

The Future of Health in Cuba

Traci Potterf

While the term “Cuban health care” conjures visions of a state-run health delivery infrastructure, the struggle for health and well-being in Cuba extends beyond both biomedicine and government planning. The complex lived reality of Cuban health seeking may only be understood in the context of everyday actors’ struggles and creativity. The phrase *invento Cubano* (Cuban invention) is used daily to refer to the endless creative strategies people devise to overcome the obstacles that impede their most routine endeavors. They may fill sausage casings with flour and pork fat where meat is too expensive, or use ashes to wash dishes where there is no detergent. Tin cans are commonly transformed into light fixture or bath water heating elements. Similarly, healthcare professionals and average citizens alike consider the ability to creatively resolve health concerns essential for overall well-being. In many cases it saves lives.

People are increasingly combining free access to state sponsored biomedicine, internationally recognized forms of “alternative” medicine, a variety of popular healing modalities and eclectic forms of self medication. Cuba’s citizens have experienced a tumultuous history of political economic upheaval and fluctuating degrees of social control alongside the benefits of progressive social reforms, including free health care. The effects of these dynamics have been felt in people’s day-to-day lives, impacting their health and influencing the availability and appeal of diverse health strategies.

Background

The 1959 Revolutionary government nationalized health care and succeeded in extending medical services into the most remote populations. (Rojas, 1986; Araújo and Figueroa, 1985; Danielson, 1979; Ministerio de Relaciones Exteriores, 1965) As public health statistics approached those of “first world”

countries, Cuba's public health program received international fame. MacDonald, 1999; Bravo, 1993; Feinsilver, 1989; Díaz-Briquets, 1983; Danielson, 1979) With the support of the Soviet Union, the government focused economic production on cash crops, and most Cubans could survive on their meager salaries. These achievements were accomplished in spite of continuing U.S. economic sanctions that increased food and health care costs as well as denied Cubans access to U.S. patented medications and manufactured products, such as parts necessary to repair and maintain hospital equipment and water treatment facilities. (MacDonald 1999; Rosendahl 1997; American Association for World Health, 1997; Nayeri 1995)

The fall of the Soviet Union resulted in a severe economic crisis, coined by Castro as the "Special Period," that left Cuba without enough food, fuel or medical supplies. Hospital equipment and water treatment facilities fell into disrepair. This resulted in malnutrition, diminished the quality of health care and compromised water sanitation among many other significant hardships with direct health implications. While the Special Period is frequently referred to in the past tense, most people I spoke to still feel its effects today.

Improvements have been due, for the most part, to tourism, biotech, the legalization of the dollar, limited privatization of the economy and agricultural reform. (Enriquez, 2000 and 1994) Furthermore, Cuba's alliance with Venezuela has not only provided a political ally but also served as a primary source of affordable petroleum. Cubans fear that political upheaval surrounding Hugo Chavez's government might lead to severe fuel shortages, resulting in a return to conditions not unlike those suffered during the height of the Special Period. During that time oil shortages paralyzed farm equipment and transportation of people, food and supplies, as well as left homes, factories, hospitals and water treatment plants with precious little electrical power.

With the onset of the Special Period, Cubans could no longer live off of their salaries. They responded with a shift to a dominant, albeit submerged, black market economy which persists today. Cubans' survival has come to depend on the black market, which is built on networking, cooperation, creativity and calculated risk. However, the government has consistently responded to external political pressure and internal economic crisis with a system of strict social control to identify and eradicate anti-government activity, black market business and any other behavior considered "anti-revolutionary" or "anti-social."

When the need to survive on the black market is combined with ensuing policies of strict government control, the result is increased paranoia and interpersonal conflict, which, according to Baracoeses, increased the prevalence of *envidia* (envy), *nervios* (nerves) and even accusations of witchcraft. The outcome is a distrustful, forced interdependence in the struggle to put

food on the table—a stressful combination that is in itself a cause of illness. In fact, *nervios*, a term predominantly used by both doctors and patients to describe stress, depression and anxiety, has become one of the most common health complaints in Cuba. (Potterf 2006)¹ Most of the individuals I interviewed had in the past or were currently taking sedatives for their “nerves,” most commonly diazepam, meprobamate, chlordiazepoxide and chloral hydrate.

