

# **THE PAN AMERICAN HEALTH ORGANIZATION AND CUBA: A CONTROVERSIAL COLLABORATION**

**By Maria C. Werlau**

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The Pan American Health Organization and Cuba: A Controversial Collaboration

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### **Errata for an October 25, 2022 previous pdf. publication**

pg. 28: "Cuba reported \$435 million in revenues from medicine and pharmaceutical exports in 2018." Corrected from: "Cuba reported \$593.6 million in revenues...."

pg. 40: "Mountainous rural areas: "Chronic diseases dominated mortality indicators and, in particular, diseases that are preventable with improved living conditions; suicide and infectious and parasitic diseases in ages 1 to 4 were major causes of death." Corrected from: "...suicide and infectious and parasitic diseases were major causes of death in ages 1 to 4."

pg. 42: "...the Basic Table for that same year shows just 488 locally-produced products; ¿might the missing 524 products been produced only for export?" Corrected from "...the missing 616 products."

## ABSTRACT

This study details how the Pan American Health Organization (PAHO) has consistently forsaken critical aspects of its mission “to improve and protect” the health and wellbeing of the Cuban people, instead affording Cuba’s dictatorship credibility, resources, and support by:

- 1) ignoring or diminishing glaring problems within its purview that affect the Cuban population;
- 2) disregarding the scientific process and uncritically accepting unreliable information provided by Cuba’s authorities while ignoring independent sources;
- 3) enabling two unethical export businesses of the Cuban state —trafficking of Cuban health workers and exports of biotechnology products;
- 4) misrepresenting Cuba as “a model for the world” in medical achievements and humanitarian largesse.

The above problems denote a pattern not observed with respect to other PAHO Member States and cannot be justified by a lack of resources for developing a clear understanding of Cuban reality.

For its part, the Cuban government invests massive resources in propaganda and influence, particularly on healthcare, and has gained considerable influence in the international health organizations.

The study addresses the above claims and makes recommendations to correct institutional flaws.

## TABLE OF CONTENTS

- I. Introduction ... p. 1**
- II. Background on the Pan American Health Organization ... p. 2**
- III. PAHO/WHO leadership's opinions on the Cuban regime ... p. 6**
- IV. Flouted commitments on human security and human rights ... p. 11**
- V. A wanting work on Cuba ... p. 17**
  - Problematic data validated as factual ... p. 17
  - Inadequate reports ... p. 27
  - Blaming the U.S. "blockade" for Cuba's problems... p. 32
  - Failing to hold Cuba accountable for warped investment priorities ... p. 35
- VI. Forsaken duties vis-à-vis the Cuban people ... p. 39**
  - Access to medicine and medical supplies and equipment ... p. 40
  - Psychiatric abuse ... p. 46
  - Infant mortality and children's health ... p. 47
  - Health apartheid ... p. 50
  - Suicide ... p. 53
  - Communicable diseases: dengue, zika, cholera, and others ... p. 56
  - HIV/AIDS ... p. 62
  - Blood supply ... p. 64
  - Spoiled food ... p. 69
  - COVID-19 ... p. 72
- VII. Trafficking of Cuban medical workers ... p. 80**
  - Human resources in healthcare ... p. 80
  - Promoting Cuba's "white-robed army" ... p. 94
  - PAHO-Cuba-Brazil: a lucrative triangulation ... p. 100
- VIII. The extent and reach of PAHO's work on Cuba ... p. 117**
  - An extensive body of work lacking transparency ... p. 117
  - PAHO's work on other Member States ... p. 123
  - The pro-Cuba propaganda ... p. 128
- IX. Cuba's outsized international influence ... p. 132**
- X. Conclusions and Recommendations ... p. 141**

# I. INTRODUCTION

The Pan American Health Organization (PAHO) has consistently forsaken critical aspects of its mission “to improve and protect” the health and wellbeing of the Cuban people and its professed values of “integrity” in assuring “transparent, ethical, and accountable performance” by:<sup>1</sup>

- 1) ignoring, disregarding and/or diminishing glaring problems within its purview that affect the Cuban population;
- 2) disregarding the scientific process by uncritically accepting unreliable information from Cuban authorities and failing to conduct independent qualitative studies to objectively assess officially reported data;
- 3) neglecting in its studies and publications to consider intake from stakeholders not beholden to the Cuban State, to disclose conflicts of interest, and to provide an inclusive bibliography on Cuba in PAHO’s webpage;
- 4) promoting Cuba as “a model for the world” in medical achievements and humanitarian largesse;
- 5) enabling, facilitating, supporting, and promoting two unethical export businesses of the Cuban state: the trafficking of Cuban health workers and the export of biotechnology products derived from human material.

In sum, PAHO has provided credibility, resources, and support to a dictatorial government, to the detriment of the Cuban people, the regional community, and beyond. This constitutes a pattern not observed with respect to other PAHO Member States and that cannot be justified by lacking resources for developing a clear understanding of Cuban reality.

For its part, the Cuban government invests massive resources in international propaganda and influence, particularly directed at healthcare, and has gained considerable influence in the international health organizations.

The following study will address the above claims and make recommendations to correct institutional flaws. The focus is on recent years, however, these represent patterns observed throughout the course of the Cuban revolutionary government in power since January 1, 1959 headed by Fidel and Raúl Castro and their appointed representatives or successors.

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<sup>1</sup> “Who We Are.” *Pan American Health Organization*, <https://www.paho.org/en/who-we-are>.

## II. BACKGROUND ON THE PAN AMERICAN HEALTH ORGANIZATION

The Pan American Health Organization (PAHO) is the international health agency of the Inter-American System and the Regional Office for the Americas of the World Health Organization (WHO), the health agency of the United Nations (U.N.). It is the world's oldest international health agency and the oldest functioning multilateral agency. Its origins stem from the interest in controlling the spread of epidemics in the Americas, which led to the start of Pan Americanism<sup>2/3</sup> with the establishment in 1902 of PAHO's precursor, the International Sanitary Bureau.<sup>4</sup> In 1923, the Bureau was renamed Pan American Sanitary Bureau and it eventually became known as Pan American Health Organization. In 1949, PAHO signed an agreement with the newly founded WHO (the U.N. had been formed in 1945) that made it its regional office for the Americas.<sup>5</sup>

Cuba was one of the founding members of the Organization's precursor in 1902 and in 1924 hosted the seventh Pan American Sanitary Conference, where the Pan American Sanitary Code was approved; this was a precursor to the current International Sanitary Regulations (IHR).<sup>6</sup> After Cuba was expelled from the OAS in 1962 and all member countries with the exception of Mexico broke diplomatic and commercial relations with

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<sup>2</sup> The backdrop was set by International Sanitary Conventions held in Rio de Janeiro in 1887 and in Lima in 1888. At the First International Sanitary Convention of the American Republics, hosted by U.S. President Theodore Roosevelt in Washington, D.C. from October 1889 to April 1890, an organizing committee was appointed to set up a new international health agency for the Americas. In 1902, at the Second International Conference of American Republics, held in Mexico City Oct. 1901 to Jan. 1902, a resolution was adopted to hold an international sanitary convention that same year, at which the International Sanitary Bureau was established. Ten countries were in attendance: Costa Rica, Cuba, Chile, Ecuador, Guatemala, Honduras, Mexico, Nicaragua, Paraguay, and the United States. (A. Curtis Wilgus, "The Second International American Conference at Mexico City," *The Hispanic American Historical Review*, Vol. 11, No. 1, Feb. 1931, pp. 27-68; "Our History," Organization of American States, [http://www.oas.org/en/about/our\\_history.asp](http://www.oas.org/en/about/our_history.asp); Gregorio Delgado García and Mario Pichardo Díaz, "La Representación OPS/OMS en Cuba conmemorando 100 años de salud," Organización Panamericana de la Salud, 2002, p.1.)

<sup>3</sup> PAHO was founded around the same time as the Pan-American Union, today's Organization of American States. (Miguel González Palacios, "Pan American Health Organization in intensive care," *Open Democracy*, Aug. 11, 2020.)

<sup>4</sup> James Patrick Kiernan, "1902 - 2002: 100 Years of Pan-Americanism," *Perspectives in Health*, Vol. 6, No. 2, 2002.

<sup>5</sup> M. González Palacios, op. cit.

<sup>6</sup> "OPS/OMS renueva su estrategia de cooperación con Cuba hasta 2022," La Habana, Cuba, OPS/OMS, PAHO.org, Apr. 24, 2018.

Cuba,<sup>7</sup> PAHO maintained its relations with the Cuban revolutionary government<sup>8</sup> from its Mexico office and in 1965 established an office in Havana, where it has had a continuous presence.<sup>9</sup> (All OAS Member States restored relations with Cuba starting in late 1970s, a gradual process that culminated with Chile in 1995 and Paraguay in 1999.<sup>10</sup>)

PAHO's has 35 member countries, 4 associate members (Aruba, Curacao, Sint Maarten and Puerto Rico, which are not independent countries or members of the UN or OAS), 3 participating states with territories in the Americas (United Kingdom, France, and the Netherlands), and 2 observer states (Spain and Portugal).<sup>11</sup> It has 27 country offices and 3 specialized centers in the region.<sup>12</sup> With headquarters in Washington, D.C., PAHO works in partnership with ministries of health and other government agencies, civil society organizations, other international agencies, universities, social security agencies, community groups, etc.<sup>13</sup> It works with and carries out programs and projects for other U.N. agencies, international organizations such as World Bank and Inter-American Development Bank, official development cooperation agencies of governments, and philanthropic foundations.<sup>14</sup>

PAHO is financed through annual quota contributions from its Member States, WHO allocations, and voluntary contributions from governments, international organizations, and the public and private sectors.<sup>15</sup> PAHO's Constitution states that Member Governments may make additional extraordinary contributions for general expenses and specific purposes; donations and bequests may be accepted provided that any conditions attached are consistent with the purposes and policies of the Organization.<sup>16</sup> For 2020, the last published annual financial statement, PAHO's revenues totaled \$338.7 million, of which Member State contributions were \$97.2 million, voluntary contributions to PAHO and WHO \$177.9 million, \$50 million in additional funds from WHO and \$13.6 came from varied other sources. WHO's additional contribution of

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<sup>7</sup> At the Eighth Meeting of Consultation of Foreign Affairs Ministers of OAS member states in Punta del Este, Uruguay, in January 1962, at Venezuela's request and due to numerous armed interventions led by Cuba in the region, Cuba was excluded—essentially suspended—from participating in the organization because its Marxist-Leninist government was deemed incompatible with the principles of the InterAmerican System and member states were urged to adopt measures for their individual and collective self-defense. (Final Act, Eighth Meeting of Consultation of the Ministers of Foreign Affairs, Punta del Este, Uruguay, Jan. 22 to 31, 1962.)

<sup>8</sup> G. Delgado García and M. Pichardo Díaz, op. cit., p. 51.

<sup>9</sup> "OPS/OMS renueva su estrategia de cooperación," op. cit.

<sup>10</sup> "Cuba-Paraguay. Restablecen relaciones," *El Tiempo*, Nov. 9, 1999; "Chile y Cuba restablecen relaciones," *El Tiempo*, Apr. 8, 1995.

<sup>11</sup> Member States of the Pan American Health Organization, paho.org.

<sup>12</sup> Ibid.

<sup>13</sup> "Who we are," op. cit.

<sup>14</sup> "Key facts about PAHO," op. cit.

<sup>15</sup> Member States of the Pan American Health Organization, <https://www.paho.org/en/planning-finance-and-accountability/member-states-pan-american-health-organization>

<sup>16</sup> Art. 60, Pan American Sanitary Code, [https://www3.paho.org/hq/index.php?option=com\\_content&view=article&id=99:2008-pan-american-sanitary-code&Itemid=1110&lang=en](https://www3.paho.org/hq/index.php?option=com_content&view=article&id=99:2008-pan-american-sanitary-code&Itemid=1110&lang=en)

\$105 million from 2019 totals presumably owe to the pandemic.<sup>17</sup>

Member quotas are assessed on the same basis as that of the Organization of American States (OAS), whose General Assembly approved on October 30, 2018 the scale of quota assessments for 2019 to 2023.<sup>18</sup> The three largest proposed quotas for PAHO are for the United States (53.15% of total quotas in 2022, 49.99% in 2023), Canada (14.359% in 2022, 15.309 in 2023), and Brazil (14.359% in 2022, 15.309% in 2023). Cuba's assessed quota is 0.152% in 2022, and 0.162% in 2023.<sup>19</sup> In 2022, Cuba must pay a mere one thousand thirty-eight thousand dollars (\$138,024), whereas the U.S., Brazil and Canada must respectively pay \$59.7 million, \$14 million and \$11 million.<sup>20</sup>

“Despite U.S. opposition, Cuba was elected to the Executive Committee in September 2020 and is currently a member...”

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PAHO's priorities and policies are set by its Member States through its governing bodies, including the Directing Council, which meets yearly, and the Pan American Sanitary Conference, which meets every fifth year. PAHO's current Director, Dr. Carissa Etienne, is serving her second five-year term (2017-2022) as well as a second term as the appointed WHO's Regional Director for the Americas.<sup>21</sup>

The Director works hand-in-hand with PAHO's Executive Committee, composed of representatives of nine Member States elected for overlapping periods of three years.<sup>22</sup> Despite U.S. opposition, Cuba was elected to the Executive Committee in September 2020<sup>23</sup> and is currently a member.<sup>24</sup>

PAHO sets regional health priorities, mobilizes action to address health problems, and engages in technical cooperation with its members while encouraging cooperation

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<sup>17</sup> *Financial Report of the Director and Report of the External Auditor, 1 January 2020 – 31 December 2020.* Pan American Health Organization and World Health Organization, 2021.

<sup>18</sup> Annex A, “Assessments and Proposed PAHO Scale of Assessed Contributions for 2022-2023,” Scale of Assessed Contributions for 2022-2023 168th session of the Executive Committee, Virtual Session, 21-25 June 2021, PAHO, 9 April 2021. (The OAS is the successor to the Pan American Union, which is the organization named in PAHO's Constitution.)

<sup>19</sup> Ibid.

<sup>20</sup> Statement of assessed contributions due from member states, participating states and associate members as of 13 Apr 2021 (in U.S. dollars),” Pan American Health Organization.

<sup>21</sup> Dr. Etienne was first elected by the countries of the Americas in September 2012 and was re-elected for a second five-year term in September 2017. She was also appointed for her second term starting January 2018 by WHO's Executive Board as WHO's Regional Director for the Americas. (“WHO Regional Director for the Americas,” PAHO, Geneva, Jan. 23, 2018; “Biography of the Director,” Pan American Health Organization, paho.org.)

<sup>22</sup> “Executive Committee,” Governing Bodies, Pan American Health Organization, paho.org.

<sup>23</sup> “Cuba elected to PAHO Executive Committee despite US opposition,” *TeleSUR*, Sep. 30, 2020.

<sup>24</sup> “PAHO's Executive Committee ends with key resolutions on pressing health issues in the Americas,” Pan American Health Organization, Jun. 15, 2021.

amongst them.<sup>25</sup> It seeks to expand access to health services and increase their efficiency and quality, fights diseases and their causes, and attends to health emergencies and environmental disasters. Its mandate is expansive and includes amply defined public health issues including health services' organization and financing, legislation and regulatory capacity, immunizations, epidemic alert and response, access to medicines and technologies, nutrition, environmental health, scientific research, road safety, smoking, citizen safety, and others.<sup>26/27</sup> Its mandate includes the promotion and protection of human rights and fundamental freedoms, which are also in the charter of both the UN and the OAS.<sup>28</sup>

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<sup>25</sup> South-South cooperation (originally called Technical Cooperation Among Developing Countries – TCDC) became part of PAHO's (and the UN system's) mandate in 1988. The most recent PAHO reiteration of that principle can be found in: "Country Cooperation for Health Development, including South-South Cooperation," Pan American Health Organization, 53<sup>rd</sup> Directing Council, AMRO Regional Committee, Washington, DC: PAHO, 2013. (Julie Feinsilver, "Brazil's Mais Médicos (More Doctors) Program goes beyond just more doctors to improve Brazil's universal health system," document produced for the Pan American Health Organization, PAHO/WHO, Health Systems and Services (HSS) Department, September 2015.)

<sup>26</sup> In the 1980s and 1990s, PAHO expanded rapidly and positioned itself as a key player in UN agencies' humanitarian and sustainable development programs. (M. González Palacios, op. cit.)

<sup>27</sup> "Who we are," op. cit.; and "Key facts about PAHO," op. cit.

<sup>28</sup> "PAHO's Project on Public Health, International Human Rights Law and Vulnerable Groups," Pan American Health Organization, <https://www3.paho.org/>.

### III. PAHO/WHO LEADERSHIP'S OPINIONS ON THE CUBAN REGIME

PAHO/WHO high officials and representatives in Cuba have echoed the official narrative that Cuba's health system as advantageous "for its unique comprehensiveness" and "ability to integrate all sectors of the country to work for the fundamental objective in extreme situations."<sup>29</sup> Cuba's leadership has acknowledged their steadfast support.

In 2011, Cuba's Council of State awarded the Medal of Friendship to Dr. Lea Guido López, upon finishing her seven-year assignment as PAHO/WHO representative in Cuba from 2004 to 2011 for her "proven friendship and solidarity with Cuba" and "excellent relations with the Ministry of Public Health and all other Cuban institutions."<sup>30</sup> Dr. Guido—a Nicaraguan with strong historic ties to the pro-Cuba Sandinista National Liberation Front—<sup>31</sup> responded by lavishing praise on Cuba's authorities, including Fidel and Raúl Castro, for their "humanitarianism and solidarity" and offered this: "I am extremely honored that the Commander in Chief of the Revolution, Fidel Castro, has mentioned me in some of his reflections, which has moved me and given me something to tell my grandchildren."<sup>32</sup>

Dr. Guido's many efforts on Cuba's behalf included producing a 68-page Special Magazine in 2009 on Cuba's public health "achievements" exclusively using information provided by Cuban state institutions and authorities. In the introduction she wrote: "The Pan American Health Organization/World Health Organization acknowledges the achievements of Cuba's public health system, a system based on primary health care, responsible for the extraordinary health indicators that the country enjoys, among them, an infant mortality rate and a life expectancy comparable to those of the most developed countries in the world."<sup>33</sup>

For his part, PAHO/WHO representative in Cuba for 2011-2015, the Uruguayan chemist Dr. José Luis di Fabio, worked for what he had "most wanted to accomplish"

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<sup>29</sup> Words of Dr. Néstor Marimon, Director of the International Relations of Cuba's Ministry of Health, in Abel González Alayón, "ACN: PAHO/WHO representative recognizes development of Cuban vaccine candidates," Cuban News Agency, Apr. 7, 2021, <https://groups.io/g/cubanews/topic/81922225>. (Translated from Spanish.)

<sup>30</sup> Gaceta Oficial No. 6 Extraordinaria Especial de 2011, No. 4762, Year 2011. (Translation from Spanish.)

<sup>31</sup> See Mónica Baltodano, "Mujeres sandinistas para la historia," *Rebelión*, 23 agosto 2008; and Bryna Brenna, "Sandinista women making gains against macho attitude in Nicaragua," *Associated Press/Los Angeles Times*, Feb. 26, 1989.

<sup>32</sup> Iris de Armas Padrino, "Representante de OPS-OMS en Cuba agradece a Fidel y Raúl," *La Habana, Agencia Internacional de Noticias*, Jun. 21, 2011. (Translation from Spanish.) Also see "Dr. Lea Guido awarded the friendship medal in Cuba," PAHO.org.

<sup>33</sup> "PAHO/WHO acknowledges public health achievements in Cuba," Special Magazine, Cuba's Ministry of Health, Pan American Health Organization, World Health Organization, 2009, [https://www.paho.org/cub/dmdocuments/Revista\\_100\\_Anos.pdf](https://www.paho.org/cub/dmdocuments/Revista_100_Anos.pdf).

during his tenure: “to help share the lessons from a 50-year old universal health care system that is unique in the world,”... ‘a model for the region’ owing its ‘privileged’ stature to “political decisions that have made its development a priority.”<sup>34</sup> He echoed the usual narrative blaming Cuba’s problems on “the U.S. embargo and other economic constraints,” although clarified that these had only “forced innovation to meet the demands and fulfill the commitments of Cuba’s universal health care system.” Di Fabio received a farewell award from the organization *Medical Education Cooperation with Cuba* (Medicc), “for representing the best of global collaboration with Cuba and the region.”<sup>35</sup> Medicc is a California-based non-profit organization dedicated to advancing Cuba’s health-related agendas healthcare model in the U.S. and the world.<sup>36/37</sup>

The PAHO/WHO representative in Cuba since April 2019, the Peruvian epidemiologist Dr. José Moya Medina,<sup>38</sup> was, for his part, quick to commend Cuba for its handling of the COVID pandemic barely a month after it was declared by WHO and praised Cuba’s Institute of Tropical Medicine Pedro Kourí (IPK) as a reference center for the Americas. A year later, in April 2021, he highlighted Cuba’s health system early detection of cases and the citizens’ support for the government’s pandemic response,<sup>39</sup> praising Cuba’s five COVID vaccine candidates and declaring they would contain virus transmission, while insisting that Cuba had always worked to achieve equity in medical care.<sup>40</sup> Alluding to Cuba as the exception, he declared that “COVID-19 has manifested the deep social inequities in Latin America and the Caribbean, where health systems, fragmented and weakened by previous reforms, have not been able to monitor, prevent, and contain the new disease.”<sup>41</sup> Yet, Cuba would experience a grave COVID crisis in

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<sup>34</sup> All citations in this paragraph are from Gail Reed, “Interview with Dr. José Luis di Fabio, PAHO/WHO representative in Cuba,” *MEDICC Review*, Oct. 2012, [www.medicc.org](http://www.medicc.org). Reprinted as “Q&A: Cuba’s health system at a crossroads,” *Cuba Standard*, [www.cubastandard.com/qa-cubas-unique-model-of-medical-internationalism/](http://www.cubastandard.com/qa-cubas-unique-model-of-medical-internationalism/)

<sup>35</sup> Ibid. (Translation from Spanish.)

<sup>36</sup> “El Dr. José Luis Di Fabio representante de la OPS en Cuba recibe reconocimiento de MEDICC,” <https://cuba.campusvirtualsp.org/el-dr-jose-luis-di-fabio-representante-de-la-ops-en-cuba-recibe-reconocimiento-de-medicc>.

<sup>37</sup> One of Medicc’s many funders, The Atlantic Philanthropies, invested almost \$60 million from 2002 to 2018 to advance and learn about healthcare in Cuba and gave \$17 million in grants to Medicc and nearly \$6 million to help normalize relations between Cuba and the U.S. (Julie Feinsilver, “The Atlantic Philanthropies -Cuba,” *The Atlantic Philanthropies*, 2020.)

<sup>38</sup> “José Moya Medina,” Ecured, [https://www.ecured.cu/Jos%C3%A9\\_Moya\\_Medina](https://www.ecured.cu/Jos%C3%A9_Moya_Medina); “Nombramiento nuevo Representante de OPS/OMS en Cuba,” OPS Cuba, Pan American Health Organization.

<sup>39</sup> Livhy Barceló Vázquez, “Elogia la OPS labor de Cuba en la lucha contra la COVID-19,” *Radio Rebelde*, Apr. 7, 2020; Sheila Noda Alonso, “COVID-19: Reconoce OPS desarrollo de candidatos vacunales de Cuba,” *La Habana*, Agencia Cubana de Noticias (ACN), Apr. 7, 2021. (Translation from Spanish.)

<sup>40</sup> Gladys Leidys Ramos López, “La OPS resalta el desarrollo de los candidatos cubanos anti-COVID en el Día Mundial de la Salud,” *Granma*, Apr. 7, 2021; “OPS y OMS reconocen desarrollo en Cuba de candidatos vacunales antiCovid-19,” *La Habana*, *Radio Habana Cuba*, Apr. 7, 2021; Abel González Alayón, “ACN: PAHO/WHO representative recognizes development of Cuban vaccine candidates,” Cuban News Agency, 7 de abril de 2021.

<sup>41</sup> “OPS y OMS reconocen desarrollo en Cuba de candidatos vacunales antiCovid-19,” op. cit. (Translation from Spanish.)

2021 despite a high rate of vaccination with two of its vaccine candidates and its health system comprehensively failed to address it.

PAHO and WHO officials have also ubiquitously praised Cuba's "achievements" on their official visits to the Island. These have exclusively consisted of guided tours to a showcase health institutions and engagements with the highest authorities and government-sanctioned actors. In open sources on these visits, there is no indication of random inspections of any of the decrepit medical facilities all over the island that serve most of the population or of exchanges with non-state groups or actors.

PAHO's current Director and WHO Regional Director for the Americas, Dr. Carissa Etienne, paid her first official visit to Cuba in July 2013. She met with Cuban President, General Raúl Castro, and other high government authorities at a time when cholera cases were growing, as reported by numerous independent news sources and social media from Cuba.<sup>42</sup> In her public statements during the visit and in subsequent reports, Dr. Etienne failed to even mention cholera and, instead, highlighted Cuba's numerous health "achievements" and technological innovations "made available for free to the population," declaring the country "an example for the region."<sup>43</sup>

In July 2014, Dr. Etienne returned with WHO Director-General Dr. Margaret Chan to, according to Cuba's state media, allow Dr. Chan to see for herself Cuba's "achievements" in health.<sup>44</sup> She visited only state-run model facilities and lauded Cuba's universal health system and outcomes, as well as the dedication of its scientists, who work "at the service of health" in Cuba "and throughout the world." She thanked Fidel Castro for his "visionary leadership" and his brother Raúl for continuing it and said that Cuba had a "special place in my heart" due to the vision of its leaders and to its health professionals, who "have made public health a pillar of development."<sup>45</sup> An aspect of the visit that surfaced later was Dr. Chan's discussion with Cuban authorities about "the idea that Cuba could form rapid response teams in case of catastrophes and other emergency situations."<sup>46</sup> The Ebola outbreak had started in December 2013 and spread to three African countries by March 2014, well before her visit.<sup>47</sup> A few months

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<sup>42</sup> Roberto de Jesus Guerra Pérez, "Directora de OPS visita Cuba mientras aumentan casos de cólera," *CubaNet*, Jul. 15, 2013.

<sup>43</sup> Iris de Armas Padrino, "Directora regional de OPS reconoce sistema de salud cubano," *La Habana*, AIN, Jul. 10, 2013.

<sup>44</sup> "Directora general de la OMS está en Cuba para ver avances en investigaciones," *América Economía*, 14 de Julio de 2014; "Recibió Raúl a las directoras de la OMS y la OPS," *Granma*, Jul. 14, 2014; "Directora de la OMS y de la OPS de visita en Cuba," Jul, 2014, PAHO.org; "Dra. Etienne: Avances tecnológicos en la salud están al alcance de todos los cubanos," Declaraciones realizadas por la Directora de la Oficina Panamericana de la Salud en conferencia de prensa ejecutada en La Habana, <http://www.cencomed.sld.cu>.

<sup>45</sup> "Margaret Chan impressed by Cuba's healthcare achievements," *Granma*, Jul. 16, 2014.

<sup>46</sup> Interview of PAHO/WHO representative in Cuba, Dr. José Luis Di Fabio by Cuba state media, in "Es increíble lo que Cuba puede hacer", dice la OMS sobre ayuda frente al Ébola," *Cuba Debate*, Oct. 24, 2014.

<sup>47</sup> In March 2014, WHO reported cases of Ebola Virus Disease (EVD) in the forested rural region of southeastern Guinea. In December 2013 in a small village in Guinea an 18-month-old boy was believed to have been infected by bats. The virus quickly spread to Guinea's bordering countries, Liberia

later, WHO officially “asked Cuba for support” to fight Ebola, an effort for which it made handsome payments to Cuba and provided extensive infection-control training for Cuba’s workers who were supposedly trained for emergencies, publicizing around the world that WHO was “extremely grateful” for the Cuban government’s “generosity.”<sup>48</sup>

In 2016, Dr. Etienne paid another official visit to Cuba and highlighted that “Cuba plays a very important role in regulation and supporting other countries” and quoted Dr. Margaret Chan upon inaugurating in 2014 the new headquarters of CECMED, Cuba’s Center for State Control of Medicines, Equipment and Medical Devices: “I am totally convinced that competent and functional national regulatory agencies such as CECMED are in reality public health regional and global assets.”<sup>49</sup>

In April 2018, WHO Director-General, Dr. Tedros Adhanom Ghebreyesus, has thanked Cuba for its “model of a free and inclusive health system for its entire population,” “one of the best in the world.”<sup>50</sup> The Communist Party’s daily *Granma*, reported on his visit to Havana for the 4-day Third Cuba-Health International Convention 2018, and portrayed PAHO and WHO as “strategic allies of Cuba.”<sup>51</sup> Dr. Etienne, who was also in attendance, concurred and celebrated the close ties between PAHO and Cuba, highlighting Cuba’s “comprehensive quality health services” that “ensure availability” and “reach every corner of the island.”<sup>52</sup> Moreover, she commended Cuba’s authorities for achieving quality of life for its population and for “many more millions in other parts of the world.”<sup>53</sup> PAHO/WHO representative in Cuba, Cristian Morales Furihman, chimed in: “Cuba’s experiences and successes in health are of extraordinary importance to the world.”<sup>54</sup> In referring to the country’s difficulties, he only blamed the “blockade” (U.S. embargo), touting Cuba’s health “achievements” and “lessons Cuba has for the world.”<sup>55</sup>

In 1994 Michael Reich, of the Harvard School of Public Health, had noted that studies on the political economy of health transitions in the Third World showed an implicit or explicit adoption one of two normative approaches that have serious problems: one

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and Sierra Leone and by July 2014 had spread to the capitals of all three countries. The 2014 West Africa Ebola epidemic has been the largest in history. (“2014-2016 Ebola Outbreak in West Africa,” Centers for Disease Control and Prevention, <https://www.cdc.gov/vhf/ebola/history/2014-2016-outbreak/index.html>.)

<sup>48</sup> Benny Avni, “To fight ebola, Cuba is sending its biggest export, doctors,” *Newsweek*, Dec. 15, 2014.

<sup>49</sup> “De visita en el CECMED la Dra. Carissa Etienne, directora de la Organización Panamericana de la Salud (OPS) junto a representantes subregionales,” CECMED, Mar. 3, 2016. (Translation from Spanish.)

<sup>50</sup> Nuria Barbosa León, “Cuba leads the way in universal access to health,” *Granma*, May 3, 2018, <https://en.granma.cu/cuba/2018-05-03/cuba-leads-the-way-in-universal-access-to-health>

<sup>51</sup> Ibid. (Translation from Spanish.)

<sup>52</sup> Ibid.

<sup>53</sup> Ibid.

<sup>54</sup> Ibid.

<sup>55</sup> Ibid. (Among the achievements he claimed were: eliminating the vertical transmission of HIV from mother to child, congenital syphilis, malaria, and 12 immune-preventable diseases, its high life expectancy and very low infant mortality.)

stresses the positive role of market forces and the other one government intervention. The latter is premised on a perceived need to correct a “biased” market allocation of health resources and “political will;” Reich asserted that most studies had “underplayed and underanalysed the pervasive influence of politics,” noting that attempting to impose a single solution is costly and calling for a critical and balanced analytic approach.<sup>56</sup> PAHO’s leadership has ignored this advice and has gone much further in glorifying Cuba’s healthcare model by privileging narrow indicators easily distorted in a totalitarian system and favored socialist central planning in healthcare while disregarding the lacking civil, political, and economic freedoms it has represented for at least three generations of Cubans.

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<sup>56</sup> Michael R. Reich, “The Political Economy of Health Transitions in the Third World,” in L. Chen, A. Kleinman, N.C. Ware eds., *Health and Social Change in International Perspective*, Boston: Harvard School of Public Health, 1994: 413-451, p. 441-442.

## IV. FLOUTED COMMITMENTS ON HUMAN SECURITY AND HUMAN RIGHTS

PAHO understands human security and public health as “mutually beneficial concepts that can contribute to significant advances in community-based health settings.”<sup>57</sup> The Organization has stated: “Public health and human security are positioned to mutually complement each other, particularly given their shared dual emphasis on protection and empowerment strategies. This dual emphasis seeks to build community capacity while keeping institutions and state actors accountable.”<sup>58</sup> In this regard, it is aligned with WHO’s global strategies that acknowledge the synergy between health and international human rights’ law; both organizations highlight the multiple links between health and human rights, including the right to social participation in the protection and promotion of health and healthy lifestyles, as well as to information, privacy, food, nutrition, and freedom from discrimination.<sup>59</sup> PAHO’s mission “to promote health and quality of life” encompasses seven essential dimensions of human security: economic, food, environmental, personal, community, political, and health, whose lack “leads to severe, permanent health damage.”<sup>60</sup>

In 2010, PAHO passed Resolution CD50.R16 on Health, Human Security and Well-being<sup>61</sup> to “urge the Member States to promote analysis of the concept of human security and its relationship with health, with a view to its incorporation into country health plans, pursuant to their national legislation, emphasizing coordination and multisectoral interagency participation to reflect the multidimensional aspects of such an approach.” The Resolution requested PAHO’s Director to:

- a) monitor the progress of discussions in relevant multilateral forums;
- b) explore the possibility of developing, in consultation with the Member States, policy guidelines and methodological tools for integrating the approach in the Organization’s programs and activities;
- c) promote debate in the Organization; and
- d) promote awareness among personnel in PAHO and the Member States, as appropriate, of issues and approaches to addressing human security and its relationship with health.

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<sup>57</sup> “Human security: implications for public health,” Technical Reference Document, Pan American Health Organization, 2012.

<sup>58</sup> Ibid.

<sup>59</sup> “25 Questions & Answers on health and human rights,” Health & Human Rights Publication Series, Issue No.1, Jul. 2002, World Health Organization (see the illustration “Examples of the links between Health and Human,” p. 10).

<sup>60</sup> “Human security: implications for public health,” op. cit.

<sup>61</sup> Resolution CD50.R16, Health, Human Security, and Well-being, 50<sup>th</sup> Directing Council, 62<sup>nd</sup> Session of the Regional Committee, Washington, D.C., 27 September–1 October 2010, Pan American Health Organization.

In 2012, PAHO issued a “Technical Reference Document” that intrinsically ties freedom to the concept of health: “The ultimate objective of human security is to protect and ensure three essential freedoms for individuals and communities: freedom from fear, freedom from want, and freedom to live in dignity. This framework provides a wider and deeper purpose to actions in health by linking them to the myriad aspects of human freedom and fulfillment. It provides the lens for focusing local integration of a multifaceted person-centered approach.”<sup>62</sup> Finally, according to its website, PAHO’s “work on public health and human rights is a step toward a more proactive, systematic, and sustainable effort of the entire Organization to enhance health outcomes in PAHO's Member States by recognizing the synergy between health and international human rights law.”<sup>63</sup>

“With respect to Cuba, PAHO has failed to apply its conception of human security and public health as 'mutually beneficial concepts that can contribute to significant advances in community-based health settings.'”

With respect to Cuba, PAHO has massively failed to uphold its commitments to human security and human rights. In many of its reports and official statements, Cuba’s political context is reported in a positive light and Cuba is promoted as a model for the world, with no hint whatsoever of the systematic and grave human rights violations occurring in the longest dictatorship in the Americas. The Organization persistently fails to even report that Cuba is a one-party state under a Communist constitution,<sup>64</sup> a military dictatorship whose legal and regulatory framework confirm totalitarian control over all aspects of society and the systemic and institutionalized denial of fundamental civic, political, cultural, social and economic rights to the citizens.

Article 8 of the Constitution states that it overrides the country’s international commitments and the internal legislation is not harmonized with many of them. The all-powerful State runs the entire health system including the educational sector as well as the entire biomedical/pharmaceutical industry and most of the economy.<sup>65</sup> As for sociopolitical control, Cuba has, according to a former Lieutenant Colonel of Cuba’s Ministry of the Interior,<sup>66</sup> Omar Ruíz Matoses, a density of surveillance by the political

<sup>62</sup> “Human security: implications for public health,” op. cit., p. xi.

<sup>63</sup> “PAHO’s Project on Public Health, International Human Rights Law,” op. cit.

<sup>64</sup> The Constitution (Art. 5) stipulates that the Communist Party is “the superior and commanding force of the society and of the state” which “organizes and guides all efforts towards the construction of socialism and the progress towards the Communist society.” (Constitución de la República de Cuba, <http://www.cuba.cu/gobierno/NuevaConstitucion.pdf>.) All “rights” are conditioned by and subordinated to this objective.

<sup>65</sup> A dated but still relevant and good description of Cuba’s legal system may be found in “Cuba's repressive machinery: human rights forty years after the revolution,” see section: “Cuban Laws Restrict Human Rights,” Human Rights Watch, 1999.

<sup>66</sup> Maria C. Werlau, telephone interview with Máximo Omar Ruíz Matoses, Mar. 27, 2021.

police that exceeds that of the onetime *Stasi*, the East German secret police with the highest density of surveillance of the former Soviet bloc on European soil.<sup>67</sup>

PAHO also fails to even note that Cuba's regulatory agencies lack independence or authority, that universally-accepted mechanisms of accountability and transparency are absent, that the judicial system is entirely subordinated to the executive branch and that courts lack independence, impartiality, and effective procedural guarantees, or that all media and communications are run by the State and entirely subordinated to the diktats of the Department of Revolutionary Orientation of Cuba's Communist Party. PAHO praises and supports a system that leaves the individual legally unprotected, punishes dissent, lacks accountability to civil society, and bans all independent organizations, and threatens, persecutes, imprisons, exiles and, in some cases, even kills or disappears<sup>68</sup> human rights activists and civil society actors.

“The report reads like a promotional pamphlet prepared by Cuba's propaganda apparatus...”

A glaring example of PAHO's neglect of its stated values and commitments is a report by the Organization titled *Cuban experience with local production of medicines, technology transfer and improving access to health*, published in

2015 and followed by a 2019 second edition.<sup>69</sup> Its preface opens with a quote by the late Cuban dictator Fidel Castro<sup>70</sup> and the introduction by PAHO's General Director, Dr. Carissa F. Etienne states: “Cuba's successes in health are recognized worldwide and demonstrate a consistent and systematic level of commitment by the highest authorities of that country since 1959 to the development of health.”<sup>71</sup> The report reads like a promotional pamphlet prepared by Cuba's propaganda apparatus, praising Cuba's health indicators “in tune with those of developed countries” and the government's political commitment “focused on guaranteeing access to health to the entire

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<sup>67</sup> According to Bert Rosenthal, the Director of the International Relations Department of the Federal Commission for the Records of the State Security Service of the former German Democratic Republic, when the Berlin wall fell, the *Stasi* had 91,000 officers and 179,000 collaborators for a population of approximately 17 million. The “surveillance ratio” was the highest in the Soviet bloc, followed by the KGB and then by the Czech police. Meanwhile, Cuba, with a population of around 10.6 million in 1989, had 62,000 officers working for the counterintelligence service, or political police, which represents a higher surveillance ratio than East Germany's. (See M. Werlau, telephone interview with Máximo Omar Ruíz Matoses, op. cit.; and María C. Werlau, Memorandum of meeting at the Commission on *Stasi* Records of December 9, 2005: Report of trip to Berlin, Dec. 6-11, 2005, Free Society Project, Inc.)

<sup>68</sup> See the Truth and Memory Project for information on documented deaths and disappearance at CubaArchive.org.

<sup>69</sup> *Cuban experience with local production of medicines*, op. cit., and *Experiencia cubana en la producción local de medicamentos*, op. cit.

<sup>70</sup> The quote in Spanish by Fidel Castro Ruz of February 9, 1990 reads: “La independencia no es una cuestión de símbolos, la independencia depende del desarrollo, la independencia depende de la tecnología, depende de la ciencia en el mundo de hoy.” (Ibid, p. 3.)

<sup>71</sup> *Experiencia cubana*, op. cit., p. 5. (Translation from Spanish.)

population, to research, development, innovation and policies that promote human resource capacity in industry, technology, and intellectual property as well as a leader of south-south technology transfer to help low-income countries to develop its biotechnology capabilities and to provide access to vital medicines at low cost.”<sup>72</sup>

This report does not disclose the critical fact that information on Cuba’s entirely state-owned biotechnology and pharmaceutical industry is wanting at best, that independently audited financial reports are not possible and that, according to former employees, operations are run with great secrecy and compartmentalization.<sup>73</sup> While it fails to mention that Cuba was aligned with and heavily subsidized by the Communist Soviet bloc for three decades, it attributes health sector “reforms” to the centralisation of economic policy and good trade relations with the Eastern European socialist countries.”<sup>74</sup> The report also omits any question or concern over the command-and-control one party Communist system with a monopoly on healthcare and, rather, extols it, as follows:

“Establishment of a single political party has permitted the continuity of the Cuban Government’s programmes conceived from the outset.<sup>75</sup> ... Owing to a particular political system, major critical success element is attributable to the government’s commitment in driving the national vision for health sector development. Having identified the health needs and gaps in the health delivery system, the Cuban government developed a national strategic plan that was implemented through restructuring of the national drug industry that commenced after the revolution in 1959.”<sup>76</sup>

(...) Analysis of the Cuban experience in the domestic production of drugs and their impact on access to health underscores the role of the State in achieving one of its main objectives: an improvement in the health of the population and its quality of life. This political will has remained constant for over five decades and has been expressed in a political context that has systemically integrated the different policies described in health, education, industrial technology and intellectual property. These policies have converged and enhanced one another, always maintaining the regulatory and normative support of the different systems and their associated legal framework. This legal framework has been adapted to enable it to respond to the health needs of the population, taking into

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<sup>72</sup> *Experiencia cubana en la producción local de medicamentos, transferencia de tecnologías y mejoramiento en el acceso a la salud*, 2da. edición, op. cit., p. 5.

<sup>73</sup> The author has spoken with workers from Cuba’s “scientific pole” over many years, including for research appearing in the 2001 publication Maria C. Werlau, “Does Cuba have biochemical weapons?” Ch. 6, pp. 99-128, in Adolfo Leyva, ed., *Cuba: Assessing the threat to U.S. security* (Miami: The Endowment for Cuban American Studies, 2001). It was entered into the Congressional Record by Senator George Allen at a hearing before the Subcommittee on Western Hemisphere, Peace Corps and Narcotics Affairs of the Committee on Foreign Relations, United States Senate, Jun. 5, 2002.

<sup>74</sup> *Cuban experience with local production*, 2015, op. cit., p. 3; and *Experiencia cubana*, 2019, op. cit., p. 5.

<sup>75</sup> *Cuban experience with local production*, 2015, op. cit., p. 10; and *Experiencia cubana*, 2019, op. cit., p. 12.

<sup>76</sup> *Cuban experience with local production*, 2015, op. cit., p. 3; and *Experiencia cubana*, 2019, op. cit., p. 5.

account regulatory requirements and the requirements for compliance with the international agreements to which Cuba is a signatory.”<sup>77</sup>

The 2019 second edition of the report goes even further —it praises a new Constitution in Cuba along with other actions that “reinforce the rights of the Cuban population to health and education and have had a positive impact in the population’s access to health technologies.”<sup>78</sup> Both reports create an idea of Cuba as a tropical Shangri La.

No evidence can be found in open sources of any efforts or collaborations by PAHO on Cuba in line with technical workshops held for other countries that promote human rights and fundamental freedoms in the context of a number of issues such as HIV/AIDS, disabilities, sexual and reproductive health, the elderly, etc. While PAHO reports working with regional human rights’ bodies such as the Inter-American Commission of Human Rights, no public reference can be found of its participation in technical hearings on Cuba or of any collaborations geared towards formulating human rights guidelines, which is well within its mandate.<sup>79</sup>

PAHO references collaborations with Cuban authorities seemingly directed to “protecting vulnerable groups” but no evidence can be found of any support for human security or human rights.<sup>80</sup> Perhaps the Organization’s idea of advancing human rights is expressed in PAHO’s 2002 Quadrennial Report on supporting state-led efforts such as this one: “About half of all the communities in Cuba, among them the spectacular Cayo Las Brujas, participate in the healthy municipality movement, emphasizing physical exercise, nutrition, stress management, and reduced cigarette and alcohol consumption.”<sup>81</sup>

For its part, PAHO’s 2010 Annual Report cites having worked with: 1) Cuba’s Ministry of Transport and the National Institute of Sports, Physical Education and Recreation “to promote road safety through community activities targeting children and adolescents.” 2) Cuba’s Ministry of Health to “provide training to health professionals on the diagnosis, referral, and treatment of violence and to promote changes in attitudes, practices, and knowledge in providing care for families that suffer from such violence.” 3) “National agencies” in Cuba and other UN agencies “to develop strategies to fight homophobia as well as gender-based and intra-family violence through courses and workshops, cultural activities, social communication campaigns, and dissemination of best practices.” However, on narrow issues such as these, PAHO has not addressed psychiatric abuse and systematic violence against political dissidents in the state-

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<sup>77</sup> *Cuban experience with local production*, 2015, op. cit., p. 56, and *Experiencia cubana*, op. cit., p. 64.

<sup>78</sup> *Experiencia cubana*, op. cit., p. 66. (Translation from Spanish.)

<sup>79</sup> “PAHO’s Project on Public Health, International Human Rights Law,” op. cit.

<sup>80</sup> *Annual Report of the Director, 2010*, Pan American Health Organization.

<sup>81</sup> “Charting a Future for Health in the Americas,” *Quadrennial Report of the Director, Centennial Edition, 2002*, Pan American Health Organization.

controlled mental health system or the internment of homosexuals in concentration camps.<sup>82</sup>

Since 1999, PAHO's Division of Technology, Health Care, and Research (THR) has expanded the use of human rights' instruments from mental health to many other areas of work and has issued reports including on the human rights of indigenous peoples.<sup>83</sup> No evidence can be found on open sources of PAHO's implementation of its project on health and international human rights law to Cuba, that involves the following:<sup>84</sup>

- Training workshops to disseminate international human rights norms and standards related to health that seek to protect vulnerable groups.
- Close collaboration with ombudspersons' offices and other national governmental agencies in charge of protecting human rights.
- Technical collaboration with Member States on the review and, if necessary, reform of national health policies, plans, laws, and programs to ensure conformity with international human rights treaties, declarations, standards, and PAHO technical guidelines to protect vulnerable groups.
- Collaboration with organizations of civil society in activities related to the promotion and protection of the basic human rights and fundamental freedoms of vulnerable groups, especially human rights related to access to health care, services, and essential medicines.
- Technical collaboration with regional and UN human rights treaty bodies dedicated to promoting and protecting human rights and fundamental freedoms, such as the IACHR, including participating in hearings and providing technical opinions related to health.
- Publication and dissemination of technical documents outlining the human rights framework applicable to the health and wellbeing of vulnerable groups.

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<sup>82</sup> The "Military Units to Aid Production," known as UMAP camps for their acronym in Spanish, were created in 1964 throughout the province of Camagüey and lasted until 1969. Gays, political dissidents, religious minorities, youngsters with long hair, and others exhibiting any behaviors considered counterrevolutionary were imprisoned and forced to do hard agricultural work, enduring physical and emotional abuses. (See Ch. 4, "Setting the stage for el nuevo hombre in the persecution of gays," p. 51, in Rebecca San Juan, "Cuba's unresolved UMAP history: survivors' struggles to counter the official story," Honors Thesis Submission, Mount Holyoke College, 2017, <https://ida.mtholyoke.edu/handle/10166/4039>.)

<sup>83</sup> "Human rights and health, indigenous peoples," Pan American Health Organization, [https://www.paho.org/hq/dmdocuments/2009/tool%20box%2010069\\_IndigPeople.pdf](https://www.paho.org/hq/dmdocuments/2009/tool%20box%2010069_IndigPeople.pdf)

<sup>84</sup> "PAHO's Project on Public Health, International Human Rights Law," op. cit.

## V. A WANTING WORK ON CUBA

The U.N. system leaves up to each Member State to determine, usually through a process of self-evaluation, whether it satisfies its international commitments. Yet, PAHO has a role monitoring and reporting on whether international standards and commitments are being satisfied and should report on omissions, incongruencies, and other deficiencies in the information it receives from Member States. No such reporting can be found in any of PAHO's numerous reports on Cuba examined for this study.

### **Problematic data validated as factual**

In Cuba's highly centralized and politicized Cuban system, the political will to control damaging health information systematically overrides the transparency required to advance public health and guarantee security.

A lack of transparency and accountability is intrinsic to most statistics reported by Cuba. Independent and qualified audits are impossible and official data is filled with inconsistencies and lagoons. Even when Cuba has purportedly adopted international standards and regulations recommended by WHO-PAHO and these are reflected in the legal/regulatory framework, they cannot be properly monitored or supervised independently. In Cuba, all regulatory, legal, and quality-control entities are in the hands of the state, which is also the party commanding all health-related and lifestyle issues, including when it runs them as for-profit businesses.

**“ In Cuba, all regulatory, legal, and quality-control entities are in the hands of the state, which is also the party commanding all health-related and lifestyle issues, including those it runs as for-profit businesses. ”**

PAHO systematically fails to take into consideration longstanding claims that the official data in Cuba is systematically altered, often patently flawed, or otherwise lacking. While exceptions might exist, not a single reference to this has been found for this study. Every one of PAHO's reports examined for this investigation<sup>85</sup> is based on information provided by Cuban authorities and state agencies and includes no caveats on the

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<sup>85</sup> Among the numerous publications reviewed are several of PAHO's reports, issued every five years, *Health in the Americas, Cuban experience with local production of medicines, technology transfer and improving access to health*, World Health Organization, Pan American Health Organization, and European Commission, 2015, and its 2<sup>nd</sup> edition in Spanish, *Experiencia cubana en la producción local de medicamentos, transferencia de tecnologías y mejoramiento en el acceso a la salud*, Segunda edición, Organización Panamericana de la Salud, Organización Mundial de la Salud, Editorial de Ciencias Médicas, La Habana, 2019), numerous publications on blood supply and related topics published over the years as well as many other reports on specific topics available at PAHO.org under Publications.

questionable reliability of the data reported by Cuba or of conflicts of interest of the authors working within the Cuban state apparatus. Furthermore, none of the examined reports provide any explanation of how the information provided by Cuba was verified or include any question or critique of Cuba’s policies, laws, regulations, practices, etc.

PAHO is officially committed to “evidence-based decision-making” and “works in partnership with” ministries of health and other government agencies, civil society organizations, other international agencies, universities, social security agencies, community groups, and others.<sup>86</sup> However, the numerous publications by PAHO examined for this study exclusively considered information provided by the Cuban government and its entities, namely the Ministry of Health and state-controlled medical and academic institutions, or by individuals and institutions validating Cuba’s official information. All of PAHO/WHO Collaboration Centers in Cuba are state entities.<sup>87</sup>

Of the 349 publications available from a May 2021 search of PAHO’s website on the subject “Cuba” (some are listed but not actually available online), not a single one could be found from independent academic sources or non-governmental organizations that questioned or challenged the health information provided by Cuba or that independently promoted social participation, security, or human rights of the Cuban people.

PAHO consistently ignores contradictory findings to its reported narratives on Cuba found in independent scholarly work, first-hand testimony from Cubans on the island and from a very large diaspora, as well as reports by independent journalists or in social media that describe—in recent years with increasing photos and videos— extreme deficiencies that contradict government reports. The narrative is generally spun to highlight favorable official data as missing data on Cuba in regional reports is not explained. Subtle references to wanting results in matters of health and lifestyle found sparingly in PAHO publications merely echo official data as well as statements regarding services, policies, promises, plans, laws, and regulations allegedly in place to address them. References to less favorable outcomes acknowledged as such are imbued in sparse technical language or simply omitted while serious problems are concealed with a sterile or simplistic treatment that ignores, dismisses, obscures, and can even contradict well-founded concerns impacting the health and wellbeing of the Cuban population and, in some areas, of visitors to Cuba.

Dr. Katherine Hirschfeld, Chairwoman of the Anthropology Department at the University of Oklahoma, lived in Cuba in 1996-1997 to conduct field research for her dissertation on health and medicine in Cuba. In her book *Health, Politics and Revolution in Cuba since 1898*,<sup>88</sup> she explains having arrived in Cuba expecting the idealistic and

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<sup>86</sup> “Who we are,” op. cit.

<sup>87</sup> Centros Colaboradores de la OMS en Cuba, [https://www3.paho.org/cub/index.php?option=com\\_content&view=article&id=156:centros-colaboradores&Itemid=257](https://www3.paho.org/cub/index.php?option=com_content&view=article&id=156:centros-colaboradores&Itemid=257).

