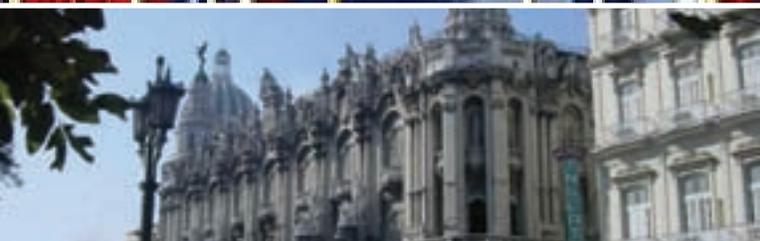


# SOCIAL SERVICES IN CUBA

Chris Herman | Joan Levy Zlotnik | Stacy Collins



The National Association of Social Workers Leads Delegations to Cuba



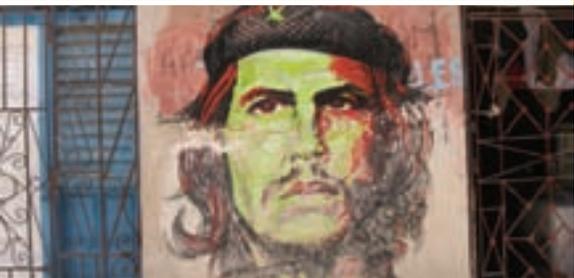
February Delegation with a UNICEF Representative.



March Delegation.



The Havana airport is named after Cuban writer and national hero José Martí, who helped lead the Cuban struggle for independence from Spain in the late 19<sup>th</sup> century.



Images of Ché Guevara—commonly referred to as *el Comandante* because of his leadership role in the 1959 Cuban Revolution—abound throughout Havana.



70% of Cubans born under the blockade [U.S. embargo].



One of many classic cars lining the streets of Havana.

## SOCIAL SERVICES IN CUBA

### NASW MEMBERS GET A CLOSE-UP VIEW OF COMMUNITY-BASED AGING, HEALTH, AND CHILD WELFARE SERVICES IN HAVANA

#### NASW LEADS 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 Cuba. 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 Martí 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.

## INTRODUCTION TO CUBAN SOCIETY

Representatives of the Cuban Institute for Friendship with the People (*Instituto Cubano de Amistad con los Pueblos*, or ICAP)—created in 1960 to improve Cuban-international relations—welcomed each delegation with a brief but informative overview of Cuban social and economic systems. The topic of the 1959 revolution arose frequently in these conversations. ICAP representatives explained that, for Cubans, the *revolution* is not understood solely as an event that took place at a finite point in time (known as the *Triumph of the Revolution*); the term also refers to Cuban’s ongoing work for social change. Consequently, ICAP representatives described both achievements of the revolution and challenges their country continues to face.

### CUBAN ACHIEVEMENTS

Cuba has the largest number of doctors per capita of any country in the world (Beam, 2007). Following the departure of half of Cuba’s 6,000 doctors in the wake of the 1959 revolution, the Cuban government invested heavily in medical education. Thus, Cuba not only trains many foreign medical students but also supplies physicians to countries in Africa, Asia, and Latin America (Beldarraín Chaple & Anderson, 2010). Within its own borders, the country devotes almost a quarter of its gross domestic product (GDP) to education



Restoration of *la Plaza Vieja* in Old Havana.



Painting in *la Callejón de Hamel* (Hamel Alley), an area celebrating Afro-Cuban art, music, and spirituality.



Dragon gate marks the entrance to *el Barrio Chino*. Chinese workers immigrated to Cuba as indentured laborers beginning in 1847 (Chinese Historical and Cultural Project, n.d.).



*La Gran Sinagoga Bet Shalom*, one of three synagogues in Havana.



*La Catedral de San Francisco* illustrates the influence of both Spanish architecture and Christianity within Cuba.

