

CHAPTER EIGHT

HUMANITARIAN DONATIONS & INTERNATIONAL COOPERATION

Donations from within the United States, from parties in third countries, and from international organizations are each affected by the U.S. embargo as they make their way to recipients in Cuba, whether **the** beneficiaries are the Cuban government, non-governmental or religious organizations, or individuals.

Donations to Cuba from U.S. Nationals: The Law

Current U.S. law applies to and regulates various categories of humanitarian donations made directly from U.S. nationals to Cuba. These include the following

- **Food:** The Cuban Democracy Act (CDA) of 1992 **authorizes** the donation of food to non-governmental organizations in Cuba **but** not to the Cuban government. A license must be obtained to ship the foodstuffs to Cuba, whether by sea or **air**. (**Under** no circumstances does the law permit sale of food to Cuba.)
- **Medicines:** The CDA establishes the right to donate medicines” **to** non-governmental organizations. However, that right is conditioned upon showing that there is a reasonable likelihood that the medicine will not be used for torture or other human rights abuses; that there is not a reasonable likelihood that the item to be exported will be re-exported by Cuba (interpreted to include treatment of third-country patients in Cuba); and that the item will not be used in the production of any biotechnology product. An export license is required from the U.S. Commerce Department for medicines, even under new regulations issued in March, 1996 (see below),’ as well as a separate shipping license. Most recently, Commerce has insisted that the non-governmental organizations (**NGO**) rather than individual Cuban hospitals or clinics be designated as the “ultimate consignee,” apparently to avoid any implication that the United States has **recognized** the “**non-governmental**” status of such health care facilities.
- **Medical supplies, instruments and equipment:** For donation to either an **NGO** or the Cuban government, the CDA **affirms** licensing and other requirements for medicines, **but** also conditions the right to donate on the President’s ability to determine that “the United States Government is able to verify, by on-site inspections and other means, that the exported item is **to** be used for the purposes for which it was intended and only for the use and benefit of the Cuban people.” In practice, however, applications for licenses authorizing donations of these items have been treated **the** same as medicines, when donated to non-governmental organizations. We have no knowledge of any attempts to donate medical equipment or supplies directly to the Cuban government. Shipping, as well as Commerce Department export licenses, are required for medical supplies, instruments and equipment.
- **“Humanitarian” Goods:** Whether to license such donations was a matter of U.S. Commerce Department discretion, until revised Commerce Department Export Administration Regulations were issued on March 25, 1996, doing away with the licensing requirement for qualifying donor organizations and a specific list of commodities. The revised regulations provide that, without any government **authorization**, organizations with “experience in maintaining a verifiable system of distribution that ensures delivery **to** the intended beneficiaries” may export donations to meet “basic human needs.”

Eligible organizations are defined as those with an ‘established record of involvement in **donative** programs and experience in maintaining and verifying a system of distribution **to** ensure delivery of commodities and software to the intended beneficiaries.’ The new regulations require these organizations to maintain a permanent staff **in** the recipient country to monitor receipt and distribution; conduct periodic spot-checks by members of the exporter’s **staff**; or utilize the services of a charitable organization that has a monitoring system in place.

The March 1996 regulations list the items that may be donated to meet basic human needs:

Health equipment for the handicapped, vitamins, water resources equipment, food, agricultural materials and machinery suited to small-scale farming operations, fertilizers, fishing equipment and supplies suited to small-scale fishing operations.

Food: insecticides, pesticides, seeds, small-scale irrigation equipment, veterinary medicines and supplies.

Clothes and Household Goods: bedding, clothes, cooking utensils, fabric, personal hygiene items, soap-making equipment, weaving and sewing equipment.

Shelter: building materials, hand tools.

Educations: books, individual school supplies, school furniture, special education supplies and equipment for the handicapped.

Basic equipment and supplies necessary to operate and administer the donative program: audio-visual aids for training, generators, office supplies and equipment.²

It is unclear whether any humanitarian licenses had been granted for goods outside the category of food and medicines before March, 1996, since the Commerce Department does not itemize such licenses. Authorized recipients may include any Cuban national. A shipping license is still required for carriers, under the "humanitarian goods" category.

