

# The Immorality of Collective Punishment

*A Closer Look at  
the Impact of  
the U.S.  
Embargo on  
the Health of  
Cubans*

**Cheryl Mwaria**

**N**owhere is the interrelationship of the moral, the political, and the medical more evident than in the impact of the U.S. embargo on the health system of Cuba. By banning the sale of food and most medicine, the embargo "appears to violate the most basic international charters and conventions governing human rights," according to a March 1997 report of the American Association for World Health. Supporters of the embargo attempt to justify it on the basis of Cuba's alleged violation of individual rights. Such a justification overlooks the immorality of the collective punishment of innocent citizens. It is both hypocritical and subtly racist. As a growing number of human rights advocates have argued, only the combined perspective of cultural arrogance and willful ignorance enable such assertions.

The streets of Havana bear the marks of the embargo, obvious even to the most casual visitor. While government and business build hotels and tourist facilities, most of the beautiful old residential and office buildings have fallen into disrepair. Food and fuel are rationed. Transportation is difficult (notwithstanding the charm of bicycles and the plea-

sure of a relatively pollution-free environment). Desperate shortages in paper, soap, machine parts, and material for clothing have become part of daily life.

But the streets of Havana bear signs of hope as well. The arts are thriving. Children still attend school. Clinics continue to be built and staffed. Even more important, thanks to the Cuban government's thirty-year investment in its national health care system, the most brutal marks of hunger and disease—kwashiorkor, marasmus, chronic skin lesions, bellies distended by parasitic disease and rampant dysentery—are nowhere to be seen. The question is: How long can the payoffs last, and at what price?

The Cuban Revolution ushered in two of the twentieth century's most significant human rights achievements in social welfare in the Western hemisphere. The first was a war on illiteracy—accompanied by the guarantee of a free education—that produced a 97 percent literacy rate in its first year. The second achievement (and the subject of this paper) was the development of a public health care system that guaranteed equal access, regardless of in-

*Photo by Philippe Cheng.*

come or social standing, rural or urban residence. This system now includes not only primary health care but access to expensive procedures such as transplants, neurosurgery, and in vitro fertilization. Cuba's achievement of these goals testifies to the sheer strength of the country's political will as well as to the moral commitment of its people.

Prior to the 1959 revolution, Cuba's health care system, like that of many so-called developing as well as "developed" countries,

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was sharply divided between haves and have-nots. In 1958, for instance, Cuba had ninety-seven hospitals; of those ninety-seven, only one was located in a rural area, despite the fact that Cuba contained an overwhelmingly rural population. The country had no dental clinics

and only one dental school. There were seven nursing schools, but the entire island had only one medical school and a scant four teaching hospitals. As for physicians themselves, half of the country's 6,000 doctors left immediately following the revolution. Before the revolution, access to health care belonged to the urban and wealthy.

Basic health indicators reveal the system's impact:<sup>2</sup> In 1959, there were 60 deaths per 1,000 live births in Cuba. Due to poor sanitation and a lack of clean drinking water, 4,157 Cubans under the age of 15 died of acute diarrheic disease, a rate of 57.3 per 100,000. The revolution turned these statistics around in less than thirty years. By 1984, only 385, or 3.9 percent, of those under 15 died of diarrheic disease. The government built 370 polyclinics; before, there had been none. The number of hospitals reached 263, including 54 in rural areas. Some 99 teaching hospitals and 15 medical schools trained the next generation of doc-

tors, while 58 technical and nursing schools and 4 dental schools catered to other health care needs. With a population of 11 million, today's Cuba has more than 60,000 practicing physicians (approximately one for every 185 inhabitants) and more than 70,000 nurses.

Cuba currently commits approximately 15 percent of its GNP to its national health care system, a higher percentage than either the United States or Canada. The results in terms of basic health indicators have been overwhelmingly positive. Cuba's infant mortality rate of 7.9 per 1,000 live births from 1993 to 1996 places it among the twenty countries with the lowest infant mortality rates in the world. Although the infant mortality rate in the United States was 7.5 for 1995, the rate for inner cities, including the nation's capital, was considerably worse. The average life expectancy in Cuba is 77 years, higher than that for African-American and Native American males in the United States.

