The National Association of Social Workers Leads Delegations to Cuba
DELEGATIONS TO CUBA

The country of Cuba, only 90 miles from Florida and a once-common destination for U.S. tourists, has been inaccessible to most Americans since the U.S. embargo of Cuba began in 1962. With the Obama administration’s recent easing of travel restrictions to Cuba, more Americans have been able to experience the island through educational and cultural tours. The National Association of Social Workers (NASW) sponsored two professional research trips to Cuba in early 2011. The first delegation focused on health and child welfare services (February) and the second on social services for older adults (March). Each delegation met special licensing requirements established by the U.S. Department of Commerce for travel to Cuba.

DELEGATION COMPOSITION AND GOALS

The February delegation was led by Luisa López, director of NASW’s Division for Human Rights and International Affairs, and Stacy Collins, senior practice associate for health care in the NASW Center for Workforce Studies and Social Work Practice. Joan Levy Zlotnik, director of the Social Work Policy Institute at NASW, and Chris Herman, senior practice associate for aging, hospice, and palliative care in the NASW Center for Workforce Studies and Social Work Practice, led the March delegation. The goal of each delegation was to learn about social service delivery in Cuba and to consider how lessons learned from the Cuban system might be applied in the United States.

The delegations included a diverse group of social workers with clinical, program development, administrative, educational, research, policy, and case management experience in health care, aging, mental health, disability, academic, and social service settings across the United States. James J. Kelly, NASW’s 2009–2011 president and a gerontologist, traveled with the March delegation. NASW chapter presidents from Massachusetts and Michigan participated in the February delegation.

FIRST IMPRESSIONS OF CUBA

Each delegation embarked on a small commuter plane for the 45-minute flight from Miami to Havana. While flying low over the Florida Keys, delegates became acquainted and anticipated learning about a different culture and a vastly different economic, political, and social system. Upon arrival at the Jose Marti International Airport in Havana, delegations were greeted by a Cuban tour guide, who also served as an interpreter and played an integral role in delegates’ experience of Cuba. This guide led each NASW group through a crowd of Cubans awaiting their returning and U.S.-based relatives outside the airport. (Only ticketed passengers are permitted inside the airport.) On the two-lane road leading from the airport to Havana, differences between Cuba and the U.S. immediately became apparent. Meticulously preserved 1950s-era cars populated the road, testament to the impact of the U.S. trade embargo. Political billboards—many depicting revolutionary messages and images of national heroes, some featuring satirical images of U.S. presidents—were also in abundance.

OVERVIEW OF THE WEEK IN HAVANA

Visiting health and social service programs and learning about some of Cuban policies and culture were among the many enriching experiences for delegates. Both delegations’ itineraries included an orientation to Cuban society and a series of site visits to community-based health and social service agencies in Havana (known locally as la Habana). Delegates also toured important cultural sites in the city, including the renovations underway in Old Havana (designated a World Heritage Site by the United Nations Educational, Scientific and Cultural Organization), and enjoyed Cuban art, music, and food.
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The NASW Center for Workforce Goals

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and health care—nearly twice the percentage of U.S. GDP allotted to the same expenses (United Nations Development Programme [UNDP], 2010). As a result, the country guarantees free education and health care for all citizens, and women receive six weeks of paid prenatal maternity leave and up to one year of paid leave after giving birth. These policies may explain, in part, some of Cuba’s population health outcomes. The infant mortality rate for 2005–2010 was 0.005%, slightly lower than that of the United States (the lowest and highest country rates for that period were 0.002% and 0.136%, respectively), whereas the prevalence of HIV among adults was among the lowest in the world in 2007–2008 (0.1%, as compared to the U.S. rate of 0.6%) (United Nations, Department of Economic and Social Affairs, 2011, 2010). Although wealthier countries tend to have longer life expectancy than poorer ones, the 79-year life expectancy of Cuban citizens at birth nearly paralleled that of the United States in 2010 (UNDP, 2010). Literacy—a leading social objective of the Castro government—now exceeds 99% (UNDP, 2010), up from 60% in 1959 (Central Intelligence Agency, 2011) and 10% higher than that of the U.S. (UNDP, 2010). Moreover, according to the delegations’ tour guide, home ownership rates are high, with mortgages costing 30% of monthly income.1

