

Role of the USA in shortage of food and medicine in Cuba

Anthony F Kirkpatrick

For over 30 years an embargo by the USA has restricted Cuba's ability to purchase foods and medicines. In 1992, the USA enacted the Cuban Democracy Act (CDA), which "exempted" the sale of medicines from the embargo. However, the implementation of the CDA's requirements and the intensification of the embargo as a result of the passage of the Helms-Burton Act in March, 1996, have undermined the purpose of the medicine exemption. The resultant lack of food and medicine to Cuba contributed to the worst epidemic of neurological disease this century. The Inter-American Commission on Human Rights of the Organization of American States has informed the US Government that such activities violate international law and has requested that the US take immediate steps to exempt food and medicine from the embargo.

Health professionals need to understand how an economic embargo of a country can have a direct, negative effect on its public health. The US embargo against Cuba is unprecedented because it imposes restrictions on the sale of medicine and food. Indeed, the Clinton Administration described the Cuban embargo as "the most comprehensive embargo the United States has against any country in the World".¹

My aim was to determine to what extent recent US Government policies contribute to a shortage of medicines and medical equipment in Cuba, and how. The data were gathered from telephone conversations, records, and written communications obtained between 1993 and 1996. It should be noted that some of the participants in this survey did not want their cooperation to be construed as taking a position on any US Government agency or US policy.

US jurisdiction over medical products

The USA has immense control over the availability of essential drugs worldwide. The figure shows that the US pharmaceutical industry has a significant global lead in the discovery and development of major drugs. The US monopoly spans almost all therapeutic and diagnostic applications.^{2,3}

For over 30 years an embargo by the US has restricted Cuba's access to these essential medicines.⁴ However, with the tightening of the embargo in 1992 through the passage of the Cuban Democracy Act (CDA) many of these medicines became virtually unattainable. The new restrictions required that the President of the USA certify, through on-site inspections approved by the President, that all components of a shipment of medical products to Cuba were used for the purpose intended.⁵ The US Government knew that it could not do these on-site inspections. The US Government therefore shifted the burden of on-site inspections to the exporters. The manufacturers had to accept the responsibility for verifying the end use of each product sold to Cuba, at an

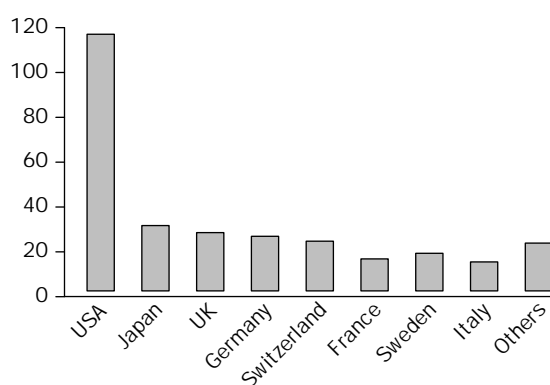


Figure: Development of 265 major global drugs from 1970 to May, 1992, by national origin

"Major global drugs" must have been marketed or have reached the post-clinical stage in at least 6 of 7 of the world's leading markets: the USA, Japan, Germany, France, Italy, the UK, and Spain. A presence in 6 or 7 markets requires the inclusion of at least two or three leading continents, and acceptance by various medical cultures. "National origin" is the nationality of the originating company, or the parent to which the originator belonged at the time of market introduction. Data adapted from ref 2.

increased administrative cost. If certain procedures were not followed, the manufacturers could be subject to penalties of up to \$1 million per violation for corporations and prison terms up to 10 years for individuals. The Cuban Government has allowed some of these on-site inspections, even though it intrudes on Cuba's sovereignty.