In addition to psychological stress, many other illnesses can be linked to political and economic factors. For example, during the Special Period neuropathy nearly became an epidemic as a result of malnutrition and is still common today. (Claudio 1999; American Association for World Health, 1997; Nayeri 1995) Although agricultural reform is gradually diversifying food production, dietary culture is slow to change. (Enriquez, 2000 and 1994) According to observations and interviews with health care workers, obesity is on the rise, largely due to diets high in sugar, starch, refined carbohydrates and animal fat. These foods are popular, not only due to historical limitation of options, but because in times of poverty, popular emphasis has been to fatten oneself up (*engordarse*). Ironically, as a result, many overweight people still suffer malnutrition due to vitamin and mineral deficiencies. Diabetes is also very widespread, which is largely attributable to diet. Nearly every person I interviewed complained of blood pressure problems, which they linked to diet, climate and stress. Kidney problems as well as dermatological and intestinal parasites are rampant, arising from poor hygiene and bad water quality.

While tourist facilities, including tourist hospitals are run with new, well-maintained equipment, including up-to-date back-up generators, most of Cuba does not enjoy this luxury. Just as pharmacies lack important medications, hospitals are often without the most basic necessities, such as sterilization chemicals, suturing thread and anesthesia. Laboratory test specimens often become contaminated and must be repeated. Hospital bathrooms are, more often than not, on par with those in bars for locals, while tourist facilities are always impeccable. Not surprisingly, staphylococcus infections are quite common among Cubans, particularly following hospitalizations. Luckily, antibiotics are generally available.

Dr. Javier Muñoz, a surgeon I knew in Baracoa, nearly decided to give up medicine when, during a blackout, a generator failed, causing the deaths of patients on artificial respiration. He was both devastated and angry. Why, he demanded to know, should his country’s poverty, exacerbated by the U.S.

1. For more on *nervios* in the contexts of poverty and socio-political repression, see Green 1994, Rebhun 1993, Scheper-Hughes 1987, 1992.

embargo, be the cause of these people's deaths? In the game of politics, what fault did they have?

Hospital equipment often predates the Revolution. Many units were made in the U.S. which, due to both the embargo and the fact that most are no longer manufactured, precludes the possibility of acquiring replacement parts. Others may be obsolete Soviet models whose parts are also nearly impossible to obtain. Not only can the government not afford to replace all of the equipment, but small towns, such as Baracoa, are lower on the priority list than facilities in cities serving larger populations. It is also important to understand that Cuba's electricity is petroleum derived. Therefore, petroleum shortages translate into regular, sometimes daily, planned and unplanned electrical outages. The failure of a hospital's back-up generator during a blackout is certain to prove life-threatening.

Overcoming Illness

Fieldwork in Baracoa revealed how national and international political economic pressures not only constitute root causes of health concerns, but also shape coping mechanisms. Cubans have responded to health crises much as they respond to any other need—with cooperation, networking, stop gap solutions, creative inventions and black market strategies. A long history of natural and traditional healing, access to modern medical technology, the influences of foreign visitors and international trends in alternative medicine have led both state-administered and popular sectors to adopt increasingly pluralistic medical practices.

State Sponsored Health Care

As previously discussed, while the Cuban government is world-renowned for its free health delivery, the system often does not work the way it was originally designed. This is not due to lack of competent and dedicated practitioners, but due to the effects of scarcity, such as electrical outages, outdated equipment, contaminated water and supply shortages. Many supplies “disappear” into the black market and mysteriously reappear in time for state inspections. Not only do many health professionals earn more money selling socks or renting rooms to tourists, but there are also individuals who make use of their access to medical supplies to augment their income.

Nevertheless, scientists and public health employees are constantly adapting to their circumstances and coming up with new ways to overcome these problems. On a day-to-day basis, doctors must turn to stop gap solutions, such as substituting sewing thread for suturing thread or prescribing Benadryl instead of Valium. Meanwhile, public health officials search for more long-term approaches.

Whereas at the outset of the 1959 Revolution, “popular” and “traditional” medicine was strongly discouraged, if not prohibited, the state now utilizes a wide range of approaches, such as homeopathy, acupuncture, apitherapy (medicinal use of bees and bee products) and phytotherapy (medicinal use of plants) in conjunction with conventional allopathy as part of their *Medicina Tradicional y Natural* (Traditional and Natural Medicine) agenda. Doctors I interviewed report that Cubans are highly receptive to natural and traditional therapies, which is not surprising given Cuba’s long tradition of curing with an eclectic blend of plant, animal, mineral and spiritual modalities. (Cabrera, 1984 and 1954; Seoane 1984 and 1962) Nevertheless, while natural and traditional remedies are lower in cost than many conventional therapies, limited access to supplies and information is still a hindrance, particularly in facilities outside of Santiago de Cuba and Havana.

