THE WHITE HOUSE
WASHINGTON

November 30, 1998

Kenneth D. Wollack
President
National Democratic Institute for International Affairs
1717 Massachusetts Avenue, NW Fifth Floor
Washington, DC 20036

Dear Ken:

Thank you for your letter and invitation for the First Lady to attend the National Democratic Institute's 12th Annual Award Dinner on December 8th.

Regrettably, Mrs. Clinton's schedule will not permit her to attend the award dinner as she is already committed to several other events that day. However, she conveys her appreciation for NDI's recognition of the peace effort in Northern Ireland, along with her best wishes for the evening's celebrations.

All the best.

Sincerely,

Melanne Verveer
Chief of Staff to
the First Lady

NDI
NATIONAL DEMOCRATIC INSTITUTE FOR INTERNATIONAL AFFAIRS

1717 Massachusetts Avenue N.W.
Fifth Floor
Washington, D.C. 20036
(202) 328-3136 Fax: (202) 939-3166
E-Mail: demos@ndi.org
Home Page: http://www.ndi.org

(R)

Regret - a conflict

November 1, 1998

Ms. Melanne Verveer
Chief of Staff to the First Lady
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Melanne:

I am enclosing a letter inviting Mrs. Clinton to attend the National Democratic Institute's 12th Annual Award Dinner. It would be our pleasure to have the First Lady join us in honoring President Clinton and the eight political party leaders who negotiated the historic peace accord in Northern Ireland. The event will take place on Tuesday, December 8 with a reception beginning at 6:00 p.m. followed by a dinner at 7:00 p.m.

Should you have any questions or want additional information, please let me know.

With best regards.

Sincerely,

Kenneth D. Wollack
President

NDI
NATIONAL DEMOCRATIC INSTITUTE FOR INTERNATIONAL AFFAIRS

1717 Massachusetts Avenue, NW
Fifth Floor
Washington, DC 20036
(202) 328-3136
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Working to strengthen and expand democracy worldwide

November 4, 1998

Mrs. Hillary Rodham Clinton
First Lady of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mrs. Clinton:

On December 8th, the National Democratic Institute (NDI) will hold its 12th Annual Award Dinner and present the W. Averell Harriman Democracy Award to the President of the United States and to the political party leaders who negotiated the historic peace accord in Northern Ireland. On behalf of NDI's Board of Directors, I am privileged to invite you to join us for this event.

The Harriman Award is presented annually to individuals in the United States and abroad who exemplify NDI's commitment to democracy and human rights. The Good Friday agreement in Northern Ireland and the subsequent referendum illustrate that even in the most deeply rooted conflicts, negotiation and compromise are the only viable options for peace. The shared vision of these leaders of an inclusive negotiation process and the desire to establish a governing body that will represent all Northern Ireland's citizens is an inspiration to the world.

The Institute is presenting the Award to your husband in recognition of his efforts to preserve and protect human rights, promote pluralist values and encourage citizens to participate actively in civic life. From Northern Ireland to South Africa, and Bosnia to Burma, his leadership has given concrete expression to American values.

Previous recipients include: U.S. Senate Majority Leader George Mitchell, U.S. Secretary of State Madeleine Albright, Czech President Vaclav Havel, South African Deputy President Thabo Mbeki, Burmese democratic leader Aung San Suu Kyi, U.S. Senator Edward Kennedy, former U.S. President Jimmy Carter, and former U.S. Vice President Walter Mondale, the Chilean Movement for Free Elections, and political party leaders from Bosnia, Serbia and Croatia who are promoting multi-ethnic alternatives to ultra-nationalism and conflict in their respective countries.

The Award Dinner will be held at the Omni Shoreham Hotel with a reception beginning at 6:00 p.m. followed by dinner at 7:00 p.m. As in previous years, the dinner will be attended by senior U.S. government officials, members of Congress, the diplomatic corps, and the labor and foreign policy communities.

NDI would be honored if you would join us to pay tribute to the President and the party leaders for their efforts to promote democracy and human rights. Thank you for your consideration and I hope that you can join us for this remarkable event.

With highest regards.

Sincerely,

Kenneth D. Wollack
President

THE WHITE HOUSE
WASHINGTON

July 20, 1998

Ms. Doris L. Weatherford
5425 County Road 579
Seffner, Florida 33584

Dear Ms. Weatherford:

Thank you very much for you letter and invitation for Mrs. Clinton and her staff to hear you speak about A History of the American Suffragist Movement when you were in Washington.

We regret we were not able to join you. Enclosed is a copy of Mrs. Clinton's speech at Seneca Falls.

Best wishes.

Sincerely,

Melanne Verveer
Chief of Staff to
the First Lady

(R)

Doris L. Weatherford

5425 County Road 579
Seffner, FL 33584

Phone: (813) 626-2731
Fax: (813) 626-5841
E-mail:roy@chuma.cas.usf.edu

June 20, 1998

Dear Ms. Verveer,

I believe you are the person who handled an earlier book of mine, when it was forwarded to the White House via my friend Doris Reeves-Lipscomb of the Florida Governor's office. I received a very nice thank you from the First Lady that indicated she had found time to read portions of that book (Milestones: A Chronology of American Women).

I will be at the Barnes & Noble tent in Seneca Falls when she speaks there on the 16th, but I wanted to let you & other White House women know of this event in your neighborhood prior to that. I'd be very pleased if you could join us.

Yours,

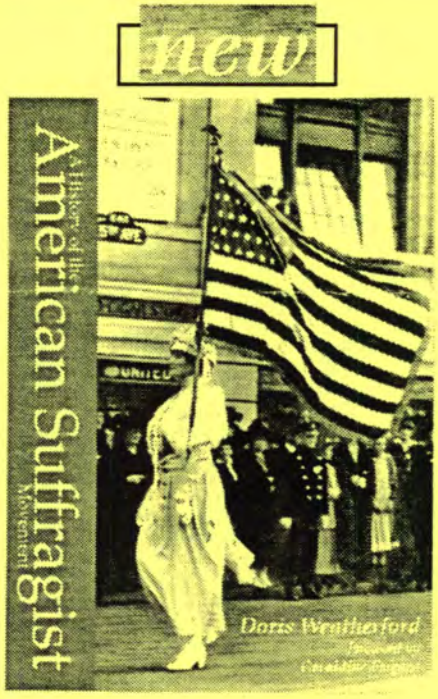
Doris Weatherford

This summer marks the 150th anniversary of the first call for the right of women to vote.

Come to the **Geogetown Barnes & Noble on Thursday, July 9th, at 7:30,** to learn more about this historic political movement from Doris Weatherford, author of *A History of the American Suffragist Movement* and four other books on women's history.

Did you know?

- *the first organization of women opposed to the vote began here in Washington, headed by the widow of a Civil War admiral*
- *Susan B. Anthony headquartered herself in Washington every winter at the Riggs Hotel, where the owners gave her free accommodations*
- *both black and white women marched to Washington polls in 1874 to vote under the 15th Amendment, but despite its gender neutral language, their ballots were rejected*



A History of the American Suffragist Movement

Not a heavy hitter

Doris Weatherford
Foreword by Geraldine Ferraro

In 1848, the Seneca Falls Convention marked the formal beginning of the women's rights movement in the United States. The 150th anniversary of that landmark event is celebrated with the publication of ABC-CLIO's *A History of the American Suffragist Movement*. This narrative presents the complete history of the suffragist movement, one of the most dramatic political battles ever fought in the United States. The book is divided into chronological sections, each covering a different era in the struggle for suffrage—from the Seneca Falls Convention to the Civil War, from the turn of the century to final ratification of the Nineteenth Amendment in 1920. More than 100 photographs highlight key figures and events, and an inspiring foreword by Geraldine Ferraro links the story of the suffragists to the contemporary status of women and the current political scene. Key documents, a timeline, bibliography, and index complete the volume.

Preview samples from this book at www.suffragist.com

Georgetown Barnes & Noble !!!! 7:30 pm !!!! July 9th

THE WHITE HOUSE
WASHINGTON

August 26, 1998

Lissa Weinmann
Americans for Humanitarian Trade With Cuba
International Division
US Chamber of Commerce
1615 H Street, NW
Washington, DC 20062-2000

Dear Ms. Weinmann:

Thank you for the information about Americans for Humanitarian Trade with Cuba, and the invitation to the First Lady to meet with the group of Cuban American women.

Regrettably, Mrs. Clinton's tight schedule will not permit her to accept your invitation at this time. I have taken the liberty of sharing your materials with others here.

Best wishes.

Sincerely,

Melanne Verveer
Chief of Staff to
the First Lady

AMERICANS FOR
HUMANITARIAN TRADE WITH CUBA

July 10, 1998

Ms. Melanne Verveer
Chief of Staff
Office of the First Lady
Old Executive Office Building, Room 100
Washington, DC 20500

Dear Ms. Verveer:

Bobbie Handman, a personal friend of my family, suggested you might be interested in a proposal I am delivering on behalf of a diverse group of Cuban American women who would like to arrange a meeting with the First Lady. Most, but not all, of these women are members of Americans for Humanitarian Trade with Cuba, a coalition of leaders from business, politics, the Cuban American, medical, religious, and humanitarian communities focused solely on allowing food and medical sales to Cuba (please see information package included).

In the debate surrounding U.S. policy toward Cuba, new voices have emerged from within the Cuban American community. Secretary of State Madeline Albright acknowledged this new diversity of opinion during her last visit to Miami when she took the unprecedented step of meeting with groups seeking new alternatives to current U.S. policy toward Cuba. The driving force behind this historic change is Cuban American women motivated by a desire to strengthen the Cuban family.

These women want to share their experience of how the embargo as practiced impacts their lives, their families, and their hopes for future generations of Cubans. These women come from different communities, varied experiences and have different views on the US embargo itself. All share the conviction that food and medicine, sales of which are currently restricted under the embargo, should not be politicized. Many are working to pass legislation in Congress which would restore the President's authority to allow food and medical sales. The Dodd/Warner Cuban Women and Children Humanitarian Relief Act currently has 28 co-sponsors; the House Cuban Humanitarian Trade Act has 131 co-sponsors.

These bills are also actively supported by a growing number of American women from all parts of the political spectrum, including many whom the First Lady reportedly holds in high esteem:
Gloria Rodriguez, President and CEO of Avance Inc., Family Support and Education Centers; Joan Brown Campbell, National Secretary of the National Council of Churches; Anne Tyler Calabresi, head of the nationally acclaimed L.E.A.P. program, and the Coalition of 100 Black Women, to name a few.

I have attached a short, descriptive list of the Cuban-American women who are interested in discussing creative solutions in the ongoing search for peaceful democratic change and reconciliation in Cuba. I will call you next week to determine whether the First Lady would be amenable to hearing the views of these women who are spearheading the truly historic shift taking place in the Cuban American community.

Sincerely,

Lissa Weinmann

Lissa Weinmann, on behalf of the women listed on the attached

PROPOSED LIST OF CUBAN AMERICAN WOMEN MEETING PARTICIPANTS

Sandra Alfonso
President, Louisiana Hispanic American Council
Baton Rouge, Louisiana
Ms. Alfonso is a former chair of the Louisiana Governor's Pan-American Commission where she specialized in fostering trade between Latin America and the State of Louisiana. She also testified to Congress an the economic impact of past and potential future US-Cuba trade. She was named a National Hispanic Leader by the White House Conference in 1995 and she was a member of the Hispanic Leadership Forum at the Democratic National Convention in Washington.

Natalia Delgado
Attorney
Partner, Jenner and Block
Chicago, Illinois
Ms. Delgado, who was born in Cuba, concentrates her practice on corporate and securities law both in the domestic and international market and has counseled numerous clients on the Helms-Burton law. She also serves on the Board of Directors of Heartland Alliance of Chicago, an organization that assists the homeless and immigrants in the Chicago area. She is a past member of the Board of Directors of the Mexican American Legal Defense and Educational Fund and in 1994. She was honored by The Midwest Women's Center at the annual "Tribute to Chicago Women" dinner.

Lourdes (Luly) Duke
President, Fundacion Amistad
Executive Vice President of The Harbor for Boys and Girls of East Harlem
New York, New York
Mrs. Duke runs the nationally acclaimed Boys Harbor School, which provides quality education and mentoring to economically disadvantaged children in Harlem, with her husband, founder Tony Duke. She also recently founded Fundacion Amistad (Friendship Foundation) meant to foster people-to-people exchange and humanitarian assistance to Cuba. Her husband's affiliation with Duke University prompted Mrs. Duke to coordinate a new medical student exchange between that institution and the University of Havana, Cuba. She traveled to Cuba in March 1998 with a group of influential women health leaders (including former DNC leader Gail Furman) to conduct a study of health care, education, and social services available to women and children in Cuba (please see copy attached).

Elena Freyre
Institute for Cuban Studies and
Florida International University Cuba Living History Project
Miami, Florida
Mrs. Freyre traveled to Cuba during the Pope's visit, appearing on Nightline and many other national broadcasts to speak about her decision tto return to her homeland despite her husband's protests. Since then, her husband, who currently heads one of the oldest Conservative Cuban American organizations in the US -- Facts About Cuban Exiles -- has changed his mind. She recently founded AHTC's Florida State Council which is the first group of it's kind in Florida.

PROPOSED LIST OF CUBAN AMERICAN WOMEN MEETING PARTICIPANTS
(continued)

Lourdes Monteagudo
Executive Director, Teachers Academy for Mathematics and Science
Chicago, Illinois
Ms. Monteagudo has dedicated her career to education, most recently in founding the Teachers Academy with her partner, Dr. Leon Lederman, a renowned physicist and Nobel Prize winner. She served as the Deputy Mayor for Education of Chicago and is particularly interested in the state of education in Cuba and how it is suffering under current economic constraints.

Marta San Martin
Director, Catholic Community Services
Union City, New Jersey
Ms. San Martin has worked with Catholic Community Services since 1981. She currently serves as the Director of the Hispanic Women's Resource Center providing support services to women in the New Jersey area. She has served as a delegate to the Republican National Convention and worked on several statewide councils including the Hispanic Affairs Commission. Ms. San Martin is a Professor of Political Science at Montclair State University and has published work on Cuba. She has been especially active in the many issues involved in the reunification of Cuban families, including relocation work with "balseros".

Sylvia Wilhelm
Executive Director
Cuban Committee for Democracy
Miami, Florida
Ms. Wilhelm is the Executive Director, in charge of both the Miami and Washington offices, of the Cuban Committee for Democracy, a national network of Cuban-Americans based in Miami which the Miami Herald dubbed, in a July 6 1998 article, as the first credible, national alternative to the Cuban American National Foundation. Born in Havana, Sylvia Wilhelm emigrated to the United States in January 1961 as one of the first of thousands of Cuban children who were smuggled out of the country in what is now known as "Operacion Pedro Pan." Mrs. Wilhelm began her career working in various capacities of the University of Miami's School of Medicine and has worked in health care in Florida for more than 20 years.

STATEMENT OF MARIA DE LOURDES DUKE
PRESIDENT OF FUNDACION AMISTAD

TO THE SUBCOMMITTEE ON TRADE,
COMMITTEE ON WAYS AND MEANS
MAY 7, 1998

In my role as President of Fundacion Amistad, and as an officer, supporter and long time consultant with The Harbor for Boys and Girls of East Harlem, it was extremely interesting for me to see on a first-hand basis the services offered to women and children in Cuba. It was also of great personal satisfaction to me to bring together an outstanding group of individuals, eight women and one man, to add their own professional opinions and expertise to the visit.

The delegation had three main purposes:

1. To provide a report on its findings that can be widely distributed.

2. To provide meaningful input to U.S. government officials and Members of Congress in support of humanitarian relief for Cuban women and children.

3. To use its collective networks with other NGO's and nonprofits to collaborate on additional seminars, visits, relief services, and other identified needs. These will be, in part, coordinated through Fundacion Amistad.

The delegation to Cuba, March 8-15, 1998, began an assessment of the condition of a representative sample of Cuban women and children, in the areas of health care, education, social services, and the status of women. In addition, identifying the mental health needs of children and adolescents was also a high priority. Finally, the role of several non-governmental organizations were observed.

Our timing was intended to occur after the historic visit of the Pope, to see if the enormous press coverage and actual changes brought about in Cuba for his visit would provide the promise of more lasting and substantive changes in the way of humanitarian concerns.

Throughout our visit, we observed Cuban pride, its sense of its own rich cultural history, and a deep concern for women and children. However, the absence or lack of up-to-date equipment and supplies struck us all as being a problem to efficient handling of the needs of the women and children of Cuba. Despite the remarkable emphasis of the Cuban government on the needs of young children, the lack of supplies is harmful.

The children themselves were alert and displayed all kinds of abilities, and quickly took advantage of the small gifts and supplies we brought to the centers. The teachers were deeply appreciative and literally begged our group "not to forget us — your visit gives us strength" and to send along additional needed items such as children's Tylenol.

This kind of personal contact at such a professional level can only enhance good will and practical relationships between groups from the United States and Cuba. The negative stereotypes between both groups are ameliorated by such personal visits, and particularly by those visitors who bring vitally needed materials at this critical time in Cuba.

Luly Duke, President
Fundacion Amistad

Delegation Summary:

Cuba has an extraordinary system of free and available education and health care. In a population of 11 million, there are 60,000 doctors, or one doctor for every 150 people. Even today, the small island nation compares favorably in these areas to most developed countries. The infant mortality rate is low, literacy rates impressively high and the maladies that effect both the developing and developed nations, (death by curable disease, extreme poverty, crime, and drug abuse) remain diminished.

In Cuba today, reduced resources now make it impossible for a Cuban citizen to live from a month's supply of government rationed food. In order for the average person to survive, extras must now be procured with American dollars. The peso now hovers at around 25 to the dollar,and the average professor's wage is about $10 a month. Aside from those fortunate enough to work in Cuba's tourism industry (waitresses, bell hops, cleaners, taxi drivers etc.),everyone we met who was willing to discuss the issue had been forced to take on a second job. Hence university professors become cake bakers by evening,

research scientists become taxi drivers; and almost everyone with a room big enough -- film makers, teachers, engineers and scientists — become amateur restaurateurs.

With the recognition of the American dollar as legitimate currency, monies sent from family members and friends of native Cubans in the United States have helped to ameliorate the sinking standard of living of the average Cuban citizen. It is even suggested that such personal subsidies provided the single largest block of hard currency to the Cuban government with estimates ranging up to $800 million per annum. As a professor-turned-baker with no foreign based relatives told us one afternoon: "The American money helps not just the families who receive it, but all of us. When I bake a cake, I sell it only for dollars. Most often the cake is bought by families with money from the states. I then spend that money in exchange for soap or cooking oil. In this way the money passes from hand to hand and helps many more people to live than the initial relatives themselves."

However, the scarcity of basic items such as food, medicines, clothing, paper and cleaning materials means that prices remain almost unattainably high to the average Cuban citizen. One eighty nine year old woman told us that she couldn't remember the last time she had seen a piece of fruit. Then she quickly corrected herself and added: "Well, I have seen them of course, but I have not been able to eat them because of the price. Dollars are very expensive."

Lack of basic materials is dramatically inflicting damage to Cuba's social, medical, and academic infrastructure. Though it is still illegal to be unemployed in Cuba, guaranteed employment is a thing of the past, and as the Cuban people are left increasingly to fend for themselves, so the once vaunted advances in education, and health care are visibly beginning to deteriorate. Already many university professors, doctors and scientists have left the country. Others are leaving their jobs for the more profitable tourist oriented trades. University places are shrinking, medical facilities are crumbling, and the once grand general educational system -- whose students are now forced to share long out of date text books and scraps of recovered paper -- is in danger, quite literally, of disintegrating. It is our opinion that the current, well educated, Cuban work force can not last much beyond a generation under the present circumstances. Cuba's highly skilled work force is a genuine and legitimate national resource, and we feel strongly urge that changes occur to prevent further disintegration.

Conclusions and Recommendations:

The delegation observed a devastating lack of supplies and a weakened infrastructure in the areas of health care, day care, and education. The delegation recommends the American Embargo on Trade to Cuba be lifted. The delegation also recommends increased cooperation between NGOs to deliver necessary supplies to Cuba.

Over the part five years the average caloric intake in Cuba has fallen from 3100 calories per adult per day to 1800. Meat, fish or other protein sources are scarce and preventable disease, including, for example, the outbreak of Neuropathy with resulting temporary blindness in 50,000 adults, was documented between 1992 -93 due to lack of B vitamins and sulfur containing amino acids.

General and wide spread shortages of medicines, especially children's Tylenol, vitamins, antibiotics, steroids, chemotherapeuticals and technological equipment have greatly reduced the effectiveness of the medical system.

Lack of basic necessities such as paper, disinfectants and bed linens are undermining effective hospitalization, and access to up to date medical information is also hampering effective medical treatment of Cuban citizens.

Lack of paper, pens, crayons, linens, bandages, toys, and cleaning materials (detergents, soap etc.) have seriously impacted the state of child care and education in Cuba.

In schools, shortages of building materials have led to overcrowded classrooms in substandard conditions. There is a dramatic shortage of paper, pens, chalk, copying equipment and other materials. Computers are rarely seen. Out of date textbooks are shared by as many ten students at a time, even at Cuba's most elite schools and a lack of sufficient food supplies mean many children arrive at school without having eaten breakfast.

The delegation observed the need and desire for more interaction between American and Cuban professionals in the fields of education and medicine. The delegation urgently recommends that the United States government increase educational and professional exchanges between the United States and Cuba.

Cuban physicians, though well trained, lack access to the latest research and techniques in their fields. Greater interaction with US colleagues would expand knowledge in the medical communities of both countries .

Cuban mental health professionals espouse a sophisticated, multifaceted approach to the treatment of children and

adolescents, yet lack necessary supplies. An exchange of research and aid would be beneficial to both countries.

DAY CARE

Children are of utmost importance in Cuban society. They are considered national treasures and are given priorities throughout their young lives. Child care is one of those priorities. There currently exists a three tier system for the delivery of child care services in Cuba: Formal; Informal; and Familial. There are tremendous variations in the quality of care in each of these systems. We visited four formal "circulo infantile" child care centers, three just to walk through and one for a more comprehensive visit.

HISTORY

In the early 60's, the State began to build facilities with a capacity of 120 young children and no infants. These centers are still operating; while we were told there were perhaps 200 centers like this built, the actual number was just a guess. During the mid 70's, the State built an additional 200 centers for approximately 200 children each, this time including infants. In 1989, an additional 50 new child care centers were constructed, for infants through preschoolers. While all of the other centers were of similar physical construction, each of these centers .were unique in terms of size and shape but they were all large (175-200) capacity.

CURRENT SITUATION

There are approximately 135,000 - 150,000 births a year in Cuba. Since all family members now must work, about 500,000 child care slots are needed. There is an extreme shortage of slots in the State-run formal system; some say only 20% of actual needed space exists. This shortage forced a change in the system: child care services used to be provided from age three months to six years. Now care starts at six months. Mothers get up to one year maternity leave but only three months is paid leaving a gap of three months for all parents, whether in formal or in informal settings - to find care for their children. Anecdotal evidence suggests such a severe shortage that it is now necessary for both parents to bring letters to the circulo infantile stating that they are working and specifically that the mother is working in an education or health related field.

It is anticipated that there will be a decrease in the already low (less than 1%) birth rate. This is a very highly educated population with total access to birth control that is faced with harsh economic circumstances and severe housing shortages. This group will postpone beginning or increasing families' size for as long as possible in anticipation of some change. Most families live in multi-generational settings with women retiring early to take care of their grandchildren so that their daughters and/or daughters -in-law can continue to work. This system will work for this generation, but probably not after that since the women in question will be at the height of their careers and the leaders in their fields when their children need child care.

OVERALL SUMMARY:

FORMAL SYSTEM

There currently exists an outstanding infrastructure within the formal network of child care centers. The staff was extremely well educated and undergoes continual training. The class room supervisory ratios were extraordinary, and there exists age appropriate groupings of children in warm, friendly environments. The health practices were excellent with both doctors and nurses on site; this health care is integrated into the local primary health care system. Hearing, eye, and dental exams were overseen by the medical staff at the child care center site. There were outstanding classroom health practices: including, individual toothbrushes, individual personal towels, individual potties, showers in the bathroom areas. The center provides clothing for all of the children; they change into these clothes upon arrival and all clothes worn by the children in the center were washed every day. Meals were served in family style.

There were, however, some very severe problems including a lack of very basic materials - both sanitary and program related. There was no toothpaste, no hand-washing soap, no toilet paper, no mops, sponges, etc. There was very limited food, even though the children get priorities. They were totally without any teaching materials: books, paper, pencils, paints, toys, etc. The teachers hold up old flash cards in front of the classroom to teach colors and shapes. The physical plant was deteriorating. There were no light bulbs and overcrowded rooms. Despite a strong on-site medical presence, there was no

sick child care.

This fee for this type care is based on income and ranges from 40 pesos per month (about $1.50), which is what most people pay, to a maximum of 80 pesos a month. The fee was standard regardless of the age of the child, and includes food and diapers.

INFORMAL SYSTEM

This system resembles an unlicensed version of our family day care system in that several children were cared for by a woman in her home. There was no regulation or licensing by the State (which was, in and of itself, amazing since everything else was totally regulated). The homes were usually much too small to accommodate any additional children as several generations of one family were usually already crowded into a few small rooms. In general, there was no specialized equipment or educational materials. Since there was no regulation by the State, this becomes the parents' problem. This type of care costs approximately 80-100 pesos a month, plus food and diapers, for each child.

Since there was no licensing, the provider pays no taxes and is able to keep all of the money which is a real incentive to keep this system unregulated. However, in an effort to upgrade the quality of care provided in these type settings, the nearest circulo infantile often sends a team of teachers and health care professionals to these homes to provide some training materials and basic guidance to the parent in charge. This is done on an informal basis.

FAMILIAL

This system was exactly what it implies -- a relative or close friend or neighbor watches the child while the parent works. It may or may not involve some form of payment. There was a facility within each community for use as a resource for these care givers. This facility has a playroom and some professional staff who can offer advise and assistance.

DETAILS OF VISIT

What follows is a summary of our visit to the Circulo Infantil los Ninos, "Suenos del Che", established in 1989. The Director was Rodolfina Varna. The center serves 193 children from six months to six years and was open from 6a.m. to 6p.m. five days a week. There were 24 teachers and educators; 15 support staff (cleaning staff, laundresses, cooks); 1 doctor and 2 nurses. The Director has 28 years experience, 9 in this center. Each classroom was headed by a teacher with a university degree who earns 300 pesos a month. The assistant teachers earn 150 pesos monthly. The Director earns a little more than the head teachers. Secondary school students who were interested in pursuing degrees in early childhood education can intern in a center for a full month during their last year as well as part of each school week. There were no male teachers working in any child care center in Cuba. (There were male primary school teachers, however.)

The State provides two snacks and lunch each day. The Director claims they were short of protein but on the day we visited, they seem only to be missing animal protein, which Cubans believe is essential. There were outstanding medical health records on site and a total integration of the school and family health system.

The age groupings of the children were: 6 months to 1 year; 12-24 months; 2, 3, 4, and 5 years. Immediately on arrival, each child changed into clothing owned by the center and back into their own clothes when they left. The center's clothing was washed every day. This system may not still exist in all centers as there was now an extreme shortage of clothing. Cloth diapers were provided and washed on site as well.

The bathrooms were old but very well laid out, with each including two small showering areas for the children. In addition to pediatric toilets, each child had a personal potty for toilet training, as well as a clearly identified toothbrush and towel. For those children who were too young to read, easily recognizable symbols or pictures were used. There were few toys and they were clearly inadequate for the number of children and many were broken or missing parts.

The classrooms were sparsely furnished and the furniture that was there was well worn and occasionally broken. The walls had some commercial pictures up, but no projects made by the children were visible. The physical layout was problematic with possible head entrapment area in the rooftop outdoor play yard fencing. Termites had eaten the large wooden doors that covered entire sides of the classrooms and so the rooms were open onto an indoor play area and therefore quite noisy. There were no play structures inside or out and cement floors throughout the entire area. There were no soft areas anywhere.

