

Center for Democracy
— IN THE —
AMERICAS



CENTER FOR DEMOCRACY IN THE AMERICAS
Delegation to Cuba
On U.S. Policy, Cuba's Health Care System, and Cuba's future
November 9-12, 2007

Cover note

On October 31, 2007, the United Nations General Assembly voted for the sixteenth consecutive year to condemn the U.S. embargo against Cuba. As the billboard reproduced on the cover shows, the Cuban government quickly used this vote as part of its internal campaign against U.S. policy toward Cuba. It shows that 184 countries voted against the embargo, four voted in favor, and one nation abstained. The U.N. vote came one week after President Bush delivered a Cuba policy speech in which he appealed to the international community to support America's policy against the Castro government.

Introduction

From November 9-12, 2007, The Center for Democracy in the Americas (CDA) sponsored a trip to Cuba for a delegation that included Congressman Jim McDermott, a physician and psychiatrist, who is an acknowledged Congressional expert on health care policy.

The CDA's mission is changing U.S. policy toward the countries of the Americas by basing our relations on respect, and fostering dialogue particularly with those governments and movements with which U.S. policy is at odds. CDA runs the Freedom to Travel to Cuba campaign which has brought more than two dozen delegations to Cuba since 2001. CDA has a Treasury Department license and complies with applicable ethics laws and rules as required by Congress.

This delegation was organized for two purposes.

The first was to learn more about political developments taking place in Cuba following speeches by acting Cuban president Raúl Castro and the U.S. president George Bush.

The Castro speech, delivered July 26, 2007, triggered a broad debate in Cuba on matters ranging from economic reform to government inefficiencies. The Bush speech, delivered October 24, 2007 (which was translated, edited, and made available on Cuban media by the government to Cubans) reframed U.S. policy toward Cuba as no longer favoring "stability" on the island. The president instead predicted conflict and pledged to seek regime change and democracy.

The second purpose of the delegation was to focus on Cuba's health care system, as a legacy of the Cuban revolution, whose efficacy is also being debated by Cubans today.

On this visit to Cuba, the CDA delegation met with two of the country's most powerful political leaders, with ambassadors to Cuba from Norway and Venezuela, with a variety of cultural and non-government figures, and with Cuban and foreign experts on the health care system. Several of the conversations were conducted on a "not for attribution" basis. The views and ideas from nearly everyone we met are reflected in the conclusions we report below.

Conclusions: Cuba's government

"The transition" in Cuba has already taken place. Raúl Castro is in charge of the Cuban government. A Cuban government official described how the leadership communicates and consults with Fidel. But he is not a part of the daily (routine).

Cubans have already taken note of stylistic differences. Raúl Castro is not a hardliner, one observer told us, and he has acted to change and soften his image. His style is to resolve matters in a short-time. He is not a public person and Cubans welcome the change. An observer told us: Raúl is holding people accountable and Cubans like that.

Raúl Castro's status as president remains temporary depending on Fidel's recovery. Now, even that could change, since elections for the provincial assemblies and the National Assembly are

scheduled for January 20, 2008 and, as of this writing, there is no confirmation that Fidel Castro's name will appear on the ballot for election to the National Assembly, a prerequisite for him continuing as president.

In our discussions, no Cuban or foreign observer *on any basis* predicted that Fidel Castro would return to power. As Venezuela's ambassador to Cuba told us, "everything (is now) in the hands of Raúl and his team."

The debate triggered by Raúl Castro envisions economic, not political changes for the island, and observers are divided on whether the economic reforms once made will be significant. The Cuban government has undertaken reform measures to increase payments to farmers, for example, and liberalized rules for importing parts for automobiles and electronics. The government recently endorsed transferring some state-owned aircraft into private hands in exceptional cases.

But there continues to be a debate over fundamental economic questions. How to raise wages to cope with rising prices? How to deal with problems in health care, transport, and education? There is also a discussion about devolving more decisions to the local level, and getting the government out of the business of micro-managing economic decisions. Cubans and other observers disagree on how wide-ranging the specifics of any final reforms will be.

Some observers argue that Cubans have engaged in debates about their system before, but what was new on this trip was the degree of candor and directness about Cuba's economic conditions expressed by officials at the highest levels.

In speaking with the delegation, one high-ranking official said that the transportation system had "collapsed." He agreed that income inequality was a problem pressing the system; that teachers and doctors (in essence, the stars of the system) were lagging behind other earners in the economy; that salaries and pensions had to rise more broadly to keep up with prices. In a remark that could have been made on Wall Street or Main Street, the official added: the answer was to have more economic activity and not to simply print money. He said that Cuba wants to improve the economy; there is no other way.

