational exposure.

This year *MEDICC Review* celebrates its tenth anniversary as a peer-reviewed journal. Anniversaries are occasions for taking stock and reviewing lessons from the past, so it is fitting that this issue includes an article on the history of public health (Cuba’s history is rich in innovation, both before and after 1959. It was a Cuban, Carlos J. Finlay, who identified the vector for yellow fever, and Cuba established the world’s first ministry of health). In this issue, Beldarraín describes the evolution and impact of the National Leprosy Control Program, which by 1993 brought leprosy prevalence below WHO’s threshold for constituting a public health problem.

In keeping with our policy to open the pages of *MEDICC Review* to international authors addressing issues of health equity, we include an article by Aregbeshola about prospects for universal health in Nigeria, emphasizing the pivotal role of political will in moving health systems toward the goal of health for all.

As 2017 gets off to a start, we take the opportunity to thank those who have made these ten years possible, including our editorial board, authors, reviewers and readers, and to wish all of you a healthy and productive year ahead. We look forward to working with you to shape the journal’s contents in line with the aspiration to universal health on a global scale, reflecting the myriad ways that governments, nongovernmental organizations, institutions, patient advocates and communities are discovering to advance towards this goal in cooperation with one another. 

The Editors