

**Denial of Food and Medicine**

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**The Impact of the**

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**U.S. Embargo on**

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**Health & Nutrition**

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**in Cuba**



**A Report from the American Association for World Health**

**March 1997**



# Denial of Food and Medicine

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## THE IMPACT OF THE U.S. EMBARGO ON HEALTH AND NUTRITION IN CUBA

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### THE AMERICAN ASSOCIATION FOR WORLD HEALTH

The American Association for World Health (AAWH) was founded in 1953 as a private, nonprofit charitable and educational organization and serves as the U.S. Committee for the World Health Organization (WHO) and the Pan American Health Organization (PAHO). Its purposes are to inform the American public about major health challenges that affect people both here and abroad, and to promote cooperative solutions that emphasize grassroots involvement. In carrying out its mission, AAWH works with a variety of public and private health-related organizations, including the Department of Health and Human Services/Centers for Disease Control and Prevention, as well as with WHO and PAHO. AAWH's work is supported by dues payments from institutional and personal members, by charitable contributions from corporate sponsors, and by foundation grants. Guidance is provided by the association's officers and board of directors.



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The U.S. embargo against Cuba has been in place since the early 1960s. It is one of the few embargoes of recent years (Iraq, Iran, Libya, South Africa, and Bosnia) that explicitly includes foods and medicines in its virtual ban on bilateral commercial ties. Prompted by our 40-year commitment to international health, especially in the developing world, and by the tightening of the embargo since 1992, the American Association of World Health (AAWH) launched a study of the impact of U.S. policy on the health of the Cuban population.

Over a twelve-month period between 1995 and 1996, a multi-disciplinary research team traced the implications of embargo restrictions on health care delivery and food security in Cuba. The team reviewed key U.S. regulations and their implementation, conducted a survey of 12 American medical and pharmaceutical companies and documented the experience of Cuban import firms with the embargo. The team assessed the impact of U.S. sanctions on health in Cuba through on-site visits to 46 treatment centers and related facilities; it conducted 160 interviews with medical professionals and other specialists, government officials, representatives of non-governmental organizations, churches and international aid agencies. In October 1996, the AAWH sent a delegation of distinguished medical experts to Cuba to validate the findings of the draft report through first-hand observation.

This full report of more than 300 pages is the first comprehensive study of its kind. We are pleased to make it available to those who wish more detailed information than the Executive Summary offers. Neither document includes specific policy recommendations. Both are intended to provide a factual basis for informed decision-making on Cuba, and indeed on the wisdom of including food and medicine in any embargo as a means to achieve foreign policy objectives. The AAWH hopes that our findings will temper debate and enhance public knowledge and policy.

Peter G. Bourne, M.D.  
Chairman of the Board  
American Association for World Health  
January 15, 1997

# TABLE OF CONTENTS

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	<b>Preface</b>	
	<b>Summary of Findings</b>	
	<b>Methodology</b>	
Chapter One	<b>The Embargo</b> .....	1
	History and Overview	
	The U.S. Role in Pharmaceutical Development & Patent Law	
	Effects of the Embargo	
Chapter Two	<b>Cuban Health Care in the Nineties</b> .....	31
Chapter Three	<b>Medical Exports to Cuba</b> .....	43
	U.S. Leadership & the Embargo Restrictions	
	Cuban Importers & Their Trading Partners	
	The Licensing Process	
	Financial & Medical Impact of Embargo Restrictions	
Chapter Four	<b>Medical Testing, Research &amp; the Pharmaceutical Industry</b> .....	75
	Diagnostic Testing & Protection of the Blood Supply	
	Vaccines & Biotechnology	
	The Pharmaceutical Industry	
Chapter Five	<b>Selected Aspects of Health &amp; Welfare</b> .....	119
	Food Security & Nutrition	
	Women's Health	
	Water Resources	
	Children's Health	
	Family Relations	
	National Health Emergencies	
	Hospital Care	
Chapter Six	<b>Prevention, Diagnosis &amp; Treatment of Disease</b> .....	215
	Oncology	
	Cardiology	
	The HIV/AIDS Program	
	Nephrology	
	Endocrinology	
	Ophthalmology	
	Treatment of Foreign Patients	
Chapter Seven	<b>Continuing Medical Education &amp; Exchange of Scientific Information</b> .....	265
Chapter Eight	<b>Humanitarian Donations &amp; International Cooperation</b> .....	279
Chapter Nine	<b>International Law &amp; the Embargo</b> .....	293
	<b>Appendices</b>	
	A. AAWH Delegates to Cuba	
	B. Sites Visited and Persons Interviewed	
	C. About the Authors	

## Summary of Findings

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After a year-long investigation, the American Association for World Health has determined that the U.S. embargo of Cuba has dramatically harmed the health and nutrition of large numbers of ordinary Cuban citizens. As documented by the attached report, it is our expert medical opinion that the U.S. embargo has caused a significant rise in suffering-and even deaths-in Cuba. For several decades the U.S. embargo has imposed significant financial burdens on the Cuban health care system. But since 1992 the number of unmet medical needs-patients going without essential drugs or doctors performing medical procedures without adequate equipment-has sharply accelerated. This trend is directly linked to the fact that in 1992 the U.S. trade embargo--one of the most stringent embargoes of its kind, prohibiting the sale of food and sharply restricting the sale of medicines and medical equipment--was further tightened by the 1992 Cuban Democracy Act.