- Gift Parcels: the embargo makes an exception for the limited donation of gift parcels, under certain circumstances. Specifically, a U.S. national may send one gift parcel per month to each qualified recipient in Cuba, a category which includes individuals and "religious, charitable and educational" organizations. 'Contents of the gift parcel must have a retail value of no more than \$200, and as of August, 1994 are limited to the following items: food, vitamins, seeds, medicines (in dosage form), medical supplies and devices, hospital supplies and equipment, equipment for the handicapped, clothing, personal hygiene items, veterinary medicines and supplies, fishing equipment and supplies, soap-making equipment, and radio equipment (capable of receiving only) and batteries for the same.³ Since the revised Commerce Department regulations were issued in March, 1996, food is exempt from these restrictions: Hence, gift parcels of food may be sent as frequently as desired and without any limitation as to value.' (See section on Family Relations and Humanitarian Emergencies for restrictions on family remittances.)

Donations to Cuba from U.S. Nationals: The Record

On February 8, 1996, President Clinton's advisor on Cuba at the time, Richard Nuccio, told the European press that, while the United States government was not directly involved in Cuba, the American people were the world's largest contributors of humanitarian aid, with \$120 million over the past two years channeled through non-governmental organizations.⁵ And since the passage of the CDA in 1992, several legislators have testified that the United States is 'doing everything we can to help the people of Cuba [by permitting humanitarian donations],' while continuing to prohibit sale of food and other "humanitarian goods," and restricting sales of medicines⁶

However, we find that donations are no effective substitute for purchases and certainly do not "make up for" the damaging effect of the CDA on the availability of food and medicines to the Cuban population. In particular, the CDA's provisions ending subsidiary trade and penalizing

third-country ships carrying goods to Cuba-in addition to embargo restrictions on direct U.S. sales-have reduced the flow of food and medicines from U.S. sources and have cut Cuba's purchasing power for these and other products:

- The CDA's penalty provisions on shipping have forced Cubans to pay more for freight and hence less on actual purchases of imports. This has made it even more expensive to import products from Europe and Asia, where Cuba currently buys the majority of its medications and foodstuffs. (See chapter on Medical Exports above.)
- The \$120 million in non-governmental U.S. donations, or \$60 million annually, do not "replace" Cuban imports from U.S. subsidiaries, which had climbed to \$533 million by 1990 before the CDA cut off such trade. That year, well into Cuba's economic emergency after the Soviet collapse, three-fourths of Cuban imports from these U.S. subsidiaries were food and medicines.'

The \$120 million figure quoted by Nuccio for U.S. NGO donations to Cuba between January, 1994, and January, 1996, has itself been placed in doubt: A letter from Iain S. Baird, Deputy Assistant Secretary of Commerce, notes that there were 82 individual validated licenses approved for shipments to Cuba (covering foods, medicines and medical supplies) between October 23, 1992 (the date the CDA went into effect) and May 3, 1995, with their total value listed at \$62,882,513. However, the letter notes: "...the records do not distinguish between sales of a commercial nature and donations." and in fact, include both. Four more licenses were issued for the same period for "humanitarian goods" donations, valued at \$1.2 million. In all cases, Baird says, "it is important to note that the dollar amounts listed above represent the dollar amount for applications processed by the U.S. Bureau (of Export Administration). The Bureau does not know if the amounts approved for export were actually shipped and therefore has no record of the dollar amount of such goods entering Cuba." ⁸

Thus, to reach the \$120 million Nuccio calculates in donations for 1994-1996, one would have to presume the following: that all of the \$64 million approved from October, 1992, to May, 1995, was in fact donated in 1994-95; that another 956 million in licenses were approved between *May, 1995* and January, 1996 (more in one year than in the previous 2 1/2 years); that all of the exports to Cuba were donations, not sales (while the U.S. Commerce Department insists it keeps no separate records); and that all goods approved were actually shipped (a conclusion Commerce specifically warns against making).

On this last point: There are several known instances where the items were not shipped. In February of 1995, the U.S. humanitarian organization *Children Now!* received a license to export to Cuba a donation of \$3 million in medications. However, these were later found to be in poor condition and were never shipped.'

Making a fair estimate of the volume and dollar value of donations is nearly impossible, given the sparse and contradictory data available from U.S. government agencies,¹⁰ and the random way that shipment values are determined by donors. While NGOs often receive goods free-of-charge or at wholesale prices, they may use either retail or wholesale prices when calculating the value of their donations for license application.