<sup>88</sup> Katherine Hirschfeld, *Health, Politics and Revolution in Cuba since 1898* (New Brunswick & London: Transaction Publishers, 2009).

egalitarian system she had read about in the scholarly literature but slowly realizing it bore no resemblance to her study communities.<sup>89</sup> Her experience led her to transformative conclusions: “The dictatorial, authoritarian features of the Castro regime can be difficult to see from abroad, and the humanitarian rhetoric of the revolutionary leadership continues to inspire loyalty and support from a number of leading North American academics. But in my experience, the reality of life on the island rarely conforms to the ideals professed by Cuba’s political leaders. In fact, the discrepancy between reality and ideal was so painful and ironic that it led me to reject most of the literature that originally framed my research project.”<sup>90</sup> (She focuses her critique on Marxist scholars.<sup>91</sup>)

A telling example of the problems cited above is the report *Cuban experience with local production of medicines, technology transfer and improving access to health* (2015 and 2019). Prepared at the request of Dr. Zafar Mirza, then WHO Regional Adviser for Essential Medicines and Pharmaceutical Policies,<sup>92</sup> and supervised by Dr. di Fabio,<sup>93</sup> then PAHO/WHO representative in Cuba (2011-2015), it enthusiastically endorsed Cuba’s medicinal products for export and eagerly promoted Cuba’s health exports. All entities and individuals credited<sup>94</sup> or acknowledged<sup>95</sup> in preparing and reviewing the report worked for the Cuban state directly or indirectly, yet no conflicts of interest were noted.

Dr. Zoila Macías, who headed the statistical unit of Cuba’s Ministry of Health from 1991 to 1994, explains that the data her office collected, processed, and provided to PAHO was based on input received from the Ministry’s reporting units but that it was impossible to verify their accuracy or ascertain if they had been tampered with. In addition, she says, when her office fulfilled PAHO’s information requests, the Ministry’s liaison at PAHO’s office would reject any inputs that did not satisfy the desired script

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<sup>89</sup> Ibid, p. 3.

<sup>90</sup> Ibid. p. 9.

<sup>91</sup> Ibid, note 3, p. 22.

<sup>92</sup> Dr. Zafar Mirza, Zafarullah Mirza, a Pakistani, is current Director of Health System Development for WHO. (About us, Dr Zafar Mirza, Director, Health System Development, Regional Office for Eastern Mediterranean, World Health Organization; Zafar Mirza, [https://en.wikipedia.org/wiki/Zafar\\_Mirza](https://en.wikipedia.org/wiki/Zafar_Mirza).)

<sup>93</sup> José Luis Di Fabio, LinkedIn.com.

<sup>94</sup> The authors thanked the directors and officials of Cuba’s Ministry of Public Health, BioCubaFarma, and other ministries, as well as “independent consultants for the biopharmaceutical industry,” not mentioned but not by name or nationality. (In Cuba, “independent consultants” are not allowed legal employment and the health sector is considered a strategic sector and is entirely under the control of the state.) Acknowledgements are for Cuba’s Ministry of Public Health (MINSAP) and Ministry of Higher Education of Cuba, directors and officers of the BioCubaFarma and the Center for Molecular Immunology. See Preface, page not numbered, of the report *Production of medicines, technology transfer and improving access to health*, op. cit.

<sup>95</sup> Acknowledgements in the report are for Cuba’s Ministry of Public Health (MINSAP) and Ministry of Higher Education of Cuba, directors and officers of the BioCubaFarma and reviewers including the Director of the Center for Molecular Immunology, the Director of Science Policy of *BioCubaFarma*, the Director of Science and Technology of the Ministry of Health. (Ibid, page not numbered at the beginning of the report.)

and would send them back until the wording or data lined up as expected; only then was the Ministry's report accepted by PAHO's Cuba office. Dr. Macías recalled an extensive back-and-forth in the preparation of the *Health in the Americas* four-year report.

Dr. Macías confirmed that certain data typically requested by PAHO from all member countries was deliberately withheld by the Ministry of Health to avoid disclosing unfavorable results even when the Ministry did have the information. She also explains, that an increasing number of reports, including some related to projects funded by PAHO, were denominated as "Classified" by higher ups in the Ministry of Health.<sup>96</sup> As a result, she ended up with a closet-full of reports whose findings could not be revealed. One report on a project funded by PAHO was classified, yet PAHO did not complain or even request an explanation. Among the classified reports was an investigation of why citizens were refusing to see family doctors in neighborhood clinics and instead turning to hospital emergency rooms, seeking a higher level of care.<sup>97</sup> The results challenged the propaganda portraying Cuba as a model for the world of primary community care.<sup>98</sup>

Global Health expert Sherri Porcelain understands that "Cuba has a robust health surveillance system."<sup>99</sup> Yet, PAHO publishes many of its regional reports with numerous items omitting the data for Cuba with no explanation for the absence. It strains credulity to think that local authorities do not have certain data, as the Cuban government dedicates extensive resources to compulsively gather statistics and uses them (selectively) extensively for its purposes. For instance, every internationalist medical brigade has at least one statistician and Cuba fervently publishes data of number of procedures and patients treated, lives saved, etc. In fact, many doctors who have served in these brigades at different times and in different locations point to a systematic manipulation of the data.<sup>100</sup>

Maida Donate-Armada, who led projects in Cuba to gather social statistics,<sup>101</sup> explains that there are "excellent statisticians" in Cuba and data manipulation is "very professional." In order to manipulate "real" data, groupings are arbitrarily changed to

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<sup>96</sup> This was a time of economic crisis (the "Special Period") after the end of Soviet Communism and its subsidies for Cuba and a declining social safety net.

<sup>97</sup> Maria C. Werlau, telephone interview with Zoila Macías, September 1, 2021.

<sup>98</sup> In 2011, Cuba reduced family doctors by 23,111, to 13,367 from the prior year's 36,478. (Anuario Estadístico 2018 - 19.1 - Personal facultativo del Ministerio de Salud Pública, Oficina Nacional de Estadísticas e Información, República de Cuba.)

<sup>99</sup> Sherri Porcelain, "U.S. & Cuba: a question of indifference?" *Cuba Insight*, Sep. 21, 2017.

<sup>100</sup> The author has heard this from many former "internationalist" doctors in personal interviews. Also see "The hidden world of the doctors Cuba sends overseas," *BBC*, May 14, 2019; and Jim Wyss, "Dumping medicine, faking patients: Cuban doctors describe a system that breeds fraud," Bogotá, *The Miami Herald*, Jan. 27, 2017.

<sup>101</sup> Maida Donate-Armada is a historian, psychologist, and sociologist with several degrees from Cuba's University of Havana and is a former member of Cuba's Communist Party. She has a Masters' Degree from Barry University.

avoid producing a comparative series or the names of inputs are changed, such as reporting suicides as “chronic non-transmissible disease,” which is technically correct.

Data manipulation seems to be widespread. A statistician working at a clinic in Havana’s *10 de octubre* neighborhood quit her job in the 2000s because she was “tired or being persistently instructed by her superior to report false statistics.”<sup>102</sup>

Since the 1980s, the Harvard-trained demographer and economist Nick Eberstadt, Ph.D., has been pointing to the problems in health statistics from Cuba and other Communist countries; his book “Poverty of Communism” is a commanding work in the field.<sup>103</sup> Many scholars as well as Cuban health professionals (doctors, psychologists, dentists, professors, etc.)<sup>104</sup> have long reported that Cuban data is ripe with manipulation and noted contradictions, lacks, and flaws in Cuba’s statistics in their areas of expertise.<sup>105</sup> For instance, John Kavulich, of the *U.S.-Cuba Trade and Economic Council*, that tracks U.S. food imports to Cuba, has said that the Cuban government’s statistics are “unreliable and unverifiable ... because they are provided by a centrally planned government with a poor track record of transparency.”<sup>106</sup>

“...the Cuban government’s statistics are “unreliable and unverifiable” ... “because they are provided by a centrally planned government with a poor track record of transparency.”

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The economist Jorge Sanguinety, Ph.D., who worked for Cuba’s Central Planning Board (Junta Central de Planificación, Juceplan) from January 1963 to March 1966, relates that

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<sup>102</sup> Maria C. Werlau, conversation with Anonymous Source No. 8, Montreal, June 29, 2022. (Translation from Spanish.)

<sup>103</sup> See Heather S. Richardson, “Communism: myths on moral superiority,” *The Wall Street Journal*, Dec. 9, 1988, p. A20:4.

<sup>104</sup> Exiled Cuban health professionals have repeatedly explained this to the author, although many have refrained from public commentary for fear of reprisal for their loved ones on the island. In recent years, many have been sharing their experiences on social media and with the media. See Daniel Weiser, “Cuba manipulating health care statistics,” *The Washington Free Beacon*, Mar. 5, 2014; Orlando Palma, “Autoridades piden a personal médico máxima discreción sobre situación epidemiológica,” *La Habana, 14ymedio*, Nov 1, 2014; Alberto Arego, “Eduardo López-Collazo: ‘De las estadísticas cubanas no me fío absolutamente nada,’” Madrid, *Diario de Cuba*, Jun. 22, 2021.

<sup>105</sup> See Carmelo Mesa-Lago, “Availability and Reliability of Statistics in Socialist Cuba (Part Two),” *Latin American Research Review*, Vol. 4, No. 2 (Summer, 1969), pp. 47-81; Carmelo Mesa-Lago and Jorge Pérez-López, “Cuban GDP statistics under the Special Period: discontinuities, obfuscation, and puzzles,” *Cuba in Transition, Vol 19*, Nov. 30, 2009, Papers and Proceedings of the XIXth Annual Meeting of the Association for the Study of the Cuban Economy, Miami, Aug. 3-5, 2006; and Benigno E. Aguirre and Roberto J. Vichot, “Are Cuba’s educational statistics reliable?,” *Cuba in Transition, Vol 16*, Nov. 30, 1996. (Having researched numerous publications on different fields over the years, this author can attest to the pervasive problems with data provided by Cuban official sources.)

<sup>106</sup> Daniel Wisner, “Cuba manipulating health care statistics,” *The Washington Free Beacon*, Mar. 5, 2014.

economic statistics were already unreliable in the early years of the revolution.<sup>107</sup> Che Guevara, as head of Cuba's National Bank, had reportedly forbidden in early 1960 to report or publish the country's economic statistics. More recently, demographer Sergio Díaz-Briquets reports that Cuba's 2021 Demographic Yearbook is "statistically manipulated" in that it reports a positive net balance of entries into the country of 169 immigrants in 2021.<sup>108/109</sup> He explains: "Many Cubans emigrated in 2021 but the official data does not account for permanent migrants, who are only counted two or three years after their definitive departure, reflecting Cuban migration law." Cubans have been emigrating to many countries since pandemic restrictions started to lift in 2021; just on the southern border of the United States, of 78,903 Cubans detained by border guards from October 1, 2021 and March 31, 2022, only 737 were expelled.<sup>110</sup>

A U.S. government report after the U.S. invasion of Grenada of October 1983 confirms that Cuba's "deception on economic matters" is legendary. It describes a meeting at which Grenadian Prime Minister Maurice Bishop's suggestion was discussed to use the "Cuban experience in keeping two sets of records" to doctor data for the World Bank and International Monetary Fund and considered it urgent to send for "Comrades from Nicaragua and Cuba to train Comrades in the readjustment of the books."<sup>111</sup>

Hirschfeld grew increasingly suspicious of the data and disillusioned with the reality on the ground and was casually told by professors at the Universidad de Oriente that certain health data was "classified" to avoid hurting the revolution.<sup>112</sup> There is reason, she considers, to be "skeptical" of PAHO's data reliant on self-reported health statistics not independently verified.<sup>113</sup> She writes:

"Scholarly publications praising Cuba's successes in the organization and delivery of health services since the 1960s have relied exclusively on statistical data compiled by Cuban government officials and published in Cuban state media. International researchers are not permitted to conduct independent analyses of data reporting practices in Cuba, or investigate the troubling allegations political dissidents have made about hidden epidemics, human rights abuses, medical

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<sup>107</sup> Maria C. Werlau, conversation with Jorge Sanguinety, Miami, July 30, 2022.

<sup>108</sup> Maria C. Werlau, telephone conversation with Sergio Díaz-Briquets, July 30, 2022.

<sup>109</sup> The 2021 Yearbook reports the Cuban population at 11,113,215, or 68,380 less persons than in 2020, and 5,942 less births (105,038 in 2020 and 99,096 in 2021). (*Anuario Demográfico de Cuba 2021*, Oficina Nacional de Estadísticas e Información y Centro de Estudios de Población y Desarrollo, mayo 2022.)

<sup>110</sup> Nuevo récord en arribo de cubanos a EE.UU. por la frontera de México: 35 mil en abril, *CiberCuba*, 5 de mayo de 2022.

<sup>111</sup> The meeting was held on August 3, 1983 and the urgency was to try to meet International Monetary Fund requirements for badly needed assistance. See *Grenada, A Preliminary Report*, Released by the Department of State and the Department of Defense, Washington, D.C., Dec. 16, 1983.

<sup>112</sup> K. Hirschfeld, *Health, Politics and Revolution*, op. cit., pp. 93-94. Also see Katherine Hirschfeld, "Sociolismo and the underground clinic: the informal economy and health services in Cuba," *Association for the Study of the Cuban Economy*, November 30, 2006.

<sup>113</sup> Katherine Hirschfeld, "Response to 'Cuban infant mortality and longevity: health care or repression?'" *Health Policy and Planning*, Vol. 33, Issue 6, July 2018.

malpractice or other serious problems in the health care system. There are no autonomous professional organizations for physicians, nurses, social workers or public health scholars in Cuba, and no interest groups or institutions independently assess infant mortality or longevity data.”<sup>114</sup>

PAHO personnel in Cuba cannot plausibly ignore that independent oversight is not possible in Cuba and that Cuban scientists, health professionals, and administrators have no safe way to legitimately express grievances, denounce irregularities, file complaints, or seek protections.<sup>115</sup> They are censored, repressed, and punished for attitudes, expressions or behaviors deemed contrary to “the Revolution.” The 1982 Special Regulation<sup>116</sup> for Medical Students “of the Carlos J. Finlay Detachment”<sup>117</sup> establishes that an education in medical sciences is exclusive to those with “revolutionary vocation” and whose political and moral principles are aligned with the government.<sup>118</sup>

The Regulation also stipulates that all students of medical sciences must “express their willingness and permanent and unconditional commitment to serve the Revolution in any part of the national and foreign territory,” with respect to any assigned task, as international proletariats, in the strict compliance with the values of socialist society, deep collectivist feelings, and respect for socialist legality. It designates as “very serious” offenses having “contrary attitudes” to the principles of the revolution or “making notorious demonstrations of contempt for revolutionary ideology or refusing to comply with citizen duties to work for and defend the homeland with arms if necessary”.<sup>119</sup>

Health professionals who fail to conform to the government’s diktats face extreme reprisals for questioning or exposing work practices or conditions: expulsion from work or study, withdrawal of educational credentials, inability to work in the health profession, persecution, harassment, imprisonment, searches of personal property, acts of repudiation, defamation, restrictions from leaving the country, threats, intimidation, discrimination in access to education, food, housing, health services and others, detentions without due process, illegal or unjustified surveillance, interference in communications, and even forced disappearance or death.<sup>120</sup> Finally, Cuba’s laws and

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<sup>114</sup> Ibid.

<sup>115</sup> See for instance, Carlos Eire, “Cuban dissident arrested for exposing abuse at nursing home,” Babalublog, Mar. 18, 2018.

<sup>116</sup> Reglamento Especial de los Estudiantes del Destacamento “Carlos J. Finlay”, <https://instituciones.sld.cu/fcmfajardo/files/2015/11/Reglamento-Destacamento-C.J.-Finlay.pdf>.

<sup>117</sup> “Destacamento Carlos J. Finlay,” <https://instituciones.sld.cu/facultadfinlayalbarran/pregrado/destacamento-carlos-j-finlay/>. (Carlos Juan Finlay (1833-1915) was a Cuban epidemiologist and pioneer of yellow fever research; he determined it was transmitted through *Aedes aegypti* mosquitoes. (“Carlos Finlay,” [https://en.wikipedia.org/wiki/Carlos\\_Finlay](https://en.wikipedia.org/wiki/Carlos_Finlay).)

<sup>118</sup> Ibid. Also see “Restricciones a la libertad académica y otros derechos humanos de los universitarios en Cuba,” *Informa*, Observatorio de Libertad Académica, Feb. 2021, pp. 9, 11.

<sup>119</sup> Reglamento Especial de los Estudiantes del Destacamento “Carlos J. Finlay”, op. cit.

<sup>120</sup> See a summary of selected cases at “Repression of scientists and health professionals in revolutionary Cuba,” CubaArchive.org, June 17, 2021. A group of independent doctors recently formed

regulations consider health professionals and scientists “essential” workers to national security and impose on them stringent restrictions for leaving the country even for short visits abroad.<sup>121</sup>

Given the above, the vast majority if not all of the health professionals who come in contact with PAHO through official channels cannot be counted on providing objective or accurate information. However, some have been willing to brave reprisal and provide uncoerced testimony and information, including many who have emigrated. In recent years, an increasing number have been sharing their experiences on social media (especially Facebook and YouTube) and in Cuba-focused media, such as *Radio Television Martí*, a Voice of America sister station, and independent news agencies.<sup>122</sup> Not one reference to any such testimony was found in all the PAHO reports examined for this study.

The systematic distortion of data does not allow a proper assessment of the real problems in healthcare in Cuba. Donate-Armada, due to her privileged access to information, believes that until 1994, when she left Cuba, health prevention (lifestyle issues such as vaccination, mammograms, annual check-ups, childcare until two years of age) was good but health promotion (water supply, environmental concerns) was not, and health delivery (medical attention) was a “total disaster” due to lacking medical supplies and equipment and an ailing healthcare infrastructure.<sup>123</sup>

To compound the problem, most international media outlets do not cover issues outside a government-approved narrative, especially on public health. No doubt, PAHO’s Cuba staff is also well aware of this. The restrictions on foreign journalists covering Cuba are systemic, especially on correspondents accredited to live there. All foreign journalists must report to the Foreign Ministry’s International Press Center, which according to Cuban defectors operates under the direction of officers of the Intelligence Directorate.<sup>124</sup> They are subjected to constant surveillance of both their professional and private lives, have all their emails and phone calls screened, and face meticulous scrutiny of their “questions, attitudes, reactions, and reporting” —in fact, “a whole group

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in Cuba, Free Union of Cuban Doctors, is also collecting information on persecuted health professionals and publishing a list of documented cases. See <https://gremiomedicocubanolibre.com/listado-de-personal-perseguido-2/>

<sup>121</sup> Cuba’s Penal Code prohibits all citizens from leaving the country without government authorization, imposing penalties of up to four years of prison for attempting to do so, and Article 25, subpara f. of the Migration Decree-Law, No. 302, imposes a stricter prohibition on those lacking “the established authorization by virtue of preserving the necessary workforce for the economic, social and scientific-technical development of the country and for the security and protection of official information.” (Decreto-Ley No. 302 Modificativo de la Ley No. 1312, “Ley de Migración” de 20 de septiembre de 1976, Gaceta Oficial, Oct. 6, 2012, p. 1357.)

<sup>122</sup> See CubaNet.org, CiberCuba.com, DiariodeCuba.com, 14ymedio.com, ADN Cuba.com and others.

<sup>123</sup> Maria C. Werlau, texts and telephone interview with Maida Donate-Armada, Sep. 1, 2021.

<sup>124</sup> This has been confirmed to the author by many journalists as well as defectors of Cuba’s intelligence services, who report that special divisions of the State Security apparatus are assigned to these tasks.

of people are assigned to influencing the journalist and frightening him if necessary,” employing “an array of continual and carefully graded psychological pressures, ranging from mild rebukes about a story to being summoned by the authorities and even denunciation in the official media.”<sup>125</sup>

Many journalists have been denied visas, have had their accreditation withdrawn and some have even suffered detention, beatings, expulsion from the country, confiscation or theft of belongings and work materials, as well as home and office break-ins. As a result, they must self-censor to avoid losing their accreditation, which is renewed annually and must have government intermediation and permission to interview any sources from any government or state entity or institution, rent a home, or purchase goods such as refrigerators, air conditioners, or cars and are scolded and threatened when they stray from the expected or allowed story lines. All their potential sources are all subject to national security laws that could send them to prison for providing the media information.<sup>126</sup> *Reporters Without Borders* issued a special report after conducting a survey of a dozen foreign correspondents in Cuba.<sup>127</sup>

Several foreign journalists have publicly spoken or written about this<sup>128</sup> and several have published memoirs on their unusual experiences in Cuba. Vicente Botín, who was correspondent in Cuba for Spain’s TV Española for nearly four years (2005-2008) has a chapter of his memoir dedicated to unmasking the myth of healthcare in Cuba.<sup>129</sup> Lucia Newman, who established the CNN bureau in Havana 1997 and was CNN’s Bureau Chief in Cuba for ten years (1997-2007), filed at least one report from Cuba on lacking medicines, but it was focused on blaming the US embargo.<sup>130</sup> However, after leaving Cuba, she acknowledged that her work had been “controlled” by the Cuban government and that she was surveilled even at home in the bathroom.<sup>131</sup> Five years after leaving Cuba, in 2012, Newman wrote a piece for *Al Jazeera* touching on many aspects of Cuban healthcare for which an open source search finds no such reporting during her tenure on the island:

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<sup>125</sup> “Foreign journalists under the regime’s microscope,” *Reporters Without Borders* report, Jun. 25, 2003, updated Jan. 20, 2016, <https://rsf.org/en/reports/foreign-journalists-under-regimes-microscope>. Also see “Partial list of incidents involving journalists and filmmakers,” *Forbidden Cuba: documenting freedom of expression violations against international actors*, Cuba Archive, [https://cubaarchive.org/wp-content/uploads/2021/11/Forbidden\\_Cuba\\_List-JOURNALISTS.pdf](https://cubaarchive.org/wp-content/uploads/2021/11/Forbidden_Cuba_List-JOURNALISTS.pdf).

<sup>126</sup> *Ibid.*

<sup>127</sup> “Foreign journalists under the regime’s microscope,” *op. cit.* (Also see Dalia Acosta and Patricia Grogg, “Foreign correspondents face special challenges in Cuba,” Havana, ISP News, Sep. 17 2003; “Foreign journalists refused entry and denied visas,” *Reporters Without Borders*, Aug. 4, 2006, updated on January 20, 2016, <https://rsf.org/en/news/foreign-journalists-refused-entry-and-denied-visas>; “Así funciona la censura sobre los medios extranjeros en Cuba,” *El Toque*, Aug. 28, 2020.

<sup>128</sup> See, for example: Julie Kay, “A frank assessment on Cuba from its longest serving correspondent,” *Daily Business Review*, June 1, 2015; Juan O. Tamayo, “Reporteros extranjeros en Cuba revelan presiones,” *El Nuevo Herald*, Feb. 21, 2010.

<sup>129</sup> Vicente Botín, *Los funerales de Castro* (Madrid: Editorial Planeta, 2009).

<sup>130</sup> Lucia Newman, “Cuba struggles with shortages of medical supplies,” *CNN*, Jun. 13, 1997.

<sup>131</sup> Claudia Guzmán V., “Llegué a lugares donde los hombres no podían llegar: Lucía Newman,” *El Mercurio* (Chile), Jun. 4, 2018.

“By the time I moved to Cuba in 1997, there were serious medicine shortages –from a mere aspirin to more badly-needed drugs. Ironically, many medicines not found at a pharmacy are easily bought on the black market. Some doctors, nurses, and cleaning staff smuggle the medicine out of the hospitals in a bid to make extra cash. Although medical attention remains free, many patients brought, and still do, food, money, or other gifts to the doctors to get to the front of the queue or guarantee an appointment for an X-ray, blood test, or surgery. If you have no contact or money to pay under the table, the waiting time for all but emergency procedures can be ridiculously long. Many Cubans complain that top-level government and Communist Party officials have access to VIP health treatment while ordinary people must queue from dawn for a routine test and with no guarantee that the allotted numbers are serviced. ... women over the age of 40 are being shortchanged because yearly mammograms are not offered to the population at large. I saw many hospitals that often had no running water, the toilets did not flush, and the risk of infections –by the hospital’s own admission– was extremely high. ... A friend of mine was unable to have an operation as scheduled because there was no anesthesiologist available, “they’re all in Venezuela” was the complaint I heard regularly. ... Over the years, I’ve heard many complaints about the deteriorating quality of the services offered.”<sup>132</sup>

Notwithstanding all of the above, Mexican Public Health expert/researcher Octavio Gómez-Dantés makes an essential point: Cuba’s health system is not performing properly because health policies “have been implemented with limited concern for certain basic liberties and human rights.”<sup>133</sup> Even if Cuba’s health indicators were accurate and public health outcomes laudable, that is a reality that PAHO cannot justifiably evade.

PAHO has also disregarded the impact of coercion in producing ‘good’ health outcomes. A 2018 paper titled “Cuban infant mortality and longevity: health care or repression?” Gilbert Berdine, Vincent Geloso, and Benjamin Powell illustrates the disadvantages: “An economy with centralized economic planning by government like that of Cuba can force more resources into an industry than its population might desire in order to achieve improved outcomes in that industry at the expense of other goods and services the population might more highly desire. (...) Physicians are given health outcome targets to meet or face penalties. This provides incentives to manipulate data. (...) Other repressive policies, unrelated to health care, contribute to Cuba’s health outcomes.”<sup>134</sup>

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<sup>132</sup> Lucia Newman, “The truths and tales of Cuban healthcare,” *Al Jazeera*, Jun. 18, 2012.

<sup>133</sup> Octavio Gómez Dantés, “The dark side of Cuba’s health system: free speech, rights of patients and labor rights of physicians,” *Health Systems & Reform*, Vol. 4, pp. 175-182, Jul. 2018. <https://doi.org/10.1080/23288604.2018.1446275>.

<sup>134</sup> Gilbert Berdine, Vincent Geloso, and Benjamin Powell, “Cuban infant mortality and longevity: health care or repression?” *Health Policy and Planning*, 33, 2018, 755–757.

The authors point to an improvement of certain health statistics at the expense of other quality of life issues by government choice cite Cuba's car ownership rate, far below the Latin American average, that results in fewer auto fatalities and forces reliance on more physically demanding forms of transportation that improve life expectancy; rationed food can also contribute to important reductions of deaths attributed to diabetes, coronary heart diseases, and strokes.

### Inadequate reports

Numerous reports going back years attest to PAHO's failure to provide a factual assessment on Cuba. For instance, the 2010 annual report<sup>135</sup> purportedly sought to provide "analysis and documentation of lessons learned and best practices adopted during the economic crisis of the 1990s ... to guide current and future efforts to respond to economic pressures," makes no reference whatsoever to what many economists consider to be the greatest obstacle to development and quality of life in Cuba: the government's refusal to allow the people to exercise their economic freedoms and liberalize the country's productive forces. PAHO has consistently overlooked the bankrupt "Cuban model," imposed by force by a military regime, even after its own creator, Fidel Castro, acknowledged its failure.<sup>136</sup> In fact, the Organization has systematically forsaken any objective analysis of Cuba's extreme underdevelopment and dependent parasitic socialist economy and failed to propose realistic solutions to raise the health and living standards of the population. It is well known that massive Soviet subsidies, estimated at around \$5 billion a year until around 1990,<sup>137</sup> sustained the Island for three decades and that, subsequently since the early 2000s, Venezuela has provided support at an annual rate of many billions.<sup>138</sup> As a result, Cuba's main sources of revenues are the exploitation of its people via the export of its workers as modern slaves and humanitarian assistance from a large and growing diaspora.<sup>139</sup>

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<sup>135</sup> *Annual Report of the Director, 2010*, PAHO, op. cit.

<sup>136</sup> Jeffrey Goldberg, "Fidel: 'Cuban model doesn't even work for us anymore!'" *The Atlantic*, Sep. 8 2010; and "Raul Castro attacks modern Cuban society as lawless," Havana, *UPI*, Jul. 24, 2013.

<sup>137</sup> "The U.S. embargo and health care in Cuba: myth versus reality," Press Statement by Nicholas Burns/Spokesman, Office of the Spokesman, U.S. Department of State, May 14, 1997.

<sup>138</sup> See Maria C. Werlau, *Cuba's intervention in Venezuela: a strategic occupation with global implications*, Free Society Project/Neo Club Press, 2019. (In February 2022, the Cuban American economist/emeritus professor Carmelo Mesa Lago reported that Venezuela under the Chavez-Maduro regime had provided assistance to Cuba of \$120 billion. Encuentro Convivencia, Florida International University, Miami, Feb. 20, 2022.)

<sup>139</sup> By 2012, material aid and cash remittances to Cuba from abroad (mostly from family) was estimated at US\$5 billion a year; the \$2.6 billion in cash remittances alone surpassed 3-to-1 all the wages paid by the Cuban state in the state-controlled economy. (Emilio Morales, "Remesas a Cuba: \$2,605 millones en el 2012," *Café Fuerte*, Jun. 8, 2013.) In mid-2016, assistance just from the US to Cuba was estimated 2016 by *The Havana Consulting Group* at \$6.6 billion annually, of which \$3.4 billion were cash remittances. (Emilio Morales, "Cuba-EEUU: La nueva dinámica del deshielo y el mito de GAESA." *Café Fuerte*, Jun. 23, 2017.) This was greater than the sum of all revenues from the five most important productive sectors of Cuba's economy, which together generated \$5.2 billion a year. (Roberto Álvarez Quiñones, "Turismo y remesas, pero muerden la mano," Los Angeles, *Diario de Cuba*, Aug. 2, 2017.)

PAHO has, instead, systematically disseminated the Cuban regime's propaganda. For instance, its report cited earlier, *Cuban experience with local production of medicines, technology transfer and improving access to health*,<sup>140</sup> asserts that Cuba's biotechnology and pharmaceutical industries were not created with a commercial or profit motive but was, rather, motivated by a concern for social justice. Yet, there is plentiful evidence that these industries were created to derive export profits. Cuba's biotech production goes back to the 1980s and began with the express intent of producing interferon for export and using blood that had been donated by the citizens for altruistic purposes. By 1983, Cuba had embraced biotechnology as a revenue-generating business and was producing commercial quantities of interferon for sale; in 1994, export sales reached over \$100 million.<sup>141</sup>

Cuban officials, institutional websites, academic journals of state institutions, and other official sources publicly highlight the importance of this export business. According to *Reuters*, by 2008 Cuba's pharmaceutical exports included generic drugs and blood products, 40 biotechnology products including 10 vaccines, interferon (antiviral and immuno-modulatory) and streptokinase (thrombolytic).<sup>142</sup> An undated Fact Sheet on *BioCubaFarma* (Biotechnological and Pharmaceutical Industries of Cuba) published by PAHO indicates that the Cuban biopharmaceutical conglomerate of dozens of entities and institutions exported 308 products to 48 countries.<sup>143</sup> Cuba reported \$435 million in revenues from medicine and pharmaceutical exports in 2018.<sup>144</sup>

The report on *Cuban experience with local production of medicines* also highlights Cuba's vaccine production as a great achievement, yet fails to mention that Cuba receives funds and other assistance from PAHO, WHO, and other donors for its vaccination programs.<sup>145</sup>

According to PAHO, installations for Cuba's Center for Genetic Engineering and Biotechnology, CIGB for its Spanish acronym, are periodically inspected by the regulatory authorities of the countries that purchase its products and, in the specific case of the recombinant vaccine against hepatitis B, they have been inspected by WHO (although no dates are provided.)<sup>146</sup> However, PAHO does not address any concerns over a lack of independence and transparency in the screening and inspection of Cuba's biological products or note this in any of its reports. Even if adequate biosafety

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<sup>140</sup> *Cuban experience with local production, 2015*, op. cit., and *Experiencia cubana, 2019*, op. cit.

<sup>141</sup> Lisa Reynolds Wolfe, "Havana: Cuba's Biotechnology Industry," Havana Project, Feb. 18, 2011,

<sup>142</sup> "Cuba aspira a exportar fármacos genéricos por \$220 millones," *Agence France Presse / El Nuevo Herald*, Nov. 18, 2008.

<sup>143</sup> "Grupo de las Industrias Biotecnológica y Farmacéutica de Cuba: BioCubaFarma, Biotecnología para la salud en Cuba," OPS Cuba, paho.org. (This document, a Fact Sheet, provides data that does not match official reports of the Basic Medication Table.)

<sup>144</sup> *Anuario Estadístico de Cuba 2020*, Sector Externo, op. cit., p. 23.

<sup>145</sup> M. Gonzalez Palacios, op. cit. (See pp. 67-68 for recent examples of vaccine aid to Cuba from PAHO/WHO. Vaccine assistance to Cuba apparently includes funds to purchase vaccines, some of which PAHO buys in bulk from pharmaceutical companies to distribute at more accessible prices among its members, according to their financial capacities.)

<sup>146</sup> *Experiencia cubana*, op. cit. p. 27.

regulations and protocols are in place, independent and reliable national regulatory entities must ensure they are followed and enforced and credible and international bodies empowered with robust mandates must verify it.

The fact is that Cuba's pharmaceutical industry is entirely owned, regulated, monitored, and commercialized by a Communist state and not subject to any adequate vetting of independent actors, local or international. Furthermore, a lacking scientific rigor in Cuba, including in the testing of biotechnology products, is an open secret that has been related to the author by individuals who have worked on the biotechnology and health industry in Cuba. A U.S. scientist hired by WHO to work on a project in Cuba anonymously confirmed that none of the publications by Cuba's experts that he had to do with or was aware of met industry standards.<sup>147</sup>

Dr. R. J. Stusser, who had a long career in Cuba practicing medicine, teaching, and in scientific research, explains that this owes in part to the ideological-political criteria prevailing as the primary requirement for advancement, rather than merit, as all leading scientists must be politically-active members of the Cuban Communist Party, whose membership is only approved after careful vetting.<sup>148</sup> The current Minister and Vice-Ministers of Health as well as all other high-ranking health authorities, he says, all have careers of stellar Party *apparatchiks*.<sup>149</sup> In fact, the General Director of the CIGB since January 2021, Marta Ayala Ávila, a Ph.D. in Biology,<sup>150</sup> was selected in April 2021 for Cuba's 14-member Politburo,<sup>151</sup> which is the leading political and ideological authority of the Communist Party and the Cuban State.

PAHO's most recent quinquennial report *Health in the Americas 2017*, essentially recites Cuba's official health indicators and reports on its "high human development index, ranking 67th among the 188 countries of the world,"<sup>152</sup> a ranking that is also based on the official statistics.<sup>153</sup> Without alluding to a lack of independent data or Cuba's non-compliance with international human rights commitments,<sup>154</sup> it commends

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<sup>147</sup> Maria C. Werlau, telephone interview with a trusted source (Anonymous Source 1), Mar. 25, 2020.

<sup>148</sup> Maria C. Werlau, telephone and personal interviews with Dr. Rodolfo J. Stusser, Miami, Florida, Aug. 6 and 10, 2013, Oct. 25, 2014, and on several subsequent occasions until September 2021. (Dr. Stusser emigrated to the U.S. in 2010.)

<sup>149</sup> Membership in Cuba's Communist Party is by invitation and members are accepted after a thorough investigation of the Communist bona fides including participation in mass Communist organizations since an early age.

<sup>150</sup> Dr. Marta Ayala Avila, [https://www.ecured.cu/Marta\\_Ayala\\_%C3%81vila](https://www.ecured.cu/Marta_Ayala_%C3%81vila); "Dr. Marta Ayala Avila, Directora General," <https://www.cigb.edu.cu/director/marta-ayala-avila/>

<sup>151</sup> Nuevo Buró Político, Secretariado y miembros del Comité Central del Partido Comunista de Cuba, Partido Comunista de Cuba Partido Comunista de Cuba, Apr. 19, 2021, <https://www.presidencia.gob.cu/>.

<sup>152</sup> *Health in the Americas, 2017*, Pan American Health Organization and World Health Organization, Washington, D.C., 2017, <https://iris.paho.org/handle/10665.2/34321>, p. 123.

<sup>153</sup> Human Development Reports, United Nations Development Programme, <http://hdr.undp.org/en>.

<sup>154</sup> The U.S. Department of State 2020 report on Human Rights Practices provides a good summary. (2020 Country Reports on Human Rights Practices: Cuba, U.S. Department of State, Bureau of

these “Achievements” and instead highlights the following: “In 2015, Cuba achieved the Millennium Development Goals. The country also adheres to its decision to comply with international agreements on women’s rights and is working toward the achievement of gender equity.”<sup>155</sup> The report’s section on Cuba<sup>156</sup> also underlines that it was recognized by the World Health Organization in 2015 as the first country in the world to obtain certification of the elimination of mother-to-child transmission of human immunodeficiency virus and congenital syphilis.” It recites alleged programs and services: school programs “geared to health promotion and disease prevention, a reduction in risk factors, morbidity, and mortality in the school-age population, the integrated, intersectoral, and interdisciplinary work with the community to promote healthy habits and behaviors.” It highlights the country’s 136 maternity homes, “a success story in the effort to protect and continuously improve maternal and child health,” and new geriatric services, for a total of 36 with 769 beds in 2014.

Following are excerpts from this report that illustrate how PAHO disseminates Cuba’s reported health data and outcomes as non-contested facts, qualifies efforts by Cuban authorities as satisfactory, and conveys an underlying message that the system adequately meets the needs of the population:

“The National Health Policy considers health an essential component of human well-being and a strategic development goal. Health services are differentiated to meet the needs of each territory, community, population group, family, and individual to guarantee equity and efficiency based on an assessment of the health situation at each level of the system. ... The NHS is organized and operates according to the principles of universality, free health care, accessibility, regionalization, and comprehensiveness. ... There is a Social Security System comprised of the Social Security and Social Welfare systems. The former ensures protection to all persons with disabilities and grants pensions, economic subsidies for maternity leave, and subsidies for illness or accidents. ... The NHS made necessary changes in the period 2010-2015, intended to continue improving the health of the population, increase the quality of services and user satisfaction, and make the system more efficient and sustainable.”<sup>157</sup>

The report notes no areas of weakness or needing improvement; with respect to “challenges,” it merely cites “dynamics and demographic features” such as low fertility of the population, aging, and the consequential loss of the replacement rate that will increase chronic noncommunicable diseases and require more human, material, and

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Democracy, Human Rights, and Labor, March 30, 2021, <https://www.state.gov/reports/2020-country-reports-on-human-rights-practices/cuba/>.) The Interamerican Commission of Human Rights and numerous international organizations have reported for decades on the grave human rights situation in Cuba including Amnesty International, Human Rights Watch, UN Watch, Victims of

Communism Memorial Foundation and many others.

<sup>155</sup> *Health in the Americas*, 2017, p. 126.

<sup>156</sup> *Ibid*, p. 123-126.

<sup>157</sup> *Ibid*, p. 123 - 126.

financial resources. It ends with a general statement: “A great challenge for the coming years is to adopt mechanisms that will ensure sustainability and consolidate the achievements within a new demographic, epidemiological, economic, social, and political context.”<sup>158</sup>

Regarding the grave demographic problem that Cuba is confronting, PAHO subsequently wrote meekly in a single sentence of another report that “since 1978, the replacement level of the Cuban population has not been reached.”<sup>159</sup> Yet, the country’s demographic time bomb as well as the extreme poverty and lacking social assistance among Cuba’s elderly population merits urgent attention. For this specific reason, the independent observatory *Cuido60* was created by Cuban émigré sociologist Elaine Acosta, Ph.D., in 2021 as a collaboration by Florida International University and the Universidad Sergio Arboleda of Colombia.<sup>160</sup>

The latest report on Health in the Americas for the five years 2012-2017 covers a time period during which there was an avalanche of information and images from Cuba that paint a very different picture: widespread poverty —including extreme misery— and a population afflicted by acute and severe shortages of medicine, medical supplies and equipment, a very decayed health infrastructure, and extremely deteriorated nursing facilities and schools (often lacking windows and running water), unsanitary conditions in many public spaces and health facilities, regular mass food poisonings, high rates of migration, prostitution, suicide, homelessness, alcoholism, mental illness, and destitution of retirees and the elderly, all in the context of systemic repression.<sup>161</sup>

Reports from the Island on the abysmal state of most clinics and hospitals have been pervasive for many years.<sup>162</sup> In 2011, 62 doctors of the Calixto García Hospital of Havana’s Surgery Department sent a letter to President Raúl Castro complaining of lacking minimal conditions to work and lower standards than in the poorest nations. The letter, circulated in social media, recites multiple woes: deplorable conditions of

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<sup>158</sup> Ibid, p. 126.

<sup>159</sup> “Estrategia de cooperación OPS/OMS: Cuba 2018-2022,” Organización Mundial de la Salud Oficina Regional para las Américas, 2018, p. 14.

<sup>160</sup> Glenda Boza Ibarra, “Nace Cuido60, una iniciativa por el respeto a la tercera edad en Cuba,” ElToque.com, Jul. 1, 2021.

<sup>161</sup> For selected reports on poor living conditions, see: Orlando Freire Santana, “La pobreza en Cuba,” La Habana, *CubaNet*, Sept. 28, 2012; Jorge Enrique Rodríguez, “Hasta la mendicidad siempre,” Madrid, *Radio Television Martí*, Dec. 13, 2017; Jorge Olivera Castillo, “Borracho es como puedo resistir los problemas,” *CubaNet*, Jan. 23, 2014; Ernesto Aquino, “Al borde de una crisis sanitaria, La Habana, *CubaNet*, Oct. 29, 2014.

<sup>162</sup> For a selection see: “Cuba Healthcare, the Hospitals Michael Moore won't show,” *YouTube*, Oct. 10, 2007; “Horrific Conditions in Cuban Hospital - Ambrosio Grillo Hospital, Santiago, Cuba,” <http://www.youtube.com/watch?v=pKkk8rGFB8o&feature=relmfu>, Jan. 11, 2012; Gladys Linares, “El horror de parir en La Habana,” *CubaNet*, Apr. 18, 2014; Víctor Manuel Domínguez, “Los asesinos del cuerpo de guardia,” La Habana, *CubaNet*, Jun. 20, 2014; Lourdes Gómez, “Con dengue y en un hospital sin agua,” Santiago de Cuba, *Diario de Cuba*, Oct. 17, 2014; Clemente Alvarez Diaz, “Muere una niña por falta de equipos en policlínico,” Oct. 18, 2014; Daineris Perez, “Caos en cuerpo de guardia del Hospital Pediátrico de Holguín por falta de médicos,” *Cihpress*, Oct., 31, 2014; “A falta de yeso en los hospitales cubanos, cartón para inmovilizar: 'la potencia de la anarquía',” Matanzas, *Diario de Cuba*, Apr. 27, 2021.

the facility leading to the progressive closure of 20 of the 30 surgery rooms and imperiled patients in the 10 rooms still open, long wait times for patients in need, a lack of even minimal resources including blood for transfusion, impaired safety and quality of procedures, lacking water supply or air conditioning, long work schedules with minimal or no pay, and doctors having to take on tasks such as cleaning or transporting patients in stretchers.<sup>163</sup> Similar letters from individual doctors have since surfaced.<sup>164</sup>

With the COVID pandemic exacerbating the problems, a growing number of doctors has taken to social media to decry the unavailability of basic supplies and medications as well as their lacking protective gear, nutrition, and rest. Some of the dissenters have been expelled and their medical titles invalidated.<sup>165</sup> In August 2021, around fifty doctors from the eastern province of Holguín took to social media to denounce the collapse of the health system in their province and to demand resources and respect for their work; a few weeks earlier, they had organized to pay home visits outside working hours and called themselves “Support Commission of Street Doctors” (*Comisión de Apoyo Médicos en las Calles, CAMC*). No such complaints, problems, or developments are mentioned in any of the reports by PAHO examined for this investigation.<sup>166</sup>

“...the fact is that medicines, medical supplies, medical instruments, and medical equipment are excluded from U.S. sanctions...”

### Blaming the U.S. blockade for Cuba’s problems

PAHO’s reports and statements blame U.S. economic sanctions for Cuba’s problems and refers to an economic embargo with many exceptions as “the blockade” while regurgitating disinformation taken verbatim from Cuban official sources and media. Its *Health in the Americas, 2007*, report, for instance, blames the US embargo for “creating shortages of drugs, equipment, and other supplies.”<sup>167</sup>

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<sup>163</sup> Alejandro Martínez, “Diferentes versiones sobre la carta que los médicos cubanos escribieron a Raúl Castro,” cubaenmiami.com, Sep. 30, 2012; “Portal oficialista dice tener “la verdadera carta” de los médicos del “Calixto García” al gobierno cubano,” Madrid, *CubaEncuentro*, Sep. 29, 2012.

<sup>164</sup> See two examples: Letter to President Raúl Castro Ruz from Dr. Jeovany Gimenez Vega, Artemisa, Jan. 28 2012, <https://ciudadanocero.cuba.wordpress.com/2012/02/28/866/>; and “From a Cuban Doctor to a dictator,” Open Letter by Dr. Innelva Ismarays Ortega Tamayo, UNPACU, Mar. 4, 2019, <https://www.unpacu.org/en/carta-abierta-de-una-medica-de-cuba-a-un-dictador/>.

<sup>165</sup> A recent example is reported in “Alexander Figueredo’s Doctor of Medicine degree disabled for political reasons,” Codelist, Nov. 23, 2021. The disbarred doctor is a source for this study.

<sup>166</sup> Patrick Oppmann, “Cuban doctors voice rare criticism of government's Covid-19 handling,” CNN, Aug. 22, 2021; Sarah Marsh, “Rare doctors' outcry highlights Cuba's COVID crisis, growing dissent,” *Reuters*, Aug. 18, 2021.

<sup>167</sup> *Health in the Americas 2007, Volume II – Countries*. Pan American Health Organization and World Health Organization, Washington, D.C., 2007, p. 263.

PAHO's report *Cuban experience with local production of medicines*, cited above, similarly blames the U.S. blockade for depriving the development of Cuba's health institutions by interfering with its access to equipment, advanced technologies, raw materials, and quality reactive materials, as well as forcing their acquisition at higher prices.<sup>168</sup> The report reads: "The economic blockade by the United States of America has been an obstacle to procuring the resources necessary for developing different sectors of Cuba.<sup>169</sup> ... The political will to implement a national health system under the economic constraints of a developing and blockaded country forced the Cuban Government to take steps such as the training of competent human resources and the manufacture of the medicines and supplies needed to guarantee health services at different levels."<sup>170</sup>

PAHO fails to explain why Cuba does not purchase reactive materials and other raw materials its pharmaceutical industry allegedly lacks when the largest producers are China and India, from whom even the U.S. pharmaceutical industry purchases 80% of its raw materials for drug production.<sup>171</sup> Furthermore, it does not mention that for many years U.S.-manufactured medications have been selectively available in Cuba in state-owned stores selling a wide range of products in hard currency at huge markups making them unavailable to average citizens lacking remittances and hard currency revenues.

The fact is that medicines, medical supplies, medical instruments, and medical equipment are excluded from U.S. sanctions since the passage of the 1992 Cuban Democracy Act,<sup>172</sup> law that "prohibits restrictions on the export to Cuba of medicines, subject to specified conditions and inspection requirements," with very restricted exceptions.<sup>173</sup>

Before the 1992 law, U.S. pharmaceutical could sell to Cuba through its overseas subsidiaries.<sup>174</sup> According to the U.S. Department of State:

"The U.S. embargo does NOT deny medicines and medical supplies to the Cuban people. As stipulated in Section 1705 of the Cuban Democracy Act of 1992, the U.S. Government routinely issues licenses for the sale of medicine and medical supplies to Cuba. The only requirement for obtaining

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<sup>168</sup> *Experiencia cubana*, p. 24 (Translation from Spanish) and p. 50.

<sup>169</sup> *Cuban experience*, 2015, p. 10; and *Experiencia cubana*, 2019, p. 12, reports that the blockade has intensified.

<sup>170</sup> *Cuban experience*, 2015, p. 11; and *Experiencia cubana*, 2019, p. 13.

<sup>171</sup> "¿Por qué Cuba no compra sus fármacos en China e India, como lo hace EE UU?," *14ymedio*, La Habana/Madrid, Jun. 22, 2021.

<sup>172</sup> The Cuban Democracy Act of 1992 was passed by the House of Representatives on Sep. 24, 1992. (H.R.5323 - Cuban Democracy Act of 1992, 102nd Congress (1991-1992), <https://www.congress.gov/bill/102nd-congress/house-bill/5323>.)

<sup>173</sup> See Section 1705 of Title XVII, Cuban Democracy Act of 1992, [https://1997-2001.state.gov/www/regions/wha/cuba/democ\\_act\\_1992.html](https://1997-2001.state.gov/www/regions/wha/cuba/democ_act_1992.html).

<sup>174</sup> In 1999, Cuba's Minister of Public Health, Carlos Dotres, acknowledged that Cuba had made purchases of drugs for newborns and some medical equipment, to subsidiaries of U.S. firms in third countries. ("Cuba: Compra de medicinas a Estados Unidos, una fantasía," *Inter Press Service*, Jan. 11, 1999.)

a license is to arrange for end-use monitoring to ensure that there is no reasonable likelihood that these items could be diverted to the Cuban military, used in acts of torture or other human rights abuses, or re-exported or used in the production of biotechnological products. Monitoring of sales can be performed by independent non-governmental organizations, international organizations, or foreign diplomats. ... Moreover, the U.S. embargo on Cuba affects only U.S. companies and their subsidiaries. Other nations and companies are free to trade with Cuba.”<sup>175</sup>

The above is the longstanding scenario. In 2008, the U.S. Commerce Department approved licenses for about \$142 million in healthcare items for Cuba of which only \$1.2 million, or 1%, were actually shipped.<sup>176</sup> In 2021, a U.S. Department of State official reported that the vast majority of license requests for medical exports are approved by the US government, yet actual purchases by Cuba fall considerably below the licensed amounts.<sup>177</sup> A July 2021 U.S. Department of State Fact Sheet emphasized the exemptions and authorizations in U.S. law and regulations on the export of food, medicine, and other humanitarian goods to Cuba and confirmed a general policy to approve requests related to medicines and medical devices, whether sold or donated.<sup>178</sup>

The U.S. embargo allows for humanitarian assistance and family travel that have generated Cuba an estimated \$120 billion in aid and revenues since 1993.<sup>179</sup> Until July 14, 2021, it was actually Cuba that restricted the amount of medicine, personal care items, and food that each traveler could bring into the country.<sup>180</sup>

According to the U.S. Cuba Trade and Economic Council’s Director, John Kavulich, this owed to the fact that Cuba “often waits for allies to donate what it needs” and “rather get things for free than pay for them.”<sup>181</sup> In 2019, Acting Under Secretary of State Michael Kozak said that the U.S. had exported millions of dollars of U.S. medical

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<sup>175</sup> “The U.S. embargo and health care in Cuba: myth versus reality,” Press Statement by Nicholas Burns/Spokesman, Office of the Spokesman, U.S. Department of State, May 14, 1997. (This statement holds true to date: Maria C. Werlau, telephone conversation and several emails with Jeffrey Smith, officer at the Office of Cuban Affairs of the U.S. Department of State, May-Sep. 2021.)

<sup>176</sup> Will Weissert, “Medical aid to Cuba hits snags,” Havana, *Associated Press*, Dec. 15, 2009.

<sup>177</sup> M. Werlau, telephone conversation and several emails with Jeffrey Smith, op. cit.; Maria C. Werlau, informal conversation with an officer of the U.S. Department of State.

<sup>178</sup> “Fact Sheet: Provision of Humanitarian Assistance to Cuba,” Fact Sheet, Bureau of Economic and Business Affairs, U.S. Department of State, July, 23, 2021.

<sup>179</sup> Emilio Morales, “GAESA no maneja un negocio de remesas a Cuba, sino uno de lavado de capital,” Miami, *Diario de Cuba*, Sep. 20, 2021. (The closure of Cuban airports during the coronavirus pandemic had cut the main gateway to send remittances to the island (flights from the U.S) to Cuba while the Cuban government refuses to use intermediaries not controlled by the military, causing a “catastrophic” drop in cash and merchandise remittances to Cuba of 54.14% in 2020, from \$6,616 million in 2019 to \$2,967 million by November 2020. See “Envío de remesas a Cuba cayó el 54,14 % en 2020, según expertos,” *On Cuba*, Nov. 24, 2020.)

