

## **LATIN AMERICAN SCHOOL OF MEDICINE**

### **Full Scholarship Program to Study Medicine in Havana, Cuba**

#### **What's the story of the Latin American School of Medicine?**

In 1998, when Hurricane Mitch devastated Nicaragua and Honduras, and Hurricane Georges lashed out at Haiti and the Dominican Republic, the Cuban government responded with a unique and generous offer. They immediately sent 2000 medical personnel to help out in the affected countries. But Cuba contributed much more than just short-term emergency relief. They pointed out that “the permanent hurricane of poverty and underdevelopment kills more people every year than these hurricanes just did...” And Cuba presented a comprehensive plan to create long-term health-care solutions for the nations of Central America and the Caribbean which are chronically poor. The idea behind the Cuban health care plan is to save as many lives every year as were lost in the hurricanes.

In 1988, the infant mortality rate in Nicaragua — before Hurricane Mitch — was 10 times as high as in Cuba; in Haiti it was nearly 20 times as high. And what was causing these high rates of infant death? Babies in the poorest regions die from very simple causes: dehydration, malnutrition, diarrhea, contagious diseases: problems that could be cured with a few pills, a little food or liquid, a simple vaccine. And, as Cuban President Fidel Castro said, it really wouldn't be so difficult to save those babies' lives. All that would be required, he said, is the medicines, and the medical personnel to administer them, and the political will to want to help.

Cuba has a highly sophisticated and world renowned health care system, and a surplus of well-trained physicians. And Cuba made a commitment to start training young people from Nicaragua, Honduras, the Dominican Republic, and Haiti to be doctors — in order to create a health-care infrastructure to serve future generations in these impoverished nations.

This is how the Latin American Medical School was founded: Cuba offered 500 full scholarships per year, for the next ten years, to students from the four nations affected by Hurricanes Mitch and Georges. In this way, Cuba would be training 5000 new doctors — young people who would not otherwise have had access to medical education — to serve in communities which had never had access to quality medical care. The only condition attached to the scholarship was that the students had to make a commitment to return to their home countries, where they would provide medical service in the communities where they were most needed — the poorest, the hardest-hit, the most remote communities of their home countries. The campus of a former naval academy on Cuba's north coast, just west of Havana, was quickly refurbished for this purpose, and the Latin American School of Medicine opened officially in March 1999.

The program was tremendously successful from the time it started. Other nations heard about the program and inquired about sending their own students. The program quickly grew to include students from 30 nations of Africa and the Americas, and now includes students from 124 countries.

The Cuban Ministry of Public Health has been able to accommodate the growth because of the large number of trained physicians and professors in Cuba, and because of their unwavering commitment to the program.

## **FREQUENTLY ASKED QUESTIONS**

### **Why are students from the United States studying medicine in Cuba?**

The Interreligious Foundation for Community Organization (IFCO) has been working since 1991 on a variety of projects to bring about reconciliation and normalized relations between the United States and Cuba and to challenge the immoral US economic blockade of Cuba. [See below for more information about IFCO's work.] Since 1999, IFCO has been working with the Congressional Black Caucus (CBC), organizing Congressional delegations to visit Cuba.\* It was during one of these delegations in May 2000 that Cuban medical school scholarships were first offered to US students. On the last night of their visit, the CBC delegation had an opportunity to meet with Cuban President Castro. In that meeting, a Congressman from the Mississippi Delta commended Cuba "for all that you have done to provide health care for the poorest people of the world." He had visited the Latin American Medical School, and had seen Cuba's exemplary health care system. He had heard about the services offered free of charge by Cuban doctors in Latin America and Africa. He had heard about Cuba's free treatment of more than 16,000 young victims of the Chernobyl nuclear disaster in the Ukraine. He had been to Africa and visited a brand-new hospital in the Gambia — which turned out to have been built and staffed entirely by Cubans. He went on to talk about the critical shortage of health care services in his own home district in Mississippi.

President Castro responded in detail to the Congressman's words. He indicated that he was aware of the living conditions and the lack of health care services in Mississippi, and in other so-called 'third-world' regions of our 'first-world' nation. And he extended an invitation for young people from Mississippi to study at the Latin American School of Medicine.