By any count, we conclude that the volume of donations is insufficient to substitute for purchases which could be made by Cuban importers from U.S. subsidiaries-let alone direct purchases from U.S. manufacturers. In addition, while donations may indeed be free-of-charge, they present a series of problems for Cuban recipients:

- The products donated are determined by availability as much as need. Although the Ministry of Public Health maintains a list of prioritized medications, it must often decide which items to

accept based primarily on what is offered, not on what is most needed. Thus, domestic transportation, inspection facilities, warehouses and staff time are occupied with these shipments, which only in part recognize the needs of recipients. Enrique Comendeiro, responsible for international donations for the Ministry of Public Health, states that while this process is moving closer to matching offers with necessities, the very essence of donations means that this approximation is limited.”

- In the case of medicines, pharmaceutical companies only list certain products as available for donations abroad: most often these are drugs which are coming close to their expiration date and for which there is consequently no domestic market. This situation puts an extra burden on donating organizations. They must find the fastest and thus usually the most expensive way to transport these medications. More money goes into shipping and less is available to purchase the medicines themselves. And a major burden is suddenly thrust upon the health care delivery system in Cuba, faced with the urgency of unloading this shipment, whisking it through importation, customs and health inspection procedures and arranging immediate transportation to as many as 14 provinces, and from there to hospitals and clinics. Our research team was witness to several such operations in 1996-1996.
- Relying on donated medications also **means that specialists** are unable to use the treatment of their choice: They must give the medication available at the time. For chronic patients, this problem is worse. They **may** receive one medication one month and be required to adapt to a completely different medication the next month, with different dosages, side effects, and effectiveness. This is particularly harmful for patients suffering from conditions such as hypertension, asthma, psychiatric problems and diabetes.
- In the case of medical equipment, when of U.S. origin it is often impossible for Cuba to maintain or repair, or to buy disposable accessories. This was the case of the 59 donated Cobe dialysis units, for which distributors were unwilling to sell replacement parts because of the U.S. embargo, putting 30 of the units out of commission, affecting 150 patients who are not receiving **adequate** dialysis. If direct and unhampered purchases could be made, these units could be functioning for these **patients** today. (See section on Nephrology and chapter on Medical Exports.).

The Experience of Donors and Recipients

Once in Cuba, medicines and medical supplies are distributed to health care facilities agreed upon with donors, and patients receive them free.”

Cuban NGOs and NGOs in the United States, Canada and Europe are essentially satisfied with the distribution procedures in Cuba, in which, according to Cuban regulations, donors have the right to witness distribution and verify end-use results.¹⁹ Accusations appearing in the Florida **press** that donations are customarily re-exported by the Cuban government for profit (whether exported directly or sold to ailing tourists) do not represent the opinion of the U.S. Commerce Department, whose latest report on donations to Cuba states that “re-exports were insignificant” of goods licensed for donation in 1994-1995, “the vast majority of items [being] foodstuffs, medicines and consolidated shipments of gift parcels.”⁴

The research team found that the U.S. embargo, while authorizing certain donations to Cuba in the letter of the law, presents obstacles for those attempting to carry out assistance programs.

With regard to medical donations from U.S. organizations: The licensing requirements, complicated by legal fees, additional overhead and red tape serve to delay arrivals of shipments to recipients in Cuba. Rolando Suárez, Director of the Catholic Church’s CARITAS-Cuba, notes that

licensing procedures delayed donations from six to eight months, until Catholic Relief Services in the United States was able to **obtain** a two-year license. "This delay cost lives," he states.¹⁵

There is also the factor of double licensing: The carrier (whether by air or by sea) is required to obtain an additional shipping license for donated goods destined for Cuba. While it is the general policy of the U.S. Treasury Department to issue such licenses once Commerce has approved export, application constitutes extra red taps for donors and shipping companies. Cuba's National Blind Association (ANCI) states that its members have been unable to receive several donations from counterpart organizations in the United States because they have not been able to find a shipper, even though presumably such donations of equipment for the blind, including wheel chairs, walking sticks and Braille aids, have been eligible for shipping licenses.'