CUBAN CHALLENGES

Despite these remarkable achievements, the delegates’ Cuban hosts acknowledged that their society faces multiple challenges. Although foreign investment in Cuba has increased in recent years, the economy continues to falter—not only because of the ongoing U.S. trade embargo (Pan American Health Organization, 2007), but also because of the loss of Soviet and European financial support following the 1991 dissolution of the Socialist Bloc (which ushered in an era of extreme hardship known as the Special Period). Consequently, the population struggles with shortages of housing, food, medicine, medical supplies and equipment, and other basic supplies. Cuba’s dual currency system, created in response to the economic crises of the early 1990s, also presents multiple challenges to the economy and has, one Cuban representative reported, increased socioeconomic stratification within the country. Moreover, the post-1959 migration to urban areas (one quarter of Cuba’s population now lives in Havana) has strained the agricultural sector, perpetuating food rationing and requiring the country to spend valuable hard currency on food imports. Other factors contributing to limited agricultural production include drought, hurricanes, and the lack of citizens in skilled trades (a consequence of widespread access to higher education).

Cuba’s economic challenges are reflected in its residents’ limited access to the Internet, though Project ALBA is working to create fiber-optic cable access throughout Cuba and other Caribbean and Latin American countries (Díaz Torres, 2011, “Undersea Cable,” 2011). On a social level, various representatives acknowledged their country’s ongoing struggle with racism and homophobia. At the same time, openly Lesbian and gay NASW delegates were welcomed by Cuban colleagues, and Cuba was one of 52 countries that supported the United Nations Human Rights Council’s recent resolution on human rights violations based on sexual orientation and gender identity (International Gay & Lesbian Human Rights Commission, 2011).

SOCIAL WORK IN CUBA

Social workers function at the national, provincial, and local levels in Cuba, performing direct service, program development, consultation, supervisory, and administrative functions. Specific social work functions (described during the delegations’ site visits) include conducting assessments, determining eligibility for and connecting people to community resources, preventing and addressing social isolation, and enhancing psychological well-being. Similar to the United States, most social workers are women.2

SOCIAL WORK IN HEALTH CARE

One social work organization exists in Cuba: the Cuban Society of Social Workers in Health Care (Sociedad Cubana de Trabajadores Sociales de Salud, or SOCUTRAS). SOCUTRAS member Odalys González Jubán, which NASW of the United States belongs, has served as president of the Society for more than 15 years, oriented NASW delegates to the Cuban health care system and the role social work plays within that structure.3

The Cuban Ministry of Public Health (Ministerio de Salud Pública, or MINSAP) is the largest employer of social work in the country. In the early 1970s MINSAP, which technical institute train social workers in health care, established a program at the University of Havana, one of Cuba’s top universities. González Jubán described three levels of social work practice in health care: Social workers who complete a 3-year training program, including field experience, are prepared to work at the basic level in hospitals and medical clinics. Social workers with additional training who complete another two years of study become technicians, the second level of practice. The third social work level, that of a specialist, only emerged within the past decade, when MINSAP established a program at the university level. The program leads to a degree.

1 The Cuban tour guide stated that homes are passed down through families or earned by government—now exceeds 99%

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SOCIAL WORK IN OTHER SETTINGS

Cuban social workers practice not only in health care settings but also in schools, social services, and criminal justice settings. Moreover, at the beginning of the 21st century, the Cuban government trained 40,000 paraprofessional social workers—many of them unemployed young people living in low-income neighborhoods—for community-level practice (Strug, 2006). Upon completion of the three-month course, these emerging social workers were employed by the Ministry of Public Health (MINSAP), which employs a public health model, actively tracking and integrating extensive epidemiological data.

Health care activities permeate all levels of government. At the national level, MINSAP sets standards for service delivery, consults with health care research in university settings, and maintains the medical and health care information system, INFORMED. The provincial level includes hospitals, specialty care, health care training, and oversight of local service delivery. Health care delivery for primary care and preventive services is organized at the local level, with each municipality offering an organized set of services. Each municipality includes health care professionals who train in a consultorio (a medical office, outpatient clinic, or health center in a community) or learn about social work education during the trip.

COMMUNITY-BASED HEALTH CARE

NASW members learned about the Cuban health care system through dialogues with social workers, other health care professionals, and MINSAP representatives (including staff of the Center for Orientation and Diagnosis of Learning Disabilities). In Cuba, the health care delivery system focuses on prevention and the integration of health and social well-being, similar to the social work biopsychosocial model. The system employs a public health model, actively tracking and integrating extensive epidemiological data.