Later in June 2000, the Cuban Minister of Public Health visited Washington, DC for a meeting of the Pan American Health Organization. In a meeting with the Congressional Black Caucus, he expanded the invitation, offering not just to the Mississippi Delta but to all the districts represented by the Congressional Black Caucus the opportunity to nominate students to the Latin American Medical School.

Then, in September 2000, President Castro visited New York City to participate in the Millennium Summit of the United Nations. In his historic speech at the Riverside Church, he once again expanded the medical school scholarship offer — to qualified students from all regions of the United States, from low-income communities and communities of color, who would not otherwise have access to medical education. He noted that a medical education in the US can cost more than \$200,000; and he said that Cuba was interested in providing medical training to qualified students who are committed to working in medically under-served communities in the US, but would not be able to do so if they graduated with hundreds of thousands of dollars of debt.

IFCO — because of its excellent working relations with many sectors in Cuba, and with the Congressional Black Caucus, and because of its history of more than 40 years of creative community organizing for social, racial, and economic justice in communities across the US — was in a unique position to assume responsibility for administering the scholarship program for US students.

The first US students entered the program in the spring of 2001. By the spring of 2010, 122 US students from 29 states plus Puerto Rico and Washington, DC are enrolled, and 33 US students have already graduated with MD degrees. New students are admitted to enter the Latin American School of Medicine each February and August. Admissions requirements are described below.

### **What about the curriculum and course of study?**

The standard course of study at the Latin American School of Medicine is seven years. All classes are taught in Spanish. An additional semester of pre-med coursework is mandatory for all students. Intensive Spanish language training offered to students who need them, before the start of the six-year course of medical study. (See below for more information.) The specific course offerings for each semester are listed below. The course of study for the seven year program begins each September; the Spanish intensive course is offered in the fall semester, and the pre-med course review semester is offered in the spring semester.

All students spend their first two years of study on the campus of the Latin American School of Medicine, along with the other international students. During these first two years, the curriculum focuses on the basic medical sciences, and includes some practicum opportunities in neighborhood clinics. The first year of study follows an innovative plan called “morphophysiology,” which integrates the various basic sciences to enhance learning.

From the beginning of the third year until the end of the sixth year of medical study, students are located at one of Cuba’s 21 teaching hospitals, with Cuban and international students. (The US students are located in the City of Havana.) In these advanced years of study, supervised clinical practicum work on the hospital wards is incorporated with classroom and laboratory studies. The sixth year of medical study is the internship year, in which students complete rotations in internal medicine, pediatrics, obstetrics/gynecology, surgery, and general medicine.

In terms of subject matter, the Cuban medical curriculum corresponds very closely with how medicine is taught in the US. The teaching style, however, is different: the Cuban schools emphasize cooperative rather than competitive learning, smaller class sizes, frequent oral exams, and intensive tutoring to help all students succeed.

### **What about the pre-med and Spanish classes?**

Placement tests are administered to all incoming students to determine proficiency in the medical sciences and in Spanish. The officials at the Latin American School of Medicine will determine student's placement.

### **How good does my Spanish have to be?**

The Latin American School of Medicine offers a semester of intensive Spanish language training to students who come to the program with little or no Spanish. The Spanish intensive is offered in the fall semester. Pre-med students who have some Spanish proficiency can also receive Spanish classes while they are taking their pre-med courses.

Keep in mind that Spanish language "mastery" involves more than just casual conversational skills: students need to be sufficiently fluent in medical Spanish that they can ask questions -- in Spanish -- and understand the answers, in a biochemistry class.

### **Does the Latin American School of Medicine accept transfer students or offer advanced placement?**

In rare cases, admitted students who have completed one or more semesters of medical school training prior to their enrollment at the Latin American School of Medicine may be considered for advanced standing. Evaluations are done on a case-by-case basis, and involve detailed analysis of the students' prior coursework by the faculty of the Latin American School of Medicine. **PLEASE NOTE THAT CANDIDATES MUST STILL BE BETWEEN 18 AND 25. THERE WILL BE NO EXCEPTIONS.**

### **How is the academic calendar organized?**

The first semester of each school year begins in early September. First-semester exams are generally given starting in mid-January, and there is a brief recess between semesters during which US students focus on practicum work, studies, and preparation for the USMLE licensing exams. The second semester begins in late February or early March (this varies in different academic years); second semester exams are given starting in late June or mid-July.