Shipping is further complicated **by** recent U.S. restrictions which cut off charter air routes from the United States to Cuba as of March, 1996. (See President Bill Clinton's executive order of February 26, 1996.) Without direct flights, sending donations from the United States to Cuba not only requires making arrangements through three countries, but also becomes **more** expensive and presents further delays in reaching recipients. Dr. Noemí Gorrín, in charge of medical cooperation for the Cuban Council of Churches, reports up to three-month delays in donations shipped to Cuba from the United States through Canada." Rolando Suárez, Director of CARITAS-Cuba told us: "The shipment of medicines has become more complicated since flights were suspended. Our last shipment (from Catholic Relief Services), \$25 million in cephalosporins for Intensive Care Units, cost us \$30,696 to bring through Canada."¹⁸ With that money, he says another donation of medicines could have been put together. And Eddy Levy, Resident of Jewish Solidarity of Miami, reported in May of 1996 that his group had gathered 82 packages of food and medicines, but had found no cost-effective way of sending them to Cuba. He notes that with the direct routes eliminated, charters are flying smaller planes to intermediate points and have less space, increasing delays and air freight costs as a result."

Restrictions on travel to and from Cuba have generated another set of obstacles for donations. Some organizations have reported difficulty in obtaining travel licenses in time for their representatives to accompany a shipment and verify its end-use.²⁰ The Cuban churches report delays in U.S. travel licenses issued to representatives of sister denominations and churches in the United States, who propose delegations to Cuba to explore areas for humanitarian donations and religious cooperation.²¹

Project Orbis, which sends a plane equipped with a full ophthalmological surgical service to some 60 countries, was denied a travel license for a trip to Cuba planned for February of 1991. The purpose of the visit was to operate on dozens of Cuban patients, in cooperation with Cuban ophthalmological surgeons, and to exchange professional experience in the field. The travel license was denied, presumably because the U.S. specialists on board were **providing a service to** Cuba. After significant lobbying, a second application was approved for **a** trip in June, 1991, thus delaying for four months operations performed on board on nearly 50 patients and 20 more surgeries carried **out** by joint Orbis-Cuban teams at the Pando Ferrer Ophthalmological Hospital in Havana. Patients received cornea transplants, laser therapy, and were treated for glaucoma, among other afflictions.²²

The U.S. embargo and refusal to issue U.S. visas to Cubans needing medical treatment in the United States has frustrated attempts by U.S. medical institutions and specialists to donate their services to help prolong or save the lives of Cuban patients. Dr. Noemi Gorrín of the Cuban Council of Churches cites the case of the daughter of the Chief of Psychology at Havana's Ameijeiras Brothers Hospital, who was finally sent to Britain for heart surgery because she was denied a U.S. visa, despite the fact that her operation was fully financed by hospitals and professional staff in Boston.=

In cases of extreme emergency, U.S. citizens have consciously or unconsciously violated the embargo, end-running licensing procedures to get medications to Cuban patients with the urgency required. In January, 1994, nine-year-old Hernán Pérez was operated on at the Havana Hematology Institute to remove a malignant tumor (non-Hodgkin's lymphoma) from his abdomen. The right combination of chemotherapy drugs was unavailable in Cuba during the critical weeks following his surgery, and his family appealed to friends in the USA for assistance. Hernán Pérez, Sr. described to us his trip to the Havana airport to receive an "anonymous" package in February, containing several thousand dollars worth of the necessary medications, among them methotrex from Lederle Laboratories. "My son has a fine prognosis today," said Pérez, "but if my friends had waited for a (U.S.) government license to ship these drugs, they may well have arrived too late."²⁴

In Miami, a privately-funded Hotline has been set up to encourage reporting such embargo violations. The move was praised by the Treasury Department's Director of OFAC, Richard Newcomb, who told a Miami conference on Cuba in May, 1996 that the Hotline had resulted in a Treasury Department investigation into suspected "illegal shipments" to Cubans of \$40,000 in medications.²⁵

Gift packages, primarily from Cuban-Americans, constitute by far the greatest share of donations to Cuba.²⁶ However, getting these packages to their recipients is a complex, costly and time-consuming process, especially now without direct flights, as we noted earlier. Companies located primarily in Miami and New Jersey charge for this service. One ad in the **Miami Herald** on April 18, 1996 offered a "Mother's Day Special" of \$12 a pound for **new** clothing destined for Havana and \$10 a pound for food and medicine for both Havana and interior provinces.²⁷ At the same time, the American Red Cross has no service similar to the one offered by the Spanish Society of the Red Cross, which allows Cuban émigrés to send gift parcels to families on the island for discounted rates. (Reference: Interview with Dr. Hector Rodriguez Baster, Deputy Secretary General, Cuban Red Cross, December 7, 1995.)

