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"The Effects of the United States' Embargo on Cuban Health During the 'Special Period' and Beyond"

According to the World Health Organization, the United States' total expenditure on health per capita was $6,714 in 2006, while the total expenditure on health as a percentage of GDP was 15.3%. In Cuba, the total health expenditure on health per capita was $363 in 2006, while the total expenditure on health was 7.1% of GDP (WHO, 2010). The Medical Education Cooperation with Cuba released a comparison analysis between Cuba and the U.S. for certain health indicators. Cuba boasts 62.7 physicians per 10,000 people, while in the U.S. that number is a mere 26.3. There are more HIV/AIDS deaths in the U.S. than in Cuba, with HIV prevalence being almost nine times higher here in this country. In terms of government expenditure on health as a percentage of total health expenditure, the Cuban government covers 87.8% of health care costs, while in the United States that percentage is only 44.7%. The United Nations Population Fund, the UN Development Program's Human Development Index, and the Cuban Ministry of Health have all released statistics that demonstrate similar health indicators between the two countries, with Cuba even having a slight edge over the U.S. in some categories. In 2006, Cuba had a lower infant mortality per 1,000 births compared to the United States (5.6 to 7 respectively), and was more or less equal to U.S. statistics regarding life expectancy. MEDICC also notes that the top three causes of death in both Cuba and the United States are the same:

heart disease, cancerous tumors, and cerebrovascular disease. Did you know that Cuba was the first country to eliminate polio in 1962? The first country to eliminate measles in 1996? That it has the lowest AIDS rate in the Americas? And the highest rate of treatment and control of high blood pressure in the world? (MEDICC, 2007).

What do all of these numbers show? Though Cuba spends much less on health care, it has succeeded in creating a more accessible system than that of the U.S. and its health indicators are on par with if not better than a country that spends many more health dollars. What is even more estimable is that Cuba has achieved this in light of very limited domestic and foreign financial and physical health-service resources because of the U.S. embargo. The last statistic presented regarding leading causes of death indicates that Cuba has achieved a health profile much like that of a developed, Global North nation. It has accomplished that, in spite of the limitations of the U.S. embargo especially during what is known as the "Special Period" of the 1990s.

Fidel Castro came to power in Cuba in January 1959. He declared Cuba a socialist state in April of 1961, which propelled a 30 year alliance with the former Soviet Union (U.S. Department of State, 2010). Because this was the Cold War era, relations between Cuba and the U.S. began to fall apart practically as soon as the socialist declaration was made. Before Castro came to power, 75% of Cuba's imports and exports were traded to or accepted from the U.S. (Kuntz, 1994). However, in August 1960, Castro issued Resolution Number 1 under Cuban law 851 which ordered the expropriation of twenty-six American companies on Cuban soil. Two months later, the U.S. ordered an embargo on Cuba and diplomatic relations between the two countries were officially broken on January 3, 1961 (U.S. Department of State). What is interesting to note is that this embargo did not originally include U.S. exports of food, medicine,

and medical supplies to Cuba. In 1964, however, these exports were added to the restricted list (Campos, 2004). Essentially all trade between the U.S. and Cuba was dissolved.

Cuban trade became dominated by exchanges with the former Soviet Bloc countries, with percentages maintained between 70%-90%. From 1975-1989, the Cuban economy maintained an annual growth rate of around 4%. However, in 1989 with the fall of the Soviet Union, their economic foundation crumbled from beneath them. By 1993, imports into Cuba declined by 75%. The Soviet Union had previously provided Cuba with their main source of energy, oil, and that import rate was cut in half. Though it had been increasing every year since 1965, their GDP decreased 2.9% in 1990, 10.7% in 1991, 11.6% in 1992, and 14.9% in 1993. Because of the Communist government structure and the almost complete government control of employment, Castro aimed to hold onto all jobs and maintain salaries during this economic crisis, which ballooned the budget deficit (Lopez-Pardo, Nayeri, 2005).

In March of 1992, then President George H.W. Bush signed the Cuban Democracy Act which made the U.S. embargo even more paralyzing for Cuba. Third-party sanctions were enacted, meaning that now subsidiaries of American companies that existed outside of the U.S. were also banned from trading with Cuba. This trade restriction included food and medical supplies. Also, ships that have docked in Cuba are prohibited from entering U.S. ports until 180 days after their Cuban departure, which has either discouraged countries from importing to Cuba or has increased their shipping costs in an attempt to find another way to get them there (Campos, 2004). To dissuade the assumption that U.S. was restricting the availability of any humanitarian aid to the island, they devised a kind of exception to their harsh policy. The U.S. Treasury and Commerce Departments could technically sign for the individual sales of medical supplies for humanitarian reasons. The problem was that in reality, this permission is so hard to

obtain that U.S. distributors were discouraged from even trying. In effect, this provision discouraged humanitarian aid without actually outlawing it (Campos, 2004). Another way in which the U.S. has restricted aid to Cuba is through the denial of loans from the World Bank and the International Monetary Fund (Kuntz, 1994). Though, with the track record of these loan provisions and development projects, Cuba is probably better off without them.