Note: Although indigenous culture remains strongest in the eastern part of the island (the opposite end of Havana), its roots manifest in language: *Cuba* derives from the Arawak word *cubanacan* (center), and *Havana* from the indigenous leader Habaguanex (Whitaker, n.d.).



Above and below: Rare signs of commercial globalization in Havana.



Statue honoring Compañy Segundo (b. Máximo Francisco Repilado Muñoz), one of the Cuban musicians featured in the 1997 album and 1999 documentary *Buena Vista Social Club*.



Sign welcoming visitors to ICAP's "House of Friendship" exemplifies the hospitality with which NASW members were received throughout their visit to Cuba.



Sign on top of a Havana building commemorates the 53rd year of the Cuban Revolution.

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); similarly, 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 10% of monthly income.<sup>1</sup>

### 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 crisis 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 shrunk 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).

<sup>1</sup> The Cuban tour guide informed the delegations that homes are passed down through families or earned by working in microbrigades. (Homes are frequently "swapped" informally, however [Darlington, 2011].) At the time of the delegation visits, homes could only be sold to the government. In August 2011, however, the Cuban National Assembly of People's Power (*Asamblea Nacional del Poder Popular*), ratified a plan—expected to take effect in late 2011—to allow some private sales and purchases of homes (Darlington, 2011).

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 with community resources, preventing and addressing social isolation, and enhancing psychosocial well-being. Similar to the United States, most social workers are women.

## 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 la Salud*, or SOCUTRAS). SOCUTRAS is a member of the International Federation of Social Workers ([www.ifsw.org](http://www.ifsw.org)), to which NASW of the United States also belongs. Odalys González Jubán, who 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.<sup>2</sup>

The Cuban Ministry of Public Health (*Ministerio de Salud Pública*, or MINSAP) is the largest employer of social workers in the country. In the early 1970s MINSAP created *technical institutes* to train social workers in health care. Ms. González Jubán described three levels of social work practice in health care. Social workers who complete a one-year training program, including field experience, are prepared to work at the basic level in hospitals and medical clinics. Social workers with additional experience 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

<sup>2</sup> Much of the information Ms. González Jubán provided is also available in a chapter she coauthored with David L. Strug (2010). Additional information can be found in Strug's 2006 article (see reference list).



NIRINT ocean liners carry cargo between Cuba and Asia, Canada, Europe, and South America.



Oil refinery in Havana.



Housing in need of repair.



Billboard invites tourists to experience *Auténtica Cuba*.



Poster depicting the proportional participation (46%) of women in Cuba's paid labor force.



Odalys González Jubán, president of the Cuban Society of Social Workers in Health Care.



The Cuban Ministry of Public Health (*Ministerio de Salud Pública*, or MINSAP) is the largest employer of social workers in the country.



Cuban social workers practice not only in health care settings but also in schools, social services, and criminal justice settings.



Public health messages promoting safe sex ("assume your sexuality with responsibility").



WHO poster reads, "Without mental health, there is no real health."

(*licenciatura*) in occupational and social rehabilitation (Strug & González Jubán, 2010). *Licenciatura*—which generally corresponds to a master’s degree in social work in the United States—constitutes the most advanced social work credential in Cuba. (Unfortunately, neither delegation had the opportunity to visit the university or learn about social work education in greater depth during the trip.)

### 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 21<sup>st</sup> 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 *emergentes* worked to address emerging social problems affecting youth, people with disabilities, families, and other groups (Strug, 2006). The training program no longer exists, however, and discussion of the *emergente* social work movement was beyond the scope of the delegations’ conversations with Cuban social workers. This gap may reflect, in part, the lack of an organization or government office uniting social workers across different fields of practice.

## SYSTEMS OF CARE IN CUBA

### 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, Center for the Prevention of STIs/HIV/AIDS, and National Center for Sex Education). In Cuba, health care is delivered by the government, as is common in socialist political systems. Cuba supports the World Health Organization (WHO)’s definition of health: “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 1946, 2011).<sup>3</sup> Thus, the country’s 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.