Other forms of aid beyond humanitarian donations are limited by the embargo, including development assistance, which by definition permits greater participation of Cuban partners as actors rather than simply recipients. This **raises** issues beyond the competence of this study concerning the philosophical objectives of international aid. One aspect is worth noting, however: Certain assistance eligible for licensing under the CDA requires that U.S. and Cuban NGOs prioritize the political aims of their relations as they decide on cooperation projects." While it is too soon to assess the effects of explicitly politicizing assistance, it is reasonable to assume that it may skew the results of aid towards political ends, which becomes the yardstick for benefiting the Cuban population. It may be useful to study whether tying assistance to political objectives does not tend to discourage NGOs, and in particular Private Voluntary Organizations, from taking on Cuba as a partner country.²⁹

The perception that any form of donation to Cuba will be interpreted in a negative political light by the U.S. government and certain Cuban-American constituencies is currently a deterrent to donations for some organizations and even some pharmaceutical companies.³⁰ Limitations imposed by the U.S. embargo on additional forms of cooperation, such as technology transfer and the application of appropriate technology; travel by scientists and medical experts; access to scientific and medical information; and joint research projects are discussed in other chapters of this study.

Donations And Cooperation From Third Countries

Significant donations reach Cuba from Canada, Europe and Latin America. In fact, the European Union, bilateral government assistance and NGO aid from these countries constitute most of the \$20 million in annual contributions to the health sector.³¹

One major problem these donors face is shipping: In its restrictions imposed on shippers, the CDA makes no explicit exemption for shippers of humanitarian donations from third countries. While legal experts consulted believe that granting U.S. licenses for such carriers would be consistent with current U.S. policy, NGOs refer to experiences which suggest that shippers, who have generally decided not to ship to Cuba to avoid reprisals under the CDA, are either ignorant of or unwilling to test this hypothetical exception.³²

This has been the experience of several organizations on the receiving end in Cuba, including the National Blind Association (ANCI), the Cuban Red Cross, and the Cuban Council of Churches. ANCI notes that shipments from the National Blind Association of Norway and other European donors have had to wait for Cuban ships to pick them up in Norwegian ports because freight companies there insist they cannot take goods to Cuba under the CDA. ANCI notes that this has meant medications needed by the blind in Cuba have arrived so near to their expiration data as to be useless.³³

Particularly striking is an example cited to us concerning disaster relief for flood victims, homeless after Tropical Storm Gordon hit the eastern provinces of Guantánamo and Holguín in November, 1994. The Cuban Red Cross issued a draft appeal to the International Federation of the Red Cross (IFRC), which was approved and urgently distributed to Red Cross and Red Crescent Societies, governments, and the European Union. The EU agreed to fulfill the entire request for assistance, nearly \$500,000. The IFRC then selected a delegate to handle procurement and shipment of the relief aid, working out of Central America. By January, 1995, the funds were in hand. The Red Cross decided to purchase fibercement roofing materials for housing repair in Cuba itself, and so an attempt was made to transfer funds directly to the Cuban Red Cross for this purpose. The moneys were initially sent to Bonn, where they were routed to Costa Rica in U.S. dollars. However, the embargo prohibits U.S. dollars from being transferred to Cuba through international banking transactions. After several attempts to re-route funds failed, they were finally returned to Europa and channeled to Cuba from Geneva in Swiss francs. This process took over two months.