Cuba's economic crisis following the collapse of the Soviet Union is known as the "special period in peacetime." (Kuntz, 1994). Between the U.S. embargo and the collapse of the Cuba's main source of trade, the Soviet Union, the Cuban economy suffered immensely during this period. The cutoff of food and medical supplies to the country is especially disturbing in terms of the implications for the Cuban people. In 1996 at the World Food Conference in Rome, Pope John Paul II harshly criticized the use of economic embargoes because they "cause hunger and suffering to innocent people." If what some U.S. policy critics have said is true, that the U.S. meant to target Castro's regime and not the Cuban people at large, then what has become of this embargo is the punishment of the wrong people (The Lancet, 1996). There is some inspiring data, however, that has come out of this Special Period. Though U.S. policies had deprived Cuba of access to essential food and health service resources, they were able to overcome these obstacles and build a commendable health reputation for themselves.

In June 1993, in the peak of the Special Period, the American Public Health Association commissioned a study to research the impact of the U.S. embargo on the health of the Cuban people. Researchers observed an overall decrease in diet adequacy. Farmers lacked sufficient animal feed to maintain production of meat, dairy products, and eggs. There are shortages of fertilizers imperative for domestic agricultural production. Farm tractors that once ran on oil imports were out of commission, which also contributed to food shortages as farmers relied on

ox-drawn plows. With the oil shortage came difficulty in bringing farm food all the way to markets (Kuntz, 1994). Because the Soviet Union was Cuba's largest source of oil, and U.S. subsidiaries dominated 90% of Cuba's trade in food and medicine, with the collapse of these sources came the blow to Cuban nutrition. Also, when Cuba was trading with the Soviet Union, they weren't reliant on hard currency. However, during the Special Period, their lack of hard currency made their entry into the accessible parts of the global market near impossible (Kuntz, 1994). So during the Special Period, the loss of the Soviet Union as a trade partner and the Cuban Democracy Act of 1992 facilitated a decrease in the nutritional health of the Cuban people.

The loss of U.S. subsidiary access because of C.D.A provisions also detrimentally effected medical care. The Helmes-Burton Act of 1996 in effect tried to stop foreign investment in Cuba and allowed the U.S. to sue third party investors (Campos 2004). Foreign sources who are not subsidiaries are still weary to export medicine and supplies to Cuba for fear of U.S. punishment threatened through this Act. Therefore, when they do sell to Cuba, they increase prices because they know they can get Cuba to pay them; they have no other sources for obtaining these precious health resources (Kuntz, 1994). The American Public Health Association study also notes that transportation costs to and from the U.S. would be much cheaper than what Cuba is forced to pay for exchanges with Europe or Japan. So, to try and save money, Cuba buys many supplies in bulk, which is medically dangerous if it means there is not enough proper storage room and the medicines are not used up before their expiration. Paying more to buy in bulk also means that a lot of money is going toward this trade at one time and money desperately needed elsewhere is quickly gone. In 1981 Cuba faced a dengue epidemic that could have been more quickly controlled through the importation of U.S-made drugs and

fumigation equipment to kill the disease-carrying mosquitoes. However, because that was not an option, Cuba had to pay more to import these supplies via air from Europe to fight the spread of this dangerous disease in the proper timely fashion. In the 1980's, Cuba had bought 80% of their physical therapy equipment from a company in Holland. However, the U.S. stopped approving this trade in 1991. The U.S. publishing company McGraw-Hill bought out Editorial Interamericana S.A, which cut off Cuba's access to specific, important medical literature (Kuntz 1994). As is evident in these examples, the Helmes-Burton Act further diminished health resources in Cuba.

Another study published in the American Journal of Public Health in 1997 looked into more specific effects of the U.S. embargo on nutrition and disease in Cuba. According to this study, in the 1980s about half of the protein and calories needed to feed the Cuban people was imported. When food imports declined by 50% from 1989-1993, the government relied on its food ration program, which only provided about 1,200 daily calories. What is even more disturbing is proportion of refined sugar calories to all available calories increased to 26% in 1992 (Garfield, Santana 1997). Upon reflection, one could argue that that type of diet could lead to an increase in diabetes prevalence. An interesting note to add to that hypothesis is that the U.S. company Lilly is the world's largest insulin maker, an "indispensible" product for diabetics (Kuntz, 1994). Cuba would not have access to this product because of the embargo and would have to meet the need by expending higher costs to import from Europe. Health statuses among pregnant women and infants also decreased due to improper nutrition. The government has tried to address this concern by targeting ration programs to women, children, and the elderly. However, this means that men are feeling the majority of the effects of calorie and protein

deficiency, as their caloric intake decreased from 3,100 in 1989 to only 1863 in 1994 (Garfield, Santana 1997).