Popular Healing and Self Medication

Fieldwork revealed that, although the Cuban health system has won people’s trust in treating a wide array of illnesses, shortages of medical resources are not its only limitation. There are underlying causes of illnesses that the Ministry of Public Health (MINSAP) does not sufficiently address, such as dietary deficiencies, environmental contamination, political repression and pay so disproportionately low that it often covers less than 10 percent of that which is needed for basic subsistence. Patients are often hesitant to openly discuss the effects of these issues on their health for fear that their sentiments will be associated with an “anti-revolutionary” attitude.

What is now termed “natural and traditional medicine” by the government is generally reduced to “alternative medicine” and secular elements of popular healing. While Cuba has its share of Atheists, a great many Cubans—doctors and scientists included—observe direct relationships among their social reality, the roots of illness and the spiritual realm. As is the case in most biomedical systems, state care is not designed to deal with social and spiritual elements considered intrinsic to many health concerns. Via informal strategies within the popular sector, Cubans often find ways to treat social and spiritual aspects of illnesses that state care does not officially address. They may also turn to these alternatives due to pharmaceutical shortages, to avoid long waits or simply because they believe that “natural” or “spiritual” remedies are better at curing certain ailments. In fact, doctors and scientists commonly seek popular healers for their own concerns and informally refer patients to *santeros*, *spiritists* and *herbalists*.

One common type of popular healer is the *botánico*, or botanical doctor, who in addition to utilizing plants employs animal and mineral remedies indigenous to the region. They may either harvest materials themselves to prepare medicines or direct their patients to prepare more common remedies

at home. While some Botánicos have no formal scientific background, many others are trained scientists who combine both traditional and scientific concepts in their practices and whose knowledge is actively sought out by state-employed doctors and scientists.

Religion and spirituality play an important role in healing for a great many Cubans. (Orozco and Bolívar, 1998) God, spirits and saints, often synchronized with Afro-Cuban deities, are seen as possessing powers far mightier than the government or science and often provide a “way out” or around seemingly formidable circumstance. (Fernández, 2002) Medico-religious healers include spiritists and practitioners of Afro-Cuban religions, such as Santería and Palo Monte. (Córdova Martínez and Barzaga Sablón, 2000; Larduet Luaces, 2000; Barnet, 1997; Bolívar, 1997; Sandoval, 1975; Ortiz, 1973; Bascom, 1950) Practitioners may attribute disease, disturbing life events and bad luck to factors such as a person’s *envidia* (envy), *mal de ojo* (evil eye), or, in rare cases, *hechicería* (witchcraft). Health concerns might also stem from a displeased *orixa*, saint or *muerto* (deceased person) who must be appeased with rituals, offerings and prayer. For many, Catholic and Protestant church attendance provides community support in times of illness, a venue to seek the help of God or saints and, in many cases, an opportunity for a faith healing experience. Cubans also consult with people they simply refer to as *gente que sabe* (people who know), usually elders that have a *don* (gift from God) or who have passed along knowledge from one generation to the next.

Cuba follows the Caribbean pattern of predominantly female-headed households. (Holgado Fernández, 2000; Trouillot, 1992) Despite the undeniable presence of machismo in Cuba, women play a very important role in health management. My study revealed that, in addition to their active participation in the official health care sector, the predominance of women’s roles as household heads, breadwinners, caregivers and sources of vast arrays of both traditional and scientific knowledge are crucial in overcoming scarcity to maximize health for the population as a whole.² Women and men were highly communicative and openly share health issues with each other. More often than not, men deferred to female household members in making decisions about their health.

Another crucial aspect of health management in Cuba is self-medication. In addition to consultations with state health practitioners and popular healers, Cubans commonly self-medicate for a wide array of conditions, from parasites, cystitis and *nervios* (nerves) to *envidia* [envy] and *mal de ojo* [evil eye]. The household is a focal point for health negotiation as well as for the storage and preparation of “natural,” “traditional” and conventional reme-

2. For more on women’s roles in Cuba, see Holgado Fernández, 2000 and Rosendahl, 1997.

dies. While many people's medications are prescribed by a doctor, others obtain pharmaceuticals through social networking and the black market. Most households have a dozen or so medications on hand at all times, including state-prepared "natural and traditional" remedies, such as plant-based syrups and creams. In addition to prescription medicines, people will often grow medicinal plants in the patios of their homes, maintain altars and prepare do-it-yourself rituals.