Despite the fact that there were severe shortages of all consumable goods:(no paper, pens, crayons, linens, bandages, soaps, etc). the staff was highly motivated and doing an excellent job without any materials. The children seemed engaged and friendly and there was an outstanding teacher to child ratio. At times it was amazing how many adults were in each

classroom. Students on work-study made up many of the personnel. This compensated somewhat for the physical limitations of the facility and the lack of materials in the classrooms as well as contributing to the positive interactions in the classrooms.

PRIMARY AND SECONDARY EDUCATION:

Our delegation visited several education centers, including one of the most selective and demanding secondary schools in the country.

Children in a child care setting get a good start on their elementary school education both from the socialization that exists for young children and from the professionals under whose care they are included. The songs they learn, the group activities, and the sharing of even the limited number of toys and learning tools have already helped them for future learning.

PRIMARY SCHOOL

The primary school that was visited --Hermanas Giral — was in a building that had been a magnificent private home before the revolution. Now there were 392 children in this school in 13 classrooms. Primary school children wear red pants or skirts, white blouses or at least white collars, and a blue scarf. Children between the ages of 5 and 15 were called Pioneers. The 1st grade classroom in which we spent much of our time had 36 children and only one teacher. She had their total attention, and though they were crowded into this classroom (ideal circumstances would have held no more than 18 children), there was no problem of discipline or learning. All these children can read by the middle of their first year. A look at their writing and writing books showed that their letters were clearer than most 3rd grade students in this country. They were fully focused on their work. If any child was having problems with writing, the classroom teacher worked with that student individually after school.

At the request of the child psychologist in our group, each child was asked to draw what he or she wanted to be as a grown-up. The response was instant. Each child began drawing with fervor. Ballerinas, baseball players, astronauts, and teachers were the favorite occupations with very imaginative drawings. Children told what their mothers did— mostly professionals such as doctors, dentists and teachers. The children loved the drawing project, particularly when left with additional paper and crayons and pens for their own uses.

There was an active Parents Council at the school and one of the mothers chairs the Council. It meets monthly. There were health professionals at the school and a dentist comes on a regular basis. The students begin learning English at this school in the 5th and 6th grades, the last two years of elementary schooling. Other schools now start English earlier. Until the breakdown of the Soviet Union, Russian was the other language taught. The phonic method for reading was the one recommended, but teachers were allowed to use any method that works for them and the children. They learn to read first and then to write. There are no standardized tests in the school until the 6th grade when students are tested in Math and Language for placement in their new schools.

One of the interesting teaching philosophies, at least at this school, was that the same teacher stays with a class from kindergarten through the fourth grade. This may explain why the children seem so comfortable with their teachers and also why they were reading and writing so well at an early age. As more specialized subjects are introduced in the 5th and 6th grades, children are less likely to have the same teachers at that point in their development.

Classes begin at 8:10a.m. and were 45 minutes long. If mothers are at home, children go home for lunch. If mothers are working, children stay at school and are given lunch. They all bring snacks. For working mothers, there was someone at the school every day from 7:00a.m. until 7:00p.m. Evening hours were spent playing and in group activities. Every two months there was a parent-teacher conference. Hermanas Giral school has only four computers (very old ones using ancient television sets as monitors), and computer classes don't start until the 5th grade.

The library was pitiful. It has almost no books, and those it has were very old. The children, nonetheless, love to come and check the books out. They were encouraged to do this but could be much more so if more books were available. The staff at the school seemed excellent, thoroughly professional, proud of the school and their students, and happy to be working in a school.

SECONDARY SCHOOL

We also visited the Lenin School for Science and Technology, a 3 year boarding school for extremely advanced students. It was a highly selective school which takes only the brightest and best from the Havana district. Entrance was based on tests in Language and Math and on prior school records. Only one in three applicants makes the cutoff. There were 3048 students currently, 300 teachers and 600 staff. The students were bussed to and from the school every week. One week they were there from Monday morning to Friday night and the next week until Saturday night. There were two girls

for every boy in the school, and the main subjects taught were math, chemistry, biology and physics. There is one school like this in each of the 14 provinces, but the Lenin school was the most prestigious, although the students are also from the most privileged families.. Most of the students go on to universities and many into professional life. The school year starts on September 1 and goes till the end of June. If a student fails a class, it is made up in July. There was a hospital close to the campus with 6 doctors and psychologists available to the students. There was an 86% retention rate, with a goal to improve this figure. Students get up at 6:00a.m and lights are out at 10p.m. As at the elementary school, parents were active and meet with teachers every two months. Half the day for students was spent in the classroom, and an equal amount of time was spent working and doing chores. We observed a group of students painting cabinets for an exhibit in their natural history library. The chores vary from cleaning to working in the fields surrounding the school and students rotate their chores.

In the past 24 years, the Lenin School has had over 20,000 students. Of the medical students in Cuba, 85 to 90% come from here. Some of the graduates have come back to teach and many come back to visit. We met with two leaders of the Student Council. These boys were very impressive. We asked one if he would consider politics and he adamantly said "no." We found this interesting, later, when we discovered he was the son of a high ranking government official. The boys described the Student Federation which has three units, one for each grade. When asked what they liked best about their school, they mentioned their teachers, the quality of their education, living with the other students, and the challenges of the work. When asked what they liked least, they missed homes and families, disliked the food, and said there were some behavior problems with students. There was an enormous amount of pressure their final year in terms of testing for the university level, but the school helps prepare them all semester, so it was easier when they finally take the tests.

There were only a few very old computers at the school. In spite of this, the Lenin team has won at the Computer Olympics. Each student was given one pencil a month and textbooks have to be shared among ten students. There were usually 33 students in a class. While athletic teams for both sexes were very popular, sports equipment was very scarce, and there was an enormous need for baseballs, bats, and soccer balls.

As in the elementary school, the motivation and dedication of administrators, faculty and students seemed superb. The principal of the school has been there many years and was proud of his students and his faculty, and very willing and candid to answer questions.

Comments and Recommendations:

It was clear that the educational system was outstanding, given the lack of equipment and supplies. No one has paper, so even if there were Xerox machines, there would not be the possibility of copying anything. We learned that there were special schools for other subject areas, but it did seem that science and math were the most competitive areas of the schools. Others outside the schools talked about their own educational experiences and that of their children. Though the classes we saw were mostly teacher led from the front of the classroom, we were told that cooperative learning exists and was very much part of the learning scheme.

In order to make any recommendations on educational philosophy and pedagogy, one would have to spend much more time in a school than we had during our visit. We have no recommendations to make on a philosophical level. We do feel that these teachers and students need to have adequate materials with which to work. We believe that this country should contribute and coordinate efforts through an international organization to get supplies and textbooks to Cuba.

Though class sizes were large, they were not any larger than in many schools in other countries. The delegation congratulates the Ministry of Education on the rate of literacy in the country (over 95%) and on the ability of teachers to teach and students to learn in far from ideal situations.

Child Health/Mental Health in Cuba

"Cubans in their first year of life get medical treatment like those in the First World. Those older, like 20-year-olds, are treated as if they live in the Fourth World." An anonymous physician

Medical Health

HISTORY:

Cuban health care is a system of free and accessible medical attention for every citizen. Since 1992 the quality of their health care delivery has been severely compromised by the fall of the Soviet Union, the Cuba Democracy Act (CDA) and the Helms-Burton Act. The CDA provides for the sale of food and medicines to Cuba, but under conditions so strict as to *de facto* prohibit them. The Helms Burton Act prohibits U.S. suppliers from attempting to trade medical equipment with Cuba.

The country is still able to report some of the best indices of health in a setting where obtaining the most basic medicines can be a challenge. The Cuban government has made health care a nationwide priority by increasing its spending from 10% of the GNP to 15%, according to the Ministry of Health, since the reduction in Soviet aid. Despite efforts to ration precious resources to the populations most in need, Cuba suffers from a lack of food, medicines and access to medical information. A unique dichotomy exists between a well designed health care system, and a miserable scarcity of resources. The situation demands a reevaluation of the economic forces that are compromising the health of the Cuban people.

CURRENT SITUATION:

Despite an excellent infrastructure in place to provide health care, which includes a surplus of educated doctors and accessible providers, Cuban doctors have few pharmaceutical options for treatment of diseases. State officials claim that they can access medicines in moments of dire need. All the doctors, however, to whom we spoke cited shortages of antibiotics, steroids (basic treatment for asthma), chemotherapeuticals (for cancer), and technological equipment. Because of the embargo, we were told, medicines cost 300-500% more than they would if they were directly traded with US companies due to increased licensing and transportation costs. For example, a drug called prostaglandin, a life-saving drug for newborn infants with heart disease, costs about $50 per dose in the US, but $250 in Cuba. Thus the government is not able to afford to keep newborns with these conditions alive. The government demonstrates interest to buy the medicines, but over 90% of all medicines available worldwide are manufactured in the US, and the Cuban economy cannot afford these costs. To control costs, Cuba has learned to make its own medicines, and they are able to manufacture 92% of the medicines available within Cuba. Despite this, they cannot make sufficient quantities, especially since they can no longer obtain the raw materials from the Soviets.

Because pharmacies are bare, patients and doctors turn to humanitarian donations for support, but this is a fluctuating and unreliable source. One week a simple urinary tract infection may be cured by outpatient management with antibiotics, whereas the same disease a week later may be fatal. Likewise, the Helms Burton Act prohibits the country from obtaining medical supplies and parts for equipment. Some intensive care units are well stocked with many ventilators, but they lack critical parts that cannot be replaced. Children and adults cannot maintain adequate health in a setting that cannot provide basic medicines. Cuba has many highly educated doctors who want to help, but they are unable to practice the medicine that they were trained to do. One doctor lamented "we are able to diagnose most problems, but are powerless to provide the simple medicine to help cure."

Nutrition is another aspect of health that has been dramatically affected by the Cuban Democracy Act. The Cuban government, unable to trade with old allies or nearby neighbors, has responded to this crisis by preferentially providing better quality food to those with the highest need. For example, only pregnant women,breast feeding mothers, and children under seven can get milk. Likewise, sources of protein and iron are scarce, as their ration cards afford no red meat or leafy vegetables, and contain little soy. According to OXFAM, the average caloric intake has fallen from 3100 calories per day to 1800 over the past five years. Furthermore, an epidemic of neuropathy, with resulting temporary blindness, in 50,000 adults was documented between 1992-3 that was due to a lack of B vitamins and sulfur-containing amino acids. As Dr. Francisco Valdes Lazo, the Director of Maternal and Child Health, bluntly stated, "the country is starving.

Maintenance of a clean water supply has become a major problem. The equipment used to chlorinate and purify drinking water is breaking down for lack of spare parts which can only be obtained in the US. The result is a marked increase in water borne diseases, dysentery, parasitic disease and hepatitis.

Information is another scarce resource. Because of the profound lack of supplies and its political isolation, Cuba cannot exchange critical medical knowledge with the rest of the medical world. Internet access, a standard of care in modern medical facilities, is just being introduced in a few hospitals and polyclinics. Distribution of internet access may be slowed by both dollar and political reasons. Confounding the problem, Cuba lacks a fundamental product -- paper — to print or photocopy materials. One doctor showed a torn and faded document on Pediatric Intensive Care that he claims doctors around the country beg him to borrow for one hour. The doctors are isolated from new advances and experimental therapies.

Conversely, the US and the rest of the world cannot benefit from the knowledge and research the Cuban doctors perform. For example, almost all Cuban babies are born in hospitals, and the placentas are then used in experiments for therapies and medicines for skin diseases, a technique not used in this country. This could provide the medical world with valuable information. Also, at least 15,000 children from the Ukraine, exposed to radiation from Chernobyl, have flown to Cuba to receive treatments for diseases ranging from leukemia to vitilligo. The Cuban doctors have not been able to publish any of this critical data, again because of a lack of resources.

Child and Adolescent Mental Health:

The delegation visited the Adolescent Mental Health Clinic in Havana, for children and teens. This self-standing facility established in 1975 is unique in Cuba, as mental health services are usually attached to the pediatric/adolescent wings

of provincial hospitals. A plan for proliferating the Adolescent Mental Health Clinic model in every province has not been realized due to a lack of funds. The Clinic is an inpatient and outpatient facility, taking cases from Havana and its immediate environs as well as difficult cases that cannot be handled at the local level. While we learned a great deal about the Cuban psychiatric system from the doctors at the clinic, it should be made clear that we did not visit any other facilities or investigate adult psychiatric care.

Although there is a deep knowledge and respect for Freud and other prominent theorists, the philosophy informing child and adolescent mental health is largely practical, eclectic, and quite sophisticated in its varied approaches. The Cuban system, as we saw it and heard it discussed, can be described as community psychiatry at its best. The Mental Health Clinic we saw is inventive and adaptive with the treatment it offers. Both individual and group therapy, as well as drug therapy, are used. In addition, academic tutoring and parent counseling are generally included in each protocol. The Clinic is highly attuned to learning disabilities and sees a child's mental health as closely tied with how he or she performs in school.

The Clinic cultivates a comfortable and caring atmosphere. Children's artwork is hung on the walls. Music and sports programs supplement treatment. There are no locks on the doors. Staff, parents, and patients show kindness and respect to one another. The three professionals we met, Drs. Frank, Resell and Gutierrez were open, intelligent, and clearly devoted to their work. Visits to schools and inclusions of other community support systems are common.

In the inpatient facility, there are twenty-four beds and twenty-four day beds. Fifty patients can be accommodated during the day, but only twenty-two at night. Parents sleep in rocking chairs next to a child's bed. The average inpatient stay is 45 days. There is a comprehensive 24-hour intake process, with a professional on site at all times.

With outpatients, the staff of the clinic works in teams, assigning a doctor, a social worker, and teachers to a case. A team approaches a case multilaterally, combining nursing, occupational and rehabilitation therapy, neurophysical examination and treatment, alternative medicines, and speech therapy, when needed.

Throughout the Cuban system, work with parents is deemed critical and is a core treatment support. The doctors we spoke with were quick to cite a recent research project in which three treatment methods were studied: working with a child in isolation, working with parents in isolation, and working with parents and children together. The final group had the greatest rate of success. At the clinic, parents are required to accompany their child through the outpatient and inpatient process. (It should be noted that any parent of a hospitalized child is paid the his/her employer to take time from work to be with the youngster.) Social workers also work with patients beyond the walls of the clinic. They travel to a patient's home, school, neighborhood, and to the work center of the patient's parents. These outreach efforts on behalf of families and treatment providers form deep connections between them, which is extremely beneficial to the child under their care.

Knowledge of psychopharmacological treatment is very sophisticated among the clinic's staff. Everyone, however, we spoke to was frustrated by the devastating lack of access to medications and current research. There are no medicines such as Prozac or Zoloft. Ritalin, Dexedrin, injectable valium, and anti-psychotics are unavailable.

Everyone we spoke with at the clinic felt that the stress of the economic situation in Cuba was contributing to greater familial stress and more mental health problems among children, adolescents and families. Low salaries, poor living conditions, and difficulty of transportation all put pressure on parents that is easily projected onto their children. Divorce and alcoholism, both associated with economic stress, directly affect the mental health of children and teenagers, and are on the rise.

Many types of pathology seen at the clinic are indicative of the economic hardships faced in the country. Depression, conduct problems, prostitution, and teenage alcoholism are all on the increase. These social disorders are treated with a community approach, involving a patient's parents, school, and neighborhood, but one can see the beginning of a crumbling of the community/family as the economic pressures increase.

COMMENTS AND RECOMMENDATIONS

The professionals met at the Adolescent Mental Health clinic were highly motivated, intelligent and dedicated individuals who espouse a multifaceted, sophisticated approach to child and adolescent mental health. Unfortunately, the economic conditions have made it extremely difficult to implement the mental health system to its potential. A lack of access to medication, research, and basic materials like paper and bed sheets, as well as exceedingly low pay for professionals have all been damaging. There are many ways mental health professionals in our country can support the Cuban mental health community and much that our mental health professionals can learn from their Cuban counterparts.

We were interested in visiting non-governmental organizations, both indigenous to Cuba and those whose funding comes from outside Cuba, to assess the type of services available to women and children. Our delegation met with the following NGO'S:

The Federation of Women

One of the oldest Cuban NGO's is the Federation of Women, founded in 1960 to involve women in the revolutions funded by the State. It is the channel to have women considered at the highest levels for economic and political considerations. We were told that the Women's Federation was the voice for the struggle for women's equality.

"Women comprise 40% of the labor force in Cuba, 27% of parliament, 30% of the leadership in labor, and 65% of the skilled labor force," said the director of foreign relations at the Federation. Women are charged $.25 per month to belong to the Federation. In addition to its political role, the Federation helps women with family and social problems.

In 1990 the Federation began a series of community centers, called Houses of Guidance for Women and Children. They provide legal and social services for women and training, but are not battered women's facilities, which don't exist. They are staffed largely by volunteers in the community. A visit to one found the disconnect surprising between what the expressed philosophy is behind the centers, and the reality of the situation. All teaching is theoretical, for example, and done without supplies. Computer skills are learned not on computers, but from instructions written on blackboards.

The delegation was told that a group of young women had come to learn better grooming and hair-dressing skills for their own edification. The women, however, told us they were really there to learn to do hair-dressing and fixing nails from their own homes as quiet and small businesses.

CARITAS CUBA

Caritas Cuba is one of the most influential and effective of the local NGO's. It exists in 3000 communities with as many volunteers from its Catholic Bishops Dioceses, and has a working staff of 30 full-time personnel. It distributes $4-6 million a year in humanitarian aid which comes from Catholic Relief Services in other countries, particularly the US. Caritas works carefully through the Ministry of Public Health which warehouses its donated supplies, doesn't tax them, and delivers them where Caritas instructs.

Caritas helps rebuild houses damaged during hurricane emergencies, and helps rehabilitate farm lands. Caritas also develops services for the elderly, and collaborated with government programs for a "Slips and Bloomers" program to provide undergarments, a program which can be used to assess other needs of the elderly.

Because of crowded living conditions, children are often left to the streets to play and socialize. Caritas has started after- school programs for 5-12 year olds. They also work with women on sewing projects, despite a pitiful lack of supplies. Caritas was proud to report that it will receive 72 boxes of baseball equipment from the Baltimore Orioles, but will have to negotiate with the ministry for distribution of this much needed equipment.

"For NGO's to be successful in Cuba," said Rolando Suarez, the director, "they must make decisions based on a knowledge of Cuba."

MEDICC

A new NGO, MEDICC, Medical Education Cooperation with Cuba, is a program of the American Association for World Health. As of April, 1998, Medicc has begun to offer US medical students the opportunity to team up with Cuban health professionals in direct contact with patients. Courses are also offered for graduate students in Public Health and Midwife Practitioners.

OXFAM US, Canada and UK has a presence in Cuba with support to Cuban groups actively engaged in organic methods of food production. It also promotes urban rehabilitation and development through community initiatives and the use of sustainable and ecological approaches to food production. One sees lovely urban gardens flourishing throughout Havana and many of these have been funded by OXFAM's efforts.

UNICEF cooperates with existing governmental programs. It is heavily involved with water purification projects, which is also a high priority of the Ministry of Public Health. Two thousand rural communities have either obsolete or non-existent water systems, and water is delivered by the State in trucks. UNICEF has partnered with the State to develop a National Hydraulic Institute which provides a simple technological system of PVC pipes to get underground water at low

cost. An installation for more than a thousand people costs only $8-9 thousand for a complete water system. UNICEF also provided two desalination programs in Guantanamo and Bayamo.

In addition UNICEF created a major program to encourage breast-feeding and is also a major supplier of the twelve required vaccines for infants and children. UNICEF is also trying to expand the internet system called Infomed to outlying areas for much better communication by and training of medical personnel.

"A strategic target of all UNICEF's", said its director, Luis Zuniga, "is not to be only around with material things, but with ideas."

COMMENTS AND RECOMMENDATIONS

NGO's are an effective and efficient source of supplies, training and a link for Cuba for grassroots development methodologies. In order to continue to help the people of Cuba in their daily struggle, effective NGO's such as Caritas, UNICEF, and the new work of the Fundacion Amistad must be supported and funded.

Links need to be made between NGO's to streamline efficiency and increase communication about findings to develop new programs and enhance existing ones. Simple gatherings of like-minded NGO's to exchange information would be a first step.

The Status of Women in Cuba:

Observations on the status of women in Cuba were provided by members of the delegation and by a New York University law student, Tanya Southerland.* The NYU law students' objectives were to build professional relationships between the law students of the two countries for future dialogue and cooperation on business and legal matters, and to study a socialist civil law jurisprudential system.

INTRODUCTION:

Because Cuba is a socialist country, women's equal access to educational and employment opportunities outside the home has translated into a workforce in which women represent 42% of all workers, 51% of all doctors, and 46% of all scientists. Such positive educational and employment opportunities has meant that for about fifteen years now, the better prepared workers in Cuba are women.

Women's representation in politics, however, remains low. For example there was only one woman on the executive board (of five people) of the student bar association at the University of Havana Law School, in spite of the fact that the majority of law students are women. Dr. Marta Nunez, a professor in the sociology department attributes this phenomenon to women's personal choices. Political positions entail more responsibility, but no more pay. Women who still carry disproportionate domestic responsibilities, do not want the extra work burden of political life..

A professor in the law school stated that while equality for women outside the household is understood as a given, inside the home, fewer strides toward equality have been made. And this in turn restricts women's ability to undertake time consuming "third careers", such as political positions.

The Cuban government has attempted to address this disparity through the Cuban Family Code of 1975, The Family Code established equal inheritance rights between children born in and out of wedlock, and it formally denounced "machismo" and encouraged men to share domestic duties, including actively rearing children.

In 1975 when the Code was passed, men spent only thirty-eight minutes per week on household chores. More than twenty years later, the time spent has increased some, but not remarkably, experts say.

EDUCATION

Philosophically there is no priority given to either boys or girls in the classroom. Boys and girls were evenly represented throughout the classes we witnessed (in one high achievers high school, one elementary school, one pre school, and one day care center).

Boys and girls at the high school level in the school we visited, enjoyed academic success (and failure) at rates proportionate to their matriculations — a nearly 2:1 female to male ratio. Though girls held leadership positions, it was not in proportion to their dominant numbers.

At the university level, girls and boys appear to continue to enjoy parallel success and failure. Women's Studies is an accepted part of the curriculum and women are integrated into every subject matter. Women major in science and math subjects at the same — if not higher — rate than men. In fact, two years ago affirmative action for men applying to medical school was instituted to balance the nearly 80% women medical residents.

The economic difficulty of the times, however, is forcing women and girls back into their more traditional roles such as caring for the young, sick and elderly, despite the benefits of free education.

WOMEN'S REPRODUCTIVE HEALTH

Access to contraceptive care is free and, due to the large number of family doctors, theoretically accessible. If they were available at all, the entire range of barrier methods, hormonal contraceptives (including implants, injections, and pills) and surgical devices are available to all Cuban women, Recently availability has been sporadic at best. Condoms (the only method of pregnancy prevention that also protects against HIV infection) are exceptionally difficult to obtain and the IUD and sterilization are the most popular forms.

Abortion is also a popular form of contraception. Termination is available until the 10th week of pregnancy and is free of charge. Minors (girls under 18) need the permission of a parent, but this is rarely enforced. The National Center on Sexuality has undertaken a carefully orchestrated, thoughtful, and widely visible campaign to lower the number of abortions by such efforts as increasing awareness of birth control methods. Abortions constitute 62% (2.9 million)of the number of live births (4.7 million) in statistics reported from 1968 - 1992. The majority are performed on the age group 15-19.

Women's experiences in childbirth are overwhelmingly positive and healthy. The Cesarean rate is an internationally recommended 16%, the vast majority of women breast feed, and new mothers can remain in the hospital for several days. (Women giving birth, however, are asked to bring with them the most fundamental of supplies, such as light bulbs, sheets, and pans in which to bathe.)

Women in the Sex Tourism Trade

The vast majority of the skilled labor force is composed of women (65%).. In addition to traditional service oriented jobs such as chambermaid and secretary, women are doctors, professors and administrators.

With the increase of tourism to the island, sex tourism has become an issue in Cuba. Prostitutes, however, rarely operate professionally. Most are young women who hold regular jobs during the day, and who desire visits to nightclubs, gifts of clothes, drinks, food and access to restaurants, which otherwise are inaccessible to Cuban citizens, male or female. Many of the prostitutes are under sixteen. Some are encouraged by their families in their pursuits, even to marry foreigners. Such marriages must be made with the assistance of the state which charges a fee for each ceremony performed. Prostitution is not illegal in Cuba through recently, pimping as well as less formal encouragements to prostitution have been made illegal.

RECOMMENDATIONS

With the increase in tourism to Cuba, there will be more of an opportunity for small, women-owned businesses to produce and sell products and services with great success. Enterprises such as hairdressing and baking not only require few resources and elementary training, but they are also occupations well suited to women of all ages and various family responsibilities. Supplies should be made as widely available as possible.

The importance of sports to develop girls as confident, healthy, equal members of society is well known in the US. Many people in Cuba explained that there is a lack of organized activity for children beyond the school day. While baseball is the national sport, it is predominantly for boys, as is soccer.

There are many "girls" sports which require little space and equipment such as double- dutch jump roping, cheerleading, dancing and running. Such sports have a beginning, middle and end each year and require little in the way of resources. Local NGO's already initiating such programs should be supported.

There is an intellectual isolation in Cuba due to a lack of books and paper with which to publish. Libraries have hourly lending limitations. Only one or two copies of a particular book exist in the entire country. The delegation urges a greater supply of books and journals to be sent through the University of Havana.

Create a Journal of Cuban Women's issues. Follow the US law journal format, where students apply and are selected to become part of the journal staff. Cooperating universities could select student articles (from a pool submitted by both Cuban and non-Cuban women), assist in the editing and fact-checking process, publish and market the journal.

Next Steps for Fundacion Amistad:

As a result of the delegation's observations on its trip, the Fundacion Amistad recommends the following as opportunities for additional support of the women and children of Cuba.

1. The United States government increase educational and professional exchanges between the United States and Cuba.

- A symposium in Cuba with day care directors, providers and other educators in early childhood education.
- A symposium of elementary and secondary school teachers and administrators with a particular emphasis on literacy and successful teaching methodologies in each country
- Meetings between child and adolescent psychologists and educators to exchange research and techniques for community involvement.

2. Private entities in the US create links between Cuban and US organizations designed to foster greater understanding and appreciation of each country, and to provide humanitarian aid.

- Find and encourage organizations to provide basic necessities for Cuban day care programs such as books, crayons, clothing, developmental teaching aides, and children's medicines.
- Develop programs with private schools and organizations to "adopt" individual day care centers, primary and elementary schools for close, one-to-one links to do book drives, special supplies fundraising, and other needed tasks, as requested by the Cuban individual schools and centers. The could be a model program for many cities throughout the US to adopt with rural areas of Cuba, as well as Havana.
- Support increased levels of humanitarian contributions of medicines for hospitals and policlinics for greater accessibility by family doctors. This will also minimize the unpredictability of medicines needed by supplying those that are basic and in constant demand.
- Develop a program with William Soler Pediatric Hospital to support its creation of a pediatric neonatal intensive care unit. And link organizations to this hospital to provide basic necessities for children: bedding and pajamas. Create a "Sabanas Y Pajamas" program.
- Continue to encourage, support and recommend increased financial support to those many effective nongovernmental working in Cuba such as CARITAS, UNICEF, OXFAM, MEDICC and others. .
- Create additional Study Abroad programs with US Universities.
- Create exchanges of art exhibits, seminars about the arts, dance, music and literature

Delegation Participants' List:

Maria de Lourdes Duke (Luly): President of Fundacion Amistad, a nonprofit designed to increase US awareness of Cuban history, culture and society, and to facilitate programs to improve life in Cuba. Also Vice President of The Harbor for Boys and Girls in New York City, an inner-city comprehensive model school and afterschool program.

