9 Ways

For US to Talk to Cuba and For Cuba to Talk to US

THE CENTER FOR DEMOCRACY IN THE AMERICAS

4

U.S.-Cuba Health Care Relations

Peter G. Bourne, M.D., M.A.

A close working relationship in the field of medicine existed with the United States and Cuba for over a hundred years, until the mid-twentieth century. The top twenty medical graduates of the University of Havana, for example, routinely attended residency programs at U.S. hospitals in the fifty years before the Revolution. In 1924, Cuba and the United States were among the twenty-one nations that founded the Pan American Health Organization. There was also modest research collaboration between U.S. medical schools and Cuban counterparts, especially on tropical diseases. The first half of the twentieth century saw close medical collaboration between the two countries with medical organizations in Cuba maintaining close ties to comparable groups in the U.S.

U.S. actions after Cuba's Revolution in 1959 caused that collaboration to degenerate severely, however, particularly over the last two decades.

Cuba's sophisticated medical leadership, unique in the developing world, dates back several centuries. The University of Havana, established in 1734, had one of the first medical schools in the hemisphere. Cuban physician, scientist and social reformer Tomas Romay y Chacon, a public health advocate, secularized medical education, strengthening its scientific basis, and introduced widespread vaccination against

smallpox. A century later, Carlos Finlay, the son of European émigrés, who received his medical degree in Philadelphia, led the fight against yellow fever, the major health affliction of Cuba and Central America, by advocating his belief that mosquitoes spread the disease. Finlay worked with the U.S. occupation forces in Cuba following the war of independence with Spain and subsequently launched a campaign that in two years virtually eradicated the disease in Cuba.

After Cuba won independence, politically powerful cultural associations were established there to promote the interests of immigrants from the different Spanish regions such as Asturias, Galicia or Catalonia. Each region's association provided its members a pre-paid health care system with private hospitals and clinics. By 1934, roughly 36 percent of Havana's population was enrolled in one of these programs, called *"mutualismos."* By the mid-1950s, high quality medical care from largely U.S.-trained physicians was available to Havana's wealthy elite and another million individuals enjoyed health care of varying quality from the *mutualismos*, but roughly 83 percent of mostly urban poor and rural Cuban citizens had essentially no access to medical care.

From his earliest public statements, Fidel Castro promised health care as a central way in which his Revolution would change the lives of Cuban people. Castro wanted social equity in the health care system and particularly to provide basic medical services to those in rural areas. But during and after the Revolution, 3,000 of Cuba's 6,000 doctors left the country.

Over time, the government added twenty-one new medical schools to just one that existed prior to the Revolution, added dozens of rural hospitals, and subsequently 450 community health centers, called "polyclinics," were established throughout the country. By the early 1980s, 30,000 family doctors worked with the polyclinics, bringing primary health care to every citizen. Today, there are over 60,000 physicians in Cuba and around the world.

Cuba managed these changes in the face of unprecedented sanctions by the United States. Though already restrictive, the U.S. added

food and medicine to its embargo against Cuba in 1964 — violating the Geneva Conventions and the United Nations Universal Declaration on Human Rights. In no other instance has the U.S. included food and medicine in its embargoes against other nations and it inflicted considerable suffering on ordinary Cubans. Among its many impacts: it prevented access to medical equipment such as pacemakers and certain cutting-edge antibiotics and anti-cancer drugs still under U.S. patent.

The embargo, in fact, spurred Cuba over time to develop its own thriving pharmaceutical industry with a large domestic market and significant export sales to the developing world. Cuba also made a major investment in critical biotechnology medical research following a visit in 1980 from Dr. R. Lee Clark of the M.D. Anderson Hospital of Dallas, Texas. Cuban researchers trained with Dr. Clark and counterparts in Finland, Japan and Britain. Today, these Cuban scientists are among the world leaders in this field.

In 1988, vital legislation sponsored by U.S. Representative Howard Berman exempted from the embargo the exchange of textbooks, medical journals, printed materials and other intellectual properties. The amendment allowed Cubans to obtain and publish in U.S. medical journals, and granted full access to the National Library of Medicine. It also facilitated U.S. non-governmental organizations to provide the latest textbooks and journals to Cuban medical schools and other institutions.