<sup>180</sup> *Ibid.*

<sup>181</sup> *Ibid.*

products to Cuba and billions in medicines and medical equipment since 1992.<sup>182</sup> In 2020 alone, U.S. companies exported \$176 million of goods to Cuba, including food and medicine, to help the Cuban people.<sup>183</sup>

It has been obvious to Cubans for decades that the “blockade” has not impeded availability of many U.S. products, including medicines, in hard currency. Dr. Katherine Hirschfeld contracted a flu at the end of her stay in Cuba in 1997 and had to take a taxi to the “international clinic” that cost the monthly salary of a Cuban doctor (US\$25) to get a prescription for lozenges and cough medicine. She was then only able to purchase the medications in the well-stocked dollar pharmacies. This prompted her to note that “there was no medication of any sort—not even aspirin or band-aids—available in the peso economy,” but “there was no problem importing medicines for a profit.”<sup>184</sup>

### **Failing to hold Cuba accountable for warped investment priorities**

PAHO’s last regional report, *Health in the Americas 2017*, presents a chart showing Cuba in first place in the entire the region with respect to percentage of GDP devoted to healthcare—in excess of 10%—; higher than even the U.S. and Canada, shown in second and third places, respectively.<sup>185</sup> The source of the data is not listed.

PAHO cannot be found to have ever reported, or even mentioned, the Cuban government’s huge investments in repression, propaganda, international diplomatic presence, or luxury real estate for foreigners as health and social services are left far behind. This failure to hold the Cuban government accountable is more striking after the unprecedented mass protests of July 11<sup>th</sup> 2021.<sup>186</sup> The display of security forces in numerous cities and towns all over Cuba was huge; many were in sophisticated anti-riot gear.<sup>187</sup> As ambulances and garbage collection vehicles have been persistently and acutely lacking for years, a large number of security vehicles were seen on the streets, as posted in multiple videos on social media from many diverse locations on the Island. The systemic lack of resources for healthcare, which has been particularly acute during

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<sup>182</sup> “EEUU exporta millones en medicinas y equipos médicos a Cuba,” *Diario Las Américas*, Apr. 7, 2020,

<sup>183</sup> Statement from the U.S. Department of State to Maria C. Werlau, email, Sep. 1, 2021.

<sup>184</sup> K. Hirschfeld, *Health, Politics and Revolution*, op. cit., pp. 95-96.

<sup>185</sup> Figure 7a. Public health expenditure as a percentage of gross domestic product, 2014, p. 30, *Health in the Americas*, 2017, op. cit.

<sup>186</sup> The peaceful protests started spontaneously in a town near Havana, San Antonio de los Baños, and quickly spread to dozens of locations all over Cuba. See: Javier Corrales, “The day Cubans lost their fear,” *The New York Times*, Jul. 14, 2021; Anthony Faiola, “Cubans hold biggest anti-government protests in decades; Biden says U.S. stands with people,” *The Washington Post*, Jul. 12, 2021; Kenneth Garger, “Cubans take to the streets in massive anti-government protest,” *The New York Post*, July 11, 2021; Jay Nordlinger, “A revolt in Cuba,” *National Review*, Aug. 2, 2021.

<sup>187</sup> José Miguel Vivanco (Executive Director, Americas Division), “Cuba responds to landmark demonstrations with brutal repression,” Human Rights Watch, July 14, 2021; Tim Padgett and Luis Hernandez, “Why the Cuban regime’s post-protest crackdown isn’t surprising—and yet it is,” WLRN 91.3 FM, Aug. 3, 2021.

the pandemic, triggered many complaints in social media on the obviously skewed allocation of State resources.

In 2021, the Cuban State reported more than tripling its investment in “public administration, defense and security,” which rose to \$1,566.9 million from \$487.9 million in 2020, representing nearly six times what was invested in 2017 (\$267 million). The 5-year investment of \$3,021.6 million in government administration and security in 2017-2021 was more than three times the \$727 million investment in social services and health in the same period.<sup>188</sup> The latter were a miniscule share of Cuba’s total investments: US\$50 million (1%) in 2017; \$51.5 million (1%) in 2018; \$27.7 million (0.6%) in 2019; \$40.4 million (0.1%) in 2020; and \$557.4 million (2%) in 2021.<sup>189</sup> (See Table 1 on this page, percentages are of total investment.) It contrasts sharply with the vast resources that Cuba has been reporting in the last two decades in

export revenues from its health and social services, which most recently amounted to, according to official data, US\$6.4 billion in 2018, \$5.4 billion in 2019, and \$3.99 billion in 2020.<sup>190</sup> (All of Cuba’s export services excluding tourism reached a peak of \$10.4 billion in 2013.<sup>191</sup> The steady decline since 2013 presumably owes to lower payments per capita for Cuba’s workers in Venezuela and the termination in November 2018 of a mission with over 8,000 doctors in Brazil.)

Cuba’s investments have also for years been exceptionally skewed towards the tourist market.<sup>192</sup> In 2021, with the pandemic in full swing, Cuba spent US\$17 billion on construction and set-up of “professional services and rental and real estate activities,” which represented 82.4% of total annual investments; meanwhile, social services and public health commanded, as reported above, only \$557.4 million, or just 2%. In the

Table 1  
Investment in social services incl. health  
2014-2021

Cuban pesos = \$US

Year	Millions	% invst.
2014	\$103.9	0.9%
2015	\$190.0	0.9%
2016	\$232.6	3.2%
2017	\$50.0	1%
2018	\$51.5	1%
2019	\$27.7	0.6%
2020	\$40.4	1%
2021	\$557.4	2%

Source: *Anuario Estadístico de Cuba, Oficina Nacional de Estadísticas e Información, Republic of Cuba & ECLA (UN)*

<sup>188</sup> All data in this paragraph is taken from *Anuario Estadístico de Cuba 2021, Construcción e Inversiones, edición 2022*, op. cit. See Table 12.3. Valor ejecutado en construcción y montaje por actividad económica.

<sup>189</sup> *Anuario Estadístico de Cuba 2021, Construcción e Inversiones*, op. cit. Also see “Cuba: gasto en salud del gobierno central, 2000-2015 (en porcentajes del PIB),” Comisión Económica de América Latina (CEPAL), <https://observatoriosocial.cepal.org/inversion/es/paises/cuba>.

<sup>190</sup> *Anuario Estadístico de Cuba, Sector Externo, Oficina Nacional de Estadísticas e Información, República de Cuba*, 8.13. Valor del comercio exterior de servicios exportados por divisiones.

<sup>191</sup> See table on page 11 of “Fact Sheet: Overview of Cuba’s medical brigades,” Cuba Archive, May 23, 2022, <https://cubaarchive.org/wp-content/uploads/2022/05/FACT-SHEET-Cubas-Medical-Diplomacy.pdf>

<sup>192</sup> *Anuario Estadístico de Cuba 2021, Construcción e Inversiones*, op. cit. Also see “La estructura de las inversiones en Cuba profundiza su deformación: 50,3% al turismo,” *Diario de Cuba, La Habana*, May 23, 2021. (As per Cuban economist Pedro Monreal.)

five years from 2017 to 2021, of the \$56,407 million invested by the state, \$28.5 billion were spend in “professional services and rental and real estate activities” and just \$727 million, only 1%, in social services and health.



CAYO LARGO RESORT - Photo: Adobe Stock

This investment strategy does not bode well for the country, as the average hotel occupancy in 2015-2020 was just 46.3% at its highest in 2015; since then, it has only declined, plummeting to 14.7% in 2020 during the pandemic. This seemingly irrational investment strategy likely results from the laundering of remittances and assistance from the diaspora, over which the large military conglomerate GAESA has a monopoly.<sup>193</sup>

These warped priorities go back decades. In 1997, the U.S. Department of State reported that “Cuba’s imports totaled \$2.8 billion dollars, yet only \$46 million dollars —only 1.5% of overall foreign purchases— were for medical imports for a population of 11 million. In contrast, the Dominican Republic, spent \$208 million dollars on medical imports for its 7.5 million citizens in 1995.”<sup>194</sup>

Furthermore, Cuba’s health professionals are paid one the lowest—if not the lowest—wages in the world. The current table of monthly salaries for health workers, which is fixed by the State,<sup>195</sup> ranges from CUP 4,610 (equivalent to US\$46 at current market rates<sup>196</sup>) for recent medical graduates to CUP 5,810 for the top, Grade II, specialists (around US\$58); nurses earn between CUP 4,010 and 4,610 (US\$40-46). These salaries are paid in Cuban pesos while most food, essentials and other consumer goods are priced in a hard currency denomination at unaffordable prices for the majority of the population without access to remittances or the limited foreign economy.

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<sup>193</sup> E. Morales, “GAESA no maneja un negocio de remesas a Cuba,” op. cit.

<sup>194</sup> “The U.S. embargo and health care in Cuba,” op. cit.

<sup>195</sup> Gaceta Oficial No. 69 Extraordinaria de 10 de diciembre de 2020 (<http://media.cubadebate.cu/wp-content/uploads/2020/12/goc-2020-ex69.pdf>). (See Anexo II, Salarios mensuales de los médicos, estomatólogos y enfermeras, p. 63, and pp. 608-609.)

<sup>196</sup> The informal market exchange rate reached over CUP125 to US\$1 in May 2022 but 100-1 was used as a reference point. See “Tasas de cambio de moneda en Cuba hoy.” *El Toque*, <https://eltoque.com/tasas-de-cambio-de-moneda-en-cuba-hoy>.

Even the best-paid doctors are unable to survive on their salaries. The ration book, which is supposed to guarantee a basic basket of food and essentials, allows for only one pound of chicken to be purchased per person per month at a cost of CUP 35 pesos, while the *Supermarket 23* online store, which operates in hard currency (dollars, euros, etc.), a 5.2-pound chicken—a family meal—cost US\$14.6 in July 2022,<sup>197</sup> or 26% of the monthly salary of the highest-paid medical specialist. Meanwhile, Communist Party authorities of the provincial “Organs of Peoples Power” earn monthly CUP 9,010 to 5,820 (at the lowest level) and prison guards (“penal educators”) are recruited at monthly salaries starting at CUP 6,690.<sup>198</sup>

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<sup>197</sup> Mónica Rivero, “Los pollos son escasos en Cuba y los pocos que llegan son de... Estados Unidos,” *Infobae*, 12 de junio de 2022; “Ministerio del Comercio Interior informa sobre distribución de canasta familiar normada,” *Cuba Debate*, 30 junio 2022.

<sup>198</sup> “Médicos ganan menos que los carceleros en Cuba,” *Radio Televisión Martí*, 19 de enero de 2021.

## VI. FORSAKEN DUTIES VIS-Á-VIS THE CUBAN PEOPLE

PAHO and its leaders laud Cuba's health system as a model for the world while consistently ignoring grave problems the Cuban population has endured for decades: acute shortages of medicines, prophylactics, sanitary napkins, toothpaste, soap, deodorant, and cleaning supplies; the squalid state of health facilities; cities and towns ridden with uncollected trash; regular power and water interruptions; food poisonings and explosions of suspicious or inedible content; etc., etc.

A 1980 study of living conditions in Cuba provides a compelling example. It was ordered by the Executive Committee of Cuba's Council of Ministers and covered the period November 1979 to July 1980. It sought to explain low productivity during the 1979-1980 sugar harvest by examining the high instability and low motivation of the workforce. The final report, discussed at a meeting of the Executive Committee of the Council of Ministers, was classified "Secret"; it revealed a high level of dissatisfaction and exposed many unmet essential needs which did not correspond to a population with guaranteed employment. Years later, one of the experts who had been part of the investigation and later emigrated from Cuba made its findings public.

Multiple aspects were investigated, among them the "relationship between living conditions and health."<sup>199</sup> In healthcare, the overall wait time for X-ray exams or any other diagnostic test was found to be weeks or months, longer for referrals to a specialist, that the medical and hospital infrastructure was very deficient in the municipalities and provinces, and that there was overcrowding and deficient hygiene. In attending to health emergencies, the remoteness of medical centers, road conditions, and a lack of transportation caused delays and complications that imperiled lives. Selections from the findings include:

- Municipalities of Havana City: preventable mortality from tumors (lung); male excess mortality; low birth rate and fertility; abortion used as a means of birth control; high rates of food poisoning associated with poor hygienic conditions.
- New Industrial Assimilation Zones (ZNAI): Mortality with a prevalence of chronic diseases and diseases that are preventable with improved living conditions, as well as from accidents associated with the physical characteristics of the area and the economic activity; male excess mortality; abortion used as birth control; predominating digestive food poisoning; high rates of leptospirosis.

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<sup>199</sup> Donate-Armada, Maida. "Las condiciones de vida en Cuba: efectos sociales y psicológicos." *Papers and Proceedings of the XIVth Annual Conference of the Association for the Study of the Cuban Economy*, Miami, Florida, 5-7 Aug. 2000, AsceCuba.org. The author's data was taken from the following study, which is not public: Maida Donate Armada y Zoila Macías Menéndez "Condiciones de vida y situación de salud. Enfoque territorial," Ministerio de Salud Pública e Instituto Cubano de Investigaciones y Orientación de la Demanda Interna, Havana, Apr. 1993.

- Flat rural areas: Male excess mortality; abortion used as birth control; high rates of hepatitis and leptospirosis.
- Mountainous rural areas: Chronic diseases dominated mortality indicators and, in particular, diseases that are preventable with improved living conditions; suicide and infectious and parasitic diseases in ages 1 to 4 were major causes of death.

The investigation detailed many problems, some serious, that affected essential services including water supply, electricity, and sewer, as well as food supply and quality, housing, transportation, and education. It found systemic scarcity of essential over-the-counter drugs and hygienic products, basic consumer goods such as shoes and clothing for work (their poor quality was also noted), and of equipment and repair parts for work. Road conditions were poor and recreational, sports, and cultural activities were lacking.

At the time, 1979-1980, PAHO was working in Cuba, yet none of its reports examined for this study hint at any of these grave problems, which have only worsened over time. These important findings are not available on PAHO's website or reports examined for this investigation, although they have been public since at least 2010.<sup>200</sup> The study was conducted when the Cuban revolution was twenty years old; today, forty-three years later, a cumulative and continuing deterioration speak clearly of PAHO's failures.

It is impossible in these brief pages to compare PAHO's work of decades with a comprehensive picture of the reality it has ignored or suppressed. Following are short summaries of selected aspects that illustrate the systemic problem.

### **Access to medicine, medical supplies, and medical equipment**

In Cuba, the shortage of even basic medication is chronic and extreme; untreated medical conditions from minor to grave and even deaths from entirely treatable conditions cause great emotional distress. The shortages encompass over-the-counter drugs such as pain killers, basic antibiotics for minor infections, and antiviral drugs for shingles; this is the case even at major hospitals. A large black market exists for all sorts of medications, as workplace theft is common at all levels of the state-controlled supply chain. This problem has been pervasive for many years, has aggravated over time, and is reported by the independent press from the Island as well as in almost daily testimonies posted on social media.<sup>201</sup> During the pandemic, many –perhaps most– COVID patients have lacked oxygen and the most basic drugs to fight the virus.<sup>202</sup>

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<sup>200</sup> M. Donate-Armada, "Las condiciones de vida en Cuba," op. cit.

<sup>201</sup> See, for instance, Iván García, "Cuba: las trampas del embargo," *desdelahabana.net*, Jun. 21, 2014; Rodrigo Gutiérrez, "Cubans turn to herbal remedies, barter amid medicine scarcity," *Havana, Reuters*, Apr. 20, 2021, *Havana, Reuters*, Apr. 20, 2021; and Natalia López Moya, "The decline of the polyclinic that was a benchmark of Cuban medicine," *Havana, 14ymedio/Translating Cuba*, May 12, 2021.

<sup>202</sup> See "Cuba faces "tense situation" due to shortage of medicines," *OnCuba*, Jul. 6, 2020; "Cubans, amid medicine scarcity, turn to herbal remedies and bartering," *Reuters*, Apr. 21, 2021; Guillermo Martínez and Sarah Marsh, "Cuban diaspora sends medicines to alleviate dire shortages," *Reuters*, Aug. 12, 2021; Nora Gámez Torres, "Food shortages, a decrepit economy, and now the coronavirus: harder times ahead for Cuba," *The Miami Herald*, Mar. 28, 2020.

The Cuban government even acknowledged the problem publicly last July 2020, although it placed the blame on several external factors: a waning availability of medicines worldwide,<sup>203</sup> the U.S. “blockade,” the closure of production plants in China due to environmental pollution problems, and shipping company delays. Internally, it blamed a poor use of medicines due to inadequate prescriptions as well as complacency, deteriorated pharmacy operations, organizational and control problems, criminal activities, and lacking capacity of human resources in pharmaceutical services.<sup>204</sup> However, in September 2021, as the Cuban government positioned its COVID-19 vaccine candidates for sale to other countries, Cuba’s Minister of Health celebrated Cuba’s biotechnology industry at the 59<sup>th</sup> meeting of PAHO’s Directive Council for developing a portfolio of its own products against the virus, including three drugs for preventive use, three antivirals, two novel anti-inflammatories, and four serological diagnostics.<sup>205</sup>

We saw earlier how the Cuban government consistently propagates a distorted narrative that blames the U.S. embargo for medicine shortages. In fact, Cuba’s health authorities annually approve and publish a “Basic Medication Table” (*Cuadro Básico de Medicamentos*) with the list of medications that will be allowed in the country and made available through the public health system. They also dictate where these medicinal products will be made available: hospitals and clinics or pharmacies by location —community, municipal, special, and/or hospital pharmacies. The list also indicates which medications will be produced by the local biopharmaceutical industry and provided to the public health system as well as which ones will be imported.

Table 2  
**Cuba: Basic Medication Table**  
*No. of products*

<i>Year</i>	<i>Allowed</i>	<i>Local prod.</i>	<i>Imports</i>
2015	888	592	296
2016	857	588	269
2017	849	531	318
2018	761	488	273
2019	757	492	265
2020	619	356	263
2021	619	365	254

*Source: Cuba's Ministry of Health*

The approved list of drugs and natural products in the Basic Medication Table has been shrinking for years and declined by 42,9% from 1997 to 2021, reduced from 1,085 products in 1997 to 888 in 2015<sup>206</sup> and 619 in 2021. In 1997, 757 of the approved

<sup>203</sup> “Cuba faces “tense situation,” op. cit.

<sup>204</sup> “El Programa de Medicamentos en el país, una prioridad del Gobierno Cubano,” MINSAP, Jul. 3, 2020. (To remedy the problems, the two government officials explained that the plan included prioritizing certain drugs, guaranteeing drugs to stabilize production and adequate prescriptions, develop local production to substitute imports, and guaranteeing the production and availability of the 172 approved natural products, increasing production volumes of selected lines for the treatment of certain diseases.)

<sup>205</sup> Liz Conde Sánchez, “Cuba cuenta con una carpeta de productos propios contra la COVID-19,” *Granma*, Sep. 28, 2021.

<sup>206</sup> L. Reynolds Wolfe, op. cit.

products were locally produced;<sup>207</sup> by 2021, this had declined by 51.8% to 365 products. In 2015 to 2021 there was a steady annual decline in both imported and locally produced products. (See Table 2 on the following page.) The approved list of for 2021 had 269 less drugs than in 2015, down from 888 to 619 (227 less of the locally-produced and 42 less in imports).

A review of the approved list of drugs for 2018, which is the latest itemized list found on open sources, excludes many of the medicinal products produced in Cuba by *BioCubaFarma*.<sup>208</sup> In 2018, Cuba's state media reported that *BioCubaFarma* produced a total of 1,012 products for the national health system,<sup>209</sup> yet, the Basic Table for that same year shows just 488 locally-produced products; ¿might the missing 524 products been produced only for export?<sup>210</sup>

At year-end 2019, Cuba's President Miguel Díaz-Canel reported that local production only covered 57% of the drugs on the Basic Table and that, on average, 47 drugs were not available of which 8 were for patients with chronic diseases.<sup>211</sup>

In June 2020, the government reported problems with the supply of 312 drugs, or 50% of the Basic Table: 116 drugs were altogether unavailable (19% of the Basic Table), of which 87 were to have been locally produced and 29 imported, and 196 drugs (140 locally produced and 56 for import, or 32% of the Basic Table) were in stock but with a supply for less than 30 days. Of 77 drugs that were not available in pharmacies, 67 were produced by *BioCubaFarma* and 10 were imported.<sup>212</sup>

In 2021, of the 619 drugs approved, 365 were to be locally produced and 254 imported.<sup>213</sup> The government also announced that 46% of the drugs sold in pharmacies

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<sup>207</sup> Ibid.

<sup>208</sup> The exclusions include Hebervital (granulocyte colony stimulating factor), Heberitro (recombinant erythropoietin alpha) for anemia, Heberprot-P for diabetic foot, EPOCIM, to treat anemia; Biomodulina T, to restore T-cells and immunity in the immunocompromised Jusvinza (CIGB-258), an immunoregulatory peptide (blood component) that regulates the immune response; CIMAvax EGF (consisting of EGF as the main antigen), used to treat non-small-cell lung carcinoma; CIMAher (nimotuzumab), a monoclonal antibody to treat tumors of the central nervous system, and Itolizumab, mitigate cytokine release syndrome (CRS) in COVID-19 patients with moderate-to-severe acute respiratory distress syndrome (ARDS). (From research for upcoming publication by the author.) The approved list does include several plasma-derived medicinal products (PMDPs) produced in Cuba such as interferons, albumin, immunoglobulines, and several growth factors

<sup>209</sup> Thalia Fuentes Puebla and Deny Extremera San Martín, "El sistema de salud y la industria biofarmacéutica en Cuba a las puertas de 2019," *Cuba Debate*, Dec. 25, 2018; *Cuadro Básico de Medicamentos y Productos Naturales 2018*, Dirección de Medicamentos y Tecnologías Médicas, MINSAP, [https://www.cccmed.cu/sites/default/files/adjuntos/vigilancia/farmacov/cuadro\\_basico\\_medicamentos\\_2018.pdf](https://www.cccmed.cu/sites/default/files/adjuntos/vigilancia/farmacov/cuadro_basico_medicamentos_2018.pdf)

<sup>210</sup> *Cuadro Básico de Medicamentos y Productos Naturales 2018*, op. cit.

<sup>211</sup> Orlando Freire Santana, "BioCubaFarma: Exportar o traficar con las necesidades del pueblo," *La Habana, CubaNet*, Mar. 11, 2020.

<sup>212</sup> Ibid.

<sup>213</sup> "Habrá menos medicamentos básicos en Cuba y costarán más en 2021," *La Habana, 14ymedio*, Dec. 30, 2020.

(162 of the 353 allowed) would remain at the current price after the monetary unification process initiated on January 1, 2021. However, not all approved drugs in the Basic Table could be dispensed in pharmacies—some can only be used in hospitals. In 2019, of 757 approved drugs, only 353 (47%) could be dispensed in pharmacies.<sup>214</sup>

In January 2022, the president of the state-owned *BioCubaFarma*, Dr. Eduardo Martínez, explained that drug shortages had worsened in 2021—of both locally produced and imported drugs—with an average monthly deficit in the locally-produced of over 30%; he clarified that 121 drugs were not available from an approved list of 359.<sup>215</sup> Martínez reported that 136 of the products in the Basic Table had been unavailable (he did not clarify if he referred to the 365 of local production or the total of 619 including imports); which included 88 from the 262 in the Priority 1 category and 19 of the 110 drugs for seriously ill patients.<sup>216</sup>

The list of allowed drugs in Cuba’s Basic Medication Table is already extremely reduced. Whereas in 2021, Cuba only allowed its population 619 medical and natural products—of which many were not actually available—in the United States there are over 20,000 approved prescription drug products,<sup>217</sup> not counting the plethora of natural products. Growing restrictions to accessible drugs and health products are occurring in Cuba as many are becoming available; in the 25 years prior to 2020, around 943 New Active Substances were introduced.<sup>218</sup>

“Cuba’s state media acknowledges the significant gap between what is approved and what is actually available from the list in the Basic Medication Table.”

Compounding the declining number of approved medications, Cuba’s state media acknowledges the significant gap between what is approved and what is actually available from the list in the Basic Medication Table.

Outside the Basic Table, state-owned stores in Cuba have for years sold a wide range of medical products—including from the United States—in hard currency and at hefty mark-ups; prices are prohibitive for the average citizen. As a result, many Cubans rely

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<sup>214</sup> “Tarea ordenamiento: medicamentos que se dispensan en las farmacias,” MINSAP, Feb. 16, 2021, updated May 5, 2021.

<sup>215</sup> Ibid.

<sup>216</sup> “Impact of the U.S. blockade on pharmaceutical production in Cuba,” Ministry of Foreign Relations of the Republic of Cuba, Jan. 31, 2022, <http://misiones.minrex.gob.cu/en/articulo/impact-us-blockade-pharmaceutical-production-cuba>; Susana Antón Rodríguez, “En junio debe comenzar a mejorar producción de medicamentos,” *Granma*, Jan. 30, 2022.

<sup>217</sup> “Fact Sheet: FDA at a glance,” Food and Drug Administration, Nov. 2020.

<sup>218</sup> “Global medicines use in 2020: outlook and implications,” IMS Institute for Healthcare Informatics, Nov. 2015, <https://www.iqvia.com/-/media/iqvia/pdfs/institute-reports/global-medicines-use-in-2020>.

on family remittances and material assistance from abroad to obtain medication, but many have no such access.<sup>219</sup>

The problem with medicine shortages and shortages in general is systemic and decades-long. Aside from lacking resources and other problems stemming from failures of the social and economic model, corruption is rampant at all levels of the supply chain (primarily by state officials and employees) and theft feeds the black market as specialists or clinicians working in the production centers and pharmacies provide products to family members, friends, or “socios” (buddies) in return for favors, gifts, and other tradeoffs.

According to many health professionals from Cuba, medicines for the vast majority of the population have always been restricted and scarce, including in hospitals and of medicines produced in Cuba.<sup>220/221</sup> Doctors interviewed for this investigation unanimously explained that even the plasma-derived medicines locally produced (from blood donated by uncompensated citizens) are available almost exclusively to the government elite, tourists, and the well-connected and can attend in special facilities. Already in the 1960s, Cuban exiles in the U.S. were sending basic medication to loved ones on the Island.<sup>222</sup> In 2013, a U.S. media report on a Catholic Church charity in Cuba supported from Miami says it had received 55,000 requests for all sorts of medication; most were antibiotics, pain medications, muscle relaxants, drugs for cholesterol control, and antidiarrheals; vitamins were in strong demand to address the poor nutrition.<sup>223</sup>

What makes the desperate scenario for the Cuban population more incomprehensible is that Cuba has been exporting drugs not available on the Island and diverting resources for local drug production to unessential activities. In 2021 Cuba over-achieved projected income-generating exports with sales to 41 countries.<sup>224</sup> And in January 2022, *BioCubaFarma*'s president, Dr. Martínez, confirmed that a 50% deficit in the funding needed in 2021 to import required raw materials and inputs owed to the funds having been diverted “for the development and production of vaccines against COVID-19, and drugs included in the treatment protocol for this disease.”<sup>225</sup> This as the Government of Cuba continued to reject subsidized or free COVID vaccines (Covax) available to low-

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<sup>219</sup> A doctor explained: “Specialists have privileged patients, such as farmers who bring them baskets of food or barter with the manager of a state enterprise that imports tires or car parts or the fellow who can get them a one week stay at a beach resort.”

<sup>220</sup> The author has repeatedly heard these accounts from doctors who practiced in Cuba and emigrated, including from the late Darsi Ferret, M.D., a general doctor who founded the independent Center for Health and Human Rights Bruno Zayas to deliver medical assistance to indigent communities of Havana. (See “Repression of scientists and health professionals in revolutionary Cuba,” op. cit.)

<sup>221</sup> Longtime CNN correspondent in Havana (1997 to 2006), Lucia Newman, described this after leaving Cuba. See Lucia Newman, “The state-run system has been praised, but many specialists now fear they are falling behind international standards,” *Al Jazeera*, 18 June 2012.

<sup>222</sup> The author’s grandmother used to crumble aspirins to send as powder with her letters to her cousin in Santiago de Cuba, who happened to be a pharmacist.

<sup>223</sup> Adriel Reyes, “Las farmacias cubanas de la discordia,” *Radio Televisión Martí*, Aug. 30, 2013.

<sup>224</sup> Liz Conde Sánchez, “BioCubaFarma: la vida como primera prioridad,” *Granma*, Mar. 5, 2022.

<sup>225</sup> “Impact of the U.S. blockade on pharmaceutical production in Cuba,” op. cit.

income countries from the private-public Global Vaccine Alliance, GAVI,<sup>226</sup> in partnership with PAHO and WHO as well as declined a donation of one million COVID vaccine doses from the United States government.<sup>227</sup>

Martínez's acknowledgement confirms that the Cuban government took resources away from essential and life-saving medication needed by the citizens in real time in order to engage in an uncertain and risky production of vaccines against a new and unknown virus, furthermore, in competition with top global biotechnology-pharmaceutical conglomerates.

The projection of the Cuban regime of generating huge income and feeding its massive health propaganda campaign by delivering vaccines for "the poorest of the world,"<sup>228</sup> has been a disaster to date (June 2022). Over two years later and having started the evaluation process by the WHO since September 2021,<sup>229</sup> or earlier, for the three vaccine candidates (*Abdala*, *Soberana 02*, and *Soberana Plus*) authorized in Cuba, the WHO has still not granted their emergency authorization. Several countries including France and its territories have refused it authorization despite offers from Cuba sponsored by local political leaders.<sup>230</sup> PAHO and WHO, however, have supported the strong marketing campaign in favor of Cuba's COVID "vaccination" almost always without clarifying that its "vaccines" have not obtained WHO authorization.<sup>231</sup>

If Cuba's COVID vaccines were authorized, it might have arrived late to the game. The gold rush in the manufacture of vaccines and treatments against Covid-19 seems to be over; big pharmaceutical companies are lowering their sales' projections of anti-pandemic products as supplies have increased but demand has stagnated and the pandemic has evolved.<sup>232</sup> Pharmaceutical and biotech company Moderna reported in May 2022 that the company was having to "throw away" millions of doses of COVID-19 vaccines because "nobody wants them."<sup>233</sup> Pfizer announced that it will sell 23 of

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<sup>226</sup> Sílvia Ribeiro, "COVAX: La trampa," *Cubadebate*.cu, May 21, 2021; Nora Gámez Torres, "Cuba rejected a one-million dose donation of COVID-19 vaccines from the U.S.," *WLRN News*, Nov. 12, 2021.

<sup>227</sup> N. Gámez Torres, *op. cit.*

<sup>228</sup> Leticia Martínez, "Soberana 02: 62% de eficacia en esquema de dos dosis, pendientes resultados con dosis de Soberana Plus," *Cuba Debate*, 19 de junio de 2021.

<sup>229</sup> "La OMS evalúa las vacunas cubanas," Ministerio de Relaciones Exteriores de Cuba, 19 de septiembre de 2021, <https://misiones.cubaminrex.cu/es/articulo/la-oms-evalua-las-vacunas-cubanas>.

<sup>230</sup> "Piden al Gobierno de Francia autorizar vacunas cubanas," *Granma*, 26 de enero de 2022.

<sup>231</sup> "La Organización Panamericana de la Salud (OPS) elogió el desempeño de la vacunación anti-COVID-19 en Cuba, divulgó en Twitter el Instituto Finlay de Vacunas (IFV)," *Granma*, 13 de enero de 2022; "El Director General de la OMS resaltó el aporte cubano a la lucha contra la COVID-19," *Granma*, 25 de mayo de 2022.

<sup>232</sup> Jared S. Hopkins, "Covid-19 Vaccine and Drug Sales, Once Booming, Plateau," *The Wall Street Journal*, May 24, 2022; Feuer Will and Peter Loftus. "Johnson & Johnson suspends Covid vaccine sales guidance, citing supply surplus," *The Wall Street Journal*, April 19, 2022.

<sup>233</sup> Katabella Roberts, "Moderna 'throwing 30 million doses in the garbage,' CEO Says," *The Epoch Times*, May 25, 2022.

its patent-protected medicines and vaccines at non-profit prices to several of the world's poorest countries and help improve health infrastructure.<sup>234</sup>

Socialist central planning in Cuba has failed to deliver adequate medications to the population and has encouraged other grave systemic problems that PAHO has persistently ignored.

### Psychiatric abuse

PAHO has altogether ignored the historic use in Cuba of psychiatric torture against political dissidents since the 1960s<sup>235</sup> and the gross reported abuses committed at Havana's Psychiatric Hospital, Mazorra. PAHO has not only been mute on the scandalous human rights violations but has actually showered praise on Cuba's psychiatric authorities.

In September 1997, six years after the publication of a book detailing psychiatric torture in Cuba that reached the international scientific community, PAHO gave an award to the Director of Mazorra, Eduardo Bernabé Ordaz.<sup>236</sup> In addition, the only PAHO report on psychiatric practices in Cuba found online is a 1986 paper from the *Pan American Journal of Public Health* that establishes that a development of intensive psychiatric care units in Cuba demonstrates its progress in intensive mental care.<sup>237</sup> Despite over a dozen well-documented cases of psychiatric torture at Mazorra until that date, the paper mentions no such concern or a need for query.<sup>238</sup> Rather, the study's author, from Cuba's Superior Institute of Medical Sciences of Havana, glowingly concludes: "Cuba's experience of the last ten years demonstrates that quantitative and qualitative improvements in psychiatric services for the population are possible and do not require large investments by making modifications in the emergency care subsystem and rationally distributing resources."<sup>239</sup>

In January 2010, at least 26 patients died of hypothermia at Havana's psychiatric hospital, Mazorra. Several hundred extremely malnourished and barely-clothed patients with no blankets faced a temperature drop as the facility had many missing windows.<sup>240</sup>

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<sup>234</sup> Jared S. Hopkins, "Pfizer to sell vaccines, drugs at low prices to poorer countries," *The Wall Street Journal*, May 25, 2022.

<sup>235</sup> See Charles Brown and Armando Lago, *The politics of psychiatry in revolutionary Cuba*, London/New Brunswick, Transaction Publishers, 1991; and "Psychiatric abuse in revolutionary Cuba," Cuba Archive, May 21, 2021.

<sup>236</sup> "Eduardo Bernabé Ordaz," [https://www.ecured.cu/Eduardo\\_Bernab%C3%A9\\_Ordaz](https://www.ecured.cu/Eduardo_Bernab%C3%A9_Ordaz)

<sup>237</sup> Another publication on psychiatry titled "Comunidad, atención primaria y reestructuración de la atención psiquiátrica: experiencias en Cuba" (OPS. Cuaderno; (1),1994) is not available online.

<sup>238</sup> See a partial table at "Psychiatric abuse in revolutionary Cuba," Cuba Archive, op. cit.

<sup>239</sup> F.J, Murias Regalado, "Unidades de tratamiento psiquiátrico intensivo. Su desarrollo en Cuba," *Boletín de la Oficina Sanitaria Panamericana (OSP)*; 101(6), Dec. 1986, <https://iris.paho.org/handle/10665.2/16856>. (Translation from Spanish.)

<sup>240</sup> See photos leaked from a Havana morgue at <https://profesorcastro.jimdofree.com/fotos-de-muertos-en-hospital-psiqui%C3%A1trico/> and Juan Tamayo, "Entre 40 y 50 los muertos en Hospital Psiquiátrico de La Habana," *El Nuevo Herald*, 29 enero 2010.

The emaciated bodies, whose photos were leaked to the outside world, also bore evidence of ill treatment. The international scandal led to the criminal conviction of hospital staff and administrators but abuses have reportedly continued.<sup>241</sup>

### **Infant mortality and children's health**

PAHO's reports only cite Cuba's official statistics on infant mortality, which is touted as the crown jewel of Cuba's health "achievements." A 2019 piece available on the website of the United States National Institute of Health illustrates the studies and reports that are mostly available online, both in English or Spanish, on infant mortality in Cuba; all are based on the same indicators, validated by PAHO. The two co-authors, Mauro Castelló González (Pediatric Surgery, Camaguey Children's Hospital, Cuba) and Imti Choonara (Child Health, University of Nottingham School of Medicine, Derby, UK), parrot the usual glowing narrative:

"Cuba has excellent child health as illustrated by its low child mortality rates. Child mortality rates (under 5 years, infant and neonatal) in Cuba have all been lower than in the USA for many years. ... Cuba is a middle-income country with considerable economic problems exacerbated by the blockade imposed by the USA. ... Cuba's achievements in child health are due to a combination of factors. Cuba has an integrated healthcare system with all sections cooperating fully. Universal healthcare and universal education are the basis for good health. Literacy is at 99.7% and this enables public health campaigns to reach the entire population. Free universal education has resulted in Cuba having one of the highest doctor-to-population ratios. Programmes such as 'Educa a tu hijo' (educate your child) are in place to prepare young children for school. (...)

Primary healthcare is a key feature of healthcare in Cuba. Almost half of all Cuba's doctors work in primary healthcare. Primary healthcare exists both in urban and remote rural areas. ...Each child is seen regularly during infancy (fortnightly for the first 6 months and monthly between 6 and 12 months) and early childhood by the primary healthcare team. ...Breastfeeding rates are high (approximately one-third of infants exclusively breastfed for the first 6 months) and breastfeeding is encouraged by the primary healthcare team. ... Empowerment of women in civil society has been a major achievement in Cuba. ... Socioeconomic determinants contribute to health, and to child health in particular. ... Cuba's welfare state ensures that nobody is destitute."<sup>242</sup>

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<sup>241</sup> Yoani Sanchez, "The hospital staff steal and the patients die," *Huffington Post*, May 25, 2011; Vladimir Turró, "Mazorra, Cuba. Abusos sexuales y violencia física contra pacientes mentales," *La Habana, Misceláneas de Cuba*, Jul. 2014.

<sup>242</sup> Mauro Castelló González and Imti Choonara, "Cuba's success in child health: what can one learn?," *BMJ Paediatrics Open*, Oct. 30, 2019; 3(1): e000573.

The above ignores historic reports by Cuban health professionals that the infant mortality rate (IMR) is systematically manipulated by Cuban authorities. One such report, from the early 1990s, is from Dr. Oscar Biscet, who was an internist and medical teacher at the Obstetric Pediatric Hospital *Hijas de Galicia* of Havana. Dr. Biscet began documenting and denouncing that the government, seeking to improve the statistics, pressured hospitals and doctors to coerce women with problem pregnancies into aborting. Babies were killed right before birth unless the parents objected strongly. He also denounced other abhorrent practices. In punishment, he was terminated from his job, stripped of his medical license, his wife lost her nursing job, they lost their home, government goons beat him, and he endured repeated incarcerations, serving around ten years of prison altogether.<sup>243</sup>

Dr. Zoila Macías, cited earlier, reports that in Cuba she had learned that newborn infants who died shortly after birth were being reported as stillbirths to keep the rate of infant mortality low and that a study on this practice conducted by a doctor had been classified.<sup>244</sup> Dr. R. J. Stusser analyzed Cuba's data and concluded that it brings to the fore "contradictory evidence regarding the ratio between high maternal and low infant mortalities, as well as high fetal and low early neonatal mortalities, which supported old disputes regarding inconsistencies in Cuba's very low infant mortality and high life expectancy at birth during socialism."<sup>245</sup> For her part, Dr. Katherine Hirschfeld confirmed that she was told by a Cuban doctor in 1996 that the country's lack of neonatal intensive care wards put additional pressure to abort babies and keep mortality rates low. Hirschfeld writes: "The Cuban government's approach to health and health care seems to prioritize the health of 'the revolution' above the health of individual patients. ... This means doctors must hit specific statistical targets for their communities."<sup>246</sup>

In a 2015 scholarly article, the University of Pittsburgh economist Roberto González pointed to Cuba's reported infant mortality rate of 4.1 per 1000 live births as "misleading" due to a sharp discrepancy as compared to other countries in Cuba's reported "abnormally high" IMR in late fetal deaths (those occurring after 28 weeks of gestation) and "abnormally low" early neonatal deaths (occurring in the first week of life); if this is due to a misclassification, the IMR could be, according to his calculation, at least twice as high and not lower than that of high-income countries and, very probably, higher than that of Chile (7.0) and Costa Rica (8.0).<sup>247</sup>

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<sup>243</sup> See "Repression of scientists," op. cit.; Michael Gerson, "Oscar Biscet, a Cuban doctor who remains defiant," *The Washington Post*, June 30, 2016; "Dr. Oscar Biscet: A profile in courage from Cuba," *Washington Examiner*, June 10, 2016.

<sup>244</sup> M. Werlau, tel. interview with Z. Macías, op. cit.

<sup>245</sup> Rodolfo J. Stusser, "Demystifying the Cuban health system: An insider's view," *Cuba in Transition*, Vol 21, Nov. 30, 2011, Papers and Proceedings of the XXth Annual Meeting of the Association for the Study of the Cuban Economy, Miami, Aug. 4-6, 2011.

<sup>246</sup> K. Hirschfeld, "Response to 'Cuban infant mortality and longevity,'" op. cit.

<sup>247</sup> Roberto M. González, "Infant mortality in Cuba: myth and reality", Cuban Studies, University of Pittsburgh Press, No. 43 (2015), pp. 19-39, <https://www.jstor.org/stable/24487269>

Economists Jamie Bologna Pavlik, of Texas Tech University, and Vincent Geloso, of George Mason University, published in October 2018 the findings from a study they conducted on Cuba's reported low infant mortality rates post 1959 that empirically assessed the legacy of the regime in producing improved health outcomes. They were unable to find any important correlation with low indices and Soviet subsidies or a corresponding affectation when these ended;<sup>248</sup> this leads to questions on the reliability of Cuba's reported data, although the authors only offer empirical findings.

A 2018 paper by Geloso, Berdine, and Powell cited earlier, argues, upon examining Cuba's infant mortality and increasing longevity, that Cuba's health statistics "overstate the achievements because of data manipulation" and that "their strength is not derived from the successful delivery of health care but rather from the particular repressive nature of the regime."<sup>249</sup> The authors report that doctors are forced to misreport data, such as by recategorizing neonatal deaths as late fetal deaths in order to meet government targets for infant mortality. They explain questionable medical ethics and coercive regulation of behavior to prevent marginally riskier births by forcing abortions without the clear consent of the mother and forcefully interning pregnant women with high-risk pregnancies in state clinics (*Casas de Maternidad*). They note that in Cuba the ratio of the neonatal deaths and late fetal deaths does not stay within the usual range of each other (as they have many common causes and determinants). Correcting for several variables would drop life expectancy up to between 1.46 and 1.79 years for men. In addition, they note that at 72.8 abortions per 100 births (as officially reported), Cuba, where 41.9% of pregnancies are terminated, has one of the highest abortion rates in the world.

Octavio Gómez-Dantés has also found Cuba's infant mortality indicators suspect and not reflecting the overall performance of its health system, making essential observations:

"It takes more than a single indicator to reach an objective assessment. If we take into consideration a broader set of conventional health status indicators, we could conclude that the performance of this system has been overrated. According to a report on maternal mortality produced by WHO, UNICEF, the United Nations Population Fund, the World Bank and the United Nations Population Division, maternal mortality ratio in Cuba is 39 per 100,000 live births, compared with only 27 in Barbados, 28 in Belize, 22 in Chile, 25 in Costa Rica, 27 in Grenada and 15 in Uruguay... This in spite of the fact that Cuba reports the highest physician density (7.5 per 1000 population) of all the Latin American and the Caribbean region... The Global Burden of Disease data also show a deceiving performance of the Cuban health system in other domains

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<sup>248</sup> Jamie Bologna Pavlik and Vincent Geloso, "The Cuban revolution and infant mortality: a synthetic control approach," Oct. 26, 2018, <https://ssrn.com/abstract=3201194>.

<sup>249</sup> G. Berdine, op. cit.

related to adult health, especially lung cancer and depressive disorders.”<sup>250</sup>

What Gómez-Dantés did not mention is that it is likely much harder to manipulate the maternal mortality rate than the infant mortality rate.

Aside from the above cited problems concerning the unreliability of the data, attention to Revolutionary Cuba’s “achievement” in infant mortality in scholarly and media reports typically fails to mention that before the revolution, Cuba’s infant mortality rate was in 1958 “the 14th lowest in the world, lower than France, Germany, Italy, and Japan”<sup>251</sup> and, at 39 per 1,000 live births, “the lowest in the region and much lower than that of Argentina (60), Costa Rica (87), Chile (118), and Mexico (94).”<sup>252</sup> No PAHO reports or statements from PAHO officials can be found on open sources regarding this historical data.

Regardless, the latest mortality rate figures from Cuba reflect the effects of the pandemic and of a severe economic and public health crisis. Cuba’s Ministry of Health reported an infant mortality rate of 7.6 per thousand live births in 2021, with 99,093 live births (5,945 less than the previous year),<sup>253</sup> which represented 7,531 infants and children dying in the first year of life. Although the Ministry of Health blamed the steep decline in the rate (from 5 in 2020 and a similar historic average<sup>254</sup>) on the COVID pandemic, the United Nations Children's Fund (UNICEF) has reported: “The available evidence indicates the direct impact of COVID-19 on child, adolescent and youth mortality to be limited. However, there is concern that the indirect effects of the pandemic on mortality in these age groups stemming from strained health systems, household income loss, and disruptions to care-seeking and preventative interventions like vaccination may be more substantial.”<sup>255</sup> In June 2022, *Tribuna de La Habana*, an organ of the Communist Party Committee for Havana province, published a report that 70% of pregnant women arriving for delivery at the Havana maternity hospital known as *Maternidad Obrera*, as well as in all other hospitals in the province of Havana, had anemia, which was often

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<sup>250</sup> Octavio Gómez-Dantés, “Cuba’s health system: hardly an example to follow,” *Health Policy and Planning*, Vol. 33, Issue 6, Jul. 2018, pp. 760–761.

<sup>251</sup> D. Wiser, op. cit.

<sup>252</sup> Octavio Gómez-Dantés, “The dark side of Cuba’s health system, op. cit. (Also see J. McGuire, L. Frankel, “Mortality decline in Cuba, 1900-1959: patterns, comparisons, and causes,” *Latin American Research Review*, May 16, 2005.)

<sup>253</sup> Sheila Noda Alonso, “Cuba registra una tasa de mortalidad infantil de 7,6 por mil nacidos vivos, en un año complejo debido a la pandemia de la COVID-19,” *Ministerio de Salud*, Jan. 2, 2022.

<sup>254</sup> *Anuario Estadístico de Cuba 2020 de Salud Pública y Asistencia Social*, ed. 2021, Oficina Nacional de Estadísticas e Información, La Habana, Table 19.21 - Infant mortality by province, p. 26.

<sup>255</sup> “Child mortality and COVID-19,” UNICEF, March 2022, <https://data.unicef.org/topic/child-survival/covid-19/>. Also see “Levels and trends in child mortality,” United Nations Inter-Agency Group for Child Mortality Estimation (UN IGME), Report 2021, December 2021, <https://data.unicef.org/resources/levels-and-trends-in-child-mortality/>.

life-threatening. The doctor cited in the piece, intended to promote preventive care, also stated that prenatal iron tablets delivered by the Health System were “deficient.”<sup>256</sup>

## Health apartheid

PAHO’s stated values are to strive “for fairness and justice by eliminating differences that are unnecessary and avoidable.”<sup>257</sup> No record can be found of its reporting or objecting to health apartheid in Cuba,<sup>258</sup> which is intrinsic to a system that favors the ruling elite, paying health tourists, and political VIP guests.

The vast majority of Cuba’s citizens must contend with under-staffed and decrepit, filthy, medical facilities chronically lacking essential medications, medical supplies, equipment, air conditioning or fans, and even sheets, as well as, often, running water, where the food is pitiful, and patients must cope with a stifling heat that persists for months in the tropical climate.<sup>259</sup> What’s more, entire provinces have few or no specialists or ambulances.<sup>260</sup> Yet, in revolutionary Cuba, medical care in superior, well-equipped, well-supplied, clean, and modern facilities has always been reserved for the Castro family and the country’s top Communist Party leadership<sup>261</sup> with their close family members and patients fitting political agendas invited at no cost (paid by Cuba or Venezuela).<sup>262</sup> In the last three decades, after the loss of Soviet subsidies, Cuba has also offered exclusive high-quality health services to hard-currency paying foreigners, many arriving with pre-purchased health tourism packages.<sup>263</sup>

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<sup>256</sup> The cited doctor was Dr. Jordanka Rodríguez Morales. See Lissette Martín López, “Anemia en el embarazo: ¿cómo actuar?,” *Tribuna de La Habana*, Jun. 12, 2022.

<sup>257</sup> “Who we are,” op. cit.

<sup>258</sup> Health apartheid is also well described by U.S. anthropologist Katherine Hirschfeld, who lived and did research in Cuba in her book *Health, Politics and Revolution in Cuba Since 1898*, op. cit.

<sup>259</sup> See a sample of reports on current hospital conditions, in Spanish: “A falta de yeso en los hospitales cubanos, cartón para inmovilizar: ‘la potencia de la anarquía’,” Matanzas, *Diario de Cuba*, Apr. 27, 2021; Joven con VIH muere en un hospital de Cuba, sin medicinas y suplicando ayudas, *CiberCuba*, Feb. 10, 2021; “En Cuba ‘está muriendo gente con cuadros de salud perfectamente tratables’, afirma un médico,” *La Habana, Diario de Cuba*, Apr. 12, 2021.

<sup>260</sup> See, for instance, “En Guantánamo hay ‘una sola ambulancia’ para los enfermos de covid, aseguran las autoridades,” *La Habana, 14ymedio*, Jul. 8, 2021.

<sup>261</sup> The highest-ranking members of the *nomenklatura* had for years exclusive use of a facility located at 43<sup>rd</sup> Street, Miramar - Kholý, Havana, but their exclusive medical services were mostly moved to a reserved annex of CIMEQ (Centro de Investigaciones Médico Quirúrgicas) the country’s leading hospital. (Juan Juan Almeida, son of the late Commander Juan Almeida, who was treated at this facility when he lived in Cuba, in conversation with the author, Miami, August 2012, Miami. Also see his article “Y antes del CIMEQ,” *Radio Televisión Martí*, Mar. 18, 2013.)

<sup>262</sup> See examples in Maria C. Werlau, “Cuba-Venezuela’s health diplomacy: the politics of humanitarianism,” *Cuba in Transition: Volume XX* (Papers and Proceedings of the XXth Annual Conference of the Association for the Study of the Cuban Economy, Miami, Florida, July 29–31, 2010).

<sup>263</sup> On health tourism, see the website for the state-owned enterprise dedicated to hard currency international medical services, Comercializadora de Servicios Médicos Cubanos, S.A. <http://smcsalud.cu/>.

The United States is a member of PAHO and the largest contributor to its budget.<sup>264</sup> A 1997 statement by the U.S. Department of State, subtitled “Medical Apartheid” points to an exceptional problem in the region that PAHO has altogether failed to address or even mention:

“... senior Cuban Communist Party officials and those who can pay in hard currency can get first-rate medical services any time they want. This situation exists because the Cuban Government has chosen to develop a two-tiered medical system —the deliberate establishment of a kind of “medical apartheid — that funnels money into services for a privileged few, while depriving the health care system used by the vast majority of Cubans of adequate funding. ... Press reports indicate that during 1996 more than 7,000 “health tourists” paid Cuba \$25 million for medical services. ... The founder of Havana's International Center for Neurological Restoration, Dr. Hilda Molina, in 1994 quit her position after refusing to increase the number of neural transplant operations without required testing and follow-up, expressing outrage that only foreigners were being treated. She also resigned from her seat in the national legislature and returned the medals Fidel Castro had bestowed on her for her work.”<sup>265</sup>

Health tourism is openly promoted by the Cuban government and two websites, CubaforHealth.com and CubaHeal.com, offer services that include stem cell, corneal, and organ transplants in Cuba. CubaHeal is “a loyal supporter of the Republic of Cuba, the Cuban people, the Cuban revolution, and the Cuban revolutionary leadership” that “works with governmental healthcare providers, the Cuban Ministry of Public Health, and government officials in the Republic of Cuba to offer the highest-quality health care options at the most reasonable prices.”<sup>266</sup> Its ownership structure is unknown; it likely belongs to the Cuban military’s corporate conglomerate, GAESA (*Grupo de Administración Empresarial de las Fuerzas Armadas Revolucionarias, S.A.*).