Why is this debate taking place at all? Some said this debate is an honest attempt to consult and get ideas. Some Cubans and foreign observers told us that reforms are likely to be modest, not far-reaching, and that the debate was taking place to make Cubans feel as if they had participated in producing results that are actually pre-ordained. Others said this debate had two larger purposes: to invest Cubans in whatever changes finally are made and to persuade Fidel Castro that these reforms are based on consultations with Cubans. There was, however, consensus that Cubans urgently want to see improvements in their living standards, and that Raúl would not create expectations of change and then deliver a disappointing result.

Against this backdrop, the Bush speech boomeranged. The Cuban government used the Bush speech as part of its decades-long campaign against U.S. policy.

It prominently featured the president's remarks in *Granma*, the party news paper, and played a fifteen minute excerpt on Cuban television. The speech was so out of tune and out of touch that it predictably played poorly among those it was written to inspire.

Cubans thought the speech was presumptuous; here was the outgoing president of the United States, mired in Iraq, lecturing the Cuban army about siding with the people and not using force against them "when Cubans rise up to demand their liberty." Cubans were also offended and provoked by the section on "stability." Here, the president said: "The operative word in our future dealings with Cuba is not 'stability.' The operative word is "freedom."

[<http://www.whitehouse.gov/news/releases/2007/10/print/20071024-6.html>]

What they are not looking forward to is the kind of chaos and upheaval that President Bush anticipated in his speech. Even anti-Castro types, one observer said, want stability. The historical memories of Cubans are about instability – dying from hurricanes, massive income inequality, tropical diseases, foreign interventions, etc. – versus the relative stability of their lives today. Stability is not the problem here (people like it); it is the standard of living question that motivates them, and that many young people are not happy in Cuba. Once Fidel Castro dies, Cubans naturally want to know what comes next. More pointedly, one observer said, the focus is on economic questions, not only because people want to live better but also because they know that those in power will not give it up.

One Cuban, who is not aligned with the government, called the speech "a circus, good for (Las) Vegas."

Conclusions: Cuba's health care system

Cuba's health care system, high-performing and world renowned, is not without difficulties. As explained in detail in the body of this report, our delegation spent significant time looking at Cuba's health care system. It is, in fact, a subject of Cuba's on-going political debate. While Cuba's economy is doing well, growing at double-digit rates this year and last, Cuba's health care system is experiencing strains. An important part of that strain comes from decisions by Cuba's government; for example, its decision to send thousands of Cuban doctors and health care personnel abroad to Venezuela and elsewhere. Efforts to maintain Cuba's health care system by the government have, at times, been mismanaged. That said, the system is still successful at providing health care outcomes – in life expectancy and infant mortality – on par with the United States which spends more than twenty-times per capita than does Cuba.

The U.S. embargo imposes unique and cruel burdens on Cuba's health care system. U.S. policy seeks to undermine the efficacy of the Cuban health care system. For example, the U.S. government has taken steps to prevent equipment for pediatric heart surgery from reaching Cuban hospitals, to stop Cuban doctors from diagnosing and treating breast cancer, to deny Cubans access to information from the human genome project, to prevent Cubans suffering from HIV-AIDS from receiving anti-retroviral medications, to prevent spare parts from reaching dialysis machines, and to entice Cuban doctors to defect to the United States. These actions are inconsistent with the ideals and principles of the American people.

Cuba's health care system continues to achieve admirable ends. The delegation met with ophthalmologic surgeons who are restoring sight to Cubans and Latin Americans in the region through Cuba's Operation Milagro program. We also met with participants in Cuba's Henry Reeve Medical Brigade who volunteered for service in Pakistan after that country's devastating earthquake in October 2005. These missions are examples of Cuba using "soft power" in its international diplomacy.

At the Latin American Medical School, we spoke with nearly two dozen students from the United States who are receiving free medical educations courtesy of Cuba's government, that will enable them to return to the United States as doctors and to practice in the medically-underserved communities in the U.S. where there were born. It is Cuba and not the United States that is rewarding their idealism, even though it is neighborhoods in our country that will benefit from their training.

Our conclusions:

U.S. policy toward Cuba is frozen in place for the foreseeable future – its failures more manifest than ever – and we are consigned to the sidelines as Cubans engage in an important debate about how their nation's economic arrangements might change in the post-Fidel Castro period.