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Interdisciplinary polyclinics (policlínicos) constitute the hub of municipal health care delivery. Each polyclinic serves about 22,000 people and is responsible for the health of every individual and family. Upon completion of the three-course, these emergencies worked closely emerging social problems (e.g., youth, people with disabilities, and other groups). The training program no longer exists, however, and discussion of the "generic social work movement was under the scope of the delegations' observations with Cuban social workers. This gap may reflect, in part, lack of an organization or government office uniting social workers in different fields of practice.

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Health care professionals perform demographic risk assessments not only for each individual but also for each family. Similarly, each person who receives a services in a consultorio has two medical records—one individual chart and one family chart. Most organizations, such as Committees for the Defense of the Revolution and the Federation of Cuban Women, also play an important role in health care promotion and coordination (Strug, 2010). These community-based entities also play broader social welfare functions, such as ensuring that individuals registered with polyclinics and children are enrolled in school.

AGING SERVICES

Multiple interactions between the March delegation and their hosts made clear that Cubans hold older adults (affectionately referred to as los abuelos, or grandparents, regardless of whether they have grandchildren) in high esteem. Advanced age is perceived as a time of continued learning and community participation. Many households are multigenerational, partly by choice and partly because of housing shortages. Consequently, numerous older adults help raise grandchildren and support working parents. This is possible, in part, because older women retire at the age...
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children and youth are also popular. Moreover, the 10,000 members of the non-governmental 120 Stars Club—
founded in 2004 as part of the Caribbean Medical Association—
participate in activities and disseminate information to support longevity (De la Osa, 2004; Molina, 2010). (The March
deligation had the opportunity to meet with the Club's founder and president, Dr. Eugenio Selman-Housein.)

The Cuban government provides multiple services for older adults. An interdisciplinary gerontological assessment team (Equipo Multidisciplinario de Atención Gerontológica, or EMAG) is based at each psychologic. Each EMAG includes a nurse, physician, psychologist, social worker, and—as needed—other professionals. The EMAG facilitates integrated community care for older adults, connecting individuals and families with resources such as Grandparents Círculos (Círculos de Abuelos, similar to U.S. senior centers), Grandparents’ Houses (Casas de Abuelos, similar to adult day health centers), home-based care, residential rehabilitation (protected houses), homes for individuals with Alzheimer’s disease and related disorders, medical specialty care, and other services (Hullo & Casalduo-Burral, 2010; Stray, 2010).

SERVICES FOR CHILDREN WITH SPECIAL NEEDS
Similar to aging services, programs for children with special needs employ an interdisciplinary team model. Teams often include parents, physicians, psychologists, social workers, special education teachers, speech and occupational therapists, and other professionals. Services include community-based Centers for Orientation and Diagnosis of Learning Disabilities (CDOs), and day treatment programs for children and adults with disabilities. Cuba also has a national network of Casas de Niños sin Amparo (Homes for Children Without Family Protection), residential facilities for children in the governmental foster care system.

MINASP also operates specialized pediatric mental health clinics, which serve children from around the world. While visiting one of these clinics, the February delegation met with Cristobal Martinez, MD, PhD, an internationally known Cuban child and adolescent psychiatrist. Dr. Martinez is an honorary member of the World Psychiatric Association and a strong supporter of the social work role in interdisciplinary health care.

NASW DELEGATION SITE VISITS
Each NASW delegation visited multiple programs in Havana. Descriptions of a few such visits follow.

CASA DEL ABUELO PLAZA
Casa del Abuelo Plaza is a day program for older adults situated in a house in a residential Havana municipality, Plaza de la Revolución. This program, in keeping with other casas de abuelos, is led by a social worker. Director Ivonne Gómez Ladrón de Guevara described how she engages elders in planning activities and running the program. NASW delegates witnessed this principle in action when they were greeted at the entrance not by the director, but by a program participant (pursued to the right).
The delegates enjoyed conversing with the older adults, many of whom were eager to describe their lives and work. The abuelo’s energy and enthusiasm confirmed Ms. Gómez Ladrón de Guevara’s depiction of how the program supports participants in overcoming isolation and coping with loss.