The International Health Center *La Pradera*,<sup>267</sup> founded in 1992,<sup>268</sup> is one of eighteen medical facilities advertised for health tourism in Cuba, in addition to “Addiction Treatment Villas,”<sup>269</sup> centers for addiction rehabilitation owned by *Cubanacán*, a

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<sup>264</sup> The U.S. 2021 quota to PAHO was \$62.7 million from 35 Member State contributions of \$104.9, equivalent to 59.8% of all quotas, whereas Cuba’s was \$138,024. (“Statement of assessed contributions,” op. cit.)

<sup>265</sup> “The U.S. embargo and health care in Cuba,” op. cit. Also see a profile of Dr. Hilda Molina in “Repression of scientists,” op. cit.

<sup>266</sup> CubaHeal.com and Cubaforhealth.com website pages on many different medical procedures and transplants were accessed on April 20, 2021 and May 5, 2021. (These websites have been accessed repeatedly for this investigation since 2013.) See <https://www.cubaheal.com/about-cubaheal/>.

<sup>267</sup> <https://www.cubaheal.com/la-pradera-integrated-medical-emergency-centre/>.

<sup>268</sup> Lisandra Fariñas Acosta, “Donación de órganos: El gesto de “continuar” otras vidas,” *Juventud Rebelde*, Nov. 21, 2019.

<sup>269</sup> <https://www.cubaheal.com/cubas-world-renown-medical-centers/>. The facilities are: 1. Research Center in Longevity, Ageing and Health, 2. Hermanos Ameijeiras Clinical Surgical Hospital, 3. Fructuoso Rodriguez Orthopedic Teaching Hospital, 4. Commander Manuel Fajardo Teaching Surgical

corporation belonging to GAESA.<sup>270</sup> In addition, several hospitals have designated floors with exclusive equipment, staff, and conditions available only to foreigners.

During the COVID pandemic, the Cuban government promoted Cuba as a special destination, offering international tourists “beaches, Caribbean, mojitos and vaccines.”<sup>271</sup> The Cira García clinic of Havana, with medical services of “high standard and excellence” exclusive to foreigners and high government officials, specializes in clinical analysis of pediatric patients with post-COVID-19 syndromes. No such services are available to national pediatric patients<sup>272</sup> and social media posts constantly denounce cases such as that of Yissell Moreno Durán, a girl hospitalized and in isolation with her mother, both with COVID symptoms, at the La Colonia Española (Spanish Colony) children’s hospital of Santiago de Cuba —after three days, they had not had a PCR test and neither had their relatives with whom they had been in contact.<sup>273</sup>

## Suicide

Suicide is one of ten major causes of death officially reported by Cuba, although the word “suicide” does not appear in its Annual Statistical Yearbook on Health (at least in the yearbooks consulted for 2013 to 2020). Instead, Cuba reports suicide as mortality from “intentionally self-inflicted lesions” at a rate of 13.8 per 100,000 population for 2020, up from 13.1 in 2019.<sup>274</sup>

PAHO has reported that Cuba had the highest or one of the highest suicide rates in the region in four successive four-year periods from 1990 to 2009: 21.57 in 1990-94, 18.97 in 1995-1999, 14.55 in 2000-2004, 12.31 in 2005-2009.<sup>275</sup> In 2009 the official rate was 16.27 suicides per 100,000 population,<sup>276</sup> declining to 13.7 in 2010 and in each

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Hospital, 5. Ramon Pando Ferrer Cuban Institute of Ophthalmology, 6. National Centre for Minimally Invasive Surgery, 7. International Center of Neurological Restoration (CIREN), 8. Cira García Central Clinic, 9. Enrique Cabrera University General Hospital, 10. Juan Manuel Marquez Pediatric Teaching Hospital, 11. National Institute of Cardiology and Cardiovascular Surgery, 12. National Institute of Oncology and Radiobiology, 13. National Institute of Hematology and Immunology, 14. Camilo Cienfuegos International Retinitis Pigmentosa Centre, 15. Frank País Orthopedic Hospital, 16. Julio Diaz National Rehabilitation Hospital, 17. William Soler Pediatric Teaching Hospital, and 18. Institute of Neurology and Neurosurgery (INN).

<sup>270</sup> “Entre el colapso y la exclusividad: Turismo de salud en Cuba en medio de la pandemia,” *La Habana, CubaNet*, Sep. 14, 2021.

<sup>271</sup> *Ibid.* (The country was mostly closed to international tourism from March 20, 2020 to November 1, 2020.

“Cuba reopens Havana airport ahead of tourism high season,” *Reuters/USA Today*, Nov. 11, 2020

<sup>272</sup> “Entre el colapso y la exclusividad,” *op. cit.*

<sup>273</sup> “Una anciana cubana enferma, en carretilla hacia el hospital: 'esta es la realidad de la potencia médica', Madrid, *Diario de Cuba*, Sep. 8, 2021.”

<sup>274</sup> *Anuario Estadístico de Cuba 2020 de Salud Pública y Asistencia Social*, *op. cit.*, p. 24.

<sup>275</sup> *Ibid.*

<sup>276</sup> *Suicide mortality in the Americas*, Regional Report, Pan American Health Organization and World Health Organization, Washington D.C. 2014, Table A1.1. Age-unadjusted suicide rates per 100,000 population, in the countries of the Americas, p. 49. <https://iris.paho.org/handle/10665.2/53903>. (2009 is the latest year reported for Cuba.)

subsequent year to 13.3 in 2012 and 2013.<sup>277</sup> For 2011, 2012, and 2013, suicide was among the ten leading causes of death in Cuba; in the 10–19 age group, it was the third leading cause of death and in the 15–59 age group it was the fourth leading cause of death.<sup>278</sup> (No similar data has been found for subsequent years.)

The official figures cited above are subject to the same questions regarding reliability as other official statistics. Suicide is clearly a major problem in Cuba and a very high incidence of suicide has long been reported by Cuba’s independent press<sup>279</sup> and health practitioners. A study<sup>280</sup> published in 1998 as a book, *Suicide in Cuba and Miami*, shows that the suicide rate in Cuba had almost tripled since 1969 and that Cuba had become the country with the most suicides in Latin America while Cubans in Miami committed suicide at a lesser rate than the average Miami resident.

The study’s authors, Maida Donate-Armada and Zoila Macías, both cited earlier, are credible professionals who worked with social and health statistics in Cuba at the highest levels and were former Communist Party members (exiled from Cuba in the 1990s). They used statistics from Cuba’s Ministry of Health and from studies carried out by Donate-Armada in Cuba in 1984 and concluded that people on the island had suffered a

severe emotional impact after the failure of the nationwide plan by Fidel Castro to attain a record 10 million tons of sugar in the 1970 harvest. According to Donate, this “was the first crack in the collective consciousness regarding the ability of the revolution to provide coherent solutions to economic problems.”<sup>281</sup> The crisis was so bad that in 1979 the government classified suicide statistics as a state secret and began to disguise them under other headings such as “violent deaths” or “other unclassified physiological diseases;” the rate reached 23.2 in 1982, two years after the Mariel mass exodus.<sup>282</sup>

In 2001, Donate estimated that the current suicide rate in Cuba was more than 20 percent, or 2,500 deaths per 100,000, well ahead of the average Latin America, where suicide rates are generally between 8 and 12 percent per 100,000. If accurate, explained

“...in 1979 the government classified suicide statistics as a state secret and began to hide them under other categories such as 'violent deaths' or 'other unclassified physiological diseases.'”

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<sup>277</sup> Paula Emelina Lomba Acevedo, “A comprehensive approach to suicidal behavior in Cuba,” p. 28, in *Prevention of Suicidal Behavior*, Pan American Health Organization and World Health Organization, Washington, D.C., 2016.

<sup>278</sup> Ibid.

<sup>279</sup> See, for example, Augusto César San Martín, “El suicidio en Cuba: un tema tabú,” *La Habana, Cuba Net*, Jul. 21, 2016.

<sup>280</sup> Maida Donate-Armada and Zoila Macías, *Suicide in Cuba and Miami*, Miami, Cuban American National Council, 1998.

<sup>281</sup> M. Werlau, texts and telephone interview with Maida Donate-Armada, Sep. 1, 2021.

<sup>282</sup> Ibid.

Donate, this “likely means that Cuban women have the highest suicide rate in the world.”<sup>283</sup> These and other independent findings are missing from PAHO’s publications and reports. PAHO, in fact, reported an estimated average suicide mortality for Cuba of 10.2 from 2000 to 2019, much lower than the actual average, though still one of the highest in the Americas.<sup>284</sup>

PAHO’s *Health in the Americas, 2007* essentially said nothing of value regarding Cuba’s high rate of suicide. In the usual technical and vapid language to address Cuba’s gravest problems, it reads: “The suicidal behavior prevention and control program systematically conducts risk assessments based on epidemiological stratification in all parts of the country. The death rate from suicide dropped from 14.7 per 100,000 population in 2001 to 12.2 in 2005. The strengthening of community-based services for the treatment of patients suffering from schizophrenia has resulted in their successful social and occupational rehabilitation. The number of beds in long-term care units in psychiatric hospitals has been cut back. There is a new strategy for the treatment of alcohol dependency and related problems based on screening tests for the detection of alcohol use disorders.”<sup>285</sup>

Cuba does not report cases of intended suicide to PAHO nor causes per age group. Because the rate of survival might point to deficiencies in the delivery of emergency healthcare as well as mental care, this omission is important. At the Calixto García Hospital of Havana, a doctor reported anonymously that emergency room records listed cases of intended suicide as surgeries and, thus, patients recovering from self-inflicted injuries were not treated for emotional trauma.<sup>286</sup>

A 2014 PAHO regional report on suicide in the Americas shows Cuba with no data (N/A) in the table for estimated percentage of underreported deaths, whereas most other countries are reported (the sole exceptions being St. Kitts, Nevis, Monserrat, Haiti, Honduras, Bolivia, St. Vincent and Grenadines, countries that must have comparatively poorer systems to gather/organize/report statistics).<sup>287</sup> This absence of data is unusual, as Cuba collects and disseminates health statistics almost obsessively. PAHO’s two latest *Health in the Americas* reports, for 2012 and 2017, do not even mention suicide in the respective Cuba Country Report, yet suicide is brought up as an issue of concern in other country reports; in 2017 it is noted for at least Bahamas, Belize, El Salvador, Guyana, Jamaica, Monserrat, St. Lucia, Suriname, and Uruguay.

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<sup>283</sup> Luis Manuel García Méndez, “Vivir es lo menos que podemos hacer (El suicidio entre los cubanos),” *Cuba Encuentro*, Madrid, Jun. 15, 2011.

<sup>284</sup> *Burden of Suicide*, Pan American Health Organization and World Health Organization, 2021. <https://www.paho.org/en/noncommunicable-diseases-and-mental-health/noncommunicable-diseases-and-mental-health-data-11>.

<sup>285</sup> *Health in the Americas, 2007*, op. cit., p. 271.

<sup>286</sup> A. San Martín, “El suicidio en Cuba,” op. cit.

<sup>287</sup> *Suicide mortality in the Americas*, op. cit., see Table 6.2. Estimated percentage of unreported deaths in the countries of the Americas, 2009, p. 460.

*Cuba Archive* has documented 189 suicides in Cuba attributed to political causes and/or of persons in custody;<sup>288</sup> it is aware of a high suicide rate in Cuba's prisons but cannot document it for lacking data and access. The Government of Cuba does not report on deaths in prison, adding to the grave concerns that PAHO has failed to address.

Suicide indicates a high level of despair and hopelessness, issues that, according to recent Cuban migrants, are also behind the brewing demographic crisis (persons over age 60 increased from 6.9% in 1953 to 10.8.% in 1981 to 21.3% in 2020<sup>289</sup>) due to low birth rates and high migration rates (as well as, partly, from higher life expectancy). According to Maida Donate-Armada, by 1987 Cuba had data that demonstrated that the country had reached an abortion rate only seen in war zones, as 50% of all pregnancies were terminated regardless of age, marital status, socio-economic markers, etc. Evaluating the socio-political context such as efficiency and availability of mental health services is intrinsic to assessing high suicide rates, yet PAHO's focus has rather been on health indicators that paint a favorable picture of Cuba. Its failure with respect to the grave problem of suicide in Cuba is especially striking given that it has undertaken studies and issued reports on suicide which are available online on other countries including Chile, Colombia, and Brazil (there are more than one study on the latter two countries).

### **Communicable diseases: dengue, zika, cholera, and others**

PAHO relies on reports from Cuba's health authorities to tailor its response to communicable diseases, yet, the Organization's reports and public statements fail to explain data omissions or note requests to the authorities for accountability. This is particularly neglectful given that misrepresenting disease outbreaks pose very high risks to the Cuban population as well as to visitors to Cuba.

According to Dr. R. J. Stusser<sup>290</sup> the actual infection rate of diseases reported by Cuba, including those allegedly eradicated, is a "state secret" known only to the highest regional authorities, who are all politically-trusted individuals. For instance, he reports that he and fellow doctors would regularly prescribe blood tests for patients with suspected malaria but never received the results and ignored if the patients had tested positive. Yet, PAHO's latest regional report,

**“ ... the actual infection rate of diseases reported by Cuba, including those allegedly eradicated, is a 'state secret' known only to the highest regional authorities, who are all politically-trusted individuals. ”**

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<sup>288</sup> CubaArchive.org/database (for results, perform an Advance Search for suicide as “Cause of death.”) The author is Executive Director of this project.

<sup>289</sup> *El envejecimiento de la población: Cuba y sus territorios. 2020*, Centro de Estudios de Población y Desarrollo, Oficina Nacional de Estadística e Información, Jul. 2021, p. 10.

<sup>290</sup> M. Werlau, telephone and personal interviews with R. Stusser, op. cit.

*Health in the Americas*, for 2017, extols: “In 2015, the reported malaria rate was 0.01 cases per 100,000 population, all of which were imported. Cuba maintains the standards for the elimination of this disease, as well as those for yellow fever.”<sup>291</sup>

Dr. Stusser’s own father died of hepatitis contracted from an infected blood transfusion, yet the death certificate and autopsy report concealed the real cause of death. The doctor also explains that in 1991-2000, the government —seeking to safeguard the image of its healthcare system and its revenues from foreign tourism— silenced a famine with a corresponding increase in infant mortality, decrease in life expectancy, and successive outbreaks of peripheral neuritis, dengue fever, hemorrhagic conjunctivitis, and other epidemics.<sup>292</sup>

Katherine Hirschfeld contracted dengue fever while living in the eastern province of Oriente in 1997, a traumatic experience that was key in the “dramatic transformation” of her opinion of the Cuban health system.<sup>293</sup> Although dengue had broken out in Santiago in January 1997, it was unacknowledged and everyone repeatedly assured her that “Cuba had eradicated dengue.”<sup>294</sup> However, a massive epidemic was underway by mid-summer and she fell sick and was taken against her will to a crowded hospital ward. Hirschfeld writes:

“Once admitted as a patient, I discovered there had been thousands of cases of dengue and hemorrhagic dengue in Santiago and the surrounding towns since early spring. This surprise was eclipsed only by the extremely poor care I received in the hospital. No physician spoke to me about my condition, mosquitoes swarmed throughout the wards, and (other than a single vitamin tablet) I was given no medications to alleviate my suffering. Nursing care was scarce, and ambulatory patients (such as myself) took care of those too sick to move. Since the epidemic was considered a state secret, an armed soldier guarded the entry to the ward. I was not allowed to telephone anyone in the United States about my condition. After my release from the hospital, I learned that physicians in Santiago had been prohibited by law from diagnosing dengue in their patients for the duration of the epidemic. I (and everyone else with me in the dengue wards) had instead been given a diagnosis of “virosis” or a virus.”<sup>295</sup>

Dr. Dessy Mendoza broke the story to independent news agencies, which was picked up by the international media, and was sentenced to eight years in prison for “spreading enemy propaganda.”<sup>296</sup>

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<sup>291</sup> *Health in the Americas*, 2017, p. 125.

<sup>292</sup> R. J. Stusser, “Demystifying the Cuban health system,” op. cit.

<sup>293</sup> K. Hirschfeld, *Health, Politics and Revolution*, op. cit. p. 3.

<sup>294</sup> Ibid.

<sup>295</sup> Ibid, p. 3-4.

<sup>296</sup> “Cuba: Medical Action: Dr. Desi Mendoza Rivero,” Amnesty International. Aug. 18, 1997 (Index AMR 25/028/1997); Kelly Morris, “Cuban doctor imprisoned for 8 years for reporting dengue-fever epidemic,” *The Lancet*, Vol. 350, Issue 9093, Dec. 13, 1997, p. 1759; “Repression of scientists,” op. cit., p. 4.

Sherri L. Porcelain,<sup>297</sup> who has taught Global Public Health Sciences at the University of Miami's *Miller School of Medicine* for over 30 years, wrote in 2013: "After a century hiatus, cholera, malaria and dengue have returned to Cuba. This is no surprise since Cuba's deteriorated water, sewage, sanitation and housing systems all create the ideal environment for rapid disease spread."<sup>298</sup> In 2014, regarding Cuba's failures to report on mosquito borne diseases, she wrote:

"Cuba's policy to withhold official reporting on disease outbreaks, in spite of their well-developed epidemiologic system, jeopardizes the efficacy of such regional efforts. You need look no further than Cuba's official reporting on cases of dengue and chikungunya. PAHO's Epidemiologic Week, November 6, 2014, documents Cuba reporting zero cases of dengue this year in the face of surrounding countries having acknowledged thousands of cases. Even the United States has reported 297 suspected cases. PAHO's *Epidemiologic Week* of November 7, 2014 shows Cuba reporting 20 imported cases and no locally acquired cases of chikungunya. Every other Latin Caribbean country reported thousands of suspected cases, with 64,695 and 498,916 in Haiti and Dominican Republic respectively."<sup>299</sup>

In a 2015 chapter on "Newly emerging and re-emerging infectious diseases," in a book on "Health Security Challenges in the Americas," Porcelain warned: "Cuba's policy to withhold information on infectious disease threats for the purpose of protecting their health image or their tourism industry is unacceptable in an era where rapid and frequent transport of people and goods across borders occurs."<sup>300</sup>

During a Zika virus outbreak in 2016-2017, science journals published pieces extolling Cuba's oft-touted advantages: an 'all hands on deck' strategy of community participation and intersectoral strategies, protocols designed to get ahead of the curve on Zika transmission and impede proliferation of the *Aedes* mosquito, rapid mobilization of intersectoral efforts, active community participation, and sustainable and cost-effective outcomes.<sup>301</sup> In October 2016, Cuba hosted a meeting in Havana with PAHO/WHO Director, Dr. Carisse Etienne, and delegates from more than 30 countries to "confront arboviruses in a joint manner;" Cuba's Minister of Health,

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<sup>297</sup> Professor Sherri L. Porcelain is part of the faculty of Public Health Sciences at the Miller School of Medicine of the University of Miami since 1986 and has taught Global Health at the College of Arts and Sciences since 1991. (<https://people.miami.edu/profile/sporcela@miami.edu>.)

<sup>298</sup> Sherri L. Porcelain, "Cuba's silence is dangerous to your health," *Focus on Cuba*, Institute for Cuban and Cuban-American Studies, University of Miami, Issue 97, Aug. 5, 2013.

<sup>299</sup> Sherri L. Porcelain, "U.S.-Cuba Cooperation on Ebola: Disgrace or Diplomacy?," *Focus on Cuba*, Issue 226, Nov. 24, 2014, Institute for Cuban and Cuban-American Studies, University of Miami.

<sup>300</sup> Sherri L. Porcelain, "Health Security Challenges in The Americas: Newly Emerging and Reemerging Infectious Diseases," in Bruce M. Bagley; Jonathan D. Rosen and Hanna S. Kassab, eds., *Reconceptualizing Security in the Americas in the Twenty-First Century*, Lexington Books, Feb. 2015, p. 280.

<sup>301</sup> Conner Gorry, "Cuba confronts zika: All hands on deck," *International Journal of Cuban Health & Medicine*, 18 (1-2) Jan-Apr 2016. (This publication was featured in *Medicc Review*, the author is a freelance writer who covers the Cuban health system and has lived in Cuba since 1993.) Also see <http://www.connergorry.com/about> and <https://hereishavana.com/about/>)

Roberto Morales, highlighted “the importance of strengthening fraternal ties in the area of health, in a context of growing differences between rich and poor countries ... where arboviruses have become a threat.”<sup>302</sup>

By January 2017, Cuba had stopped sending updates on Zika to PAHO and the usual acclamations on Cuba’s health achievements went suddenly silent. PAHO’s last weekly *Zika Epidemiological Report* for Cuba, of September 25, 2017, reported a total of 187 laboratory confirmed cases in Cuba of autochthonous Zika in 2016 and cited in a footnote: “No new information was provided since EW 52 of 2016.”<sup>303</sup> The latest *Zika Epidemiological Update* from WHO, of July 2019, has the regional data but a blank for Cuba. PAHO failed to expose the farse.

In May 2017 Cuban state media reported that nearly 1,900 Zika infections had been detected to date.<sup>304</sup> An August 2017 journal piece by three scientists from Cuba’s Pedro Kourí Institute of Tropical Medicine and Clare Barrington from the University of North Carolina concluded: “Cuba’s early and successful response to Zika, grounded in the country’s long-standing dengue prevention and control program, serves as a model of rapid mobilization of intersectoral efforts.”<sup>305</sup>

In 2019, a team from Yale School of Public Health published the findings of a study of the Zika outbreak in Cuba –the researchers had sequenced the genomes of Zika viruses retrieved from nine residents of Florida who had traveled to Cuba and estimated that total cases in 2017 alone would have been at least 5,700.<sup>306</sup> One of the study leaders, Duane Gubler, a world expert on insect-borne infectious diseases who has served on numerous WHO committees and study groups,<sup>307</sup> said that “Cuba has a history of not reporting epidemics until they become obvious, and Zika is only mildly symptomatic in adults.”<sup>308</sup> Several science journals and *The New York Times*<sup>309</sup> reported the story.

No mention can be found on any PAHO/WHO report examined to date of Cuba’s missing or contradictory data on Zika and no study from PAHO/WHO can be found of the virus’ evolution in Cuba. In 2017 PAHO published a study on the importance of human rights in responding to the Zika epidemic which expounds, among others, on

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<sup>302</sup> “Health leaders discuss action against mosquito-borne viruses such as Zika and dengue,” Washington, D.C., PAHO/WHO, Pan American Health Organization, Oct. 21, 2016.

<sup>303</sup> “Cuba: Zika - Epidemiological Report in 2017,” Pan American Health Organization, Sep. 25, 2017.

<sup>304</sup> “How Havana covered up and downplayed past epidemics, and Covid-19 today,” *CubaBrief*, Center for a Free Cuba, Apr. 1, 2021.

<sup>305</sup> Marta Castro, et. al. “Why did Zika not explode in Cuba? The role of active community participation to sustain control of vector-borne diseases,” *The American Journal of Tropical Medicine and Hygiene*, Aug. 2, 2017; 97(2): 311–312.

<sup>306</sup> “Exclusive: Cuba failed to report thousands of Zika virus cases in 2017,” *New Scientist*, Jan. 8, 2019.

<sup>307</sup> <https://www.duke-nus.edu.sg/directory/detail/duane-gubler>.

<sup>308</sup> “Exclusive: Cuba failed to report,” op. cit.

<sup>309</sup> Carl Zimmer, “Zika was soaring across Cuba. Few outside the country knew,” *The New York Times*, Aug. 22, 2019.

the right to information and accountability,<sup>310</sup> and in 2018 it published a report titled “Bioethics: toward the integration of ethics in health”<sup>311</sup> —neither report mentions Cuba, not even in a footnote. Although PAHO has a Regional Program on Bioethics,<sup>312</sup> no information can be found on bioethics work on Cuba.

Cuba has systematically suppressed information on cholera outbreaks which, no doubt, would greatly impact its tourism industry, as the disease is caused by bacteria in tainted food and water and can kill from dehydration in just hours. (It is highly treatable if caught in time.) In July 2012, Cuba’s leading dissident, Oswaldo Payá, and a member of his group, Harold Cepero, were reportedly killed by Cuban state agents as they traveled by car to an eastern province to look into a reported cholera outbreak concealed by the authorities.<sup>313</sup>

“Cuba has systematically suppressed information on cholera outbreaks which, no doubt, would greatly impact its tourism industry...”

Independent Cuban journalist Calixto Martínez had broken the story of a cholera outbreak in Manzanillo, located in eastern Cuba, that had already caused 15 fatalities and that were being reported on death certificates as caused by “acute respiratory insufficiency.”<sup>314</sup> Cuba’s Ministry of Health soon reported that the epidemic was under control with no more than three deaths and 50 people affected;<sup>315</sup> soon thereafter, it was reported that the outbreak had run its course after sickening 417 people and leaving three dead.<sup>316</sup> Martínez was arrested by police on September 16, 2012 and imprisoned for seven months. He was told he faced a sentence of up to three years in prison for ‘disrespect’ towards the head of state,<sup>317</sup> although he was never formally charged. Amnesty International recognized him as a prisoner of conscience and he was released April 9, 2013 having endured ill treatment and assault in prison as well as solitary confinement in a punishment cell with no light, toilet, or bedding, and denied medical attention and use of the telephone.<sup>318</sup>

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<sup>310</sup> Jennifer J. K. Rasanathan, et. al., “La importancia de los derechos humanos en la respuesta ante el avance de la epidemia de la infección por el virus del Zika,” *Revista Panamericana de Salud Pública*, 41, Dec. 2017, <https://doi.org/10.2105/AJPH.2017.303658>.

<sup>311</sup> “Bioethics: toward the integration of ethics in health,” Final report, Jul. 11, 2018, PAHO/WHO 56th Directing Council, 70th session of the Regional Committee of WHO for the Americas, Washington, D.C., USA, Sep. 23-27, 2018.

<sup>312</sup> <https://www.paho.org/es/bioetica>.

<sup>313</sup> “HRF report on Oswaldo Payá’s death; evidence suggests government may have killed him,” Press Release, *Human Rights Foundation*, Jun. 22, 2015.

<sup>314</sup> “Cholera outbreak hits Cuba,” Havana, *UPI*, July 7, 2012.

<sup>315</sup> *Ibid.*

<sup>316</sup> “Cuba acknowledges cholera outbreak in Havana,” *Al Jazeera*, Jan. 16, 2013.

<sup>317</sup> “Cuba: Calixto Ramón Martínez Arias released; two other writers remain imprisoned,” *Pen International*, 11 April 2013. (The charges for “disrespect” would be under Article 144 of the Cuban Criminal Code.)

<sup>318</sup> “How Havana covered up and downplayed past epidemics,” *op. cit.*; and “Cuba: Calixto,” *op. cit.*

In 2013, European diplomats told the *Associated Press* that, referring to the cholera outbreak, they were concerned that the government was “not sharing information with them in a timely manner.”<sup>319</sup> The non-profit organization Cuba Archive reports having documented the death from cholera of two prisoners from *Las Mangas* prison in the eastern city of Bayamo, in July 2013, José Pérez Pláceres on July 7<sup>th</sup> and Yusmaidis Ríos Palomino, age 27, on July 31<sup>st</sup>; a prisoner at the *Combinado del Este* prison of Havana, Iyamil García Benítez, age 35, is also believed to have died of cholera on September 17, 2013.<sup>320</sup> Because it is extremely difficult to obtain reports from prisons and detention centers in Cuba, three deaths in prisons located on opposite ends of the island in a period of three months indicates the potential severity of the cholera outbreak.

In 2014, there were numerous independent reports from Cuba that authorities were silencing news of a cholera outbreak.<sup>321</sup> Sherri Porcelain wrote of her Cuban colleagues: “Sadly ... health professionals are directed to euphemistically use the vague terms of febrile illness in place of dengue and gastrointestinal upset for cholera, in contradiction to promoting public health transparency.”<sup>322</sup> In 2017, Dr. Jason Harris, Associate Professor of Pediatrics at Harvard Medical School said that while the Cuban government may not report the cases, “there continue to be sporadic cases of cholera in travelers from Cuba.”<sup>323</sup>

Compounding the lack of reliable data, other grave problems increase infection rates of communicable diseases in Cuba and are reported constantly from all over the country: grasslands in neighborhoods, garbage on the streets, broken trash collection containers, pests feeding on rotten food, sewage water pouring in the open, filthy medical facilities, and many people living in squalid, unhygienic conditions, often in overcrowded homes, some with no plumbing.<sup>324</sup> PAHO reports fail to provide a factual picture of the gravity of the crisis, address its causes, or offer realistic solutions.

Even within the tightly-controlled public health system in Cuba, alarms go off “officially.” In 2013, at the height of the cholera outbreak, Dr. Luis Suarez Rosas published a piece in the academic journal from Cuba, *Revista Cubana de Salud Pública*,<sup>325</sup> that acknowledged the presence of cholera and focused on a veiled reproach of the Cuban government’s official position of “epidemiological silence.” His surprisingly candid warning mentioned dengue, not cholera, and was imbued in lexical diplomacy: “Emphasis is placed on the fact that when the epidemiological silence does

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<sup>319</sup> “Cuba acknowledges cholera outbreak in Havana,” op. cit.

<sup>320</sup> See case records at <https://cubaarchive.org/database/?caseid=1669>; <https://cubaarchive.org/database/?caseid=463>; <https://cubaarchive.org/database/?caseid=1483>

<sup>321</sup> See, for example, Orlando Palma, “Autoridades piden a personal médico máxima discreción sobre situación epidemiológica,” *La Habana, 14ymedio*, Nov. 1, 2014.

<sup>322</sup> S. Porcelain, “U.S. & Cuba,” op. cit.

<sup>323</sup> In S. Porcelain, “U.S. & Cuba,” op. cit. (Dr. Harris was reportedly quoted in an interview with *Drug Development & Discovery Magazine*.)

<sup>324</sup> See, for example, Marcia Cairo, “La nueva decadencia,” *La Habana, Cuba Net*, octubre 24, 2014.

<sup>325</sup> Luis Suárez Rosas, “El silencio epidemiológico y la ética de la Salud Pública cubana,” *Revista Cubana de Salud Pública*, Vol. 39, No. 3, 2013.

not correspond to reality, it does not contribute to the reduction of suspected and infected cases or to a real perception of the risk of the potential seriousness of dengue as a disease and of the need of the elimination of its main transmitting agent.”<sup>326</sup> Dr. Suárez, now retired, worked for 46 years within Cuba’s Public Health system and was, coincidentally, Coordinator for WHO/PAHO projects on municipal health in 2005 and 2006.<sup>327</sup>

Ironically, the government is seemingly incapable of even resolving bed bug infestations that compound the miserly quality of life of most of the population. In April 2022, the author corresponded with a colleague in Cuba, Miriam Leiva, a 75-year-old widow and independent journalist (dissident), who wrote: “Here I am in Havana, writing as usual. I stand in line to buy the essentials, whatever can be found. Bed bugs have invaded my petit apartment. I felt dizzy, could hardly swallow, and had other symptoms. It was from having been stung for so long. I’m not even considering going to a doctor, everything is about Covid-19 and there are no medicines. A friend sent me a fumigator but the bugs are very difficult to eliminate. There are no products here and the government has not fumigated for a long time. High officials now speak normally about dengue and other infectious diseases. I think of Darcy Ferret and everything he had to endure for talking about dengue. Anyway, when I told a neighbor that I had bedbugs, she told me that the neighbor upstairs had an invasion for a long time and the bugs must have come down. They are all over the city and country.”<sup>328</sup>

## HIV/AIDS

PAHO has widely validated and praised Cuba for its “achievements” on HIV while ignoring the forced confinement and human rights’ violations of HIV positive persons that took place for years and failing to convey a realistic picture of the current situation that would help prevent the infection and save lives.

In 1985, four years after HIV/AIDS was discovered, the first case was detected in Cuba involving a Cuban who had been in Mozambique, Africa, for two years (most likely, as part of an internationalist mission). For many years, Cuba controlled the spread of the disease by holding all HIV positive individuals in de facto detention in facilities far from the cities at which they were indefinitely confined and prohibited from leaving; reportedly, this ended in 1993 when Cuban authorities caved to an international outcry.<sup>329</sup> As a result of its unprecedented and authoritarian approach, Cuba was able to for years report the lowest prevalence of HIV infection in Latin America and the

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<sup>326</sup> Ibid. (Translation from Spanish.)

<sup>327</sup> Luis Suárez Rosas, LinkedIn, <https://www.linkedin.com/in/profileluisuarezrosas?originalSubdomain=es>

<sup>328</sup> Maria C. Werlau, text messages from Miriam Leiva (from Havana), Apr. 7, 2022. (Darcy Ferret was a doctor turned dissident who endured political imprisonment who left Cuba in 2012 and died unexpectedly in 2017. See “Repression of scientists,” op. cit., p. 3.)

<sup>329</sup> “Más de 23.200 personas viven con VIH en Cuba, el 81% de ellos hombres,” *EFE, La Habana*, Dec. 8 2017.

Caribbean and one of the lowest in the Western Hemisphere and the world (reportedly, 0.4% of the population between 15 and 49 years old).<sup>330</sup>

A proliferation of scientific papers and media reports highlight Cuba's "success" in containing HIV/AIDS. A 2009 paper by Tim Anderson<sup>331</sup> in PAHO's *Pan American Journal of Public Health*, titled "HIV/AIDS in Cuba: lessons and challenges," takes all the official statistics and so-called achievements as facts and blames "ideological wars" and the U.S. blockade for essentially robbing Cuba of its due credit as well as for "undermining communication, scientific exchange, and understanding."<sup>332</sup> It credits "the broader Cuban theme called 'intersectoral cooperation' that stresses a coordinated social response to health challenges" and dismisses "ideas" about the Cuban HIV program such as "the policies of isolation, coercive testing, and an anti-homosexual approach."<sup>333</sup> The author does not mention repression of scientists, health workers, homosexuals, human rights' activists, or of HIV/AIDS patients. The piece, which stands out for its highly ideological or politicized argumentation, is entirely based on data provided by Cuba and validated by PAHO and excludes all alternative reports and views including from civil society groups such as the once beleaguered and now defunct Cuban independent group *League Against AIDS*.<sup>334</sup>

Cuba continues to report a high degree of success with HIV containment, however, the last regional data from PAHO/WHO reports an infection prevalence rate for HIV markers in blood donations of 0.55, the highest rate in the region<sup>335</sup> and considerably higher than the 0.23 regional average and the 0.19 average for the Spanish Speaking Caribbean.<sup>336</sup> PAHO, nonetheless, in the same report, in the initial narrative on countries surpassing the regional average of this marker, a considerably lower rate for Cuba of 0.28,<sup>337</sup> Cuba also does not report HIV prevalence by type of blood donation,<sup>338</sup> despite long reporting a 100% rate of voluntary blood donations. At year-end 2020, Cuban authorities reported that since the beginning of the AIDS epidemic on the island, 35,000 people had been diagnosed with the disease, of which 28,756 had survived.<sup>339</sup>

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<sup>330</sup> O. Gómez-Dantés, "The dark side of Cuba's health system," op. cit. Liz Conde Sánchez, "Cuba mantiene control sobre la transmisión del VIH/Sida en el país," *Granma*, Dec. 1, 2020.

<sup>331</sup> Tim Anderson is reported as affiliated with the Political Economy Department of the University of Sydney, Australia.

<sup>332</sup> Tim Anderson, "HIV/AIDS in Cuba: lessons and challenges," *Revista Panamericana de la Salud Pública*, 26(1), Jul. 2009.

<sup>333</sup> Ibid.

<sup>334</sup> Liga Cubana Contra el SIDA, whose website was [www.ligacubanacontraelsida.com/](http://www.ligacubanacontraelsida.com/), ceased to exist after its founder emigrated from Cuba escaping systemic harassment and persecution.

<sup>335</sup> *Blood supply for transfusions in Latin American and Caribbean countries 2016-2017*, Washington, D.C., Pan American Health Organization, 2020, p. 56-57.

<sup>336</sup> Ibid, p. 164.

<sup>337</sup> Ibid, p. 18.

<sup>338</sup> Ibid, p. 58-59.

<sup>339</sup> Lisandra Fariñas Acosta, "Cuba no ha reportado este año ningún contagio por VIH de madre a hijo," *Cuba Debate*, Nov. 27, 2020.

Several problems would help explain the reported rise in the HIV rate in Cuba. In 2014, a reported rise in HIV/AIDS cases corresponds with an extreme shortage of condoms;<sup>340</sup> this would translate into outbreaks of all sexually transmissible diseases including hepatitis B, herpes simplex, gonorrhea, and human papilloma.<sup>341</sup> The unavailability of condoms has again been reported in Cuba since the last quarter of 2019 in all pharmacies and hard currency stores, both of which are state-owned.<sup>342</sup> The supply problem is so severe that in August 2020, at Cuba's request, the United Nations Population Fund (UNFPA) donated over half a million condoms to Cuba as well as personal protective equipment (masks and protective suits) for health workers, in particular for those providing sexual and reproductive health (SRH) services.<sup>343</sup> A 2020 survey by health authorities exposed a concerning rise in risky behavior by HIV positive individuals, with one in five persons risking infecting others for not employing systematic protection, and diminished condom use in the previous six years, particularly among the youngest persons with HIV.<sup>344</sup>

The two most recent Cuba's Yearbook of Health Statistics, for 2019 and 2020,<sup>345</sup> published with PAHO, WHO and UNICEF logos, report a rather puzzling scenario. The reported mortality rate from AIDS per 100,000 population had declined steadily: 2018: 4.2; 2019: 3.8; and 2020: 3.2, while the incidence of AIDS per 100,000 population was reported in the 2019 Yearbook as declining in 2018 (17.7) and 2019 (13.5). However, the 2020 Yearbook changed the reporting base to a case incidence per 1,000,000 population and reported it with a very high peak in 2019 but a very considerable overall decline from 2016: 2016: 28.4; 2017: 26.5; 2018: 17.7; 2019: 131.7; and 2020 16.5.<sup>346</sup>

## Blood supply

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<sup>340</sup> "Solo Cuba registra incremento del VIH/Sida en el Caribe," Redacción, *Inter Press Service (IPS)*, Cuba, Jul. 23, 2014.

<sup>341</sup> Yoel Espinosa Medrano, "Villa Clara sin condones: problema grande," Santa Clara, Cuba, *CubaNet*, marzo 19, 2014; Arnaldo Ramos Lauzurique, "Aumenta el SIDA por falta de condones," La Habana, *Cuba Net*, junio 26, 2014.

<sup>342</sup> "Aumentan precios de los condones en Revolico ante escasez en farmacias cubanas," *CiberCuba*, Apr. 18, 2021. (This report cites a survey of 106 pharmacies in 75 municipalities all over the country.)

<sup>343</sup> "Cuba receives UN donation of sexual and protective equipment," Havana, Cuba, *Cuban News Agency (ACN)*, Aug 20, 2020.

<sup>344</sup> "Aumentan prácticas sexuales de riesgo en personas que viven con VIH en Cuba," La Habana, *Inter Press Service (IPS)* Cuba, Feb. 8, 2021.

<sup>345</sup> Anuario Estadístico de Salud 2020, Ministerio de Salud Pública, La Habana, 2021, Cuadro 17. Mortalidad según primeras 35 causas de muerte. Ambos sexos. 2019-2020, p. 45, <https://salud.msp.gob.cu/wp-content/Anuario/Anuario-2020.pdf>; Anuario Estadístico de Salud 2019, Ministerio de Salud Pública, La Habana 2020, Cuadro 19. Mortalidad según primeras 35 causas de muerte. Ambos sexos. 2018-2019, p. 39, [https://salud.msp.gob.cu/wp-content/Anuario/anuario\\_2019\\_edici%C3%B3n\\_2020.pdf](https://salud.msp.gob.cu/wp-content/Anuario/anuario_2019_edici%C3%B3n_2020.pdf)

<sup>346</sup> 19.16 - Incidencia por enfermedades de declaración obligatoria, Anuario Estadístico de Salud 2020, op. cit., p. 23.

Cuba has long reported to WHO/PAHO a 100% rate of voluntary altruistic (unremunerated) blood donations,<sup>347</sup> a 100% rate of allogeneic donations, which are given for transfusion to an unknown (undesigned) recipient, a 0 (zero) replacement donors and 0 (zero) remunerated donors.<sup>348</sup> It is difficult to explain how PAHO, with such a large presence in Cuba, publishes Cuba's reports on blood supply without even a note regarding the questionable veracity and precision of the data, especially since practically all living adult Cubans can attest to its opacity.

To start, the number of donors doesn't match. PAHO's latest regional report on *Supply of Blood for Transfusion, 2016-2017*<sup>349</sup> lists 411,979 voluntary donors for Cuba in 2017,<sup>350</sup> however, Cuba's 2017 Health Statistical Yearbook reports 355,734 donors, that is, 56,245 fewer.<sup>351</sup>

PAHO/WHO is likely working on its more recent regional report. It will have to report a steep and progressive decrease in voluntary blood donation in Cuba, reflected in the Government of Cuba's statistics. Its latest Yearbook on Health Statistics, for the year 2020, reports 313,800 donors (although without providing comparative data from previous years).<sup>352</sup> Anyone engaging in a simple mathematical exercise will be able to corroborate the progressive collapse in voluntary blood donation in Cuba despite the government's large historic investment in infrastructure and promotional campaigns to encourage unremunerated (altruistic) blood donation. In 2020 Cuba reported 114,504 fewer donors than in 2012, or 234,459 fewer donors than in 1985 (of the 548,259 reported that year), or 416,993 fewer donors than in 1990 (730,793 reported), the year with the highest number of donations reported by Cuba.<sup>353</sup>

In the electronic version of the 2018 and 2019 Health Yearbooks, the typical chart of blood donors by province was not included, while the 2018 and 2019 Statistical Yearbook of Cuba reported donor data by province only up to the year 2017 (with 355,734 donors). The 2017 Yearbook is the last one that includes a comparison with previous years, the electronic version compares the data up to the year 2012, where there is a progressive decrease in donors since 2013,<sup>354</sup> while the full version goes back

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<sup>347</sup> WHO estimates that a country's annual blood requirement is 2% for a population of 10 million, or one donation per 20 inhabitants. (Dr. N. Dhingra, op. cit.) For Cuba's current population of 11.3 million, the requirement would be 226,000 donations, which Cuba well surpasses. (Dra. S. M. Melians Abreu, op. cit.)

<sup>348</sup> *Supply of Blood 2016-2017*, p. 163

<sup>349</sup> Ibid.

<sup>350</sup> *Anuario Estadístico de Cuba 2019 de Salud Pública y Asistencia Social*, ed. 2020, Oficina Nacional de Estadísticas e Información, La Habana.

<sup>351</sup> *Anuario Estadístico de Cuba 2017 de Salud Pública y Asistencia Social*, ed. 2018, Oficina Nacional de Estadísticas e Información, La Habana (Cuadro 19.15 Donaciones de sangre por provincias).

<sup>352</sup> *Anuario Estadístico de Cuba 2020 de Salud Pública y Asistencia Social*, ed. 2021, Oficina Nacional de Estadísticas e Información, La Habana (Cuadro 19.15 Donaciones de sangre por provincias, p. 22).

<sup>353</sup> *Anuario Estadístico de Cuba 2017*, op. cit

<sup>354</sup> Donations by year are: 2013: 446,110; 2014: 407,989; 2015: 392,962; 2016: 389,503; and 2017: 355,734. (Cuadro 19.15. Donantes de sangre por provincia, *Anuario Estadístico de Cuba 2017, Salud Pública y Asistencia Social*, ed. 2018, Oficina Nacional de Estadísticas e Información, La Habana (see Cuadro 19.15 Donaciones de sangre por provincias, p. 21).

to 1985. The 313,800 donors reported in 2020 are 114,504 fewer than in 2012, 234,459 fewer than in 1985 (of the 548,259 reported for that year), and 416,993 fewer than in 1990, the year with the highest number of donations reported by Cuba, when 730,793 donors were reported.

In the two years prior to 2020, Cuba did not report the number of blood donors. In the electronic version of the 2018 and 2019 Health Yearbooks, the typical table of blood donors by province was not included and the Statistical Yearbook of Cuba, which is more complete, limited itself to reporting the data for the year 2017 (with 355,734 blood donors). The 2017 Yearbook is the last to include a comparison with previous years; the electronic version compares the data up to the year 2012, where a progressive decrease in donors is seen since 2013; and the full version includes years prior to 1985.

PAHO/WHO has for years reported a much higher than average per blood bank collection for Cuba and overall collection rate for the region.<sup>355</sup> Cuba's reported 36.1 blood donations per 1,000 inhabitants in 2017 outranking all countries in and far surpasses the overall regional average of 16.8 region, with the sole exception of Curacao.<sup>356</sup> For instance, in 2013, Cuba's reported 446,147 voluntary non-remunerated blood donations<sup>357</sup> resulted in a donation ratio per population that exceeded by 102 times the ratio of low-income countries, the group to which Cuba belongs, as well as the ratio of high-income countries.<sup>358</sup>

Cuba strikingly fails to provide certain data on blood reported by many counties of the region, as reflected in PAHO's *Supply of Blood 2016-2017* report for the following standard categories and no explanation is provided for all this missing data:

- Number of units collected by gender or age group
- Deferred donors according to cause
- Separation into component
- HIV prevalence by type of donation
- Blood components obtained by apheresis (plasma and others are not reported)
- Number of transfusion services
- Number of hospitals that perform transfusion services

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<sup>355</sup> In 2005 and 2009, for example, the mean yearly blood per blood bank collection in Latin America ranged between 606 and 7,988 units while Cuba averaged 13,338 units. Cuba also had an overall collection rate several times the average for the region of 145.0 per 10,000 inhabitants in 2005 and 157.4 in 2009, with Cuba's respective collections rates at 442.5 and 359.7 per 10,000 inhabitants. (See *see bi-annual reports 2010-2011 to 2016-17 of Supply of Blood for Transfusion in Latin America and the Caribbean Countries*, Pan American Health Organization.)

<sup>356</sup> *Supply of Blood*, p. 6.

<sup>357</sup> Tabla 19.15 - Donantes de sangre por provincias / Blood donors per province, *Anuario Estadístico de Cuba 2013*, Oficina Nacional de Estadísticas, Cuba.

<sup>358</sup> WHO reports a blood donation rate of 31.5 donations in high-income countries, 15.9 donations in upper-middle-income countries, 6.8 donations in lower-middle-income countries and 5.0 donations in low-income countries. (Fact Sheet: "Blood safety and availability," June 10, 2020, World Health Organization, <https://www.who.int/news-room/fact-sheets/detail/blood-safety-and-availability>.) Cuba's population in 2013 was 11,163,939. (*Anuario Estadístico de Cuba 2013*, op. cit). See page 6 and footnote 63 for the reported number of donations.

- Number of components transfused
- Number of patients transfused by age group
- Adverse transfusion reactions
- Financing and costs of blood services
- Notification systems
- Consumables stock

Despite the reported plentiful blood supply (100%), Cuba's citizens, with the exception of the high-ranking nomenclatura,<sup>359</sup> have been required to provide at least one blood donation as a *condition* for admission to a hospital or for any surgical procedure, even for abortions and for minor surgeries not requiring blood transfusions.<sup>360</sup> However, and despite the fact that there is a blood bank in every hospital in the country, plasma is generally lacking, as consistently reported by Cuban doctors.<sup>361</sup> The actual supply of blood and plasma-derived medications delivered to the Cuban population is not officially or systematically reported.

Because Cuba does not report to PAHO/WHO data on blood transfusions, the scarce data that can be found merely adds confusion. A study from Cuba on adverse reactions to transfusions reports that only 37 patients received transfusions in all of 2011 at all medical centers under the Department of Internal Medicine of the *Hospital General Comandante Pinares* of San Cristóbal, in Artemisa province.<sup>362</sup> According to a specialist consulted for this study, this was unimaginably low, implausible, for a teaching hospital with 420 beds and 11 surgery rooms.<sup>363</sup> The transfusion rate (i.e. the number of units transfused per hospital bed per year) estimated by WHO is 6.7 units of blood per acute hospital bed per year (WHO, 1971);<sup>364</sup> assuming that this hospital only had 20 acute beds, which would be very low for a large teaching hospital, 134 transfusions would have been needed, or 97 more than the 37 reported.

Allogeneic (also called “homologous”) donors give blood for storage at a blood bank for transfusion to an unknown, or undesignated, recipient. The fact is that in Cuba there

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<sup>359</sup> This is widely reported and was confirmed by the author in conversations with Lt. Col. Juan Reynaldo Sánchez, who was part of Fidel Castro's security team, and others such as Juan Juan Almeida, son of the third most important “Comandante” of the revolution (after Fidel and Raúl Castro) who lived in Raul Castro's home as a child for several years. (María C. Werlau, conversations with Juan Reynaldo Sánchez, 2013-2014; María C. Werlau, interview with Juan Juan Almeida, Miami, August 9, 2013.)

<sup>360</sup> Numerous individuals from Cuba consulted over the course of several years, confirmed this. See, for instance, Juan Juan Almeida, “La sangre de exportación,” *Radio Televisión Martí*, Aug. 7, 2013.

<sup>361</sup> The author has interviewed many doctors from Cuba who practice or have practiced all over the country and at different periods in time.

<sup>362</sup> Edwin Mamani Choque, et. al., “Comportamiento de uso y abuso de hemoderivados en medicina interna,” <http://www.monografias.com/>, 2011 (published Mar. 21, 2013). The author clarifies that the universe of the study was on “all patients who received blood transfusion at the different services of the center,” the 37 patients whose orders for transfusion were kept at the records' department of the hospital and whose clinical history was reviewed).

<sup>363</sup> <http://instituciones.sld.cu/hgdcpinars/pagina-ejemplo/> (consulted 10/30/2014 and 5/5/2021).

<sup>364</sup> Dr. Neelam Dhingra (Coordinator, Blood Transfusion Safety), “Estimate Blood Requirements - Search for a Global Standard,” WHO, Geneva. [http://www.who.int/bloodsafety/transfusion\\_services/estimation\\_presentations.pdf?ua=1](http://www.who.int/bloodsafety/transfusion_services/estimation_presentations.pdf?ua=1)

is a very high percentage of “autologous” donation —blood given by individuals for their own use, such as before a surgery, or as “directed” donations, which are given by family and friends for a patient’s upcoming procedure.<sup>365</sup> Despite systematically requiring blood donations, as explained above, presumably to watch for its international image, autologous (or directed) donation is prohibited in Cuba, even when there is a lack of blood and there are donors to save the life of a close relative.<sup>366</sup>

Not reporting the myriad material incentives and other rewards Cubans that have historically received for donating blood is another distortion; this has been standard practice although the nature of the rewards has evolved over time. It is also well known to the population and recorded in official media.<sup>367</sup>

Cuba is far behind the region with respect to the legal framework recommended by PAHO/WHO on blood donation and supply as well as on organ donation and transplants. A 2013 PAHO report indicated that most countries had comprehensive and specific legislation on these aspects while others only had general language contained in public health laws.<sup>368</sup> Although the report does not state it, it is obvious in its many tables and charts that Cuba was one of the few countries of the region without a law.

“Cuba is far behind the region with respect to the legal framework recommended by PAHO/WHO on blood donation and supply as well as on organ donation and transplants.”

The Supply of Blood regional report for 2016-2017 does indicate in a by country table that Cuba has a specific law on blood but no specific budget.<sup>369</sup> In effect, Cuba does

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<sup>365</sup> “Analogous and directed donations”, Cruz Roja Americana, <https://www.redcrossblood.org/donate-blood/how-to-donate/types-of-blood-donations/autologous-and-directed-donations.html>

<sup>366</sup> Dr. Lianela Martínez posted on social media (Facebook) in July 2022 that her father had been waiting for four days at the Clinical Surgical Hospital of Santiago de Cuba for a leg amputation because there was no backup blood for transfusion and hospital authorities would not allow her to donate blood for him because “the practice of directed donations is not allowed in Cuba.” (“Doctora cubana a quien impiden donar sangre a su padre: “La culpa es de un sistema fallido”, *CiberCuba*, 10 de julio de 2022.)

<sup>367</sup> Enrique Portuondo and Yolaynis Cárdenas, “Recibe plasmas planta de hemoderivados,” *cubano1erplano.com*, Jan. 10, 2011, <http://www.cubano1erplano.com/2011/01/recibe-plasmas-planta-de-hemoderivados.html>; Pablo González, “Donan sangre por un pan con jamón,” *La Habana, Cuba Net*, Mar. 20, 2015; Pinchazo solidario: Si donas sangre en el Pasteur la Cooperativa 15 de Mayo te da el desayuno gratis,” Mar. 27, 2017, <https://www.villamariaya.com/pinchazo-solidario-si-donas-sangre-el-pasteur-la-cooperativa-15-mayo-te-da-el-desayuno-gratis-n6385>; “Productos demandados y sin colas' a cambio de donaciones de sangre en Santiago de Cuba” Santiago de Cuba, *Diario de Cuba*, Jul. 20, 2020.)