U.S. economic influence is small. Ours is an embargo of one. From Venezuelan oil to Chinese buses to European investments, the globalized world dooms the effectiveness of our economic sanctions. We can restrict travel by Americans to Cuba, we can deny Americans the right to trade with Cuba, but we are only isolating ourselves.

Politically, we lose this argument time and again in the international arena. Our position on the embargo is defeated year after year at the U.N. Bellicose speeches, like the recent address of President Bush, do nothing except make us look out of touch, out of synch with our allies and out of step with ordinary Cubans, their lives and their aspirations.

As detailed in this report, the U.S. has figured out how to prevent Cuba's medical system from receiving important drugs, equipment, and spare parts, and had marginal success luring away some Cuban doctors when they are assigned to work overseas. As we do these things, Cuba is curing patients of illnesses that cause blindness, giving young people from around the world a medical education for free, and sending its doctors and health care personnel to medically-underserved areas and to the scenes of natural disasters. This contrast is damaging to U.S. interests and it serves no larger purpose.

Over the long term, Congress should normalize relations with Cuba, and permit travel and trade in both directions with the island. In the immediate future, Congress should reverse U.S. sanctions that try to injure Cuba's health care system. This would send a positive signal to Cubans about our intentions and inform people watching us in Latin America and elsewhere that humanitarian concerns rather than a dated ideology are informing U.S. policy toward Cuba.

Saturday, November 10

Meeting with Ambassador Alí Rodríguez



Congressman Jim McDermott pictured here with Ambassador Alí Rodríguez.

The Hon. Alí Rodríguez Araque is Venezuela's ambassador to Cuba. In the government of President Hugo Chávez, he served as an oil advisor, president of Petróleos de Venezuela (PDVSA), and the Minister of External Relations, before the appointment to his post in Havana. Mr. Rodríguez, an energy expert, previously served as general secretary of OPEC.

The delegation discussed energy policy, trade policy, and U.S. policy toward Venezuela, Cuba, and the region during their meeting with the Ambassador at the Hotel Nacional.

On trade: the delegation's trip to Cuba coincided with a telecommunications meeting in Havana by representatives of the national signatories of the ALBA trade agreement. ALBA stands for the Bolivarian Alternative for the People of Our America (Alternativa Bolivariana para los Pueblos de Nuestra América or ALBA) and its member states are Venezuela, Cuba, Nicaragua, and Bolivia.

Ambassador Rodríguez explained that the purposes behind ALBA are to better integrate the economies of the region and to offer countries complimentary opportunities to trade in areas where they have advantages. It is an explicit rejection of what the ALBA countries consider to be competitive and unfair trade relationships with the United States, offering instead supporting values such as recognizing complementary advantages, solidarity, and sovereignty.

Cuba, for example, is sending medical teams and teachers to Venezuela in exchange for Venezuela meeting 50% of its daily requirements for fuel. Trade between Venezuela and Cuba, he said, has risen from \$40 million in 1980 to more than \$3 billion today.

Venezuela is also offering fuel on concessionary terms to countries in the Caribbean (under its PetroCaribe program). Smaller nations of the Caribbean simply cannot succeed economically when imported oil costs them upwards of \$100 per bbl. Under PetroCaribe, Venezuela offers to finance 40% of the cost, at a nominal 2% interest, payable over 25 years. Venezuela is also building refinery capacity in Nicaragua and Cuba to augment this program.

ALBA is better policy; under free trade policies, competition against the bigger U.S. economy is not winnable. In contrast, he said, apply the principles of ALBA, and the economy is better; they produce more goods and services.

The delegation also discussed the pending vote on Venezuela's constitutional reforms. The ambassador said that the purpose of the reforms was devolving power to local communities, which is more democratic for them and which also helps the country to fight corruption.

In addressing Cuba's transition, he said that the government is engaged in careful management of the situation. "Everything" he said, "(is now) in the hands of Raúl and his team."

The delegation talked about U.S. policy toward Cuba and the region. The ambassador said that the U.S. should respect the sovereignty of Cuba and Venezuela and it should accept that there are different types of democratic systems.

According to the ambassador, "It is very important for the U.S. to have better relationships with everyone in Latin America. The U.S. should change policy toward the region and the world. The current course is destructive for the U.S. and its interests. If the U.S. wants to have influence here, the possibilities increase if you have relationships."