CONVENTO DE BELÉN
Situated in Old Havana, el Convento y Iglesia de Nuestra Señora de Belén (Old Church and Convent of Our Lady of Bethlehem) is a multishare center that provides not only day programs, nutrition,hidrotherapy, workshops, housing, and home-based services for older adults but also an early childhood center, an elementary school classroom, programs for children with special needs, and services to families. The Office of the City Historian, the Office for Humanitarian Affairs, and the Caribbean Order of the Sisters of Charity manage the Belén Convent, which receives charitable support from around the world. NASW members received moving and memorable welcome to Convento when more than 100 older adults stood and applauded the 17-person delegation’s entrance. Delegates enjoyed a brief concert and play performed by workshop participants and toured the building grounds, including the children’s area.

CUBAN CHILDREN: A PROTECTED CLASS
Historical events play a central role in Cuban child welfare policy. The country lost large numbers of children in the post-1959 population exodus. This loss subverted in Operation Peter Pan, the U.S.-endorsed airlifts to Miami of 14,000 Cuban children whose parents feared the Castro government. The international outcry despite involving Elian González (1999–2000) reignited Cuba’s custody laws. Cuban parents can be incarcerated and potentially lose their parental rights for

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and older men, at 60—though the average is increasing retirement age to 65, respectively ("Cuba to a Retirement Age," 2008). In addition to supporting younger family members, older adults also take classes, care in workshops, and learn advanced skills at Cuba’s university for older adults (Universidad del Abuelo) and in multiple community-based health, recreation, and social service programs.

Generational initiatives with youth and parents are also popular: across the 10,000 members of the governmental 10,000 Young-Old Club (CASOS de Niños y Abuelos, similar to U.S. senior centers), Casa de Niños sin Amparo (Homes for Children Without Family Protection), and protected houses (Casas de abuelos, similar to adult day health centers), home-based care, residential rehabilitation (protected houses), homes for individuals with Alzheimer’s disease and related disorders, medical specialty care, and other services (Hulko & Cascadell-Burling, 2010; Strang, 2010).

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Some of these characteristics reinforce directions in which the United States is moving; others may provide guidance to the United States as it struggles to meet increasing health care and social service needs with increasingly limited resources. The strengths of the Cuban system do not negate the challenges the country faces—some similar to the United States, some different—in providing social services to a diverse population. Nonetheless, many individuals whom the delegates met during site visits exhibited an appreciation for their lives and a positive energy related to the activities in which they were involved.

The trip to Cuba offered NASW delegates a unique experiential learning opportunity—one in which relationships with U.S. and Cuban colleagues were formed, connections made with Cuban children and elders across cultures and languages, and professional social work identity was strengthened. Despite the long-standing lack of diplomatic relations between Cuba and the United States, U.S. and Cuban social workers discovered common ground and reciprocal learning opportunities.

The report is dedicated to the memory of Marcia Klein, a participant in the March delegation, who died in August 2011.

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Through site visits and other interactions with Cuban colleagues, the NASW delegates were able to observe some of the strengths of the Cuban social service system:

- Promotion of biopsychosocial well-being through the systemic integration of health care and social services
- Promotion of family relationships and community connectedness
- Public health, prevention-oriented approach to health care delivery
- Availability of health care and social services regardless of ability to pay and employment or family status
- Neighborhood-level network of health and social service programs that foster interaction among community members and accessibility of services
- Use of data on prevalence of disease, disabilities, and social conditions to plan and implement health care and social service programs
- Social welfare policy that supports pregnant and parenting women
- Community-based, outpatient programs that provide family-centered health care for children with special needs
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- Social welfare policy that supports pregnant and parenting women
- Community-based, outpatient programs that provide family-centered health care for children with special needs
- High esteem for elders, who give and receive strong family and community support

DAY TREATMENT PROGRAM FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

The February delegation also visited a day treatment program for adolescents and adults with developmental disabilities. The center’s teen dance troupe, which had traveled to Minnesota in 2010 for a Special Olympics dance festival, performed for the delegation. NASW members also enjoyed seeing the many handcrafts created by program participants.

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The trip to Cuba offered NASW delegates a unique experiential learning opportunity—one in which relationships with U.S. and Cuban colleagues were formed, connections made with Cuban children and elders across cultures and languages, and professional social work identity was strengthened. Despite the long-standing lack of diplomatic relations between Cuba and the United States, U.S. and Cuban social workers discovered both common ground and reciprocal learning opportunities.

This report reflects the experiences of delegation leaders Stacy Collins, Chris Herman, and Joan Zlotnik—with grateful acknowledgment of delegation leader Luisa López, whose vision helped make the Cuba trips possible.
REFERENCES