<sup>368</sup> “Legislación sobre donación y trasplante de órganos, tejidos y células: compilación y análisis comparado,” Washington, D.C., Organización Panamericana de la Salud, 2013.

<sup>369</sup> *Supply of blood 2016-2017*, op. cit., p. 78-79.

not have a Law on Blood Services, as recommended by PAHO/WHO,<sup>370</sup> and operates on the basis of ministerial resolutions. Yet, no public request to the Government of Cuba by PAHO or WHO regarding the need to improve on this matter could not be found. PAHO/WHO, nonetheless, reports without any qualifications that Cuba has a blood quality assurance policy and program, external evaluation serology and immunohematology, an inspection system, continued education, staff certification, and service accreditation.<sup>371</sup>

Both PAHO and WHO are well aware that Cuba has for decades run a state-controlled multimillion-dollar blood and blood derivatives export business with raw material obtained in the non-remunerated blood donations of unknowing citizens. International trade statistics indicate that from 1995 to 2019 Cuba exported \$794 million in blood and blood-derived products, presumably from human blood. In addition, Cuba offers transplant tourism, which would derive revenues that go unreported (at least not itemized in the official data).<sup>372</sup> No references to any inquiries to this effect by PAHO/WHO can be found on open sources related to this.

“Frequent reports can be found in social media and independent media of food products distributed by the Cuban state that have been tampered with (in content or quantity) or are expired, spoiled, in bad quality, or all of the above.”

### Spoiled food

Frequent reports can be found in social media and independent media of food products distributed by the Cuban state that have been tampered with (in content or quantity) or are expired, spoiled, in bad quality, or all of the above.<sup>373</sup> We will cite just one example.

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<sup>370</sup> PAHO has designed a Template Law on Blood Services and has recommended that countries pass legislation on transfusional safety to promote self-sufficiency and availability of blood, offer protection to donors, patients and resources including blood supplies, and to prevent the commercialization of blood services, which should specifically extend to the exchange of blood components. (Fernando Zamorano, “Donación Voluntaria de Sangre: Análisis de Estrategias de Articulación entre los Servicios de Salud y la Sociedad, Documento Técnico Área Temática IV: Políticas de Salud Pública y Control de Riesgos, Europe Aid Oficina de Cooperación y IRD - Institute de recherche pour le développement, 2007.)

<sup>371</sup> *Supply of Blood for Transfusion* 2010 and 2011, op. cit. See Table III-13. Organization of the National Blood System, 2010.

<sup>372</sup> The author has an upcoming publication on “Cuba’s export business in human bodily material” and has amassed considerable information on this topic.

<sup>373</sup> See examples: “Un grupo de niños se intoxica en Colón, Matanzas, por ingerir yogur en mal estado,” *Payo Libre*, Sep. 11, 2014; “Mueren ancianos por alimentos contaminados con cólera en La Habana Vieja,” *Radio Televisión Martí*, Sep. 24, 2014; Roberto de Jesús Guerra Pérez, “Alrededor de 100 personas hospitalizadas por intoxicación,” *La Habana, Hablemos Press*, Jun. 2, 2009; Georgina Pupo-Rodríguez and Zunilda Leticia Bello-Fernández, “Brotos de intoxicación alimentaria ocurridos en los últimos diez años en Las Tunas,” *Revista Electrónica Dr. Zoilo E. Marínelo Vidarrueta*, Universidad de Ciencias Médicas de Las Tunas, Vol. 44, No. 1, 2019.

In Cuba, children up to age seven are entitled to three kilograms of powdered milk per month, but only those under one year of age are guaranteed a sealed product; the rest must buy it in bulk rather than individually packaged. In June 2021, for instance, powdered milk of regulated distribution sold to parents of children up to 7 years old in several municipalities of Havana had an appearance and consistency described as “doubtful.” Yailén García, of the group Alamar (el barioooo), started a thread in Facebook asking: “Did the children’s milk arrive to anyone else like this, looking like cornstarch, flour, or anything other than milk?”

Users from other municipalities of Havana reported similar conditions. *Diario de Cuba* confirmed with other consumers that the appearance of the powdered milk they had purchased through the monthly ration book was not as usual and “stuck to the roof of my mouth.”<sup>374</sup> A lawyer in Cuba, Leonel Rodríguez Lima, told *Diario de Cuba*: “If it is confirmed that this is a deliberate sale of an expired product, it would be a crime. Government entities would be putting the lives of thousands of children and the occasional adult at risk.”<sup>375</sup> No mention of this pervasive problem can be found in any of PAHO’s reports, which usually only refer to the country’s regulations that “guarantee” food safety.

## COVID-19

The persistent praise of Cuba’s pandemic response by PAHO officials since the start of the pandemic speaks volumes of PAHO’s disconnection from the real Cuba. The stark contrast with on-the-ground reality was mathematically confirmed by the Cuban government itself, when it published demographic data for 2021 denoting a very high number of excess deaths.<sup>376</sup>

Notwithstanding a barrage of social media posts from the Island —many with videos and photos—mocking and decrying the so-called “medical powerhouse,”<sup>377</sup> PAHO’s office in Cuba told in a May 2021 report a glowing story of Cuba’s capability and effectiveness in responding to the pandemic. Citing only Cuban officials and their

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<sup>374</sup> Megan Lavigne, “Una usuaria de Facebook destapa la caja de Pandora al preguntar: ‘¿A alguien más le vino la leche de los niños así, que parece maicena, harina o cualquier cosa menos leche?’” *La Habana, Diario de Cuba*, 17 de junio de 2021.

<sup>375</sup> *Ibid.*

<sup>376</sup> *Anuario Estadístico de Cuba 2021, Capítulo 3: Población*, Ed. 2022, Oficina Nacional de Estadística e Información, República de Cuba. (See 3.13 - Movimiento natural de la población por provincias, p. 37, and Gráfico: Cuba. Evolución de las defunciones y Tasa bruta de mortalidad. 1970 – 2021. Por mil habitantes, p 27.)

<sup>377</sup> See some examples, in Spanish: “A falta de yeso en los hospitales cubanos, cartón para inmovilizar: ‘la potencia de la anarquía’”, Matanzas, *Diario de Cuba*, 27 de abril de 2021; “Seguridad del Estado cita a médico cubano por pedir ayuda en las redes para un paciente necesitado”, *CiberCuba*, 11 de febrero de 2021; “Joven con VIH muere en un hospital de Cuba, sin medicinas y suplicando ayudas”, *CiberCuba*, 10 de febrero de 2021; “En Cuba ‘está muriendo gente con cuadros de salud perfectamente tratables’, afirma un médico”, *La Habana, Diario de Cuba*, 12 de abril de 2021; Tomás Cardtrato, “Descript ‘agua potable, sin equipos médicos: describe la realidad de los hospitales’”, 2 marzo de 2021.

reported statistics, it reads like a promotional pamphlet; its weightiest recommendation is to "help optimize the system's functioning" with an "improvement in medical care patient flow, restricting companions to those hospitalized patients who require it and suspending companion visits."<sup>378</sup>

The 50 plus page report opens with a glowing "editorial" from representative for PAHO/WHO in Cuba, Dr. José Moya Medina. Following are excerpts of his words, that read like a mockery of Cuban citizens' plight:

"Cuba reaches the one-year anniversary of the pandemic informed by accumulated knowledge that has allowed it to maintain epidemiological surveillance as well as active case finding and contact tracing at the community level, with follow-up in health services organized throughout the country. Laboratory molecular diagnosis has been maintained and considerably expanded for precise case management and transmission chain containment.

Noteworthy in Cuba is also the experience accumulated in patient management, with the treatment protocol applied in all health services now in its sixth edition. Various specialists review and assess evolution of cases; adjust medication doses; and define new prevention, treatment and recovery strategies. The premises rely on timely diagnosis, clinical observation, and early application of medications according to risk levels and disease stage (whether viremic, pulmonary or inflammatory). Each phase requires certain medications —most domestically produced— that, on the basis of ongoing clinical trials, continue to improve case management as demonstrated by the low overall case fatality rate.

Of course, the most important achievement for Cuba is the fact that it has four vaccine candidates in development, as a result of the experience and knowledge amassed over decades by its scientific institutions dedicated to vaccine research and production."<sup>379</sup>

Since February 17, 2020, PAHO has issued regular bulletins on the epidemiological situation of COVID in Cuba, the last one examined for this study was for September 20, 2021.<sup>380</sup> (Only reports from January 11, 2021 forward were accessible on PAHO's website and requests to PAHO for the 2020 reports went unanswered.<sup>381</sup>) These bulletins merely replicated the Cuban government's meticulous statistics by province – of PAHO's members, only Colombia displays a similarly detailed statistical effort.

As the bulletins from January 2021 onwards reflect a rising infection rate in the country, particularly in certain provinces, the focus of the bulletin turned from "a decision to

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<sup>378</sup> *Pathways to Health*, Bulletin of PAHO/WHO in Cuba, Vol. 25, No. 1, Jan.-Mar. 2021, p. 12.

<sup>379</sup> Ibid, Editorial, page with no number.

<sup>380</sup> See all COVID bulletins for Cuba at "Reportes de Situación COVID-19: Cuba," <https://www.paho.org/es/reportes-situacion-covid-19-cuba>.

<sup>381</sup> This author even asked a journalist for assistance, given that email requests to PAHO for information had not been responded to. The journalist made the request on Aug. 23, 2021 via special channels for the media and as of Jun. 2022 a response was not forthcoming.

consider changes in the response phases in different territories” (bulletin of Jan. 11, 2021) to tighter restrictions in four provinces, “given the worsening epidemiological situation” (bulletin of Jan. 18, 2021), to highlighting the different phases of development of Cuba’s COVID vaccine candidates (bulletin of Jan. 23, 2021). From then on, the front pages of the bulletins centered on the development of Cuba’s native “vaccination” plan, always depicted glowingly.

Starting in early May 2021, the attention was turned to the final Trial III phase, third dose of *Abdala*, “the first vaccine candidate developed in Latin America to reach this state.”<sup>382</sup> From there forward, the focus turned to exalting Cuba’s “vaccination” efforts. PAHO’s COVID bulletins on Cuba systematically highlighted the country’s “advances” with its locally-produced “vaccine candidates” that have “sufficient elements concerning the safety and efficacy of these vaccines.”<sup>383</sup> The COVID bulletin for Sep. 11, 2021 highlighted efforts to have the local vaccine candidates approved by WHO as well as the decision to open ports and airports by November 15<sup>th</sup> 2021, which counted on the “effectiveness” of Cuba’s “vaccines.”

All of PAHO’s bulletins on the situation of COVID in Cuba examined for this study until the September 22, 2021 edition failed to mention that Cuba was the only country in the region with a zero rate of vaccination with *vaccines approved by WHO*. As of August 27, 2021, more than 900 million doses of COVID-19 vaccines had been administered in the 51 countries and territories of the Americas and more than 368 million people had been fully vaccinated<sup>384</sup> —Cuba was the sole exception. PAHO had distributed more than 36 million doses to 32 of these countries,<sup>385</sup> yet, from early on in the pandemic, Cuba had declined from participating in the WHO/PAHO supported COVAX program for the distribution of free or subsidized COVID vaccines.<sup>386</sup>

The Cuban government embarked on a huge public relations and marketing campaign to position Cuba as a “vaccine powerhouse” and provide its cheap vaccines to poorer nations “pushed aside by bigger, wealthier nations in the international scrum for coronavirus vaccines”<sup>387</sup> that “can’t afford to vaccinate their populations at the high

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<sup>382</sup> Trial III of *Abdala* was initiated on March 3<sup>rd</sup>, 2021 with 48,000 “volunteers” who received a second dose a few weeks later, April 5<sup>th</sup>. (“Covid-19, Reporte 64,” Equipo de Gestión de Incidentes, Oficina de OPS/OMS en Cuba, Mar. 3, 2021.)

<sup>383</sup> “Reporte de Situación COVID-19: Cuba,” No. 79, Aug. 23 2021, Pan American Health Organization. (Translation from Spanish.)

<sup>384</sup> “COVID-19, Respuesta de la OPS/OMS.” Informe no. 58. Aug. 27, 2021, Pan American Health Organization.

<sup>385</sup> Ibid.

<sup>386</sup> Cuba, however, has had support from Gavi (the Vaccine Alliance) for many years, and GAVI has made disbursements for Cuba from 2000-2019 of \$4,293,714. COVAX is co-led by GAVI, the Coalition for Epidemic Preparedness Innovations (CEPI), and the World Health Organization (WHO), alongside key delivery partner UNICEF; its aim is to accelerate the development and manufacture of COVID-19 vaccines, and to guarantee fair and equitable access for every country in the world.

<sup>387</sup> Anthony Faiola and Ana Vanessa Herrero, “Against the odds, Cuba could become a coronavirus vaccine powerhouse,” *The Washington Post*, March 29, 2021.

prices demanded by Big Pharma.”<sup>388</sup> Cuba reported that its serums would be easy-to-store for low-income and tropical countries and could last for weeks at room temperature and in long-term storage as high as 46.4 degrees.<sup>389</sup> By June 2021, its government reported contacts with thirty countries to sell them its vaccines.<sup>390</sup> The interested parties were mostly political allies such as Venezuela, Iran, Mexico, Argentina, and Vietnam but also relatively poor countries with a center-right government such as Paraguay.<sup>391</sup> In September, Vietnam gave emergency approval to Cuba’s *Abdala* vaccine and agreed to purchase 10 million doses; Venezuela had agreed to acquire 12 million *Abdala* doses and Iran was producing *Soberana 02* under an agreement with Cuba.<sup>392</sup>

### PAHO promotes Cuba’s COVID “vaccines” prematurely

Barely a month after WHO had declared it, PAHO was treating Cuba’s handling of the COVID pandemic very favorably. Dr. José Moya, PAHO/WHO representative in Cuba commended Cuba’s response and praised its scientific institutions as well as its five COVID vaccine candidates.<sup>393</sup> Over a year later, with a severe COVID crisis in full swing and despite warnings by international experts that Cuba’s bet on its vaccine candidates was “risky,”<sup>394</sup> the Cuban Embassy in Peru tweeted this by Dr. Moya: “Cuba’s progress with COVID vaccines confirms 30 years of experience in vaccine development by its scientific institutions.”<sup>395</sup> Cuba had, in fact, skipped international protocols followed by most nations: first, the so-called preclinical period in which laboratories studies in animals and then a small study in adults determines safety; second, trials in humans during four study phases to continue evaluating safety and; third, the so-called efficacy phase, in which greater numbers of people are included to evaluate safety as well as efficacy.<sup>396</sup> Only after the three phases is a vaccine considered for approval and only after that does vaccination begin.

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<sup>388</sup> “Ian Powell,” op. cit.

<sup>389</sup> Ibid.

<sup>390</sup> “Paraguay solicita la compra de dosis,” op. cit.

<sup>391</sup> “El Gobierno cubano ofrece a Ucrania sus candidatos vacunales anticovid 'a precios competitivos,’” *Diario de Cuba*, Jun. 8, 2021; “Paraguay solicita la compra de dosis de los candidatos vacunales cubanos contra el Covid-19,” *Diario de Cuba*, Jun. 16, 2021; “Argentina negociaría pagar los candidatos vacunales cubanos con un crédito que La Habana le debe desde 1973,” Buenos Aires, *Diario de Cuba*, Jun. 12, 2021. “Cuba willing to cooperate with Vietnam in Covid-19 vaccine supply,” VNA, Jun. 17, 2021; <https://sggpnews.org.vn/international/cuba-willing-to-cooperate-with-vietnam-in-covid19-vaccine-supply-92866.html>.

<sup>392</sup> “Vietnam to buy 10 million Cuban vaccine doses,” *France 24*, Sep. 20, 2021.

<sup>393</sup> Livhy Barceló Vázquez, “Elogia la OPS labor de Cuba en la lucha contra la COVID-19,” *Radio Rebelde*, Apr. 7, 2020; Sheila Noda Alonso, “COVID-19: “Reconoce OPS desarrollo de candidatos vacunales de Cuba,” *La Habana, Agencia Cubana de Noticias*, Apr. 7, 2021; Gladys Leidys Ramos López, “La OPS resalta el desarrollo de los candidatos cubanos anti-COVID en el Día Mundial de la Salud,” *Granma*, Apr. 7, 2021; “OPS y OMS reconocen desarrollo en Cuba de candidatos vacunales antiCovid-19,” *La Habana, Radio Habana Cuba*, Apr. 7, 2021. (Translation from Spanish.)

<sup>394</sup> Lioman Lima, “Coronavirus en Cuba: los riesgos del plan para inocular a su población sin saber si sus vacunas contra el coronavirus son efectivas,” *BBC News Mundo*, May 27, 2021.

<sup>395</sup> <https://twitter.com/embacubaperu/status/141097960995317255>. (Translation from Spanish.)

<sup>396</sup> Ibid.

*The Washington Post* reported in March 2021 that “some critics warn the government might be moving too fast, pushing an experimental vaccine on a broad populace in an effort to quickly regain lost tourist dollars.”<sup>397</sup> In May 2021, Cuba started to inoculate the population with two of its vaccine candidates that were still in trial phase and officially proceeded to initiate “vaccination” after the state’s regulatory agency granted its approval.<sup>398</sup> John Moore, professor of microbiology and immunology expert in vaccines at the prestigious Weill Cornell Medical Center of New York, told *BBC* that “no vaccine should be used in populations without knowing the results of the clinical trials.”<sup>399</sup> Andrea Carcelen, an assistant scientist from Johns Hopkins University Bloomberg School of Public Health, warned that using a vaccine of unknown efficacy entails risks that go beyond the country itself and, in the best case, could generate mistrust and risky behaviors from individuals who feel protected by the unproven vaccine.<sup>400</sup>

“No public statements of concern have been found by PAHO over Cuba’s irregular “vaccination” of citizens in large numbers as part of trials and without providing them adequate information of potential risks, benefits, options, etc. that represent 'informed consent.' ”

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For his part, apparently representing PAHO’s official position, its Assistant Director, Jarbas Barbosa, PAHO’s Assistant Director, responded to the *BBC* for its May 2021 story: “The organization does not recommend using vaccines in the population that have not been certified and that have not completed their study phases. The regulatory authorities of each country have their own rules, but throughout the world in general these are the stages that are required before using a vaccine on the population, as they are the only way to offer a more effective evaluation of safety and efficacy of the vaccines.”<sup>401</sup> Notwithstanding, neither the Cuban government nor the PAHO/WHO representative in Cuba or the Organization's Executive Director appear to have taken this into account.

No public statements of concern have been found by PAHO over Cuba’s irregular “vaccination” of citizens in large numbers as part of trials and without providing them adequate information of potential risks, benefits, options, etc. that represent “informed consent.”<sup>402</sup> Meanwhile, Venezuelan and Mexican doctors and nurses had publicly

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<sup>397</sup> A. Faiola and A. Herrero, op. cit.

<sup>398</sup> Sarah Marsh, “Cuba raises Latam hopes as it starts mass inoculation with own COVID-19 shot,” *Havana, Reuters*, May 12, 2021.

<sup>399</sup> Ibid. (Translation from Spanish.)

<sup>400</sup> Ibid.

<sup>401</sup> Ibid. (Translation from Spanish.)

<sup>402</sup> Benjamin Noria, “No informed consent for vaccine trials in Cuba,” *Havana Times*, Jun. 8, 2021; L. Lima, op. cit.; Maria C. Werlau, telephone interview with an independent journalist from Havana (Anonymous Source 4, June 11th 2021).

objected to inoculating their population, particularly children, with Cuban COVID vaccines lacking WHO approval.<sup>403</sup> In July 2021, the president of Venezuela's College of Nurses, Ana Rosario Contreras, led a small protest in front of United Nations Development Program (UNDP) headquarters in Caracas to denounce that 10,000 Venezuelans had been inoculated with Cuba's *Abdala* vaccine deceptively, offered vaccination but then "subjected to "a sanitary intervention" that was a clinical trial."<sup>404</sup>

Independent journalist Gladys Linares wrote from Cuba in mid-September 2021:

"Among the best recent evidence of the contempt of the Castro regime for the people is the way in which it has conducted the absurd experiment to create Cuban vaccines. To ensure mass participation in the clinical study, the government has implemented a macabre tactic consisting of equal parts of disinformation, propaganda, and blackmail.

On the one hand, the government-controlled mass communications refer to the "vaccine candidates" in trial phase as "vaccines" and to injecting people as "vaccination." The initial vague allusions to the stages of clinical trials have now been practically forgotten and official references to participation in the experiment makes it seem mandatory. Coercion to add participants increases off-camera: those refusing the injection are not authorized to travel between provinces and those not allowing for their children to be injected will not be able to send them to school. Blackmail even affects the prison population, threatened with no visits or passes.

In sum, the government's contempt for Cubans is manifested in multiple and varied ways –from bureaucratism to repression, through political blackmail and shortages– but perhaps the most distressing is the total helplessness in the area of health".<sup>405</sup>

Despite massive "vaccination" with Cuba's own products, Cuba developed the highest rate of positive COVID cases in the Americas even when taking into account the government-tampered data and officially-acknowledged shortage of diagnostic tests. Despite a reported high rate of vaccination, as of September 22, 2021 Cuba (population 11.2 million) had the third highest number of daily positive cases in the world (of 7,151) after two countries with many times its population: the U.S. (pop. 333.4 million, with 122,624 cases) and Mexico (pop. 130.6 million, with 12,521 cases).<sup>406</sup>

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<sup>403</sup> Claudia Solera, "Lamentan posible aplicación a niños de vacuna cubana y china," *Excelsior*, Apr. 4, 2022; "Enfermeros y docentes de Venezuela piden no aplicar vacuna cubana a menores," *Caracas, EFE*, Jul. 16, 2021.

<sup>404</sup> "Enfermeros y docentes de Venezuela piden," *op. cit.*

<sup>405</sup> Gladys Linares, "Cuba: indicios de un plan gubernamental de exterminio masivo," *La Habana, Cuba Net*, Sep. 14, 2021. (Translation from Spanish.)

<sup>406</sup> "Covid 19: Region of the Americas Update," PAHO/WHO, Pan American Health Organization, Sep. 22, 2021.

Many reports from Cuba indicated there was a high number of fatalities and of persons gravely ill from COVID-19 who had received the full 3-dose “vaccination” with one of two the local vaccine candidates.<sup>407</sup> The country’s Ministry of Health acknowledged in late August 2021 that 119 persons who had received the prescribed three doses” had died since July 1<sup>st</sup> (it was not clear if this figure included both *Soberana* and *Abdala* vaccine candidates).<sup>408</sup> This number does not correspond to anecdotal reports received from the Island. In addition, by September 25, 2021, an independent group of fellow doctors<sup>409</sup> had gathered a partial list of 63 health professionals, mostly doctors, who had died of coronavirus in different locations in Cuba and 53 (84%) had been fully “vaccinated” with three doses.<sup>410</sup>

The situation on the ground was so dire that 39 healthcare workers from the eastern city of Holguín dared to upload videos “complaining of abysmal conditions in hospitals overrun by Covid.”<sup>411</sup> By August 2021, as hospitals, cemeteries and crematoriums were widely reported as “collapsed,” even the official statistics placed Cuba as the third country in the world with the highest rate of infections.<sup>412</sup>

Although the Cuban government had announced in March 2021 that by the following August it would have produced sufficient local “vaccines” for the entire Cuban population,<sup>413</sup> it unexpectedly announced on August 29, 2021 that it had started vaccinating citizens over age 19 in the province of Cienfuegos with the Chinese vaccine Sinopharm, donated by the Institute of Biological Products of Beijing, in order to increase the efficacy of the *Soberana* Cuban vaccine candidate and “impact the epidemic’s indicators.”<sup>414</sup>

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<sup>407</sup> Maria C. Werlau, telephone reports from Cuba with contacts in three confidential sources in Havana and two other provinces (Anonymous Source 4, 5, and 6, May-August 2021. Among many similar social media posts, independent journalist Henry Constantin Ferreiro, from Camagüey, Cuba, posted on Facebook in mid-September 2021 that he had been trying unsuccessfully to get a Covid-19 test for seven days as he had symptomatic illness and had finally tested positive despite having had all three dose of the *Abdala* vaccine (see <https://www.facebook.com/henry.constantin.6>, post of Sep. 15, 2021.)

<sup>408</sup> “El MINSAP reconoce la muerte de 119 personas inmunizadas con los candidatos vacunales cubanos,” *Diario de Cuba*, Aug. 18, 2021.

<sup>409</sup> Gremio Médico Cubano Libre (Free Union of Cuban Doctors, <https://gremiomedicocubanolibre.com/listado-de-fallecido-covid/>. (On Sep. 25, 2021, the list of deceased from COVID had names of 71 doctors, including 13 who had died in internationalist medical missions, and 5 nurses, and one laboratory worker.)

<sup>410</sup> Annarella Grimal, “¿Cuántos médicos cubanos han fallecido por coronavirus?, *CiberCuba*,” Sep. 25, 2021.

<sup>411</sup> Patrick Oppmann, “Cuban doctors voice rare criticism of government's Covid-19 handling,” Havana, *CNN*, August 22, 2021; Stephen Gibbs, “Doctors dare to denounce Cuba’s sacred health system,” Caracas, *The Sunday Times*, Aug. 22 2021.

<sup>412</sup> “El Centro Regulador de Medicamentos cubano autoriza ahora el Uso en Emergencias de Soberana02 y Soberana Plus,” La Habana, *Diario de Cuba*, Aug. 21, 2021.

<sup>413</sup> Orfilio Peláez, “La estrategia cubana para desarrollar vacunas contra la COVID-19,” *Granma*, Mar. 17, 2021.

<sup>414</sup> Yisell Rodríguez Milán, “Aplicación de vacuna china Sinopharm + Soberana Plus maximiza la eficacia de la inmunización en Cienfuegos,” *Granma*, Aug. 29, 2021.

Notwithstanding, PAHO's regional update for COVID of September 22, 2021 reported a case fatality rate (CFR) of 0.8 for Cuba, the lowest in the region by far and one of the lowest in the world.<sup>415</sup> This did not correspond to the high mortality reported from the Island in social media, independent news, and even in the state media that informed of COVID toll on celebrities, retired military leaders, eminent doctors and scientists, and government leaders. The outcome was even more suspect given that Cuba has the highest proportion of elderly population (16%) in all of Latin America and the Caribbean<sup>416</sup> and in light of widespread reports of an extreme shortage of medication and oxygen in hospitals for an overflowing number of COVID patients; many could not gain admission to hospitals or get any medical treatment or medications.

PAHO replicated Cuba's data without providing any context or caveats on its reliability despite persistent contrary reports during the course of the pandemic. Already in July 2020, amidst a growing public outcry on social media, Cuba's Minister of Health publicly had already acknowledged a "tense situation" in the country.<sup>417</sup> Especially since March 2021, a gross underrepresentation of the actual number of deaths and infections was being widely denounced as well as the systematic alteration of death certificates reporting COVID fatalities as caused by pneumonia, influenza, or pulmonary embolism.<sup>418</sup>

In August 2021, Cuban Health Minister José Angel Portal Miranda, facing a shortage in COVID diagnostic tests, told the state-run *Invasor* newspaper that only people who had a positive Covid result at the time of death were counted as having died of the coronavirus.<sup>419</sup> Cuba had reported through March 2021, for one year, 425 deaths from COVID-19 for a population of 11.3 million,<sup>420</sup> while the Dominican Republic, with a population of 10.9 million, had reported 3,330 deaths. Yet, by August 22, 2021, Cuba had reported 4,710 deaths, while the Dominican Republic had 4,002.<sup>421</sup> *The New York Times* reported that Cuba's Ministry of Public Health was reporting around eight people dying daily of coronavirus in the city of Guantánamo the first week of August 2021 as

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<sup>415</sup> "Covid 19: Region of the Americas Update," op. cit.

<sup>416</sup> "Mortalidad por COVID-19, Evidencias y escenarios," Observatorio Demográfico América Latina y el Caribe: 2020, Economic Commission for Latin America and the Caribbean, United Nations, p. 23.

<sup>417</sup> "Ministro de Salud reconoce "tensa situación" por falta de medicamentos en Cuba," *Asere*, Jul. 5, 2020.

<sup>418</sup> See a sample of these reports in: Jesús Quintana, "Una enfermedad se 'expande' por los certificados de defunción en Cuba y pone en duda el conteo oficial de muertes por Covid-19," Camagüey, *Diario de Cuba*, Mar. 19, 2021; "Regimén manipula certificados de defunción y altera las muertes por COVID-19," *Periódico Cubano*, Aug. 19, 2021.

<sup>419</sup> P. Oppmann, "op. cit.," "Ministro de Salud cubano reconoce que cifras de fallecidos por COVID-19 en la isla son inexactas," *Radio Televisión Martí*, Aug. 19, 2021.

<sup>420</sup> Abel Reyes Montero, "Ministerio de Salud Pública: Ascenden a 119 casos de Covid-19 en Cuba y un tercer fallecido," *Granma*, Mar. 28, 2020.

<sup>421</sup> "Comparative look at COVID-19 responses and outcomes in Cuba and Taiwan," *CubaBrief*, Center for a Free Cuba, Aug. 25, 2021.

a city government official said on state television station there had been 69 deaths in a day —eight times more than the official figure.<sup>422</sup>

All the epidemiological data provided in PAHO COVID bulletins was taken from the Cuban state apparatus despite their questionable reliability. PAHO's reports fail to mention the elevated death toll, high rates of infection, collapsed hospitals, mass burials, lack of oxygen and basic medications, or the filthy, ill-equipped, and unstaffed forced-quarantine facilities, which were reported on a daily basis and for months in 2021 by multiple sources from different provinces in Cuba.<sup>423</sup>

PAHO made the first public statements expressing concern over COVID in Cuba three days after mass island-wide protests of July 11, 2021 but just to warn against mass gatherings. Its Director of Health Emergencies, Dr. Ciro Ugarte, said: "The gathering of individuals for protests... increases the risk of transmission, in particular in cases such as Cuba where you have active transmission."<sup>424</sup> For months, long lines to buy food and essential goods had not prompted any such warnings. Seven days later, PAHO's Director, Carissa Etienne, reported a "dramatic rise" in COVID-19 cases in Cuba and a rising death toll, highlighting the province of Matanzas, which receives most foreign tourists. Dr. Ugarte said at a press conference that the situation in Cuba was still concerning and emphasized the difficult economic situation, long lines to obtain food, and the exhaustion of the population with regards to protective measures. Not mentioning health workers having to treat COVID patients without adequate protective gear or an extreme lack of oxygen and medication, he highlighted as "positive" the rise in "vaccination," expressed confidence that it could keep up to reduce the number of grave cases and deaths, and indicated that the impact would have been higher if Cuba had not initiated early vaccination.<sup>425</sup>

The gravity of the situation in Cuba did not make global headlines, however, the situation was so dire that Cuba mobilized international aid from even the smallest Caribbean islands also facing the strain of the pandemic. In 2021, it received 135 donations of mostly medical goods and food from governments, international agencies

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<sup>422</sup> Frances Robles, "Overwhelmed by coronavirus, Cuba's vaunted health system is reeling," *The New York Times*, Aug. 18, 2021.

<sup>423</sup> See examples in: P. Oppmann, op. cit.; F. Robles, op. cit.; Lioman Lima, "Coronavirus en Cuba: la crítica situación de los hospitales de la isla en el peor momento de la pandemia," *BBC News Mundo*, Aug. 3, 2021; "Una anciana cubana enferma, en carretilla hacia el hospital: 'esta es la realidad de la potencia médica'," Madrid, *Diario de Cuba*, Sep. 8, 2021; Osmel Almaguer, "La mayoría de los médicos había enfermado; muchos renunciaban al tratamiento para dárselo a los pacientes," La Habana, *Diario de Cuba*, Sep. 8, 2021; "Expulsado un cubano de un hospital en Baracoa por grabar el intento de ingreso de su padre: 'no hay cama,'" *Diario de Cuba*, Sep. 7, 2021; Alejandro Antonio Torreblanca, "Las negligencias acentúan el dolor de los santiagueros," Santiago de Cuba, *Diario de Cuba*, Aug. 30, 2021; "Hospital en el oriente de Cuba: "Cuando llega la noche nos atienden las cucarachas"," *CiberCuba*, Jun. 15, 2020; "Denuncian malas condiciones en centro de aislamiento en Santiago de Cuba," *CiberCuba*, Jan. 18, 2021.

<sup>424</sup> Aislinn Laing and Vivian Sequera, "Cuban protests risk exacerbating COVID-19 spike - PAHO," *Reuters*, Jul. 14, 2021.

<sup>425</sup> "La situación de la pandemia en Cuba "sigue siendo preocupante," dice OPS," *France 24*, Aug 4, 2021.

and organizations, corporations, and solidarity groups from 40 countries.<sup>426</sup> Mostly Cuban government entities could distribute the aid while humanitarian shipments intended for independent groups were disallowed.<sup>427</sup>

In May 2022, Cuba's Office of National Statistics and Information discreetly published the 2021 Yearbook of Statistics, Volume on Population.<sup>428</sup> Cuban physicist-writer José Gabriel Barrenechea calculated "the true magnitude of the Cuban catastrophe in 2021"<sup>429</sup> of excess mortality from Covid-19, as generally acknowledged by WHO.<sup>430</sup> According to the 2021 annual statistical yearbook, Cuba registered 167,645 deaths in 2021, up from 112,441 in 2020, an increase in the mortality rate from 10 per thousand in 2020 to 15 per thousand in 2021. According to Barrenechea, 52,902 excess deaths in 2021 attributed to Covid-19<sup>431</sup> mean that in Cuba the probability was 2.5 times greater than in the rest of the world, where WHO has calculated one person of every 530 dying from Covid-19. He writes: "Based on our total population of approximately 11,100,000 inhabitants, this results in one dead Cuban from Covid-19 every 210. ... Only in Villa Clara, according to the ONEI report, mortality in 2021 reached 18.3 deaths per 1,000 inhabitants, an indicator not recorded anywhere else in the world except in regions of South America with little coverage of health services."<sup>432</sup>

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<sup>426</sup> Aid poured in from Barbados, Dominican Republic, Jamaica, St. Kitts & Nevis, St. Lucia, St. Vincent & the Grenadines, Angola, Argentina, Belgium, Bolivia, Canada, China, India, Italy, Malta, Mexico, Nicaragua, Panama, Spain, South Africa, Switzerland, Thailand, Russia, Venezuela, United Arab Emirates, and other countries. See: Daniella Perez Muñoa, "Llega a Cuba donativo de insumos médicos procedente de Rusia," *La Habana*, Agencia Cubana de Noticias (ACN), Jan. 25, 2022; "Ministerio de Comercio Exterior ofrece detalle sobre las donaciones a Cuba Durante la pandemia y cómo se canalizan," *Granma*, Jul 11, 2021; "Arriba a Cuba donación de islas del Caribe para enfrentar crisis del coronavirus," *CiberCuba*, Sep. 11, 2021; "Un 'raro' antibiótico, entre los donativos sanitarios enviados por China a La Habana," *La Habana*, *Diario de Cuba*, Sep. 15, 2021; Freddy Pérez Cabrera, "Nuevas donaciones de países amigos llegan a Villa Clara," Santa Clara, *Granma*, Sep. 16, 2021.

<sup>427</sup> Annarella Grimal, "Dos garajes con medicinas para Holguín: bloqueo a la solidaridad de emigrantes cubanos en Canadá," *CiberCuba*, Sep. 21, 2021. (Cubans in Canada had collected more than 1,200 kilograms of medicines and medical supplies that it had tried to send to a group of doctors in Holguín "Support Commission of Street Doctors" ("Comisión de Apoyo Médicos en las Calles," CAMC) since July 2021; two and a half months later Cuban authorities had on two occasions canceled two flights with the shipment.

<sup>428</sup> *Anuario Estadístico de Cuba 2021, Capítulo 3: Población*, Ed. 2022, op. cit.

<sup>429</sup> José Gabriel Barrenechea, "Informe de la ONEI confirma el desastre sanitario de 2021 en Cuba," Santa Clara, *Cuba Encuentro*, Jun. 3, 2022.

<sup>430</sup> "14.9 million excess deaths associated with the COVID-19 pandemic in 2020 and 2021, News Release, World Health Organization," May 5, 2022.

<sup>431</sup> Barrenechea used the average mortality trend for the previous seven years to calculate 114,743 expected deaths in 2021; after adding the officially reported 8,177 pandemic deaths, 44,725 additional deaths were reported for causes other than Covid-19. (J. Barrenechea, op. cit.)

<sup>432</sup> *Ibid.* (Translations from Spanish.)

## VII. TRAFFICKING OF CUBAN MEDICAL WORKERS

### Human resources in healthcare

PAHO highlights the importance of human resources in healthcare. Cuba's case is unique, as it exports temporary workers —especially healthcare workers— in agreements with governments, corporations and, most recently, in private clinics established overseas. As of December 2018, Cuban health professionals had reportedly completed “more than 600,000 missions in 164 nations.”<sup>433</sup> (The number of Cuban health workers and other data regarding its export services is persistently reported by Cuban officials, institutions and state media with large discrepancies.)

Cuba has a comparative advantage over most countries because the government has a captive and obedient labor force that it can mobilize at a moment's notice to send anywhere in the world no matter the risks or circumstances. In December 2021, Cuba's Minister for External Commerce and Foreign Investment, Rodrigo Malmierca, reported that Cuba was “offering its cooperation” with 29,954 (i.e., had exported that number of workers) to 74 countries.<sup>434</sup>

“Cuba has a comparative advantage over most countries in that its government has a captive and obedient labor force that it can mobilize at a moment's notice to send anywhere in the world no matter the risks or circumstances.”

Just five months since the start of the pandemic, at the 58<sup>th</sup> meeting of PAHO's Executive Council, Cuba's Minister of Health had reported that 52 emergency medical brigades had been sent to 39 countries, 22 of them in the Americas region, joining the 28,000 professionals already working in 58 nations.<sup>435</sup>

The majority of the exported labor force is composed of healthcare workers. Revolutionary Cuba has expended enormous resources promoting its “white-robed army”<sup>436</sup> of doctors, nurses, and other medical professionals showcased to the world for

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<sup>433</sup> Ibid; In November 2009, Cuba had reported that, to date, 126,321 Cuban health workers had served in 104 countries. (Nestor Marimón Torres and Evelyn Martínez Cruz, “Cooperación técnica entre Cuba y la OPS/OMS. Su historia y futuro,” *Editorial Ciencias Médicas*, No. 8, 2009.)

<sup>434</sup> “La inversión extranjera en Cuba: apenas 25 negocios en dos años,” *La Habana, Diario de Cuba*, Dec. 20, 2021.

<sup>435</sup> Milagros Pichardo, “Ministro de Salud: La fuerza de la verdad echará siempre por tierra las mentiras,” *Granma*, Sep. 28, 2020. (According to Cuba Archive, which has tracked the number of workers reported by Cuba and/or other countries sent on COVID brigades, some of whom have returned, the total on assignment in late August 2021 was estimated at 2,535.)

<sup>436</sup> “White-robed army” was used in Vicente Poveda, “Cuba revolutionizes medical training,” *Havana, The China Post*, April 27, 2010, and others.

decades as “proletarian internationalists,” “missionaries of the revolution,” and more recently as “collaborators.” BBC’s former correspondent in Havana, Fernando Ravsberg, wrote in 2010 that Cuba’s “all-terrain doctors” are “willing to reside in the most inhospitable areas, able to work with minimal resources, prepared to organize preventive health campaigns, and very experienced in clinical diagnosis, which is essential in locations without laboratories or equipment.”<sup>437</sup>

Indeed, Cuban health workers provide needed —and, at times, not so needed—<sup>438</sup> medical care but the Cuban government derives hefty profits, political and geostrategic influence, intelligence, and international goodwill and prestige, all of which translate into votes in international organizations, trade, aid, and other support for the Cuban dictatorship as well as legitimize its system of government. Cuba’s Ministry of Foreign Affairs acknowledged the importance of this practice in 2018: “Medical collaboration is a cardinal element of the recognition and respect our country has won internationally.”<sup>439</sup>

In fact, Cuba has been exploiting the workers and making considerable profits from most, if not all, of the international medical missions for decades. The Cuban health workers are sent overseas in conditions of bondage<sup>440</sup> and servitude,<sup>441</sup> in violation of a long list of international agreements including the Trafficking in Persons Protocol<sup>442</sup> and several important International Labor Organization’s (ILO) conventions including on the

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<sup>437</sup> Fernando Ravsberg, “Médicos “todoterreno,” *BBC Mundo*, 29 agosto 2013. (Translation from Spanish.)

<sup>438</sup> Cuban doctors who have served in medical missions in many countries report having to treat patients for fabricated conditions or to make up patients in order to meet quotas and overstate the statistics. This has been reported to this author by many doctors since 2009 and has been reported in the media and by other sources.

<sup>439</sup> Leydis María Labrador Herrera, “Questions and answers about the end of Cuban participation in Brazil’s More Doctors program,” *Granma*, Dec. 18, 2018.

<sup>440</sup> Cuba alleges it can pay doctors minimal wages, make them work in conditions of hardship, and keep their families hostage because it trained them for “free.” A person becomes a bonded laborer when their labor is demanded as a means of repayment for a loan. Debt bondage is a form of slavery. (See “Debt bondage in the world: an underestimated and forgotten scourge,” <http://www.gaatw.org>.)

<sup>441</sup> Servitude is the status or condition of dependency of a person who is unlawfully compelled or coerced by another to render any service to the same person or to others and who has no reasonable alternative but to perform the service. (*Combating Trafficking in Persons: A Handbook for Parliamentarians*, United Nations, No. 16, 2009.)

<sup>442</sup> The Trafficking in Persons Protocol, which went into force in 2003 defines trafficking in persons as “the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, ...of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person, for the purpose of exploitation.” (Art. 3, subpara (a.) “The consent of the victim to the intended exploitation is irrelevant once it is demonstrated that deception, coercion, force or other prohibited means have been used.” (Art. 3 subpara. (b.) Exploitation may take the form of labour trafficking. “Exploitation shall include, at a minimum, ...forced labour or services, slavery or practices similar to slavery, servitude...” (Art. 3 subpara (a.)

Protection of Wages<sup>443</sup> and Concerning Forced or Compulsory Labor.<sup>444</sup> (*Cuba Archive* has extensively documented the practice since 2009 and published numerous reports that are available online in the English and Spanish pages of its *Cuba Salud* project.<sup>445</sup>) Reported abuses of Cuban “internationalists” and their “defections” from the overseas missions go back decades.<sup>446</sup>

The agreements to hire health workers from the Cuban state have been generally kept secret by the government or companies who enter into the partnerships. However, according to reports from the internationalists themselves, local media, and the letter of the agreements made public in some countries as per transparency laws, their terms are standard and the conditions of the Cuban workers are well known by PAHO/WHO.

In 2020, several of Cuba’s bilateral health agreements were made public—with Kenya, Guatemala, Ecuador, and Uruguay—that have confirmed their confidentiality clauses and provided additional evidence of some of the many irregularities long reported in the medical missions: payments to the Cuban state entity implicitly or explicitly involving wage confiscation and denial of worker rights such as forbidding residence in the host country and work in the public health system outside the employment arrangement with the Cuban state entity, denying the workers their credentials, and repatriating to Cuba disciplined workers.<sup>447</sup>

The Government of Cuba has a captive labor force of health workers primed for exploitation. Doctors, nurses, and other health workers are paid pitiful salaries, which drives most to seek overseas assignments to minimally improve their living standards, at least for a short time, as well as boost their careers and, sometimes, planning to find a way out to escape. Some say they go for ideological or humanitarian reasons but soon

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<sup>443</sup> ILO Convention on the Protection of Wages of 1949 holds that: “Employers shall be prohibited from limiting in any manner the freedom of the worker to dispose of his wages.” (Art.6) ... “Deductions from wages shall be permitted only under conditions and to the extent prescribed by national laws or regulations...” (Art.8) (C095 - Protection of Wages Convention, 1949 (No. 95) [https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100\\_ILO\\_CODE:C095](https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C095))

<sup>444</sup> ILO Convention No. 29 of 1930 concerning forced or compulsory labor defines *forced labor* as: “All work or service which is exacted from any person under the menace of any penalty and for which said person has not offered himself voluntarily.” (C029 - Forced Labour Convention, 1930 (No. 29), [https://www.ilo.org/dyn/normlex/en/f?p=1000:12100:0::NO::P12100\\_ILO\\_CODE:C029](https://www.ilo.org/dyn/normlex/en/f?p=1000:12100:0::NO::P12100_ILO_CODE:C029))

<sup>445</sup> See <https://cubaarchive.org/cuba-salud/> and <https://cubaarchive.org/es/cuba-salud-es/>. (The author is Executive Director of this project.)

<sup>446</sup> This author published a first academic paper in 2010 –and more followed– on Cuba’s medical mission in Venezuela that documented the violations in considerable detail. See M. Werlau, “Cuba-Venezuela’s health diplomacy,” op. cit.

<sup>447</sup> See Maria C. Werlau, “Forced/compelled labor (trafficking in persons): Cuba’s “internationalist medical missions,” Information for the 2021 Trafficking in Persons Report, Submission to the Office to Monitor and Combat Trafficking in Persons of the U.S. Department of State, Free Society Project/Cuba Archive and Victims of Communism Memorial Foundation, Feb. 1, 2021.p. 26-28. (See “Convenio para la prestación de servicios en la esfera de la salud entre el Ministerio de Salud Pública de la República de Cuba y el Ministerio de Desarrollo Social de la República Oriental del Uruguay,” signed on Nov. 28, 2018. The author has also examined Cuba’s bilateral agreements in health with Guatemala and Ecuador.)

find out that their sacrifice makes for a very lucrative business for the Cuban government. All know that not accepting an international mission will greatly their career.

PAHO/WHO has long known that most of the compensation paid for the health workers' services is confiscated by the Cuban government and that the workers are subjected to numerous human right abuses, arbitrary restrictions, and face very serious reprisals if they abandon the "mission" or do not return to Cuba after its completion, all extensively documented to violate international laws. Yet, both organizations have promoted and abetted this exploitative practice for decades, expressing no regard for not just the Cuban workers but also disregarding the safety and legal recourse of patients in host countries, who are offered no independent validation of the Cubans' training and qualifications. As part of the arrangements, host governments agree to waive the usual requirements applying to local and other foreign doctors to accredit their qualifications.<sup>448</sup>

Furthermore, oftentimes there are no remedies for malpractice. In addition, the agreements inject distortions the local economy and health systems, weaken professional accreditation standards, discriminate against local medical professionals and have a negative impact on Cuba's health system by diverting staff and medical supplies overseas,<sup>449</sup> adding layers of corruption to the public health system, and the Cuban economy extremely vulnerable to external factors.<sup>450</sup>

All PAHO/WHO reports and public statements found on this matter fail to address any of these concerns or take into account the testimony of any single doctor or other health worker from the thousands who have defected from the missions or have emigrated and are, thus, generally less afraid to speak their minds. To the contrary, PAHO has deliberately worked to counter the growing mountain of public evidence of the grave and systematic violations intrinsic to the export labor arrangements and actively promoted this practice. Its report on PAHO's technical cooperation strategy with Cuba for 2018-2020 illustrates its longstanding position: "Human resource planning has made it possible to respond to the health needs of the Cuban population, as well as to comply

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<sup>448</sup> The School of Medicine of the University of Costa Rica has published a report documenting the very low rate of revalidation of Costa Rican students trained in Cuba and detailing curriculum deficiencies. (Pablo Alfonso, "Revelan deficiencias académicas de médicos graduados en Cuba" *Radio Televisión Martí*, Aug. 28, 2012.) Doctors and medical associations in Brazil, Bolivia, Uruguay, Ecuador, Panama, Venezuela, Trinidad, and other countries have protested that Cuban doctors lack proper accreditation to practice in their home countries and many have reported that students from their countries trained as doctors in Cuba are not passing revalidation exams back home.

<sup>449</sup> Allegations of medical negligence have been raised in many countries, such as Ghana, Haiti and others, with no recourse for the patients. Doctors in Venezuela, Bolivia, Paraguay, and Ecuador, for example, have denounced they are paid less than the Cubans, and have even been fired to hire the Cubans.

<sup>450</sup> Young children and elderly or sick parents are left for years. Corruption is common in the way of illegal payments to secure medical care or get an overseas assignment. (See, for example, Daniel Palacios Almarales, "Atención estomatológica en Cuba se privatiza por vías ilegales," *Café Fuerte*, Aug.21, 2013. "Cuba: la potencia médica que ya no es," *La Habana, CubaNet*, agosto 21, 2013.)

with international commitments in 62 countries of the world, where more than 48,000 employees provided their services in 2016. Even so, the number of doctors per inhabitant in Cuba is around 40 per 10,000; well above the regional average and higher than most developed countries."<sup>451</sup>

PAHO took a more publicly active role promoting the Cuban medical brigades in the 2000s, after Cuba hugely expanded the practice in Venezuela and, more so, after its Ministry of Health announced in December 2010 that local medical staff would be reduced and the health system restructured to send more health workers abroad "to earn revenues for the country" and "contribute to the national health system."<sup>452</sup> It was the first time that government acknowledged that medical staff sent overseas was "compensated"; until then it had proclaimed it as "humanitarian," "altruistic" and "free."

Already in 2008, PAHO's Director, Dr. Mirtha Roses, was quoted at an event organized by PAHO on Cuba's health cooperation as encouraging the expansion of Cuba's medical brigades "to accelerate the move towards universal access to health."<sup>453</sup> At this gathering and within the framework of its "Faces, Voices and Places" program, PAHO reported that it was promoting Cuba's medical brigades so that other countries could learn about the program by disseminating publications so that other countries can learn of the "ethical principles" and "progress made" by the brigades."<sup>454</sup>

PAHO has persistently validated the Cuban government's claims that it is able to help all the needy countries of the world who "request its services," because all local health staffing needs are covered. In echoing the official narrative, it has failed to address pervasive claims of shortages in health personnel in Cuba and the contradictions and lagoons in the official statistics provided by Cuba on the number of healthcare personnel. Its two latest *Health in the Americas* country reports on Cuba, which cover the subsequent four-year periods 2008-2012 and 2013-2017, it uses selected official statistics on the number of health workers without providing any clarity on how many are serving overseas or if the ratio of doctor per inhabitant excludes them; likewise, the number of medical specialists and other relevant details are missing.

PAHO has ignored large fluctuations in the human resources for healthcare in Cuba that must have had a significant impact on Cuba's population of 11 million, both in terms of delivery of health services as well as in the resulting outcomes/indicators. Although official data from Cuba on the number of exported workers is unreliable and consistently

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<sup>451</sup> "Estrategia de Cooperación OPS/OMS: Cuba, 2018-2022," op. cit.

<sup>452</sup> Announced by Cuba's Ministry of Health, included in a report, and part of the general reorganization plan of the economy, known as "lineamientos." (Juan O. Tamayo, "Cuba anuncia cambios en su sistema de salud," *El Nuevo Herald*, Dec. 4, 2010.)

<sup>453</sup> N. Marimón and E. Martínez, "Cooperación técnica," op. cit. (PAHO Director's remarks are cited from: Organización Panamericana de la Salud, Esquina de la Directora, Encuentro sobre Programas de Cooperación en Salud "Cuba en el mundo," PAHO.org, accessed on 10/16/2008 --this link no longer works.)

<sup>454</sup> Ibid. ("The Faces, Voices and Places" reportedly advances the Millennium Development Goals.)

displays incongruities and omissions, it is well-established and reflected in Cuba's official financial data that since the early 2000s Cuba has sent tens of thousands of health workers to Venezuela and that it has greatly expanded this export business since the mid 2000s.

In 2007, PAHO reported that 84,797 Cuban health "collaborators" had served abroad in 2001–2005, with the following breakdown: 4,317 in 2001, 6,190 in 2002, 17,033 in 2003, 26,014 in 2004 and 31,243 in 2005.<sup>455</sup> Cuba's official revenues from export services net of tourism reflect a dramatic increase, from \$845.4 million in 2003 to \$4.2 billion in 2005, and they continued growing exponentially until recently.<sup>456</sup>

PAHO was aware that tens of thousands of health workers were diverted from Cuba to Venezuela starting in 1999, soon after Hugo Chavez became president.<sup>457</sup> Cuba pulled 21,699 health professionals from its national public health system just in 2002-2003, yet this has not been mentioned by PAHO in any of its reports.