Gail Furman, Ph.D: child psychologist. Chair of the Children's Task Force of the Women's Commission for Refugee Women and Children. Clinical Professor of Child Psychology, Child Study Center, New York University Medical School. Member of several boards focusing on educational/emotional needs of children.

Ruth Frazier: educational consultant in community organizing .Former President of Futures for Children, a nonprofit in New Mexico doing community work with American Indians; established independent community educational organizations in Colombia, Honduras, Costa Rica and Mexico.

Nancy Lublin: founder and President of Dress for Success in New York City providing clothing and training for women returning to work force. Author of *Pandora's Box: A History of Women's Reproductive Rights*. Active in women's issues.

Cristina Rathbone: journalist specializing in youth issues, urban poverty, and education. Author of *On the Outside Looking In: A Year at an Inner City High School.*

Eileen Stern: Director of the National Child Care Program for the United States Federal Government General Services Administration, oversees all federal day care programs.

Mary Ann Schwalbe: consultant to the International Rescue Committee and Save the Children, US. Former director and current Board member of Women's Commission for Refugee Women and Children. Extensive work in secondary and post-secondary education.

Clifford Tepper, MD: pediatrician, Professor of Pediatrics, Albany Medical College. Chief of Allergy Division, Ellis Hospital .Co-Founder of Physicians for Social Responsibility.

Lindsay Thompson, MD: pediatrics resident at Dartmouth Hitchcock Medical Center in New Hampshire. Extensive work with homeless adolescents in NYC

Tanya Sutherland: New York University Law Student; Root-Tilden Scholar.

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House Committee on Ways and Means
Subcommittee on Trade

Hearing on U.S. Economic and Trade Policy Toward Cuba

Prepared Statement of Dr. Paul F. McCleary
Director, ForCHILDREN, Inc.

By way of introduction, my name is Paul F. McCleary. I am President of a humanitarian organization known as ForCHILDREN, Inc.. My interest in and knowledge of Cuba stems from some eighteen visits to Cuba since 1975. As a clergyperson, fluent in Spanish, involvement in humanitarian organizations has afforded me an opportunity for direct contact with the people of Cuba and with the entities which provide them with social services. I feel my qualifications to speak on the issue stems from this long, continuous contact over 22 years with the Cuban people.

This contact has compelled me, as well as many others who work in the field of children's health and welfare, to support the sale of U.S.-produced food and medical supplies to Cuba. We advocate this change because we know from firsthand experience that, despite the Cuban government's dedication to health care for children, it is these young lives that are most devastated by the utter lack of food and medicine from the U.S..

We have seen too many Cuban children suffer terribly, simply because some drugs and medical equipment are unavailable to them due to the embargo.

The government of Cuba has demonstrated a commitment to provide medical services to all ages, in the most isolated areas and on the lowest end of the economic scale. In order to fulfill this commitment, the government has developed a medical infrastructure capable of responding to these medical needs.

Cuba established a system of rural hospitals with outpatient clinics and facilities to care for a small number of short-stay patients. A referral system to large hospitals provides services beyond those available in rural hospitals.

A network of family doctors serves 100 to 120 families over an area stretching from one end of the island to the other. This network puts health care within the reach of every individual.

The academic system has been geared to provide technical and medical personnel to make these networks operational. Medical education is available to those who wish to enter the profession. A program of continuing education for medical personnel is maintained by the Ministry of Health.

The government of Cuba has developed, as well, special programs to meet health care needs. In order to reduce a previously high infant mortality rate, the program of UNICEF known as "Baby Friendly Hospitals" was introduced in over 40 participating hospitals. One of the major causes of infant mortality was identified as "preemie babies", babies born prematurely due to their mothers' suffering from malnutrition. The government responded with a network of Maternity Homes to which underweight expectant mothers are brought until they reflect appropriate weight and health factors. This year, Cuba reports its lowest ever infant mortality rate of 7.2 per 1000 live births. This is a decline from 60-65 per 1000 live births in 1960, and puts Cuba on a par with most of the so-called "First World" countries as well as making it number one in all of Latin America for the lowest infant mortality rate.

In the area of children with special health problems, similar efforts have been made to respond to these conditions. Children and youth who suffer from diabetic and respiratory problems whose condition has been identified by his/her doctor are enrolled in programs offering special care and medication.

During the 20 years I have visited Cuba, as a clergyperson involved in humanitarian services, it has been heartening to see this commitment to the well-being of its citizenry being played out in concrete programs of health care for all.

On the other hand, it has been deeply disturbing to me to see the erosion of the services this infrastructure can provide due to the strangulation of the embargo.

In the area of maternal and child health, the food embargo has caused an increase in maternal malnutrition. The number of expectant mothers needing internment in the Maternity Homes has increased in the last five years, and there has been a marked increase in the incidence of low-birth-weight babies.

In terms of health care, babies born prematurely are especially vulnerable. For example, the American Association for World Health Report states: "Cuba received 25 Preemicare Model 105-4 Neonatal Respirators as a donation, but the embargo prohibits sale of spare parts, accessories and provision of services to train specialists in their use."; thus these donated respirators are in effect unusable.

Immunization for childhood diseases is a global goal established by the World Health Organization in its program "Health For All" and by UNICEF in its Plan of Action of the World Summit for Children. Cuba's immunization program includes 11 infectious diseases. Its program of immunization suffers from fuel shortages to transport vaccines and power outages which cut refrigeration. Though Cuba produces all of its own vaccines except for polio, domestic production remains vulnerable to embargo-related shifts in suppliers. Since 1992, mergers of U.S. companies with third-country companies have resulted in sudden cancellation of contracts for vaccine production inputs.

In the Family Doctor centers I visited in the Sierra Maestra, on the Eastern end of the island, dedicated doctors manned centers equipped with examining table, refrigerator and other equipment, but with only a handful of medicines on almost empty shelves. The

contrast was sharp - the knowledge is present but the ability to make meaningful use of it is lacking.

Children suffering from asthma are in a similar situation. Cuba has one of the highest incidences of children with asthma, with over 14% of the children showing some degree of the problem. Cuba has made an effort to produce medicines for asthma. But it cannot provide certain types of medication that function only with a respirator which must be imported. Children with diabetes have benefited from large donations of insulin from the U.S. and other sources. But dependence on donations is an insecure lifeline.

On every front, humanitarian aid alone is unequal to the task of meeting the need for pharmaceuticals in Cuba.

Also of concern to many of us is the psychological impact of hunger on children. It is well documented that the physical aspects of hunger, while important, are not the only consequences of prolonged hunger. Studies done during periods of famine, such as those experienced in Ireland in the 1840s and in Russia in 1917-18, clearly demonstrate that prolonged hunger has a psychological impact which leaves a lasting impression on the human psyche.

Cuba has compensated for the shortage of certain foods by rationing and targeting of what food it does have to special age groups. Children have been designated as primary recipients of such foods as milk. Retired U.S. Marine Corps General, in an article in the Washington Post on Saturday, May 2, says, "I talked with mothers who wondered what will happen to their children when they reach the age of seven and the family loses its milk allotment." This comment only begins to reveal the stress and dilemma suffered within family units due to food shortages.

In conclusion, it is inhumane for a democracy such as the United States to apply an instrument such as an embargo which universally and adversely impacts the civil population of a country.

Steps should be taken now to identify with the Cuban people and to demonstrate to them the values which Franklin Roosevelt claimed as the basic rights of all peoples - freedom from want, freedom from fear, freedom of religion and freedom of speech. We cannot promote these four freedoms for the people of Cuba when we participate in the denial of their most basic needs.

MYTHS AND FACTS

ABOUT THE U.S. EMBARGO ON MEDICINE AND MEDICAL SUPPLIES TO CUBA

October 1997

Prepared by

Oxfam America

WOLA WASHINGTON OFFICE ON LATIN AMERICA

Basic Facts

■ **The Cuban health-care system functioned effectively up through the 1980s.** Life expectancy increased, infant mortality declined, and access to medical care expanded. Cuba began to resemble developed nations in health-care figures. While the U.S. embargo prevented Cuba from buying medicines and medical supplies directly from the United States, many U.S. products were available from foreign subsidiaries. Cuba may have paid higher prices and higher shipping costs, but it was able to do so.

■ **The Cuban health-care system has been weakened in the last seven years, as the end of Soviet-bloc aid and preferential trade terms damaged the economy overall.** The economy contracted some 40 percent, and there was simply less money to spend on a health-care system, or on anything else. And because the weakened Cuban economy generated less income from foreign exports, there was less hard currency available to import foreign goods. This made it more difficult to purchase those medicines and medical equipment that had traditionally come from abroad, and contributed to shortages in the Cuban health-care system.

■ **In the context of the weakened Cuban economy, the U.S. embargo exacerbated problems in the health-care system.** The embargo forced Cuba to use more of its now much more limited resources on medical imports, both because equipment and drugs from foreign subsidiaries of U.S. firms or from non-U.S. sources tend to be higher priced and because shipping costs are higher.

■ **New restrictions imposed by the Cuban Democracy Act of 1992 (CDA) have further exacerbated problems in Cuba's medical system.** The CDA prohibits foreign subsidiaries of U.S. corporations from selling to Cuba, thus further limiting Cuba's access to medicine and equipment, and raising prices. In addition, the CDA forbids ships that dock in Cuban ports from docking in U.S. ports for six months. This drastically restricts shipping, and increases shipping costs some 30 percent.

■ **The Cuban government has prioritized health care spending in the last five years.** The proportional share of the national budget that goes to health care has increased from 5.8 percent in 1989 to 7.6 percent in 1995, while proportional spending on defense and government administration has dropped substantially. As a result, general public-health indicators continue to be good (long life expectancy, low infant mortality), but that is not enough to cushion Cuba's health-care system from the effects of the economic crisis, as exacerbated by the embargo and the CDA. There are shortages and delays throughout the medical system and troubling signs of public health problems, including increases in mortality from infectious diseases and higher numbers of low-birth-weight babies.

It will take time and a broader economic recovery to restore the Cuban health-care system to its 1980s level. That is Cuba's responsibility. The United States did not cause Cuba's health-care crisis, but the United States should cease measures that exacerbate that crisis. Restrictions on the sale of medicines and medical equipment, and restrictions on shipping medicines and medical equipment should end immediately.

Myths and Facts

MYTH:

The U.S. embargo on medicine doesn't really hurt the Cuban health-care system because nothing in the U.S. law prohibits Cuba from purchasing medicine and medical supplies from other countries.

FACT: Some medicines and medical supplies are only available from the United States or from foreign subsidiaries of U.S. companies; Cuba cannot get them from other countries. For example:

- Cuba cannot purchase spare parts for its U.S.-built X-ray machines;
- Cuba cannot purchase replacement parts for its public water supply pumps and pipes, which were built in the United States;
- A spare part used in the manufacture of prenatal vitamin supplements is only legally available from U.S. or subsidiary suppliers; the production of prenatal vitamins has been sharply reduced;
- Prostaglandin, the drug of choice for inducing labor, is only available from Upjohn, a U.S. pharmaceutical company. Substitute drugs that Cuban gynecologists are forced to use carry higher risks for mother and child;
- The Kodak X-ray film recommended by the World Health Organization for use in breast cancer screening is not available to Cuba because it is manufactured in the United States;
- 25 U.S.-manufactured neonatal respirators, used for premature babies, were donated to Cuba. As they age and malfunction, spare parts are not available to repair them.

FACT: U.S.-owned companies increasingly dominate the world market in medicines and medical equipment; this increasingly restricts Cuba's access to medicines and medical equipment.

U.S. corporate buy-outs and mergers of international pharmaceutical companies are increasing, bringing foreign firms under the terms of the U.S. embargo. For example:

- A key chemical used for early diagnosis of ectopic pregnancies is not legally available to Cuban doctors because the manufacturer was recently purchased by a U.S. company which is now banned from selling to Cuba;
- In 1995, Pharmacia, a Swedish company, which since 1970 has had multimillion-dollar sales to Cuba of protein purifying equipment, chemotherapy drugs and growth hormones, merged with Upjohn, a major U.S. pharmaceutical company. Within three months of the merger, Upjohn closed its office in Havana and ended sales there.

U.S. pharmaceutical companies dominate the world market:

- 50 percent of all new world-class drugs developed between 1972 and 1992 are manufactured or patented in the United States and are therefore unavailable to Cuba.

FACT: U.S. actions make it more expensive for Cuba to buy from third countries.

U.S. law generates long delays and higher costs to ship from third countries. The greater expense is substantial: it is estimated that Cuba has to spend around 30 percent more in shipping costs to import from countries other than the United States. A recent study by the American Association of World Health found that by 1993 Cuba was paying 43 percent over pre-CDA shipping rates.

- These inflated expenses force Cuba to spend more of its limited budget on shipping rather than purchasing medicine for the Cuban population.
- Wheat purchased from E.U. countries costs $25-$28/ton (including shipping); if purchased from the United States, it would cost $13/ton.

FACT: U.S. actions make it more difficult for Cuba to buy from third countries.

A scare factor exists that dissuades third countries from trading with Cuba for fear of U.S. reprisal; there are cases where foreign companies have refused to sell to Cuba.

U.S. provisions discourage third country shippers from delivering supplies to Cuba by barring ships from loading and unloading cargo in U.S. ports for 180 days after delivering cargo to Cuba.

MYTH:

Even with the embargo,Cuba can buy medicines and medical supplies from the United States; U.S. companies can receive licenses to export with verification mechanisms.

FACT: The complexity and confusion of the licensing process has resulted in only eight licenses granted to U.S. subsidiaries between 1992 and 1995. In fact, no U.S. parent company has received a license since the passage of the CDA in 1992 because:

- The procedure is difficult, discouraging and cumbersome, and few companies apply. In fact, the stated policy of both the Treasury and Commerce Departments is that "applications for validated licenses will generally be denied";
- Licenses must be obtained on a contract-by-contract basis, a laborious and time-consuming process;
- Those who have applications approved must carry out an "on-site verification" process which is difficult, complex, potentially costly and threatens harsh penalties; therefore, most companies do not wish to do so. Neither Treasury nor Commerce has issued regulations explaining what sort of verification is required or how it is to be carried out.

MYTH:

Cuban exiles, U.S.-based humanitarian organizations and international aid agencies send money, medicine and medical supplies to Cuba that make up for the ban on medicine and medical supplies.

FACT: Donations are not a substitute for trade.

The level of donations received currently pales in comparison to import needs. According to the U.S. Treasury Department, 82 licenses were approved for U.S. sales and donations of food and medicine to Cuba between October 1992 and May 1995 at a value of $63 million. Yet in 1990 alone, prior to the passage of the CDA, Cuba imported well over $400 million in food and medicines from U.S. subsidiaries.

Donations are an inconsistent and inadequate source of medical goods, rarely matching needs in terms of specific drugs, medical equipment or replacement parts. Contributions only reach a part of the Cuban population, benefiting those with relatives in the U.S. or ties to charitable organizations.

The health of a population cannot be sustained by donations. Medical research and development is needed to maintain and expand an adequate health-care system and industry.

FACT: U.S. law imposes restrictions that limit humanitarian assistance to Cuba.

Restrictions placed on charitable donations from the United States are similar to those imposed on commercial trade and have the same discouraging impact: a cumbersome licensing process, restrictions around shipping, and end-use certification requirements result in delays and higher costs that limit contributions.

Travel license requirements and the absence of direct flights to Cuba result in delays and higher costs for both personal travel and donations. For example, the Cuban Council of Churches has experienced up to three-month delays in U.S. donations re-routed through Canada. Catholic Relief Services has reported that indirect shipping currently quadruples its shipping costs.

Donations from third country sources and international aid agencies are also limited by delays and increased costs imposed by U.S. law. The CDA requirement that ships docked in Cuba cannot stop in U.S. ports for 180 days applies to international donations, and international donors must apply for a license from U.S. government agencies if the material they are sending contains over 10 percent U.S.-origin components.

FACT: Even Cuban Americans who have a special license permitting family visits and donations have been affected by the need to obtain travel licenses on a case-by-case basis and by the absence of direct flights.

MYTH:

Inadequacies in the Cuban health-care system stem from the Cuban government's failure to prioritize health care by diverting its resources to other areas.

FACT: Cuba has prioritized access to doctors.

According to UNICEF, the Cuban health-care system provides medical services free-of-charge to 98 percent of the population, surpassing health-care coverage in both the United States and the rest of Latin America. Health services are widely available to the population, without regard to economic status, politics, race or religion. Over 95 percent of the public is attended by local family practitioners, each serving approximately 150 families in their neighborhoods.

Cuba has one of the highest doctor/patient ratios in the world: by 1996, there were 60,129 physicians in Cuba, half of these specialists, for a ratio of one physician for every 183 inhabitants. Problems in the Cuban health-care system are not caused by an inaccessibility to physicians but rather the unavailability of medicine and medical supplies as a result of economic shortages and the embargo.

FACT: Despite the economic crisis of the 1990s, Cuba has continued to prioritize health care.

The health budget has increased its share of the national budget. Cuban health-care spending was 905 million pesos in 1989 and grew to 1.2 billion by 1996. This is the opposite of defense spending: in 1989, 1.3 billion pesos were spent on defense; in 1995 this amount had decreased to 602 million.

According to the Pan American Health Organization (PAHO), Cuba spends a greater percent of its GDP on health care than any other government in Latin America. In comparison to 7 percent spent by Cuba, Bolivia spends 0.6 percent, Costa Rica spends 1.27 percent, Dominican Republic spends 1.12 percent, and Brazil spends 0.64 percent.

MYTH:

While depriving the health-care system used by the vast majority of Cubans of adequate funding, the Cuban government has developed a closed, parallel health-care system for the Communist Party elite, foreign tourists, and others of the privileged few who can pay for medical services with hard currency.

FACT: Foreign patient medical services represent only a small proportion of Cuba's universal health-care system.

A very limited number of hospital beds are set aside for foreign patients (the Cuban Ministry of Public Health* and individual hospitals in Cuba state that only 400-500 of Cuba's 66,263 hospital beds are used by foreigners). Only two medical centers in the country are dedicated to treating foreign patients: the Cira Garcma International Clinic (with 41 beds) and the Center for Retinitis Pigmentosa (with 90 beds). There is no deficit of hospital beds in the country and no Cuban is denied hospitalization in favor of a foreign patient.

The vast majority of revenue generated by foreign patient medical services is reinvested in the Cuban health-care system. In a recent interview, the Vice Minister for Economic Affairs reported that 98.5 percent of gross income from foreign patient care stays within the health system. The hospital providing the service typically retains 60 percent of the funds and the remaining 40 percent goes into the national health budget. Hospitals use their profits to upgrade the entire facility, used overwhelmingly by Cuban patients. The portion of funds contributed to the national health-care budget is used exclusively for the purchase of medicines, ambulances, equipment and supplies for medical services to the population. Hard currency earned from treating and selling medicines to foreign patients is used to purchase medicines for Cuban patients who receive them free in hospitals and at subsidized prices in pharmacies.

* *Most of the Ministry of Public Health statistics are also contained in PAHO records. PAHO regularly sends in teams to Cuba (as it does to other countries) to look at health statistics and check them against their own methodologies. According to PAHO, Cuba fully cooperates with this process and has come up very positive in these verifications.*

MYTH:

The Cuban government diverts profits from medical exports to support and subsidize Cuba's biomedical research programs at the expense of primary care facilities.

FACT: Cuba's biomedical research primarily benefits Cubans by producing vaccines domestically that Cuba would otherwise be unable to import.

For example, the hepatitis-b recombinant vaccine, developed through genetic engineering, has made it possible for Cubans to be immunized against this strain of hepatitis, reducing the otherwise prohibitive cost of importing the vaccine from international manufacturers. Another example is that of recombinant streptokinase—the life-saving "clot-buster" administered to heart attack victims which, due to biomedical research, is available in hospital emergency rooms. If imported, this product would cost more than $150 per dose.

MYTH:

Widespread suffering imposed by Castro is a larger concern than inadequate medicine and medical supplies resulting from the embargo.

FACT: The embargo on medicine and medical supplies does nothing to weaken Castro's power.

The humanitarian impact of U.S. policy is used to justify social control measures that the Cuban government deems as necessary in a "war-time" situation.

The ban further portrays the United States as an enemy that is hurting the Cuban people, thus arousing more nationalistic, anti-American sentiment in Cuba.

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Americans For Humanitarian Trade With Cuba

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*Sylvia Wilhelm, Executive Director
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*Indicates Cuban Americans

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*Indicates Cuban Americans

List as of June 15, 1998

Americans For Humanitarian Trade With Cuba

MISSION STATEMENT

We are proud of the historic tradition of Americans meeting the needs of hungry and sick people wherever they are found. The cause of the suffering has never mattered, Americans are recognized – with reason – for being generous and giving. Few people have stronger historic, cultural and particularly family ties to Americans than the people of Cuba. For humanitarian reasons alone, they deserve our support.

In this spirit, we are concerned that the unilateral embargo on providing food and medicines to the people of Cuba – the only such embargo existing – runs counter to our historic tradition. First-hand documentation by medical, religious, humanitarian and Cuban-American leaders confirms that ordinary Cubans are paying a bitter price for the total ban on U.S. food and the most severe restrictions on the sale of U.S. medical products.

For our country to continue to deny this one group of people the food and medicines that are needed to sustain life achieves nothing. Forty years of the strongest embargo in our history has resulted in increased misery for the people of Cuba while making no change whatsoever in the political makeup of the Cuban government. We can no longer support a policy carried out in our name which causes suffering of the most vulnerable – women, children and the elderly.

We would support the President and the U.S. Congress in any and all efforts to lift the restrictions on the sale of food, medicines and medical supplies to Cuba. This would be totally consistent with current U.S. policy as expressed by the Department of State and spelled-out in the Cuban Democracy Act and the Helms-Burton laws to "support the Cuban people."

We ask the President and Congress to work together to remove the restrictions which prevent humanitarian trade with Cuba.

Americans For Humanitarian Trade With Cuba
PRESS RELEASE

FOR IMMEDIATE RELEASE

Contact: Lissa Ree Weinmann
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PROMINENT AMERICANS JOIN FORCES TO SUPPORT SALES OF FOOD AND MEDICINES TO CUBA

Washington D.C. January 13, 1998 -- For the first time since the U.S. embargo was imposed on Cuba 38 years ago, a group of prominent Americans from business, politics, the Cuban-American, medical, religious and humanitarian communities have formed a coalition to support the sale of food and medicines to Cuba. The formation of Americans For Humanitarian Trade With Cuba (AHTC) was announced today at a press briefing at the U.S. Chamber of Commerce.

"We now find that a great nation is imposing extraordinary burdens on the Cuban people in ways that were never intended and should no longer be tolerated," said Advisory Council member Craig L. Fuller, former Chief of Staff under Vice President George Bush and Managing Director of Korn/Ferry International. "In the spirit of finding an initial step to take to help the people of Cuba, I join with Senator John Warner and others from my party to enthusiastically endorse legislation which, if passed and signed into law, would knock down forever the barriers to regular trade of humanitarian goods that are so desperately needed by the people of Cuba."

"Our group contains many different points of view on the embargo itself," said Advisory Council member Sam Gibbons, a 34-year Congressman from Florida who retired last year. "But we all agree we can no longer support a policy carried out in the name of the American people which causes the suffering of women, children, old people and the sick in Cuba. The Pope's visit to Cuba, bipartisan legislation and the formation of Americans For Humanitarian Trade With Cuba give us the opportunity to get back to the stated goal of our policy, to support the Cuban people. "

AHTC spokespeople described activities the group would pursue to support the passage of legislation that would free the sale of food and medicine to Cuba, the *Cuban Humanitarian Trade Act* (HR1951), and the *Cuban Women and Children Humanitarian Relief Act* (S1391).

"Like many other Cuban Americans, I went to Cuba and saw how restricting humanitarian sales makes a bad situation worse," Advisory Council member Sylvia Wilhelm, Executive Director of the Cuban Committee for Democracy, a national network of Cuban-Americans based in Miami, said. "We unintentionally treat ordinary Cubans worse than we treat Saddam Hussein on purpose."

(more)

"It is wrong for the United States to use eleven million Cubans as ammunition in an economic war against one man," said Advisory Council Member Dr. Joan Brown Campbell, General Secretary of the National Council of Churches. "The practice of denying wheat and grains, baby formula and spare parts for incubators is behavior unworthy of a great nation like the United States."

"While I continue to oppose Fidel Castro's oppressive and anachronistic regime, I also believe the time has come to lessen the burden that the Cuban people have been forced to bear for the last four decades," said Advisory Council member **David Rockefeller**. "I am pleased to join with Americans for Humanitarian Trade with Cuba in urging the President and Congress to allow the sale of foodstuffs, medicine and medical equipment to Cuba."

AHTC spokespeople said today's announcement was just the start in an ongoing effort to build support to free sales of food and medicine to Cuba. AHTC Advisory Council members include: **Dwayne Andreas**, Chairman, Archer Daniels Midland Company; **Phil Baum**, Executive Director, American Jewish Congress; **Lloyd M. Bentsen, Jr.**, former Secretary of Treasury (in charge of enforcing the bulk of the embargo, including licensing) under President Clinton and former U.S. Senator from Texas; **Frank C. Carlucci,** Partner in The Carlyle Group, former Secretary of Defense and National Security Adviser under President Reagan; **A.W. Clausen,** Honorary Director of the BankAmerica Corporation, former President of The World Bank; **Carla Anderson Hills**, Chairman and CEO of Hills & Company, former U.S. Trade Representative under President Bush; **Paul A. Volcker**, former Chairman of the Federal Reserve Board; **General John J. Sheehan**, former Supreme Commander, Atlantic, NATO; **Sargent Shriver**, Chairman, Special Olympics International and **Malcolm Wallop**, Chairman of Frontiers for Freedom and former U.S. Senator from Wyoming. Cuban American **Hector Irastorza, Jr.**, former Reagan and Bush administration official and current President and CEO of Icon Solutions, Inc., is Executive Director of the group.

"U.S. business takes no comfort when life-sustaining U.S. food and medical products are unable to be traded with people who need them, wherever those people may happen to live," Willard A. Workman, Vice President International, U.S. Chamber of Commerce and Executive Committee member of AHTC said. The U.S. Chamber of Commerce, representing thousands of businesses, has taken an active role in the formation of AHTC as well as in supporting the legislative effort. USA Engage, a coalition of 657 U.S. companies against the arbitrary use of unilateral sanctions, and the National Foreign Trade Council are also actively engaged in this effort.

The web site for Americans For Humanitarian Trade With Cuba will be announced shortly; basic information on the group can currently be accessed at the USA Engage web site at www.USAENGAGE.org.

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Americans For Humanitarian Trade With Cuba
PRESS RELEASE

FOR IMMEDIATE RELEASE **Contact:** Lissa Ree Weinmann (718) 388-4835

Miami Cuban-Americans Join Push to Permit Food and Medicine Sales to Cuba

March 31, 1998 - Washington D.C. For the first time ever, hundreds of Cuban-Americans arrive in Washington today to push for passage of legislation currently building momentum in Congress that would allow sales of US-produced food and medicines to Cuba.

Representatives of Americans for Humanitarian Trade With Cuba (AHTC) will greet a specially-chartered plane with more than 200 Cuban-Americans from Miami at a **press conference at 10:00 am in Room HC-4 of the Capitol**. In total, more than 300 Cuban-Americans from 50 different groups will be represented at the press conference. They will join hundreds of business, religious, labor and medical leaders in a National Day of Education and Advocacy for Food and Medicine Sales to Cuba.

"The President recently recognized that legislation that denies food and medical supplies to Cuba puts at risk Cuba's most vulnerable," said **General John J. Sheehan**, AHTC Advisory Council member and former Supreme Allied Commander Atlantic (NATO). "Cuban-Americans – and religious and humanitarian groups that currently send aid to Cuba -- are here today to push for sales of food and medicine because they know from experience that sending more charity alone simply cannot solve the problem."

"The President's plan to work with Congress to get more food to Cuba has stimulated support for bipartisan legislation to allow food and medical sales to Cuba," **Sylvia Wilhelm**, Executive Director of the Miami-based Cuban Committee for Democracy and AHTC Advisory Council member said.