There were also deteriorations in public health status during the Special Period. The Garfield/Santana American Journal of Public Health study cites many issues that probably stem from both a decrease in imports and in capital from a lack of sufficient trade. A decrease in chlorine imports probably led to the decrease in the percentage of the population with access to chlorinated water systems from 98% in 1988 to a mere 26% in 1994. There was an increase in diarrheal disease, pneumonia, and tuberculosis because of this dirty water and a lack of residential housing projects to replace the many structures in very poor condition. Fats used to make soap were once imported from the Soviet Union, but with that trade partner gone, Cuba saw scabies cases increase due to improper hygiene. The aforementioned problem of Cuba's lack of hard currency led to a decrease in the quality of urban life. At the beginning of the Cuban Revolution and when trade mainly existed between other communist countries, Cuban did not relay on hard currency for much of anything. Circumstances had changed by the 1990s and Cubans found themselves more and more desperate for hard currency access. Approximately 21% of Cubans during this period had access to hard currency through either an income in the very small private sector or from families abroad. Those who did not, however, resorted to begging and prostitution in the cities where the dollars presence was probably most predominantly felt. The disappearance of these practices had once been called the "achievements of the revolution," but they were reemerging as Cubans became more desperate (Garfield, Santana, 1997). There was also a neuropathy epidemic in the early 1990's which was probably caused by poor nutrition and affected tens of thousands of Cubans. Ironically, the United States permitted scientists from the Centers for Disease Control and Prevention and the

National Institutes of Health to go to Cuba and help in the investigation into this disease (Kuntz, 1994). In my opinion, the U.S. government probably did this not out of genuine concern for the Cuban people, but for a leg up in the science world and a boost in their reputation.

How has Cuba managed to rebound from the damaging effects that this Special Period economic crisis has had on the nutrition and health of its people? The Cuban Constitution declares health care to be a right that every Cuban citizen has, and it is the Cuban government's responsibility to ensure that its citizens are healthy (Campos, 2004). This is quite the contrast to the U.S. health care system, where health has become a privilege and the private sector has dominated access to coverage and services. Cuba has stood by their constitutional affirmation regarding health and has overcome the challenges of the Special Period in inventive ways. The American Public Health Association trip of 1993 noted ways in which not only the Cuban government but the average citizen was rebuilding the nation's health status. The APHA's commission noted that many people were planting more gardens to grow their own food, breastfeeding their babies instead of using formula, and bicycles are now much more common than cares. They concluded that "the economic dislocations have led to healthier lifestyles-reduced smoking, less fat and meat and more vegetable in their diet, more exercise, and cleaner air" (Kuntz, 1994).

When the crisis began, the Cuban government made a promise to its people that health care and education programs would not falter. Based on figures from the Cuban Ministry of Finance, the health sector budget allotted for more Cuban pesos and the percentage increase of GDP earmarked for health care came at the expense of spending for the military and government administration (Salud!). Because of the limited amount of hard currency, national evaluations were done weekly to decide which purchases were absolutely needed to as to use the limited

funds they had efficiently. The film Salud!, who yields support from MEDICC, the Medical Exchange Cooperation with Cuba, credits the health care professionals, who worked "under the most stressful conditions, was without doubt, indispensable for the Cuban population to emerge from the worst of the crisis with their health status essentially intact." They also highlight what was probably the most positive contributor to rebounding Cuba's health care system: the community-oriented primary care network accessible to essentially every Cuban:

> The family doctor-and-nurse teams, responsible for the health of some 150 families in a given neighborhood, concentrated their attention on health promotion, prevention of disease, environmental cleanup, priority attention to children and the elderly, prenatal care, and early detection of infection and chronic disease. Most of these activities required little in the way of material support, but they went a long way towards keeping the levels of disease from reaching the already over-extended hospitals wards and emergency rooms.

What Cuba lacks in material and financial resources it makes up for in medical knowledge and staff. They have recovered the crisis not only through focusing on their service structure, but on the education of medical professionals. The fact that the full six-year medical education and training program in Cuba is free has kept application numbers rising and is probably determinant of the 76% increase in physicians from 1990-2003 (Lopez-Pardo, Nayeri, 2005, Salud!). With health statistics where they are today, it is interesting to think where they could be if lack of physical and capital resources were not an issue.

The Soviet Union became a U.S. enemy during the Cold War because the U.S. feared a Communist permeation of the "existing political orders in the West, and indeed throughout the

world" (Pike, 2010). When Communism did reach a country a mere 90 miles from our shore, we retaliated by isolating them and restricting their access to badly needed resources and capital. Cuba was able to sustain itself as long as they had a communist ally, but when the Soviet Union fell, they were left even more alone than before. Though the U.S. embargo on Cuba had very detrimental effects on Cuban nutrition and health, it was the dedication and plan of that enemy Communist government that kept Cuba healthy. What the U.S. is trying to do now in revising our health care system actually mirrors the efforts of the Cuban government during the Special Period. Here in this country we are trying to improve access to primary care, improve communication between doctors and patients, decrease wasteful spending and practices, and increase the feasibility of medical education while promoting the need for more primary care physicians (NCQA, 2010). With Cuba meeting and often passing U.S. health rankings, Cuba might have a thing or two to teach us about how to make our population healthier and our health care system more efficient per health dollar. Though a medical education exchange has become a reality between the U.S. and Cuba, the U.S. embargo is still stifling the potential that a full exchange between the two countries would have to improve health on both sides. Cuba would be able to export its methods of education and infrastructure while the U.S. could export its medical resources and hard currency.

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