Visit to Los Cocos (HIV-AIDS) Sanatorium



“In Cuba, it is said, we live like poor people but die like rich people,” said Dr. Rigoberto López, commenting on the long life expectancy rates in Cuba.

The delegation was addressed by Dr. Rigoberto López, an expert in infectious diseases, who runs the Los Cocos sanatorium. Los Cocos was created in 1986 as part of Cuba’s response to the AIDS epidemic. AIDS was first detected among Cuban soldiers who returned to the island after their deployment in Angola. Cuba confined to the sanatorium on a mandatory basis soldiers and others Cubans who tested positive.

Cuba was roundly criticized by human rights groups and others for the policy of mandatory confinement.

As the BBC reported: “We disagreed profoundly at the time when Cuba was quarantining, or locking up people with HIV,” says the executive director of UNAIDS, Dr Peter Piot. ‘There are norms and values that you have to respect’.

“But the evidence is that the tactic worked. Cuba now has one of the very lowest Aids infection rates in the world (emphasis added).”

[BBC: <http://news.bbc.co.uk/2/hi/americas/3154803.stm>]

This policy changed by 1993, confinement is no longer mandatory, and people living with HIV-AIDS are free to reside at home, or to live at the facility and to visit home on weekends.

Cuba is one of the few developing countries to provide comprehensive health care for people living with HIV-AIDS. Throughout its experience with the epidemic, it has faced difficulties, thanks in part to the U.S. embargo, in providing treatment to its affected population.

Dr. López spoke about Cuba's problems in obtaining anti-retrovirals. Because of the embargo, they had to turn to the black market. The medicines had to be rationed. President Castro directed bio-technology researchers on the island to begin developing their own treatments. Starting in 2001, all patients had anti-retrovirals available to them, and 70% of patients are using anti-retrovirals developed in Cuba. Drugs for difficult cases are being obtained overseas and payments for these come from the Global Fund for AIDS.

As reported by the Global Fund: "Today 100% of all Cubans in need of treatment freely receive the highest quality care and medication. These people, numbering over 2180, also receive food and other types of care through a programme administered by the United Nations Development Programme and supported by the Global Fund."

[http://www.theglobalfund.org/en/in_action/cuba/hiv1/]

Anti-retrovirals, for example, are obtained from India. The price is more expensive than for medications that could be obtained from the United States but, Dr. López, it is less complicated.

Los Cocos provides a suite of comprehensive services for its patients: quality, comprehensive care; social and economic assistance (including job training); courses on how to live with HIV-AIDS, etc. Since its creation it has served over 5,000 people.

Dr. López talked about how Cuba's response toward the epidemic has matured over time. He addressed its testing policies and described how the approach toward HIV-AIDS has been integrated with the public health system as a whole. The systems of care and treatment have also been changing. "AIDS," he said, "has become like diabetes." You treat it like a chronic disease. Education and prevention are now integral to the system; they are taught in schools, at work places, within social organizations, and on television and radio.



The visit of the delegation concluded with a tour of the facility, where we met patients and staff.

Saturday, November 10

Dinner with Jan Tore Holvik, the Chief of Mission for the Embassy of Norway and Lisa Stearns at their official residence.



Chief of Mission Jan Tore Holvik, Embassy of Norway.

The delegation was welcomed for dinner at the residence of Norway's chief of mission, Jan Tore Holvik, and his wife, Lisa Stearns. Norway had previously withdrawn from contact with Cuba in reaction to the arrest of Cuban dissidents in 2003. The Norwegian government has since changed course and engaged in dialogue with Cuba.

Our discussion was covered three large topics: the debate in Cuba triggered by Raúl Castro on the economy and government efficiency; the U.S. interest in promoting human rights by focusing on Cuban political dissidents; and the impact of President Bush's speech in Cuba.

The debate in Cuba is real. The sectors receiving the greatest attention are transport, agriculture, and housing. There is also a real discussion about devolving more decisions to the local level. Why is the debate happening at all? It's an honest attempt to consult, and they are doing so for two reasons: to invest Cubans in whatever reforms are actually made and to get feedback from the Cuban public in order to help persuade Fidel that the changes ought to be made.

What is the right government policy? In reaction to the March 2003 arrests and imprisonment of political dissidents, Norway broke off political contact with Cuba's government.

European countries engaged in what was called “cocktail diplomacy,” when they invited dissidents to parties at embassies. In early 2006, Norway adopted a new policy (as explained below).