"We organized the plane from Miami to show that our community supports sales of food and medicine to Cuba. Commas and clauses added to existing regulations won't work. Months of haggling over how to get more aid to Cuba will just delay what Cuban women, children and the elderly need now. We plan to work around the clock to get this legislation passed," Ms. Wilhelm said, adding that the only legislation on the table is the Dodd-Warner ***Cuban Woman and Children Humanitarian Relief Act*** (S.1391 currently with 24 co-sponsors) and the Torres-Leach ***Cuban Humanitarian Trade Act*** (HR. 1951 currently with 112 co-sponsors.

"U.S. companies should be able to sell things like corn, wheat, chicken, rice, milk, penicillin and spare parts for incubators so that Cubans can see for themselves that Americans are a generous people who want to help," said **Lloyd Moore,** Executive Vice President of Trident South Corporation in Mississippi and Co-Chair of AHTC's Mississippi State Council.

AHTC is a bipartisan coalition focused solely on restoring sales of U.S. produced food and medical supplies to Cuba. It is comprised of American leaders from business, government, labor, Cuban-American, medical, religious and humanitarian communities (AHTC Advisory Council attached). Members have different points of view on the embargo itself but agree they can no longer support a policy which causes the suffering of ordinary Cubans. See our **Web Page** at: www.uschamber.org/programs/intl/Cuba/Cuba.htm.

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Americans For Humanitarian Trade With Cuba
PRESS RELEASE

FOR IMMEDIATE RELEASE

Contact: Lissa Ree Weinmann
(718) 388-4835

Clinton Administration Actions on Cuba Applauded As First Step Toward Freeing Food and Medical Sales

March 20, 1998 - Washington D.C. The Clinton Administration has taken the first step toward bringing some relief to Cubans in need of food and medical supplies which cannot be purchased from the United States as a result of the embargo.

"This step by the President is an important move forward and recognition that legislation that denies food and medical supplies to Cuba puts at risk Cuba's most vulnerable -- women, children, old people and the sick," said General John J. Sheehan, former Supreme Allied Commander Atlantic (NATO) and Americans For Humanitarian Trade With Cuba (AHTC) Advisory Council member.

"In the spirit of this positive action by the Administration, we urge Congress to enact bi-partisan legislation to remove the sanctions which prevent sales of food and medicine to Cuba," Craig Fuller, Managing Director of Korn-Ferry International, former chief of staff for Vice President George Bush and AHTC co-chair said.

Bipartisan legislation that would allow the sale of food and medical supplies to Cuba is gaining momentum. The Dodd-Warner *Cuban Woman and Children Humanitarian Relief Act* (S.1391) currently has 23 co-sponsors and the Torres-Leach *Cuban Humanitarian Trade Act* (HR. 1951) currently has 104 co-sponsors.

"Charity, while important, is no substitute for the humanitarian trade necessary for the well being of ordinary Cubans," Dr. Joan Brown Campbell, General Secretary, National Council of Churches and AHTC Advisory Council member said.

"If U.S. companies can sell hundreds of millions of dollars of food a year to Iraq, how can we justify denying food to the Cuban people?" Sam Gibbons, 34-year Florida Representative and AHTC co-chair asked. "Allowing humanitarian sales is the only way to show real support for Cuban people."

AHTC is a bipartisan coalition focused solely on restoring sales of U.S. produced food and medical supplies to Cuba. It is comprised of American leaders from business, government, labor, Cuban-American, medical, religious and humanitarian communities. Members have different points of view on the embargo itself, but all agree they can no longer support a policy carried out in the name of the American people which causes the suffering of ordinary Cubans.

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Americans For Humanitarian Trade With Cuba
PRESS RELEASE

FOR IMMEDIATE RELEASE

Contact: Lissa Ree Weinmann
(718) 388-4835

AHTC APPLAUDS CUBA'S RELEASE OF POLITICAL PRISONERS COALITION SAYS U.S. SHOULD RESPOND BY FREEING FOOD AND MEDICAL SALES TO CUBA

Says National Coalition to Free Humanitarian Sales 'Growing by Leaps and Bounds'

Washington DC, February 12, 1998 -- **Americans For Humanitarian Trade With Cuba** (AHTC) applauded this morning's announcement of the Cuban government's release of dozens of political prisoners in response to a request from the Pope two weeks ago during the pontiff's visit to Cuba, an action which the Vatican has lauded as "a notable step which represents a concrete prospect for hope for the future (of Cuba)."

"This is a very significant and positive step that should lead to substantial progress toward rolling back the inhumane embargo on the sales of U.S.-produced food and medical supplies to Cuba," said AHTC Co-Chair Sam Gibbons, a retired 34-year Congressman from Florida.

"This first step by Cuba following the Pope's visit sends a clear message that positive engagement can encourage positive change," said AHTC Co-Chair Craig L. Fuller, managing director of Korn/Ferry International and former chief of staff to Vice President Bush. "Now is the time for Congress to take a positive step by passing bi-partisan legislation allowing American companies to engage in the sale of needed food and medicine to Cuba."

The Senate *Cuban Women and Children Humanitarian Relief Act* (S.1391) and the *House Cuban Humanitarian Trade Act* (HR 1951) have growing bipartisan support in the Congress, the latter now with 100 co-sponsors. "Many Cuban Americans have been lobbying heavily to pass laws to allow food and medical sales," said Advisory Council Member Sylvia Wilhelm, Executive Director of the Cuban Committee for Democracy, a national network of Cuban-Americans based in Miami. "With this new development, the majority of Cuban Americans will stand solidly behind this legislation."

AHTC also announced today that the coalition, which was first announced at a press conference at the **U.S. Chamber of Commerce** on January 13, is growing by leaps and bounds. New Advisory Council members include: Former 30-year Republican Senator from Oregon **Mark O. Hatfield**; **Francis Ford Coppola**, filmmaker and CEO of American Zoetrope; **Bob Odom**, current Louisiana

(more)

Commissioner of Agriculture and Forestry and former President of the National Association of State Departments of Agriculture representing the state agricultural departments of the 50 states; film producer and director **Oliver Stone**; **James Schlesinger**, a Senior Adviser to Lehman Brothers who held important government posts in four administrations, as Secretary of Defense and Director of the CIA under Presidents Nixon and Ford, and Secretary of Energy under President Carter and **Dr. Lawrence Gold**, Founder and Chief Scientific Officer of NeXstar Pharmaceuticals in Colorado, one of the ten largest bio-pharmaceutical companies in the world.

AHTC represents an interesting cross section of American society. Current Advisory Council members include: **Carla Anderson Hills**, Chairman and CEO of Hills & Company, former U.S. Trade Representative under President Bush; **Dwayne Andreas**, Chairman, Archer Daniels Midland Company; **Phil Baum**, Executive Director, American Jewish Congress; **Lloyd M. Bentsen, Jr.**, former Secretary of Treasury (in charge of enforcing the bulk of the embargo, including licensing) under President Clinton and former U.S. Senator from Texas; **Reginald K. Brack,** Chairman Emeritus, Time, Inc.; **Dr. Joan Brown Campbell**, General Secretary, National Council of Churches; **Frank C. Carlucci,** Partner in The Carlyle Group, former Secretary of Defense and National Security Adviser under President Reagan; **A.W. Clausen,** Honorary Director of the BankAmerica Corporation, former President of The World Bank; **Julius B. Richmond M.D.**, Professor of Health Policy, Harvard Medical School, former U.S. Surgeon General; **David Rockefeller**; **General John J. Sheehan**, former Supreme Commander, Atlantic, NATO; **Sargent Shriver**, Chairman, Special Olympics International; **Paul A. Volcker**, former Chairman of the Federal Reserve Board; and **Malcolm Wallop**, Chairman of Frontiers for Freedom and former Republican U.S. Senator from Wyoming. Cuban American **Hector Irastorza, Jr.**, former Reagan and Bush administration official and current President and CEO of Icon Solutions, Inc., is Executive Director of the group.

AHTC is a coalition of prominent Americans representing business (the group functions under the auspices of the **U.S. Chamber of Commerce**), government, Cuban-American, medical, religious and humanitarian communities focused solely on restoring sales of food, medicine and medical equipment to Cuba. Although members have different points of view on the embargo itself, all agree they can no longer support a policy carried out in the name of the American people which causes the suffering of women, children, old people and the sick in Cuba. Copies of the full Advisory Council and Executive Committee lists are available upon request or at our web site at: www.uschamber.org/programs/intl/Cuba/Cuba.htm.

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Americans For Humanitarian Trade With Cuba

PRESS RELEASE

FOR IMMEDIATE RELEASE

Contact: Lissa Ree Weinmann (718) 388-4835

Congressional Hearing on Cuba Highlights Widespread Support for Food and Medical Sales

May 7, 1998 - Washington D.C. Many members of the Americans For Humanitarian Trade With Cuba (AHTC) coalition will offer testimony at today's hearing on Cuba Policy called by Chairman of the Ways and Means Subcommittee on Trade Philip Crane (R-IL). Below is a sampling of members' testimony which details how the Cuban people's suffering can only be alleviated by allowing U.S.-produced food and medical sales.

"Congress should immediately enact legislation to lift restrictions on the sale of medicine and food to Cuba. It is time to get away from the fallacious notion that there is or has to be conflict between business and humanitarian interests," **Richard O'Leary, Chairman, H. Enterprises International, Minneapolis and Member of the Board of Directors of the U.S. Chamber of Commerce** said.

"The Cuban people support free food and medical sales. The head of Caritas, the Catholic church's aid arm in Cuba, and all the Cuban bishops support it. Even in official meetings arranged by the U.S. interest section in Havana, political dissidents across the board express deep support for freeing food and medical sales," **Craig L. Fuller, former Chief of Staff for Vice-President George Bush and AHTC Co-Chair** said.

"Many Cuban Americans not only support food and medical sales because it's the right thing to do but because they believe it will undermine the excuse the Cuban government has always used -- to blame all of Cuba's problems on the embargo. Isn't it time to make the Castro government accountable for hardships in Cuba?" **Sylvia Wilhelm, Executive Director of the Miami-based Cuban Committee for Democracy** and AHTC Advisory Council member said. "The Cuban American community is looking for other initiatives to deal with Cuba. The once-acceptable rhetoric of revenge is now a rhetoric of reconciliation."

"The House *Cuban Humanitarian Trade Act* and the Senate *Cuban Women and Children Humanitarian Relief Act* would create economic benefits for US business and help alleviate the suffering of the Cuban people without further burdening the US taxpayer and our foreign aid programs," **David Cibrian, Attorney at Dallas-based Jenkens & Gilchrist and Chair of AHTC's Texas State Council** said.

"Using taxpayer dollars to send more aid to Cuba when the Cubans stand ready to pay an honest price is an affront to our struggling Mississippi Delta communities. We shouldn't be taking subsidies away from American farmers and be talking about subsidizing the Cubans," **Lloyd Moore, Executive Director of the Mississippi Black Farmers and Agriculturists Association and Co-Chair of AHTC's Mississippi State Council** said in written testimony.

"Children are the ones who would benefit the most from allowing food and medical sales," **Paul McCleary, Executive Director of For Children, Inc.** and AHTC Advisory Council member said in written testimony.

AHTC is a bipartisan coalition focused solely on restoring sales of U.S. produced food and medical supplies to Cuba. It is comprised of American leaders from business, government, labor, Cuban-American, medical, religious and humanitarian communities. Members have different points of view on the embargo itself but agree they can no longer support a policy which causes the suffering of ordinary Cubans. See our **Web Page** at: www.uschamber.org/programs/intl/Cuba/Cuba.htm.

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Americans For Humanitarian Trade With Cuba
PRESS RELEASE

FOR IMMEDIATE RELEASE **Contact:** Lissa Ree Weinmann (718) 388-4835

Helms Aid for Cuba Bill Meets Tough Resistance Across the Board

Proposal Requires U.S. Taxpayer-Spending for Aid to Cuba

May 13, 1998 - Washington D.C. The growing array of U.S. business, agricultural, labor, religious and Cuban American groups pushing for sales of U.S. produced food and medicine to Cuba today rejected Senator Jesse Helms' (R-NC) bill asking U.S. taxpayers to pay for aid to Cuba.

"At long last, it is nice to see Senator Helms recognize that there is a humanitarian catastrophe occurring in Cuba, but an unnecessary plan to use U.S. taxpayer supported aid to address the problem is not the answer, trade is the answer," **General John J. Sheehan, Americans For Humanitarian Trade With Cuba (AHTC) Advisory Council member and former Supreme Commander, Atlantic, NATO** said.

"The U.S. just cut off aid to India because of its nuclear tests, but left most sales untouched," **AHTC Co-Chair Sam Gibbons, a 34-year Congressman from Florida** who retired last year, said. "No embargo we've imposed, not South Africa, not Bosnia, not North Vietnam, cut the sale of food and medicines the way we do in Cuba. It's time we started giving the Cuban people the same basic human respect we give everyone else."

"It is puzzling that Republican members of Congress would choose to spend taxpayer dollars to give away vital food and medical supplies to Cuba when the opportunity exists to sell these products" **Craig L. Fuller, AHTC Co-Chair and former Chief of Staff for Vice-President George Bush** said, "especially since all major humanitarian aid groups currently sending charity to Cuba, as well as the Cuban people themselves, including Cuban bishops and political dissidents, support sales."

"As a Cuban-American, I support the House *Cuban Humanitarian Trade Act* and the Senate *Cuban Women and Children Humanitarian Relief Act.* They would create economic benefits for US business and help alleviate the suffering of the Cuban people without further burdening the US taxpayer and our foreign aid programs," **David Cibrian, Chair of AHTC's Texas State Council and Attorney at Dallas-based Jenkens & Gilchrist** who testified on Cuba policy at a Ways and Means Committee hearing last week said.

"Religious groups are concerned that the Helms Bill's attempt to link U.S. government money to fledgling civil groups in Cuba would actually undermine the growth of civil society there," **Rev. Dr. Joan Brown Campbell, AHTC Advisory Council member and General Secretary of the National Council of Churches** said.

"Using taxpayer dollars to send more aid to Cuba is an affront to struggling Mississippi Delta communities who could be selling them rice. We shouldn't be taking subsidies away from American farmers and be talking about subsidizing the Cubans," **Lloyd Moore, Co-Chair of AHTC's Mississippi State Council and Executive Director of the Mississippi Black Farmers and Agriculturists Association** said.

AHTC is a bipartisan coalition focused solely on restoring sales of U.S. produced food and medical supplies to Cuba. It is comprised of American leaders from business, government, labor, Cuban-American, medical, religious and humanitarian communities. Members have different points of view on the embargo itself but agree they can no longer support a policy which causes the suffering of ordinary Cubans. See our **Web Page** at: www.uschamber.org/programs/intl/Cuba/Cuba.htm.

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Americans For Humanitarian Trade With Cuba

Dwayne Andreas Statement
Chairman, Archer Daniels Midland Company

I am pleased to serve on the Advisory Council of *Americans For Humanitarian Trade With Cuba*. It is the first time Americans from across the board have gotten together to say enough is enough: A great nation like the United States should in no way be a party to the suffering of the people of Cuba. If the Pope can engage with Cubans on spiritual matters, then we Americans should be able to show support by selling them the basic items necessary for survival.

It is time to plant the seeds for a healthy relationship between the American and Cuban people. U.S. companies should be able to sell things like corn, wheat, chicken, beef, rice, milk, penicillin and spare parts for incubators so that the Cuban people can see for themselves that Americans are a generous people who want to help.

On a separate front, common sense tells us that we will have no economic or political influence in Cuba unless we do business there. It has been proven time and again around the world: the flag follows trade. Holding the standard of living down in Cuba perpetuated Castro's power. The United States is Castro's greatest ally because we provide that common enemy for him everyday.

After 40 years of failure, the United States would be well advised to take advice given to me years ago by Winston Churchill, a somewhat well-known political strategist: "There is only one way known to destroy and enemy," Churchill said, "and that is to make a friend of him." Now is the time to make a friend of Castro. He is making many changes to lay the groundwork for a market oriented economy important to the Cuban people and us. That is the course the Pope seems to be taking and he's getting swift and excellent results.

Reginald K. Brack, Jr. Statement
Chairman Emeritus, Time Inc.

My time with Time Inc. has by the nature of the business led me to watch U.S.-Cuba affairs intently. The time is right for a "rethink" of our policy towards that island nation. The Cold War is over: Cuba has changed. President Clinton himself has acknowledged publicly that the United States stands alone in its policy towards Cuba. We cannot continue to impede Cuba's ability to obtain basic foodstuffs and medicines for its people and still maintain we are a moral leader of the world community.

I am proud of the historic tradition of Americans meeting the needs of hungry and sick people wherever they are found. For our country to continue to deny this one group of people the food and medicines needed to sustain life achieves nothing. Forty years of the strongest embargo in our history has resulted in increased misery for the people of Cuba while making no change whatsoever in the political makeup of the Cuban government. We should discontinue a policy that punished the most innocent Cubans — women, children and the elderly. I have therefore agreed to serve as an Advisory Council member of *Americans For Humanitarian Trade With Cuba* and I join them in their endorsement of efforts to lift restrictions on the sale of food, medicines and medical supplies to Cuba.

Dr. Joan Brown Campbell Statement
Executive Secretary, National Council of Churches

Having just returned from Cuba on a religious delegation, I saw first-hand how U.S. restrictions on the sale of food, medicine and medical supplies undermines health and nutrition in Cuba. I am concerned about the embargo's effect on women, children, the elderly and the chronically ill of Cuba. I am troubled by the spiritual and psychological weight the embargo imposes upon an innocent people. And I am distressed that our government's practice of denying the sale of U.S. food, medicine and medical supplies to Cuba undermines the principles of justice, equality and opportunity upon which this nation was founded.

The National Council of Churches plans to work hard to allow sales of food, medicines and medical supplies simply because it is the right thing to do. It is morally wrong for the United States to use 11 million Cuban people as ammunition in an economic war against one man. We enthusiastically support the formation of *Americans For Humanitarian Trade With Cuba* and pray for its success.

Dr. Thom White Wolf Fassett Statement
General Secretary, General Board of Church and Society

As the head of the international rights organization of The United Methodist Church, I am very concerned about the moral implications of our embargo on sales of food and medicine to Cuba. As the leader of another Church, the Pope, said in his state of the world address last week, "the weak and the innocent cannot pay for mistakes for which they are not responsible." Nonetheless, the U.S. embargo on sales of products like milk and eggs to Cuba hurts no one other than the weak and the innocent there: the women, the children and the elderly.

For forty years the U.S. has continued its policy of isolating Cuba. After the practical reason for its imposition is gone, we have not only prolonged this policy, but augmented it. This state of affairs is morally untenable. If the United States wants to impress upon the leadership of Cuba the extent of its disapproval, I have no argument with that. But to do so by restricting the access of basic foodstuffs and medicines to the innocent civilians of Cuba not only misses its mark, but causes unnecessary and easily righted harm to those same people. I therefore have agreed to join *Americans For Humanitarian Trade With Cuba* and endorse efforts in Congress and elsewhere to lift the restrictions on the sale of food, medicine and medical supplies to Cuba.

Richard Feinberg Statement
Director, APEC Study Center, University of California

If the President is to plan and execute an effective policy toward Cuba, he needs more flexibility than the Congress currently allows. U.S. interests would be well served if the Congress would authorize the President to permit the sale and shipment of food and medicine in the context of an overall policy that seeks to promote a peaceful transition to democracy on that troubled island.

Craig Fuller Statement
Managing Director, Korn/Ferry International

It is clear to me the time has come for all those who hope the fruits of freedom and democracy will become available to the Cuban people to seriously evaluate our existing policies towards Cuba. The outcomes desired for so long, with which so many agree, simply have not come to pass and we now find that a great nation is imposing extraordinary burdens on the Cuban people in ways that were never intended and should no longer be tolerated.

In the spirit of finding an initial step to take to help the people of Cuba, I join with others from my party to enthusiastically endorse legislation which, if passed and signed into law, would knock down forever the barriers to regular trade of humanitarian goods that are so desperately needed by those most vulnerable in Cuba.

America's leaders, with the backing of the American people, have taken unprecedented actions around the world in recent years to engage with people in countries where we have had long-standing differences. I join with those who now wish to take a meaningful step concerning humanitarian trade with our neighbors in Cuba.

Sam Gibbons Statement

I am honored to speak here today on behalf of *Americans For Humanitarian Trade With Cuba*. This is an absolutely unprecedented display of Americans from many different communities, who have many different views on the embargo itself, joining together to say enough is enough: let's do the right thing and restore sales of food and medicines to Cuba.

Before retiring last year, I saw a lot in 34 years as a member of Congress and from my perch as head of the Ways and Means Committee. Since I come from Tampa, Florida, I got to know a little something about our Cuba policy. Since then, I've studied the issue a lot and have become somewhat wiser.

Put simply, we should be ashamed of ourselves for the hardships the restrictions on food and medicine are inflicting on the Cuban people.

To get some insight on this tragic situation, before the Cuban Democracy Act tightened the embargo in 1992, Cuba bought most of its food, medicine and medical machinery from United States subsidiaries abroad. Companies like Cargill in Minnesota provided them with wheat and corn; companies like Johnson & Johnson got them baby products and the like. There was a big debate about the health impact cutting off such sales would cause back then, but we were assured that such harsh measures would only last six months or so since the people would rebel against Castro and put "the final nail in his coffin." Well, here

we are six years later and he's still walking around. But who knows how many Cuban people made it to coffins well ahead of their time because of these terrible restrictions.

Those of us who have joined together here are firm in our conviction: we do not want a policy carried out in our name that, even if it is unintended, causes the suffering of the men, women, children, the elderly and the chronically sick, the innocent people of Cuba. They are a lovely people with whom Americans have no quarrel. It is high time we showed them a little love. Forty years of hatred and hostility haven't gotten us — or them — anywhere at all.

We need to open our eyes and open our hearts and do the only moral thing we can do as Americans who love our country and all it stands for. Let's let the Cubans buy the rice, the corn, the beef, the chicken, the bread, the kidney dialysis machines, the spare parts for baby incubators, all those good things we build and grow, all these things we used to let them buy before, so that the Cuban people know we want to be friends.

Rev. Clifton Kirkpatrick
Stated Clerk, Presbyterian Church (U.S.A.)

On a number of occasions, General Assemblies of our Presbyterian Church (U.S.A.) have called for a lifting of the U.S. Embargo on Cuba. Before the Revolution, the Presbyterian Church of Cuba was an organic part of our church and we continue to have warm and close ties with that faithful body of Christians. Unfortunately, U.S. sanctions have created numerous problems for us in nurturing those bonds of Christian fellowship and the embargo has made it particularly difficult to respond to the dire humanitarian crises that they and their fellow Cubans have faced in recent years.

While we look in hope to the day when the embargo in all its forms is lifted, at this point we are greatly encouraged by the efforts of the U.S. Chamber of Commerce, working in concert with other partners, to establish *Americans For Humanitarian Trade With Cuba*. This has brought together a remarkable group of concerned leaders, politically bipartisan, and reflective of all aspects of the U.S. business, private and religious communities to press for legislation that will at least allow us to respond to the desperate need of the Cuban people for food, medicine and medical supplies. As Americans and as fellow human beings, we can do no less. We sincerely hope and expect that our Congressional leaders will respond with compassionate wisdom to this effort.

George Sturgis Pillsbury Statement

When I was the Overseas Vice President for The Pillsbury Company in the late 40's and early 50's, Pillsbury and other U.S. flour mills had a thriving export trade with Cuba, and with the business came many good friends as agents and customers. The rise of Castro and the eventual imposition of an embargo on trade there changed all that.

I didn't have a chance to revisit the region until 1981, when I received and invitation from the Cuban interests section at the Czechoslovakian Embassy in Washington to join a group of citizens interested in creating a new understanding between Cuba and the United States. We were trading with other communist countries. So why not with our neighbor and former friends?

In Cuba, among other things, we learned that, at that very moment, the people of Cuba were suffering from an epidemic of Dengue Fever and were waiting for the U.S. government to approve a shipment of the insecticide required to eradicate the disease.

When I returned to the United States I had an opportunity to discuss my trip with Vice President Bush. He promptly arranged for me to have a visit with the Cuban section of the State Department. Thanks to his involvement, the insecticide shipment through the World Health Organization was ultimately approved. On reflection, I've decided that what I found then was an emotional barrier toward Cuba, one that persists today.

I've always believed that doing business with the world was a way for America to export its ideals along with our products. The U.S. Government usually acts as if it agrees with my assessment, as witnessed by growing trade and closer relations to China. At a time when the Catholic Church and the Government of Cuba have agreed to drop their emotional barriers and work out their differences, I suggest that the United States should reconsider its embargo on food and medicine to Cuba — a policy the *Washington Post* described as one "enacted in a period of rage over Cuba and its Soviet tie." I believe we should take this unique opportunity to reach out to the people of Cuba and drop a policy which, in the end, has only cramped our ability to communicate our beliefs. I have therefore agreed to serve on the Advisory Council of *Americans for Humanitarian Trade with Cuba*, and urge the U.S. Congress to pass legislation lifting the restrictions on sales of foods, medicines and medical supplies to Cuba.

Elliot L. Richardson Statement
Former Secretary of Defense and Former Attorney General

As Chairman of the Inter-American Dialogue Task Force on Cuba I have followed closely the effect the tightening of the embargo on Cuba over the last six years has had on the government there as well as our allies and the international business community. Six years have passed since the Cuban Democracy Act became law. Two years have passed since Helms-Burton, and we have nothing to show for the policy except for the increasing nervousness of our friends abroad and increased suffering for the people of Cuba. The time has come for a change.

Many Americans are confused by inconsistencies between our China and Cuba policies. The U.S. has said there are a billion reasons why we treat Communist China as a most favored nation and continue a bitter policy of isolation toward Cuba. I submit that there are 11 million reasons why we should change our policy of denying food and medicines to the people of Cuba. There is no reasonable practical or moral reason for subjecting the women and children there to the deprivation of basic humanitarian goods. I have therefore agreed to serve on the Advisory Council of *Americans for Humanitarian Trade with Cuba* and endorse efforts to lift the restrictions on the sale of food, medicines and medical supplies to Cuba.

David Rockefeller Statement

While I continue to oppose Fidel Castro's oppressive and anachronistic regime, I also believe the time has come to lessen the burden that the Cuban people have been forced to bear for the last four decades. For that reason, I am pleased to join with *Americans for Humanitarian Trade with Cuba* in urging the President and Congress to allow the sale of foodstuffs, drugs, medicines and medical equipment.

General John J. Sheehan Statement
Former Supreme Allied Commander, Atlantic, NATO

I am here today to support the newly formed coalition *Americans For Humanitarian Trade With Cuba*. For the first time, Americans from different communities, with differing views on the U.S. embargo, come together to support the sale of food and medicines to Cuba.

For over 35 years, the single most restrictive policy in our history has resulted in increased misery for the people of Cuba and has encouraged Cuban people to migrate to other countries while making no substantive change in the leadership of the Cuban government. All this for a country that does not pose a military threat to the security of the United States.

Including food and medicine in the current embargo — the only such embargo existing — runs counter to our humanitarian tradition. We can no longer support a policy which causes suffering of the most vulnerable — women, children and the elderly. It is time for us to correct this policy and its unintended effects on the innocent people of Cuba.

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To: Interested Colleagues
From: Bernice Romero, Oxfam-America
Geoff Thale, Washington Office on Latin America
Re: Humanitarian assistance and the shortages of food and medicine in Cuba
Date: May 29, 1998

Introduction

The State Department and some members of Congress have recently highlighted the value and significance of humanitarian donations from the U.S. to Cuba to argue that U.S. policy does not aggravate the current crisis in Cuba and therefore a change in U. S. policy (particularly legislation to permit food and medicine sales) is unnecessary. This memo addresses those arguments.

