...we must move beyond a biomedical approach in diagnosing and treating refugees.

day, help organize their time, orient them to the language and culture, as well as assist them in finding housing and employment.[4] Citizenship and Immigration Canada (CIC) funds settlement and community centres across the country where new immigrants and refugees can gain access to counselors, social workers, and community volunteers trained to assist newcomers in this way. As well, CIC provides free French and English language classes across the country through a program called Language Instruction for Newcomers to Canada (LINC).[8] Finally, physicians may want to refer appropriate individuals to the Canadian Centre for Victims of Torture, based in Toronto, where refugee victims can gain access to peer support groups, social workers, psychiatrists, and counselors to assist them in navigating through the legal system as well as finding housing, finances, employment, and educational opportunities.[9]

Once these basic needs are secured, physicians can begin to revisit traumatic events and assess the patient's reaction and coping mechanisms. Treatment approaches must consider the notion of cultural bereavement and allow for refugees to make sense of their symptoms in their own terms. In addition to offering counseling and potentially pharmacotherapy, practitioners should acknowledge and build on traditional community-based methods of healing that undoubtedly contribute to resilience and encourage participation in community groups.[4,5]

CONCLUSION

Refugees face a host of different stressors as a result of the forced migration process that may influence their mental health. As health care practitioners engaging with this growing population, we must move beyond a biomedical approach in diagnosing and treating refugees. A consideration of cultural differences, subjective experiences, and individual resilience will help both health care provider and refugee make sense of their mental health symptoms. In treating refugees, we must build on community methods of healing, focus on factors the refugee identifies as crucial to their well being, and improve their social and economic conditions.

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Dispatch: Cuban Health – A Public Matter

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During the summer of 2010, I was part of a group of six Canadian medical students transplanted from Vancouver to Santa Clara, Cuba for the purpose of observing the operations of the Cuban public health system, renowned to be one of the most comprehensive in the world.[1] This article describes a single day and acts as a window into that three week visit.

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The heat was stifling, my white lab coat sticking to my back, each blast of cool air from a small electric fan triggering a fleeting euphoria.

> **The relevance of these numbers is lost until you meet the people who make up that balance sheet and begin to perceive the tremendous individual and collective effort supporting the health of each Cuban.**

The medical school is being reclaimed by jungle. Leafy vines clamber over fences, grasses sway on rooftops, the roots of mango trees split worn concrete steps, wooden beams bare the trails of termites, and swallows nest in the hollows where once were light bulbs. Songs from a gospel choir of South African medical students swell from a stairwell out across the courtyard, and Pakistani medical students practice their cricket arm by using stones to knock ripe mangoes from the trees. The daily barefoot soccer match is underway, pitting the Central American, Cuban, and South African students against one another with the vuvuzelas of the world cup blasting from a nearby television. The afternoon rain has not yet arrived, but the air is growing heavy. Such is the scene as I reflect on our morning at the *policlinico* (polyclinic, a small primary care hospital).

The heat is stifling, my white lab coat sticking to my back, each blast of cool air from a small electric fan triggering a fleeting euphoria. We have been ushered into the gynecology clinic, part of our observation-based curriculum, to get a perception of how public health is practiced in Cuba. I watch a middle-aged woman grit her teeth and twist the bed sheets in her fists as her gynecologist takes a punch biopsy of her grossly swollen cervix, while a roll of sterile gauze covered with antibiotic is used to stem the ensuing flow of blood. I remind myself that this awful procedure may very well save this woman's life by detecting operable cancer and that this doctor is imparting her extensive training for a monthly salary of around $40. A lab slip is filled out and placed in a box labeled "sodium bicarbonate" (more evidence that nearly everything in Cuba is reused at least a few times), which is placed beside a tray of freshly autoclaved instruments, each wrapped in thick brown paper to maintain its sterility.

In the afternoon our group disbands to several *consultorios* (family practice clinics, each consisting of a nurse and a family doctor). The high density of Cuba's urban population means that each family doctor is responsible for the few square blocks near their clinic, making it possible for most patients to visit their doctor on foot, and for their doctor and nurse to provide house visits as needed. Inside the consultorio are only the basics: a desk, three wooden chairs, a phone, a decrepit filing cabinet, and the most basic of medical equipment and pharmaceuticals. As a screaming baby is weighed, measured, and patted with a stethoscope, I peek through the open window blinds where rain pelts off the banana fronds. Across the street, fumigators go systematically from house to house spewing white fog in an endless battle to beat back the Aedes mosquitoes which transmit break bone fever (dengue). Chickens peck at an overripe mango fallen in the dust of the roadside.

We head out to visit the homes of the neighbourhood's new mothers. We go on foot, and our doctor carries a parasol to blunt the ferocity of the Caribbean sun. The homes we visit are clean and well kept and the families (parents and grandparents) attentive and appreciative as their family doctor examines their newborn. The doctor instructs them on the importance of crib and household safety and how to maintain the cleanliness of the scabbed umbilical stump. A five-year-old boy eyes me from behind the wrought iron partition of a shaded courtyard, his eyebrow cocked in curiosity as I place my stethoscope on the chest of his new baby sister.

In the evening I walk the few kilometers from the university to the center of town. People sit in their doorways, chatting with friends and neighbours, enjoying the cool night air and some time outside their adequate (though somewhat cramped) lodgings. Flies swarm over chewed sugarcane and the occasional horse dropping, but besides a few cigar butts, there is no litter. A small brass band practices in the street, to which children as young as four dance the basic steps of salsa and meringue. A dachshund chases the public bus as it flees across town. The flaking concrete walls of home exteriors reveal the many layers of paint beneath, layers being peeled back by the tropical sun and turned into dry dust. As I lie in the grass of the *parque central* (city square) and reflect on the day, I wonder what I have learned of public health in Cuba. Before arriving in Cuba we (our group of six) had poured over dozens of papers filled with dry statistics on mortality rates: infant, maternal, cancer, cardiovascular, infectious disease…but I recognize now that none of this had ever really computed in my mind. The relevance of these numbers is lost until you meet the people who make up that balance sheet and begin to perceive the tremendous individual and collective effort supporting the health of each Cuban. The sun sets tangerine behind the arched facades of the few well-kept buildings which face onto the park, and I migrate towards the sound of salsa and mojitos.

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