“Experience has shown that demonstrating our disagreement in fundamental questions by cutting off contact with the authorities in question only has a limited effect. This is the main reason why the Government has decided to alter its policy, and engage in a dialogue with the Cuban authorities. For a long time we were the only European country that has been cut off from dialogue with Cuba. We will now be in a position to have a critical dialogue and to engage with the whole of civil society in Cuba.”

Foreign Minister Jonas Gahr Støre; Foreign Policy Address to the Storting; 8 February 2006

There is now a parallel track that enables European governments to discuss human rights issues with the Cuban government. These discussions were described as fruitful.

Are the dissidents an effective force? In the United States, there is a lot of discussion about Cuba’s political dissidents. They are not, however, much of a force in Cuba. They are divided. They largely pursue their own self-interests. They do not have a following. The “community” of dissidents have been infiltrated by the Cuban government so there are questions about authenticity and who to trust. Many are actually eager to leave Cuba. Raúl Castro has taken steps in the last sixteen months to draw down the population of dissident Cubans in prison.

How was the speech of President Bush received in Cuba? The reaction to the Bush speech in Cuba was negative even among the Cuban people who the policy is ostensibly designed to support. Why? Cuban history is very bloody. Stability is not the problem here (people like it); it is the standard of living question that motivates them, and the fact that young people are not happy in Cuba. Broadly, the focus is on economic questions, not only because people want to live better but also because they know that those in power will not give it up.

Sunday, November 11th

Guided tour of Old Havana including the Museum of the Revolution with Miguel Coyula



The delegation met with Miguel Coyula. He is an architect, a city planner, a preservationist, and a community organizer. During a tour of Old Havana, he provided historical background and information about the architecture of the city and efforts to rehabilitate its treasures.



During our walk through Old Havana, Mr. Coyula and the delegation stopped in a store and discussed how Cubans buy food using their ration cards.

Sunday, November 11th

Lunch with Gail Reed, director of Medical Education Cooperation with Cuba (MEDICC)



Gail Reed, M.S., is a journalist who serves as International Director of Medical Education Cooperation with Cuba (MEDICC), an Atlanta-based non-profit organization that develops programs bridging the US, Cuban and global medical, nursing and public health communities. She is also the Executive Editor of MEDICC Review, a quarterly journal on Cuban medicine and public health. Ms. Reed has written on social and economic issues in Cuba for the last two decades. She is co-producer of “¡Salud!” an important movie about Cuba’s health care system.

Ms. Reed, one of the world’s leading experts on Cuba’s health care system, discussed with the delegation two areas critical to the purpose of its trip: the impact of the U.S. embargo on the Cuban health care system and the reform debate taking place in Cuba that is focused, in part, on health care.

As the Treasury Department says, the basic goal of U.S. sanctions is to isolate the Cuban government economically and deprive it of U.S. dollars. An unstated objective is to cut off resources to Cuba’s health care system, to undermine its effectiveness for the Cuban people and its standing as a source of national pride.

Ms. Reed said the impact of the embargo has been most egregious on cancer and AIDS programs. But she also detailed a long list of other effects – among many – that the embargo has had on the Cuban health care system.

These included:

- The U.S. government shutting down academic programs that had enabled 114 medical and public health schools to send students or faculty to Cuba until 2004.
- The U.S. government delaying access by the American people to the Meningitis B vaccine by Smith Klein Beecham because the vaccine was developed in Cuba.
- The U.S. government revising Treasury Department licensing procedures which has prevented the William Soler Pediatric Cardiology Center, which offers medical attention to children born with congenital heart defects, from acquiring instruments, equipment and medicine.

- The U.S. government limiting the ability of Cuba to obtain mammography film made by Kodak to help prevent and treat breast cancer.
- The U.S. government stopping the Cuban health system from obtaining an active ingredient used to treat breast cancer.
- The U.S. government fostering a “brain drain” of Cuban doctors, by awarding them automatic asylum if they choose to defect while serving overseas, and then denying the same doctors the ability to practice medicine in the United States through denial of licenses.
- The U.S. government preventing Cuba from purchasing medical technology in the United States, forcing them to buy equipment from Japan, Germany, Korea, and Switzerland because of the embargo, stopping the purchase of spare parts from the U.S., and preventing transfer because machines had as little as ten percent U.S. content in spare parts.

[We also learned elsewhere on the trip that the U.S. blocked access by Cuba to anti-retroviral drugs to treat patients with HIV-AIDS (visit to Los Cocos), had blocked access to information produced by the Human Genome Project, which could benefit Cuba’s bio-technology research, and stopped spare parts from getting to Cuban dialysis machines (visit to Policlínica 19 de abril).]

