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

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To appreciate the current state of U.S.-Cuba relations it must be seen in the context of more than two hundred years of history during which the United States has been consistently unwilling to accept Cuban accomplishments and the nation’s right to sovereignty and independence. Cuba, while a Spanish possession, was for a hundred years the pre-eminent intellectual and cultural center of the New World at a time when the American colonies remained a primitive frontier. The University of Havana, founded in 1728, was well established by the time comparable institutions were developed in this country.

The Founding Fathers believed that Cuba was inevitably destined to become part of the United States. John Quincy Adams observed that Cuba was “an apple that had to fall by gravity into the hands of the United States.” Thomas Jefferson, attracted by the economic possibilities for Southern farmers if, through annexation they could gain access to Cuba’s slave population (the largest in the hemisphere) noted “I candidly confess, that I have ever looked on Cuba as the most interesting addition which could ever be made to our system of states.” President Polk offered Spain $100 million for the island which was declined. Franklin Pierce upped the offer to $130 million. Both ignored the desperate struggle for independence from Spain being waged by the people of Cuba. Eventually as the struggle was reaching a successful climax the United States entered the war against Spain nominally on the side of those seeking their freedom, but as President McKinley announced on December 6, 1897: “God himself has favored me with a divine revelation to take over Cuba and the Philippines.” The intent was to allow the Cuban forces to become depleted and exhausted fighting Spain so that the United States could then easily move in and take control. General Nelson A. Miles the commander of U.S. forces said in a cable to Washington, “We must destroy everything in range of our guns—we must concentrate the blockade so that hunger and disease, its constant companion, may sap the civilians and cut down their army.” These were supposedly our allies to whom he wished to do this.

Subsequently at the Treaty of Paris, signed on December 10, 1898, only the eloquent pleas of the Cuban leader, Calixto García, allowed Cuba to remain nominally independent while the Philippines, Guam and Puerto Rico were ceded to the United States. U.S. troops remained in the country for four years and the U.S.-drafted constitution imposed on Cuba allowed the United States the right to intercede with force in Cuban affairs any time they were dissatisfied with Cuban policies. For fifty years the United States exerted complete economic and political control over the island through a series of corrupt and puppet regimes.

The ascendancy to power of Fidel Castro in 1959 tapped into deep nationalistic yearnings and a continuing desire for independence and self-determination on the part of the Cuban people. U.S. opposition to true Cuban independence, and the right sovereignty remained strong. The imposition of the trade embargo in 1961 was, as much as anything, a
reaction to Cuba’s assertion of its right to independence. Food and medicine were added to the embargo in 1964 as a way of tightening the noose in the misconceived notion that it would bring down the regime. The inclusion of food and medicine is a clear violation of Article IV of the Geneva Convention and Article 25 of the UN Universal Charter on Human Rights. In no other instance including against Viet Nam, Iran, Iraq, South Africa or Bosnia was food and medicine included in trade embargoes. The objective could only be to inflict death and suffering on the most vulnerable elements in society: women, children and the elderly. Article 2 of the International Convention on the Prevention of the Crime of Genocide states that if a public official or private person engages in acts intended to place the civilian population “on starvation diet” or “engage in the withholding of minimal medical services” such acts qualify as a form of genocide. For physicians it poses a serious problem, as to support a policy that denies access to medicine clearly violates the Hippocratic oath they have sworn to uphold.

Initially Cuba fared reasonably well despite the embargo, obtaining drugs medical equipment and food either from the Soviet Union or through purchases made in Europe or elsewhere, often from U.S. subsidiaries. Initially there were only about thirty drugs that could only be obtained from the United States and to which they had no access. In 1978 I first became involved with this issue when the then Minister of Health, Dr. Gutiérrez Muñiz came to see me at the White House to seek my help in obtaining supplies of these drugs.

The Cuban revolution made the provision of quality health care a high priority, enshrining it as a right in the constitution. Their health care system eventually became the best in the Third World, admired and copied by many other nations. In many respects it has become the standard by which the systems of other nations are judged. By 1990 the infant mortality rate in Cuba was half that in Washington, D.C. The success of the revolution in providing equitable access to health care, especially to the poorer black citizens who make up the majority of Cuba’s population, angered those determined to show that every aspect of the revolution was a failure. Efforts to destroy this accomplishment even if it meant sacrificing the lives of innocent Cubans became a priority on the political agenda of opponents of the regime. Large amounts of money were shoveled into the pockets of U.S. politicians to achieve a policy that was entirely at odds with fundamental American values.