A humanitarian catastrophe has been averted only because the Cuban government has maintained a high level of budgetary support for a health care system designed to deliver primary and preventive health care to all of its citizens. Cuba still has an infant mortality rate half that of the city of Washington, D.C. Even so, the U.S. embargo of food and the de facto embargo on medical supplies has wreaked havoc with the island's model primary health care system. The crisis has been compounded by the country's generally weak economic resources and by the loss of trade with the Soviet bloc.

Recently four factors have dangerously exacerbated the human effects of this 37-year-old trade embargo. All four factors stem from little-understood provisions of the U.S. Congress' 1992 Cuban Democracy Act (CDA):

- 1) **A Ban** on Subsidiary Trade--Beginning in 1992, the Cuban Democracy Act imposed a ban on subsidiary trade with Cuba. This ban has severely constrained Cuba's ability to import medicines and medical supplies from third-country sources. Moreover, recent corporate buy-outs and mergers between major U.S. and European pharmaceutical companies have further reduced the number of companies permitted to do business with Cuba.
- 2) **Licensing**--Under the Cuban Democracy Act, the U.S. Treasury and Commerce Departments are allowed in principle to license individual sales of medicines and medical supplies, ostensibly for humanitarian reasons to mitigate the embargo's impact on health care delivery. In practice, according to U.S. corporate executives, the licensing provisions are so arduous as to have had the opposite effect. As implemented, the licensing provisions actively discourage any medical commerce. The number of such licenses granted-or even applied for since 1992-is minuscule. Numerous licenses for medical equipment and medicines have been denied on the grounds that these exports "would be detrimental to U.S. foreign policy interests."
- 3) **Shipping**--Since 1992, the embargo has prohibited ships from loading or unloading cargo in U.S. ports for 180 days after delivering cargo to Cuba. This provision has strongly discouraged shippers from delivering medical equipment to Cuba. Consequently shipping costs have risen dramatically and further constricted the flow of food, medicines, medical supplies and even gasoline for ambulances. From 1993 to 1996, Cuban companies spent an additional \$8.7 million on shipping medical imports from Asia, Europe and South America rather than from the neighboring United States.
- 4) **Humanitarian** Aid--Charity is an inadequate alternative to free trade in medicines, medical supplies and food. Donations from U.S. non-governmental organizations and international agencies do not begin to compensate for the hardships inflicted by the embargo on the Cuban public health system, in any case, delays in licensing and other restrictions have severely discouraged charitable contributions from the U.S.

Taken together, these four factors have placed severe strains on the Cuban health system. The declining availability of foodstuffs, medicines and such basic medical supplies as replacement parts for thirty-year-old X-ray machines is taking a tragic human toll. The embargo has closed so many windows that in some instances Cuban physicians have found it impossible to obtain life-saving medicines from any source, under any circumstances. Patients have died. In general, a relatively sophisticated and comprehensive public health system is being systematically stripped of essential resources. High-technology hospital wards devoted to cardiology and nephrology are particularly under siege. But so too are such basic aspects of the health system as water quality and food security.

***Specifically, the AAWH's team of nine medical experts identified the following health problems affected by the embargo:***

- 1) **Malnutrition-**The outright ban on the sale of American foodstuffs has contributed to serious nutritional deficits, particularly among pregnant women, leading to an increase in low birth-weight babies. In addition, food shortages were linked to a devastating outbreak of neuropathy numbering in the tens of thousands. By one estimate, daily caloric intake dropped 33 percent between 1989 and 1993.
- 2) **Water Quality-**The embargo is severely restricting Cuba's access to water treatment chemicals and spare-parts for the island's water supply system. This has led to serious cutbacks in supplies of safe drinking water, which in turn has become a factor in the rising incidence of morbidity and mortality rates from water-borne diseases.
- 3) **Medicines & Equipment-**Of the 1,297 medications available in Cuba in 1991, physicians now have access to only 889 of these same medicines- and many of these are available only intermittently. Because most major new drugs are developed by U.S. pharmaceuticals, Cuban physicians have access to less than 50 percent of the new medicines available on the world market. Due to the direct or indirect effects of the embargo, the most routine medical supplies are in short supply or entirely absent from some Cuban clinics.
- 4) **Medical Information-**Though information materials have been exempt from the U.S. trade embargo since 1988, the AAWH study concludes that in practice very little of such information goes into Cuba or comes out of the island due to travel restrictions, currency regulations and shipping difficulties. Scientists and citizens of both countries suffer as a result. Paradoxically, the embargo harms some U.S. citizens by denying them access to the latest advances in Cuban medical research, including such products as Meningitis B vaccine, cheaply produced interferon and streptokinase, and an AIDS vaccine currently undergoing clinical trials with human volunteers.