Instead of, at the very least, raising questions, in July 2006, PAHO published a study on "the right to health" in Venezuela heavily focused on the role of over 31 thousand Cuban health workers reportedly in the country. It reported that in 2006, 15,356 Cuban doctors were working in Venezuela's primary care sector<sup>458</sup> without even referring to how this might have impacted the "right to health" of Cubans on the island, the primary care model it had praised for years, or considering the rights of the workers sent overseas.

PAHO instead focused on addressing the resistance to the Cuban presence in Venezuela. PAHO's then Director, Mirta Roses Periago, acknowledged that the introduction of so many Cuban health workers in Venezuela had been polemic and introduced a study as a needed tool "to fill a void on the interesting and important Venezuelan experience of extending the benefits of social protection in health to all citizens." It detailed the origins and implementation of the *Barrio Adentro* ("Inside the neighborhood") program and focused on its achievements in 2004-2005, asserting that

“ PAHO fails to address the reduction from 2009 to 2010 of 47,421 health workers ... as well as the steep decline in the number of family doctors, by two thirds, reported in 2011. ”

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<sup>455</sup> *Salud en las Américas, 2007, Volumen II –Países: Cuba, Cuadro 5. Número de colaboradores enviados a otros países según año, Cuba, 2001–2005, p. 284.*

<sup>456</sup> Oficina Nacional de Estadísticas (ONE), República de Cuba. *Anuario Estadístico de Cuba 2010 and Turismo en Cifras 2010* (in M. Werlan, "Cuba's business of humanitarianism," op. cit.)

<sup>457</sup> The first Technical Cooperation Agreement between Cuba and Venezuela was established in 2003 after the Libertador municipality of Venezuela had officially requested health workers from Cuba. ("Barrio Adentro: Derecho a la salud e inclusión social en Venezuela," Caracas: OPS/OMS para Venezuela, Organización Panamericana de la Salud, 2006, p. 24. This opened the door for the massive program that was soon put in place.)

<sup>458</sup> "Barrio Adentro: Derecho a la salud," op. cit., p. 86.

it “proposes a new form of relationship between the State and the citizens in which the State assumes the guarantee of social rights in co-responsibility with the citizens.”<sup>459</sup>

The data reported by Cuba and disseminated by PAHO raises considerable questions and impedes calculating the doctor-per capita ratio or arriving at a reliable number of health workers in Cuba. PAHO’s *Health in the Americas, 2012*, which uses 2010 data from ONEI,<sup>460</sup> reports 535,305 workers in Cuba’s health system of which 76,506 were physicians of whom 36,478 were family doctors (a rate of 68.1 doctors per 10,000 population<sup>461</sup>); in addition there were 12,144 stomatologists and 163,296 high-level technicians of whom 47,776 had nursing degrees.<sup>462</sup> Moreover, the report states, 40,337 collaborators and 16,196 physicians provided health services in 68 countries through 132 projects, including projects for disaster situations, the Comprehensive Health Program, and ophthalmologic care (*Operación Milagro*).<sup>463</sup> It merely concludes: “The capacity of the National Health System’s academic institutions is ample in terms of training human resources.”<sup>464</sup>

PAHO fails to address the reduction from 2009 to 2010 of 47,421 health workers as well as the steep decline in the number of family doctors, by two thirds, reported in 2011. (A sudden drop of 23,111 in family doctors from 36,478 in 2010 to 13,367 in 2011). In just one year, 2009 to 2010, 46,160 less workers were reported in the category “Technicians and Auxiliaries,” and in two years, 2009 to 2011, 10,012 less workers were reported in the category “Nurses and Nursing Assistant.”<sup>465</sup> The big jump in Venezuela had occurred several years earlier, from 2003 to 2005,<sup>466</sup> so that would not explain it. Meanwhile, there was a puzzling increase of 71,171 “technicians and assistants” in 2004-2009.<sup>467</sup> Later on, in 2013-2014, it was widely reported that 11,400 Cuban doctors were sent to Brazil in a few short months. PAHO does not mention these large reductions or its impact in Cuba’s national health system.

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<sup>459</sup> Ibid, p.2.

<sup>460</sup> Oficina Nacional de Estadísticas e Información, República de Cuba.

<sup>461</sup> Surprisingly, PAHO reported a considerably lower ratio of doctors per inhabitant than it had been reporting for years but there was no explanation of how that came about. (*Health in the Americas, 2012*, op. cit.)

<sup>462</sup> *Health in the Americas, 2012*, op. cit., p. 252. (The report also states that from 2006 to 2010, 91,225 health professionals received degrees, including 21,097 physicians, 2,888 stomatologists, 27,721 nurses, and 39,115 health technology graduates.)

<sup>463</sup> Ibid, p. 253. (The data corresponds with the data for the year 2010 in Cuba’s Health Statistical Yearbook.)

<sup>464</sup> Ibid, p. 238.

<sup>465</sup> Cuba’s Statistical Yearbook on Health, 2018 (See 19.1 - Personal facultativo del Ministerio de Salud Pública, en 31 de diciembre (a)).

<sup>466</sup> In December 2008, Venezuela’s Minister of Health reported that 29,296 Cubans were serving in Venezuela: 13,020 doctors, 2,938 odontologists, 4,170 nurses, and 9,168 “health technicians.” (“MinSalud desmiente a Provea: 30 mil médicos, odontólogos y técnicos cubanos están en Venezuela,” *YVKE Radio Mundial*, Dec. 10, 2008.)

<sup>467</sup> The author believes this probably was an attempt to account for the high number of security and military personnel sent clandestinely to Venezuela to advance the Castro-Chavist integration plan. See her book M. Werlau, *Cuba’s intervention in Venezuela*, op. cit.

PAHO's *Health in the Americas, 2017* report states the following: "In 2015, there were 495,609 health workers, 7.84 physicians per 1,000 population, and universal coverage was achieved through the family physician and nurse model."<sup>468</sup> It does not explain the decrease of 39,696 workers in the health system from PAHO's previous 4-year report. More recent data provided by ONEI beyond the period covered in PAHO's last *Health in the Americas* report shows that in the ten-year period from 2008 to 2018, the number of doctors increased by 20,935 but the number of nurses and nursing assistants decreased by 22,029<sup>469</sup> and the number of medical technicians dropped by a whopping 80,320.

Meanwhile, PAHO has also echoed Cuba's reports of a large number of graduating medical students. Its *Health in the Americas, 2012* states that from 2006 to 2010, 91,225 health professionals received degrees, including 21,097 physicians, 2,888 stomatologists, 27,721 nurses, and 39,115 health technology graduates. For its part, Cuba reported for the 2013-14 school year that 37,302 Cuban students were enrolled in the 6-year program to obtain a medical degree, plus 10,374 from other countries.<sup>470</sup> However, annual data provided by ONEI does not reflect the entry of these graduates with medical degrees into the workforce. Adding 21,097 doctors to the reported total in 2006-2009 would have resulted in 95,977 doctors by 2010 at the latest but ONEI reports 76,506 doctors in 2010.

Assuming that the 37,302 students of medicine enrolled in 2014 had all graduated by 2020, this number would be reflected in the statistical yearbook for 2020, when the number of doctors would have increased to 122,865, however, the reported total is 103,835, or 19,030 less. Presumably, this number of doctors would be working overseas and not reported in the data on Ministry of Health personnel published by ONEI. The matter remains unclarified by Cuba as well as PAHO. If the number of medical students includes those from abroad that will be returning home, the number would still not add up, as in December 2021, there were a total of 8,599 foreign students in Cuba.<sup>471</sup>

Data aside, for years, there have been persistent complaints of a shortage of doctors in Cuba, which is reportedly extreme in the case of specialists. In certain hospitals, it has been reported that the only "doctors" seeing patients were foreign medical students who were years away from obtaining their medical degrees.<sup>472</sup> With respect to the lag in

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<sup>468</sup> *Health in the Americas, 2017*, op. cit., p. 126.

<sup>469</sup> This would mean that the 27,721 nurses trained in 2006-2010 plus the 22,029 less nurses reported (49,750 in sum) are either working in overseas medical missions, have emigrated, retired or died. This number does not even count any nurses trained after 2010.

<sup>470</sup> José A. de la Osa, "A las aulas en Cuba casi 86 mil estudiantes de Ciencias Médicas," *La Habana, Granma*, Aug. 30, 2013 (citing the Vice Minister for Education at Cuba's Ministry of Health). The medical students were part of the 85,871 students enrolled in all Medical Sciences, which include 13 university-level degree careers and 24 technical careers.

<sup>471</sup> "La inversión extranjera en Cuba," op. cit.

<sup>472</sup> This was directly related to the author by a former Cuban resident. See some reports from the island: Yesmy Elena Mena Zurbano, "Falta de galenos en consultorio médico," *Santa Clara, PayoLibre*, Jul. 2, 2009; Damián Sánchez Sáenz, "Preocupa a capitalinos falta de médicos," *La Habana, PayoLibre*, Oct. 21, 2009; Martha Beatriz Roque Cabello, "Rentan nuestros médicos: en Cuba faltan," *CubaNet*, Mar.

specialists, this is what PAHO offers: “Specialization and ongoing training of the human capital linked to the national health system has allowed for a significant number (15,219) of master’s degrees in biomedical sciences (about 50 master’s degree programmes, some of which are taught in different provinces) and PhDs in biomedical sciences, including doctorates of medicine, health, dentistry, nursing and medical education. In the period 2010–13, a total of 230 health professionals were awarded a PhD degree.<sup>473</sup>

In August 2021, Cuba’s official media ran an interview<sup>474</sup> with Esteban Soto, the Director of the Agostinho Neto Hospital, the largest hospital in the province of Guantánamo, who acknowledged serious deficiencies in the medical services including that his hospital had only two doctors and a few nurses to treat the 150 patients arriving daily. He reported that the return of doctors “collaborating” in other countries had presented “a decisive solution” and that more nurses and orderlies had been making the work viable. Yet, in September 2021, the León Cuervo Rubio Hospital of Pinar del Río reportedly only had three doctors for 300 patients who had the added burden of having to deal with an extreme lack of medication.<sup>475</sup>

There appears to be no shortage of doctors, including specialists, in the international medical missions sent by Cuba to treat COVID around the world. To cite just three examples<sup>476</sup> from the around 70 countries with Cuban medical brigades:

- In Qatar, 200 Cuban doctors, nurses, and specialists in the fields of rehabilitation, dentistry, pathology, biomedicine, and radiology staff the “Cuban Hospital” in Doha that provides all medical and surgical services in more than 25 specialties.
- There were 224 Cuban health specialists in Saudi Arabia in 2016; in 2019, at least 88 were doctors.
- In 2020, the Cuban Medical Brigade in Guatemala had 229 doctors (441 members).

For his part, PAHO/WHO representative in Cuba from 2011 to 2015 Dr. di Fabio, highlighted the “advantage absent from other countries” of absolute control by a totalitarian government over the training of health workers, explaining that Cuba could

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7, 2014; Augusto Cesar San Martin, “Pacientes extranjeros, y cubanos... muy pacientes,” *La Habana, CubaNet*, Apr. 25, 2014; “Protestan ancianos por falta de especialistas médicos en Santa Clara,” *CubaNet*, Sep. 22, 2014.

<sup>473</sup> *Experience with local production of medicine*, op. cit., p. 17.

<sup>474</sup> Gladys Leidys Ramos, ¿Cómo la COVID-19 ha impactado los hospitales?, *Granma*, Aug. 25, 2021.

<sup>475</sup> Osmel Almaguer, “La mayoría de los médicos había enfermado; muchos renunciaban al tratamiento para dárselo a los pacientes,” *La Habana, Diario de Cuba*, Sep. 8, 2021.

<sup>476</sup> Larry Luxner, “Oil-rich Qatar, host of 2022 World Cup, warms up to Cuba,” *CubaNews*, Sep. 2012; “Language barrier gone, Cuban Hosp sees strengthened patient-doc bond,” Qatar, *Gulf Times*, Aug. 24 2019; “Saudi Arabia stresses Cuba medical cooperation,” Havana, *Cadena Agramonte*, Aug 25, 2016; Waldo Fernández Cuenca, “Entre el robo y el desamparo: la misión médica cubana en Arabia Saudita,” *La Habana, Diario de Cuba*, Mar. 29 2019; Estructura y funcionamiento de la brigada médica, *Brigada Médica Cubana en Guatemala*, 2020, in Maria C. Werlau, “Guatemala y la diplomacia médica cubana,” *Cuba Archive*, Oct. 13, 2020.)

train health professionals under the aegis of Cuba’s Ministry of Public Health; elsewhere “such questions take up considerable negotiating time among ministries and other actors.”<sup>477</sup> The report *Experience with local production of medicine* reiterates this viewpoint: “The decision to put medical sciences education under MINSAP has led to a better education of human resources in the field of health (Table 4). This experience, unique in the world, has fostered a close relationship between students and the Cuban national health system from a theoretical and practical standpoint, strengthening the different key aspects that enhance the health system, such as primary care for the population.”<sup>478</sup>

“...no PAHO report or statement can be found addressing any concerns over the qualifications of Cuba’s mass-trained medical doctors raised by numerous medical associations and professionals from different countries.”

In order to enter into bilateral agreements with Cuba to import its medical personnel, host governments must waive standard legal and administrative requirements for the practice of medicine and accept Cuba’s assurances of the qualifications of the personnel it will send to deliver the services. While PAHO effusively backs the centralized and entirely-state controlled system for the massive training of health workers for export, no report or statement by the Organization can be found addressing any concerns over the qualifications of Cuba’s mass-trained medical doctors raised by numerous medical associations and professionals from different countries.<sup>479</sup> In effect, it has been reported that some workers sent by Cuba as “medical doctors” have yet to complete the last two years of medical school or are veterinarians who undertook a six-month special training.<sup>480</sup> It makes little sense for PAHO not to support requiring the local validation of their credentials.

In many of the host countries, local doctors are unemployed and/or underemployed and Cubans, whose credentials are not verified, are brought in at a much higher cost to the local health system, paying more for them and including benefits that the local doctors

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<sup>477</sup> Gail Reed, “Interview with Dr. José Luis di Fabio,” op. cit.

<sup>478</sup> *Experience with local production of medicine*, op. cit., p. 17.

<sup>479</sup> See, for example, Pablo Alfonso, “Revelan deficiencias académicas de médicos graduados en Cuba,” *Radio Televisión Martí*, Aug. 28, 2012. (This piece addresses the case of Costa Rica, however, the same problem has also been seen in Chile, Uruguay, Ecuador, Bolivia, Spain, the U.S, and other countries, where most medical students educated in Cuba do not pass the local board exams upon returning home and some medical associations have pointed to the structural deficiencies in the curricula taught in Cuba.)

<sup>480</sup> Maria C. Werlau, testimony of the veterinarian’s uncle, Anonymous Source 2.; and M. Werlau, testimony of a doctor, “Cuba-Venezuela’s health diplomacy” op. cit.

do not have. This has been documented in at least Ecuador, El Salvador,<sup>481</sup> Guatemala, Kenya, Mexico,<sup>482</sup> South Africa, and Venezuela.<sup>483</sup>

An investigation in Kenya of the 2018 Cuba-Kenya bilateral agreement to place 100 Cuban doctors in Kenya (20 more doctors were added in 2020 during the COVID pandemic) revealed that Kenyan taxpayers were paying five times more for each Cuban doctor than what Kenyan doctors were paid in the public health system, costing a monthly total per doctor of KES Sh1 million (US\$13,996.85).<sup>484</sup> Kenya paid \$5,000 a month for each Cuban doctor but the doctors only received \$1,000 and the Cuban government kept \$4,000; Kenya also paid for their transportation, living expenses, medical and malpractice insurance, a stipend, and other costs. In 2018, the doctors' union Secretary General, Ouma Oluga, complained that the government failed to "incentivise" local doctors to work in "hardship" counties by not providing them housing, security, and insurance.<sup>485</sup> In August 2020 Kenyan health workers went on strike over delayed salaries, inadequate personal protective equipment (PPE) for Covid-19, and lack of medical insurance.

In South Africa, the cost of hiring 187 Cuban health workers for the COVID pandemic for a year was at least US\$29 million, or around \$155 thousand per worker for their salaries, registration, housing, and other expenses.<sup>486</sup> South Africa paid \$84,716 per internationalist (\$7,060 per month) but the Cuban workers only received \$1,583 of which half, \$791, was deposited in a bank account in Cuba for which family members on the island had withdrawal limits.<sup>487/488</sup> Herman Mashaba, president of the party ActionSA, denounced that 500 qualified South African unemployed doctors stood ready to help fight Covid-19 and his party launched the campaign #HireOurMedical Heroes asking the government to hire 625 unemployed or temporarily-employed South African doctors and nurses "sitting idly at home," as around 40,000 posts were frozen or

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<sup>481</sup> "Los médicos cubanos en El Salvador tenían beneficios negados a los locales, denuncia el gremio," San Salvador, *Diario de Cuba*, Apr. 26, 2019.

<sup>482</sup> Octavio Gómez-Dantés, "6.2 millones de dólares a cambio de nada: Las misiones médicas cubanas en México durante la pandemia de covid-19," *Nexos*, Jul. 26, 2021.

<sup>483</sup> M. Werlau, "Cuba-Venezuela's Health Diplomacy," op. cit.

<sup>484</sup> Salomé Garnier, "An army of white coats: exploring the implications of Cuban medical diplomacy," *Harvard International Review*, Dec. 23, 2020.

<sup>485</sup> An investigation by Kenya's *The Nation* was supported by the Africa Women Journalism Project (AWJP) in partnership with the International Center for Journalists (ICFJ). Verah Okeyo, "Kenya: Revealed - Secrets of the Kenya-Cuba doctors deal," *The Nation*, Oct. 1, 2020; "Kenya: How Cuban doctors deal was 'hawked' to Kenyatta," *The Street Journal*, Oct. 2, 2020; Maria C. Werlau, "Forced/compelled labor (trafficking in persons) by the Cuban state in 'internationalist medical missions': Information for the 2021 Trafficking in Persons Report, Cuba Archive.org, Feb. 1, 2021.

<sup>486</sup> Azarrah Karrim, "South Africa spent at least R400m on Cuban Medical Brigade deployment," *News 24*, Apr. 29, 2020. (Housing costs were reportedly being covered by the governments of the provinces hosting the internationalists.)

<sup>487</sup> "R239m - That's how much taxpayers will cough up for Cuban doctors," *IOL News*, Jun 9, 2020;

<sup>488</sup> Carlos Cabrera Pérez, "Sudáfrica pagará a Cuba más de 14 millones de dólares por salarios de la brigada médica," *CiberCuba*, Jun. 9, 2020.

unfilled.<sup>489</sup> Authorizing Cuban doctors to practice without the required certification of their credentials also embittered other foreign-trained doctors in South Africa, who could not bypass all the required red tape.<sup>490</sup>

Guatemala paid Cuba for the services of 441 members as of September 2020, of which 20% were support staff including 6 drivers, 4 cooks and 8 administrators / statisticians for whom Cuba receives the same pay as for the 286 reported doctors and 74 nurses who are part of this medical brigade. The annual cost to Guatemala was an estimated \$15.9 million for the tax-exempt salaries and per diem, air and other travel costs, housing, accommodations, medical and dental insurance, transportation to and from work, international telephone costs for calls to Cuba, and travel for annual visits home on vacation. This is equivalent to \$36 thousand per person per year (around \$3,000 per month) for each of the 441-person strong Cuban medical brigade. Meanwhile Guatemalan doctors in the public health system earn around two thirds less, Q7,000 a month (\$900,) their salaries are not exempt of taxes, and they do not have housing, insurance, transportation, telephone, travel, and other benefits provided to the Cubans. With similar incentives, many would serve in hardship areas to which the Cubans are sent.<sup>491</sup>

There are numerous reports of the miserly compensation of the Cuban doctors and other health professionals sent abroad as Cuba generally keeps around 85-75% of what it receives in payment for their services, which varies widely by country.<sup>492</sup> In 2020, an investigative report published by the Paris-based *Le Pointe* revealed that the French territory of Martinique had hired a Cuban medical brigade of 14 doctors and one “administrator” who received 23 euros a day each, or less than 25% of what the cleaning staff earned at the hospital in Fort de France where they were working.<sup>493</sup>

PAHO/WHO usually makes no mention of the retention by the Cuban government of the majority of the payment received for the health worker’s services<sup>494</sup> or of the appalling living conditions that Cuban health workers face in many countries, or the high cost in lives of Cuba’s internationalists. Many of the workers are sent to remote

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<sup>489</sup> Ibid; Jackie Cameron, “Herman Mashaba: Finding jobs for thousands of unemployed doctors, nurses, as hospitals creak at seams,” *BizNews*, Jan. 20, 2021.

<sup>490</sup> Aisha Abdool Karim, “It takes most foreign-trained doctors months to register in South Africa so how did Cuban health workers do it in just three days,” BHEKISISA - Centre for Health Journalism, May 27, 2020; Vuyo Mkize, “Foreign doctors can’t register in SA to help with Covid-19 crisis,” *News 24*, Jul 20, 2020.

<sup>491</sup> Maria C. Werlau, “Guatemala y la diplomacia médica cubana,” Cuba Archive, Oct. 13, 2020.

<sup>492</sup> This has been extensively reported. See, for instance, several publications available at Publications, Cuba Salud/Cuba Archive, <https://cubaarchive.org/cuba-salud/reports-publications/>

<sup>493</sup> “Le mystère des médecins cubains,” *Le Pointe*, Sep. 9, 2020.

<sup>494</sup> Newsweek reported that doctors were presented a contract on their way to the Ebola zone where they were promised \$1,500 a month while working in Africa, and an additional \$1,500 to be deposited in a Cuban bank account, where it could be withdrawn upon return and evaluation of the work. (B. Avni, op. cit.) Other sources reported that the Cuban government was offering homes and cars upon their return. (“Is Cuba sending unqualified health workers to West Africa?,” *Capitol Hill Cubans*, Oct. 20, 2014.)

and/or dangerous locations and many have died of illnesses, in accidents, or have been murdered. *Cuba Archive* has documented 89 such fatalities to December 31, 2021 but considers the actual count to be much higher.<sup>495</sup> In Venezuela, in particular, Cuban health professionals have been sent to crime infested areas and the toll has been heavy. Many have been assaulted, raped,<sup>496</sup> or killed. In March of 2010, the Cuban and Venezuelan governments honored 68 Cuban doctors who had died in Venezuela during their tours of duty in the previous seven years, presumably as a result of criminal acts.<sup>497</sup> According to Cuban state media, 204 civilians —doctors, paramedics, teachers and others— died in the Angola war.<sup>498</sup> Two doctors, members of the Cuban medical brigade to Kenya are captive of Al-Shabaab, an Islamist fundamentalist group, which is demanding a US\$1.5 million ransom, for their release since they were kidnapped in April 2019.<sup>499</sup>

Although Cuban and PAHO officials have asserted that medical services are exported to fund the national public health system, by Cuba's official data, it is clear that is not the case. Health workers in Cuba have long reported on the dire work conditions and pitiful salaries. While Cuba is paid many thousands of dollars a month for each of its doctors working overseas,<sup>500</sup> the best paid medical doctors on the Island, Grade II specialists, currently receive a monthly salary of Cuban pesos 5.810, equivalent to around US\$58 a month at a 100:1 exchange rate,<sup>501</sup> but almost nothing can be purchased in Cuban pesos; food and consumer goods are almost exclusively available in hard currency stores or in the black market at steep mark ups.<sup>502</sup> Meanwhile, in January 2021 Cuba's Ministry of Interior was offering salaries of Cuban pesos (CUP) 6.690 to recruit prison guards.<sup>503</sup>

PAHO has acknowledged, albeit with antiseptic language and buried in reports, that Cuba has an export *business* in health services. Its report *Experience with local production of medicine* (2015 and 2019) reads: "As part of the export of Cuban medical services, an integrated strategy has been developed for promotion and marketing inside and outside the country. This strategy includes medical care abroad and for foreign

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<sup>495</sup> See CubaArchive.org/database.

<sup>496</sup> "Chávez pide perdón a Cuba por asalto y ultraje de dos médicas en Venezuela," *Caracas, Punto de Noticias /EFE*, Nov. 13, 2005.

<sup>497</sup> The Cuban Vice Minister of Health, Joaquín García, attended a ceremony in Caracas commemorating the 7th anniversary of the Barrio Adentro program. ("Reconocen muerte de 69 médicos cubanos en Venezuela," *El Universal*, Caracas, 16 de abril, 2010.)

<sup>498</sup> Osmaira González Consuegra, "Angola, 40 años después," *La Vanguardia*, Aug. 24, 2007.

<sup>499</sup> V. Okeyo, op. cit.

<sup>500</sup> The amounts vary widely and, as per numerous sources, go from a few thousand to around \$14,000 a month for a specialist working in Saudi Arabia.

<sup>501</sup> The rate in June 2022 was even higher. (See <https://eltoque.com/tasas-de-cambio-de-moneda-en-cuba-hoy>.) The official rate is 24:1, but almost nothing is sold in Cuban pesos.

<sup>502</sup> "Critican que un funcionario de prisiones cobrará más que un médico en Cuba," *CiberCuba*, Jan. 18, 2021. (A CUP 5,810 monthly salary is equivalent to US\$242 at the official exchange rate (CUP24 to US\$1, although the actual market rate is CUP60 to US\$1), which devalues that peso salary).

<sup>503</sup> *Ibid.*

patients in Cuba, academic services inside and outside Cuba, and other health services.”<sup>504</sup>

Especially after many Cuban doctors began abandoning their missions in Brazil, international awareness of the circumstances behind the medical missions has grown. In July 2020, *Human Rights Watch* (HRW) released a statement that “host countries have human rights obligations to all people in their territory, which would include Cuban health workers, and should ensure that their agreements with the Cuban government include effective protections for workers’ rights.”<sup>505</sup> José Miguel Vivanco, HRW’s Americas Director said that “governments that accept Cuban assistance that includes the abusive conditions imposed by Cuba risk becoming complicit in human rights violations.”<sup>506</sup>

The 2021 Trafficking in Persons Report by the U.S. Department of State, pursuant to the U.S. 2000 law, the Trafficking in Persons Victim Act, listed Cuba as a Tier 3 country for the second year in a row, along with 16 other countries that do not meet the minimum standards for the elimination of trafficking and are not making significant efforts to do so. It raised the overall condemnation of the labor exploitation associated with Cuba’s international medical missions, pointed to most of Cuba’s partner countries in the labor exploitation of mostly medical workers, and drew greater attention to the singular role of the Cuban government itself in the human trafficking.<sup>507</sup>

PAHO has also failed to report that many Cuban health internationalists who served in different countries have described that they were systematically required to overstate procedures and patients, prescribe unneeded treatments and drugs, and “use” medication and supplies for fabricated patients (often disposing of them unused) to increase revenues for Cuba and overstate performance.<sup>508</sup>

Another aspect of Cuba’s medical missions that PAHO is well aware, because it facilitated it in Brazil, is that Cuba typically sends members of its intelligence services

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<sup>504</sup> *Experience with local production of medicine*, op. cit., p. 18; *Experiencia con la producción local*, op. cit., p. 22.

<sup>505</sup> “Cuba: repressive rules for doctors working abroad: receiving governments should press for change,” Human Rights Watch, [www.hrw.org](http://www.hrw.org), Jul. 23, 2020.

<sup>506</sup> *Ibid.*

<sup>507</sup> “Cuba and the 2021 Trafficking in Persons Report of the United States Department of State,” *Cuba Archive*, July 5, 2021, <https://cubaarchive.org/wp-content/uploads/2021/07/Cuba-and-the-2021-TIP-report.pdf>.

<sup>508</sup> This has been consistently reported to the author by Cuban doctors who have served in different international medical missions. Also see *Ramona Matos Rodríguez, Tatiana Carballo Gómez, Fidel Cruz Hernández, and Russela Margarita Rivero Sarabia, Plaintiffs, v. Pan American Health Organization, Joaquin Molina, Alberto Kleiman*; In the United States District Court Southern District of Florida, Miami Division Caseno: Case 1:18-cv-24995-DPG, Document 9, entered on FLSD Docket 12/26/2018, p. 19; and see “Médicos cubanos que escapan de Venezuela hablan sobre fraude con el COVID-19,” *AméricaTeVe*, Canal 41, Sep 21, 2021, <https://www.youtube.com/watch?v=C5czA1vpC0E>.

as "advisors" or drivers, cooks, statisticians, etc. to surveil, threaten, and discipline brigade participants.<sup>509</sup>

The Cuban health workers are required to conduct intelligence, surveillance, and security activities as well as campaign among the local population in favor of the local political parties supported by Cuba; they are even "expected to regroup as military units if ordered to do so, for example, to defend a foreign government favorable to Cuba in the event of a coup or political crisis."<sup>510</sup>

PAHO's support for the Cuban government's export of health services has been unwavering and, paradoxically, has intensified as claims of ill-trained workers, tampered performance results, and human rights' violations have gained public recognition.

### Promoting Cuba's "white-robed army"

The Cuban government has been massively preparing "highly qualified slaves"<sup>511</sup> who can be sent abroad to earn handsome revenues for the regime. In 2018, Cuba had 60,098 students in training to obtain degrees as medical doctors (in 6 years of study) of which 8,941 were foreigners<sup>512</sup> who would presumably be returning home;<sup>513</sup> by 2024 at the latest, Cuba should have 51,157 new doctors.

PAHO has been a strong partner in this endeavor and has actively promoted "the Cuban model" for many years. In 2013, during a visit to Cuba, Dr. Etienne said she was pushing for the renowned medical journal *The Lancet*, to publish on Cuba regularly because its editors were interested in showcasing Cuba's "medical progress."<sup>514</sup>

A Strategic Agreement signed by PAHO and the Cuban government on March 30, 2012 attests to PAHO's commitments; its priorities include: "10. Support the national policy

“ PAHO’s support for the Cuban government’s export of health services has been unwavering and, paradoxically, has strengthened as claims of ill-trained workers, tampered performance results, and human rights’ violations have gained increasing public recognition. ”

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<sup>509</sup> This has been consistently reported to the author by Cuban doctors who have served in many international medical missions in very diverse countries. Also see R. Matos Rodríguez v. PAHO. p. 51.

<sup>510</sup> This has been reported to the author by doctors who have been in medical missions in Venezuela, Brazil, and Ecuador and is part of the Plaintiff's claims in R. Matos Rodríguez v. PAHO, p. 47 and p. 51.

<sup>511</sup> As related to the author by a Cuban doctor who served in a medical mission many years back.

<sup>512</sup> 2,626 study at the famous ELAM, Escuela Latinoamericana de Medicina. (Juan Vela-Valdés, Ramón Syr Salas-Perea, et. al, "Formación de capital humano para la salud," *Revista Panamericana de Salud Pública*, 2018; 42: e33 (Pan American Health Organization, Apr. 2018).)

<sup>513</sup> Ibid.

<sup>514</sup> "Directora general de la OMS está en Cuba," op. cit. (Translation from Spanish.)

of international cooperation and facilitate access for the country to innovative strategies and its participation in the development of regional and global health policies and agreements.” The “Modalities of Cooperation” include: “7. Facilitate international cooperation, both solidarity-driven and compensated, South-South cooperation, and triangulation of cooperation in health and mobilization of resources.”<sup>515</sup>

The 2018-2022 Strategic Plan between PAHO/WHO and Cuba<sup>516</sup> details the current priorities for technical cooperation. Strategic Priority 5 (out of 5) reads: “Position Cuba’s role in global health,” to be accomplished by: 1) Disseminating the Cuban model and its successes; 2) Cooperation amongst countries for health development and strategic alliances and resource mobilization; and 3) Cooperation between PAHO offices and the Cuban Medical Brigades, the CCOMS<sup>517</sup>, ELAM<sup>518</sup> graduates, and SMC.<sup>519</sup> The 32-page report details Priority 5 as follows:

- 1) Dissemination of the Cuban health model and its successes: implementing effective communications for international impact including in mass communications and social media and pursuing adequate appreciation for Cuba’s successes, highlighting its innovations in biotechnology, organizationally, and others.<sup>520</sup>
- 2) Cooperation amongst countries for health development and strategic alliances as well as resource mobilization based on the WHO Collaboration Centers (CCOMS): promoting the execution of projects as a way to share Cuba’s health achievements, finding financing sources to support health projects, and programs and strengthening alliances with potential strategic partners.<sup>521</sup>
- 3) Interaction by PAHO offices with the Cuban Medical Brigades (BMC), the CCOMS, graduates of ELAM (Latin American School of Medicine in Havana) and SMS (the latter refers to Servicios Médicos Cubanos, the Cuban state entity for export health services but the report does not clarify this): exploit synergies and increase cooperation by PAHO and by Cuba in third countries, such as by using the heads of Cuban Medical Brigades for training programs for leaders in international public health and in epidemic response, using existing networks to increase visibility and exchanges, creating spaces for academic exchange, and contributing to the creation of opportunities for international investigations.<sup>522</sup>

In May 2017, Cuba’s international emergency medical brigade was awarded the prestigious 2017 Dr Lee Jong-wook Memorial Prize for Public Health at a World Health

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<sup>515</sup> “Nota estratégica: Cooperación Técnica entre la OPS y la República de Cuba,” 2012-2015,” Pan American Health Organization, Mar. 12, 2012. (The memorandum is signed by Cuba’s Minister of Health, PAHO’s Director, Mirta Roses Peragio, WHO’s General Director, Dr. Margaret Chan, and PAHO/WHO’s representative in Cuba, José Luis di Fabio.) (Translation from Spanish.)

<sup>516</sup> “Estrategia de Cooperación OPS/OMS: Cuba 2018-2022,” op. cit.

<sup>517</sup> World Health Collaboration Centers (Centro(s) Colaborador(es) de la OMS).

<sup>518</sup> Latin American Medical School, in Havana, Cuba.

<sup>519</sup> Servicios Médicos Cubanos. (The document does not clarify that this is a Cuban state enterprise that sells/exports health services.)

<sup>520</sup> Ibid, p. 24.

<sup>521</sup> Ibid, p. 25.

<sup>522</sup> Ibid.

Assembly (WHA) ceremony in Geneva, “in recognition of its emergency medical assistance to more than 3.5 million people in 21 countries affected by disasters and epidemics since the founding of the Brigade in September 2005.”<sup>523</sup> John Linto, the president of the Korean Foundation for International Health Care who gave the award to Cuba’s Minister of Health, used the word “voluntary” to characterize the Cuban Brigade’s 7,400 health care workers who, he claimed, had treated “more than 3.5 million people in 21 countries.” WHO’s General Director was present at the ceremony and PAHO reported on it with the accustomed spin: “A country of just 11.5 million people, Cuba has more than 50,000 of its health professionals serving in 66 countries. Cuba is also globally recognized for its preventive, community-based approaches to primary health care, disease prevention and medical education.”<sup>524</sup>

Two Cuban medical brigades have been the subject of vigorous public relations’ campaigns to promote Cuba’s “humanitarianism” and PAHO/WHO was involved with both: Cuba’s medical brigade to Haiti after the January 2010 earthquake and Cuba’s medical brigade to Africa during the 2014-2015 Ebola outbreak. PAHO officials have showered particular praise on both as humanitarian efforts despite the fact that Cuba received payment and other material support as well as that Cuban health workers were exploited as usual.

PAHO officials have extolled Cuba’s international “medical cooperation” with Haiti, highlighting “the moving sacrifices made by the Cuban state”<sup>525</sup> and PAHO has participated in at least one collaboration project with Brazil and Cuba for the reconstruction of Haiti’s health system.<sup>526</sup> Thus, PAHO cannot ignore that the large medical brigade in Haiti is very profitable for Cuba, as many governments and organizations provide funds to pay Cuba for its medical presence there, especially after the 2010 earthquake in Haiti.<sup>527</sup> Meanwhile, Cuban doctors sent to Haiti earn miserly salaries while living and working in extremely poor conditions; many are sent to remote locations with no running water or electricity.<sup>528</sup>

Cuba was also reportedly well compensated for sending up to 265 doctors, nurses, and other workers to Sierra Leone, Liberia, and Equatorial Guinea from October 2014 to April 2015 during an Ebola outbreak.<sup>529</sup> WHO/PAHO extensively trained the Cubans

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<sup>523</sup> “Cuba’s Henry Reeve International Medical Brigade receives prestigious award,” Geneva, PAHO/WHO, Pan American Health Organization, 26 May 2017.

<sup>524</sup> Ibid.

<sup>525</sup> See one example: “The PAHO-WHO representative to Havana highlights Cuba’s solidarity and humanism,” *Agencia Cubana de Noticias*, Jun. 22, 2011.

<sup>526</sup> J. Feinsilver, “Brazil’s Mais Médicos,” op. cit.

<sup>527</sup> See Maria C. Werlau, “Cuba’s business of humanitarianism: the medical mission in Haiti,” *Cuba in Transition: Volume XXI*, Papers and Proceedings of the 21st Annual Conference of the Association, Miami, Florida, Aug. 4–6, 2011.

<sup>528</sup> Ibid; and Maria C. Werlau, testimony of Dr. Dania Cao, Miami and Washington, DC., December 16-17, 2021; and testimony of Anonymous Source No. 7, Miami, two interviews, 2010.

<sup>529</sup> Enrique Beldarraín Chaple and Mary Anne Mercer, “The Cuban response to the Ebola epidemic in West Africa: lessons in solidarity,” *International Journal of Health Services*, Jan. 2017;47(1):134-149.

—in Cuba and in Africa— with the help of the U.S. Centers for Disease Control<sup>530</sup> and Cuban personnel was sent to West Africa paid for by WHO and under its auspices (Cuban workers reportedly received a per diem from WHO).<sup>531</sup> More countries also provided funds for the Cuban Ebola brigade. The Government of Mexico paid for “specialized equipment” for the Cubans, Timor Leste financed the costs of 35 of the Cuban doctors,<sup>532</sup> and Venezuela committed several million dollars. The U.S. Center for Disease Control (CDC) trained Cuban health workers, built treatment centers, set up mobile testing labs, and provided transportation and logistical support used by the Cubans, while USAID donated protective equipment and considerable aid to WHO that was presumably passed on to the Cuban teams.<sup>533/534</sup> (More information on U.S. aid to Cuban medical brigades is not available.)

While WHO took pains to highlight Cuba’s role, no public record of its reported payments to Cuba and all the training and support that was provided for the Cuban medical team sent to Africa to fight Ebola. None of WHO/PAHO statements and other communications or any international media coverage found in open sources addressed the compensation of Cuban doctors or the conditions in which they served. Instead, WHO Assistant Director Bruce Aylward said, among others, in a press statement regarding the Cuban doctors heading to West Africa: “Those of us who have been working on the response efforts at WHO know how truly valuable this offer is. ... Many countries have offered money but no other country has offered such a large number of workers to go in and help do the most difficult jobs in this crisis.”<sup>535</sup>

“While WHO took pains to highlight Cuba’s role, no public record can be found that it reported the payments it made to Cuba and all the training and support that was provided for the medical team it sent to Africa to fight Ebola.”

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<sup>530</sup> N. Acosta, “U.S. attends Ebola meeting in Cuba,” op. cit.

<sup>531</sup> Cuba was apparently paid by WHO, \$10,000 a month per member of the medical brigade (this information was in the media, but not verified), the salary that reportedly had been offered to them. However, it appears that Cuba only compensated them a fraction of this amount. One doctor reported having received \$4,200 the first month and then \$3,500 from there forward. Others reported that offers of cars and other bonuses were also not honored. (Maria C. Werlau, electronic messages with a doctor whose identity is confidential. Anonymous Source 3, Mar. 30, 2020.)

<sup>532</sup> Tim Anderson, “Cuba, the Empire and Ebola,” *Pravda*, Apr., 11, 2014.

<sup>533</sup> Tiaji Salaam-Blyther, “The 2014 Ebola outbreak: international and U.S. responses,” *Congressional Research Service*, August 26, 2014; James Harding Giahuyue, “U.S. military ends Ebola mission in Liberia, Monrovia,” *Reuters*, Feb. 26, 2015.

<sup>534</sup> T. Anderson, op. cit. (Reportedly, a Cuban offer to cooperate directly with Washington was “deflected in favour of low-profile discussions and cooperation through third parties, such as the WHO, the UN Ebola Mission (UNMEER) and the respective governments of Liberia, Sierra Leone and Guinea.”)

<sup>535</sup> Andrew O'Reilly, “Cuba emerges as committed ally against Ebola - yet can't treat illnesses at home,” *Fox News Latino*, Oct. 22, 2014.

The international media gave Cuba's efforts massive coverage with headlines such as "Cuba's impressive role on Ebola" (*The New York Times*), "In the medical response to Ebola, Cuba is punching far above its weight," (*The Washington Post*), "Why Cuba is so good at fighting Ebola" (*TIME* magazine), and "Cuban doctors proud to risk lives in mission to halt Ebola" (*Reuters*).<sup>536</sup> The extensive media coverage generally made no mention of the delays in the deployment of the Cuban doctors, of the language problems they faced, of the terms of the agreement with Cuba and the payments to the Government of Cuba or the compensation the Cuban doctors received. In fact, of the 256 who had traveled from Cuba in October 2014, the *Associated Press* reported that two months later (by mid-December 2014), only about 60 of 165 Cubans were in the field in Sierra Leone and only 2 had received the needed training in Guinea.<sup>537</sup>

*The Wall Street Journal* broke the usual pattern and reported: "While consultants from the U.S. Centers for Disease Control and Prevention are lodged in Radisson Blu resort—at more than \$200 a night—the 165 Cuban medics are living three to a room in one of Freetown's budget hotels. The hotel's toilets are broken. Flies buzz around soiled tablecloths where the Cubans eat in cafeteria-style shifts."<sup>538</sup> It appears that conditions for the Cubans improved after this report, at least in Guinea, where the doctors were, according to *The Associated Press* "hanging by a hotel pool" for months waiting for the special training needed to care for Ebola patients.<sup>539</sup>

Cuba's Minister of Health José Ángel Portal highlighted the "political will, rigorous organizational discipline, and efficiency" in successfully addressing health needs around the world.<sup>540</sup> Dr. di Fabio, then head of PAHO/WHO's Havana office, who coordinated the training of the Cuban health workers in Havana,<sup>541</sup> promoted Cuba as "a special case": "The country has the ability to react very quickly because of the experience of the physicians and the political will to do so."<sup>542</sup> As the BBC correspondent in Havana reported: "Cuba has found a niche in the international market where it has no competition and demand increases..."<sup>543</sup>

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<sup>536</sup> "Cuba's impressive role on Ebola," The Editorial Board, *The New York Times*, Oct. 19, 2014; Alexandra Sifferlin, "Why Cuba is so good at fighting Ebola," *TIME* Magazine, November 5, 2014; Adam Taylor, "In the medical response to Ebola, Cuba is punching far above its weight," *The Washington Post*, Oct. 4, 2014; Daniel Trotta, "Cuban doctors proud to risk lives in mission to halt Ebola," Havana, *Reuters*, Oct 21, 2014.

<sup>537</sup> *Associated Press* reported that *Doctors Without Borders* was in charge of the 3-week training and lacked enough resources to speed up the process. (See "Training delays," op. cit.)

<sup>538</sup> Drew Hinshaw and Betsy McKay, "Cuban doctors at the forefront of Ebola battle in Africa," *The Wall Street Journal*, Oct. 9, 2014.

<sup>539</sup> "Training delays Cuban doctors from fighting Ebola," Conakry, Guinea, *AP/The San Diego Union Tribune*, Dec. 9, 2014.

<sup>540</sup> T. Anderson, "Cuba, the empire and Ebola," op. cit.

<sup>541</sup> Patrick Oppmann and Mariano Castillo, "In Ebola fight, Cuba flexes medical diplomacy muscle," *CNN*, Oct. 21, 2014.

<sup>542</sup> *Ibid.*

<sup>543</sup> Fernando Ravsberg, "El reto de los cambios," *On Cuba News*, Jan. 7, 2015. (Translation from Spanish.)

The Cuban health workers stayed at the Ebola mission for up to six months while doctors with international aid organization *Doctors without Borders* remained only six weeks given that the work and safety precautions were “so demanding.”<sup>544</sup> Two members of the Cuban Ebola brigades died, one in Guinea Conakry and one in Sierra Leone, reportedly from malaria, and one Cuban doctor who was infected with Ebola was treated at the Geneva University Hospital in Switzerland under WHO auspices.<sup>545</sup> The recovered doctor received was depicted heroically in the media attention.

A search of open sources found no comparable statements of praise and gratitude by PAHO or WHO for other governments and organizations that provided extensive support nor any such international media coverage. Yet, *Doctors Without Borders* spent \$128.5 million during the Ebola outbreak in 2014-2015 and in the first five months of the epidemic handled more than 85% of all hospitalized cases in the affected countries; it responded in Guinea, Sierra Leone, Liberia, Nigeria, Senegal, and Mali and, at the peak of the epidemic, employed nearly 4,000 national and over 325 international staff who ran Ebola management centers, conducted surveillance, contact tracing, and health promotion as well as provided psychological support.<sup>546</sup>

Months before Cuban doctors arrived in August 2014, the international community had mobilized considerable material and human resources; the U.S. government had sent 2,800 troops and at least 93 officials from USAID and the CDC, while USAID and CDC had spent many millions.<sup>547</sup> According to *The Wall Street Journal*,<sup>548</sup> by October 2014 the following aid had been committed:

- The U.S. would send 4,000 troops, 65 Public Health Service Commissioned Corps officers to staff an Ebola ward in Liberia, more than 2,600 health volunteers for possible deployment with aid organizations, and nearly \$400 million in additional aid, including to build a facility in Liberia that was staffed by Cubans.<sup>549</sup>
- The African Union had already sent about 75 medical workers and Uganda had sent 15.

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<sup>544</sup> “Cuban doctors fight Ebola in West Africa 'voluntarily',” *Deutsche Welle*, Oct. 25, 2014.

<sup>545</sup> See CubaArchive.org/database for cases of death; Nelson Acosta, “U.S. attends Ebola meeting in Cuba called by leftist bloc,” Havana, *Reuters*, Oct. 29, 2014.

<sup>546</sup> “Report: Ebola 2014-2015 Facts and Figures,” *Doctors Without Borders*, Jun. 8, 2016.

<sup>547</sup> By August 2014, USAID had spent \$14.5 million after having invested \$1 billion on pandemic preparedness efforts since 2005 and \$72.5 million FY2014 strengthening the capacity of 18 countries in Africa and Asia to detect and respond to infectious disease outbreaks, including Ebola. The CDC had spent approximately \$500,000 on staff, supplies, and travel for the Ebola response and had requested an additional \$45 million. (T. Salaam-Blyther, CRS, op. cit., Table 3. U.S. Personnel Deployed to West Africa for Ebola Response (as of August 25, 2014) human resources and material aid during the Ebola outbreak, pp. 14 -16.)

<sup>548</sup> D. Hinshaw and B. McKay, “Cuban doctors at the forefront,” op. cit.

<sup>549</sup> “Cuban health workers in Liberia,” World Health Organization, 31 October 2014, <https://www.afro.who.int/news/cuban-health-workers-liberia-0>; J. Stephen Morrison and Steph Gannon, “Health cooperation in the new US-Cuba relationship,” *Health Affairs*, April 29, 2015; “West Africa - Ebola Outbreak - Fact Sheet #7 (Fy 15),” USAID, November 12, 2014, <https://www.usaid.gov/ebola/Fy15/Fs07>.

- China had pledged \$3 million and would send specialists to Liberia, Sierra Leone, and Guinea as well as 170 medical workers to Liberia, where it already had a staff of 58 at an Ebola-treatment ward and blood-testing lab.
- Russia had sent a team of eight virologists to Guinea and protective clothing.
- India had pledged \$12.5 million.
- Japan was sending \$40 million as well as donated cars to help transport patients.
- France would construct and operate a 50-bed clinic in Guinea, staffed with 15 French medics at a given time and Red Cross volunteers.
- 750 personnel from the U.K. helped build dozens of clinics in Liberia and Sierra Leone.
- Aid from Brazil and South Africa.

### PAHO-Cuba-Brazil: a lucrative triangulation

The crown jewel of PAHO’s efforts to promote Cuba’s medical brigades was the Cuba-PAHO-Brazil triangular cooperation<sup>550</sup> program by which thousands of Cuba doctors were sent to Brazil from 2013 to 2018, with PAHO serving as intermediary. The government of Brazilian President Dilma Rousseff —head of the Workers Party of Brazil, a close ally of the Castro government— created the program *Mais Médicos* (“More Doctors”) with the stated goal of improving access and quality of healthcare in remote locations of Brazil. The program was to allegedly cover a physician deficit that could not be filled until 2026.<sup>551</sup>

“ The crown jewel of PAHO’s efforts to promote the Cuban medical brigades was the Cuba-PAHO-Brazil triangular cooperation program lasting from 2013 to 2018 by which PAHO placed up to 11,400 Cuban doctors at one time in Brazil and cost Brazilian taxpayers almost \$3 billion. ”

The plan was first announced by Brazilian authorities in May 2013 but officially “dropped” amidst strong objections from local medical associations. However, the following July 8th, Brazil’s president, Dilma Rousseff, signed an executive order (Provisional Measure 621) establishing the *Mais Médicos* program and authorizing an academic research program by which foreign medical professionals would ostensibly obtain advanced medical education in exchange for providing healthcare to Brazilian

<sup>550</sup> Triangular cooperation normally involves a traditional donor from the ranks of the OECD’s Development Assistance Committee, an emerging donor in the South, and a beneficiary country in the South. (Guido Ashoff, “Triangular Cooperation: Opportunities, risks, and conditions for effectiveness,” Special Report, Development Outreach, World Bank Institute, Oct. 2010.)

<sup>551</sup> Primeiros médicos cubanos que participam do Programa Mais Médicos chegam ao país, and “OPAS/OMS assina acordo de cooperação com o Brasil para apoiar “Programa Mais Médicos,” [www.paho.org/bra](http://www.paho.org/bra) (Statement by Adriano Massud, Brazil’s Vice-Minister of the Secretariat of Science, Technology, and Strategic Products in the Ministry of Health.)

citizens in underserved regions. That same day, Brazilian media reported that Brazil would not “import” doctors from Cuba.<sup>552</sup>

On August 7th, the government clarified that negotiations were ongoing and on August 21<sup>st</sup>, the program was announced as a *fait accompli*, although it was stated that 2,000 less Cuban doctors would be hired than the around 6,000 originally intended. The actual agreement was signed August 21, 2013 and five days later the first contingent of 400 Cuban doctors arrived. On August 26<sup>th</sup>, the first 30 doctors arrived in Recife and 176 arrived in Brasilia; the following day, 194 more arrived in Fortaleza, Recife and Salvador. In just a few short months, over 11,400 had arrived.<sup>553</sup>

According to Cuba’s Ministry of Health, the program was planned in two phases: 2013-2016 and 2016-2019,<sup>554</sup> corresponding to the 3-year assignments of the doctors. In 2014, 11,429 Cuban doctors were participating in *Mais Médicos*; they represented 79.1% of the 14,462 doctors in the program, of which only 2,294 doctors were Brazilian (about 15.9%) and 5.02% were of 47 other nationalities.<sup>555</sup> A three-year renewal was agreed to in 2016 for a slightly smaller Cuban workforce than in 2013. In late 2018, Cuba abruptly terminated its participation and recalled all its doctors from Brazil for reasons addressed further on.

### A problematic framework

In April 2013 PAHO signed an agreement, *Termo de Cooperacao 80*,<sup>556</sup> with Brazil’s Department of Health to “manage the international cooperation part of the program,” including “all aspects of human resource management (including training)” for the Cuban doctors, technical support for the municipalities’ health service managers, knowledge management to identify and disseminate lessons learned and good practices, and overall program monitoring and evaluation.<sup>557</sup> Brazil’s Ministry of Education took on a supervisory role in the educational aspects, as Cuban doctors received special training on Brazil, its culture, its language, and local health.

PAHO and the Cuban government reportedly signed a Cooperation Agreement that has not been made available to even the Federal Republic of Brazil or to PAHO’s external

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<sup>552</sup> “Brazil drops plan to import Cuban doctors,” *Reuters*, Jul. 8, 2013; Medida Provisória No. 621, de 8 de julho de 2013, Institui o Programa Mais Médicos e dá outras providências, <https://legis.senado.gov.br/sdleggetter/documento?dm=3039542&ts=1543018771286&disposition=inline>.