Health care activities permeate all levels of government. At the national level, MINSAP sets standards for service delivery, connects with health care research in university-settings, and maintains the medical and health care information system, INFOMED. The provincial level includes hospitals,

<sup>3</sup> This definition—which is also supported by NASW (Barker, 2003)—appeared in the Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference in 1946. The constitution took effect in 1948, and the definition has not been amended since that time (WHO, 2011).

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. Such services include (but are not limited to) medical offices, outpatient and residential maternal health services, nursing homes, programs for older adults, and mental health clinics.

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 (Keon, 2009). Staff provides check-ups, universal screening, health education, diagnostic services, and treatment for health, mental health, and social service needs. Much of this work is done within neighborhood-based family medical offices, known as *consultorios*, that operate under the auspices of polyclinics. Each *consultorio* includes a physician, nurse, social worker, and psychologist. The team provides services both in the office and in home settings. Physicians and nurses—whose training includes not only the sociocultural aspects of health, but also how to collaborate with social workers—assess each individual and refer to social workers and psychologists as needed. Social workers and psychologists work in close collaboration and provide support to multiple *consultorios*. (In the municipality one delegation visited, for example, a single social worker worked

with 13 different primary health care teams.)

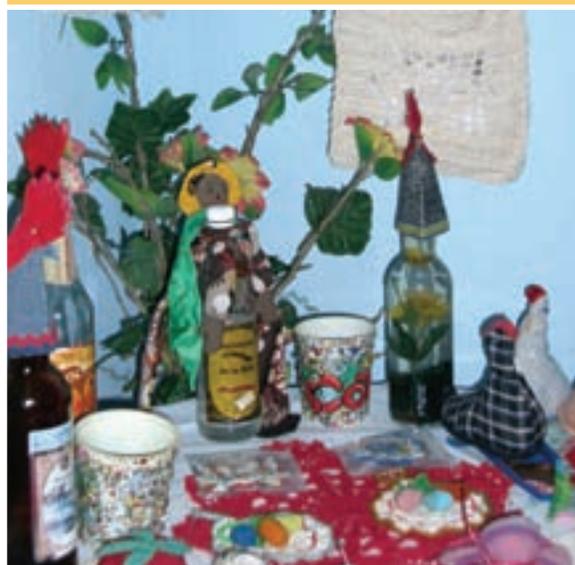
The Cuban system places a high priority on the social determinants of health, including family integration. Health care professionals perform demographic risk assessments not only for each individual but also for each family. Similarly, each person who receives services in a *consultorio* has two medical records—one individual chart and one family chart. *Mass 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



Participants and staff of an adult day health program join in song.



Handcrafts created by los abuelos.



Above and below: Young residents of a foster home for children.





## DEMOGRAPHICS OF AGING IN CUBA

MINSAP representatives described in detail the projected growth in the aging population and the anticipated need for increased services for older adults. Although the overall population of Cuba—more than 11 million as of 2010 (República de Cuba, Oficina Nacional de Estadísticas [ONE], 2011) is decreasing, the percent of older people is increasing (ONE, 2010, Table 3.12). Similar to people in the United States, Cubans are having fewer children and living longer with chronic diseases and disabilities. Over the last 30 years, the population 60 years and older has been increasing, while the number of people younger than 60 years—especially those younger than 15—has been decreasing (ONE, 2010, Table 3.12).