People are heavily reliant on tourists and relatives living abroad, not only for financial support, but also to supply them with information and medications that are otherwise unobtainable. Though few Cubans who are not health care practitioners or researchers have access to the internet, those who do are able to obtain and share health knowledge with their communities. Citizens are also increasingly motivated by both public health propaganda and international health and fitness trends to exercise and watch their diet, despite limited access to equipment and a popular dietary culture that encourages high-caloric intake and significant animal fat consumption.

Pluralisms and Crossovers

It is important to note that the hybrid and inventive nature of medicine *a lo Cubano* is not a new phenomenon. The island has seen a protracted history of blending both medico-religious and nonreligious concepts. Cuban medical practices, as eclectic as Cubans themselves, have long mingled African, Spanish, French, North American and indigenous derived traditions with science and knowledge of local flora, fauna and minerals. (Cabrera, 1984 and 1954; Roig y Mesa, 1945) However, prior to the revolution, access to conventional allopathy generally correlated with social class and racial divides. Poor people, particularly rural populations and blacks, had little choice than to rely on popular medicine. That is not to say that those who were given the choice did not combine conventional medical remedies with both secular and religious forms of popular medicine.

The Revolution's approach to traditional medicine was, at first, one of disallowance. There was an effort to replace "popular" healing with "community" support of state sponsored biomedicine. (Iatridis, 1990; Rojas, 1986; Ministerio de Salud Pública, 1977) Even so, people continued to utilize medico-religious and natural remedies behind closed doors. The resource shortages sparked by the Special Period combined with acceptance of "alternative" medicine in international scientific circles opened dialogue. Individuals began to utilize traditional medicine more openly and health officials reconsidered their initial position. Not only has the state officially embraced "Traditional and Natural Medicine," but the general population has

acquired an astounding level of health literacy, incorporating biomedical and “alternative” concepts into both popular expert healing and self medication practices. The result has been increasingly dynamic exchanges among biomedicine, international trends in “natural” medicine and Cuban health traditions, as scientists biomedicalize traditional Cuban remedies and Cubans popularize scientifically validated remedies.

The government has developed native medicinal plants into medications, such as *oreganón* (a large-leaf species of oregano) and *copal* for respiratory problems and the bark of the *mango macho* tree for inflammation and a variety of dermatological conditions, including cancer, wrinkles and burns. State and scientific validation of these remedies has dramatically increased their popularity. Now, people vie for the limited production of plant-based syrups and strip *mango macho* trees of their bark to prepare as a tisane.

Doctors in Baracoa encourage patients to do *inhalaciones* (inhalations) to clear lung congestion as has been done for generations, by boiling bitter orange leaves and inhaling the vapors, though nowadays many people add menthol from the pharmacy. Similarly, doctors might formally or informally recommend any number of indigenous plant-based tisanes or the water of the young coconut to remedy kidney problems, which are common due to the local water’s high mineral and microbial content.

Similarly, in response to its world reknown, the Cuban government has begun manufacturing placenta shampoo. I knew women in Baracoa with access to dollars who would buy human placentas from doctors and fry them in coconut oil, which people would then apply to their hair to prevent breakage and promote growth. Doctors and scientists I interviewed laughingly point to this as an example of an *invento Cubano* (Cuban invention)—a creative strategy that they explain, in this case, is not effective because the heat from the frying destroys the beneficial properties of the placenta. The international popularity of *noni*—a fruit which grows in eastern Cuba and was previously considered useless—has taken off in Cuba as a sort of panacea thought to cure over 100 illnesses. The government now cultivates and packages noni for foreign markets, tourist hospitals and use in public health where, due to financial constraints, it is reserved for serious conditions, such as cancer. *Noni* trees may be easily found in and around Baracoa. As MINSAP touted the curative properties of this fruit via publications, television, and notices in the local hospital, Baracoeses began selling it in markets and attempting to prepare it in home remedies.

Concluding Remarks: Cuba's Health Care Trajectory

This study revealed how particular events, policies and practices, on both domestic and international scales, impact everyday Cubans' health and well-being. The black market, stop-gap solutions and medical pluralism constitute adaptive strategies that enable people to deal with a wide range of illnesses in times of severe economic and social hardship. In fact, one of the most significant findings revealed in my research is that these ever-evolving "informal" strategies compose one of the most vital aspects of overall health-seeking in both state and popular sectors. While current academic literature on health in Cuba is generally limited to "formal" aspects of state sponsored biomedicine, this project confirms the importance of examining the health care struggle from a much broader perspective to reflect health dynamics as they are lived and experienced.