However, the complications continued: Unable to purchase other materials from the United States for export to Cuba, the Red Cross delegate bought fumigation equipment, insecticides, electrical wiring and several more items in Mexico. However, delivery was not made until April and May because of difficulties in finding a shipping company willing to carry these goods to Cuba. Thus, relief assistance to 11,967 disaster victims in Guantánamo and Holguín provinces-including 2,510 families whose homes were demolished- was delayed from January to May." And victims received food, housing repair materials and equipment to control mosquitoes and other vectors ***six months after the floods.***'

Armando Jaular, General Coordinator of Spain's Médicos Sin Fronteras (Doctors Without Borders). reports that his organization has so far invested \$1.8million in programs to enhance water supply and purification in Cuba. However, he blames the embargo for reducing 'the effectiveness of every dollar spent by the organization to assist Cuba,' to the extent that they cannot purchase from the closer and more competitive U.S. market. He cites the example of calcium hypochlorite, used to make water safe for drinking, which he says Medicos Sin Fronteras would

buy in the state of Georgia, USA, at considerably lower prices than it pays now from suppliers in Britain.=

Because of the restrictions on sending U.S. dollars to Cuba, banking difficulties have also been reported by groups such as ANSOC (Cuba's National Deaf Association). According to its President, Blas Eduardo Mora Maestre, the General Secretariat of the World Federation of the Deaf, headquartered in Finland, forwarded a donation from the Italian Deaf Association to the Regional Deaf Association in Colombia to buy a fax machine and a personal computer for ANSOC, to be used at the Pan-American Meeting of the Deaf in September, 1996. However, he reports that when the funds reached City Bank, they were frozen on the grounds that they were destined for Cuba. Mora Maestre states that the Deaf Association had not been able to unblock these funds as of May, 1996.³⁷

Donations And Cooperation From International Agencies

The U.S. embargo presents the same dilemmas to international agencies providing assistance to Cuba as it does to third parties in other countries. The United Nations system maintains a strong presence in Cuba, and its cooperation programs in health amount to some \$3 million annually, channeled through PAHO/WHO, the UN Development Program, UNICEF, the World Food Program and the UN Family Planning Program.

When it comes to Cuba, several of these and other international agencies state that they have difficulty purchasing products for donations or cooperation from U.S. manufacturers or their subsidiaries. For example, UNICEF (which also receives considerable supplementary funds from NGOs and National Committees for UNICEF in European countries and Canada) has had to purchase raw materials for children's iron supplements and pregnant women's vitamins from European producers at higher prices. In a more recent example, the UNICEF office in Havana was notified by its Copenhagen purchasers on November 8, 1995, that they had encountered serious difficulties in finding measuring equipment vital to the recuperation of water and sanitation systems in Cuba because "we can not procure them from USA and had to find other sources."³⁹

The price of shipping from Europe has also affected agencies such as the World Food Program (WFP), UN Development Program and UNICEF. The WFP has had to bring fertilizers, irrigation equipment and other resources from Canada and Europe, paying additional shipping.⁴⁰ In the case of UNICEF, projects for rural and peri-urban sanitation have been hampered, since polyethylene piping (both high and low density) has had to come from Europe instead of U.S. suppliers. The total budgeted for these purposes was US \$600,000 but of that amount 14% was tied up in shipping. UNICEF-Cuba notes that if that sum were reduced to 19% (still much higher than it would have cost to ship directly from the USA), 12 to 15 more aqueducts could have been completed. An additional factor here, they state, is shipping delays: the Havana UNICEF office reports it takes seven to eight months from the time moneys are available to portside arrival of products.

And finally, international agencies to which the United States belongs are subject to a cut in the United States Government's contribution, by law, determined by the share of their budget that is spent in Cuba. The Foreign Relations Authorization Act of 1961 provided that "any voluntary United States contribution to an international organization must be reduced by the proportionate United States share of such organization's activities carried out in specified countries (including Cuba). The purpose of the provision is to insure that no United States funds are used to conduct activities in cooperation with these states."⁴¹ Until the passage of the Foreign Relations Authorization Act for Fiscal 1994-95, it is our understanding that this provision reduced funds available for all United Nations programs in Cuba: UNDP, UNESCO, WFP, the UN Population Program, the UN Drug Control Program, FAO, WHO, PAHO, UNIDO, the office of the UN High Commissioner on Refugees, the International Atomic Energy Agency and UNICEF. In the Act of 1994-1995, only UNICEF and the International Atomic Energy Agency were restored to full U.S.

funding, effective with the amendments on April 30, 1994.” It seems that for some time the United States government contradicted its humanitarian aid policy when it came to its own contributions to international organizations.