These demographic shifts present significant concern for the Cuban government, which anticipates the growing population of older adults will increase health care costs. At the same time, consistent with its focus on prevention, MINSAP uses population health data to assess needs and to ensure adequate availability of aging services. Such programs promote both the physical and social well-being of older adults, especially those who are isolated or live at a distance from their families.

of 55 and older men, at 60—though the government is increasing retirement age to 60 and 65, respectively (“Cuba to Raise Retirement Age,” 2008). In addition to supporting younger family members, older adults also take classes, participate in workshops, and learn or enhance skills at Cuba’s university for older adults (*Universidad del Adulto Mayor*) and in multiple community-based health, recreation, and social service programs. Intergenerational initiatives with children and youth are also popular. Moreover, the 10,000 members of the nongovernmental *120 Years 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 delegation 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 polyclinic. 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’ Circles (*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 (Hulko & Cascudo Barral, 2010; Strug, 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 Filial* (Homes for Children Without Family Protection), residential facilities for children in the governmental foster care system.

MINSAP 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 (pictured to the right). The delegates enjoyed conversing with the older adults, many of whom were eager to describe their lives and work. The *abuelos'* 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 Antiguo Convento y Iglesia de Nuestra Señora de Belén* (Old Church and Convent of Our Lady of Bethlehem, [www.cubapeace.com/belen.php](http://www.cubapeace.com/belen.php)) is a multiservice center that provides not only day programs, nutrition, lifelong learning 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 Catholic Order of the Sisters of Charity jointly manage the Belén Convent, which receives charitable support from around the world. NASW members received a moving and memorable welcome to *el 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 areas.



A retired opera singer, whose experience on international stages showed in her warm welcome to NASW members, talks with the *casa* director and the delegation's Cuban guide/interpreter.



A 96-year-old woman—the oldest member present at *Casa del Abuelo Plaza* during the NASW visit—poses with members of the NASW delegation.



A view across the courtyard in the *Convento de Belén*.



The *Convento* choir prepares to sing for NASW delegates.



Members of a theatre workshop perform for an appreciative audience of NASW members.

### CUBAN CHILDREN: A PROTECTED CLASS

Historical events play a central role in Cuban child welfare policy. The country lost huge numbers of children in the post-1959 population exodus. This loss culminated in Operation Peter Pan, the 1960–1962 U.S.-endorsed airlifts to Miami of 14,000 Cuban children whose parents feared the Castro government. The international custody dispute involving Elián González (1999–2000) reignited Cubans' fear of losing their children to other countries, particularly the United States. The Cuban government's child welfare policy reflects this apprehension: Cuba does not allow international adoption, and virtually all adoption within the country is kinship based. On the other hand, the government upholds strict child custody laws. Cuban parents can be incarcerated and potentially lose their parental rights for "corrupting minors," an umbrella charge that encompasses a variety of infractions.



Children eager to see a delegate's digital camera.



Children at *la casa niños sin amparo filial*.



A resident tour guide at *la casa*.



Residents and staff of the foster home.



The dance troupe performs at a center for individuals with developmental disabilities.

### CASA DE NIÑOS SIN AMPARO FILIAL

The February delegation visited a residential group foster home (*casa de niños sin amparo filial*) in a suburb of Havana. The spacious house (abandoned by its previous owner shortly after the revolution, similar to many structures now housing government-sponsored programs) accommodates 20 children between the ages of 11 and 18. The staff of 10, which includes two social workers, attends to the children's educational, health, and psychosocial needs. The youth and delegates delighted in meeting one another. The children took pride in leading a tour of their home—and were intrigued by the delegates' electronic devices.

### 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.

### LESSONS LEARNED ABOUT SOCIAL SERVICES IN CUBA

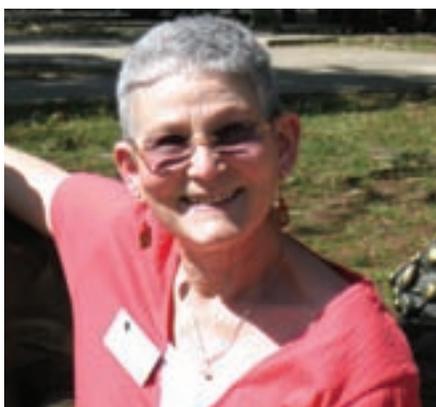
Through site visits and other interactions with Cuban colleagues, the NASW delegates were able to observe some of the strengths of the Cuban social service system:

- 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
- High esteem for elders, who give and receive strong family and community support

- Interdisciplinary gerontological assessment and community-based intervention for elders who are at risk for isolation and disability
- Promotion of resilience, social engagement, lifelong learning, creative expression, cognitive health, and participant decision making in programs serving older adults
- Widespread integration of social workers in health care and social service programs

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 both 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.*



Handcrafts on display at a day treatment program for individuals with developmental disabilities.