Finally, the AAWH wishes to emphasize the stringent nature of the U.S. trade embargo against Cuba. Few other embargoes in recent history-including those targeting Iran, Libya, South Africa, Southern Rhodesia, Chile or Iraq-have included an outright ban on the sale of food. Few other embargoes have so restricted medical commerce as to deny the availability of life-saving medicines to ordinary citizens. Such an embargo appears to violate the most basic international charters and conventions governing human rights, including the United Nations charter, the charter of the Organization of American States, and the articles of the Geneva Convention governing the treatment of civilians during wartime.

## **Methodology**

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A multi-disciplinary team conducted research for this report between August, 1995 and July 1996, guided by the following concepts:

- 1) The purpose of this study is to assess whether U. S. embargo restrictions jeopardize the health of the Cuban population. Put more specifically: does the policy present a barrier to programs for health care delivery, sanitation and food security?
- 2) The research design calls for tracing the practical application of U.S. regulations and their implications for the health status of the Cuban population; not for policy recommendations, or evaluating the effectiveness of the embargo as a foreign policy option.
- 3) The investigation, although referencing embargo implications over its nearly 40-year history, concentrates on the period 1989, for which original documents and data are more readily available. The economically precarious nineties in Cuba also coincides with a strengthening of the embargo in 1992 and again in 1996.

### ***Evolution of Research***

- 1) During the first three months of the study, the team reviewed legal documentation, the scope of current U. S. regulations on trade with Cuba, and attempted to procure information from the Treasury and Commerce Departments concerning licensing procedures and the record of licensed sales to Cuba since 1989 (especially concerning medicines, medical supplies and equipment.) During the same period, they scrutinized documents made available by the Cuban Ministry of Foreign Relations and international agencies on the alleged effects of the embargo on the Cuban population.
- 2) A survey of 12 pharmaceutical companies and medical supply firms was conducted to determine their perception of and experience with embargo regulations.
- 3) A study of international patent law was undertaken to assess its implications for U. S. exports to Cuba.
- 4) With basic information gleaned in the United States, the team proceeded to trace the experience of Cuban import firms in areas especially relevant to health and welfare, agriculture, the food industry, water resources and treatment, medicines, medical supplies, and equipment. The primary research was conducted through interviews and document reviews, including correspondence from U. S. firms, their subsidiaries abroad and other foreign companies, in which the U. S. embargo was referenced. This phrase also included scrutiny of shipping records and freight documents to establish comparative data with World Scale rates, shipping from specified countries, etc.
- 5) In Cuba, representatives of international aid and development agencies were interviewed to ascertain whether the embargo has impacted external cooperation in implementing humanitarian programs on the island. Non-governmental Cuban organizations and churches involved in social services were surveyed with the same objective. (See Appendix for full list of interviews.)
- 6) With the assistance of the Ministry of Public Health, an epidemiological review was undertaken of basic health indicators and health problems throughout the island since 1935.

The validity of Cuban health statistics was validated by the Pan American Health Organization representative in Cuba., on the basis of PAHO's regular reviews of data-gathering methodology.

- 7) On-site visits were made to 32 patient care facilities in Havana City and Pinar del Rio provinces. The provinces represent two poles of Cuban society; the capital is the most highly populated urban center in the country with over two million inhabitants; and Pinar del Rio is one of the rural provinces, which at the same time approximates the average for the country in terms of health and living standards.- Time and financial constraints did not allow for extensive follow up in other regions, although telephone interviews were conducted with hospitals and institutions in five other provinces to investigate specific embargo-related difficulties.

The team visited primary care facilities (family doctors' offices and community clinics), and a series of general, maternity, and pediatric hospitals. The institutions were chosen because their records indicated that they represented the norm of treatment available to the general population, and not "showcase" facilities.

Several tertiary treatment centers and institutes were visited, in which we were able to define more explicitly the impact of U. S. embargo regulations on patient care in specialized fields.

In all on-site visits, the directors of major services were interviewed, as well as other physicians and specialists. The team visited a number of units and wards in each hospital, speaking with patients as well as staff.

While a general questionnaire was developed for these visits, it was adapted considerably to the nature of each institution. In all cases, the objective was to determine the correlation between the application of embargo restrictions and limitations on medical care offered and epidemiological patterns observed.

- 8) Researchers conducted interviews and reviewed documentation at a number of research centers, pharmaceutical production plants, food industry facilities, biotechnology institutes and medical schools, for detailed information to enhance specific sections of this report.

In all, some 170 interviews were conducted in Cuba with medical professionals and other specialists, government officials, representatives of non-governmental organizations, churches, and international aid agencies. (See Appendix for the complete list of interviewees and institutions visited.)

- 9) In October 1996, AAWH sent a delegation of distinguished medical experts to Cuba to validate the findings of the draft report through first-hand observation. (See attached list of participants.)