NOTES

¹ Attorney Michael Erinsky notes that these regulations have been issued to apply to donations to a number of countries, and in all cases except Cuba they permit donations without license of 'hospital supplies and equipment, laboratory supplies and equipment, medical supplies and devices, medicine-processing equipment and medicines," memo from Erinsky, entitled 'Revised Commerce Department Export Administration Regulations," June 13, 1996.

² Ibid.

³ See Memorandum from Michael Krinsky, of Rabinowitz, Boudin, Standard, Krinsky and Lieberman, P.C., Attorneys at Law, dated February 8, 1995, and presented to a meeting of non-governmental organizations hosted by the American Friends Service Committee, Philadelphia, PA, February 23, 1995.

⁴ Memo from Michael Erinsky, June 13, 1996.

⁵ Reuters dispatch by Jeremy Lovell, Brussels, Belgium, Feb. 8, 1996.

⁶ Congressional Record, September 21, 1995, H9386-9389, testimony of Rep. Dan Burton (R.-Ind.) and others.

⁷ *New Opportunities for U.S.-Cuban Trade*, by Donna Rich Eaplowits and Michael Kaplowits of the Cuban Studies Program, Johns Hopkins University, 1992, pp. 11 and 13.

⁸ Letter from Iain S. Baird to Richard Newcomb, Director of the Office of Foreign Assets Control, Department of the Treasury, May 19, 1995. in response to an inquiry by Rep. Charles Rangel (D.-NY).

⁹ Conversations with Dr. Paul McCleary, then Resident of *Children Now!*, February and March, 1995.

¹⁰ Repeated attempts to gain further information on licenses for this study through the Freedom of Information Act were unfruitful. See May, 1995 correspondence between Peter Kornbluh of the National Security Archives and Wallie Mason, describing results of FOIA inquiries; and letter from Richard Newcomb of OFAC to Rep. Charles Rangel, received June 14, 1995, *noting that the* information provided to OFAC from the Bureau of Export Administration is "only summary information due to certain rules it is under pertaining to the release of information."

¹¹ Interview with Enrique Comendeiro, Advisor to the Minister of Public Health, and responsible for health sector international cooperation programs, Sept. 8, 1995.

¹² Policy of Cuban government on donations, as explained by Enrique Comendeiro, Advisor to the Minister of Health, interviewed Sept. 8, 1995.

¹³ Interviews with the following persons: Armando Jaular, General Coordinator, Medicos Sin Fronteras (Spain), April 24, 1996; Dr. Noemi Gorrin, Cooperation Program, Cuban Council of Churches, Jan. 25, 1996; Rolando Suárez, Director, CARITAS-Cuba, May 2, 1996; Claude Moncorge, General Secretary, Médecins du Monde (France), Jan. 26, 1996; Rev. Raúl Suárez Director, Centro Memorial Dr. Martin Luther King, Jr., Havana, Jan. 19, 1996; Dr. Hector Rodriguez Baster, Deputy Secretary General, Cuban Red Cross, Havana, Dec. 7, 1995; Amado **González** Landa, President, National Association of the Blind, Havana, Jan. 10, 1996; Ida Hilda Escalona del Toro, Cuban Association of the Disabled, Havana, Jan. 23, 1996; Blas Eduardo Mora Maestre, National Association of the Deaf and Hearing Impaired, Havana, Jan. 29, 1996, and written materials from OXFAM-America, United Church of Canada, National Council of the Churches of Christ in the USA.

¹⁴ U.S. Department of Commerce Export Administration Annual Report, 1994-1995 on Foreign Policy Export Controls. p. III-19.

¹⁵ Interview with Rolando Suárez, CARITAS-Cuba, May 2, 1996.

¹⁶ Communication from Amado Gonzalez Landa, President, ANCI, January 10, 1996.

¹⁷ Interview with Dr. Noemi Gorrin Cuban Council of Churches, January 25, 1996.

¹⁸ Interview with Rolando Suárez, CARITAS-Cuba, May 2, 1996.

¹⁹ Interview with Eddy Levy, May 9, 1996.