Supporters of current policy make three arguments: 1) the Cuban Democracy Act of 1992 (CDA) encourages the donation of humanitarian supplies to the people of Cuba, including medicine, food and clothing; 2) the U.S. has licensed over $2 billion in private humanitarian aid from U.S. NGOs and individuals to Cuba since 1992; and 3) the U.S. has licensed donations of nearly $275 million in medicines and medical equipment for Cuba during the same period.

In our view, humanitarian assistance plays an invaluable role in helping to meet the needs of countries in crisis. But it cannot be a long-term solution to a nation's health and nutritional needs. Cuba needs humanitarian assistance to meet its immediate food and medicine needs, but such assistance, by itself, does not contribute to building sustainable, and financially sound, healthcare and agricultural systems.

A number of factors, including internal economic restructuring, will be required to develop a sustainable and financially viable healthcare and nutritional system in Cuba. One necessary factor is that Cuba must be able to buy the food and medicine it needs anywhere on the world market. Current U.S. restrictions on the sale of food and medicine to Cuba exacerbate rather than help resolve this problem. They also run counter to the humanitarian principles embodied by international covenants that assert that food and medicine should freely flow even in times of war to serve the basic needs of civilian populations.

Below we review the major arguments for the view that donations alone are inadequate to resolve the healthcare and nutritional problems in Cuba.

Overview of the Helms Bill

There are four principle elements to the bill.

I. The Helms legislation authorizes the Administration to spend up to $25 million a year for each of the next four years on food, medicine, or medical supplies to Cuba. (The money would come from already appropriated foreign aid funds.) But the aid is offered on terms that make it highly unlikely that it will ever be distributed in Cuba.

- **The aid offer is couched not in humanitarian terms but in overtly political and explicitly hostile terms.** In the words of the legislation itself, "Augmenting humanitarian assistance to the Cuban people will undermine the policies of Fidel Castro" (Section 2 [7]). This is an aid program designed primarily to meet political objectives, rather than to address humanitarian needs. It is difficult to imagine the Cuban government, or any government, permitting the distribution of aid that has been framed in such politicized terms.

- **The legislation overtly politicizes the question of what organizations will distribute the aid in Cuba.** It requires that the aid be distributed by "independent non-governmental organizations" (Section 4 [3]), and through a congressional notification and reprogramming procedure, it injects the Congress into every decision about who qualifies as an independent non-governmental organization. Given the nature of U.S. debate about Cuba, this will inevitably lead to evaluations of the political stance of non-governmental organizations working in Cuba, rather than to evaluations of the effectiveness of organizations in delivering aid.

It is not unreasonable to require that U.S. aid be distributed through nonpartisan, non-governmental organizations. But in Cuba, as in many other countries around the world, the judgement about which agencies are appropriate to distribute aid is complex. It requires careful weighing of the relationships that various organizations have with their governments and with other social actors, including opposition groups. Questions to be addressed include the extent of their independence; the effectiveness of their work; and their ability to reach target populations. Congressional oversight and review of the decisions made about aid distribution agencies may be appropriate. But a notification and reprogramming procedure which subjects every individual decision about aid agencies to congressional approval would complicate an already difficult decision-making process, and would add an additional layer of political considerations. It is an invitation to confusion, misunderstanding, and conflict.

- **The legislation prohibits acceptable independent non-governmental organizations from using any of the humanitarian assistance to help strengthen the healthcare system in Cuba.** It requires that none of the assistance go to "officials of the Cuban government or of the ruling political party in Cuba," or to "any organization affiliated with the Cuban government." Since Cuban pharmacies, clinics, and hospitals are all publicly run, this legislation would deny any of the donated humanitarian assistance to the country's healthcare system. This is a perverse outcome for a bill whose stated purpose is humanitarian.

It should be noted as well that the legislation allows the Administration to spend the funds for purposes besides humanitarian assistance. The funds can be used to support "democracy building efforts" in Cuba, including, for example, the publication of materials on "transitions to democracy, human rights and market economies."

II. The Helms legislation permits chartered air flights to deliver humanitarian assistance to Cuba. But several conditions included in the legislation limit the utility of this authority, and in fact mark a step backward from current law and regulations.

- **The Helms legislation restricts presidential authority over direct flights to Cuba.** Currently, the President is free to issue an Executive Order authorizing both passenger and humanitarian flights for an unlimited time period. This legislation would no longer permit the President to authorize passenger flights. It would also require the President to renew the authorization of humanitarian cargo flights every six months. Furthermore, the legislation gives Congress the right, under reprogramming procedures, to approve or disapprove of any presidential decisions authorizing humanitarian cargo flights.

- **The Helms legislation sets new conditions for humanitarian donations of medicine that are shipped by air.** Current regulations require that private donors who send medicine to non-governmental organizations must satisfy the Commerce Department that the recipients are genuinely non-governmental. If the Commerce Department grants a license for the donation, no further monitoring is required. The donor can then request a license to ship the donation by direct charter flight. Under the Helms legislation, donors of medicine cannot ship by air unless the donation is to a non-governmental organization certified by the President, and approved by the Congress under reprogramming procedures, and unless "adequate" verification and monitoring procedures are in place. These are far stricter requirements, and are likely to limit the number of Cuban counterparts with whom U.S. private voluntary organizations can work. They would interfere with the ability of U.S. private voluntary organizations to choose counterparts based on their own criteria.

- **Another provision of the legislation restricts air delivery of any licensed medical sale.** Current regulations say that license applications for charter flights to Cuba for humanitarian purposes, including the delivery of licensed medical sales, will be reviewed on a case-by-case basis, with a presumption of approval. This legislation would limit the air delivery of licensed medical sales, by insisting that they could only be flown in on a "space available" basis on flights delivering humanitarian donations.

III. The legislation requires the President to take six immediate steps to support a "democratic" transition in Cuba. **These steps are unrelated to humanitarian assistance.** They include: (a) instructing "the heads of all relevant agencies of the United States government" to increase their support for opposition groups in Cuba; (b) establishing Radio and TV Marti broadcasting facilities from the U.S. Military Base at Guantanamo, Cuba; (c) increasing enforcement of the embargo; and (d) seeking an indictment of Fidel Castro for the downing of the Brothers to the Rescue planes in February, 1996.

IV. The legislation requires the Secretary of State to report to the Congress and the public every six months on 14 separate issues related to Cuba. These reports would cover "hot-button issues" such as labor rights in Cuba, coercive abortion policies, Cuban involvement in drug trafficking, religious persecution, Russian intelligence facilities in Cuba, and Cuban-Russian trade.

Responses by Non-Governmental Organizations

Senator Helms' proposal has been criticized by many non-governmental and private, voluntary organizations involved in the delivery of humanitarian aid to Cuba.

Notably, the Cuban Catholic Church has declined to participate in an aid program structured in this fashion. In his statement accompanying the introduction of the bill, Senator Helms explicitly named the Cuban Catholic Church and its humanitarian aid agency, *Caritas*, as groups that might distribute U.S. aid in Cuba. But the Cuban Catholic Church has publicly stated that it would not cooperate. In an interview published on Wednesday, May 13 in *Palabra Nueva*, a Cuban Catholic Church publication, Jaime Cardinal Ortega, Archbishop of Havana, said that the Helms proposal, "would not have corresponded with the Holy Father's request [that the world open up to Cuba]... it would reassert the restrictions and isolation." And in a statement released on Thursday, May 14, the Cuban Conference of Catholic Bishops said it "has never distributed aid coming from governments. We will continue working in this way in the future."

U.S. agencies that donate humanitarian assistance have also been critical. In a statement released on May 12, the National Council of Churches -- which through its relief and development unit, Church World Service, has sent more than $7 million in humanitarian aid to Cuba since 1992 -- criticized the legislation. "The legislation would politicize aid, and does not appear to be motivated by a genuine desire to help the Cuban people," said Rev. Dr. Joan Brown Campbell, General Secretary of the National Council of Churches. Other agencies that currently deliver humanitarian aid to Cuba have expressed similar views.

We hope that this analysis will prove useful as you weigh options for U.S. policy toward Cuba, and for addressing the humanitarian plight of the Cuban people. Please feel free to call Geoff Thale at WOLA at (202) 544-8045 or Bernice Romero at Oxfam-America at (202) 393-1426 if you would like to discuss these issues further.

Thank you for your attention to our concerns.

or Katie Donahue at (202) 232 3317
Americans for Humanitarian Trade With Cuba
Deputy Washington Director

Donations are not a substitute for trade

Donations are an inconsistent and inadequate source of food and medical goods. Donations are determined by what is available and do not necessarily match needs in terms of specific drugs, medical equipment or replacement parts. Even when specific needs are met, the unpredictability of future supply can be problematic. For example, in 1995 a successful Cuban program to combat the infectious disease Leptospiroses was discontinued when a donor was no longer able to supply sufficient tablets of the drug Doxycycline. The success of some health treatments depends on the continuous supply of a drug over a prolonged period of time. These treatments cannot be initiated or continued without a guaranteed supply that medical donations cannot offer.

Donations benefit only some parts of the Cuban population. Statistics provided by the U.S. Departments of State and Treasury about the volume of donations do not distinguish between gift packages that benefit only Cubans with relatives in the U.S. and assistance programs run by U.S. charitable agencies. Because most of the donations included in the figures cited by the State Department come in the form of family gift packages, they do not necessarily benefit the majority of the population. Those without relatives in the U.S. are not necessarily helped by the bulk of current donations from the U.S.

The level of donations currently received pales in comparison to import needs. According to figures from the Department of Commerce, the total of humanitarian donations approved for Cuba (excluding individual family gift parcels) was $271 million from 1992 through 1997. In contrast, in 1990 alone, prior to the passage of the Cuban Democracy Act that sharply restricted sales, Cuba imported well over $400 million in food and medicines from U.S. subsidiaries.

The health of a population cannot be sustained by donations. Medical and research development is needed to maintain and expand an adequate healthcare system and industry. Cuba must be able to buy food and nutritional supplements as needed to meet the nutritional requirements of the Cuban people.

U.S. law imposes restrictions that limit humanitarian assistance to Cuba

Medical donations from the United States must undergo a discouraging licensing process. Donations of medicines, medical supplies and medical equipment must be licensed by the U.S. Department of Commerce. Humanitarian agencies report that the criteria for license approval is unclear; the length of the process varies; and the guidelines are subject to change, depending on the climate of U.S.-Cuba relations. These conditions act as disincentives to agencies interested in donating to Cuba.

Travel license requirements and shipping restrictions result in delays and higher costs for both personal travel and donations. The reinstatement of direct flights to Cuba, while welcome, does not necessarily alleviate the problems of agencies that ship by sea due to lower costs. Shipping donations by sea is less costly than shipping by air, but ships cannot travel directly from

the U.S. to Cuba. As a result, some agencies pay up to $1000 more per shipment to ship donations out of Canada than they would to ship the same volume of supplies directly out of the U.S. These same funds could otherwise be channeled to provide more humanitarian assistance to Cuba.

Donations from third country sources and international aid agencies are also limited by delays and increased costs imposed by U.S. law. The CDA requirement that ships docked in Cuba cannot stop in U.S. ports for 180 days applies even to ships delivering nothing more than donated goods, compelling international donors to find shippers who have no short-term plans to deliver or pick up goods at U.S. ports. In addition, international donors are required to obtain a license from the U.S. government agencies for any good donated to Cuba if more than 10% of its components are of U.S. origin.

The value of actual donations that reach Cuba may be much less than the assigned value of humanitarian donations licensed by the U.S. government

The number and value of licenses granted are not necessarily a reflection of the value or volume of donations that actually reach Cuba. Figures provided by the Departments of State, Treasury and Commerce account for what has been licensed, but not for what has actually been sent to Cuba. Humanitarian groups apply for licenses based on the estimated value of what they intend to send which may or may not match what they are ultimately able to send. For example, one U.S. charitable organization reports that it sends on average only 60% of the volume of donations for which it is licensed. Thus, official U.S. figures are at best a high-end estimate of the value and volume of donations.

The value assigned to medical donations may vary from one license application to the next. There is no single system for assigning values to donated medical goods to ensure the values attributed are accurate or consistent across applications. For example, one applicant may deem the same piece of equipment at a higher retail value than another that may use a lower, wholesale value. U. S. government figures do not account for discrepancies in the way charities determine the value of their donations and therefore, the values assigned may be misleading.

105TH CONGRESS
1ST SESSION

S. 1391

To authorize the President to permit the sale and export of food, medicines, and medical equipment to Cuba.

IN THE SENATE OF THE UNITED STATES

NOVEMBER 6, 1997

Mr. DODD (for himself, Mr. WARNER, Mr. BENNETT, Mr. GRAMS, Mr. JEFFORDS, Mr. BINGAMAN, and Mr. LEAHY) introduced the following bill; which was read twice and referred to the Committee on Banking, Housing, and Urban Affairs

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A BILL

To authorize the President to permit the sale and export of food, medicines, and medical equipment to Cuba.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act shall be known as the "Cuban Women and Children Humanitarian Relief Act".

SEC. 2. FINDINGS.

The Congress finds that—

(1) the outright ban on the sale of American foodstuffs to Cuba has contributed to serious nutritional deficits, particularly among pregnant women, leading to low birth-weight babies;

(2) the embargo on trade with Cuba is severely restricting Cuba's access to water treatment chemicals and spare parts for its water supply, causing reductions in the supply of safe drinking water and the increased incidence of water-borne diseases;

(3) the most specialized medical supplies are in short supply or entirely absent from some Cuban clinics as a result of the United States embargo;

(4) although informational materials have been exempt from the United States trade embargo since 1988, in practice very little medical information is exchanged between the United States and Cuba due to travel restrictions, currency regulations, and shipping difficulties; and

(5) current embargoes against Iran, Libya, and Iraq do not ban the sale of food to those countries or restrict medical commerce.

SEC. 3. STATEMENT OF POLICY.

It should be the policy of the United States to permit the sale and export of food, medicines, and medical equipment to the Cuban people.

SEC. 4. AUTHORITY.

Notwithstanding any other provision of law, the President is authorized to permit the sale and export of food, medicines, and medical equipment to Cuba by any person subject to the jurisdiction of the United States.

SEC. 5. NOTIFICATION OF CONGRESS AND THE PUBLIC.

The President shall notify Congress of any decision to exercise the authority of section 4 and shall, at the time the decision is made, cause such decision to be published in the Federal Register, together with such regulations as the President determines may be necessary to ensure that food, medicines, and medical equipment sold to Cuba under this Act will primarily be consumed or otherwise utilized by the people of Cuba.

SEC. 6. REPORT TO CONGRESS.

Two years after the date that the President first exercises the authority of section 4, the President shall submit a report to the Speaker of the House of Representatives and the President of the Senate containing an assessment of the level, composition, and end users of any food, medicine, or medical equipment sold to Cuba during the previous two years by any person subject to the jurisdiction of the United States.

O

Bill Summary & Status as of June 4, 1998
S.1391
SPONSOR: Sen Dodd
26 COSPONSORS:

Sen Warner - 11/06/97
Sen Bennett - 11/06/97
Sen Grams - 11/06/97
Sen Jeffords - 11/06/97
Sen Bingaman - 11/06/97
Sen Leahy - 11/06/97
Sen Enzi - 11/13/97
Sen Bumpers - 02/11/98
Sen Chafee - 02/11/98
Sen Durbin - 02/11/98
Sen Feingold - 02/11/98
Sen Feinstein - 02/11/98
Sen Harkin - 02/11/98
Sen Kennedy - 02/11/98
Sen Kerry - 02/11/98
Sen Kerrey - 02/11/98
Sen Lugar - 02/11/98
Sen Moynihan - 02/11/98
Sen Reed - 02/11/98
Sen Wellstone - 02/11/98
Sen Wyden - 03/04/98
Sen Moseley-Braun - 03/13/98
Sen Murray - 03/13/98
Sen Mikulski - 04/30/98
Sen Boxer - 05/04/98
Sen Levin - 06/04/98
Sen Glenn - 04/24/98

Cuban Humanitarian Trade Act of 1997
(Introduced in the House)

HR 1951 IH

105th CONGRESS

1st Session

H. R. 1951

To make an exception to the United States embargo on trade with Cuba for the export of food, medicines, medical supplies, medical instruments, or medical equipment, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

June 18, 1997

Mr. TORRES (for himself, Mr. RANGEL, Mr. CAMPBELL, Mr. LEACH, Mr. PAUL, Mrs. MORELLA, Mr. SERRANO, Mr. MCDERMOTT, Ms. VELAZQUEZ, Mr. MOAKLEY, Mr. NADLER, Mr. MCGOVERN, Mr. SHAYS, Mr. RODRIGUEZ, Ms. ROYBAL-ALLARD, Mr. BOUCHER, Ms. WOOLSEY, Mr. FAZIO of California, Mr. HALL of Ohio, and Ms. LOFGREN) introduced the following bill; which was referred to the Committee on International Relations, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To make an exception to the United States embargo on trade with Cuba for the export of food, medicines, medical supplies, medical instruments, or medical equipment, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the `Cuban Humanitarian Trade Act of 1997'.

SEC. 2. AMENDMENT TO EMBARGO AUTHORITY IN THE FOREIGN ASSISTANCE ACT OF 1961.

Section 620(a)(1) of the Foreign Assistance Act of 1961 (22 U.S.C. 2370(a)(1)) is amended by inserting before the period at the end of the second sentence the following: `, except that any such embargo shall not apply with respect to the export of any food, medicines, medical supplies, medical instruments, or medical equipment, or with respect to travel incident to the delivery of food, medicines, medical supplies, medical instruments, or medical equipment'.

SEC. 3. LIMITATION ON EXISTING RESTRICTIONS ON TRADE WITH CUBA.

Upon the enactment of this Act, any regulation, proclamation, or provision of law, including Presidential Proclamation 3447 of February 3, 1962, the Export Administration Regulations (15 CFR 730 and following), and the Cuban Assets Control Regulations (31 CFR 515), that prohibits exports to Cuba or transactions involving exports to Cuba and that is in effect on the date of the enactment of this Act, shall not apply with respect to the export to Cuba of food, medicines, medical supplies, medical instruments, or medical equipment, or with respect to travel incident to the delivery of food, medicines, medical supplies, medical instruments, or medical equipment.

SEC. 4. LIMITATION ON THE FUTURE EXERCISE OF AUTHORITY.

After the enactment of this Act, the President may not restrict the exportation to Cuba of food, medicines, medical supplies, medical instruments, or medical equipment--

(1) under the Export Administration Act of 1979, except to the extent such restrictions would be permitted under section 5 of that Act for goods containing parts or components on which export controls are in effect under that section; or

(2) under section 203 of the International Emergency Economic Powers Act, except to the extent the authorities under that section are exercised to restrict the export of medical instruments or medical equipment to deal with a threat to the national security of the United States by virtue of the technology incorporated in such instruments or equipment.

SEC. 5. CONFORMING AMENDMENTS.

(a) SANCTIONS UNDER CUBAN DEMOCRACY ACT OF 1992- Section 1705 of the Cuban Democracy Act of 1992 (22 U.S.C. 6004) is amended--

(1) in subsection (b)--

(A) in the subsection caption by striking `, DONATIONS' and inserting `, EXPORTS'; and

(B) by striking `donations of food to nongovernmental organizations or individuals in Cuba' and inserting `exports of food to Cuba';

(2) by amending subsection (c) to read as follows:

`(c) EXPORTS OF MEDICINES AND MEDICAL SUPPLIES TO CUBA- Exports of medicines, medical supplies, medical instruments, or medical equipment to Cuba shall not be restricted--

`(1) except to the extent such restrictions would be permitted--

`(A) under section 5 of the Export Administration Act of 1979 for goods containing parts or components on which export controls are in effect under that section; or

`(B) under clause (A), (B), or (C) of section 203(b)(2) of the International Emergency Economic Powers Act;

`(2) except in a case in which there is a reasonable likelihood that the item to be exported will be used for purposes of torture or other human rights abuses;

`(3) except in a case in which there is a reasonable likelihood that the item to be exported will be reexported; and

`(4) except in a case in which the item to be exported could be used in the production of any biotechnological product.

Before imposing restrictions under this subsection, the President shall submit to the Congress a report describing the restrictions to be imposed and the reasons for the restrictions.'; and

(3) by striking subsection (d) and redesignating subsections (e), (f), and (g) as subsections (d), (e), and (f), respectively.

(b) INTERNATIONAL COOPERATION- Section 1704(b)(2)(C)(i) of the Cuban Democracy Act of 1992 (22 U.S.C. 6003(b)(2)(C)(i)) is amended to read as follows:

`(i) exports of food to Cuba; or'.

SEC. 6. APPLICATION OF DENIAL OF FOREIGN TAX CREDIT WITH RESPECT TO CUBA.

Subparagraph (A) of section 901(j)(2) of the Internal Revenue Code of 1986 (relating to denial of foreign tax credit, etc., with respect to certain foreign countries) is amended by adding at the end thereof the following new flush sentence:

> `Notwithstanding the preceding sentence, this subsection shall not apply to Cuba with respect to income, war profits, or excess profits taxes paid to Cuba that are attributable to activities with respect to articles permitted to be exported to Cuba, or travel incident thereto that is permitted, by virtue of the enactment of the Cuban Humanitarian Trade Act of 1997. The preceding sentence shall apply after the date which is 60 days after the date of the enactment of this sentence.'.

SEC. 7. INAPPLICABILITY OF OTHER RESTRICTIONS.

This Act and the amendments made by this Act apply notwithstanding section 102(h) of the Cuban Liberty and Democratic Solidarity (LIBERTAD) Act of 1996 (22 U.S.C. 6032(h)).

SEC. 8. REPORT TO CONGRESS.

Not later than 6 months after the date of the enactment of this Act, the President shall transmit to the Congress a report that sets forth--

> (1) the extent (expressed in volume and dollar amounts) of sales to Cuba of food, medicines, medical supplies, medical instruments, and medical equipment, since the enactment of this Act;
>
> (2) a description of the types and end users of the goods so exported; and
>
> (3) whether there has been any indication that any medicines, medical supplies, medical instruments, or medical equipment exported to Cuba since the enactment of this Act--
>
> > (A) have been used for purposes of torture or other human rights abuses;
> >
> > (B) were reexported; or
> >
> > (C) were used in the production of any biotechnological product.

DEPUTY DEMOCRATIC WHIP
COMMITTEE ON
APPROPRIATIONS
SUBCOMMITTEES:
TRANSPORTATION
FOREIGN OPERATIONS, EXPORT FINANCING,
AND RELATED PROGRAMS

Congress of the United States
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MONTEBELLO, EAST LOS ANGELES
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(213) 726–1904

MEMORANDUM

To: Distribution

From: Rep Esteban E. Torres / via Eric Reuther

Date: June 21, 1998

Re: **COSPONSORS: THE CUBAN HUMANITARIAN TRADE ACT. HR 1951.**

Following are cosponsors as of above date:

* Rep. Esteban E. Torres (D-CA)
* Rep. Charles Rangel (D-NY)
* Rep. Tom Campbell (R-CA)
* Rep. James A. Leach (R-IA)
* Rep. Ron Paul (R-TX)
* Rep. Constance Morella (R-MD)
* Rep. Jose Serrano (D-NY)
* Rep. Jim McDermott (D-WA)
* Rep. Nydia Velazquez (D-NY)
* Rep. John Joseph Moakley (D-MA)
* Rep. Jerrold Nadler (D-NY)
* Rep. James P. McGovern (D-MA)
* Rep. Chris Shays (R-CT)
* Rep. Ciro Rodriguez (D-TX)
* Rep. Lucille Roybal-Allard (D-CA)
* Rep. Rick Boucher (D-VA)
* Rep. Matthew Martinez (D-CA)
* Rep. William Clay (D-MO)
* Rep. Fortney Pete Stark (D-CA)
* Rep. Bobby Rush (D-IL)
* Rep. Sheila Jackson-Lee (D-TX)
* Rep. John Tierney (D-MA)
* Rep. Sam Farr (D-CA)
* Rep. Sidney R. Yates (D-IL)
* Rep. Lynn Woolsey (D-CA)
* Rep. Vic Fazio (D-CA)
* Rep. Tony Hall (D-OH)
* Rep. Zoe Lofgren (D-CA)
* Rep. Martin Sabo (D-MN)
* Rep. Edolphus Towns (D-NY)
* Rep. Thomas Barrett (D-WI)
* Rep. Mike Parker (R-MS)
* Rep. Bernard Sanders (I-VT)
* Rep. John Olver (D-MA)
* Rep. William Coyne (D-PA)
* Rep. George Miller (D-CA)
* Rep. Bruce Vento (D-MN)
[* Rep. Ronald Dellums (D-CA)]
* Rep. Elizabeth Furse (D-OR)
* Rep. Silvestre Reyes (D-TX)
* Rep. Neil Abercrombie (D-HI)
* Rep. Anna Eshoo (D-CA)
* Rep. William D. Delahunt (D-MA)
* Rep. Carolyn Kilpatrick (D-MI)
* Rep. Barney Frank (D-MA)
* Rep. Danny Davis (D-IL)
* Rep. Henry B. Gonzalez (D-TX)
* Rep. Henry Waxman (D-CA)

HR 1951 Cosponsors (continued)

* Rep. Earl Blumenauer (D-OR)
* Rep. Calvin Dooley (D-CA)
* Rep. David Price (D-NC)
* Rep. John Lewis (D-GA)
* Rep. Martin Meehan (D-MA)
* Rep. James Moran (D-VA)
* Rep. Thomas Allen (D-ME)
* Rep. John LaFalce (D-NY)
* Rep. Howard Berman (D-CA)
* Rep. Ron Kind (D-WI)
* Rep. Eddie Bernice Johnson (D-TX)
* Rep. W.G. (Bill) Hefner (D-NC)
* Rep. David Skaggs (D-CO)
* Rep. John Conyers, Jr. (D-MI)
* Rep. Edward Markey (D-MA)
* Rep. Bennie Thompson (D-MS)
* Rep. Chaka Fattah (D-PA)
* Rep. Ruben Hinojosa (D-TX)
* Rep. Lane Evans (D-IL)
* Rep. Karen McCarthy (D-MO)
* Rep. John E. Baldacci (D-ME)
* Rep. Bill Luther (D-MN)
* Rep. Julian Dixon (D-CA)
* Rep. James Oberstar (D-MN)
* Rep. Glenn Poshard (D-IL)
* Rep. Vic Snyder (D-AR)
* Rep. Lee Hamilton (D-IN)
* Rep. Jack Quinn (R-NY)
* Rep. Louis Stokes (D-OH)
* Rep. Xavier Becerra (D-CA)
* Rep. Ellen Tauscher (D-CA)
* Rep. Eva Clayton (D-NC)
* Rep. Gregory W. Meeks (D-NY)
* Rep. Debbie Stabenow (D-MI)
* Rep. David Minge (D-MN)
* Rep. Bart Stupak (D-MI)
* Rep. Robert (Bud) Cramer, Jr. (D-AL)
* Rep. James Greenwood (R-PA)
* Rep. Barbara Lee (D-CA)
* Rep. Thomas Manton (D-NY)
* Rep. Owen Pickett (D-VA)
* Rep. Maurice Hinchey (D-NY)
* Rep. Nancy Pelosi (D-CA)
* Rep. Lynn Rivers (D-MI)
* Rep. Peter DeFazio (D-OR)
* Rep. Donald Payne (D-NJ)
* Rep. Earl Hilliard (D-AL)
* Rep. Maxine Waters (D-CA)
* Rep. George Brown (D-CA)
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* Rep. Thomas Sawyer (D-OH)
* Rep. Nita Lowey (D-NY)
* Rep. Chet Edwards (D-TX)
* Rep. Bob Clement (D-TN)
* Rep. Carolyn Maloney (D-NY)
* Rep. Harold E. Ford, Jr. (D-TN)
* Rep. Major Owens (D-NY)
* Rep. Richard Neal (D-MA)
* Rep. Barbara Kennelly (D-CT)
* Rep. Melvin Watt (D-NC)
* Rep. Gerald Kleczka (D-WI)
* Rep. Louise Slaughter (D-NY)
* Rep. Tom Lantos (D-CA)
* Rep. Jessie Jackson, Jr. (D-IL)
* Rep. Rosa DeLauro (D-CT)
* Rep. Rod Blagojevich (D-IL)
* Rep. Pat Danner (D-MO)
* Rep. Jim Barcia (D-MI)
* Rep. Jane Harman (D-CA)
* Rep. Robert Matsui (D-CA)
* Rep. Paul Kanjorski (D-PA)
* Rep. Bob Filner (D-CA)
* Rep. Diana DeGette (D-CO)
* Rep. Lois Capps (D-CA)
* Rep. Christopher John (D-LA)
* Rep. Gene Taylor (D-MS)
* Rep. Gary Condit (D-CA)
* Rep. Michael McNulty (D-NY)
* Rep. Albert Wynn (D-MD)
* Rep. Sanford Bishop, Jr. (D-GA)
* Rep. Nick Rahall (D-WVA)
* Rep. Robert Ney (R-OH)

Subtotal: 129

STATE OF ILLINOIS
NINETIETH GENERAL ASSEMBLY
HOUSE OF REPRESENTATIVES

House Resolution No. 547

Offered by Representatives Lopez - Acevedo - Erwin - Rutherford - Currie - Howard and Tom Johnson

WHEREAS, The United States' embargo against Cuba, imposed 35 years ago, has increasingly created physical hardships for the people of Cuba, depriving them of much needed food and medicines and exposing them, including the children, to the effects of malnutrition and other severe health concerns; and

WHEREAS, The recent visit to Cuba by Pope John Paul II focused world attention on the needs of the Cuban people and called for mutually beneficial reconciliation and the lifting of the United States' embargo against Cuba; and

WHEREAS, Many Cuban-Americans living in the United States as American citizens have families that are being subjected to these hardships and would want to help their families without breaking the laws of the United States; and

WHEREAS, The State of Illinois, a leader in education, commerce, agriculture, and technology, stands to benefit from the potential economic development and trade that could be established with the island nation of Cuba; and

WHEREAS, The Congress of the United States is currently considering HR 1951 and S 1391, which seek to lift the embargo against Cuba for the purpose of making available humanitarian aid in the form of food and medicines; therefore be it

RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE NINETIETH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that we urge the passage and enactment of HR 1951 and S 1391 to lift the United States' embargo for humanitarian reasons and that the delivery of food and medicine to the Cuban people be allowed; and that such an adjustment in our foreign policy reflects America's humanitarianism that transcends political ideology; and be it further

RESOLVED, That copies of this resolution be sent to the President of the United States, the Speaker of the United States House of Representatives, the President Pro Tempore of the United States Senate, and each member of the Illinois congressional delegation.