Though prior to the 1959 Revolution, Cuba was ahead of most of Latin America in terms of health statistics, healthcare was largely unavailable to the majority of Cubans, particularly rural, poor and black citizens. Since that time, Cubans have come to see unlimited access to state health care as an inalienable right that has proven essential for their well-being in times of extreme hardship. In fact, in a country divided by political views, health care as a human right seems to be one of the few points of agreement among Revolutionary supporters and dissenters alike. The people I interviewed expressed a profound fear that, should U.S. and radical Miami Cubans' agendas prevail upon Castro's passing, Cubans will have to endure the prohibitive healthcare costs and abject inequity suffered in the U.S. and the rest of Latin America.

It is also crucial to recognize that biomedicine composes only one component of health seeking. The case of health care in Cuba reveals an eclectic blend of science, tradition, technology and nature, enmeshed in a complex political economic and social reality. Findings suggest a popular preference for the continued development of a state-sponsored, medically pluralistic health care model. People also expressed a desire for the conservation of popular spiritual and healing practices.

Health care efforts currently underway are riddled with obstacles and pitfalls that fall only in part under the jurisdiction of MINSAP. The future health care options that will be available to Cubans, both during and following Castro's regime, depend in large part on the very same factors that have shaped health care up until now: Cuba's economic policies, wealth equity, social policies (including those of MINSAP), world events and foreign relations. The impacts of U.S. policies as well as the influence of predominantly Miami-based dissident groups will undeniably play important roles that may facilitate some aspects of Cuban people's sovereignty while, as a great many fear,

undermining others, such as their desire for continued social programs, including state-sponsored health care and education. Communication, information and bio technologies will continue to make their mark as will global health trends, tourism and Cubans living abroad.

As necessity is the mother of invention, crisis and hardship have bred a movement toward progressive, integrative health care practices that are, nevertheless, still greatly limited by economic constraints and political rigidity. Optimistically, one would hope that despite present shortcomings Cubans would continue on this path through prosperity and regime change. Even with economic improvement, Cubans will need the continued support of their government to improve sanitary conditions as well as to prioritize equitable access to health services. Cubans will, in all likelihood continue the use of natural and traditional remedies, including those of a spiritual nature, regardless of economic conditions, as these modalities have been integral to Cubans' well-being from the country's inception.

Material, political and social dynamics will shape, but not entirely determine, the diversity and availability of tool boxes with which Cubans will mend their health. Individual Cubans will play a great role in determining the future of health in Cuba. After all, they are the ones who are caught in the middle of Cuba's internal and external political economic tug-of-wars and who will live the consequences through their bodies.

Bibliography

- American Association for World Health. 1997. *Denial of Food and Medicine: The Impact of the U.S. Embargo on Health and Nutrition in Cuba*. Washington, DC.
- Araújo Bernal, Leopoldo and José Lloréns Figueroa, eds. 1985. *La lucha por la salud en Cuba*. Mexico: Siglo Veintiuno editores, S.A. de C.V.
- Barnet, Miguel. 1997. "La Regla de Ocha: The Religious System of Santería." In *Sacred Possessions: Vodou, Santería, Obeah, and the Caribbean*, Fernández Olmos and Paravisini-Gebert, eds. New Brunswick: Rutgers University Press, 1997.
- Bascom, William. 1950. "The focus of Cuban Santería." *Southwestern Journal of Anthropology*, VI(1): 64-68.
- Bolívar Aróstegui, Natalia. 1997. *Cuba: Imágenes y relatos de un mundo mágico*. Ciudad de la Habana: Ediciones UNIÓN.
- Bravo, Ernesto Mario. 1993. *¿Desarrollo en el subdesarrollo? La biomedicina en Cuba*. Buenos Aires: Centro Editor de América Latina S.A.
- Cabrera, Lydia. 1984. *La medicina popular de Cuba: medicos de antaño, curanderos, santeros y paleros de hogaño*. Miami, Fla: Ultra Graphics Corp.
- Cabrera, Lydia. 1954. *El Monte*. La Habana: Ediciones C.R.
- Claudio, Luz. 1999. "The Challenge for Cuba." *Environmental Health Perspectives*. 107(5): A246-A251