The discussion then turned to the debate in Cuba triggered by Raúl Castro.

Raúl Castro is not an idealist, nor is he suggesting the abandonment of socialism. What he wants is for the country to work right. One goal is to decentralize decision making. With Cuba’s economy growing, the government can get out of the business of allocating scarcity and micro-managing economic activity.

There is a debate happening in Cuba now about the health care system. The public is dissatisfied. Four years ago, there was a program started to transform 52 hospitals into centers of excellence and only five of those hospitals have been refurbished.

There are also problems in the delivery of primary health care. Thousands of Cuban medical doctors and health care personnel have been sent overseas. There is both a shortage of doctors and a lack of organization that would otherwise help officials and patients fill the gaps. Where once there was one doctor for every 800 Cubans, and that was criticized because it prevented the doctors from having a more diverse exposure to problems among patients, that figure has now increased to one doctor for every 2000 patients, and Cubans are critical of that.

The government has invested in its system of policlinics. That is making people happy because they can see family doctors in those settings.

While we don’t know when the debate will end or what the reforms will produce, Raúl is holding people accountable and Cubans like that.

Sunday, November 11th

Dinner with Cuban cultural leaders, including singer Carlos Varela



Carlos Varela is a singer-songwriter of *nueva trova* from Havana, Cuba.

Rhapsody on-line calls him: “Cuba's alternative music hero. This singer-songwriter takes Latin America's nueva trova tradition of poetic, socially aware lyrics and mixes that with rock and folk-influenced phrasing. He wraps it all in his gently caressing voice.”

In March 2004, he was unable to enter the United States for a planned concert tour because the US government denied him the visa to enter the country.

As Jackson Browne said in his op-ed column published in the New York Times on March 22, 2004, “Perhaps the most prominent paradox here is that Carlos Varela is known not only for his talent, but also for his courage to speak out through his songs, many of which have been interpreted as critical of the Cuban government.”

The delegation dined with Carlos Varela, his partner Grettel, and several of their friends from Cuba’s creative community. They shared with us their personal reflections on what is happening in Cuba today.

Monday, November 12th

Visit to the Polyclinic “19 de abril,” and meeting with International Relations Official of the Ministry of Public Health (MINSAP)



The delegation was addressed by Jaime Davis Wright, an international relations official of Cuba’s Ministry of Public Health (MINSAP) and by Dr. Jose Perez Diaz, director of the Polyclinic.

In Jaime Davis Wright’s remarks, he said the Cuban health care system has come a long way since 1959. Before the revolution, Cuba had 6,286 doctors, almost all of whom were in private practice and serving patients in urban areas. Half of these doctors left the country after the revolution. Infant mortality was high and life expectancy (at less than 60 years) was low. Cuba’s population suffered, as most developing countries did, from a variety of communicable diseases. The island boasted of one medical school.

Nearly fifty years later, the health care system has been transformed; it is universal, free of charge, accessible, regionalized, and comprehensive. The right to health care is guaranteed under Article 50 of the Cuban constitution. There are now 21 schools of medicine on the island. Cuba has trained nearly 71,000 doctors, half of them are family physicians, and they are practicing in rural and urban areas throughout the island.

Infant mortality has declined to 5.3 for every 1000 births. Life expectancy exceeds 77 years. Infants are now given a suite of 13 immunizations which has dramatically reduced disease. The diseases that have been eradicated in Cuba include: polio, pertussis, rubella, malaria, tetanus, diphtheria, measles, and rubella.

There are several problems, however, that are linked to the embargo. Cuba is denied access to some information that is produced by the Human Genome Project. Its dialysis program is hampered by the embargo; popularly available machines use U.S.-made spare parts, which Cuba cannot access. This means increased costs for the program.

The delegation was also addressed by Dr. Jose Perez Diaz, the director of the Policlínico. His services reach 2.5 kilometer square area of Havana with 109 doctors (36 are currently abroad) and 90 nurses among the 463 health care workers who reach 11,000 Cubans living in the area.

The doctor also led a tour of the facility, which includes classrooms for Cuban medical students being trained as doctors as well as primary care and diagnostic facilities.



The delegation with Congressman McDermott met Cuban medical students being trained at the Policlínico.

Monday, November 12th

Meeting with Dr. Fernando Remirez, the head of the International Relations Department of the Communist Party of Cuba and a member of the Secretariat of the Communist Party's Central Committee.