Adopted by the House of Representatives on May 21, 1998.

Michael J. Madigan

Michael J. Madigan, Speaker of the House

Anthony D. Rossi

Anthony D. Rossi, Clerk of the House

Humanitarian Relief Exception to the United States Embargo on Cuba Adopted by the Commission on Social Action of Reform Judaism April 7, 1998

Background

At its April 1997 meeting, the Commission on Social Action of Reform Judaism adopted a resolution that, among other provisions, requested that the Religious Action Center urge Congress and the President to lift the ban on direct flights to Cuba in order to facilitate the provision of donated humanitarian aid supplies. This resolution did not, however, call on Congress and the President to make an exception to the embargo on Cuba for the sale of food, medicine, or medical supplies.

In March 1997, the American Association for World Health (AAWH) released a report entitled "Denial af Food and Medicine: The Impact of the U.S. Embargo on health and Nutrition in Cuba." After a year long investigation, the AAWH concluded that the U.S. embargo has caused a significant rise in suffering in Cuba, including a rise in nutritional deficits (particularly among pregnant women), cutbacks in the supplies of safe drinking water (because of a lack of water-treatment chemicals and equipment) and a lack of medicine and medical information that has hindered the ability of doctors to effectively treat their patients. In its report, the AAWH also pointed out that the inclusion of food and medicine in the 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."

Largely in response to the AAWH report, on June 18, 1997, a bipartisan group of legislators led by Representative Esteban Torres (D-CA) introduced the *Cuban Humanitarian Trade Act of 1997 (H.R. 1951)* and on November 6, 1997 similar legislation was introduced in the Senate entitled *The Cuban Women and Children Humanitarian Relief Act (S. 3391)*. This act would exempt food, medicine, and medical supplies, instruments, and equipment - or travel incident to the delivery of these items -- from the United States embargo on Cuba.

The need for humanitarian relief was highlighted again during Pope John Paul II's visit to Cuba in January, 1998. Although the Pope's visit was pastoral, not political, he took the opportunity to raise the issues of human rights, religious and political freedom, and humanitarian aid. In his farewell address, Pope John Paul II stated: "In our day, no nation can live in isolation. The Cuban people therefore cannot be denied the contacts with other peoples necessary for economic, social and cultural development especially when the imposed isolation strikes the population indiscriminately making it ever more difficult for the weakest to enjoy the bare essentials of decent living, things such as food, health and education. All can and should take practical steps to bring about changes in this regard." While the Pope did not mention specific legislation, it is clear that, in his view, the suffering of the Cuban people must be taken into account, and strategies to topple Castro's regime must not be pursued to the detriment of the health and safety of his people.

THEREFORE, and in light of the evidence of increased human suffering in Cuba, and the direct link between this suffering and the inclusion of humanitarian relief in the United States embargo against that nation, the Commission on Social Action of Reform Judaism resolves to:

1- Urge Congress to pass and the President to sign the, *Cuban Humanitarian Trade Act of 1997* and urge the federal government to take other appropriate measures to make an exception to the United States embargo on Cuba for the provision of humanitarian relief.

2- Urge the President of the United States to rise his executive authority to allow citizens and permanent residents of the United States, including those of Cuban descent, to fly to Cuba for humanitarian, research, journalistic or religious purposes.

Congress of the United States

Washington, DC 20515

SUPPORT LIFTING THE U.S. FOOD AND MEDICINE TRADE EMBARGO ON CUBA

COSPONSOR H.R. 1951, THE CUBAN HUMANITARIAN TRADE ACT

Dear Colleague:

As you know, the Pope's recent visit to Cuba has sparked a debate regarding the merits of the U.S. trade embargo with Cuba. Although there is no question regarding the repressive policies of the Castro regime, at issue is how the United States must go about affecting change in Cuba. It is our sense that there is a strong case for opening up certain U.S. trade policies toward Cuba.

A credible first step toward a people to people, as contrasted with a governmental, rapprochement would be the lifting of those provisions of the U.S. embargo with that country relating to food and medicine. As you know, current law prohibits the sale of food to Cuba, and outlaws, without special license, the sale of medicine to Cuba. While medical licenses are granted at times, it is a difficult process and requires end use monitoring which discourages many from utilizing the system. Furthermore, U.S. companies are discouraged from selling to Cuba by the mere presence of the embargo and the fear of potential legal problems any misstep that a sale to Cuba might have.

In essence, the embargo on food and medicine is making the Cuban people, not the Cuban government, the victims of the U.S. embargo. The lifting of this segment of the embargo does not in any way narrow our differences with the leaders of that country, but it may bridge the gap between our people. In the spirit of the humanitarian tradition embraced by our country, it is time to end the U.S. embargo on the sale of food and medicine to Cuba. Please join us in cosponsoring H.R. 1951, the Cuban Humanitarian Trade Act. If you have any questions or would like more information, please feel free to contact Amy Butler (Leach) at 5-6576, Joe Becker (Paul) at 5-2831 or Jackie Benditt (Campbell) at 5-2631.

Sincerely,

Jim Leach
Member of Congress

Ron Paul
Member of Congress

Tom Campbell
Member of Congress

USCC - CRS Statement on Humanitarian Aid to Cuba: June 6, 1998

Just one year ago, June 6, 1997, we bishops, representing the United States Catholic Conference's Committee on International Policy and the Board of Catholic Relief Services, wrote to President Clinton urging the resumption of direct flights from the United States to Cuba, especially for the delivery of humanitarian aid. On March 20th of this year, the President finally lifted the ban on direct flights, allowing Catholic Relief Services once again to send shipments of medicines and other humanitarian aid to the Cuban Church's relief and development agency, Cáritas Cubana. We applaud these actions.

We are intensely proud of the close relationship of solidarity and cooperative action that has developed between the Church here and in Cuba. The most concrete expression of this solidarity is the provision of critically needed medicines, medical supplies and equipment and other goods, donated by private individuals and corporations in this country, delivered to Cuba by Catholic Relief Services, and distributed there by Cáritas. Although these efforts can meet only a fraction of the needs experienced by many in Cuba today, the Church in both countries is committed to doing all it can to alleviate suffering and give hope in a time of discouragement.

There are legislative proposals in the U.S. Congress seeking to address the problem of the dire shortage of many things in Cuba. Some call for an end to the U.S. restrictions on the sale of food and medicines, others propose grants of money or matériel by our government to the needy in Cuba, through the instrumentality of non-governmental groups such as the Catholic Church and its agency Cáritas. We welcome these efforts to reach out to our Cuban brothers and sisters in need. The Cuban Bishops' Conference, however, in a statement issued last month, has made clear its firm intention of avoiding any politicization of its humanitarian role in the present crisis and has thus indicated that it will not receive or distribute aid coming from governments. This has been the policy of the Cuban Church in the past and will continue to be so for the foreseeable future.

The position of the U.S. Catholic Conference and Catholic Relief Services is identical with that of the Bishops of Cuba. We pledge to do all we can to encourage private contributions of medicines and other needed goods to Catholic Relief Services for distribution by Cáritas Cubana to help lessen some of the suffering brought on in recent years. As we stated following the January papal visit, "ending the restrictions on the sale of food and medicines, as legislation currently in both houses of the U.S. Congress calls for, would be, in our view, a noble and needed humanitarian gesture and an expression of wise statesmanship on the part of our elected leaders."

Just a few days ago, on Pentecost Sunday, the Cuban Bishops issued an important pastoral statement, "The Spirit Desires to Breathe in Cuba," recalling the urgent plea issued by the Holy Father during his visit that the world open up to Cuba and Cuba to the world. The bishops observe that "at this time when the world is opening up to our homeland, we reject any economic siege against our country, as well as any attempt to isolate it." The Cuban Bishops call equally for Cuba to open up to the world, for "an internal opening of the Cuban society," requiring that "human rights...be fully respected." We pray that the governments of both Cuba and the United States will take measures to reverse those policies of each that have contributed to the suffering of the Cuban people.

Most Reverend Theodore E. McCarrick
Archbishop of Newark
Chairman, USCC Committee on
International Policy

Most Reverend John H. Ricard, SSJ
Bishop of Pensacola
Chairman, CRS Board of Directors

PRESS RELEASE

Oxfam America

For Immediate Release
November 10, 1997

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OXFAM AMERICA TO U.S. LEGISLATORS: Show compassion, Support Cuban Women & Children's Humanitarian Relief Act

WASHINGTON – "The United States should put compassion before politics and allow the sale of U.S. food and medicine to ordinary Cuban citizens," said Raymond C. Offenheiser, President of Oxfam America, an international relief and development agency that supports the Cuban Women and Children's Humanitarian Relief Act introduced last week in the U.S. Senate. "The sale of US food and medicine would meet the basic humanitarian interests of women and children who suffer the most from the increase in poverty and hunger. "

In Cuba, Oxfam America is working to strengthen civil society and promote long-term development by supporting the work of community organizations attempting to develop sustainable organic methods of agricultural production in rural and urban areas. Since the onset of the economic crisis of 1990, Cuba has effectively joined the ranks of the poorest, most food insecure countries of the world. Studies have shown that:

- The contraction of the Cuban economy has lessened Cuba's capacity to import the fuel, repair parts, intermediate goods, raw materials and consumer goods necessary to produce food domestically and thereby adequately meet the nutritional needs of the Cuban population;

- National food availability in Cuba has fallen by about one-third between 1989 and 1995 as high transportation costs and the limited availability of hard currency has restricted Cuba's ability to obtain food from non-US suppliers;

- Food shortages compounded by the trade embargo have contributed to the deterioration of the Cuban population's nutritional intake, since 1989 daily caloric intake has dropped by 33 percent and protein levels by 39 percent;

- The estimated per capita availability of calories, proteins and fats in Cuba is well below levels recommended by the United Nations Food and Agriculture Organization. Since 1994 both domestic food production and food imports decreased by more than 30 percent;

- The decline in food availability has contributed to serious vitamin deficiencies, maternal malnutrition, low-birth weights and a recent neurological epidemic.

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March 16, 1998
Volume 70; Number 11

REPRINT

Feedstuffs

THE WEEKLY NEWSPAPER FOR AGRIBUSINESS

Food, medicine trade with Cuba needs freeing

By VART K. ADJEMIAN

Congressional initiatives to open the door to the sale of food and medicine to Cuba are gaining strength thanks to growing support from an unusual bipartisan coalition of religious groups, U.S. farmers, American corporations, foreign policy intellectuals and members of Congress.

Pressure is building for good reason. The unilateral embargo imposed on Cuba for more than 35 years has failed to achieve its original intended objective — the overthrow of the Castro regime. In fact, the U.S. economic siege has given Cuba's leaders a common external enemy on whom the country's economic problems could be blamed. Today, U.S. policy toward Cuba has shifted, promoting a peaceful transition in that country's government to democracy. However, the U.S. embargo against trade with Cuba remains intact, preserving an atmosphere of hostility. The benefits of a U.S. policy of engagement have been proven around the world.

The peaceful transition the U.S. desires in Cuba would be greatly enhanced through a policy of increased engagement with Cuba. Trade in food and medicine would be an important first step in this increased engagement. As a producer and marketer of food products consumed throughout the world, Continental Grain Co. has long defended the principle of free trade among nations and assailed the futility of unilateral economic sanctions. The Cuban case is no exception. Cuban people are suffering unnecessary malnutrition, hunger and isolation. Under U.S. laws they are unable to buy food from the most efficient breadbasket in the world. These same U.S. laws deny the 2 million U.S. farmers and 19 million U.S. employees in the food and agricultural business their freedom to sell to Cuba.

Today, Cuba represents a cash market of more than $500 million for agricultural commodities and $200 million for processed food. This market is currently dominated by Canada, the European Union and Latin America. In this time of shaky markets in Asia and depressed commodity prices, there is little remaining reason for continuing to deny U.S. agriculture the right to compete in this market.

Today Congress and the Clinton Administration should take into account broader U.S. interests, as well as the welfare of the 11 million Cuban people. Two bills pending in Congress represent a solid first step forward by opening food and medicine sales to Cuba: The Cuban Humanitarian Trade Act (Torres-Leach H.R. 1951) and the Cuban Women & Children Humanitarian Relief Act (Dodd-Warner S. 1391).

These initiatives enjoy bipartisan support from liberals and conservatives. Continental Grain adds its voice to those throughout agriculture who support an end to the restrictions on the sale of food and medicine to Cuba. A reduction of tension across the Straits of Florida can begin with normalization of commercial sales of food and medicine.

■ *Vart K. Adjemian is president of the Commodity Marketing Group Americas of Continental Grain Co., New York, NY*

U.S. WHEAT ASSOCIATES
1620 I Street, NW • Suite 801 • Washington, DC 20006
Tel: (202) 463-0999 Fax: (202) 785-1052

For Immediate Release: May 7, 1998
Contact: Lisa Jager, (202) 463-0999

Economic Sanctions Hurting U.S. Wheat Producers

U.S. economic trade sanctions, including the sanction with Cuba, are keeping U.S. wheat out of important world markets, while failing to achieve the desired results, according to Dan Gerdes, chairman of U.S. Wheat Associates (USW), who testified at a hearing today on Capitol Hill regarding U.S. economic and trade policy toward Cuba.

In remarks before the U.S. House Committee on Ways and Means Subcommittee on Trade, Gerdes said USW conservatively estimates that in the last 10 years alone, the U.S. lost out on wheat sales to Cuba of 3.5 million metric tons, valued at more than $500 million. These exports could well have been higher due to the tremendous freight advantage the U.S. has with Cuba.

"It is disturbing that among the largest barriers to trade U.S. wheat farmers face today are the economic trade sanctions imposed by our own government, including that with Cuba, which shuts U.S. wheat producers out of a strong potential market right in our own backyard," Gerdes said. "Meanwhile, Castro remains in power, our long-term embargo having done nothing to help a freely-elected Cuban government come to power."

Sanctions also keep U.S. wheat producers out of other markets, including Iran, Libya and North Korea. Wheat imports by these countries are expected to reach 7.15 million tons in marketing year 1997/98, representing seven percent of the global wheat market. Adding Iraq, where wheat is currently allowed only through the Oil for Food Program, to this list shuts the U.S. out of nearly 11 percent of the world wheat market.

Gerdes said sanctions also allow our competitors to charge higher prices in these markets, using the higher margins to undercut us in other markets, making it difficult for the U.S. to compete in countries even where it can freely trade.

"History has shown us that unilateral trade sanctions fail to achieve the desired results, and instead hurt American business and farmers," USW President Alan Tracy said.

-30-

STATEMENT OF
THE AMERICAN FARM BUREAU FEDERATION
TO THE
TRADE SUBCOMMITTEE
HOUSE COMMITTEE ON WAYS AND MEANS
REGARDING
ECONOMIC AND TRADE POLICY TOWARD CUBA

May 7, 1998

Thank you for this opportunity to comment on resumed trade with Cuba and sending humanitarian aid to that country.

The American Farm Bureau Federation represents 4.8 million member families in the United States and Puerto Rico. Our members produce every type of farm commodity grown in America and depend on sales to the export market for over-one third of our production sales.

Agriculture, including the wide variety of industries involved in farm inputs and outputs constitutes one of the largest sectors of the U.S. economy. In 1997 the food and fiber industries, which include producers of farming equipment and suppliers, processors transporters, manufacturers, retailers and the financial and insurance service industries that serve them comprised 16-17 percent of the gross national product.

The agriculture industry is our nation's largest direct and indirect employer and for the past several years agricultural exports have provided the only positive return to the national trade balance. These accomplishments can only be sustained if our international markets remain open and new markets are created. It has been well documented that unilateral trade sanctions are sanctions against U.S. markets and destroy our reputation as reliable suppliers.

Farm Bureau strongly opposes all artificial trade constraints such as unilateral sanctions. We believe that opening trading systems around the world and engagement through trade are the most effective means of reaching international harmony, social and economic stability.

The American Farm Bureau Federation believes that all agricultural products should be exempt from all embargoes except in case of armed conflicts. This statement holds true for U.S. wheat exports to Iran, as well for importation of Cuban cigars to the United States, or for trade in any market around the world. The only entities that gain from U.S. embargoes are our competitors as they take over what should be U.S. market share.

Prior to the shift of Cuban alliances to the Soviet Union in the late 1950's, the United States was the key trading partner for Cuba. Before the 1959 Cuban revolution, 68 percent of Cuban trade was with the United States and 40 percent of all investment came from the United States.

Cuba's abrupt shift to dependance on the Soviet Union ended in 1990 with the collapse of the former Soviet Union. Since then, Cuba has lost its "sugar for petroleum" program and the economy has plummeted. The Cuban economy has contracted by over 40 percent since the demise of the Soviet Union, including a 70 percent loss in imports. Thus, stiff economic hardship prevails throughout the country. Opening of trade with the United States would provide critically needed resources and allow for the beginning of a rebuilding process between neighbors.

Cuba appears to have recognized that another shift needs to be made to a more open "market-based" system, and is slowly doing so. Cuba has indicated a willingness to abide by the rules of the World Trade Organization (WTO) in international trade. But, to become a full fledged member of the world community many changes are needed. These changes can be promoted by engagement in commerce.

On March 31, 1998, a conference was held in Washington, D.C., on "The Role of the Agricultural Sector in Cuba's Integration into the Global Economy and its Future Economic Structures: Implications for Florida and U.S. Agriculture." This symposium, co-hosted by the University of Florida and the University of Havana, provided much food for thought and summarized over four years of collaborative research. In summary, if the Cuban economy is opened for trade with the United States, bi-lateral agricultural sales could run as high as $1-2 billion annually after 5-7 years of ongoing relations. As expected, some agricultural sectors would have "challenges" and others would see "opportunities."

Following are details by commodity sector:

1) Citrus: Concerning oranges, the United States' chief competitor is currently Brazil. Cuba would rank only 15th on this list and pose no real threat. Grapefruit would be slightly higher, with Cuba ranking 4th worldwide. The biggest challenge would come from Cuban limes and they could challenge Mexico as a provider of product to the United States. Cuba is in dire need of technology to help this sector of their economy grow.

2) Vegetables: Cuba will compete with the United States, especially in tomatoes, cucumbers and peppers, and especially with Florida. A key will be the disposition of methyl bromide. Cuba cannot afford many chemicals or pesticides and has to currently rely on mostly organic growing conditions. (Without pesticides, Cuban production is down 40 percent from its peak.) The question concerning Cuba as a competitor becomes, what will happen if investment is made in Cuba and production rises by 40 percent?

3) Fishing: Cuba is an important source for 135 species and is ranked third in the world in "catch diversity." Current focus is on low volume but high value, including spiny lobster, snapper, sponge and pink shrimp. Production is still under government control but competition with Florida would be expected.

4) Sugar: The potential for Cuba to compete in the world market is tremendous. From 1980-1989, 80 percent of Cuban exports were in sugar. Productivity and technology were lost during the collapse of the former Soviet Union, and production plummeted from 7.5 million tons in 1992 to 4.25 million tons today. Their goal is to return to 7 million tons per year.

Cuban sugar could not enter the United States without a negotiated sugar quota.

There is room for U.S. exports to Cuba of beans, rice, oils, dairy, wheat and lard. There is also room for U.S. investment and exports of fertilizers, herbicides, pesticides and tractors.

Competition will exist with the United States, but opportunities will also be at hand. Given that we are not in an armed conflict with Cuba, trade should resume. At a bare minimum, the United States should resume humanitarian distribution of food products to Cuba.

U.S. economic sanctions on Cuba clearly have not brought the intended social or political changes. Engagement through open commerce must be resumed if social and economic conditions are to improve.

The American Farm Bureau Federation strongly supports passage of H. R. 2708, the Enhancement of Trade, Security, and Human Rights through Sanctions Reform Act. This legislation will help prevent future embargoes such as the ongoing Cuban situation by requiring a reasonable evaluation of the consequences of imposing unilateral sanctions before they are imposed.

The administration and Congress should take steps to protect the economic stability of American agriculture as well as for the nation by beginning the process of removing current sanctions and prevent future unilateral trade sanctions.

Thank you for allowing us to present our views.

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As the national voice of agriculture, AFBF's mission is to work cooperatively with the member state Farm Bureaus to promote the image, political influence, quality of life and profitability of the nation's farm and ranch families.

FARM BUREAU represents more than 4,800,000 member families in 50 states and Puerto Rico with organizations in approximately 2,800 counties.

FARM BUREAU is an independent, non-governmental, voluntary organization of families united for the purpose of analyzing their problems and formulating action to achieve educational improvement, economic opportunity and social advancement and, thereby, to promote the national well-being.

FARM BUREAU is local, county, state, national and international in its scope and influence and works with both major political parties to achieve the policy objectives outlined by its members.

FARM BUREAU is people in action. Its activities are based on policies decided by voting delegates at the county, state and national levels. The American Farm Bureau Federation policies are decided each year by voting delegates at an annual meeting in January.

FOR RELEASE: Immediate, Tuesday, February 17, 1998

UAW International Executive Board Today Passed Two Resolutions:

(1) Opposes Additional Funding for International Monetary Fund;

(2) Backs Legislation to Allow U.S. Companies to Sell Food, Medicine, and Medical Supplies to Cuba

The UAW International Executive Board, meeting in Detroit, today passed two resolutions: (1) opposing the request by the International Monetary Fund (IMF) for an additional $18 billion from the people of the United States; and (2) supporting legislation to allow U.S. companies to sell food, medicine, and medical supplies to Cuba

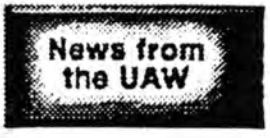
Resolution on Lifting U.S. Limits on Sales of Food, Medicine, and Medical Supplies to Cuba

In its resolution supporting legislation introduced by U.S. Rep. Estaban Torres (D-California) to allow U.S. companies to sell food, medicine, and medical supplies to Cuba, the UAW International Executive Board observed that the recent visit of Pope John Paul II served to draw attention to the suffering of many Cubans, including children and the elderly.

"While we deplore the limits on the freedom of the Cuban people -- including restrictions on workers who seek free trade unions -- the UAW believes the time has come to end the United States' boycott on sending medicine, medical supplies, and food to Cuba," the resolution stated.

"The current limits on the sales of these items to Cuba have failed to achieve the goal of pressuring the Castro regime to become more pluralistic, instead inflicting serious harm on many innocent Cubans who have been denied life-sustaining medicine, medical supplies, and food," the resolution noted.

"In supporting the Torres bill, the UAW joins with other organizations in the hope that the U.S. will seek new initiatives toward Cuba that will speed democratization there and encourage the range of freedoms -- including labor rights -- that Cuban workers deserve," the resolution concluded.



FULL-PAGE AD IN WALL STREET JOURNAL 1/15/98

An Open Letter on Cuba

from the American Business and Agricultural Communities

January 16, 1998

Dear President Clinton, Speaker Gingrich, and Majority Leader Lott:

For nearly 40 years, the United States has pursued a policy of containment and isolation toward Cuba. This outdated policy currently serves to bolster a struggling regime and isolate the Cuban people from American influence.

Next week, world attention will focus on Pope John Paul II's historic trip to Cuba. Already his trip is serving as a catalyst for change. Now the United States has an opportunity to demonstrate leadership through engagement as well. While there are no guarantees in foreign policy, **engagement can be a powerful force** when pursued at all levels — political, diplomatic, economic, charitable, religious, educational, and cultural.

We believe the time is right to explore new initiatives to promote freedom in Cuba. As a first step, we urge that you publicly commit — in the State of the Union Address and the Republican response — to end the ban on the export of U.S. food as well as lift the restrictions on the sale of medical products. We would hope that this opening will produce further opportunities for improved relations.

Leadership is something all Americans respect. We stand ready to support you in a new policy of engagement with Cuba.

Sincerely,

USA★ENGAGE

National Foreign Trade Council, Inc.
United States Chamber of Commerce
Small Business Exporters Association

Construction Industry Manufacturers Association
Automotive Parts and Accessories Association
Grocery Manufacturers of America
North American Export Grain Association
Computer & Communications Industry Association
Manufacturers Alliance
Petroleum Equipment Suppliers Association
U.S. Association for International Business and Trade
International Wood Products Association

American Farm Bureau Federation
National Association of Manufacturers
The National Grange

American Soybean Association
American Feed Industry Association
Emergency Committee for American Trade
International Association of Geophysical Contractors
Equipment Manufacturers Institute
Food Distributors International
Computing Technology Industries Association
European-American Business Council
American Association of Exporters and Importers
Americans for Humanitarian Trade with Cuba

USA★ENGAGE is a coalition [illegible]

AFSCME

AMERICAN FEDERATION · STATE COUNTY · MUNICIPAL EMPLOYEES · AFL-CIO

AFSCME

American Federation of State, County and Municipal Employees, AFL-CIO
1625 L Street, N.W., Washington, D.C. 20036

Gerald W. McEntee
International President

William Lucy
International Secretary-Treasurer

Resolution Numbers 132, 57 and 73

UNITED STATES RELATIONS WITH CUBA

WHEREAS:

For more than 30 years the United States has maintained an embargo of Cuba which makes it illegal for U.S. corporations to do business with Cuba (which includes food and medicine), economically punishes other countries that engage in trade with Cuba, imposes stiff fines on U.S. citizens who travel to Cuba, and restricts the freedom of U.S. citizens to exchange ideas and information with Cuban citizens; and

WHEREAS:

The United States has won no support whatsoever from the international community for its unilateral action against Cuba, with the result that the U.N. General Assembly has condemned the embargo, the British and Canadian governments have refused to recognize provisions purporting to punish their citizens who ignore the embargo, and the Organization of American States has reaffirmed its call to the United States to abandon its unworkable policy; and

WHEREAS:

The U.S. Congress passed a non-binding joint resolution expressing the sense of Congress that "the President should not restrict travel or exchanges for informational, educational, religious, cultural or humanitarian purposes...between the United States and any other country," and

WHEREAS:

A broad cross-section of Americans, including the U.S. Chamber of Commerce, key civil rights leaders, major newspapers and the Georgetown University Cuba Project have analyzed the premises and effects of U.S. policy against Cuba and have found them ineffective, counterproductive and seriously flawed; and

WHEREAS:

Congress has before it H.R. 2229 introduced by Representative Charles Rangel (D.-N.Y.) calling for an end to the embargo and normalization of relations between the United States and Cuba.