Up until the early 1990s, direct interaction and collaboration between the health and medical communities in Cuba and the U.S., although informal and poorly organized, operated largely unrestricted despite the embargo. Although the regulations varied over different U.S. political administrations, Cuban medical experts were allowed visas to attend scientific meetings in the U.S. and American academics could typically travel to Cuba and work with Cuban colleagues. Cubans were periodically able to spend extended periods in the U.S. for post-graduate study.

But in the 1990s, after the collapse of the Soviet Union, the Cuban Democracy Act of 1992 (also known as the Torricelli Act) and the

Cuban Liberty and Democratic Solidarity Act of 1996 (commonly referred to as Helms-Burton) were passed by Congress. Both contained provisions that placed extraordinary pressure on Cuba's health care system; these included more forceful U.S. sanctions against pharmaceutical companies, especially U.S. subsidiaries in Europe; licensing provisions that further prohibited the sale of drugs to Cuba; restrictions on ships visiting Cuban ports, affecting delivery of heavy medical equipment such as X-ray machines and food for which air-freight costs are prohibitive; and other restrictions that targeted Cuba's scientifically and financially successful biotechnology sector.

Because these actions on medicine and food were a violation of international law, policymakers wanted to understand the embargo's impact on ordinary Cuban citizens. In 1997, an extensive and highly detailed study under the auspices of the American Association for World Health (AAWH), "Denial of Food and Medicine: The Impact of the U.S. Embargo on Health and Nutrition in Cuba," drew worldwide attention reporting the ban led to malnutrition, poor water quality, lack of medicines and equipment and limited access to medical information.

Deprivations persist to this day. Cuba is unable to get film for mass-screening mammography machines, and cannot offer patients American-made cardiac pacemakers, nor an essential drug for treatment of a form of infant heart defect, or certain HIV/AIDS drugs.

The North American health experts who participated in the AAWH study held the unanimous view, however, that Cuba had developed a remarkable primary health care system, and exposure to it would be a valuable experience for U.S. medical students.

In 1997, Havana-based journalist and Cuba health expert Gail Reed and I founded the not-for-profit organization, Medical Education Cooperation with Cuba (MEDICC), in order to build a health bridge to Cuba by providing opportunities for U.S. medical students to spend a six-week elective working with family physicians in Cuba.

Between 1997 and 2004, 1,500 American students from 114 medical schools and schools of public health made this journey. Some

public health students, nurses, and physicians in residency programs were also able to go. Delegations of policy makers and senior medical specialists and educators visited the country on a regular basis. In addition to the MEDICC program, some U.S. medical schools also maintained independent relations with Cuban health institutions. A number of philanthropic non-governmental organizations arranged for shipment of medical supplies to Cuba. Groups interested in seeing and learning about the Cuban health care system also visited. MEDICC publishes the only English-language, peer-reviewed journal dealing with Cuban medicine and health care, *MEDICC Review*.

Following the devastation in Central America caused by Hurricane Mitch in 1998, Cuba opened the Latin American School of Medicine (ELAM) which provided free medical education for students from nations throughout Latin America and the Caribbean. In return for a free education, students agree to practice in deprived or medically under-served areas of their countries. Then-President Fidel Castro also offered 500 tuition-free scholarships to African-American and Hispanic-American students from poor backgrounds in the U.S. At present, there are more than one hundred U.S. students getting their medical degrees at ELAM and several who have graduated are now in residency training programs back home. This offer by the Cuban government represented a $100 million subsidy of the U.S. medical education system.

After the attacks on September 11, 2001, however, Cuba's presence on the U.S. State Department's "State Sponsors of Terrorism" list again restricted health collaboration. It became impossible for Cuban medical experts to obtain visas to visit the U.S. for any reason. Then, during the run-up to the reelection campaign of President George W. Bush in 2004, U.S. Treasury Department regulations were tightened even more making it impossible to send U.S. medical students to Cuba for elective courses of limited duration.