These advances have not benefited Cuba alone. Cuba has trained physicians and other health care professionals from many parts of the world. In the mid-1980s, Cuba "had more doctors and other health care professionals in international service than the World Health Organization,"<sup>3</sup> according to the U.S. and Cuba Medical Project. Additionally, Cuba has been in the forefront of medical research for the production and development of vaccines, neurological restoration, molecular immunology, and dermatological diseases.

The U.S. embargo, however, threatens these improvements in Cuban citizens' health and quality of life. With the collapse of the Soviet Union, the Cuban government lost its main source of medicine, equipment, and expertise. The U.S. Helms-Burton Act, passed in 1996, has helped to deter Western companies from filling in the gaps. As a result of both the direct and indirect pressures of the embargo, Cuba now faces the possible loss of its remarkable gains. A yearlong investigation by the American Association for World Health (AAWH),

completed in March 1997, identified malnutrition, poor water quality, lack of medicine and equipment, and lack of medical information among the most dire current effects of the embargo. Malnutrition and poor water quality, especially, have led to outbreaks of neuropathy, typhoid fever, dysentery, and viral hepatitis as well as to an increase in the number of low-birth-weight babies. And despite the urgency of the situation, "the most routine medical supplies are in short supply or entirely absent from some Cuba clinics," according to the AAWH.

In the face of these conditions, Cubans have had to make some difficult choices. The government has averted total catastrophe only because of its continued commitment to health as a national priority. One difficult decision was to take stringent but sound public health measures to protect citizens from the spread of HIV and AIDS. The U.S. press attacked these decisions as "draconian" but refused to address the circumstances that provoked them. In the face of an impending AIDS epidemic, the Cuban government first decided to protect the country's blood supply through antibody testing. (As you may recall, failure to do so in the United States and France led to the spread of HIV in those populations, particularly among hemophiliacs.) "Ironically," as the *New England Journal of Medicine* pointed out, "Cubans with hemophilia were spared by an American blockade that has made access to medical supplies and products all but impossible."<sup>4</sup> Furthermore, according to Cuban health officials, the country witnessed only nine cases of HIV through blood transfusion, most of which occurred before 1986.

Cuba, from the beginning, decided to make its HIV screening program mandatory, ultimately including the entire population. The first "high-risk" groups to be targeted were the more than 380,000 Cubans who had traveled abroad as soldiers, advisers, diplomats, and members of cultural exchange programs in Africa. State health authorities and local Committees for Defense of the Revolution

(CDRs) also compiled lists of foreign students who came to Cuba to study, many of them Africans. Eventually, the government expanded these lists to include all persons admitted to hospitals, pregnant women, patients treated for sexually transmitted diseases, and the sexual contacts of persons infected with HIV. This massive public health campaign enlisted the help of large organizations such as the Federation of Women and many trade unions. Ultimately, more than two-thirds of the entire population was tested.

Cuba, unlike virtually every other nation, did not rely on education as its primary anti-AIDS strategy. Instead, the government emphasized the identification of infected persons and attempted to bring them under medical control. Informed consent was deemed unnecessary. This decision, like the decision to send HIV-infected people to sanatoria, received harsh criticism abroad as a violation of individual rights. Those sent into quarantine had to leave their homes, jobs, families, and friends for extended periods, though the government claimed to provide compensation for loss of income as well as to allow periodic visits and travel. Cuban health officials defended the policy by arguing that only the separation of the infected from the uninfected could protect the public. (That position, ironically, gained popularity in the United States last year after a teenager who knowingly carried the virus allegedly infected dozens of young women in upstate New York.) As of 1997, the Cuban health care system had conducted some 2 million screening tests, covering virtually all of the sexually active population, according to Cuban officials. Hector Terry, vice minister of health in Cuba, stated, "We have the opportunity to stop the disease in our country. It would be irresponsible if we didn't face it with courage, knowing we could stop it. We have an epidemiological opportunity that we are not going to lose."<sup>5</sup>