THEREFORE BE IT RESOLVED:

That this 31st Constitutional Convention of AFSCME call on the Administration and Congress to conduct a fresh examination of the purposes and intents of present U.S. policy toward Cuba, with a view to achieving normalization of relations between our two nations.

COMMUNICATIONS
WORKERS OF AMERICA
AFL-CIO

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Resolution supporting HR 1951, the Cuban Humanitarian Trade Act and S 1391, the Cuban Woman and Children Humanitarian Relief Act, the two Bills presented in Congress to allow the sale of food, medicine and medical equipment to Cuba.

Whereas, **the embargo imposed by the US on Cuba was instituted to weaken the Castro regime and replace it with a democratic government, and**

Whereas, **The Castro regime remains in place despite the embargo, and the Cuban People are suffering due to shortages of food and medicine intensified by the embargo, and**

Whereas, **this unilateral embargo has been condemned by the international community with overwhelming votes in the United Nations, The European Union, the Organization of American States, the World Health Organization, and all other major human rights groups, and**

Whereas, **the Pope, the Cuban Catholic Church, the US Catholic Conference, and the National Council of Churches endorse the trade, not aid, legislation that would allow the sale of food and medicine to Cuba as a moral obligation, and**

Whereas, **despite an active war between the United States and Vietnam which caused tens of thousands of deaths on both sides, the US has normalized diplomatic and trade relations with Vietnam. No war has ever existed between the US and Cuba, and**

Whereas, **the US does not impose a food and medicine embargo on any other country in the world including countries with which the US does not have normal relations such as Iran, Iraq, and Libya, and**

Whereas, **US farmers, longshoremen, and other workers could benefit greatly from US exports to Cuba which imports about one billion annually from other countries at more expensive prices, and**

Whereas, **Senator Jesse Helms' (R-NC) legislation to use US taxpayers dollars to increase aid to Cuba would keep Cuba dependent, has not and would not alleviate the needs of the Cuban People, and would be an affront to the struggling US families and children whose health and education programs are being cut,**

Therefore, **let it be resolved that Mercer County Labor Union Council, AFL-CIO, supports H.R. 1951, the Cuban Humanitarian Trade Act, and S. 1391, the Cuban Women and Children Humanitarian Relief Act, which would allow the sale of food, medicine, and medical equipment to Cuba and be of mutual economic benefit. We consider that the passing of these bills help provoke and develop the democratic currents needed to change the Castro system and enable a more open society in Cuba.**

June 12, 1998

U.S. Chamber of Commerce
Media Relations
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Email: press@uschamber.com Washington, DC 20062-2000

NEWS

FOR IMMEDIATE RELEASE
Tuesday, January 13, 1998

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TIME TO END EMBARGO ON FOOD AND MEDICAL SALES TO CUBA SAYS U.S. CHAMBER

WASHINGTON, D.C. -- The U.S. Chamber of Commerce, joined by religious and humanitarian groups, today announced that a new coalition, Americans for Humanitarian Trade with Cuba, is being formed to support pending legislation that will end the U.S. embargo on food and medical sales to Cuba.

"The Chamber believes that U.S. - produced, life sustaining products should be freely available for purchase by the people who need them most," said Dennis Sheehan, president and CEO of AXIA Incorporated and chair of the Chamber's International Policy Committee.

He added, "Unilateral U.S. sanctions against Cuba prevent U.S. companies from responding to that need. Moreover, denying food and medicine to the people of Cuba is inconsistent with the U.S. role in humanitarian leadership."

Sheehan said, "The Chamber views passage of the Cuban humanitarian relief bills as an important step toward the Chamber's ultimate goal of eliminating the unilateral U.S. embargo against Cuba."

Sheehan said, "The nearly four-decade U.S. embargo of Cuba has done nothing to accelerate the current regime's removal from power. Instead, our 'allies' castigate U.S. policy toward Cuba, while U.S. businesses and their workers bear the burden of lost market opportunities to other competitors."

Willard Workman, Chamber vice president for international, concluded, "An open economy is the first step to democracy. The best thing we can do is send 1,000 American businesspeople to Cuba to cuts deals and make it happen."

The Chamber supports the two bipartisan proposals currently pending in Congress. Senate bill 1391, *The Cuban Women and Children Humanitarian Relief Act*, and House bill 1951, *The Cuban Humanitarian Trade Act*, state that it should be the policy of the U.S. to permit the sale and export of food, medicines, and medical equipment to the Cuban people.

#30# 98-03

The Washington Post

AN INDEPENDENT NEWSPAPER

The Cuba Food Embargo

BENDING TO WINDS strengthened by the pope's visit, leading American supporters of a particular line on Cuba have changed course. From denying food and medicine to the Cuban people in order to drive them to revolt against their Communist rulers, Sen. Jesse Helms and the Cuban American National Foundation now propose that private American citizens and even the American government donate these items to needy Cubans. The politicians and exile groups who endorse this change deserve credit. Implicitly, they are admitting that an embargo bearing directly on the health and welfare of innocent Cubans is a cruel practice that subverts American ideals and retards change.

The new proposal contains conditions that sponsors realized might provoke Fidel Castro to turn it down, as he now has. Sponsors take such a repudiation as a political victory in that it ostensibly puts the onus on the Castro regime. The conditions, leaving intact the American embargo, are meant to ensure that in the sponsorship, distribution and enjoyment of these donations the benefits accrue entirely to the Cuban people, not to the Castro regime. This is a good purpose, but it should not be allowed to get in the way of meeting the people's needs. If this is to be done, food and medicine shipments will have to be made through normal commercial channels as well as special humanitarian ones. That will require lifting some of the embargo's restrictions—a step opposed by the Miami groups and their supporters. But it is a necessary and worthy step. The deliberate infliction of pain on people Americans supposedly wish to help is an unsustainable policy.

President Clinton demands Cuban "reciprocity" for any American policy softening. But Fidel Castro has gone ahead with a major concession in allowing Pope John Paul II to come to Cuba and to start renewing the spirit and organization of his church. The ball is in the American court. What better response than to start reviewing the embargo? It was imposed nearly four decades ago, when Cuba was a pawn of an American global adversary. Now the embargo is an anomaly that isolates the United States and lets Fidel Castro play the aggrieved nationalist. Its American supporters cling to the embargo as the essential lever to bring change. But John Paul would jettison the whole thing; he regards the embargo as a "monstrous crime." Who do you think qualifies as a better guide to the challenging of Communist power structures—Francisco Hernandez of the Cuban Foundation, Jesse Helms, Bill Clinton or John Paul?

The New York Times

JANUARY 26, 1998

The Pope's Message to Washington

Those who oppose America's obsolete trade embargo on Cuba found an eloquent ally in Pope John Paul II as he visited the island in recent days. It was not just John Paul's criticism of embargoes, which he had made before, but the attention he drew to humanitarian needs in Cuba that Washington has stubbornly ignored.

The embargo is an embarrassing anachronism. It was imposed by Dwight Eisenhower, when Nikita Khrushchev led the Soviet Union and Cuba was seen as a Soviet base. The embargo was strengthened with the Cuban Democracy Act of 1992 and the Helms-Burton law of 1996. Its longevity is mainly due to the clout of the Cuban exile community.

The embargo has failed to strangle the Castro regime or force it to change. The Pope's request for the release of political prisoners highlights the fact that some 600 Cubans are in jail for peaceful expression of their views, many in appalling conditions. The security forces harass anyone who expresses disagreement. Mr. Castro's political control is as airtight as ever.

If anything, the embargo has helped Mr. Castro retain power by giving him a rallying point to unite Cubans, and something to blame for their privations. It has also lessened outside pressure on Mr. Castro. European and Latin American governments have softened their criticism, lest they be seen as endorsing Washington's heavy-handedness.

The Pope's concerns focus on the impact of the embargo on Cuba's poor. Since American companies hold the patents on many drugs and medical devices, the 1992 law that barred virtually all medical sales by their foreign subsidiaries has been particularly damaging. Now that the United States has sought to get more food to Iraq and North Korea, there is no justification for impeding the sale of food and medicine to Cubans.

If the White House cannot muster the political courage to press for the embargo's repeal, it should at least continue to delay implementing provisions in the Helms-Burton law that seek to keep foreign companies from doing business in Cuba. The Administration should also work for passage of Congressional bills introduced last year that would allow the sale of food and medicine. They enjoy bipartisan support and even the approval of some émigré groups. No one has stronger anti-Communist credentials than John Paul. If he can extend a hand to Cubans, so can the United States.

North & Central America/Cuba

Cuban-Americans Lobby for Easing of Embargo

AP
31-MAR-98

WASHINGTON (AP) Energized by Pope John Paul II's recent visit to Cuba, hundreds of Cuban-Americans went to Capitol Hill Tuesday to demand unrestricted sales of food and medicine to the island.

On a day featuring Miami-like heat, the Cuban-Americans sought to make their case in congressional offices and at a news conference, buttressing their arguments with a petition signed by 12,000 sympathizers.

The visitors, mostly from the Miami area, designated Tuesday as the "National Day of Education and Advocacy for Food and Medicine Sales To Cuba."

At present, food sales to Cuba are barred and licenses must be obtained for the sale of medicines and medical supplies. Bipartisan proposals in Congress to end the restrictions have been gaining momentum, but proponents of maintaining the status quo still appear to have the upper hand.

The visiting Cuban-Americans wore buttons saying, "End the embargo on food and medicine to Cuba." They claim the support of business, farm, labor, humanitarian and medical groups and also have made some minor inroads into Republican ranks, traditionally strongly supportive of maintaining the status quo with Cuba.

One such Republican, Sen. John Warner of Virginia, told the news conference the United States cannot project itself as a caring nation if it puts limits on humanitarian sales to Cuba.

Sen. Christopher Dodd, D-Conn., said the process of change following the papal visit already is under way in Cuba, pointing to the hundreds of prisoners who have been released.

Declaring that he does not want to see "the perpetuation of a dictatorship" in Cuba, Dodd said the United States can contribute to peaceful change by making humanitarian exceptions to the embargo.

At present, a Senate bill backed by Dodd has 26 co-sponsors. Similar

CHICAGO TRIBUNE Monday, April 13, 1998

Voice of the people

Embargo is cruel and un-American

RIVER FOREST—For the first time since the U.S. embargo was imposed 38 years ago, a group of Americans and Cuban-Americans are joining forces to support legislation pending in Congress that would lift the ban on the sale of food and medicines to Cuba.

As we all know, the embargo is imposing extraordinary burdens on the Cuban people, a goal that was never intended. Americans have always had a tradition of meeting the needs of hungry and sick people. Following in this tradition, the embargo on food and medicine to Cuba—which causes suffering among children, women, the old and the sick on the island—should no longer be tolerated.

The United States is the leader of pharmaceutical research and production, and the embargo is in effect depriving Cuban patients of drugs manufactured by U.S. companies. The embargo also prevents the Cuban people from receiving U.S. medical equipment, parts and accessories.

Foreign companies have refused the sale of X-ray equipment, operating tables, respirators, dialysis units and other medical supplies since this equipment contains U.S.-made components and such sales are prohibited under the embargo.

The U.S. sanctions crimp the island's imports of foodstuffs and supplies for the agricultural industry, causing a food shortage which is linked to a drop in the weight of the general population, and an increase in the incidence of low-birth weight babies.

The embargo also prevents the purchase of water treatment chemicals, and other equipment to keep Cuba's clean water supply. The deterioration of the water has led to a rise of water-born disease such as typhoid fever, dysentery and viral hepatitis.

Diseases such as scabies and pediculosis are running to epidemic proportions. Dirty water is also related to hospital infections and outbreaks of disease.

Cuban patients with HIV have limited access to life-prolonging drugs and the general population is also limited in their access to AIDS testing and measures to protect the blood supply from HIV infection.

Screening for breast cancer with mammograms has been suspended several times because of the lack of X-ray films.

These are some of the examples currently faced by the Cuban people. While I completely oppose the Castro regime, it does not seem reasonable to use the Cuban people as ammunition in the fight against it.

Guillermo Font, M.D.

The Washington Post

FRIDAY, APRIL 4, 1997

Stephen S. Rosenfeld

Cuba, Food, Medicine

America should not be in the business of inflicting pain.

ASSOCIATED PRESS

Off hand, it is hard to think of any single foreign policy act by the United States that is meaner, more demeaning and altogether less defensible than the American embargo on medicine, medical supplies and food to Cuba. Added in 1964 to the broader anti-Castro embargo begun in 1960, the ban on foods and medicines is now a largely unnoted fixture of the hemispheric landscape.

Unnoted but not ineffective. The ban is in fact continually cutting deeper, making the United States a party—to a degree that needs some sorting out—to the infliction of pain and suffering on an unoffending civilian population. The toll is newly documented by a report a year in the making by nine experts organized by the American Association for World Health (1826 K St. NW, Washington 20006). Its honorary chairman is Jimmy Carter.

The end of Soviet subsidies and the passage of the Cuban Democracy Act of 1992 and the Helms-Burton Act of 1996, the report states, have done heavy damage that the island nation's world-hailed primary health care system has been able to limit only in part. Malnutrition, deterioration of water quality and sometimes fatal deficits in medicines, equipment and medical information are the results. It is detailed and dramatic stuff.

When the report came out last month, the Albright State Department was ready with a rejection of "any allegation that the United States government is responsible for the deplorable state of health care in Cuba." Of its $2 billion in foreign-exchange purchases, Cuba spent only $6 million on medicine, said the spokesman, observing that the embargo allows humanitarian shipments to Cuba and that "the United States" remains the largest donor. Fidel Castro chooses to spend not on his own people but on the "little toys" of his military and a nuclear power plant, he jeered.

Look closely here: The United States determinedly squeezes the medical sector and the whole Cuban economy, harasses the Cubans for trying to compensate and then blames *Havana* for failing to lighten the impact. The American government then boasts of opening the very humanitarian loophole it strives in practice to narrow. In fact, the fount of charity is not "the United States" but private donors who must conquer the obstacles their government has strewn in their path.

Note that at the United Nations the Clinton administration has just gotten Saddam Hussein to use the humanitarian loophole written into the sanctions constricting Iraq. It is a loophole substantially more generous and more accessible than the one affecting Cuba. Its use serves the people of Iraq and makes the other sanctions pressing on the Iraqi economy politically more sustainable. The same could be made true in Cuba.

From the feel of things, the group that has done this new study is sympathetic to the Castro government's campaign against the whole American embargo. The group's evident liberal leanings can be pounced upon by those who believe that against Castro anything goes.

My own view is that at this late date the general embargo has a modest but lingering utility as a card to play in a negotiated windup of the Communist regime. But the medical embargo is different. It mocks the notion that the purpose of medicine is to heal. It employs a technique of war against civilians. It separates Americans from the practice and belief of our closest friends. If it is an increment in the power equation, it is a dubious one, less the source of leverage than shame.

In the Cold War, we might have asserted a higher priority, the survival of our civilization. Does someone still need to be reminded that the Cold War is over? That Castro's days as a threat to our security and global poise are gone? No doubt he would try to profit if the medical embargo were lifted. But this is not going to be the measure by which he and his police state survive.

The question spins on as to whether engagement or isolation best erodes the mischief and the power of revolutionary regimes. We need not be the slaves of a foolish consistency. But if we have decided that engagement suits China and isolation suits Cuba, we are obliged to ask why.

One reason for the inconsistency arises from Cuba's visible presence in the neighborhood and from the seeming feasibility of engineering change in a small close-by place. A second reason is the startling readiness of the hard-line Miami Cubans to inflict pain upon their kin. Another is a historical rage at what some Americans perceive as Castro's insolence in maintaining his power over our teeth-gnashing. But none of these considerations can possibly rise to a level justifying the denial of American medicines to Cuban children.

MISSISSIPPI BUSINESS JOURNAL
Mississippi's Essential Source For Business News
Volume 20/Number 20 May 18, 1998

Delta farmers join clamor to end Cuban trade embargo

Protesters want sales of food and medicine allowed

By BECKY GILLETTE
MBJ Staff Writer

YAZOO CITY — Lloyd Moore, executive director of the Mississippi Black Farmers and Agriculturists Association, testified recently before the U.S. House Ways and Means Subcommittee on Trade for Cuba that the embargo that prevents sales of rice and other food products to Cuba is hurting farmers in the Delta.

Moore joined representatives from diverse groups representing industries and churches in urging Congress to allow the sale of food and medicine to Cuba. Moore and Hayes Dent, legislative aide to Governor Kirk Fordice, are on the executive committee of the Americans For Humanitarian Trade with Cuba.

The coalition group supporters include the U.S. Chamber of Commerce, industry groups such as Archer Daniels Midland Company, and Hollywood figures such as Francis Ford Coppola and Oliver Stone.

Moore, who is executive vice president of Trident South Corporation in Yazoo City, said people in Cuba who need the life-sustaining food produced in the Mississippi Delta should have the right to buy it.

"Cuba is a market that some people in other parts of the country might say is insignificant," Moore said in testimony before Congress.

"But to farmers in Mississippi, Cuba represents a real economic opportunity that could raise the quality of life significantly for Mississippi Delta farmers."

Moore said rice is an increasingly important crop in his area, and competition for markets is fierce. He said farmers are being asked to accept cuts in farming subsidies by the year 2002, and need a more even playing field in world markets in order to compete.

"We are being asked to change with the times, and we are," Moore said. "That is why, in the Mississippi Delta, our new philosophy is 'rooted locally, working globally.' To keep our loyal and hard-working labor force going, we must continue to explore new market opportunities worldwide.

"Trade with Cuba would improve the quality of life for our communities by giving us the economic ability to educate our children and make a better future for ourselves."

Moore said the freedom to sell rice to Cuba could mean millions in annual exports for Mississippi and neighboring states at a time when farmers badly need such sales. Cuba currently imports $500 million worth of raw foodstuffs, and another $200 million in processed food.

Prior to the trade embargo of Cuba in 1963, Cuba was the largest single importer of U.S. rice. Cuba's share of U.S. exports ranged from 17% to 51% prior to the embargo. Since the embargo, Cuba's annual imports have averaged about 300,000 metric tons, with most of that imported from Thailand, China and Vietnam.

Representatives of the U.S. rice industry believe that if the embargo was lifted, Cuba would again become a significant market for U.S. rice producers. Rice industry spokesmen said the U.S. trade sanctions against Cuba allow countries like Thailand and Vietnam to gain major competitive advantages over the U.S. rice industry.

Moore said it makes more sense to sell rice to Cuba rather than not allow sales, but give the country foreign aid.

"Using taxpayer dollars to send more aid to Cuba when Cubans stand ready to pay an honest price is an affront to our communities," Moore said. "We should not be taking U.S. citizens off welfare and trying to put Cubans on. We shouldn't be taking subsidies away from American farmers and be talking about subsidizing the Cubans.

"As a representative of thousands of Mississippi Delta farmers, I make an appeal based on good Christian principles and good common sense: let's stop wasting everyone's time adding more bureaucratic layers to an already faltering system. Let's sell Cubans the food and medicine they need for their own good, and for our own."

Moore said he is encouraged that President Clinton has come out in favor of allowing food and medicine sales to Cuba, and feels momentum is swinging towards lifting the embargo.

Sylvia Wilhelm, executive director of the Cuban Committee for Democracy, said the embargo hasn't worked to achieve its desired objectives. She said most Cuban Americans believe the embargo against food and medicine imports should be eliminated.

"Many Cuban Americans not only support food and medical sales because it's the right thing to do but because they believe it will undermine the excuse the Cuban government has always used — to blame all of Cuba's problems on the embargo," Wilhelm said. "Isn't it time to make the Castro government accountable for hardships in Cuba? The Cuban-American community is looking for other initiatives to deal with Cuba. The once-acceptable rhetoric of revenge is now a rhetoric of reconciliation." MBJ

The Los Angeles Times

Clinton Backs Bill to Ease Cuba Embargo

Tuesday, April 14, 1998
By JACK NELSON, Chief Washington Correspondent

WASHINGTON--The Clinton administration, treading gently to overcome strong opposition from Senate Foreign Relations Committee Chairman Jesse Helms (R-N.C.), is working behind the scenes to marshal support for bipartisan legislation to exempt food and medicine from the U.S. trade embargo against Cuba.

Clinton has disclosed that he favors the bill, co-sponsored by Sens. Christopher J. Dodd (D-Conn.) and John W. Warner (R-Va.). But the president is concerned about whether the bill's supporters can "get around" the opposition of Helms, an adamant foe of the measure who has criticized Clinton for acting "alone" in recently issuing an executive order that eased curbs on sending medicine and money to Cuba.

Support for exempting food and medicine from the embargo has been growing in both the Senate, where 25 members--including six Republicans--have signed the Dodd-Warner bill, and in the House, where another version of the legislation has been signed by 115 members, including seven Republicans.

Dodd said he was pleased to learn that Clinton had expressed support for the bill, which would represent a significant expansion of his executive order. Key Democratic aides in the Senate and House expressed optimism that Congress will pass the measure.

The United States has maintained a trade embargo against Cuba since the aborted 1961 Bay of Pigs invasion, but support for it has ebbed as Cuban President Fidel Castro has grown older and most of the world's other Communist countries have turned to democracy.

Clinton announced the measures easing some sanctions in March, after Pope John Paul II's historic visit to Cuba. The measures--aimed at improving conditions for individual Cubans in the hopes that support for Castro would decline in the process--streamlined procedures for sending medical supplies to Cuba, authorized direct humanitarian flights from the United States to the island and legalized limited remittances from Cuban Americans to relatives there.

Dodd and Warner, in a letter to colleagues urging support for their bill, wrote of the "harmful impact of the current policy on the health of the Cuban people--particularly with respect to the health of children, the elderly and the infirm." The letter added: "We can no longer turn our backs on the suffering of innocent people less than 100 miles from our border."

Clinton expressed his support for the embargo legislation in a recent conversation with Peter Bourne, chairman of the American Assn. for World Health.

Momentum for eliminating food and medicine from the embargo has been building since early last year, when Bourne's organization released results of a yearlong study by medical experts that showed lack of food and medicine has caused suffering and deaths among Cubans.

Talking with the president at a book party in Washington that was also attended by a Times reporter, Bourne asked if Clinton supported the Senate bill. Clinton said, "I do, but I just hope we can get around Jesse Helms' opposition."

Bourne, an aide to former President Carter, suggested that Clinton send a positive signal on the matter to Congress. The president didn't reply directly but pointed to his recent executive order easing some of the sanctions.

At the White House, Press Secretary Mike McCurry expressed surprise that Clinton had disclosed his support for the Senate bill. But he confirmed that the administration is "trying to find bipartisan consensus" on lifting the food and medicine embargo. "We're trying to thread the needle and get everyone together on this issue," McCurry said, adding that, as a result of Clinton's executive order, "medicine for all practical purposes already is exempted."

Clinton's expression of support for the trade embargo bill also surprised Helms' office. Mark Thiessen, the senator's foreign policy spokesman, said: "Our understanding. . . . was that the administration intended to work with us to get humanitarian relief to the Cuban people. Trying an end run would be extremely unconstructive."

Thiessen was referring to Helms' endorsement--after the pope's visit to Cuba--of a Cuban exile group's proposal to expand donations of humanitarian aid to the island nation. Under the proposal, which Helms plans to introduce in a bill soon, direct U.S. government emergency aid of food and medicine would be distributed by the American Red Cross.

Helms recently made clear that, despite the pope's appeal for ending the food and medicine embargo, he would oppose such efforts. He was co-author of a 1996 bill that toughened the embargo. Clinton at first opposed that measure but signed it in 1996 under political pressure after Cuban jet fighters shot down two unarmed small planes operated by a Miami-based Cuban exile group, killing four people.

Dodd sees little room for compromise with Helms and said that, because Cuban officials do not let the Red Cross operate in Cuba, Helms' plan for expanded humanitarian aid won't work.

The Washington Post

MONDAY, FEBRUARY 23, 1998

The Hemorrhaging of Cuba's Health Care

Doctors Without Data, Patients Without Drugs: U.S. Embargo, Economic Crisis Cripple a Showcase System

By Molly Moore
Washington Post Foreign Service

HAVANA—In the operating rooms of Calixto Garcia Hospital, surgeons reuse disposable plastic gloves until they split open. Patients often wait days to receive X-rays because the hospital has run out of film. And the medications doctors prescribe frequently are unavailable at the hospital pharmacy.

"We have difficulties with everything," said a senior administrator at the hospital, where hallways are dark for lack of light bulbs and broken equipment languishes in austere laboratories and examination rooms.

"This used to be our country's premier research hospital. Now we pass around photocopies of medical journals because we can't get the latest literature, we move patients from hospital to hospital searching for equipment that works, and we run out of everything from sutures to syringes to doctors' scrub gowns."

Cuba's health care system—once a showcase of the developing world that compared favorably to U.S. and European medical services—is crumbling beneath the pressures of a national economic crisis and a U.S. trade embargo that have left hospitals short of equipment and patients without access to drugs, say Cuban and international medical authorities.

"A relatively sophisticated and comprehensive public health system is being systematically stripped of essential resources," concluded a detailed study of the Cuban health system by the American Association for World Health, the U.S. committee of the World Health Organization.

No Cuban institution has been harder hit by the economic catastrophes of the last decade than its health care system, which grants free medical services to all citizens as a constitutional right. Cuba was convulsed by an unprecedented economic collapse when its former communist allies in the Soviet Union and Eastern Europe disintegrated, severing the Caribbean island nation from billions of dollars in annual financial assistance and trade.

Nearly simultaneously, in 1992, the U.S. government further tightened its trade restrictions against Cuba, banning the sale of most U.S. products to Cuba through third-country intermediaries. As a result, Cuba cannot buy medical equipment or medicines from U.S. companies or subsidiaries of those firms without the approval of the U.S. government. Critics say the procedure for obtaining exemptions is so cumbersome that few companies even apply for the special licenses.