Sarah Stephens of the Center for Democracy in the Americas, joined by Sean M. Hughes, Congressman Jim McDermott, Fernando Remirez, and a visiting diplomat from Nicaragua.

The delegation was welcomed by Fernando Remirez. The delegation explained the purposes of the trip, to see first-hand what was happening in Cuba under the (now) temporary leadership of Raúl Castro and to examine health care as a legacy of the Cuban revolution and the impact of the U.S. embargo on Cuba's health care system.

The delegation asked Mr. Remirez what the attitude of the Cuban government would be if a new president decided early in 2009 to drop the embargo without pre-conditions. Mr. Remirez said, yes, immediately, the blockade is wrong, and it should be dropped, sooner or later, and let's hope sooner.

Congressman McDermott and Mr. Remirez discussed the recently-released study by Johns Hopkins on the health impact of the "special period" on Cubans.

Mr. Ramirez then discussed how Cuba's economy has been in recovery. It experienced a 12.5% increase in economic growth in 2006 and Cuban authorities are predicting a growth rate of 10% in 2007, depending on the economic impact of the hurricanes which battered the island in the 3rd quarter of 2007.

The conversation continued with a discussion of change in Cuba. Mr. Ramirez began by saying that the predictions in Washington and Miami that there would be uprising in reaction to the illness of Fidel Castro were obviously wrong. There was no disintegration. In the intervening sixteen months, there has been complete normalcy, stability. That was the will of the people, Mr. Ramirez said.

Still, he conceded, there are many problems; we are just in the beginning of the process for addressing them. The problems he listed included:

- **Housing.** The supply of housing needs to be expanded. A housing program that was started in the early 1990s was suspended due to the special period. There had been a five-year plan that required the construction of factories to produce cement, for example, that was not completed. They have recently finished buildings that were begun in the last decade.
- **Transportation.** Mr. Ramirez said the system had “collapsed.” They had buses on the streets of Cuba that dated to the Warsaw Pact. For the last several years they have been purchasing new buses from China.
- **Wage inequality.** Doctors and teachers, who are honored in the Cuban system, are lagging behind others in the economy on pay. Wages across the board have fallen behind prices. This is a problem, Mr. Ramirez said, but the answer was to have more economic growth and not to simply print money. He said that Cuba wants to improve the economy, there is no other way. Their goal is to improve salaries and pensions. They do not intend to eliminate sources of income, but to increase incomes by improving the economy. To do this, he said, we require time.

Going forward, Cuba will keep its systems of no-cost health care and education for the population, but he anticipated a reduction in the subsidies for transportation.

As to Cuba's governance, Mr. Ramirez said there has been no interruption as a result of Fidel Castro's illness. He is recovering. He is consulted. He is not a part of the daily (routine). Raúl is in charge. Raúl's service as president remains temporary depending on Fidel's recovery.

The delegation asked Mr. Ramirez about references by President Chavez to a “federation” between Cuba and Venezuela. Mr. Ramirez replied: This is a goal, a dream, and has been for more than two centuries. The Founding Fathers of the countries of the region discussed the idea of a federation of Latin American states. We share history, culture, languages, people...we even look alike. The idea of a federation is not that different from the course Europe has chosen; after nearly 2,000 years of wars, they opted for unity. This region has common assets. Accomplishing a federation in the region will take time. It is not possible today.

Monday, November 12th

Visit to the Latin American Medical School



The group was welcomed by Dr. Juan Carrizo Estévez, the Rector of the Latin American School of Medicine (or ELAM) who briefed the delegation on its history and role in training doctors.

The ELAM program was conceived by Cuban President Fidel Castro in November 1998 in the wake of Hurricane Mitch. According to the U.S. National Climatic Data Center, Hurricane Mitch, which caused over 11,000 deaths, will be remembered as the worst hurricane to hit the region in over 200 years. The damage was centered in Nicaragua and Honduras. The medical systems of both governments were utterly disrupted, and the Cuban government stepped in and offered help. They sent medical brigades to offer primary care; many places were visited by Cuban doctors that had never seen medical personnel.

In the wake of the tragedy, President Castro decided to open this school to help meet the need for more doctors in the affected countries. Initially the school was founded to train students from Latin American countries, but was expanded to include aspiring doctors from countries from all over the world. Students learn Spanish, and they are provided with remedial courses so that students are all raised to a common level. Education is provided to all students free of charge. There are currently about 10,000 students from 29 countries studying at ELAM.