Students who pass all their examinations on the first try will have vacation from mid-July until the end of August. (US students are strongly encouraged to use this vacation time for externships, research placements, and preparation for the USMLE exams.)

This is the only official vacation period in the academic calendar. There is a short winter break between semesters, but administrators of the Latin American School of Medicine encourage students not to travel at other times of the year, in order not to lose focus on their studies.

### **How are exams given?**

Frequent oral exams are given in most classes, and written mid-term and final examinations are given in all courses. Students who don't pass a final exam on the first try are given two more weeks to study and get additional tutoring, and then can retake

the exam. (This second try is called the “extraordinario.”) Students who don’t pass the extraordinario are able to retake the exam one more time in early August. (The third try is called the “mundial.”) Students who fail two or more mundial exams must repeat the entire academic year. This option to repeat a year can only be used once in the six-year course of study.

### **Is the Latin American School of Medicine accredited?**

The Latin American School of Medicine is fully accredited by the World Health Organization (WHO), which is the recognized body which confers accreditation on all international schools of medicine. In the United States, the Educational Commission for Foreign Medical Graduates (ECFMG) oversees licensing requirements for medical students who study in schools outside the US. The ECFMG fully recognizes any medical school which is certified by its own government’s Ministry of Health. Therefore students who study at the Latin American Medical School are considered by the ECFMG to have received a fully accredited medical education. The Latin American School of Medicine has also been evaluated and fully accredited by the Medical Board of California, which has the most stringent standards of any state in the US. This means that graduates of the Latin American School of Medicine are recognized as fully qualified to apply for medical residency in any state of the US.

### **Will I be able to practice medicine when I return to the US?**

In order to practice medicine in the US, students at the Latin American School of Medicine need to pass a series of US Medical Licensing Exams (USMLEs). These are the same requirements that apply to any US student who studies in any medical school, whether in the US or in another country. The Step 1 exam is a computer-based multiple-choice exam which focuses on the basic medical sciences. The Step 2CK exam focuses on clinical knowledge. The Step 2CS exam tests clinical skills: the student actually interacts with model patients in a simulated clinical setting. These Steps can be taken in any order after the second year of medical school, with the written agreement of the dean of the medical school. Students at the Latin American School of Medicine begin their studies for the USMLEs starting with their first-year courses, and begin to sit for the exams after the third year of study. In addition, each student must complete a residency program in the United States, and must take the Step 3 exam during the residency program.

Careful consideration has been given to the particular needs of US students as they prepare for these essential examinations. Faculty and administrators at the Latin American School of Medicine have analyzed the US Step exams to be sure that all anticipated items are covered in detail in their course offerings. Some slight adjustments have been made in the standard Cuban course sequence to accommodate the special needs of US students (for example, offering Pharmacology in an earlier semester so students can prepare for the Step 1 exam).

In addition, US physicians who are members of IFCO’s Medical School Advisory Committee offer supplementary short courses to the US students, in several subject

areas which are included in the Step 1, Step 2CK, and Step 2CS exams, but which are taught from a different perspective in the Cuban curriculum — courses such as Medical Ethics, Legal Medicine, Family Medicine, and Nutrition.

Supplemental study groups are also established for all US students to help prepare them for the Step 1 exam. These study groups are considered mandatory — even though they are not a formal part of the Cuban curriculum — since all US students will need to be sufficiently prepared to pass the USMLE exams or else they will not be allowed to practice in the US. Resources such as the “First Aid” study guides, sample tests, etc., are being made available to the US students. All students who study medicine in foreign medical schools and wish to practice medicine in the United States also need to complete a medical residency in the US. Residency placement in the various areas of specialization is a highly competitive process which is based in large part on students’ scores on the USMLE examinations.

