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Global Collaboration in Times of COVID-19: Cuba's Emergency Medical Contingent

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The days are long and arduous, with endless patients to attend, often in a foreign language, always on foreign shores. Far from family and the familiar.

Sleep is fitful at best for health professionals serving in emergency situations—when sickness obeys no clock and patients' pain haunts even the quiet moments. The crisis scenario varies: post-earthquake, hurricane or tsunami; amid a cholera or Ebola epidemic. The countries vary: Haiti, Pakistan, Guatemala, Mozambique, Sierra Leone. What does not vary is the answer to the calls for help and Cuban professionals' commitment to care for the most vulnerable. These aren't armchair musings or a political pat on the back: they are my own conclusions after living for weeks in close-quarter tents with Cuban doctors, nurses and biomedical engineers in post-earthquake Pakistan and Haiti, and witnessing their work.



Henry Reeve Contingent field hospital, Lombardy, Italy.

Since its founding in 2005, Cuba's Henry Reeve Emergency Medical Contingent has provided free medical services in nearly 30 post-disaster and epidemic situations. Recognized for its relevant, on-the-ground experience and humanistic approach—particularly during cholera outbreaks in Haiti following the 2010 earthquake and during the 2014 Ebola epidemic in West Africa—dozens of governments have requested Henry Reeve teams to help their health systems confront the COVID-19 pandemic. On March 26, 2020, the first team to go abroad began treating COVID-19 patients in a field hospital in Lombardy, Italy, established for this purpose.[1] Today, more than a thousand of these specially-trained and equipped health professionals (including family doctors, nurses, laboratory technicians, biomedical engineers and epidemiologists) are collaborating around the world to help prevent, contain and treat COVID-19; nearly all of them have previous experience serving overseas. This report was filed on April 24, 2020, with the latest available data.

In many cases, the Henry Reeve Contingent supplements Cuban health professionals already staffing public health systems abroad under bilateral agreements pre-dating COVID-19.[2] But the magnitude of this global crisis, combined with health system fragilities, inequities and the urgent need for global cooperation revealed by the pandemic, means new countries, contexts and components for the Contingent.

Two separate teams are now working in northern Italy, a focal point of the European outbreak, and on April 12, 2020, a team of 11 Henry Reeve specialists departed for Togo in sub-Saharan Africa[3]—both are contexts where Cuban health professionals have never before served. A Henry Reeve Contingent comprised

entirely of nurses—another first—arrived in Barbados on April 5. Of the 101 licensed nurses now serving in Barbados, 95 are women.[4] Indeed, of the nearly 1200 health professionals in the Contingent involved in fighting COVID-19, more than half are women.[5]

Safeguarding Human Resources at Home & Abroad

Cuba is no newcomer to international medical cooperation, launching its first disaster relief initiative in post-quake Chile (1960) and the first staffing of a foreign public health system in Algeria (1963). Nevertheless, guaranteeing effective, acces-



All-nurse brigade, a first for the Henry Reeve Medical Contingent.

sible care at home while collaborating abroad has prompted continual review of this strategy. The results have been neither linear nor seamless. Despite 13 medical universities and 25 medical faculties across the country conferring 6-year medical degrees at no cost to students, Cuba's international commitments periodically stress human resources at home—particularly during the 1970s with a rapid expansion of overseas agreements in health and more recently in 2008, which required a re-distribution of primary care services.[6] One response to these challenges has been to ramp up medical education: today, Cuba has 9 doctors for every 1000 inhabitants, or over 95,000 total.[7] Another was to formalize selection and participation protocols for volunteer overseas postings, including the Henry Reeve Medical Contingent.

The importance of these protocols becomes paramount during global public health crises such as Ebola and COVID-19, since everyone is at risk—patients in Cuba, as well as Cuban health professionals serving overseas. In order to assure quality care at home, volunteers for the Henry Reeve Contingent are only considered from those services, locales and institutions with available staff. Dr José Ángel Portal, Minister of Public Health, spoke to Cubans' concerns on this point on March 29 when he emphasized that “we use a fine-toothed comb to evaluate which professionals are eligible to work overseas,” so as not to affect health services for the population.[8] To properly prepare and protect professionals serving with the Henry Reeve Contingent, each must successfully complete pre-departure training, including modules on transmission dynamics, prevention measures, the use of personal protective equipment and biosafety protocols to be followed while attending patients. Each Contingent member also receives a real-time polymerase chain reaction (RT-PCR) test before travel. Specialists at the Pedro Kourí Tropical Medicine Institute (Cuba's



Henry Reeve Medical Contingent doctors attending patients in Suriname.

national reference center for infectious diseases and a PAHO-WHO Collaborating Center) hold teleconferences with doctors already abroad, supporting them with updated information and case discussions.

With a virulent pathogen like SARS CoV-2, the health and well-being of Cuban professionals working abroad—who are also mothers and fathers, sons and daughters, siblings, friends, neighbors and colleagues—can be a stressor for those back home. Regular



Henry Reeve Emergency Medical Contingent, Togo—one of the more than two dozen teams in 23 countries helping to contain and treat COVID-19.

From the Front Lines

contact with family and loved ones in Cuba is another protocol followed by the Henry Reeve Contingent, an issue addressed in televised press conferences by National Director of Epidemiology Dr Francisco Durán. “Thanks to today’s technology, all our health professionals, no matter where they’re serving overseas, have contact with their families here in Cuba. This is supplemented by coverage of our teams carried on nightly news.”[9] Additionally, every team serving in each country files a daily report that includes the health status of team members, according to Dr Jorge Delgado, director of Cuba’s Central Medical Cooperation Unit (UCCM).[4] In case of emergency, all efforts are made to swiftly unite families. Henry Reeve Contingent veteran Dr Eduardo Ojeda, who has served in Guatemala and El Salvador, reflects: “the homesickness and distance from your family can be heart-wrenching when you’re working abroad. But the Contingent becomes your family. We keep each other strong and ready to move forward.”[10]

Looking Ahead


As of this writing, Cuba’s Henry Reeve Medical Contingent has 24 teams working in 23 countries; this international commitment is likely to grow as the worldwide strain intensifies on health systems and the professionals staffing them. Indeed, local and national governments continue to solicit Cuban collaboration with their COVID-19 response. For their part, island authorities say they will review pending and future requests for Henry Reeve Medical Contingent participation in the fight against the virus, as long as the domestic situation and global context allow.[11]

Unfortunately, the politicization of population health—from defunding international health organizations to playing the “blame game”—has fatal consequences during a pandemic of this nature. Among the unacceptable: maintaining US sanctions on Cuba itself, keeping vital equipment and supplies from reaching the island’s health system, and increasing costs of medications.[12] coopera-



A nurse on the tarmac at Havana’s airport, heading for COVID-19 service in Cape Verde.

tion losing precious time to bureaucratic roadblocks (Manitoba’s First Nations request for Henry Reeve Contingent help, still pending as Canada debates visa logistics);[13] disinformation campaigns, whether about dangerous “miracle cures” or unreasonable questioning of Cuban physicians’ qualifications to practice abroad (such as the formal complaint registered by Argentinian medical associations to halt Henry Reeve assistance).[14]

Infectious disease knows no borders, pledges no national or political allegiance. If there is one thing COVID-19 is making clear, it is that global cooperation is a necessity, not a choice. 

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