Problems began to develop with the collapse of the Soviet Union. Cuba no longer had access to the hard currency to buy drugs on the open market and could not obtain medical equipment and drugs from Eastern European sources. The situation was dramatically worsened with the passage of the paradoxically-named Cuban Democracy Act, which prevented U.S. subsidiaries from trading with Cuba. The passage of this legislation in 1992 coincided with a surge in takeovers of European companies by U.S. pharmaceutical giants thereby aggravating the situation for Cuba. Although it was increasingly apparent that the health and nutrition of Cubans was suffering due to the embargo, precise data on the situation was lacking.

In 1995, the American Association for World Health undertook, at the request of several foundations, a comprehensive study of the effects of the embargo. Two researchers, one a physician, worked in Cuba for a year. Human rights lawyers conducted detailed research here in Washington on the legal aspects of the embargo. At the end of a year, a 300-page draft report was prepared. A team of a dozen distinguished physicians then went to Cuba for a week to review and validate the findings of the study. Among the findings of the study:1

- The health and nutrition of the Cuban people had been adversely affected in many ways by the embargo.

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- Of 1,297 drugs available in 1991, Cubans now had access to only 889. Cutting edge drugs come overwhelmingly from the United States. Patented for 17 years, they can not be obtained elsewhere. Cubans can not obtain the latest antibiotics, anti-fungal drugs, anti-nausea drugs for children undergoing chemotherapy for cancer, protease inhibitors for AIDS, or various cardiac drugs.

- Cardiac pacemakers, parts for infant incubators, x-ray film for mammography, sophisticated surgical equipment all are blocked by the embargo.

- Laboratory supplies for carrying out routine tests are unobtainable.

- Spare parts for the water supply system built in the 1940s and 1950s with U.S. components can no longer be obtained.

- Obtaining medical literature, especially textbooks, is almost impossible.

Only the extraordinary dedication of Cuban physicians to their patients and the willingness of the Cuban government to reallocate scarce budgetary resources to the healthcare system has averted a catastrophe of major proportions. While humanitarian aid has helped, it meets only 12% of Cuba’s needs and frequently the drugs donated do not match the needs in Cuba. Cuban Cardinal Jaime Ortega says that while any donations are deeply appreciated, they are only a palliative and no substitute for commercial trade in pharmaceuticals.

Advocates for the inclusion of food and medicine in the embargo make a number of arguments. First, despite the embargo Cuba can, through various loopholes, obtain any medicine and food it wants on the international market. An argument that is patently absurd on its face. If the embargo does not succeed in its goal of denying Cubans access to food and medicine, then what is the point of the legislation when the level of condemnation it generates is so overwhelming? It is true that for many drugs that are available on the international market, Cuba can buy without restriction. But these must be clearly distinguished from those they can not. It is secondly argued that embargoed drugs can be obtained for Cuba’s elite or for foreigners coming to Cuba to take advantage of the excellence of their healthcare. Small quantities of some drugs can be obtained on the international market for a price, but this is a hopeless prospect for trying to meet the pharmaceutical needs for a population of 12 million.

While the embargo as a whole has been thoroughly condemned by the world community for years, it is the inclusion of food and medicine, flagrantly violating international human rights accords, that have generated most anger towards the United States. It was long argued that these sanctions only served to weaken efforts to improve human rights violations within Cuba. This year we saw this concretely in the UN’s rejection of the report condemning Cuba’s human rights record. It was more than anything an effort to express utter frustration with U.S. policy. Every major moral authority to which the world looks for guidance, from Nelson Mandela to the Pope, condemns the embargo. In private even President Clinton condemns the inclusion of food and medicine.

There has been a profound change in the attitude towards the embargo and to U.S.-Cuban relations in general in the last eighteen months. Much can be attributed to the visit of the Pope. However, the changes were underway long before last January. It is in retrospect the food and medicine issue that has done most to galvanize public attitudes against the embargo as a whole. The indefensibility of the policy and relative safety of the issue for those who oppose the embargo on other grounds has produced a groundswell across the political spectrum that now suggests that the days of this anachronistic policy are at an end.