The scholarship includes full tuition, dormitory housing, three meals per day at the campus cafeteria, textbooks in Spanish for all courses, school uniform, basic toiletries, bedding, and a small monthly stipend in Cuban pesos. The scholarship does not include travel expenses to and from school. Once the students graduate, they are encouraged to return home and practice medicine to benefit their countrymen.

After meeting with the rector of the school, the delegation met some of the more than 80 students from the United States who are studying for their medical degrees at ELAM, and the stories of their lives and how they came to Cuba to become doctors.



Congressman Jim McDermott pictured with some of the many students from the United States training to be doctors at ELAM.

Monday, November 12th



Visit to the “Ramon Pando Ferrer” Ophthalmology Institute, briefing by Dr. Reinaldo Ríos Caso, deputy director of the institute, and meeting with members of the medical brigade “Henry Reeve.”

Operation Milagro: The delegation was greeted by Dr. Rios Caso, and his colleagues, who conducted a briefing on Cuba’s ophthalmology program that reaches Cuban and international patients.

There are eight ophthalmology programs in Cuba, academic and clinical. Many of the instructors are graduates of programs in the United States. But the opportunity for further study by Cuban doctors in the U.S. was shut down by President Bush.

Cuba has 10 hospitals in Havana and one in each province devoted to eye surgeries of various kinds. They are using state of the art equipment purchased from Japanese, German, and Korean manufacturers, technology they cannot obtain from the United States due to the embargo. They are addressing patients with myopia, glaucoma, macular degeneration, cataracts, and other conditions.

The doctor said there are 2 million people living in Latin America, including Cuba that have eye diseases that cause blindness. Beginning in 2004, the Cubans started the program known as Operation Milagro (miracle) to address these problems. Since its inception, they have performed sight-restoring eye surgeries in Cuba on patients from more than 30 countries. To reduce costs, rather than flying people to Cuba for these surgeries, they have built ophthalmic centers in 9 countries. By the end of 2007, they expect to have performed the first million surgeries (including Cubans), with 90% of the operations taking place in the patients’ home countries.

After the briefing about the program, the delegation was shown a brief film which recorded several different eye surgeries, including a lens replacement and the dissolving of a cataract.

“Henry Reeve” Medical Brigade: In the wake of Hurricane Katrina, President Castro offered to send Cuban medical teams to Louisiana and other Gulf states affected by the disaster. Cuba’s offer was turned by the United States.

Castro named the newly-formed team of medical personnel after an American, Henry Reeve, who had served as a soldier in Cuba's war of independence.

“When our first war of independence broke out in 1868, a group of Americans joined the ranks of Cuba's independence forces. One of them, a very young man, stood out for his exceptional courage and wrote pages of admirable heroism in Cuba's history. It was Henry Reeve. His unforgettable name is forever etched in the heart of our people, and next to that of Lincoln and other illustrious Americans it is carved on the pillars of the Plaza built in the days of the struggle for the return of little Elian Gonzalez, when the noble people of the United States played a decisive role so that justice would finally be done. I propose that this force of Cuban doctors who have volunteered to help save the lives of Americans bear the glorious name of *'Henry Reeve'*.”
Remarks by President Fidel Castro [<http://www.ain.cu/2005/septiembre/05edfidelingles.htm>].

Despite the refusal of the U.S. government to accept the offer of aid, Cuba formalized the formation of the brigade. After Pakistan was hit by a massive earthquake on October 8, 2005, a massive contingent of Cuban medical personnel was sent to the affected area. The first doctors arrived nine days after the earthquake hit.

The delegation was briefed by several veterans of the Pakistan mission. Cuba ultimately set up 32 “campaign hospitals,” and had 2,500 Cuban doctors on the scene. The care they provided came in three stages: (1) the surgical stage where they dealt with severely injured people; (2) primary care which was generally offered to Pakistanis and (3) rehabilitation for people who had long-term injuries as a result of the disaster. The Cuban doctors said that 73% of the victims of the earthquake were treated by Cuban medical professionals.



Sarah Stephens and Congressman McDermott with Dr. Ríos Caso and several Henry Reeve brigade members who served in Pakistan.

Monday, November 12th

Meeting with Ricardo Alarcón, the president of the National Assembly, and a senior member of Cuba's government.



Congressman McDermott concluded his visit to Cuba with a private meeting with the President of the National Assembly, Ricardo Alarcon.