<sup>553</sup> “Primeiros médicos cubanos,” op. cit.; “Brazil to deploy 6,000 Cuban doctors in remote areas: minister,” Brasília, *Reuters*, May 6, 2013; Anthony Boadle, “Brazil drops plan to import Cuban doctors,” Brasília, *Reuters*, July 8, 2013; “Brazil keeping door open for Cuban doctors,” *Cuba Standard*, Aug. 7, 2013.

<sup>554</sup> “Primeiros médicos cubanos,” op. cit.

<sup>555</sup> Everton Nunes da Silva, Máira Catharina Ramos, et. al. “Cost of providing doctors in remote and vulnerable areas: Programa Mais Médicos in Brazil,” *Revista Panamericana de la Salud*, May 28, 2018.

<sup>556</sup> *Financial Report of the Director and Report of the External Auditor, 1 January 2013 – 31 December 2013. Pan American Health Organization and World Health Organization, 2014.*

<sup>557</sup> J. Feinsilver, “Brazil’s Mais Médicos,” op. cit. (Traducción del inglés.)

auditors.<sup>558</sup> Purportedly, Cuba’s Ministry of Health signed the agreement with PAHO to assist with the recruitment, selection, and registration of the Cuban medical professionals for the program, reportedly in compliance with criteria established by the Government of Brazil. PAHO’s “value added” to the project was described as this assistance as well as the delivery of a three-week course to train the Cubans on the structure and sanitary protocols of Brazil, additional language training in Portuguese, and a one-week training module at the municipal level.<sup>559</sup>

Problems started even before the arrival of the Cuban doctors in Brazil, as complaints by Brazilian doctors received considerable media attention. Local doctors’ associations and unions opposed the hiring of Cuban doctors without having them adhere to the same accreditation requirements for all other doctors, local and foreign; a lawsuit was filed in the Brazilian state of Ceará, where a federal judge had ruled to freeze the hiring of the Cuban doctors (it was subsequently overturned).<sup>560</sup>

“Despite the program’s much touted importance to deliver health to millions of underserved Brazilians, Cuba abruptly terminated its participation in Mais Médicos on November 14, 2018, starting the following day and ordered the immediate return of all the Cuban doctors in Brazil.”

In February 2014, just a few months after arriving in Brazil, Cuban Dr. Ramona Matos Rodríguez left her post in the remote Pacajás municipality in the northern Brazilian state of Pará, demanding equal pay with respect to the other foreign doctors in the program. Fleeing Cuban intelligence agents, she sought protection in Brasília, where opposition politicians of the Partido Democrata (DEM) gave her support in the Chamber of Deputies and she presented her case to the parliament. This led to an emergency meeting with the Minister of Justice, the Brazilian Lawyers Association, and the Public Ministry<sup>561</sup> and caused a big stir that received considerable media coverage.

Although a growing number of Cuban doctors abandoned the program and requested asylum or residence in Brazil, some taking their case to Brazilian courts, in 2016, PAHO, Brazil, and Cuba renewed the arrangement for three additional years.<sup>562</sup>

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<sup>558</sup> Second Amended Class Action Complaint; Ramona Matos Rodriguez, Tatiana Carballo Gomez, Fidel Cruz Hernandez, Russela Margarita Rivero Sarabia, Et AL., Plaintiffs, v. Pan American Health Organization, Joaquin Molina, Alberto Kleiman, Individual Does No. 1-10, Defendants, Case 1:20-cv-00928-JEB, Document 50, Filed 05/12/20 in the United States District Court for the District of Columbia.

<sup>559</sup> *Financial Report of the Director and Report of the External Auditor, 1 January 2018 – 31 December 2018*. Pan American Health Organization and World Health Organization, 2019.

<sup>560</sup> “Acción legal frena a médicos cubanos en Brasil,” *Radio Televisión Martí*, Sep. 12, 2013.

<sup>561</sup> “Cuban doctor files lawsuit in Brazil,” *Cafe Fuerte/Havana Times*, Feb. 8, 2014.

<sup>562</sup> “PAHO/WHO and governments of Brazil and Cuba renew “Mais Médicos” program,” Washington, D.C., PAHO/WHO, Pan American Health Organization, Sep. 27, 2016.

Despite the program's much touted importance in providing healthcare to millions of Brazilians, Cuba abruptly terminated its participation in *Mais Médicos* on November 14, 2018, effective the following day, and ordered the immediate return of all the Cuban doctors in Brazil.<sup>563</sup> They were ordered to pack in a hurry, forced to abandon patients, friends, and treasured belongings in Brazil, and pressured, even threatened, into returning to the Island.<sup>564</sup> 836 (10%) of the 8,471 doctors in Brazil at the time<sup>565</sup> decided to stay, joining many others who had already abandoned their posts ("deserted") or stayed after completing their mission.<sup>566</sup>

Cuba's Ministry of Foreign Affairs said this was due to "the direct, demeaning, and threatening statements of Brazil's President-elect, Jair Bolsonaro, regarding the presence of our doctors in the country, insisting that he would modify the terms and conditions of the *Mais Médicos* program."<sup>567</sup> During his presidential campaign, Bolsonaro had denounced the exploitation of the Cuban doctors, had said that Brazil was spending \$1.3 billion on doctors whose qualifications were unknown while local professionals were being disregarded, and that his government would require the Cuban doctors to validate their credentials, would pay them directly, and would allow them to bring their families during their assignment.<sup>568</sup>

Cuba's unilateral decision was also likely driven by at least three other factors:

- 1) By January 2018, there were 159 cases pending in Brazilian courts filed by 198 Cuban doctors seeking to receive equal treatment as other doctors in the *Mais Médicos* program.<sup>569</sup>
- 2) Cuba pressured Brazil into not allowing several hundred Cuban doctors who had "defected" from working independently by withholding 710 doctors who were due for *Mais Médicos* posts, whom the Brazilians replaced with local doctors.<sup>570</sup>

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<sup>563</sup> Shasta Darlington, "Cuba is pulling doctors from Brazil after 'derogatory' comments by Bolsonaro," *The New York Times*, Nov. 14, 2018; Lise Alves, "Brazil's *Mais Médicos* Program to Lose Cuban Doctors," São Paulo, *Rio Times*, Nov. 15, 2018.

<sup>564</sup> "Más de 350 médicos cubanos son autorizados por Brasil para ejercer la profesión en el país," Brasília, *Diario de Cuba*, Dec. 11, 2020.

<sup>565</sup> 60% were women and nearly 20,000 Cuban doctors had worked in Brazil under the program (76.3% women) in five years. (Leticia Martínez Hernández, "El abrazo de Raúl a los héroes que vuelven," *Granma*, Nov. 23, 2018; "Más de 350 médicos cubanos son autorizados por Brasil para ejercer la profesión en el país," Brasília, *Diario de Cuba*, 11 de diciembre de 2020.)

<sup>566</sup> "Thousands of Cuban doctors stranded in Brazil with nowhere to go," *EPA/ EFE*, São Paulo, Feb 4, 2019.

<sup>567</sup> L. Labrador Herrera, "Questions and answers," op. cit.

<sup>568</sup> Mario J. Pentón, "Bolsonaro es la peor pesadilla para Cuba", dicen médicos cubanos en Brasil, *El Nuevo Herald*, Oct. 8, 2018; Mario J. Pentón, "Cuba se retira del programa 'Más Médicos' en Brasil tras amenazas de Bolsonaro," *El Nuevo Herald*, Nov. 14, 2018; "Brasil, ¿médicos cubanos en la cuerda floja?," Madrid, *Diario de Cuba*, Oct. 9, 2018.

<sup>569</sup> Financial report 2017, p. 75.

<sup>570</sup> In April 2017, the Brazilian newspaper *Estadão* reported that 88 Cuban professionals had gone to courts to stay in Brazil and continue participating in the *Mais Médicos* program independently and Cuba had suspended sending 710 doctors to pressure Brazil into rejecting these claims. ("La Habana suspende el envío de médicos a Brasil porque muchos se niegan a regresar," Brasília, *Diario de Cuba*, Apr. 14, 2017.)

- 3) President Dilma Rousseff had been impeached in August 2016 and replaced by Vice President Michel Temer, of a centrist party less friendly with Cuba (Brazilian Democratic Movement). In September 2018, the Temer government had informed Cuba that it would stop making payments for *Mais Médicos* if Cuba did make past due payments of \$17.5 million to Brazil's development bank *Banco Nacional de Desenvolvimento Econômico y Social de Brasil*, BNDES, for \$597 million due on \$880 million in loans to Cuba for the expansion of the port of Mariel.<sup>571</sup>

Brazil's Minister of Foreign Affairs, Aloysio Nuñez, described the Cuban authorities' decision as "mean and hostile" and president-elect Bolsonaro said that his government would grant asylum to the doctors who wished to stay.<sup>572</sup> Altogether, around 1,800 Cuban doctors from *Mais Médicos* remained in Brazil unable to work legally, facing very difficult conditions, and prevented by Cuba, as punishment, from entering their homeland for at least eight years. In July 2019 the Government of Brazil issued a Ministerial Order allowing the doctors to obtain residency and 2-year work permits as medical doctors to allow them time to revalidate their titles.<sup>573</sup> By May 2020, several hundred had been authorized to work in 24 municipalities.<sup>574</sup>

No PAHO statements can be found objecting to Cuba's sudden and unilateral cessation from the program, or expressing any concern for the millions of Brazilians affected, or offering changes to the agreement to allow for Cuban doctors to continue providing critical medical services, or expressing any regrets that Cuba would not allow its citizens who decided to remain in Brazil to reenter their homeland. PAHO's quarterly newsletter for October-December 2018 was specifically focused on PAHO-Cuba's technical cooperation but did not mention the termination of the largest cooperation program Cuba was known to have ever entered into, in partnership with the Organization.<sup>575</sup>

### Impact of *Mais Médicos*

The program undoubtedly had a big impact in remote and historically underserved areas of Brazil, although reported results are very general and somewhat contradictory. Presumably, the Government of Brazil will have examined—at least internally—reported results of the Cuban doctors' participation, which may have not been independently verified by local or federal authorities at the time of their submission.

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<sup>571</sup> "Más Médicos: cubanos seguirán ejerciendo en Brasil sin necesidad de reválida," *Radio Televisión Martí*, Dec. 2, 2017; "Ha sido un error prestar dinero a La Habana y Caracas, admite el Banco de Fomento brasileño," Brasília, *Diario de Cuba*, Sep. 19, 2018. (For background on the Port of Mariel project, see Maria C. Werlau "The Port of Mariel and Cuba-Brazil's unusual "medical cooperation," *Cuba in Transition*, Vol. XXIII, Nov. 30, 2013, Papers and Proceedings of the XXIII Annual Meeting of the Association for the Study of the Cuban Economy, Miami, Aug. 1-3, 2013.)

<sup>572</sup> Mario J. Pentón, "El costo para Cuba de salirse del programa 'Mais Médicos' de Brasil," *El Nuevo Herald*, Nov. 14, 2018.

<sup>573</sup> "Brasil ofrece residencia y permiso de trabajo a médicos cubanos en ese país," *Cuba Net*, Jul. 29, 2019.

<sup>574</sup> "Más de 350 médicos cubanos son autorizados por Brasil para ejercer la profesión en el país," Brasília, *Diario de Cuba*, Dec. 11, 2020.

<sup>575</sup> *Boletín de la Cooperación Técnica*, OPS/OMS, Vol. 22 No. 4, Oct.–Dec. 2018.

A 2018 study published by CLACSO (Latin American Council of Social Sciences), with input from PAHO, states that from July 2013 to November 2018 the Cuban doctors provided 100% health coverage to 34 indigenous districts in the Amazonia which had never seen a doctor.<sup>576</sup> PAHO's annual financial report for 2014 states that 79.4% of the Cuban doctors were located in highly vulnerable municipalities in 2014; in 2015<sup>577</sup> and 2016,<sup>578</sup> despite defections, it reported the same number of doctors (11,429), of which 89% were located in priority areas.<sup>579</sup>

In September 2015, PAHO reported that 18,000 health workers had been deployed for *Mais Médicos* (of which two thirds were Cuban) who were estimated to attend to an estimated 63 million people in historically underserved areas —more than 4,000 municipalities, mostly socioeconomically vulnerable areas in remote zones and 34 special indigenous health districts.<sup>580</sup> A report attributed to PAHO in the CLACSO study states that “close to 20 thousand Cuban ‘collaborators’ had assisted 113,359,000 million patients in over 3,600 municipalities, reaching a medical coverage of 60 million Brazilians, for which the Cubans provided 80% of the services.”<sup>581</sup> Other reports by PAHO or attributed to PAHO also cite divergent numbers of the health coverage provided by the Cuban doctors.

### *Mais Médicos’* financials

According to a 2018 article in PAHO's journal, the doctors' salaries represented 70.5% of program costs, for a total of US\$776.4 million, of which over 11,400 Cuban doctors had a 79% share (2013-2016).<sup>582</sup>

Brazilian media reported that Brazil was paying PAHO 10,000 reais per month per Cuban doctor, equivalent to US\$4,276.25 a month, of which PAHO paid only \$400 (9.35%) to the doctor and deposited \$600 in an account in Cuba in the doctor's name which he/she could only access upon completing the 36-month mission successfully and returning to Cuba. The doctors had been asked to sign an agreement with the Cuban

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<sup>576</sup> Tahina Ojeda Medina, “Reporte Sobre Cuba: La cooperación sur-sur de Cuba: autoafirmación y solidaridad internacional,” in Tahina Ojeda Medina and Enara Echart Muñoz (compiladoras), “La cooperación Sur-Sur en América Latina y el Caribe: balance de una década (2008-2018), 1a ed.- Buenos Aires, CLACSO (Consejo Latinoamericano de Ciencias Sociales), 2019. The author cites Ministerio de Salud Pública de Cuba, 2018.

<sup>577</sup> By 2015, the total number of doctors had risen to 17,000 but the breakdown of nationalities is not available. (Thomas Hone, Timothy Powell-Jackson, et. al., “Impact of the Programa Mais Médicos (more doctors Programme) on primary care doctor supply and amenable mortality: quasi-experimental study of 5565 Brazilian municipalities,” *BMC Health Services Research* (2020) 20:873.)

<sup>578</sup> *Financial Report of the Director and Report of the External Auditor, 1 January 2016 – 31 December 2016.* Pan American Health Organization and World Health Organization, 2017.

<sup>579</sup> *Financial Report of the Director and Report of the External Auditor, 1 January 2015 – 31 December 2015.* Pan American Health Organization and World Health Organization, 2016, p. 12.

<sup>580</sup> “Mais Médicos a model of south-south cooperation,” PAHO-WHO, Washington, DC, Pan American Health Organization, Sep. 29, 2015.

<sup>581</sup> T. Ojeda Medina, op. cit. (Translation from Spanish.)

<sup>582</sup> E. Nunes da Silva, op. cit.

state enterprise *Comercializadora de Servicios Médicos Cubanos, S.A.*, that stipulated that their monthly payment would be \$1,000 broken down as above.<sup>583</sup> After the public scandal broke, the pay to the Cuban doctors was slightly increased and they were to receive \$600 monthly while an additional \$645 was to be deposited in their bank account in Cuba.<sup>584</sup> (Some doctors have reported that this actually did not happen.) Brazilian and other foreign doctors providing the same services in the same locations as the Cubans were receiving 100% of the amounts paid by the Brazilian Government. PAHO retained a 5% administration fee and sent \$3,062.44 (71.62%) per month to an undisclosed recipient, purportedly, an entity of the Cuban State.<sup>585/586</sup>

For the first three years of the program, the contractual arrangement was to generate gross annual revenues of US\$420 million for Cuba and \$29.3 million for PAHO.<sup>587</sup> The amounts decreased with a declining number of doctors; when the program ended, they would have been \$311.3 million for Cuba and \$21.7 million for PAHO, annually.<sup>588</sup>

The cost to Brazil was estimated in 2014 at around \$1.1 billion per year for direct expenses associated with the hiring of 14,462 doctors (salaries, air tickets, relocation, housing, food, educators, supervisors, specialization courses), 92.6% funded by the federal government.<sup>589</sup> Yet, the total amount paid by Brazilian taxpayers for Cuba's participation in *Mais Médicos* of around five years cannot be accurately established based on publicly available information found for this investigation, as PAHO's external auditors noted in successive annual reports that some expenses from *Mais Médicos* project were funded outside the *Termos de Cooperaçao 80* although they were incurred for the project and did not allow knowing the total amount of resources actually used in the project's implementation. The annual amounts they cite varied from "at least" US\$1.2 million in 2013, to \$2.6 million in 2016, to over \$5.6 million in 2017.<sup>590</sup>

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<sup>583</sup> PAHO's Financial Report for 2017 states that the *Mais Médicos* Project provided basic health care in 2017 to 2,887 municipalities in Brazil and 34 indigenous health districts, in all, more than 60 million people in Brazil benefiting from the Program, of which 43 million were served by Cuban medical doctors through PAHO technical cooperation. (*Financial Report of the Director and Report of the External Auditor, 1 January 2017 – 31 December 2017. Pan American Health Organization and World Health Organization, 2018, p. 2.*)

<sup>584</sup> "Más Médicos: cubanos seguirán ejerciendo en Brasil sin necesidad de reválida," *Radio Televisión Martí*, Dec. 2, 2017.

<sup>585</sup> Tabela 1.0. Destinação dos valores no Programa Mais Médicos, Tribunal de Contas Da União, TC no 003.771/2014-8, Ata nº 28/2018 – Plenário.

<sup>586</sup> "OPAS/OMS assina acordo de cooperação com o Brasil para apoiar "Programa Mais Médicos," PAHO's webpage for Brazil, <http://www.paho.org/bra/>; Paul Kiernan, "Brazil to send Cuban doctors to underserved regions", *The Wall Street Journal*, Aug. 21, 2013; Stan Lehman, "Brazil hires 4,000 Cuban doctors to work in urban slums and rural areas; first due within days," *Associated Press*, Aug. 22, 2013.)

<sup>587</sup> \$51,315 a year in payments by Brazil (\$4,276.25 per mo.) x 11,429 doctors = \$586,479,135. 71.62% for Cuba is \$420,036,356 and 5% for PAHO is \$29,323,957. (A study in a PAHO 2018 bulletin estimated a gross annual profit for the Cuban state of around US\$429 million per year in 2014. See E. Nunes da Silva, op. cit.)

<sup>588</sup> \$51,315 a year in salary payments by Brazil x 8,471 doctors = \$434,689,365. 71.62% for Cuba is \$311,324,523 and 5% for PAHO is \$21,734,468.

<sup>589</sup> E. Nunes da Silva, op. cit.

<sup>590</sup> Financial report 2013, op. cit. p. 110, Financial report 2016, p. 96; Financial report 2017.

Additional indirect costs, such as staffing for coordination and administration by assorted entities of the Brazilian government, may have not been accrued to the project.

PAHO reported receiving direct payments of \$2,565.9 million from Brazil as follows: 2013: \$145.6 million; 2014: \$673.2 million; 2015: \$473.3 million; 2016: \$442.8 million; 2017: \$466.1 million; and 2018: \$364.9 million.<sup>591/592</sup> Covered costs included salaries, stipends, training,<sup>593</sup> transportation, housing, insurance, etc. for the Cuban doctors but are not broken down. However, PAHO's annual financial reports show accounting inconsistencies and disbursements/ expenses.<sup>594</sup>

Brazil may have made payments for doctors who had left the program, on the basis of data provided by PAHO not independently verified by Brazilian authorities, a measure the auditors had consistently recommended to guarantee the integrity of the data. In successive annual reports from 2014 through 2017, the external auditors pointed to weaknesses in data quality and precision of the database of Cuban doctors that impacted payments and needed correction: lacking a mechanism to cross-check with other local entities the accuracy of information on the Cuban doctors' activities;<sup>595</sup> and lacking a module to track incidents (replacement, sick leave, casualty, reassignments, etc.) that once initially missing and was later implemented but in the 2016 report, the auditors were still recommending "increasing efforts to limit the off-the-system data manipulation to the minimum."<sup>596</sup> In their report for 2016, the auditors noted that some Cuban doctors "dropouts" did not coincide with the database and were reflected as actively employed (errors reportedly later corrected).<sup>597</sup>

### Mais Médicos behind the scene

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<sup>591</sup> Financial Report 2018, op. cit., p. 52.

<sup>592</sup> Additional "voluntary contributions" from Brazil for "Other programs in Brazil" totaled \$411.6 million, disbursed as follows: 2013: \$120.3 million; 2014: \$105.7 million; 2015: \$74.4 million; 2016: \$51.4; and 2017: \$59.8 million. *Financial Report 2018*, op cit.

<sup>593</sup> At a 2017 meeting, Cuba's Minister of Health, Dr. Marcia Cobas, reminded the Brazilians that they would pay for capacity-building courses for the Cuban doctors and would send teams of Brazilians to Cuba for that purpose. (Acta de la IX reunión tripartita Brasil-Cuba-OPS/OMS, 2017, Feb. 9-10, 2017.)

<sup>594</sup> PAHO's Financial Report for 2014 reads: "The implementation of the project, in terms of financial resources, amounted to at least US\$867,746,114 USD in December 2014, out of which at least \$707,875,592 were disbursed in 2014." PAHO's 2105 annual financial report lists disbursements in 2014 of \$498.2 million and of \$455.9 million in 2015, however, the 2016 financial report lists disbursements of \$472.2 million in 2015 and of \$442.8 million in 2016. The financial report for 2017 lists disbursements of at least \$465.3 in 2016 million and of \$436.6 million in 2017. Discrepancies might owe to dated accruals and/or exchange rate fluctuations but this is confusing. (See *Financial Report of the Director and Report of the External Auditor, January 1 – December 31, 2014*, p. 109, and financial reports for 2015, 2015, 2016, and 2017, op. cit.)

<sup>595</sup> Financial report for 2014, op. cit., p. 111; Financial report for 2016, p. 96.

<sup>596</sup> Financial report for 2016, p. 99.

<sup>597</sup> Financial report for 2017, op. cit., p. 78.

The plan to send thousands of Cuba's doctors to Brazil had been developed well before 2013. After secret meetings in 2012 and 2013, the program "came to fruition in a series of steps designed to conceal the enterprise's multiple violations of Brazilian and international law" under the guise of an academic research program.<sup>598</sup> In August of 2013, Brazil's former Minister of Health confirmed on TV that the Cuban government had been training the Cuban doctors for a year and a half to understand Brazil's public health system and diseases.<sup>599/600</sup> A year earlier, PAHO's representative in Cuba, Dr. di Fabio, had said PAHO was helping Cuba prepare the health workers who would serve abroad.<sup>601</sup>

**“Mary Alice Fortunato Barbosa, PAHO’s Coordinator for *Mais Médicos*, is heard colluding with three high officials of Brazil’s Ministry of Health to use the populist project to boost President Rousseff’s popularity and help finance the Cuban government.”**

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In the recorded audio of a 2013 meeting, Mary Alice Fortunato Barbosa, PAHO's Coordinator for *Mais Médicos*, is heard colluding with three high officials of Brazil's Ministry of Health to use the populist project to boost President Rousseff's popularity and help finance the Cuban government.<sup>602</sup> The meeting was held shortly after mass protests against the Rousseff government of that June; the audio was leaked to the Rio de Janeiro newspaper *Jornal da Band*, which published it in March 2015.<sup>603</sup> Representatives for Brazil, Cuba, and PAHO acknowledged that the program would be controversial and conflict with Brazil's labor laws, immigration laws, and professional medical standards—in order to skirt Brazilian law requiring congressional approval, PAHO would be used as an intermediary.

In the recording, Fortunato also proposes “to not arouse suspicion” by presenting the initiative as a program opening opportunities to doctors from other countries, The

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<sup>598</sup> R. Matos Rodríguez v. PAHO, op. cit., p. 26.

<sup>599</sup> Juan Arias, “Brasil preparó en secreto la llegada de médicos cubanos a su sistema de sanidad,” Río de Janeiro, *El País*, Aug. 26, 2013. (The now a senator, Humberto Costa, belongs to the Workers Party led by President Dilma Rousseff and was a guest at the TV program “Entre Comillas,” of the *Globo* News channel.)

<sup>600</sup> Cuba currently has medical missions in the Portuguese-speaking countries of Angola, Cape Verde, Guinea Bissau, Sao Tome & Principe, Mozambique, and Portugal.

<sup>601</sup> Di Fabio said they were helping “provide more background on the history and cultures of the countries where Cuban health professionals serve, to ensure they have the best preparation possible before they go. Although how much has been allocated to Cuba's international health projects, in 2010–2011 alone, di Fabio also reported that nearly \$3.4 million was assigned from the central PAHO budget to technical cooperation with Cuba, and another \$3.3 million was raised through PAHO from other sources. (Gail Reed, “Interview with Dr. José Luis di Fabio,” op. cit.)

<sup>602</sup> “Filtran grabación que demuestra que Brasil empleó Más Médicos para financiar a Cuba,” *Radio Televisión Martí*, Mar. 18, 2015.

<sup>603</sup> “Gravações revelam que objetivo do Mais Médicos é atender governo cubano,” *Jornal da Band*, March 19, 2015, [https://www.youtube.com/watch?v=R\\_QtLZSsF2E](https://www.youtube.com/watch?v=R_QtLZSsF2E)

participants discussed a solution to include as “medical fellows” around 50 Cuban “advisers” whose function would be to monitor the Cuban doctors. The salaries for the doctors were discussed and a Brazil Ministry of Health representative explained that 60% of his government’s payments would go to Cuba and 40% to the doctors.

Cables of 2012 and 2013 from Brazil’s embassy in Havana published by Brazilian media confirm that the *Mais Médicos* had been an idea proposed by Cuba, that the governments of Cuba and Brazil had turned to PAHO to serve as intermediary to avoid political and legal difficulties with, among others, Brazil’s Congress, that PAHO had joined the triangulation scheme “ready to make needed adjustments,” that the negotiations were kept secret to avoid a negative reaction from Brazil’s medical community, and that PAHO offices in Brazil and Cuba had executed the agreement in order to avoid going through the Organization’s headquarters in Washington to circumvent potential implications associated to the U.S. embargo on Cuba.<sup>604</sup>

The cables also revealed the following:

- 1) The Brazilian government had agreed from the start that Cuba would keep around 70% of the doctors’ salaries; they were considered contract workers, not “fellows.” The deal would be with the Cuban state company *Comercializadora de Servicios Médicos*.
- 2) Cuban demanded a clause in the agreement to forbid the Cuban doctors from practicing medicine outside the program to prevent them from abandoning their mission and staying in Brazil on their own account. (400 Cuban doctors had done so under a 1996 previous agreement with Brazil).
- 3) Cuba would not allow its doctors to be subordinated to Brazilians or to undergo any exams to attest to their qualifications.<sup>605</sup>

Minutes of a Cuba-PAHO-Brazil meeting in February 2017 also provide evidence of collusion to deny the Cuban doctors their rights. Among other things, they confirm that Cuba insisted that the doctors would only be bound to Cuba’s labor and administrative laws (not Brazil’s) and that it required for the agreement to state that the Cuban doctors could not be hired in Brazil outside the program even after they had already served and were no longer part of it. The meeting was held in Havana at PAHO’s headquarters and attended by Joaquín Molina, the Cuban who served as PAHO’s representative in Brazil (currently in Mexico), Cuba’s Vice Minister of Health, Brazil’s Secretary of Work and Education of the Ministry of Health together with representatives of *Cubana de Aviación*, Cuba’s Ministry of Foreign Relations, and several other Brazilian officials.

On the part of the Cuban doctors, the testimony of Dr. Ramona Matos Rodríguez, illustrates the political nature of the work they were assigned. Dr. Rodríguez was employed in *Mais Médicos* in 2013 and has declared that, having previously served in a Cuban medical mission in Bolivia, she was “requested” by Cuban authorities for the

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<sup>604</sup> Mirta Fernández and Pablo Díaz Espí, “Cables diplomáticos: así se creó Más Médicos,” Madrid, *Diario de Cuba*, Nov. 24, 2018.

<sup>605</sup> The cables also reveal that Brazil had proposed paying part of the doctors’ salary with credits for the loans contracted by Cuba for the port of Mariel expansion, which did not happen. (Ibid.)

medical mission to Brazil and investigated for her commitment to the revolution and reliability as a Communist Party member. Informed of her “assignment” to Brazil, she was ordered to attend training in the Portuguese language as well as in indoctrinating the people she would be treating with the purpose of collecting intelligence about who might be hostile to Cuba and of propagandizing about the achievements of the Cuban Revolution and why Brazilians should adopt the same ideology.<sup>606</sup>

### Undue risks and contingencies

The role of the PAHO’s Executive Director, Dr. Carissa Etienne, and of its Finance directors with respect to *Mais Médicos* raises serious concerns. The financial report for 2013 was signed by Michael H. Lowen, Manager of PAHO’s Area of Financial Resources, and the financial report 2014 by Gerald Anderson, PAHO’s Director of the same area. As of the 2015 report (and to date), a new Director of Finance, Xavier Puente Chaudé, stepped into the role. His professional credentials are impeccable; he was Financial Economic Director of the Carlos III University of Madrid from 2004 to 2015 and has a degree in Law and Business Administration, as well as a degree in Senior Finance and Treasury Management from universities in Spain.<sup>607</sup>

The capacity and independence PAHO’s external auditors also deserve examination. They acknowledged that *Mais Médicos* was one of two critical projects for the Organization.<sup>608</sup> PAHO has had two external auditing firms since 2013: the Spanish Court of Audit, based in Madrid, which undertook the audits for 2013, 2015, 2016, and 2017;<sup>609</sup> and the National Audit Office, based in London, which undertook the audits for 2014, 2018, 2019, and 2020.<sup>610</sup> The auditors are committed to:

- Exercising professional judgment and maintaining professional skepticism;
- identifying and assessing the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, designing and performing audit procedures responsive to those risks, and obtaining sufficient and appropriate audit evidence to provide a basis for their opinion;
- obtaining an understanding of internal control relevant to the audit so as to design audit procedures that are appropriate in the circumstances;
- evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management;

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<sup>606</sup> R. Matos Rodríguez v. PAHO, op. cit.

<sup>607</sup> Xavier Puente, Linked In, 2022, <https://www.linkedin.com/in/xavier-puente-chaud%C3%A9-168ab234/>

<sup>608</sup> Financial report 2017, p.115.

<sup>609</sup> *Informe detallado sobre la auditoría de los estados financieros correspondientes al 2016*, Organización Panamericana de la Salud. (Tribunal de Cuentas de España is the Supreme Auditing Institution of Spain but independently provides external audit services to international organizations. The audit reports were signed by its president, Ramón Álvarez de Miranda García.)

<sup>610</sup> The Auditor General signing the audit reports were Gareth Davis for the 2014, 2019, and 2020 and Amyas C E Morse for the 2018 report.

- evaluating the overall presentation and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.<sup>611</sup>

Year after year the external auditors concluded that the project's "internal framework" was strong even as defections and lawsuits mounted. The PAHO-Cuba arrangement to send Cuban doctors to Brazil was manifestly contrary to WHO's Global Code of Practice on the International Recruitment of Health Personnel, which applies to PAHO. The Code states (Art. 4.4): "Member States should, to the extent possible under applicable laws, ensure that recruiters and employers observe fair and just recruitment and contractual practices in the employment of migrant health personnel and that migrant health personnel are not subject to illegal or fraudulent conduct. Migrant health personnel should be hired, promoted and remunerated based on objective criteria, such as levels of qualification, years of experience and degrees of professional responsibility *on the basis of equality of treatment with the domestically trained health workforce*. Recruiters and employers should provide migrant health personnel with relevant and accurate information about all health personnel positions that they are offered."<sup>612</sup>

“ The PAHO-Cuba arrangement to send doctors to Brazil was manifestly contrary to WHO’s Global Code of Practice on the International Recruitment of Health Personnel, which applies to PAHO... ”

Even if the external auditors ignored all the secret negotiations on *Mais Médicos* that took place in planning the program, they did know —as stated in their 2013 report and annually from then on— of problems with "a key element" of the project's internal control framework, a database that monitored the Cuban doctors activities,<sup>613</sup> managed by PAHO's Country Office in Brazil and to which the Government of Cuba would add its own information.<sup>614</sup> It contained technical and administrative data used to track the doctors' personal movements to and from their assigned municipality, ostensibly to check on their "operational activity" and calculate payments to Cuba. This unusual mechanism of control was exclusive to the Cuban doctors. In fact, they had a 6PM curfew, had to stand in line for roll call after dinner,<sup>615</sup> and their movements within

<sup>611</sup> Summary taken from the Opinion of the Auditor, Sir Amyas C E Morse, Comptroller and General Auditor, Apr. 15 2019, in Financial Report 2018, op. cit., pp. 15 – 16.

<sup>612</sup> WHO Global Code of Practice on the International Recruitment of Health Personnel, World Health Organization, National Reporting Instrument, Technical document, April 2021. (Los italicos son añadidos como énfasis.)

<sup>613</sup> Financial Report 2013, op. cit., p. 99

<sup>614</sup> Financial Report 2013, op. cit.

<sup>615</sup> R. *Matos Rodríguez v. PAHO*, op. cit., p. 14, p. 42.

Brazil had to be approved by a "minder" or "advisor, who invariably was a Cuban intelligence official hired by PAHO.<sup>616</sup>

It is difficult to imagine that the audits missed this, especially since the auditors reported at least one trip to Brazil in 2016 to evaluate the project<sup>617</sup> and the media was reporting on the human rights violations of the Cuban doctors and other program irregularities. What's more, in 2013, the Brazilian Court of Audit had found that Brazil's discrimination in the payments made to the Cuban doctors with respect to the non-Cuban participants violated the Isonomy (Equality) principle of Article 5 of the Brazilian Constitution and other Brazilian laws as well as the WHO Global Code of Practice for International Recruitment of Health Professionals;<sup>618</sup> this was not included in the external auditors' reports.

The external auditors' 2013 report, the first one covering the project, cites lawsuits associated with Cuba's participation in *Mais Médicos*. It refers to one lawsuit in a preliminary stage at Brazil's Federal Supreme Court questioning the constitutionality of the project and another one at Brazil's Labor Court demanding recognition of the same labor rights as the other doctors in *Mais Médicos*. In that 2013 report, the auditors wrote of an "Enterprise Risk Management Program" established within PAHO to identify and mitigate risks and of a dedicated technical and administrative team "to manage the project, establish the baseline for evaluation, and produce the necessary technical reports."<sup>619</sup> (So far, none of these reports appear to have been made public.)

The external auditors also began recommending in their 2013 report, and in all subsequent reports, that PAHO design a contingency plan to face possible negative results on the lawsuits and to regularly check compliance of the critical aspects of the internal control framework of the program.<sup>620</sup> In this report, they specifically recommended that a contingency plan be designed for the general elections scheduled for the last quarter of 2014 (presumably Brazil's presidential elections of October 2014).<sup>621</sup> Although they failed to clarify why this was considered such a noteworthy risk, the warning points to the political nature of the arrangement.

There is no indication that PAHO established a special reserve for the *Mais Médicos*' contingencies. PAHO's Management had responded in the 2013 report to the auditors' recommendations that the risk of negative decisions from Brazilian courts was an essential consideration of the Working Group created to assess and mitigate risks, which met quarterly, that PAHO was in close collaboration with the Brazilian Ministry of Health regarding all legal risks and pending cases, and that the legal agreements signed with the Governments of Brazil and Cuba both contained clauses regarding

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<sup>616</sup> R. Matos Rodríguez v. PAHO, op. cit., p. 14.

<sup>617</sup> Financial report 2016, op. cit., p. 11.

<sup>618</sup> Second Amended Class Action Complaint, op. cit., pp. 11 and 12.

<sup>619</sup> Financial Report 2013, op. cit., p. 11.

<sup>620</sup> Financial Report 2013, op. cit., p. 107-108.

<sup>621</sup> Financial Report 2014, op. cit.

termination.<sup>622</sup> At no point did PAHO's leadership commit to following the laws of Brazil, where it had deployed the Cuban doctors, or of the United States, where it is headquartered, or international laws applying in Brazil and/or Cuba. The auditors also never mentioned this critical point.

The 2014 report again cited "legal contingencies" but reiterated that PAHO's internal control framework for the project remained strong.<sup>623</sup> In the 2015 report, they asserted that the risks of an unfavorable decision on the constitutionality lawsuit had declined—without clarifying why or how this had been confirmed—but again recommended a contingency plan to face prospective judgments given other pending lawsuits and "the particular juncture in the country" (not clarifying what that was).<sup>624</sup> In fact, class action lawsuit against PAHO filed in the United States in December 2018 alleges that "PAHO representatives pressured the Brazilian Attorney General to intervene and shut down, or divert, the court cases brought by Cuban doctors," a threat delivered by a senior PAHO official to Brazil's Minister of Health in Washington, D.C.<sup>625</sup>

In September 2015, PAHO expressed strong support for the *Mais Médicos* program. A panel of experts at a side event held during the 54th annual meeting of PAHO's Directing Council in Washington reached a consensus that the *Mais Médicos* Program was "a prime example of South-South cooperation with potential applications to other Member States whose health needs are not been met due to lack of available physicians."<sup>626</sup> At this event, PAHO's Director, Carissa Etienne, reported that PAHO had "facilitated the Brazilian-Cuban partnership" and that it was "one of the strongest South-South programs ever created, and its success would not have been possible if it had not been for the cooperation of the Pan American Health Organization."<sup>627</sup> Brazil's Vice Minister of Health praised PAHO's oversight, technical, and administrative assistance, as well as monitoring and evaluation. For his part, Cuba's Vice Minister of Health echoed these remarks and thanked PAHO for "propelling *Mais Médicos*."<sup>628</sup>

A 2015 study of the *Mais Médicos* program conducted for PAHO had a section on "Risks" that failed to even mention the ubiquitous legal and human rights concerns and indicated that Brazilian officials considered that PAHO's role was "crucial on many levels ... and that without PAHO's participation, the *Mais Médicos* Program would not exist."<sup>629</sup> It concluded: "Brazil's *Mais Médicos* Program demonstrates that a well-designed, integrated program to provide short, medium, and long-term solutions to the problem of a chronic shortage of doctors, particularly primary care doctors for

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<sup>622</sup> *Financial Report 2013*, op. cit.

<sup>623</sup> *Financial Report 2014*, p. 103.

<sup>624</sup> *Financial Report 2014*, p. 97-98, p. 105.

<sup>625</sup> Second Amended Class Action Complaint, op. cit., p. 12.

<sup>626</sup> "Mais Médicos a model of south-south cooperation," op. cit.

<sup>627</sup> *Ibid.*

<sup>628</sup> *Ibid.*

<sup>629</sup> F. Feinsilver, "Brazil's *Mais Médicos*," op. cit., p. 7.

vulnerable populations and in remote areas, can be implemented in a democratic federal system in a large country with complex geographic and social situations.”<sup>630</sup>

In 2016 alone, four internal audits of the Project were carried out plus the external auditors visited Brazil.<sup>631</sup> In the financial report for that year, the auditors wrote that the PAHO Risk Committee had prepared a new version of the contingency plan, “considering the complex political situation in the country,”<sup>632</sup> which they did not clarify. They reported that while the lawsuit challenging the constitutionality of the Program remained unresolved, other lawsuits before the Brazilian Labor Courts had “ended without any impact to the project,” without clarifying whether there were rulings in favor of the doctors or contrary to the position upheld by PAHO and its partners, the Brazilian and Cuban governments. The auditors also mentioned that at least 50 Cuban doctors had filed lawsuits requesting to obtain an extension of their contracts and achieve the same conditions as other doctors who worked at *Mais Médicos*.<sup>633</sup> In the same report, the “desertions” of Cuban doctors are mentioned without explaining what that means, as dozens of Cuban doctors were abandoning the program, which was widely reported on social media and some Brazilian and international media.

It was also reported at a Cuba-PAHO-Brazil meeting in February 2017<sup>634</sup> that the *Mais Médicos* program already had 35 lawsuits (of which 12 had been conceded in provisional rulings, 12 had been dismissed, and 12 were pending), and that 768 Cuban doctors had married locals (430 females and 338 males), which was only allowed if authorized by Cuban authorities. Meeting participants discussed the legal problems facing the project and the pressure by Cuban doctors seeking to uphold their rights. PAHO's Legal Director agreed to “defend the program” against claimants filing lawsuits by preparing an official response to present to the Brazilian judiciary and a request by Brazil's Ministry of Foreign Relations that “all parties enforce all obligations under the agreement.” There was an agreement to hire a minimum of 9,500 Cuban doctors for 2017 and Brazil reported approving a 10% increase in their compensation.

In November 2017, Brazil's Supreme Court had ruled that the Program was constitutional and it was allowed to continue,<sup>635</sup> as more lawsuits in different courts in Brazil piled on, some of which are still pending resolution. In the report for 2017 the

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<sup>630</sup> Ibid, p. 15.

<sup>631</sup> Informe Financiero de 2016, op. cit., p. 11.

<sup>632</sup> Financial report 2016, op. cit. pp. 11, 12.

<sup>633</sup> Informe Financiero de 2016, op. cit. pp. 91-92.

<sup>634</sup> “Acta de la IX reunión tripartita Brasil-Cuba-OPS”, op. cit. The meeting was held at PAHO's Havana office on February 9 and 10, 2017 and the minutes are signed by firmada Dr. Rogerio Luis Zeraik Abdalla, Secretary of Labor and Education at Brazil's Ministry of Health, and Dr. Marcia Cobas Ruiz, Cuba's Vice Minister of Health and Dr. Joaquín Molina, PAHO representative in Brazil.

<sup>635</sup> “Más Médicos: cubanos seguirán ejerciendo en Brasil sin necesidad de reválida,” *Radio Televisión Martí*, Dec. 2, 2017; “Programa Mais Médicos é constitucional, decide Supremo Tribunal Federal,” *JusBrasil*, Nov. 30, 2017, <https://www.conjur.com.br/2017-nov-30/programa-medicos-constitucional-decide-supremo>.

auditors again concluded that “the project’s internal control framework was strong”<sup>636</sup> despite estimating that at least 159 trials were pending affecting 198 doctors.<sup>637</sup>

After the project was terminated by Cuba, the Auditors’ report for 2018 (filed in 2019) stated that, despite several areas of concern including pending lawsuits and potential findings on “presumed risks,” in light of the new developments,” they had decided to rescind their recommendations regarding the *Mais Médicos* project, as they were “no longer necessary” and should be “closed.”<sup>638</sup> This included recommendations to clarify the accounting for grants and disbursements for the project and to evaluate the value added of the project.

In December 2018, Dr. Matos Rodríguez and three other *Mais Médicos* participants residing in the United States filed a class action<sup>639</sup> lawsuit in the Southern District of Florida under the *Trafficking Victims Protection Act* and the *Racketeering Influenced and Corrupt Organizations (RICO) Act*<sup>640</sup> against PAHO officials Joaquín Molina and Alberto Kleiman for conspiring with other members of the Organization and the Governments of Cuba and Brazil to create the program that subjected them to conditions of forced labor/trafficking.<sup>641</sup>

The lawsuit claims that the defendants and PAHO “engaged in a criminal conspiracy to violate Brazil’s budgetary, immigration, and professional regulation laws; the United States Trafficking Victims Protection Act; the U.S. Embargo of Cuba; the provisions of international law outlawing forced labor and human trafficking; and PAHO’s constitution and by-laws.”<sup>642</sup> Plaintiffs seek to recover the remaining portion of the compensation Brazil paid PAHO for their services and other damages including treble damages (triple compensatory damages) under RICO.

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<sup>636</sup> Informe Financiero de 2017, p. 75.

<sup>637</sup> Ibid, p. 79.

<sup>638</sup> PAHO’s external auditors had recommended that PAHO avoid the use of budget lines or general grants to finance activities within the scope of the *Mais Médicos* project and that it specify in all official documents and financial reports the total amount related to the project, distinguishing between payments financed through *Termo de Cooperación 80* and other terms of cooperation. (See Financial Report 2018 in Spanish, *Informe Financiero del Director e Informe del Auditor Externo. 1 de enero del 2018 al 31 de diciembre del 2018*. Organización Panamericana de la Salud, 2019, p. 88.)

<sup>639</sup> The Class is defined as follows: Cuban doctors and other medical and health care professionals and personnel who worked in Brazil in the *Mais Médicos* program between 2013 and 2018, and who resided in the U.S. at any time after October 2018. ... The size of the class is approximately 3,500 individuals. (R. Matos Rodríguez v. PAHO, p. 52.)

<sup>640</sup> Racketeering is a type of criminal activity in which money is extorted from a victim by threat or force. The U.S. Racketeering Influenced and Corrupt Organizations (RICO) Act is designed to target the head of an organized criminal organization, who can be difficult to convict because he has himself not committed any of its crimes, having outsourced them to underlings. (“Racketeering,” <https://www.bankrate.com/glossary/r/racketeering/>)

<sup>641</sup> Frances Robles, “Cuban doctors accused international agency of profiting from their work,” *The New York Times*, Nov. 29, 2018; “Cuban doctors who bolted Brazil sue Pan-American Health Organization,” interview with Tim Padgett of *The Miami Herald*, WLRN, Dec. 3, 2018.

<sup>642</sup> R. Matos Rodríguez v. PAHO, op. cit. p. 27.

The lawsuit also alleges that the four plaintiffs and other Cuban doctors “were instructed to campaign among the local population in favor of the Brazilian political parties supported by Cuba” and “expected to regroup as military units if ordered to do so, for example, to defend a foreign government favorable to Cuba in the event of a coup or political crisis.”<sup>643</sup> (This is a standard expectation highlighted by Cuban authorities on health professionals in medical missions in Venezuela, Bolivia, and Ecuador.<sup>644</sup>)

PAHO claimed special protections as an international organization and had the jurisdiction of the lawsuit moved to Washington, D.C., where in November 2020, a federal judge decided that it could continue given the commercial activity PAHO had engaged in.<sup>645</sup> In March 2022, a three-judge panel in Washington, D.C., ruled unanimously that PAHO’s immunity as an international organization did not exempt it from the lawsuit, as PAHO argued, as the accusations were for improper conduct in commercial activities that it had engaged in within the United States.<sup>646</sup>

The ruling, however, could be appealed in the U.S. Supreme Court. Furthermore, *The Wall Street Journal’s* Americas Editor, Mary O’Grady, wrote that PAHO’s media team had told her by email on April 8, 2022 that the Organization had plans to “contest the plaintiffs’ false allegations” and had heaped praise on the Brazil program that had “brought medical care to millions of people, many of them impoverished and many of whom had never previously received medical care.”<sup>647</sup>

The U.S.-based non-profit legal defense fund, *Global Liberty Alliance*<sup>648</sup> is still representing claims of human rights abuses of approximately one hundred Cuban health workers formerly of the *Mais Médicos* program. In September 2020, Brazil’s Minister of Justice and Public Safety agreed to an investigation; its results are pending.<sup>649</sup>

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<sup>643</sup> Ibid, p. 13.

<sup>644</sup> See M. Werlau, “Cuba-Venezuela Health Diplomacy,” op. Cit., and Maria C. Werlau, in several conversations with Cuban doctors who have served in those counties.

<sup>645</sup> Alberto de la Cruz, “Federal judge clears path for lawsuit against PAHO for its role in trafficking enslaved Cuban doctors,” Babalublog, Nov. 12, 2020; “La OPS busca invalidar la demanda presentada en Miami por médicos cubanos explotados en Brasil,” *AFP/Diario de Cuba*, Jul, 18, 2019; Rolando Cartaya, “El año en que se deshizo la leyenda rosa de las misiones médicas de Cuba,” *Radio Televisión Martí*, Dec. 25, 2020.

<sup>646</sup> “Corte de EEUU: La OPS deberá enfrentar la demanda de médicos cubanos por trata humana,” Washington, *Diario de Cuba*, Mar. 30, 2022.

<sup>647</sup> Mary Anastasia O’Grady, “Cuba’s human trafficking on trial,” *The Wall Street Journal*, Apr. 10, 2022.

<sup>648</sup> See Global Liberty Alliance, <https://www.globallibertyalliance.org/brazil-cuban-docs.html>.

<sup>649</sup> “Brazil’s Justice minister agrees to review forced labor claims of Cuban medical workers in Brazil,” Global Liberty Alliance, Sep. 4, 2020.

## VIII. THE EXTENT AND REACH OF PAHO'S WORK ON CUBA

### An extensive body of work lacking transparency

PAHO's annual reports and financial reports disclose very little information on its projects on Cuba, details are not available on open sources, and a written request to PAHO requesting details of its Cuba projects went unanswered.<sup>650</sup> This required extracting information in pieces from diverse sources to attempt to ascertain the scope of PAHO's programs on Cuba.

There is sufficient evidence that PAHO has dedicated considerable material and human resources to Cuba and that the scope, modality, and size of its Cuba projects are very extensive and diverse. PAHO's projects on Cuba appear to be exclusively carried out in collaboration with or through the Cuban State and its entities or with institutions that only consider Cuba's official information.

Reports on Technical Cooperation PAHO-Cuba are listed on the PAHO site but not available for 2008-2009, 2006-2007 and 2004-2005.<sup>651</sup> The report for the biennium 2012-2013 is available online<sup>652</sup> and indicates that the budget for technical cooperation allocated in 2012-2013 was \$5,781,950.00, of which \$3,250,483.00 was in regular funds and \$2,531,467.00 in extra-budgetary funds. The budget was distributed into 97 products and services. The funds earmarked for direct technical cooperation were allocated to four projects: Health Programs, Services and Systems; Disease Surveillance and Control; Human Resource Development and Management Information and Knowledge; and Determinants and Health Risks. A fifth project entitled "Management and Coordination" supported the development and operation of the representation and professional and institutional improvement of the office staff. Further, this 2012-2013 report details the number of projects developed in each biennium for a total of 89 from 1996 to 2013, broken down as follows: 1996-1997: 10; 1998-1999: 16; 2000-2001: 9; 2002-2003: 11; 2004-2005: 13; 2006-2007: 8; 2008-2009: 8; 2010-2011: 5; 2010-2011: 5; 2012-2013: 4.<sup>653</sup>

A 2002 PAHO publication<sup>654</sup> provides the most detail of what could be found in open sources and indicates the extent of PAHO-Cuba cooperation in the triennium 1983-1985:

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<sup>650</sup> Maria C. Werlau, email to mediateam@paho.org, Aug. 19, 2021.

<sup>651</sup> Report for technical cooperation PAHO-Cuba (*Informe de Cooperación Técnica OPS/OMS Cuba*) 2008-2009, 2006-2007 and 2004-2005.

<sup>652</sup> *Informe de la Cooperación Técnica OPS/OMS Cuba 2012-2013*, Organización Panamericana de la Salud, Organización Mundial de la Salud, PAHO.org, p. 16.

<sup>653</sup> Ibid.

<sup>654</sup> G. Delgado García and M. Pichardo Díaz, op. cit., pp. 72-73.

- 1) 233 regional and intercountry advisers were assigned to Cuba projects (74 in 1983; 74; 158 in 1984; and 134 in 1985) to work in the following areas: health systems development, extension of coverage of health services and primary care, health program planning, human resources, environmental sanitation, infectious and parasitic diseases, oral health, health administration, essential drugs and vaccines, veterinary medicine, food hygiene, new technologies, epidemiology, chronic diseases, adult health, occupational health, maternal and child health, gerontology and geriatrics, sex education and information, and documentation system.
- 2) 144 short-term consultants (41 in 1983: 41; 31 in 1984: 31; and 72 in 1985) were hired for work on Cuba projects in the following areas: human resources, medical education, health education, family planning, sex education, health statistics, ophthalmology, vector control, zoonoses, educational technology, maternal and child health and population dynamics, infectious and parasitic diseases, hospital administration, science and technology organization, health, environmental, chronic diseases, oral health, veterinary public health, pharmacology, and gerontology and geriatrics.
- 3) 421 scholarships (83 in 1983; 138 in 1984; and 128 in 1985) were awarded in public health administration, nursing, communicable diseases, teaching medicine and related sciences, clinical medicine, human resources, health education, health environmental, maternal and child health, primary care, production of biological substances, disease prevention and control, essential drugs, gerontology, chronic diseases, new technologies, oral health, veterinary medicine, and scientific and technical information.
- 4) 29 courses, seminars and workshops were held 3 in 1983; 15 in 1984; and 11 in 1985) on development of health services, control of communicable diseases, gerontology, pesticides, immunizations, adolescence and youth, breastfeeding, childhood accidents, oral rehydration, growth and development, health research, Codex Alimentarius, chronic diseases, rapid diagnosis of tuberculosis, parasitic infections, medical education, natural disasters, chemical environmental pollution control, health research, epidemiology practice, occupational health, hygiene, and epidemiology and adolescent reproductive behavior.

