If you’ve read anything from me in these early months of my presidency, you’ve seen me mention North Carolina’s state motto, *Esse Quam Videri*, “to be rather than to seem.” Well, I want you to know that I’m walking the walk. APMA has encouraged you many times to make public health a priority by joining the American Public Health Association (APHA). I wouldn’t make that plea if I didn’t have firsthand experience with the benefits of APHA membership. My wife Debbie and I recently returned from a self-funded APHA trip to Cuba, where we learned quite a lot about that country’s unique health-care system.

Along with 40 other APHA members, we spent a week in Havana and Vardero. The temperature never dropped below 90, and the heat index was usually over 100—with very little functional air conditioning. The country’s infrastructure has been largely untouched since the revolution in 1959 and certainly since the collapse of the Soviet Union and Cuba’s resulting economic hardship. You can see what once was gorgeous architecture rotting away from lack of maintenance. Rum and cigars are the primary exports. There is minimal public access to the Internet and to airwaves not run by the government. Basically, the Cubans do not know what they do not know. Most people are employed by the government. The average monthly salary is around $20. Every citizen gets a food stamp book each month.

You might be surprised, given all that, to learn that Cuba has the lowest lower-extremity amputation rate in the western hemisphere (and the lowest infant mortality rate).

My primary goal for this trip was to learn more about Heberprot-P, the Cuban-manufactured diabetic foot wound treatment. It is successfully used in the Caribbean and in Latin America, but the FDA will not (so far) consider any investigational use because it is a Cuban product. I was able to gather some information that may help Rep. Diana DeGette (D-CO) in her ongoing efforts to persuade the FDA to investigate Heberprot-P. I am also working through my own Rep. Renee Ellmers (R-NC) to convince the FDA.

The health-care system in Cuba is fairly simple: Everyone has a local doctor and a nurse; they refer to a polyclinic; the polyclinic refers to a larger hospital; the hospital refers to specialists in the large cities. All care is free to anyone (citizens or visitors).

Although Cuba is not a place I am eager to revisit, my trip was productive. It was an opportunity to witness a very different health-care system that is producing some unexpected results—and to gather information that may benefit our patients. It was an opportunity to learn from my APHA colleagues. And importantly, it was an opportunity to share with them podiatry’s story. If you are not a member of APHA, I highly encourage you to join and become active with our Podiatric Health Section to find out what you’re missing. Visit www.apha.org.

I encourage you to take every opportunity—whether it’s a public health initiative, a trip to a new destination, or just lunch with a colleague from another specialty—to show the world what podiatry really is rather than what it seems to be. We have a remarkable story to share.

**PHILLIP E. WARD, DPM**
President
@APMApresident
APMApresident@apma.org