The US Government, for its part, seems to make a concerted effort to frustrate medical companies attempting to export goods to Cuba. For example, Johnson & Johnson was forced to wait a year to receive an export licence.⁶ Other companies have found the licence-application process insurmountable, even for the sale of \$200 of replacement parts for radiographic equipment (Cody N, Picker International, Cleveland, Ohio, USA; personal communication). According to Iris Medical, an international supplier of ophthalmological equipment, "Despite a substantial expenditure of time and resources, Iris Medical was unable to establish a meaningful dialog with the US Department of Commerce in a manner consistent with standard business practices" (Arias E, Iris Medical, Mountain View, California, USA; personal communication). Even WHO is subject to the CDA

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University of South Florida College of Medicine,
12901 Bruce B Downs Blvd, Box 59, Tampa, Florida 33612, USA
(A F Kirkpatrick MD)

US agency (product and origin)	Product use	Applicant	Date	Approval
Treasury department				
Cytometer (UK)	Blood analysis	Johnson & Johnson	June 16, 1993	Yes
Thalamonal (Belgium)	Analgesia	Johnson & Johnson	June 3, 1993; Feb 18, 1994; Sept 2, 1994	Yes
Fluspirilene (Belgium)	Antipsychotic	Johnson & Johnson	Feb 25, 1994	Yes
Syringes (Belgium)	Drug injection	Beckton Dickinson	March 7, 1994	Yes
Depo-Provera (Belgium)	Contraception	Upjohn	Dec 1, 1993; Aug 17, 1994	Yes
Commerce department				
Ventilator parts (Sweden)	Replacement parts	Sieman	July, 1994	Yes
Radiographic equipment (Canada)	Replacement parts	Picker	April 29, 1994	Denied
Photocoagulator (USA)	Eye disorders	Iris Medical	Oct 1, 1993	Denied

Documents obtained through the Freedom of Information Act; request to the Office of Foreign Asset Control of the US Department of Treasury, Aug 27, 1996. Data also obtained by the author from the licensee.

Table: US licence applications for sale of medical products to Cuba

restrictions.⁶ Consequently, as the table shows, only a few of the world's medical companies have attempted to brave US regulations since the enactment of the CDA. The number of companies granted US licences to sell to Cuba has fallen to less than 4% of pre-CDA levels.⁴

The largest pharmaceutical firm in the USA, Merck, announced on Dec 19, 1995, that it will never do business with Cuba while the embargo is in place. Merck was prosecuted by the US Government for an exchange of scientific information with Cuba. Merck described the exchange of information as an opportunity to assist WHO in its Pan-American health-care activities. There was no commercial transaction. Merck reports that they believed that they had a "gentleman's agreement" with the US Department of Treasury to keep a low profile about the incident (Bears S, Merck, Whitehouse, New Jersey, USA; personal communication). However, when President Fidel Castro came to New York City in October, 1995, to attend the United Nations' 50th anniversary celebration, the US Treasury Department publicised the Merck incident.⁷ Similarly, when International Murex Technologies of the USA acquired a diagnostics company from the UK, Murex banned the sale of diagnostic products from the UK to Cuba for fear of reprisals by the US Government and the risk of adverse publicity (Ramsey S, International Murex Corporation, Norcross, Georgia, USA; personal communication). As a result, Cuba had to find a new supplier of diagnostic products followed by 3–6 months of validation testing in Cuba before some of the products could be used.

Merck's and Murex's experiences with the Cuban embargo are only examples of other US-induced barriers and deterrents for trade in medical products with Cuba. These include fear of huge financial penalties and imprisonment of company employees, increased legal costs, US Government prosecution for minor and inadvertent violations of the Cuban embargo, and follow-up solicitation of the press for adverse publicity against the medical company and its employees.

Non-US medical-product companies

The US embargo imposes significant restrictions on Cuba acquiring non-US products. For example, foreign vessels are banned from loading or unloading freight anywhere in the US for at least 6 months after having stopped in Cuba. Similarly, aircraft carrying emergency medical supplies to Cuba are banned from landing in the USA (which creates delays).