- Córdova Martínez, Carlos and Oscar Barzaga Sablón. 2000. *El Espiritismo de Cordón*. Fundación Fernando Ortíz: La Habana.
- Danielson, Ross. 1979. *Cuban Medicine*. New Brunswick, N.J.: Transaction Books.
- Díaz-Briquets, Sergio. 1983. *The Health Revolution in Cuba*. Austin: University of Texas Press.
- Enriquez, Laura J. 2000. "Cuba's New Agricultural Revoltution: The Transformation of Food Crop Production in Contemporary Cuba." *Development Report No. 14, Food First-Institute for Food and Development Policy*.
- Enriquez, Laura J. 1994. *The Question of Food Security in Cuban Socialism*. Institute of International and Area Studies, University of California: Berkeley.
- Feinsilver, Julie M. 1989. "Cuba as a 'world medical power:' the politics of symbolism." *Latin American Research Review*, 24(2): 1-34.
- Fernández, Damian J. 2000. *Cuba and the Politics of Passion*. University of Texas Press: Austin.
- Green, Linda. 1994. "Fear as a Way of Life." *Cultural Anthropology*, 9(2): 227-256.
- Holgado Fernández, Isabel. 2000. *¡No es fácil! Mujeres Cubanas y la crisis revolucionaria*. Capellades (Barcelona): Romanyà/Valls, s.a.
- Iatridis, Demetrius S. 1990. "Cuba's health care policy: prevention and active community participation." *Social Work*, 35(1): 29-35.
- Larduet Luaces, Abelardo. 2002. *La Nganga: Centro de Culto Palero*. Ediciones Santiago: Santiago de Cuba.
- MacDonald, Theodore H. 1999. *A Developmental Analysis of Cuba's Health Care System Since 1959*. Lewiston, Queenston and Lampeter: The Edwin Mellen Press.
- Ministerio de Relaciones Exteriores, Dirección de Información, República de Cuba. 1965. *Cuba: Salud Pública y Socialismo/Cuba: Public Health and Socialism/Cuba: Sante Publique et Socialisme*. La Habana.
- Ministerio de Salud Pública, República de Cuba. 1977. *Fundamentación para un nuevo enfoque de la medicina en la comunidad*. Santo Domingo: Departmento de Publicaciones, Universidad Autónoma de Santo Domingo.
- Nayeri, Kamran. 1995. "The Cuban health care system and factors currently undermining it." *Journal of Community Health*, 20(4): 321-334.
- Orozco, Román and Natalia Bolívar. 1998. *Cuba Santa: Comunistas, santeiros y cristeros en la isla de Fidel Castro*. Madrid: Grupo Santillana de Ediciones, S.A., Ediciones El País, S.A.
- Ortíz, Fernando. 1973. *Los Negros Brujos*. Miami: Ediciones Universal.
- Potterf, Traci. 2006 (forthcoming). "Nervios: Lessons from Cuba's Oriente." In *Suffering the Slings and Arrows of Outrageous Fortune: International Perspectives on Stress, Laughter and Depression*, Bernie Warren (ed). New York: Rodopi Press.
- Rebhun, Linda-Anne. 1993. "Nerves and Emotional Play in Northeast Brazil." *Medical Anthropology Quarterly, New Series*, 7(2): 131-151.
- Roig y Mesa, Juan Tomás. 1945. *Plantas Medicinales Aromáticas o Venenosas de Cuba*. Habana: Cultural, S.A.

- Rojas, Marta. 1986. *El médico de la familia en la Sierra Maestra*. Ciudad de la Habana: Editorial "Pablo de la Torriente" and Editorial Ciencias Médicas.
- Rosendahl, Mona. 1997. *Inside the Revolution: Everyday Life in Socialist Cuba*. Ithaca: Cornell University Press.
- Sandoval, Mercedes C. 1975. *La Religión Afrocubana*. Madrid: Colección Plaza Mayor Libre.
- Scheper-Hughes, Nancy. 1992. *Death Without Weeping: The Violence of Everyday Life in Brazil*. Berkeley, CA: University of California Press.
- Scheper-Hughes, Nancy and Margaret Lock. 1987. "The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology." *Medical Anthropology Quarterly New Series*, 1(1): 6-41.
- Seoane Gallo, José. 1984. *El Folclor Médico de Cuba*. Editorial de Ciencias Sociales: La Habana.
- Seoane Gallo, José. 1962. *Remedios y Supersticiones en la Provincia de las Villas*. La Habana: Universidad Central de las Villas Dirección de Publicaciones.
- Trouillot, Michel-Rolph. 1992. "The Caribbean Region: An Open Frontier in Anthropological Theory." *Annual Review of Anthropology*, 21:19-42.