### **What is the attrition rate at the Latin American Medical School?**

Since US students first started enrolling in the Latin American School of Medicine in the spring of 2001, about 20% of enrolled students have left the program, and 80% have remained enrolled. This rate is exactly comparable to the attrition rate at any medical school in the US. Most of the students who have chosen to leave the program

have left for personal or family reasons, or because studying medicine in Cuba just wasn’t a good fit for them. Very few have left for academic reasons.

### **What does the scholarship include?**

The scholarship includes full tuition, dormitory housing, three meals per day at the campus cafeteria, textbooks in Spanish for all courses, bedding, and a small monthly stipend in Cuban pesos, school uniform (short-sleeved white lab coat; but you’ll probably want to bring your own dark blue pants (not jeans) or skirts, and your own comfortable black shoes). **The scholarship does not include travel expenses to and from school; it does not include the fees for taking the USMLE exams; it does not include costs for supplemental English-language textbooks.** IFCO has provided a small library of supplemental English-language medical textbooks for the use of the US students and other students from English-speaking countries.

### **What about campus life?**

Campus life at the Latin American School of Medicine is a vibrant, multi-cultural experience. Daily life is shared with students from more than 124 nations and the richness of this cultural diversity is celebrated by the school. Student delegations from each nationality organize “Culture Night” galas in which they showcase and share their own cultural traditions.

Dormitory accommodations are very spartan. Living conditions are quite modest, and students coming from the so-called ‘first-world’ environment of the US need to be prepared for this. Dormitory rooms have bunk beds and lots of people sharing space; and there are occasional power outages. Three meals a day are provided free of charge at the cafeteria, but the food is very simple: lots of rice and beans. Snack bars and small restaurants on and off campus provide inexpensive meals for a few US dollars or Cuban pesos.

All students are required to live in the dormitories on campus during the first two years of study (and any pre-med semesters). **No special accommodations can be made for married students or for students with children. Please note that NO exceptions are made to this rule.** Students should be prepared to make a number of lifestyle adjustments — to the Spanish-speaking environment, the relative lack of private space, the spartan living conditions. Students who are open to making these adjustments — and who understand the incomparable value of what is being offered in this unique program — will also find the experience of campus life to be extraordinarily enriching.

### **How do I communicate with folks at home?**

Because of the US economic blockade imposed against Cuba, communications between the two countries are not always easy. E-mail availability on campus is limited, since many students share access to the campus computing center, where they can sign up for computer time. Internet access is also available from certain hotels for an hourly fee. Phone cards can be purchased for international calls. Cell phones are available but generally very expensive to use.

### **Is it legal for the medical students to travel to Cuba?**

Yes! — but it is important to understand the context. As part of the US economic blockade against Cuba, restrictions have been imposed on US citizens’ travel to Cuba. Students at the Latin American School of Medicine were initially considered exempt from these restrictions, since they were “fully hosted” — with all their expenses paid by the Cuban Ministry of Health. When President Bush, in an attempt to appeal to ultra-right-wing Cuban-American voters in Florida, tightened restrictions against Cuba in June 2004, the “fully hosted” category was eliminated and the students’ status was threatened. But IFCO launched a tremendous grassroots campaign of calls and letters to the US Treasury and State Departments, and 28 members of the Congressional Black and Hispanic Caucuses wrote a letter to Secretary of State Colin Powell, insisting on the students’ right to continue their studies. Our campaign was victorious: the US government granted a special travel authorization for all present and future students enrolled in the Latin American School of Medicine. Thus it is fully legal for students to travel to and from school.

We continue working for an end to the travel restrictions and all US sanctions against Cuba — and we hope you will join us in this work.

## **What is IFCO?**

The Interreligious Foundation for Community Organization (IFCO) is a multi-issue national ecumenical agency, which was founded in 1967 to organize and to assist local communities who are organizing around issues of racial, social, and economic justice. The first national foundation directed and controlled by people of color, IFCO has initiated, advised, and given support to hundreds of community-based projects in all regions of the US, and has stimulated progressive social ministry in many local churches. IFCO's work has focused on both domestic and international issues: on civil and human rights, education, housing, and health care; women's rights, farmworkers' rights, Native Americans' rights; sterilization abuse, grand jury abuse; and the support of liberation struggles around the world. Among the tools IFCO has used to fulfill its mission are technical assistance, training, grassroots education, networking, and the creation of new organizing models.