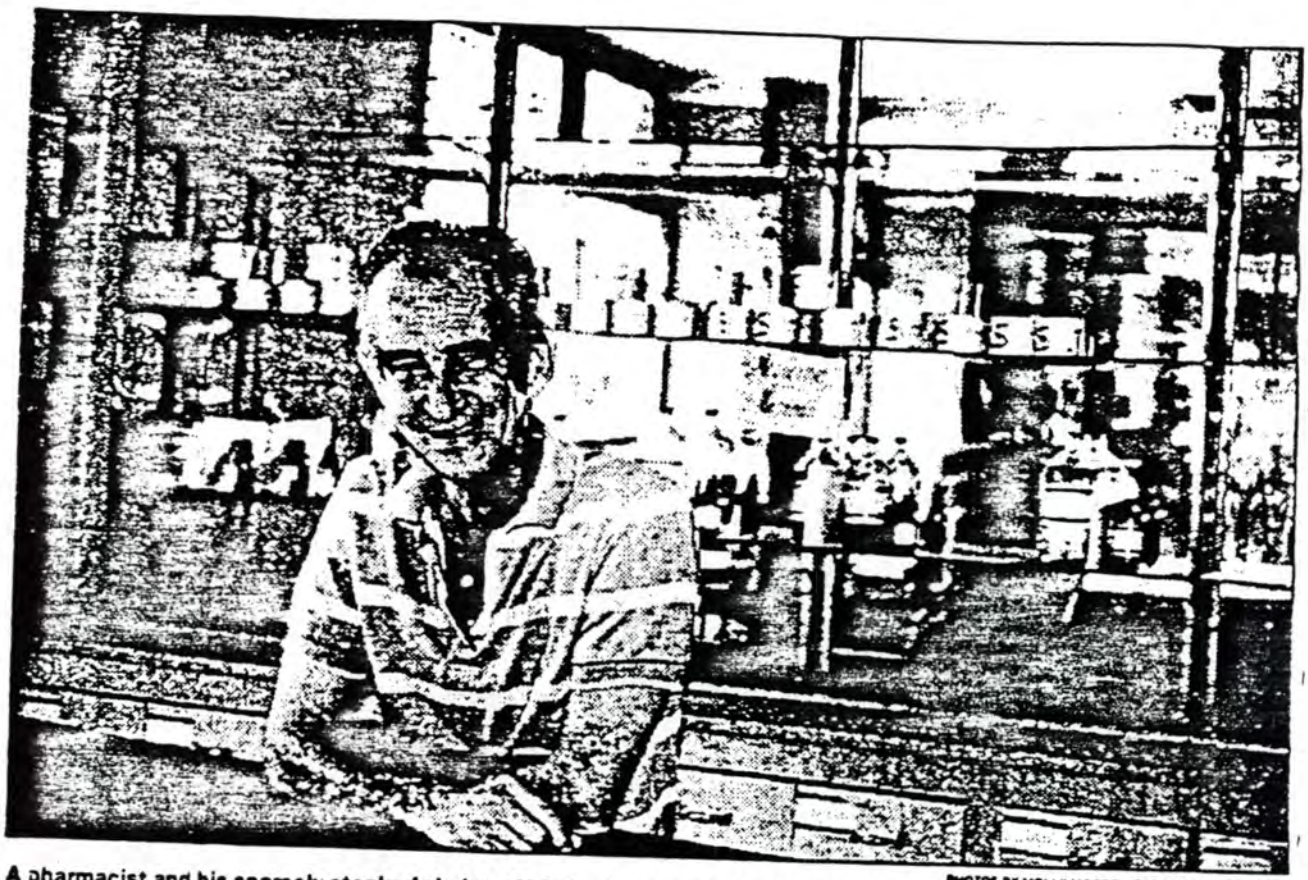
The health care crisis has become so acute that legislation has been introduced in both the U.S. House and the Senate to ease some embargo restrictions on medicines and food, efforts that were bolstered by Pope John Paul II's denouncements of the embargo's impact on Cubans' health during his January visit to the island.

There are few aspects of the economic crisis that don't touch the health care system: Shortages of gas and tires idle ambulances; power shortages destroy equipment and perishable medications and vaccines; and chronic water shortages and improper treatment of drinking water have led to disease and sanitation problems. Cuba's pharmaceutical factories produce a third of the medicines and drugs they manufactured a decade ago. Pharmacies routinely run out of even the most basic hygiene products, especially women's sanitary napkins.

Even though Cuba has a life expectancy rate of 75 years—only one year less than in the United States—the strains on the health, water and sanitation systems is beginning to take a heavy toll.

The shabby Calixto Garcia Hospital, once a premier research facility.

The death rate from diarrheal diseases increased 250 percent between 1989 and 1994. Nutrition levels have dropped by as much as one-third because of food shortages and poverty, leaving more than 50,000 people with weakened eyesight and motor functions. Hospitalization is now risky because of the increased chance of infection: In 1995, dirty water in hospitals led to infection outbreaks that killed 60 patients and sickened another 289.



PHOTOS BY MOLLY MOORE—THE WASHINGTON POST

A pharmacist and his sparsely stocked shelves: U.S. trade restrictions ban the sale of most American products to Cuba.

The number of surgeries performed dropped 40 percent between 1990 and 1995 due to shortages of material, medicines and equipment. There were one-third fewer outpatients in Havana's top pediatrics hospital in the same period because of chronic shortages.

Many doctors, whose salaries are the equivalent of about $20 a month, are deserting the system to take jobs in the tourist industry, driving taxis and working in hotels, where they can earn more money and be paid in U.S. dollars.

But, while the number of doctors fell 38 percent between 1970 and 1990, the figure slowly has begun climbing because of a government push to put more students in medical schools. In 1995, Cuba had 56,925 doctors—92 percent of its 1970 levels, and one doctor for every 195 people.

Trends in the global marketplace have exacerbated the staggering problems faced by the Cuban health system. With U.S. pharmaceutical giants buying increasing numbers of medical companies in Europe and elsewhere, Cuba effectively has been shut out of many of the newest advances in equipment and treatments because of embargo restrictions, say international physicians' groups.

In addition, Cuban hospitals have found it almost impossible to buy replacement parts for equipment purchased from major suppliers that are now U.S.-owned. "It's an unfortunate coincidence that right at the time when the Soviet Union was pulling out, U.S. corporations were buying European companies," said Peter Bourne, a physician, chairman of the board of the American Association for World Health and a frequent visitor to Cuba. "Now there are some drugs only made in the United States. They can't get them anywhere—it wouldn't matter how much money they had."

Some of the most advanced discoveries in the treatment of cancer, AIDS and other serious ailments are being patented by U.S. companies. Cuban hospitals will not have access to many of those U.S.-patented drugs until they are covered under international patent rights 17 years after obtaining U.S. Food and Drug Administration approval, according to U.S. medical authorities.

The American Association for World Health, in its year-long study completed last year, said new life-prolonging treatments for small children with kidney problems—an area in which U.S. companies have made tremendous progress in recent years—are unavailable to Cubans because of restrictions on U.S.-made equipment and U.S.-patented drugs.

"Cuban children have no access to dialysis processes that could keep them alive for years rather than months," according to the report. The study also added that some breast cancer drugs approved in 1996 are not "legally an option for these patients, should they still be alive, until the year 2013."

The physicians and researchers who participated in the investigation cited dozens of obstacles facing the Cuban health care system as officials are forced to scour the globe for equipment, replacement parts and medicines. Often the searches mean longer waits and higher prices for critical purchases. The U.S. team reported that patient care is affected by the inability of many hospitals to obtain materials such as nausea-prevention drugs for children undergoing chemotherapy, pacemakers for heart patients and new treatments for people with AIDS.

Even so, Cuba has reduced its already low infant mortality rate. Last year Cuba had 7.2 infant deaths per 1,000 live births—the same as the U.S. average, half the rate of D.C. and a rate six times lower than many of its Latin American neighbors.

CUBA'S HEALTH CARE WOES

The American Association for World Health, in a year-long study of the Cuban health care system, found that embargo restrictions on medical products made by U.S. companies or their subsidiaries have affected patient care dramatically.

Examples of the problems cited by the U.S. medical team:

- A pediatric ward was on its 22nd day without medications needed to help suppress nausea in children receiving chemotherapy treatments. "Without these drugs' nausea-preventing effects, the 35 children in the ward were vomiting an average of 28 to 30 times a day," the report said.
- A serious shortage of kidney dialysis machines resulted in most patients having access to only partial treatment or none at all. When a European organization donated 59 U.S.-made dialysis units to Cuba, only 29 could be kept in working order because the necessary parts could not be obtained to repair the other 30.
- Swedish Pharmacia, one of Cuba's leading suppliers of chemotherapy drugs and growth harmones for treating cancer patients, was forced to cut off sales to Cuba in 1995 when the company merged with the U.S. pharmaceutical titan Upjohn.
- Buyouts by U.S. companies have left Cuba without its two main suppliers of pacemakers.
- Difficulties in procuring birth control pills from non-U.S.-owned companies mean that women often receive a different brand of pill with varying dosages each time they fill a monthly prescription.
- In 1994 and 1995, Havana's mammography program was shut down for months at a time because the health system ran out of X-ray film. Now, even when the equipment is functioning, the embargo denies hospitals access to the world's safest film, which is produced by Eastman Kodak Co. and its subsidiaries.

A woman emerges from one of Cuba's state-run pharmacies.

The health care system has shifted its dwindling resources to the care of children from birth through age 5 and is investing heavily in more than 18,000 neighborhood family clinics in its cities and villages.

Ana Margarita Ramirez, 33, a physician, and her nurse, Silvia Reyes Lores, 34, are one of the thousands of doctor-nurse teams who run neighborhood practices. Their office is a clean but Spartan cluster of rooms in a small government building named for a 15-year-old who "died fighting the imperialists at the Bay of Pigs, April 19, 1961," according to an engraved plaque near the front door.

"All this is mine," said Ramirez, sweeping her arms across a neighborhood of low-rise concrete block apartments. She ministers to about 500 families, holding office hours in the morning, then spending her afternoons checking on the elderly and the sick and dispensing preventative medical advice to the healthy.

"I don't have has many resources anymore, I have more work and I don't have all the medicines I need, but I'm helping my people," said Ramirez.

The Harshest Embargo in the World:
Elements of the U.S. Embargo on Cuba That Don't Apply Anywhere Else

- **Bars any ship that docks in Cuba from docking at any U.S. port for six months.** Most international shipping agents refuse to allow any ship that meets the U.S. Coast Guard and Federal Maritime Certificate of Financial Responsibility requirements to sail to Cuba. This leaves only 12 to 15 of the worlds available tankers to call at Cuban ports.[1] This provision alone thwarts Cuban purchases of food and medicine from other countries and, when ships are willing to dock, often doubles the cost of shipments.

- **Stipulates on-site verification for medical sales.** This provision forces companies to assume responsibility for end-use, a procedure that raises the financial and potential liability costs to companies and actively dissuades them from selling to Cuba. Efforts are further frustrated by the fact that neither the Treasury nor the Commerce department has published any regulations defining how to meet the on-site verification requirement.[2]

- **Bans medical exports that could be used to develop Cuba's fledgling biotechnology industry.** This provision thwarts Cuba's promising biotechnology industry, which has been developed in part to meet food and medicine requirements locally since the embargo thwarts the island's ability to import basic goods. The industry has produced several 'firsts' including meningitis B and hepatitis vaccines, as well as the domestically produced vaccines which maintain Cuba's ranking as 26th in the world in infant and child mortality, similar to the U.S.[1]

- **Roundly denounced by the world diplomatic and medical community.** The United Nations has condemned this embargo for five years, as have numerous other organizations. In 1996 the UN condemned the embargo 137 to 3, the three being the United States, Israel (which has a multi-million dollar investment in Cuba's citrus industry) and Uzbekistan.

- **'Presumes denial' for licensed medical sales.** OFAC, the Office of Foreign Assets Control charged with the bulk of licensing medical sales to Cuba, interprets the 1992 Cuban Democracy Act (CDA) as discouraging medical sales. OFAC Director Richard Newcomb testified before Congress: "In 1993 (licensed Cuban trade with U.S. subsidiaries) was down to $1.6 million.... accounted for by approximately 15 or 16 licenses which were pre-CDA contracts. ...Frankly I believe the number next year to be even less, falling ultimately to zero."[3] OFAC says 36 licenses have been issued since 1992, six for travel only. According to its own figures then, OFAC has granted a total of 14 licenses in five years for a dollar amount of under $2 million. In 1991, the last year before CDA's enactment and a time of deep recession, Cuba purchased $719 million of mostly food and medicine from U.S. subsidiaries, with $500 million of that for medicines.

- **Completely bans food sales.** Like other Caribbean nations, Cuba imports most of its food. The free flow of medicines and food was allowed in the multi-lateral embargoes against North Korea, Vietnam, South Africa, Chile, El Salvador, the Soviet Union and Haiti. In recent UN-supported embargoes against Iraq and the former Yugoslavia, the U.S. joined the UN position that trade in both medicines and food must be allowed to maintain the health of civilian populations.

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[1] American Association for World Health study: *Denial of food and Medicine, The Impact of the U.S. Embargo on Health and Nutrition in Cuba* p. 27
[2] Ibid p. .9
[1] United Nations Development Programme Human Development Report 1996
[3] U.S. Department of Treasury Congressional testimony, November 18, 1993.

The Washington Times
WASHINGTON, D.C., WEDNESDAY, JANUARY 14, 1998 ★
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U.S. group seeks to end embargo on necessities to Cuba

REUTERS NEWS AGENCY

An influential mix of prominent Americans yesterday called for ending U.S. curbs on food, medicine and medical-equipment sales to communist-ruled Cuba.

Among those joining the drive were former Treasury Secretary Lloyd Bentsen, former Attorney General Elliot Richardson and Dwayne Andreas, chairman of agribusiness giant Archer Daniels Midland Co.

"It is time to plant the seeds for a healthy relationship between the American and Cuban people," said Mr. Andreas, a member of the new coalition's advisory board.

He said U.S. competitors were building market share as a byproduct of the 36-year-old U.S. sanctions aimed at forcing President Fidel Castro to begin democratic reforms.

"It does little harm to Cuba because other countries take our place," Mr. Andreas said in a statement. "They are on the inside. They have influence. We are on the outside looking in."

The coalition, Americans for Humanitarian Trade With Cuba, said it would press for passage of pending bills in Congress that would carve an exemption in the existing embargo for food, medicine and medical-gear sales.

Members of Congress, the clergy and the business community announced the formation of the new grouping at a packed press conference at the U.S. Chamber of Commerce.

"Our group contains many different points of view on the embargo itself," said Sam Gibbons, a Florida Democrat who retired last year after heading the tax-writing House Ways and Means Committee.

"But we all agree we can no longer support a policy carried out in the name of the American people which causes the suffering of women, children, old people and the sick," he said.

The Clinton administration had no immediate comment. In the past, the State Department has rejected the easing of sanctions. It has said embargo critics ignore the fact that Cuba is free to buy goods and services from any country in the world other than the United States.

Rep. Ileana Ros-Lehtinen, Florida Republican, who represents Miami's Little Havana community, said the coalition was based on a myth that the embargo, established in 1962, was responsible for Cuban misery, not Castro's policies.

"The United States is the biggest donor of humanitarian aid that Cuba has," she said in a telephone interview. She said that since 1992, the United States had sent $150 million in humanitarian donations to Cuba, more than all other nations combined.

Among other members of the new grouping's advisory council were former U.S. Trade Representative Carla Hills; Frank Carlucci, a former secretary of defense and Ronald Reagan's national security adviser; and A.W. Clausen, former president of the World Bank.

The Washington Times

WEDNESDAY, APRIL 1, 1998

Staunch opponents of Cuban embargo lobby for changes

By Tom Carter
THE WASHINGTON TIMES

Hundreds of anti-embargo activists blanketed Capitol Hill yesterday to press for legislation to allow the sale of food and medicine to Cuba.

At the same time, lawmakers engaged in dueling news conferences at which U.S.-Cuba policy and the 35-year-old economic embargo of the Communist-run island was staunchly defended and vociferously attacked.

"This is a moral issue," said Joan Brown Campbell, general secretary of the National Council of Churches of Christ. "We represent a cross section of American society that believes selling food and medicine to Cuba is the right thing to do."

Sen. Christopher J. Dodd, Connecticut Democrat, who has sponsored a bill to make it easier to sell food and medicine to Cuba, asked why is it legal to sell food and medicine to Iran and Iraq but not Cuba. Washington considers Iran and Iraq to be "rogue" states.

"This is not America in its finest hour," he said, adding that Cuban "innocents ought not be caught" in the U.S. struggle to end the Castro dictatorship.

Food sales to Cuba are barred, and licenses must be obtained for the sale of medicines and medical supplies. Bipartisan proposals in Congress to end the restrictions have been gaining momentum, but proponents of maintaining the status quo still appear to have the upper hand.

Cuban-Americans who favor a less hostile approach toward the island have been more assertive since the January visit to Cuba of Pope John Paul II.

Similarly, the Clinton administration proposed its own program two weeks ago for easing the humanitarian plight among Cubans without altering the embargo. Included in the initiative is an end to a 4-year-old ban on remittances by Cuban-Americans to family members on the island and a resumption of direct charter flights to Cuba.

Mr. Dodd was flanked by Sen. John W. Warner, Virginia Republican, and Reps. Esteban E. Torres and Xavier Becerra, California Democrats, and Jose E. Serrano, New York Democrat, along with representatives from dozens of anti-embargo organizations.

About 200 Cuban-Americans from Miami brought a petition signed by 12,000 Miamians calling for an end to the embargo. They wore buttons saying, "End the embargo on food and medicine to Cuba."

Mr. Torres, who sponsored the food and medicine legislation in the House, said he had 112 sponsors for his bill, far fewer than the 218 necessary for passage in the House.

Down the Capitol corridor, Reps. Ileana Ros-Lehtinen and Lincoln Diaz-Balart, Florida Republicans, and Robert Menendez, New Jersey Democrat, blasted the Dodd-Torres bill as disingenuous

"The U.S. embargo does not prohibit the donation of food and medicine to Cuba," said Mrs. Ros-Lehtinen.

Since 1992, 36 out of 38 requests to send food or medicine to Cuba have been approved, she said, adding that restrictions are needed to ensure that the goods are not misused by the Cuban military or government.

Citing U.S. trade figures, she said that since 1992 the United States has donated $150 million in aid to Cuba, "more than all other nations combined."

Mr. Menendez said the business groups lobbying against the U.S. embargo are interested only in money.

"No one believes that U.S.A.-Engage or the U.S. Chamber of Commerce are concerned about the Cuban people," said Mr. Menendez. "They are concerned about market share. ... It's blood money."

He said that the real goal of the anti-sanctions lobby is to remove the sanctions on Iran and Libya.

THE MIAMI HERALD
EDITORIAL: Sunday - March 1, 1998

Giving Hope a Push for Change in Cuba.
The Pope showed that people-to-people contact works

In the wake of Pope John Paul II's visit to Cuba, competing bills in Congress vie to lift curbs on supplying medicine and food to Cuba. Either approach would modify the U.S. embargo, essentially unchanged for 36 years. These efforts, though, beg another response: Washington needs to examine embargo provisions that are overripe for overhaul.

The Herald always has supported the embargo's ban on U.S. business dealings with or in Cuba. We still do. This ban remains a valuable bargaining chip that the United States must not hand over to Fidel Castro without some quid pro quo. The embargo, if nothing else, is a brake against the Cuban tyrant's everlasting deviousness.

Times have changed, however. Cuba is ripe for a transition, as the Pope's visit well demonstrated. But the embargo is far too blunt an instrument for today's reality. Even worse is the Helms-Burton Act. It narrowed the President's options on Cuba policy while alienating U.S. allies with its extraterritorial reach.

Within these constraints, the current U.S. nonpolicy toward Cuba -- that is, to react rather than act -- only maintains the status quo. Opportunity to promote positive change is being wasted.

Follow the Pope's lead

The United States, by policy and action, should proactively encourage a peaceful transition, participative democracy, and fundamental human rights in Cuba. As the Pope wisely counseled, Washington should encourage Cuba to open itself to the world, and the world to open to Cuba. This requires changes in the embargo that would encourage people-to-people and humanitarian contact with individual Cubans. That would entail lifting certain restrictions on travel, remittances, and the sale of medicine and food.

President Clinton should take the lead. He can begin by taking actions not constrained by law. First, he should lift the prohibitions on direct flights to Cuba and on sending money to individuals there. Direct flights were banned two years ago after Castro's government shot down two Brothers to the Rescue planes, murdering four South Floridians. Today, however, this ban hinders both humanitarian efforts and people exchanges. U.S. Catholic Relief Services, for example, has $6 million in donated medicines to ship to Cuba. But it must wait for approval from three federal offices to arrange a direct flight. A ban on using U.S. carriers for such flights further complicates aid efforts.

A ban on remittances is also counterproductive. Before, U.S. households could send up to $300 per quarter to people in Cuba. But President Clinton forbade even that in 1995. Did that stop remittances to Cuba? Hardly: They're now estimated at up to $800 million a year. Despite exile hard-liners who argue against sending any cash, countless Cuban Americans violate this ban regularly, and with impunity. While wrong to break the law, they do so to relieve their loved ones' suffering. Who can blame them? Blood is thicker than law. Always has been. Always will be.

Miami Herald Editorial – Page Two

These dollars from exiles and others in America pay for everything from children's milk to typewriter paper for independent journalists to soap for families. Yes, those dollars indirectly prop up Castro's atrophied economy. But the humanitarian benefits far outweigh the gains for Castro.

Such was the case with direct telephone calls to Cuba. Though Castro's government gets hard currency for the calls, the communications opening provides a communications lifeline between here and Cuba.

For the same reasons and more, restrictions on Americans' travel should be lifted -- totally. Americans with family members there, those on cultural exchanges, academics, journalists, and scientists are now authorized to travel to Cuba. Others may not go legally -- but they do, illegally, via third countries.

Americans have a constitutional right to travel where and when they please except to war zones or during national emergencies. Let them go see -- and by their presence undermine -- Castro's ``socialist paradise.'' It would hurt Castro more than Washington.

Free up food, medicine

Finally, for humanitarian reasons, U.S. companies should be allowed to sell medicine and food in Cuba. Not that Cuba has the hard currency to buy either, thanks to Castro's ruinous economic policies. Indeed, the United States currently authorizes millions in food and medical donations to Cuba. Much is sent by South Florida exiles via parcels. Other donations are funneled though Catholic Relief Services, its ultimate distribution monitored by Caritas Cuba. The monitoring is wise, prevents ill use of aid, and should continue.

Allowing Cuba to buy food and medicine directly from U.S. companies really wouldn't change much at all. Whatever benefit Castro might obtain would be small compared with the devastating truth: Cuba no longer can feed and care for its people.

Cracks are visible in Cuba's system. The openings provide realistic hope for change now. To protect itself from the horror of a Ceausescu-style transition, and to plant seeds for future relations with a free, self-determined Cuba, the United States should waste no time in fine-tuning its overbroad embargo.

THE WALL STREET JOURNAL

Thursday, April 24, 1997

Target Castro, Not Cuba's People

By Malcolm Wallop

Someday historians will be perplexed by the decline of American statecraft after the Cold War. Today's foreign-policy makers claim morality, consistency and national interest as their guiding principles. But I defy anyone looking at our current patchwork of embargoes, drug-war certifications, most-favored-nation trading status and passion for human rights to find a common thread in U.S. foreign policy.

One of the obstacles to a truly consistent policy is the overreaction to symbols. Symbols are marvelous tools for the thoughtless, because they relieve policy makers of the necessity to reason. Fidel Castro is just such a symbol. He is undeniably bad. He abuses human rights, and so our natural impulse is to punish him: Whatever it takes, just to do it. Pay no mind if we hit the innocent and miss him—he is bad enough to excuse mistakes. This is a funny way for a great nation to behave, but it is just what we are doing by choosing medicine and basic food as weapons in our war on the "the threat to our national security" called Cuba.

It's hard enough to understand how an island of 11 million people, now without its Soviet protectors, threatens the world's last superpower. That worry alone tells you how far our military has declined during the Clinton years. Yet even if we accept this argument, how can a great nation like the U.S. target Cuba's civilians, including women and children, by denying them necessary medicine? This has never been our policy toward such world evils as Iraq, Libya and Iran. Even in our darkest struggles with the Soviet Union, we never depended on food and medicine as a weapon.

How is it we are now contemplating permitting trade with and providing airlifts of food to North Korea—whose missiles threaten us and our allies, whose troops threaten U.S. troops, which has an active nuclear, as well as chemical and biological, weapons program and whose abuse of human rights is the worst in the region? For Pyongyang we offer nuclear technology, heating oil, foodstuffs and cash assistance, and encourage the world to give more of the same. How is it that we can engage China, the quintessential violator of human rights, and permit weapons technology transfers to Beijing, but we dare not provide breast-cancer screening technology to Cuba? How is it that Iraq, which threatens not only us but our European and Persian Gulf allies, has our permission to sell oil to buy basic food and medicine, while we are so threatened by Mr. Castro that we cannot allow Cuban children access to life-prolonging leukemia drugs?

The American Association for World Health's report on the Impact of the U.S. Embargo on Health and Nutrition in Cuba makes clear the shameful effects our policy is having. Waterborne diseases are increasing in Cuba, for instance, because we won't allow repairs to U.S.-made water treatment facilities. I readily concede that Mr. Castro and his government violate their citizens' human rights, but for America to break its treaty obligations under the Organization of American States, the North American Free Trade Agreement, the United Nations and the Geneva Conventions in order to fight human-rights violations with those of our own is just plain wrong.

Our passion for seriousness led the Commerce Department in 1994 to deny an export license for a shipment of replacement parts, which had 27% U.S. content and a total value of less than $175, for 20-year-old X-ray machines in maternity, pediatric and rural hospitals in Cuba. Despite the fact that Picker International had received licenses for similar replacement parts two years earlier, Commerce ruled that the parts did not "meet basic human needs" and that their export to Cuba would be "detrimental to United States foreign policy."

Perhaps President Clinton, who has focused on women's health and children's issues, does not know the lengths to which his administration will go to deny medicine and food. This president likes to proclaim that at long last no American child now goes to bed with a Russian missile aimed his way. Mr. Clinton now has an opportunity to make sure that Cuban children not go to bed denied basic food and essential medicine by the U.S.

This is not about forgiving Mr. Castro his sins, for I do not. Instead, my plea is that America not commit its own grievous sins by way of confronting him. There is plenty for us to do to pursue our interests, but we could start by setting an example of decency. Amending Helms-Burton to allow trade in food, medicine and medical technology would be no concession to Fidel Castro, but rather an acceptance of our own good nature.

Mr. Wallop, a former Republican senator from Wyoming, is chairman of the Frontiers of Freedom Institute in Arlington, Va. His private consulting clients include Sherritt International, a Toronto-based company with mining interests in Cuba.

Notable & Quotable

Former Defense Secretary Dick Cheney, in an April 7 letter to Sen. Jesse Helms on the Chemical Weapons Convention that the Senate will vote on today:

The technology to manufacture chemical weapons is simply too ubiquitous, covert chemical warfare programs too easily concealed, and the international community's record of responding effectively to violations of arms control treaties too unsatisfactory to permit confidence that such a regime would actually reduce the chemical threat. . . . In my judgment, the treaty's Articles X and XI amount to a formula for greatly accelerating the proliferation of chemical warfare capabilities around the globe.

THE WASHINGTON POST

THURSDAY - MAY 28, 1998
Editorials & Opinion
LETTERS TO THE EDITOR

HEADLINE: **Sen. Helms's Cuba Ploy**

Thomas Lippman's May 15 news story about Sen. Jesse Helms's legislation granting U.S. taxpayer aid to Cuba appeared to have been written almost directly from the statement issued by Sen. Helms. It missed the exquisite irony of the architect of the world's most punishing embargo, champion of the free marketplace and one of the principal advocates of getting big government out of the taxpayer's pocket, asking for millions of taxpayers dollars for government donations to address the suffering and pain that he largely created.

The senator is, after all, the author of the Helms-Burton legislation, which deliberately upped the pain threshold for the Cuban people. Sen. Helms opposes my legislation to permit the free-market, commercial sale of food and medicine by U.S. businesses to Cuba; instead, he wants to distribute taxpayer-funded aid. I urge Mr. Lippman to dig a little deeper into the senator's motives in introducing this legislation.

The Catholic Church in Cuba, the main conduit identified for the senator's proposed humanitarian largess, has never distributed aid coming from governments. In fact, the church indicated in a statement on May 17 that it will continue this policy. So, Caritas, the Catholic Church's humanitarian distribution network, will not touch this aid. Neither will the U.S. National Council of Churches or Inter-Action. Groups such as the Cuban American Alliance, the Cuban Committee for Democracy and the U.S. Chamber of Commerce-backed Americans for Humanitarian Trade with Cuba oppose this bill.

Digging a little deeper into this story might have shown that Sen. Helms's proposal is hardly a change of heart. Rather, it is a deliberate detour created to derail my efforts, and Sen. Christopher Dodd's, to lift the embargo and restrictions on the sale of food and medicine.

Our legislation, at no cost to the U.S. taxpayer, would address the food and medicine shortages in Cuba. It is supported by almost every organized U.S. religious and humanitarian group, the U.S. Chamber of Commerce, the United Autoworkers Union and 123 bipartisan members of the U.S. House of Representatives.

ESTEBAN E. TORRES
U.S. Representative (D-Calif.)
Washington