Above and below: Day treatment program participants at work on handcrafts.



Well-preserved American car in Havana.



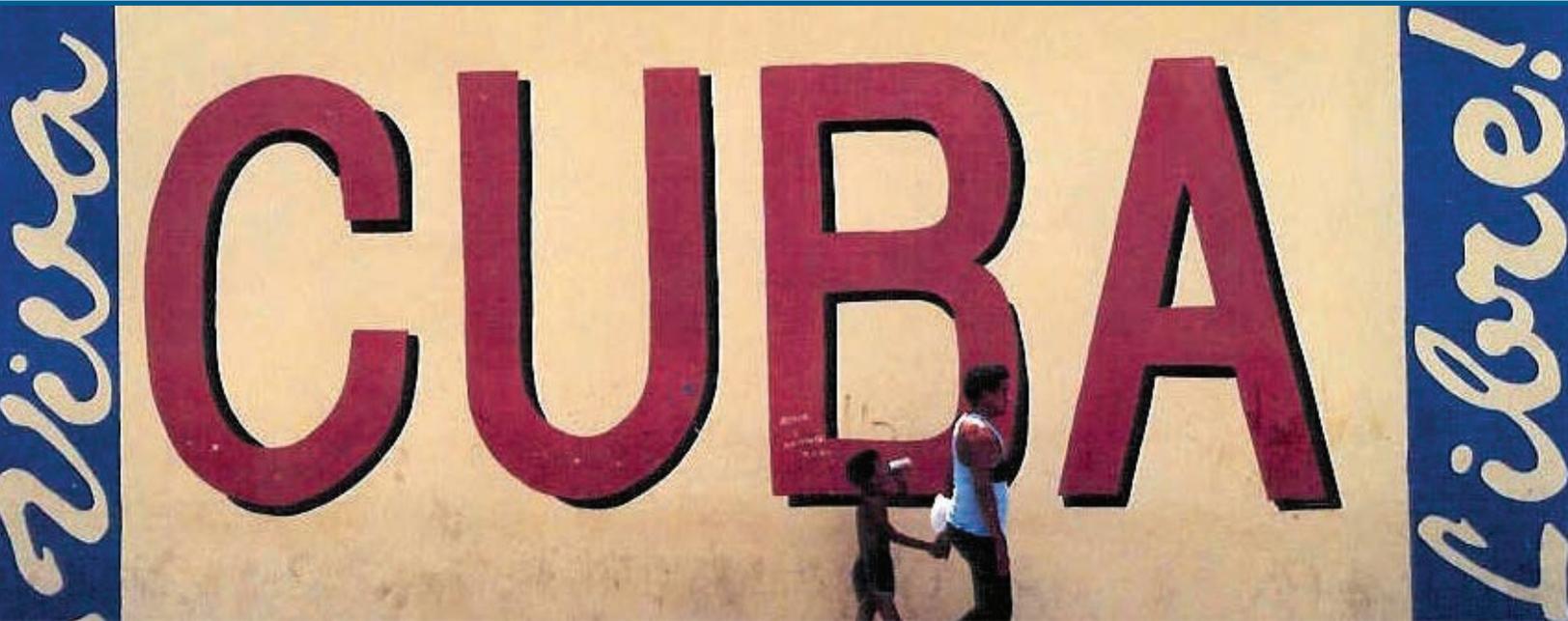
The Cuban flag.

**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.**

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