Besides imposing hardships on the delivery of health care in Cuba, U.S. sanctions isolate us from the benefits that we could otherwise

obtain. Cuba's first-rate medical research and primary health care sector have developed important drug innovations and produced positive outcomes in life expectancy and infant mortality.

While the U.S. tends to target its international health efforts toward specific disease conditions such as HIV/AIDS, polio, TB or malaria, Cuba's Institute for Bioengineering and Biotechnology is one of the world's leading centers for the study of recombinant DNA. The Institute produces significant quantities of interferon at relatively cheap cost for the treatment of viruses and certain cancers. The facility also makes streptokinase, a vital treatment for heart attacks, at a fraction of the cost in the U.S. and sells it cheaply to developing countries with limited health budgets.

Besides imposing hardships on the delivery of health care in Cuba, U.S. sanctions isolate us from the benefits that we could otherwise obtain. Cuba's first-rate medical research and primary health care sector have developed important drug innovations and produced positive outcomes in life expectancy and infant mortality.

Cuba has further developed a vaccine for hepatitis B and makes the world's only vaccine for meningitis B. While 300 Americans die of the disease each year, a licensing arrangement has been stalled by onerous and difficult to implement conditions, even after a hard-won Bush administration capitulation allowed the Cuban vaccine in the U.S. Several anti-cancer products have been developed at Cuba's Center for Molecular Immunology including nimotuzumab, for use against a form of brain cancer in children, as well as a vaccine that appears effective against a form of lung cancer. Treasury Department licenses have been issued to allow two U.S. companies to collaborate with Cuba in further research on these products but again, with severe restrictions.

Cuba is the world's largest producer of epidermal growth factor, a key tool in the treatment of burns and ulcerative colitis. Cuba has collaborative research projects using the product on patients in

Japan, Scandinavia, and Britain with scientists of those countries. Only one American researcher has been allowed to obtain epidermal growth factor from Cuba and his use of it has been restricted to research on animals.

More than 30,000 Cuban health professionals currently work in sixty-two countries on public health matters and stand as the largest state contributor to the global health effort. Cuba's doctors work in remote, under-served rural areas. They helped start nine medical schools and two nursing schools in Equatorial Guinea, Guyana and other nations suffering serious health personnel shortages. Cuba advocates making available primary health care for all people.

There have been instances in recent years in disaster situations where Cuban and U.S. health personnel worked together spontaneously on the ground for the good of the victims regardless of their governments' policies. A collaborative program between the U.S. and Cuba in developing countries could have a dramatic impact globally in improving the health of millions of people.

Cuba has a well-deserved reputation around the world for its disaster relief program. Any time there is a natural disaster anywhere in the world, Cuba is among the first nations to respond and is often among the most generous: 2,000 health personnel to Pakistan after the earthquake of February 2004; 500 doctors to Indonesia following the tsunami of January 2005. By working together, Cuba and the U.S. could strengthen and transform the world's ability to respond to disasters.

In recent years, Cuba's medical and health care systems have moved forward dramatically, creating a range of exciting opportunities for expanded collaboration. Three important steps, however, need to be taken.

One, remove Cuba from the State Department's "terrorism list." The designation exists for domestic political reasons, undermines our efforts to deal with real terrorist threats, and obstructs legitimate professional interchanges with Cuba.

Two, lift 2004 politically-timed restrictions on educational trips to Cuba specifically aimed at preventing U.S. medical students from

studying there. Re-establish collaborative health education opportunities for U.S. medical students and other health professionals. Allow Cuban health professionals to visit the U.S. for professional meetings, consultations with colleagues, and educational opportunities.

Three, suspend trade restrictions on food, medicine, and medical equipment sales to Cuba to bring the U.S. in compliance with its international treaty obligations, and be consistent with its traditional humanitarian values. While it has been legal to sell food to Cuba since 2001, the process is beset with unnecessary and unwieldy restrictions.

No benefit is derived from restricting health and medical collaboration between the U.S. and Cuba. Removing restrictions would directly help the people of both countries and send a strong message to Latin America and the rest of the world that the U.S. has returned to its fundamental ideals.