The results of Cuba's policy in terms of public health are impressive. Many interna-

tional authorities and the Centers for Disease Control consider Cuban statistics to be accurate. Cuba, with a current population of 11 million, has diagnosed 1,681 people with HIV since the start of the epidemic in 1985. As of 1997, 442 had died. That translates into thirty-five times more AIDS deaths per capita in the United States than in Cuba.<sup>6</sup> The virus also seems to have progressed more slowly among infected Cubans, a fact that Cuba attributes to the high quality of monitored care in the sanatoria, including increased food rations (some 3,500 calories per day).

What about individual rights? Sources hostile to the Cuban regime have asserted that Cuba's aggressive AIDS policy included the forcible incarceration of individuals against their will. Americas Watch, which monitors human rights violations, could not confirm these allegations. Furthermore, even critics of Cuba agree that sanatoria have been officially voluntary since 1994. Cuban authorities report that the country has established an outpatient system for those who have spent time in the sanatoria and have learned to live with HIV. Alberto Rosabal, deputy director of social assistance, explained last year that this meant "understanding the changes in their way of life, adapting to the circumstances, how to behave, how to stay healthy, and also the social responsibility they have in terms of protecting the health of others."<sup>7</sup> Critics and Cuban officials alike expected that the vast majority of residents would leave the sanatoria once the new system was in place. According to Cuban officials, that has not been the case; they cite the relatively high quality of life, including air conditioning, private apartments for couples (both gay and heterosexual), color TV, and extra food rations as well as carefully monitored medical care in the sanatoria.

Yet another crisis now faces Cuban health officials. As a result of the embargo, the government has focused on the development of the tourist industry. This has led to the reemergence of prostitution. With prostitution come

sexually transmitted diseases and drug use, both of which facilitate the spread of HIV. Many Cubans are well aware of the difficulties they face, of being caught between a rock and a hard place. "We've been forced to open ourselves up, to insert ourselves into the new world," comments one member of the Federation of Women. "We can no longer live in a glass house. Who would imagine we would have 1 million tourists this year or expect 2 million next? We need the foreign currency."

The real problem, of course, is what to do about the drugs, degeneracy, and disease that tourism brings. The government has tried education, but such programs have proven inadequate to stem the tide. The country is considering new legislation that will undoubtedly pit the rights of the individual against the rights of the many. Critics will surely condemn Cuba if the latter prevails. Ultimately, any choices that Cuba makes carry a heavy price. There are no easy answers. Before we criticize Cuba, however, we must confront the immorality of the embargo that is at the root of those choices and lift our voices to remove it.

## Notes

1. American Association for World Health Report, "Denial of Food and Medicine: The Impact of the U.S. Embargo on Health and Nutrition in Cuba," March 1997, p. 7.

2. The statistics pertaining to Cuba's prerevolution health system were provided for me by officials in the Ministry of Health and Social Welfare and were prepared by Jane Franklin. Postrevolution health statistics are widely available and are verified by the World Health Organization, the CDC, and a number of other independent national organizations, as well as by the Cuban Health Ministry.

3. U.S. and Cuba Medical Project, "Cuba's Health Care System: An Overview" (n.p.: n.p., n.d.).

4. Ronald Bayer and Cheryl Heaton, "Controlling AIDS in Cuba: The Logic of Quarantine," *New England Journal of Medicine* 320 (15) (April 13, 1989): 1022-1024.

5. *Ibid.*, p. 1023.

6. Chandler Burr, "How Cuba Cured AIDS," *National Review* 49 (18) (September 29, 1997):42-46.

7. Mireya Castaneda, "AIDS: To Have or Have Not," *Granma International*, April 2, 1997, pp. 8-9.