IFCO's international work, which began in Africa in the 1970s, has focused on Central America and the Caribbean since the early 1980s. IFCO's project Pastors for Peace was founded in 1988, one day after IFCO's executive director survived a first-hand experience of contra terrorism in Nicaragua. The project was designed to respond to the brutality of that so-called "low-intensity war" with actions based in peaceful resistance.

The objective of our first Pastors for Peace caravan was to galvanize direct hands-on solidarity with the victims of US foreign policy in Nicaragua — to educate US citizens at the grassroots about the brutality of US policy, and to engage them in actively resisting that policy by sending aid to the Nicaraguan people. The project has grown and generalized; since 1988, we have successfully organized more than 50 caravans of aid to Nicaragua, El Salvador, Guatemala, Honduras, Chiapas (Mexico) and Cuba. In many ways, the culmination of this work has been the series of "annual Friendshipment" caravans which IFCO/Pastors for Peace takes to Cuba. These caravans have delivered more than 3000 tons of humanitarian aid to the Cuban people, as a nonviolent direct challenge to the brutal US economic blockade of Cuba. The caravans have also provided an opportunity for numerous US citizens to see Cuba with their own eyes. In addition to the Pastors for Peace/Friendshipment caravans, IFCO organizes study tours, delegations, construction brigades, speaking tours, exchanges, and advocacy projects, all in favor of a more humane US foreign policy in our hemisphere.

IFCO is honored to have been chosen to administer the scholarship program for US applicants to the Latin American School of Medicine. IFCO has come to play this role because of its history of prophetic work in solidarity with Cuba; its close relationship with the Congressional Black Caucus; and its historic commitment to support efforts to improve the quality of life in our own nation's most under-served communities.

## **What are the admissions requirements for the Latin American School of Medicine?**

Prospective students who wish to be considered for the US scholarship program at the Latin American School of Medicine must be US citizens (with a US passport),

**BETWEEN THE AGE OF 18 AND 25 AT THE TIME OF COMPLETED APPLICATION** with proficiency in college-level sciences (a minimum of one year each of biology, physics, general/inorganic chemistry, and organic chemistry (all with lab), and a commitment to practice medicine in low-income and medically under-served communities in the US after graduation. Persons of color and/or persons from low-income backgrounds are especially encouraged to apply.

Applicants must submit an application form, personal essays in English and Spanish, transcripts, letters of reference, medical history, and other documents. A personal interview is required; MCATs are not required. Applications are screened by IFCO's Medical School Advisory Committee, which is made up of physicians, professors, and other professionals. Selected applicants will be invited to participate in a two-day group orientation program, which serves as an additional step in the screening process. When the Medical School Advisory Committee has made its final recommendations, the files of selected applicants are submitted to the administrators of the Latin American Medical School and the Cuban Ministry of Public Health; they make the final admissions decisions.

**IT IS VERY IMPORTANT THAT ALL APPLICANTS READ THIS DOCUMENT IN FULL BEFORE CONTACTING THE IFCO OFFICE.**

Applicant criteria

- **Be US citizens (with US passport)**
- **Be between the ages of 18 and 25 at the time of COMPLETED APPLICATION**
- **Must have completed the following college-level, pre-med science courses:**
  - **One year of biology with lab (Biology I and II with labs)**
  - **One year of chemistry with lab (General Chemistry I and II with labs)**
  - **One year of organic chemistry with lab (Organic Chemistry I and II with labs)**
  - **One year of physics with lab (Physics I and II with labs)**
- **Be physically and mentally fit**
- **Come from the humblest and neediest communities in the US**
- **Be committed to practice medicine in poor and underserved US communities after graduation.**

Applicants will be carefully selected by the IFCO Medical School Advisory Committee, based on applications, transcripts, interviews, letters of reference, etc. Final admissions

decisions will be made by administrators of the Latin American School of Medicine and the Cuban Ministry of Public Health.