- ²⁰ See information from the U.S.-Cuba Medical Project, 1995 and 1996; end interview with Dr. Noemí Gorrín, Cuban Council of Churches, January 25, 1996.
- ²¹ Interviews with Dr. Noemi Gorrín, Cuban Council of Churches, January 25, 1996; and Rev. Raúl Suárez, pastor, Ebenezer Baptist Church of Marianao, Havana, January 19, 1996.
- ²² "Fraternidad Científica," *Granma*, April 13, 1991, and "Eye to Eye with Orbis" by Meic Haines in Cuba *Update*, published by the Center for Cuban Studies, New York, Nov., 1991, p. 10.
- ²³ Interview with Dr. Noemí Gorrín, Cuban Council of Churches, Jan. 25, 1996.) (See also sections on Family Relations and Humanitarian Emergencies.
- ²⁴ Interview with Hernán Pérez, Sr., Havana, Feb. 26, 1996 and invoices from medications provided.
- ²⁵ Comments by Richard Newcomb to the Helms-Burton Conference, sponsored by the American Conference Corporation, Miami, FL, May 10, 1996.
- ²⁶ See Commerce Department Bureau of Export Administration reports.
- ²⁷ See April 18 advertisement for VIAJES A CUBA ALMACEN EL ESPAÑOL, 1359 SW 1 Street, Miami. -FL.
- ²⁸ See Cuban Democracy Act of 1992, as published *in full in United States Economic Measures Against Cuba*, by Michael Krinsky and David Golove, Aletheia Press, 1993, pp. 147-155.
- ²⁹ There has already been some objection expressed by U.S. NGQs to politicizing their assistance, as per the CDA See document issued by OXFAM and the American Friends Service *Committee* on the bases of cooperation with Cuban NGOs, and discussions of the Interaction Working Group on Cuba over the past two years, especially talks with U.S. government representatives on August 8, 1995.
- ³⁰ See pharmaceutical company survey in the chapter on Medical Exports.
- ³¹ Analisis del Sector Salud en Cuba: *Informe de Avance, Ministry* of Public Health in cooperation with WHO/PAHO, Nov. 21, 1995, Havana, p. 15.
- ³² **The** Cuban Assets Control Regulations, published by the U.S. Treasury Department, indicate that the CDA licenses may be sought for vessels carrying food to NGCs or individuals in Cuba; or to medicines, medical equipment; or telecommunications supplies authorized by the U.S. Commerce Department. The fact that these exports would have to be authorized by Commerce suggests that in the letter of the law, this exception only applies to exports from the United States. However, consulted on this point, Attorney Michael Krinsky stated that it would be consistent with current U.S. policy, nevertheless, for the Treasury Dept to use its authority to license vessels carrying humanitarian donations from third countries to Cuba as well. At the same time, he stated that this authorization would require sufficient interest to analyze and interpret the potential legality of such an operation, an application procedure, and strict adherence to regulations limiting the ship's cargo to the *donation* itself. Interview with Michael Krinsky, June 19, 1996.
- ³³ Communications from Amado González Landa, President, ANCI, January 10, 1996.
- ³⁴ "Daños en diversas provincias por lluvias y vientos," *Gmmma*, Nov. 15, 1994; and data provided to the authors by the Cuban Red Cross.
- ³⁵ Interview with Dr. Hector Rodriguez Baster, Deputy Secretary General, Cuban Red Cross, December 7, 1996.
- ³⁶ Interview with Armando Jaular, General Coordinator of Spain's Médicos Sin Fronteras, April 24, 1996.) (Also see section on Water Resources.1
- ³⁷ Interview with Blas Eduardo Mora Maestre, President, National Deaf Association, January 20, 1996.
- 38** *Analisis del Sector Salud...*, p. 14.
- ³⁹ Information from Luis Zúñiga, Resident Program Director, and Osvaldo Montero, Projects Director, UNICEF-Havana. Fax from UNICEF Supply Division, Copenhagen, Denmark, November 8, 1995, sent to Osvaldo Montero.
- ⁴⁰ Interviews with UN representatives in Cuba, November 15, 1995.
- ⁴¹ HR Conf. Eep. 103-482, Foreign Relations Authorization Act of 1961, Section 431.
- ⁴² Letter and accompanying documentation from George F. **Ward**, Jr., Acting Assistant Secretary of State for International Organization Affairs, to Dr. Peter Bourne, February 12, 1996.