The Helms-Burton Act, which was passed in March, 1996, is having an inhibiting effect on non-US medical companies. For example, the Act instructs US officials to bar US entry to "any alien"—non-US medical company directors as well as their families and children—who

"traffics" in American property that was confiscated by the Cuban government after the 1959 takeover by Fidel Castro.⁸ Another provision would allow US citizens to sue such firms—ie, those trafficking in nationalised properties, in US courts. President Clinton has postponed the implementation of the latter provision until Jan 15, 1997. But even if he renews the suspension of the lawsuit part of the Act, the law will remain on the books and serve as a disincentive to companies that may wish to sell medicines to Cuba. What makes the current law so difficult to change is the way it came into effect in March. In a major concession to the Republican-controlled Congress, Clinton relinquished some of his authority as President over foreign affairs and agreed that the only way the Act could be amended or overturned is by another act of Congress. It is unsurprising that Mexico, Canada, and the European Union are threatening to retaliate if the USA tries to punish them.

For Cuba, the costs of medical products have increased because the country has few potential suppliers, and therefore little negotiating strength. Cubans complain that non-US medical companies raise prices because of increased transportation costs and increased risk due to possible reprisals from the US Government. The effect on Cuba's health system is increased costs, shipping delays, and restricted access to some of the most important medical products because they are subject to US jurisdiction.

In February, 1995, a group of concerned US citizens, including me, approached the Inter-American Commission on Human Rights of the Organization of American States (OAS) to point out that the inclusion of foods and medicines in the US trade embargo against Cuba was a violation of common international law. The matter was discussed at hearings at the OAS that month and the Commission—in a little-noticed letter—urged the US Government to end restrictions on shipment of food and medicines to Cuba, calling them a violation of international law.⁹ This development was significant because the OAS has excluded Cuba from membership of the organisation. In addition, the OAS was one of the first international organisations to deplore violations of human rights by the Fidel Castro's Government.

In response to the opinion of the OAS, the USA maintains that medicines and medical supplies are exempt from the US embargo and can be sold to Cuba. The USA insists, however, that it must be able to verify their proper distribution.¹⁰ This provision, and the other bureaucratic requirements implemented by the US Government, effectively subverts the medical-supply exception to the embargo. In essence, the USA remains in violation of international law.

Food and the future

The US Government acknowledges that there is no exemption for food items; it simply notes that there are "ample suppliers" of foodstuffs elsewhere, that Cuba receives donations of food, and that the food shortages are not due to the embargo, but, rather, are caused by the "Regime's failure to alter Cuba's inefficient centralised economic system".¹⁰

This argument rings hollow. First, even if Cuba can buy food elsewhere, the inclusion of food in the US trade embargo remains in violation of international law. Second, a small amount of food is donated by US organisations,^{4,10} but that is a poor substitute for removing provisions that prohibit its sale. Third, although Cuba can buy food elsewhere, it must often pay higher transportation costs than would be the case with the nearby USA. Fourth, in 1992, the US Government ignored the warning of the American Public Health Association that the tightening of the embargo would lead to an abrupt cessation of supplies of food and medicine to Cuba resulting in widespread "famines".⁴ In fact, 5 months after the passage of the Act the worst epidemic of neurological disease this century due to a food shortage became widespread in Cuba.¹² More than 50 000 of the 11 million inhabitants were suffering from optic neuropathy, deafness, loss of sensation and pain in the extremities, and a spinal disorder that impaired walking and bladder control.¹¹⁻¹³ Furthermore, as recently as November, 1995, WHO reported more people with neurological disease in Cuba due to malnutrition.¹⁴

In June, 1993, a delegation sponsored by the American Public Health Association travelled to Cuba to assess the impact of the embargo on the public health of the Cuban people. The Association's report notes that the policies of the Castro regime give a high priority for health care, which has contributed to a large reduction in infant mortality and improvements in health. However, the Association found that the tightening US embargo, through the enactment of the CDA, has been associated with a decline in the health of the Cuban people.¹⁵

The US Government often speaks of violations of human rights in Cuba. Such claims should perhaps be viewed against the background of an Amnesty International report, which catalogues human-rights abuses in the USA, such as torture, ill-treatment of

prisoners, and excessive use of force by police.¹⁶ In addition, it should be noted that Washington has been deemed to have exaggerated Cuba's abuses of human rights, to the extent of codifying such claims into US law.¹⁷ These reports should be borne in mind when the US blockade of food and medicine to Cuba is considered.

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