In 1988, PAHO/WHO technical cooperation was articulated in 37 projects and 145 activities with Cuba's Ministry of Public Health.<sup>655</sup>

PAHO's annual reports contain very little information on funds spent on Cuba projects. Its report on Cooperation Strategy 2018-2020<sup>656</sup> has a partial list of foreign actors present in Cuba (implying the funded projects), some of which have been listed as voluntary contributors to PAHO projects in its annexes to annual financial reports examined for this study:

1. "U.N. agencias (OCR, UNFPA, PMA, FAO, UNICEF, PNUD, UNESCO)."

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<sup>655</sup> Ibid.

<sup>656</sup> "Estrategia de Cooperación OPS/OMS: Cuba, 2018-2022," op. cit. p. 31.

2. “Bilateral and multilateral agencies from European Union, Canada Russia, Brazil, Mexico, Chile, China, Vietnam, Sweden, Norway, Belgium, Italy, Venezuela, South Africa, JICA, AECID, CAF, COSUDE, DFID, ... ???????”<sup>657</sup> (The acronyms and question marks appear as cited.)

A unique disclosure is found in a table published by PAHO on external funding in 2005 for Cuba’s National Health Services that lists commitments by PAHO/WHO of \$771,000 in addition to \$4.6 million from other UN agencies and \$21.9 million in non-specified grants.<sup>658</sup> This investment of \$27.3 million does not include the cost of running PAHO’s operation in Cuba or of many other assistance projects in Cuba or dedicated to Cuba not health services.

Following are PAHO projects on Cuba in randomly selected time periods.

*Leading Pan American Health, Quadrennial Report of the Director, 1994-1997:*<sup>659</sup>

- Drawing up frameworks for better relations between the State and civil society in Cuba.
- Complementing networks for polio and measles by setting up a pneumococcal surveillance network initially connecting Cuba (Finlay Institute), Brazil (Butantan Institute, Bio-Manguinhos/Fiocruz), Argentina (Malbrán Institute), and Uruguay (Institute of Hygiene).
- Supporting a network of 57 “healthy setting” schools (to promote students’ understanding of diet, personal hygiene, and sexually transmitted diseases as well as better lighting, ventilation, and equipment), markets, cooperatives, communities, universities, workplaces, and clinics. This project encompassed caring for high-risk pregnant women in maternal cooperatives nourished by wholesome food from farmers’ associations and popular councils that fostered better nutrition, water supplies, sanitary latrines, and healthy living conditions.

*Quadrennial report from the Director, 2002:*<sup>660</sup>

- PAHO had more than US\$1 million of a US\$8.5 million project financed by the MDG (Millennium Development Goal) Fund to fight anemia in pregnant women and children under five.
- PAHO helped strengthen and expand the national healthy schools’ network.
- PAHO supported and monitored efforts to promote safe hospitals and apply the Hospital Safety Index (training in its use and/or measures to address detected vulnerabilities)
- Cuba received donated vaccines through WHO.
- “Countries Cooperating with Countries to Improve the Health of their Populations”:

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<sup>657</sup> “JICA, AECID, CAF, COSUDE, DFID, ... ???????,” have been copied literally and the report does not clarify what they stand for.

<sup>658</sup> *Health in the Americas, 2007*, op. cit.

<sup>659</sup> *Leading Pan American Health Quadrennial Report of the Director, 1994-1997*, Pan American Health Organization, pp. 22, 32 and 55.

<sup>660</sup> “*Charting a Future for Health*,” op. cit.

- Cuba–Haiti: to improve environmental quality in Haitian cities with fewer than 20,000 inhabitants through sanitary solid waste management by bringing together experts from the countries’ public ministries.
- Chile-Cuba: Cubans traveled to Chile to train national regional health service staff in death certificate coding for the Chilean Health Statistics System.
- Costa Rica-Cuba-Nicaragua: Fostering nutrition and food safety based on Cuba’s experience of “productive municipalities” in the 1990s and sharing experiences and technologies in all areas of nutrition and food safety.

*Annual Report of the Director, 2012:*<sup>661</sup>

- The Virtual Campus for Public Health supported by the governments of Canada, Cuba, and Spain as part of PAHO/WHO’s efforts to strengthen human resources for health.
- PAHO facilitated the creation of a multi-country project for the prevention and control of HIV/AIDS in the region under Cuba’s coordination.
- Panama led a project for technical cooperation (CTEP) between Central America, the Dominican Republic, and Cuba in the implementation of International Health Regulations (IHR, 2005).

Following are PAHO’s projects in Cuba mentioned in annual financial reports for 2014 to 2018:<sup>662</sup>

*Unaudited Annex to Financial Report, 2014: “Other Voluntary Contributions”* from Spain for the Project of Reconstruction of the Hospital “Heroes of Baire” in Cuba (Project ID 230166), from Global Alliance V.I. (GAVI) for the Project High Hopes Global Implementation and Assessment of Evidence Based Interventions for Infection Prevention and Control in Cuba (Project ID 942001), and from Brazil for the Participation of Cuban Doctors in Brazil “Mais Médicos” Project (Project ID 063227).

*Unaudited Annex to Financial Report, 2015: “Other Voluntary Contributions”* from Global Alliance V. I. (GAVI) for Inactivated Poliovirus Vaccine by the Government of Cuba (Project ID 387022), from Project High Hopes Global for Implementation and Assessment of Evidence Based Interventions for Infection Prevention and Control in Cuba (Project ID 492001), and from Brazil for Participation of Cuban Doctors in Brazil “Mais Médicos” Project (Project ID 063227).

*Unaudited Annex to Financial Report, 2016: “Other Voluntary Contributions”* from Spain’s Agency for International Cooperations (*Agencia Española de Cooperación Internacional para el Desarrollo*, AECID) for Project of Reconstruction of the Hospital “Heroes of Baire” in Cuba (Project ID 230166), from Brazil TC80-TA3 Brazil Cuban Doctors (Project ID 063227), and from GAVI Alliance for Support Implementation of

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<sup>661</sup> <https://www.paho.org/annual-report-d-2012/Chapter2.html>, op. cit.

<sup>662</sup> Unaudited Annex to the Financial Report of the Director for the years 2014, 2015, 2016, 2017 and 2018, Pan American Health Organization.

the Health Systems Strengthening Programme of the Government of Cuba 2016 (Project ID 387022).

*Unaudited Annex to Financial Report, 2017: “Other Voluntary Contributions”* from the Government of Brazil (Health Ministry), TC80-TA3-10 Expansion of the Access of the Brazilian Population to Basic Health Care (Project ID 063227), from GAVI for the Strengthening Programme of the Government of Cuba (Project ID 38701) and Support the Introduction of the Inactivated Poliovirus Vaccine by the Government of Cuba (Project ID 387019).

*Annex to Financial Report, 2018: “Other Voluntary Contributions”* from the Department of Foreign Affairs, Trade and Development (Canada) for Strengthening Biological Safety & Security in Cuba (Project ID 452020), from GAVI for Support Implementation of the Health Systems Strengthening Programme of the Government of Cuba.

A project appearing only in the list of Voluntary Contributions for Brazil, not for Cuba, has the same Project ID as Mais Médicos reported in 2014 to 2017, TC80 - TA3-12 Expansion of the Access of the Brazilian Population (Project ID 063227).

*Unaudited Annex to Financial Report, 2019: “Other Voluntary Contributions”* from United Arab Emirates for Support the Purchasing of Themephos and Waterproofing Roof Material for Hospitals affected by Hurricane Irma in Cuba (Project ID 562001).

A modality of “cooperation” that Cuba seems to favor dates to the 1970s, if not earlier, with PAHO-WHO began entering into “triangular cooperation projects” (TCP) by which Cuba delivers health and health education services in underdeveloped countries in Africa and the Americas with funding from PAHO, WHO, governments of developing countries, and/or international NGOs. Specific examples taken from diverse open sources and assorted PAHO reports include:<sup>663</sup>

- Funds from PAHO for the California-based organization Medicc and well as partnership in capacity-building programs and sending supplies to Haiti and elsewhere.
- A Nicaragua-Russia joint venture to manufacture flu vaccines (as per a 2016 agreement) funded by PAHO for which Cuba’s Center for the State Control of Medicines and Medical Equipment (CECMED) was to oversee the plant construction, collaborate in the design of good practices for needed certifications, conduct quality trials, register the vaccine, and train personnel.<sup>664</sup>
- WHO funded projects (with funds from member countries) such as for the Cuban medical brigade to West Africa during the Ebola outbreak of 2014-2015.
- A WHO-Cuba-Brazil triangulation for a Brazil-Cuba joint venture of 2006 to produce the meningitis vaccine vax-Men-AC for which Cuba’s Finlay Institute produced the reactive and Brazil the remaining manufacturing while WHO paid

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<sup>663</sup> PAHO’s participation is at times implied, as the wording is not specific.

<sup>664</sup> T. Ojeda, “Reporte sobre Cuba,” op. cit.

for the vaccines for delivery to African countries.<sup>665</sup> By 2010, 19 million vaccines had been produced.

- A 2007-2008 Cuba-PAHO/WHO-Angola project to eradicate polio in Angola.<sup>666</sup>
- Aid from Germany for Cuba's medical missions in Honduras and Niger.
- Aid from Japan and France for Cuba's medical mission to Honduras.
- Aid from France, Japan, Norway, and Brazil for Cuba's medical mission to Haiti.<sup>667</sup>
- PAHO, WHO, and UNICEF funding for Cuba's medical education initiatives and services abroad.<sup>668</sup>
- Belgium co-financed Cuba's technical cooperation with Bolivia on arbovirus.<sup>669</sup>

A 2017 WHO/PAHO report on South-South and triangular cooperation<sup>670</sup> lists a number of projects for which Cuba is the offering country, most of which are known to have been revenue-generating mechanisms, i.e., businesses, for Cuba, such as the *Mais Médicos* program in Brazil and a medical brigade in Uruguay; scholarships in Cuba for students of many countries are also listed, although governments, organizations, and private parties are believed to fund many of these scholarships).

In November 2018, Cuba's news agency reported that the Pan American Health Organization's office for the Eastern Caribbean had made available to Barbados funds to implement an assistance project with Cuban "experts" to treat Alzheimer's disease in Barbados, pending a needs evaluation by that country.<sup>671</sup> Whether the program was implemented is unknown, as no further information has been found, however, Barbados' Ministry of Health purchased biotechnology products from Cuba including for the treatment of Alzheimer, the Heberprot-P to treat diabetes' foot and anti-cancer vaccines.<sup>672</sup>

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<sup>665</sup> Ibid.

<sup>666</sup> N. Marimón and E. Martínez, "Cooperación técnica," op. cit.; Nestor Marimón Torres and Evelyn Martínez Cruz, "Evolución de la colaboración médica cubana en 100 años del Ministerio de Salud Pública," *Revista Cubana de Salud Pública*, Vol. 36, No.3, Ciudad de La Habana Jul.-Sep. 2010; Jenry Carreño Cuador and Esther Paredes Esponda, "Cooperación triangular en la diversificación de la exportación de servicios médicos cubanos," *Revista de Información Científica para la Dirección en Salud*, La Habana, No. 36, April 2021.

<sup>667</sup> Germany, France and Japan, working through PAHO, paid \$400 per month for each Cuban doctor plus medicines for the Cuban brigade sent to Honduras after a hurricane in 2005. (Joel Millman, "New prize in Cold War: Cuban doctors," *The Wall Street Journal*, January 15, 2011; Freddy Cuevas, "Maduro: médicos cubanos se quedarán otro año en Honduras," *Associated Press*, Tegucigalpa, Aug. 31, 2005.) Japan also donated US\$57 million to equip a hospital in Honduras staffed by Cuban specialists. (Julie Feinsilver, "Cuban medical diplomacy: when the left has got it right," *COHA - Council on Hemispheric Affairs*, Oct. 30, 2006.)

<sup>668</sup> J. Feinsilver, "Cuban medical diplomacy," op. cit.

<sup>669</sup> "Technical cooperation among countries: panamericanism in the twenty-first century," 25th Pan American Sanitary Conference, 50th session of the Regional Committee, Washington, D.C., Sep. 21-25, 1998, Pan American Health Organization and World Health Organization, Jul. 15, 1998, p. 15.

<sup>670</sup> *La cooperación sur-sur y triangular en el sector de la salud en Iberoamérica*, Secretaría General, Iberoamericana, Organización Panamericana de la Salud, Washington, D.C., 2017.

<sup>671</sup> "Evalúa gobierno barbadense posible asistencia técnica cubana contra el Alzheimer," *La Habana, Agencia Cubana de Noticias*, Nov. 22, 2018.

<sup>672</sup> "A contract to be signed of in Cuba to introduce the Heberprot-P in Barbados," Cuba's Ministry of Foreign Relations, Feb. 28, 2018.

A 2019 report by CLACSO (Latin American Council on Social Sciences, based in Buenos Aires)<sup>673</sup> indicates that from 2007 to 2016, Cuba developed 1,900 south-south cooperation projects and activities<sup>674</sup> and from 2008 to 2015 was on the receiving end of 101 projects, in other words, Cuba developed 1,799 projects in other countries. It does not detail partners or funders, thus, PAHO's role cannot be well assessed.

PAHO acknowledges that it has long “supported the sharing of experiences and the participation of Cuba in international events.”<sup>675</sup> International events provide Cuba opportunities to selectively showcase its health sector,<sup>676</sup> to expand its global networks, and for its intelligence services use them to recruit agents and collaborators, an activity to which it devotes great resources.<sup>677</sup> When PAHO's support for these events in Cuba is not direct, it secures attendance by PAHO/WHO leadership and provides international credibility.<sup>678</sup> Examples of such international events include A regional seminar held in Cuba in 1997 “that reached a consensus on coordinating preparedness and response programs in case of radiological emergencies,”<sup>679</sup> and a PAHO-sponsored international meeting of municipal health secretaries held in Havana in 1997.<sup>680</sup> There are many other examples, including the First Inter-Parliamentary Ibero-American Conference on Health held in Cuba in 1999, attended by 120 legislators from the region,<sup>681</sup> and the Cuba-Health International Convention 2018 held in Havana, attended by 2,865 delegates from 93 countries.

### PAHO's work on other Member States

A pattern of favorable treatment for Cuba is evident in PAHO's reports. PAHO's *Health in the Americas, 2007*,<sup>682</sup> has a very detailed country profile on Cuba that fails entirely

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<sup>673</sup> T. Ojeda, “Reporte sobre Cuba,” op. cit. (This report presents Cuba as “one of the leading actors in Latin America and the Caribbean on South-South cooperation.”)

<sup>674</sup> Ibid. p. 36 has a Table of number of projects and actions per country (delivering) and p. 37 has a Table of number of projects and actions per country (receiving).

<sup>675</sup> *Annual Report of the Director*, Pan American Health Organization, 2012.

<sup>676</sup> The state apparatus is well rehearsed to showcase selective institutions not like most available to average citizens. The author has had numerous testimonies from international travelers as well as their assigned minders in Cuba as well as from Dr. R. J. Stusser, who from 2000 to 2002 was Coordinator in Cuba with the People-to-People Ambassadors Exchange program of health professionals (Spokane, Washington office) that hosted physicians and other health workers from the U.S. (<https://www.peopletopeople.com/>.) He was removed from his position for veering from approved narratives in his briefings and exchanges with the U.S. visitors. The program was reportedly canceled by the US hosts in 2003. (See Stusser R.J., “Cuba-United States academic exchanges: personal experiences in the health sector in Cuba 1962–2009 and in the United States 2010–2015,” *Cuba in Transition* 2015, Vol. XXV, Association for the Study of the Cuban Economy, Jan., 2016; M. Werlau, telephone and personal interviews with R. Stusser, op. cit.)

<sup>677</sup> E. García, op. cit.

<sup>678</sup> M. Werlau, testimony of E. García, op. cit.

<sup>679</sup> *Leading Pan American Health*, op. cit. p. 44.

<sup>680</sup> Ibid, p. 54.

<sup>681</sup> “*Charting a Future for Health*,” op. cit.

<sup>682</sup> *Health in the Americas 2007*, op. cit.

to address any of its serious health, lifestyle, and security problems. Its most pointed admissions are little more than iron deficiency and increasing obesity. The bibliography only cites Cuban government institutions and the one incisive critique is “the stepping up of the (U.S.) blockade, with a cumulative commercial and financial cost of over US\$ 82 billion.” (p. 263.) Remaining negative assessments are in a few lame passages such as:

- “There are still unmet demands in the areas of new home construction and housing repairs, passenger transportation, and supplies of certain types of foods and clothing.”<sup>683</sup>
- “The need to strengthen epidemiological surveillance and analysis systems at all levels of the national health structure, along with active case-finding systems and response capabilities to identify short-term changes and implement different intervention options in a speedy, timely, and efficient manner, became apparent in the early 1990s.”<sup>684</sup>

With respect to the gravest and most consistent problems, such as an acute lack of medicine, the aging of the population, high rate of suicide and poor food quality and poisoning, the report essentially ignores them:

- “The low rate of population growth over the past few years is attributable to trends and changes in the dynamics of population movement (fertility, mortality, and migration), which are closely correlated with socioeconomic development.” (p. 263.)
- “There are ample supplies of locally manufactured drugs, including immunobiologicals and in vitro diagnostic products (diagnostics), and drug regulation activities are being constantly stepped up.” (p. 277.)
- “The country has a national surveillance program for food contaminants that samples products posing a high epidemiological risk twice a month, monthly, and yearly for manufacturing and storage facilities and distribution and consumption centers.” (p. 274.)
- “The suicidal behavior prevention and control program systematically conducts risk assessments based on epidemiological stratification in all parts of the country.” (p. 267.)

Regarding health services denounced as deficient for decades, the report merely lists available or reported services:

- “Imaging departments in general and clinical-surgical hospitals and national health units and institutes have been equipped with high-tech equipment such as 64-slice CT scanners, nuclear MRI equipment, and three-dimensional echocardiograms.” (p. 274.)
- “Oral health is a key component of the national health system. ... There is an ongoing nationwide preventive oral health program.” (p. 272.)

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<sup>683</sup> *Health in the Americas, 2007*, p. 263.

<sup>684</sup> *Ibid*, p. 273.

- “The Comprehensive Senior Health Care Program is in charge of providing comprehensive health care services for older adults and meeting their growing health needs through community-based, facility-based, and hospital-based care. (p. 275.)
- There is an extensive social services network for persons with disabilities requiring economic or social assistance (care, self-care, or other types of services) geared to improving their quality of life.” (p. 267.)

Meanwhile, the report repeatedly validates the Cuban government’s data, narratives, and “commitments,” of which examples follow:

- “The country is committed to achieving a sustained improvement in the health status of its population, as well as in the quality and efficiency of health services and the level of satisfaction of patients, family members, and workers, while providing free aid and assistance to patients from a number of other countries in the Region of the Americas and on other continents.” (p. 272.)
- “Cuba’s economic reform process is a different, unique experience for Latin America, geared to protecting the country’s social progress and advancing its economic and social development based on the efficient and effective use of available resources. Despite financial hardships, it has managed to sustain its social achievements.” (p. 263.)
- “The Government develops policies and carries out programs with nationwide coverage designed to promote equity and equal opportunities for persons with disabilities, particularly in the areas of health, education, sports, culture, employment, and social security. ...There is an extensive social services network for persons with disabilities requiring economic or social assistance (care, self-care, or other types of services) geared to improving their quality of life.” (p. 267.)
- “The structure of Cuban society allows for the involvement of all segments of the population in resolving health problems in different regions of the country. The three cornerstones of social participation in the solution of health problems are the country’s political/administrative structure, with the National Assembly of People’s Power as an organ of government; the influence and timeliness of different approaches and strategies devised by the Ministry of Public Health; and the development and growth in the number of national and international nongovernmental organizations (NGOs) working in the health sector.” (p. 272.)
- “The 3,193,300,000 peso appropriation for this important sector in 2006, topping the 2005 appropriation by 23.0%, was designed to help continue to strengthen health care services in search of excellence.” (p. 278.)
- “Socioeconomic reforms have turned around unemployment rates in the last few years, bringing unemployment down from 5.4% in 2000 to 1.9% by 2005.” (p. 263.)

A cursory review of reports on countries other than Cuba in the *Health in the Americas, 2017* illustrates that PAHO does not shy from pointing to lacks and weaknesses or making outright critiques with respect to other countries. Following are selected examples:

- Guatemala country report: “The Ministry of Public Health and Social Welfare is responsible for overseeing the health sector, but it has political and financial

limitations that impede more effective management of a segmented and fragmented health system. ... The country needs to implement a model that promotes universal access to health and universal health coverage, with special attention to the social, economic, and environmental determinants of health."<sup>685</sup>

- Argentina country report: "Argentina has perhaps the most segmented and fragmented health system in the Americas. Thus, enormous governance efforts and strong sector leadership are needed to bring together a wide range of stakeholders in pursuit of shared health objectives."<sup>686</sup>
- Paraguay country report: "Although by law, the health authority is the Ministry of Public Health and Social Welfare, leadership is weak and in actual practice, national health system operations are uncoordinated and fragmented, with different financing, regulatory, enrollment, and service delivery modalities."<sup>687</sup>
- Costa Rica country report: "Leading health problems include nutritional deficiencies in children; overweight in adults; and the prevalence of chronic diseases and the rising cost of their treatment. Inequalities persist among the various population groups. The health system is facing the challenge of contributing to higher levels of equity and solidarity. Another problem is the weakening of leadership in the Ministry of Health, due to problems related to organization, monitoring, and evaluation; incomplete separation of functions; and weak coordination with the Costa Rican Social Security Fund (CCSS), among other causes. In recent years, the quality of care and productivity of the health services have become a concern, as have the financial situation and the risk that the CCSS may eventually become unsustainable."<sup>688</sup>

Following are examples of PAHO reports on Guatemala that address issues/topics that are absent from its available work on Cuba.

- "Encuesta de salud de refugiados guatemaltecos en la frontera sur de México," 1987.<sup>689</sup>
- "Leadership and participation of indigenous women in health education and the promotion of self-care in Guatemala," 1999.<sup>690</sup>
- "The mental health status of Mayan refugees after repatriation to Guatemala," 2006.<sup>691</sup>
- "Guatemala never again: progress and challenges in the protection of research subjects," 2011.<sup>692</sup>

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<sup>685</sup> *Health in the Americas, 2017*, p. 160.

<sup>686</sup> *Ibid*, p. 66.

<sup>687</sup> *Ibid*, p. 196.

<sup>688</sup> *Ibid*, p. 122.

<sup>689</sup> Laura Moreno Altamirano, et. al., "Encuesta de salud de refugiados guatemaltecos en la frontera sur de Mexico," *Boletín de la Oficina Sanitaria Panamericana (OSP)*; 103(3), Sep. 1987.

<sup>690</sup> *Leadership and participation of indigenous women in health education and the promotion of self-care in Guatemala*, Pan American Health Organization, 1999.

<sup>691</sup> Miriam Sabin, et.al., "The mental health status of Mayan refugees after repatriation to Guatemala," *Pan American Journal of Public Health* 19(3), Mar. 2006.

<sup>692</sup> Carla Saenz, Luis Gabriel Cuervo, et. al. "Guatemala never again: progress and challenges in the protection of research subjects," *Revista Panamericana de Salud Publica*, 29(5), May 2011.

- “Second National Report on the human rights situation of people with HIV and higher risk populations,” 2012.<sup>693</sup>
- “Violence and social capital in post-conflict Guatemala,” 2013.<sup>694</sup>
- “Social determinants of exclusion from health services and medicines in three Central American countries,” 2014.<sup>695</sup>
- “A Spanish-language patient safety questionnaire to measure medical and nursing students’ attitudes and knowledge,” 2015.<sup>696</sup>
- “Previous violent events and mental health outcomes in Guatemala,” 2017.<sup>697</sup>
- “Indigenous experiences in wellness and suicide prevention,” Event Report Montreal, October 25th & 27th 2017.<sup>698</sup>
- “Developing a national patient safety plan in Guatemala,” 2019.<sup>699</sup>
- “Bottlenecks and barriers to effective coverage of early childhood health and development interventions in Guatemala: A scoping review,” 2020.<sup>700</sup>

Following are examples on PAHO reports on Chile on issues/topics that are entirely absent from its available work on Cuba:<sup>701</sup>

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<sup>693</sup> “Segundo informe nacional sobre la situación de los derechos humanos de las personas con VIH y poblaciones en más alto riesgo: Guatemala,” Ministerio de Salud Pública, ONUSIDA - Guatemala, Red Legal y su Observatorio de Derechos Humanos - Guatemala, Programa para fortalecer la respuesta centroamericana al VIH - Guatemala, Alianza Nacional de Grupos de Personas con VIH, Organización Panamericana de la Salud, 2012.

<sup>694</sup> Cecilie Dinesen, et.al. “Violence and social capital in post-conflict Guatemala,” *Revista Panamericana Salud Pública*; 34(3), Sep. 2013.

<sup>695</sup> Cecilia Acuña, et. al., “Determinantes sociales de la exclusión a los servicios de salud y a medicamentos en tres países de América Central,” *Revista Panamericana Salud Pública*; 35(2), Feb. 2014.

<sup>696</sup> José J. Mira, et.al, “A Spanish-language patient safety questionnaire to measure medical and nursing students’ attitudes and knowledge,” *Revista Panamericana Salud Pública*, 38(2), Aug. 2015.

<sup>697</sup> Victor Puac-Polanco, et. al, “Eventos violentos anteriores y resultados de salud mental en Guatemala,” *Revista Panamericana Salud Pública*; 41, Oct. 2017.

<sup>698</sup> “Indigenous Experiences in Wellness and Suicide Prevention,” Event Report (Montreal, October 25th & 27th 2017), Pan American Health Organization, Washington, D.C., PAHO, 2018-01.

<sup>699</sup> Randall Lou-Meda, et. al, “Developing a national patient safety plan in Guatemala,” *Revista Panamericana de Salud Pública*; 43, Jul. 2019.

<sup>700</sup> Kayla Marra and Isabel Espinosa, “Bottlenecks and barriers to effective coverage of early childhood health and development interventions in Guatemala: A scoping review,” *Revista Panamericana Salud Pública*; 44, Aug. 2020.

<sup>701</sup> Adela Legarreta and Amparo Aldea, “Omissions in the registration of deaths in maternity hospitals in Santiago, Chile,” *Boletín de la Oficina Sanitaria Panamericana*, Pan American Health Organization; 7(4), Apr. 1973; C. Castillo, V. Salvatierra, M.C. Mejías, “Treatment of children suffering from severe malnutrition in an area of Santiago, Chile” *Bulletin of the Pan American Health Organization*; 17(4),1983; Enrique Oviedo and Alfredo Rodríguez, “Santiago, una ciudad con temor,” *Revista Panamericana de Salud Pública*; 5(4/5), Apr-May 1999; “Desigualdades en el acceso, uso y gasto con el agua potable en América Latina y el Caribe: Chile,” *Serie informes técnicos desigualdades en el acceso, uso y gasto con el agua potable en América Latina y el Caribe*, Organización Panamericana de la Salud, Feb. 3, 2001; José Luis Arumi, Jorge Núñez, and Luis Salgado, “Evaluación del riesgo de contaminación con nitrato de pozos de suministro de agua potable rural en Chile,” *Revista Panamericana Salud Pública*; 20(6), Dec. 2006; Marcela Vásquez, et. al., “Abastecimiento de sangre durante desastres: la experiencia de Chile en 2010,” *Revista Panamericana Salud Pública*; 29(5), mayo 2011; Osvaldo Artaza Barrios, et. al., “Crisis social y política en Chile: la demanda por acceso y cobertura universal de salud,” *Revista Panamericana de Salud Pública*; 44, Mar. 2020.

- “Omissions in the registration of deaths in maternity hospitals in Santiago, Chile,” 1973.
- “Treatment of children suffering from severe malnutrition in an area of Santiago, Chile,” 1983.
- “Santiago, a city with fear,” 1999.
- “Inequalities in access, use, and spending with drinking water in Latin America and the Caribbean: Chile,” 2001.
- “Evaluation of the risk of contamination with nitrate in rural drinking water supply wells in Chile,” 2006.
- “Blood supply during disasters: Chile's experience in 2010,” May 2011.
- “Social and political crisis in Chile: the demand for access and universal health coverage,” 2020.

### The pro-Cuba propaganda

With PAHO’s stamp of approval, data reported by Cuba is almost universally accepted at face value and disseminated as true, including by academics and media worldwide. An online search for scholarly articles and media reports on healthcare in Cuba (in English or Spanish) delivers a very large bibliography using the reported data validated by PAHO and focuses on Cuba’s “achievements” as basis for its conclusions. This has great reverberations in academic circles and in shaping international public opinion overall. It is in stark contrast with Cuban reality.

“With PAHO’s stamp of approval, Cuba’s data is almost universally cited and disseminated as true, including by academics and worldwide media.”

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Following are a few examples over a long period of time that display the typical narrative found on healthcare in Cuba in international academic reports.

A 1990 article on the National Library of Medicine argues: “Cuba’s health policy emphasizes prevention, primary care, services in the community, and the active participation of citizens. These emphases have produced an impressively high ranking on major health indicators, despite economic handicaps. The Cuban experience demonstrates the influence of ideological commitment and policy-making on the provision of health care and challenges the assumption that high-quality care for all citizens requires massive financial investment. The evolution of the Cuban health care system since the revolution ... suggests that the equitable distribution of health care services in the United States requires a national health insurance and service delivery system.”<sup>702</sup>

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<sup>702</sup> Demetrius S. Iatridis, “Cuba's health care policy: prevention and active community participation,” *Social Work*, Jan. 1990; 35(1): 29-35.

A 2007 paper in PAHO's journal<sup>703</sup> by three scholars from Johns Hopkins, Bloomberg University of Illinois, and Loyola University, together with a scholar from a Cienfuegos University Hospital, Cuba, considers only official statistics and offers a table of achievements of Cuba's health system that include, among others:<sup>704</sup>

- free universal health system,
- 62 doctors for every 10,000 inhabitants,
- life expectancy at birth in 2005 at 77 years,
- infant mortality in 2004 at 5.6 per 1,000 live births,
- the best indicators in the world in the control of hypertension,
- the first country to eliminate polio in the Americas (1962),
- the most effective dengue control program in the Americas,
- the first country to eliminate measles in the Americas (1996).

The authors declare: "Cuba's health indicators are much better than might be expected considering its level of income; in many cases the indicators compare to those of industrialized countries. These results should be viewed as the product of a well-defined strategy and the use of essential public health principles...The Cuban experience demonstrates that a population's health can improve in even the most adverse economic conditions. This is attainable when sound public health practices are implemented under the principle that health is a basic right and therefore a national priority. An understanding of the Cuban public health system can help other low-income countries adapt these practices to their own conditions and meet the Millennium Development Goals. If this were to occur, there would be substantial improvement in the world's health."<sup>705</sup>

A 2019 scholarly article titled "Cuban public healthcare: a model of success for developing nations" is authored by Ronn Pineo, Ph.D., professor of History at Towson University of Maryland, a six-time Fulbright recipient and awardee of the 2001 University of Maryland Board of Regents Faculty Award for Excellence in Teaching. Pineo used only the data reported by PAHO<sup>706</sup> and, presumably without having interviewed any Cuban health professionals free of state control or visiting clinics and hospitals on the Island not part of the showcase list, concludes: "Today, Cuba's main health indicators rank alongside those of many high-income countries. (...) The evidence shows that Cuba provides an example and inspiration to other less developed nations."<sup>707</sup> Pineo states that the U.S. embargo blocks food and medical sales to Cuba, which we have explained otherwise, and cites the usual so-called health achievements of the Cuban revolution, summarized as follows:

1) Despite an economic crisis, the Cuban government has prioritized health;

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<sup>703</sup> Manuel Franco, Joan Kennelly, Richard Cooper, et. al., "La salud en Cuba y los objetivos de desarrollo del milenio," *Revista Panamericana de Salud Pública*, 21(4), Apr. 2007.

<sup>704</sup> *Ibid*, Cuadro 2. Algunos resultados relevantes del sistema de salud pública cubano, p. 241.

<sup>705</sup> *Ibid*, p. 239.

<sup>706</sup> It is puzzling that Pineo cites two papers by this author, R.J. Stusser, with eight citations in total but referencing contrary assessments to Pineo's. (Ronn Pineo, "Cuban public healthcare: a model of success for developing nations," *Journal of Developing Societies*, 35, 1 (2019): 16–611, p. 87.

<sup>707</sup> *Ibid*, p. 87.

- 2) Cuba's ratio of doctors per population is about double that of developed nations;
- 3) Cuba has won the battle against malaria and is the least afflicted nation in the region from mosquito-borne diseases such as dengue, zika, chikungunya, and yellow fever;
- 4) Cuba has the lowest incidence rate of HIV/AIDS in the Caribbean and one of the lowest rates in the world;
- 5) Cuba has exemplary infant mortality and maternal mortality rates;
- 6) Cuba's humanitarian commitment to medical internationalism is exemplary;
- 7) Cuba's biotech industry is entirely focused on humanitarian and medical purposes;
- 8) Cuba's health care system, based on prevention and community-based primary care, is superior.

A 2019 article in *Berkeley Political Review* cites all the oft-lauded health indicators and argues: "Cuba's communist rule does not necessarily imply that Cuba is an example of bad government. On the contrary, under this political system, Cuba's universal health care system has flourished and is now ranked as one of the highest quality across the world."<sup>708</sup>

As the Nazis' chief propagandist Joseph Goebbels is said to have claimed: "A lie told once remains a lie but a lie told a thousand times becomes the truth." The prototype narrative on Cuba promoted by PAHO and other partners and allies has developed fallacious mantras that are widely accepted as factual and repeated by very influential individuals and institutions. Following are examples.

**“As the Nazis' chief propagandist Joseph Goebbels is said to have claimed: 'A lie told once remains a lie but a lie told a thousand times becomes the truth.' ”**

In 1989, UNICEF's Executive Director said that if other health systems had produced results similar to Cuba's, 700,000 infant deaths would have been avoided throughout Latin America. In 2001, the president of the World Bank praised Cuba's achievements in health and education even while acknowledging that it had not followed the policies designed by the World Bank.<sup>709</sup> In 2014, President Barack Obama said: "Medical care —the life expectancy of Cubans is equivalent to that of the United States, despite it being a very poor country, because they have access to health care. That's a huge achievement. They should be congratulated."<sup>710</sup> That same year, U.S. Senator Tom Harkin, Chair of the Senate Health, Education, Labor, and Pensions Committee, declared after visiting Cuba that "Cuba has lower child mortality, longer

<sup>708</sup> Sarah Farouq, "Cuba's healthcare system: a political, social, and economic revolution," *Berkeley Political Review*, Aug. 29, 2021.

<sup>709</sup> Ibid, p. 248.

<sup>710</sup> Avik Roy, "Barack Obama extols Cuba's slave-labor medical care," *Forbes*, Apr 5, 2016. (Obama was speaking to a town hall during a visit to Argentina.)

life expectancy than U.S.” His office backed up the statement with data from PAHO.<sup>711</sup> In 2020, the U.N. Economic Commission for Latin America and the Caribbean conducted a regional study on COVID mortality reporting almost a zero rate for Cuba and highlighting its “exceptional” health outcomes and “remarkable universal health system.”<sup>712</sup>

The resulting perceptions drive policy proposals that impact or potentially impact many millions of people around the world. Moreover, they contribute to the excessive cost that the Cuban people must pay for the persistent failure to address and find solutions for the real problems that afflict them. That an entire organization has been promoting this for decades is not just a dereliction of duty, but also a moral calamity.

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<sup>711</sup> Louis Jacobson, “Tom Harkin stated on January 29, 2014 in a press conference: Cuba has ‘a lower child mortality rate than ours. Their life expectancy is now greater than ours,’” *Politifact*, Jan. 31, 2014.

<sup>712</sup> “Mortalidad por COVID-19, Evidencias y escenarios,” op. cit.

## IX. CUBA'S OUTSIZED INTERNATIONAL INFLUENCE

The internationally acclaimed mirage that Cuba's healthcare is a model for the world can be explained by decades of synchronized propaganda and international influence on a gigantic scale. Scholars, medical professionals, journalists, and almost anyone addressing any issues relating to Cuba's healthcare are invariably flooded with a large body of work in several languages produced by an institutionalized state machinery that regurgitates doctored statistics, disinformation, and propaganda, manipulates studies, stages tours, and works by enticement, coercion, threats, and even blackmail to advance its goals.

The size, scope, and reach of Cuba's apparatus for influence and propaganda is impressive, especially for a very poor Caribbean island of just eleven million people. At its core is the Ideology Department<sup>713</sup> of the Central Committee of the Cuban Communist Party, which has departments dedicated to each country and geographic area, and implements its "ideological penetration plans" through the multitude of State agencies.<sup>714</sup> Healthcare has been one of its primary focus areas.

Building a synchronized propaganda apparatus was a priority from the beginning of the revolutionary regime; a now declassified U.S. government report described it as early as 1984.<sup>715</sup> Fidel Castro considered propaganda "the main food of the revolution"<sup>716</sup> and in 1954, long before coming to power, had written to a comrade in the struggle against Batista: "First: We cannot abandon propaganda for a minute because it is the soul of our struggle."<sup>717</sup>

Cuba's international news agency, *Prensa Latina* (PL), is one of many arms of the propaganda behemoth. Just this large consortium has over 400 offices internationally operating in six languages (Spanish, English, Portuguese, Italian, Russian, and Turkish), in print, TV, radio, and 17 digital sites; it has an in-house full-time staff of around 500 and around 900 to 1,000 freelancers and collaborators all over the world, "all directed to spreading Cuba's propaganda internationally."<sup>718</sup> PL has a publishing house that

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<sup>713</sup> The *Departamento Ideológico* was previously named Department for Revolutionary Orientation (*Departamento de Orientación Revolucionaria*, DOR).

<sup>714</sup> Maria C. Werlau, testimony of Enrique García, 2015-2021.

<sup>715</sup> See "Cuba: Castro propaganda apparatus and foreign policy," Central Intelligence Agency, November 1984, approved for release July 2003 (from undetermined US government agency, declassified).

<sup>716</sup> "Una Grave Alerta de Guaicaipuro Lameda." Mar. 11, 2016, <http://lasarmasdecoronel.blogspot.com/2016/03/un-grave-alerta-de-guaicaipuro-lameda.html>

<sup>717</sup> Ann Louise Bardach, "Desde la celda," *Caribania Magazine (Revista Semana)* [https://caribaniamagazine.webcindario.com/1ASEP\\_6/h\\_spt/cartas.htm](https://caribaniamagazine.webcindario.com/1ASEP_6/h_spt/cartas.htm).

<sup>718</sup> Wilfredo Cancio Isla, email, Jun. 18, 2019. (Cancio has a Ph.D. in Journalism and Communications, is a former professor of journalism at the University of Havana and has covered

produces some 30 periodicals and other publications in Cuba and other countries, a book publishing house, an entity producing audiovisual materials, a TV station (*PLTV*) producing and broadcasting around the world, and a radio station broadcasting 26 daily programs for 150 recipients in mp3 format.<sup>719</sup>

Cuba's inordinate number of embassies, consulates, and international representations in multilateral bodies is also entirely disproportionate to its size and economy, especially with its citizens enduring mass poverty and scarcity. The hugely expensive network includes 126 embassies and 20 consulates, including embassies in the smallest island-nations of the Caribbean and Pacific. Just Cuba's permanent mission to the U.N. in New York City has 43 diplomats, well in excess of many much larger and richer countries including Spain, Italy, Canada, Thailand, Philippines, Mexico, Colombia, or any countries with similarly-sized populations.<sup>720</sup> This large diplomatic presence helps conceal a large contingent of intelligence officials and exerts influence through traditional and clandestine channels—courting countries for their votes and support in the U.N. system, hiring out its medical and other export workers, securing assistance and credits, and advancing all of Cuba's political, economic, and geostrategic objectives.<sup>721</sup>

Cuba's intelligence services (foreign, domestic and military) operate without the legal and institutional restraints of democratic systems and systematically resort to even the most unsavory tactics. They have for decades prioritized the infiltration of both PAHO and WHO, working diligently and in unison to deliver active cooperation within these organizations to neutralize potentially critical individuals and advance Cuba's goals.

PAHO's office in Cuba is controlled by the counterintelligence service, which manages domestic activities. It had a staff of twenty-eight in 2019: the Director, four Consultants, one Coordinator, one person for Communications, one for "Knowledge Management," one Administrator, one Systems Administrator, one for Procurement, two for Finance and Accounting, one for Workshops, two Administrative Assistants, two for General Services, four secretaries, two drivers, and three males for "Security and Protection."<sup>722</sup>

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Cuban affairs for *El Nuevo Herald*, *Diario Las Américas*, *NBC Telemundo*, and others since leaving Cuba in 1994.)

<sup>719</sup> "Prensa Latina," [https://www.ecured.cu/Prensa\\_Latina](https://www.ecured.cu/Prensa_Latina).

<sup>720</sup> "Cuba's diplomatic presence - comparative table," Cuba Archive, June 2022, <https://cubaarchive.org/wp-content/uploads/2022/06/Table-Embassies-for-website.pdf>; "Cuba's disproportionate international influence," Cuba Archive, Jun. 8, 2022, <https://mailchi.mp/cubaarchive.org/diplomaticpresence>

<sup>721</sup> Cuba's former Ambassador to the UN (1992-1993), Alcibiades Hidalgo, who fled Cuba in 2002, has confirmed that "a huge group" of accredited officials and diplomats to the Cuban mission to the UN were really dedicated to activities "totally incompatible with the essence of that institution, engaging in espionage, recruitment, and exercising pressure on accredited officials from other diplomatic offices." ("Con embargo o sin él, el país tendrá que cambiar," *Cuba Encuentro*, Year IV, Issue 541, Jan. 24, 2003. (Translated from Spanish.))

<sup>722</sup> "Personal de la OPS Cuba," Pan American Health Organization, [www.paho.org](http://www.paho.org).

In 2020, the staff had grown to thirty one, including two more drivers.<sup>723</sup> The nationalities of the staff members are not disclosed but all except the country representative are usually locals.

All foreign entities including diplomatic missions, news agencies, and UN agencies can only be hired from a pool offered by a Cuban state-controlled employment enterprise, which is well known to select candidates for their loyalty to the Revolution. Enrique García, a former high-ranking Cuban Intelligence officer,<sup>724</sup> reports that during his time in the Intelligence service, almost 100% of the local staff of all diplomatic and international offices in Cuba were agents or collaborators of Cuba's counterintelligence service. This has been confirmed by several other subsequent defectors.<sup>725</sup> Dr. Zoila Macías, who headed the Statistics Office for Cuba's Ministry of Health from 1990-1994,<sup>726</sup> also reports that it was widely understood that PAHO's staff in Cuba worked for State Security.<sup>727</sup>

This poses a grave conflict of interest that contravenes Article I of *PAHO Staff Rules and Staff Regulations*, titled "Duties, Obligations and Privileges," which reads: "1.3. In the performance of their duties staff members shall neither seek nor accept instructions from any government or from any other authority external to the Bureau or the World Health Organization. 1.4. No staff member shall accept, hold or engage in any office or occupation which is incompatible with the proper discharge of his duties with the Pan American Sanitary Bureau."<sup>728</sup>

Dr. Stusser believes that "only ideologically compatible persons will be assigned as PAHO/WHO representative in Cuba." Further, he confirms<sup>729</sup> that "PAHO and WHO collaboration with the Cuban regime is not spontaneous and has long been driven by Cuban Intelligence working through Cuban doctors placed as high-ranking advisors and

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<sup>723</sup> Ibid. (In June 2022, the link to the page for PAHO's staff in Cuba was not working although the page is listed in the page for PAHO Cuba, "Acerca de OPS Cuba," [https://www3.paho.org/cub/index.php?option=com\\_content&view=article&id=24:acerca-ops-cuba&Itemid=122](https://www3.paho.org/cub/index.php?option=com_content&view=article&id=24:acerca-ops-cuba&Itemid=122))

<sup>724</sup> Enrique García was a Captain of Cuba's General Directorate of Intelligence (DGI), now Directorate of Intelligence (DI), when he defected in January 1989 to the U.S. from Ecuador, where he was the commercial representative of Cuba's Ministry of Commerce. He had worked for the DI's Latin American division for eleven years handling relations with seven countries. García shared his manuscript and has talked at length of his experiences on many other occasions with the author, with whom he has been in a personal relationship since 2015. (M. Werlau, testimony of Enrique García, op. cit. The author is closely related to García.)

<sup>725</sup> The author has over many years interviewed high-ranking defectors from Cuba's Directorate of Intelligence, Military Intelligence, and other agencies and institutions of the Cuban State.

<sup>726</sup> Dr. Macías left Cuba for the United States in 1994 and, for fear of reprisal, refrained from speaking of her professional experiences in Cuba until her immediate family was able to join her in the U.S.

<sup>727</sup> M. Werlau, telephone interview with Z. Macías, op. cit.

<sup>728</sup> PAHO Staff Rules and Staff Regulations, 2015, p. 5, <https://www.paho.org/hq/dmdocuments/2016/StaffRules-2015-ENG.pdf>.

<sup>729</sup> Maria C. Werlau, emails and telephone conversation with R.J. Stusser, Sep. 5, 2013; M. Werlau, telephone and personal interviews with R. Stusser, op. cit.

consultants at both organizations in their respective Washington, D.C., and Geneva offices.” Hehe explains, Cuban officials in PAHO and WHO —particularly those posted abroad or who travel regularly as part of their jobs— are subordinated to both Cuba’s Ministry of Public Health and State Security (the political police).<sup>730</sup> Citing examples of individuals currently in office or from earlier postings, he concurs that the Cuban regime has historically expended great efforts and resources on international propaganda to create the false idea that Cuba is a medical superpower.

Cuba’s Directorate of Intelligence, DI, operates outside of Cuba except when working to recruit foreigners visiting Cuba. Foreigners —in Cuba, at international events in third countries, or in their own countries— are systematically surveilled, subjected to in-depth psychological evaluation, and selectively recruited to work clandestinely or even openly for Cuba. Foreigners sympathetic with a “revolution” romanticized around the world are frequently targeted; others are bought with money and material incentives, and reticent but prized targets are entrapped using blackmail and ploys to fabricate and/or obtain evidence of unethical or immoral behaviors (weaknesses such as excessive personal ambition, sexual indiscretions, or double lives are exploited).<sup>731</sup> Certain individuals with a favorable disposition are not recruited to work as clandestine agents but are, nonetheless, handled as collaborators or “agents of influence” with varying degrees of acknowledgement and commitment on their part.

García confirms that Cuba’s intelligence services have for decades intensely penetrated international organizations and prioritized those in the healthcare field, successfully recruiting many agents from numerous countries to work clandestinely for Cuba or establishing relationships of trust and collaboration.<sup>732</sup> In the 1980’s, for instance, he was in charge of Brazil for the DI and asserts that four Brazilians working for PAHO were among the agents Cuba had recruited to work clandestinely on its behalf within the Organization. He reports that Cuba had many intelligence officers participating in the plan targeting PAHO and WHO —at least two were doctors assigned to PAHO’s office in Havana or its headquarters in Washington.<sup>733</sup> One, Dr. José Antonio Pagés

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<sup>730</sup> As confirmed by Cuba’s official press regarding graduates of the class of 2013 of Ministry of the Interior cadets “inserted in different medical careers” including Medical Sciences, Psychology, Information Technology and Law. (Ana María Domínguez Cruz, “Orgullosos de servir a la sociedad,” *Juventud Rebelde*, Sep. 1, 2013 <http://www.juventudrebelde.cu/cuba/2013-09-01/orgullosos-de-servir-a-la-sociedad/>).

<sup>731</sup> The author has extensive testimony from several Cuban defectors and has described this further in M. Werlau, *Cuba’s intervention in Venezuela*, *op. cit.* (see in particular Chapter IX. Cuba’s core competency: soft power on steroids).

<sup>732</sup> Agents receive instructions and report to Cuba secretly whereas “trusted” individuals work for Cuba but meet openly, albeit discreetly, with Cuban diplomats who are actually intelligence officers. (M. Werlau, testimony from E. García, *op. cit.*)

<sup>733</sup> Maria C. Werlau, emails from Enrique García, Aug. 26, 2014 and Apr. 15, 2021. Also see M. Werlau, testimony from E. García, *op. cit.*

Piñeiro, alias “Tony,” had a long career at PAHO and served as its representative in Chile (2011-13) and, previously, in Honduras, Bolivia, and Argentina.<sup>734/735</sup>

In 1998, Raúl Montes García, an officer of Cuba’s Directorate of Intelligence working under diplomatic cover as Second Secretary at Cuba’s Permanent Mission to the United Nations in New York, served as a representative for Cuba in PAHO’s Executive Committee Subcommittee on Planning and Programming.<sup>736</sup> His identity was confirmed by an officer who defected from Cuban Intelligence and who knew him<sup>737</sup> as well as by the Cuban government itself, which identified him as a Lieutenant Colonel in the public announcement in 2009 of his award of a medal usually reserved for members of the Ministry of the Interior “for exemplary attitude in the fulfillment of missions and in obtaining relevantly important results”.<sup>738</sup> Most of Cuba’s Intelligence officials and agents cannot be pinpointed, however, their continued and effective work seems obvious.

Dr. Katherine Hirschfeld had an experience in Cuba that is not the exception. Cuban State Security officials paid her several “uncomfortable visits” while she was conducting research work on the Island in the late 1990s; she was questioned on her political beliefs, research agenda, and what she intended to publish on Cuba.<sup>739</sup> Two weeks after refusing to spy on a group of U.S. students in Cuba and declining contact upon her return to the United States, she was informed that she could not stay in Cuba.<sup>740</sup>

International propaganda and influence are also critical tasks of other State entities that consistently and uniformly advance objectives dictated from the top. Part of their staff is composed of well-trained intelligence officers. The Ministry of Health has special units dedicated to international affairs and to exporting medical personnel. The Ministries of Tourism and of Trade and Foreign Investment are entirely internationally directed and most of remaining government entities have officers assigned to each

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<sup>734</sup> Pagés formerly represented Cuba within PAHO’s governing bodies, served as PAHO consultant for Cuba and Nicaragua, and was a PAHO official in Nicaragua and Brazil before serving as PAHO representative in several countries. (“José Antonio Pagés es el nuevo representante de la OPS/OMS en Chile,” PAHO.org.)

<sup>735</sup> Pagés is reportedly working at the Buenos Aires, Argentina, office of a U.S.-based non-profit organization, Global Health International Advisors, “an action-oriented, not-for-profit international organization committed to improving people’s health and welfare, community by community.” He is also Director of Argentina’s Center for Health Diplomacy in Global Health at Universidad ISALUD of Buenos Aires and member of the Argentine Council of International Relations (CARI). <http://ghiadvisors.org/>; <https://www.linkedin.com/in/jose-antonio-pages-2360916b/>.

<sup>736</sup> Subcommittee on Planning and Programming of the Executive Committee, Pan American Health Organization World Health Organization, 31st Session, 23-24 November 1998, SPP31/2, Rev. 2, 24 November 1998, p. 5.

<sup>737</sup> Reported by a fellow officer of Montes in Cuba’s DI who defected to the U.S. in the 2000s. (Maria C. Werlau, telephone interview with Anonymous Source 9, June 12, 2022.)

<sup>738</sup> Gaceta Oficial No. 6 Extraordinaria Especial de 2009, No. 4484, Year 2009, <https://www.gacetaoficial.gob.cu/es/medallas?page=121>; “Medalla Antonio Briones Montoto,” [https://www.ecured.cu/Medalla\\_Antonio\\_Briones\\_Montoto](https://www.ecured.cu/Medalla_Antonio_Briones_Montoto).

<sup>739</sup> K. Hirschfeld, *Health, Politics, and Revolution*, op. cit., p. 5.

<sup>740</sup> Ibid, p. 86-87.

country. Numerous state-owned corporations conduct international business. Some are exclusively dedicated to sponsoring and hosting conferences, “exchange programs,” and visits by students, professional associations, scholars, etc., many of which are devoted to health.

Cuba’s army dedicated to international influence and propaganda is estimated in the many tens of thousands, perhaps surpassing one hundred thousand individuals.<sup>741</sup> They are assisted by thousands more Cubans subordinated to the government, including over 60,000 “internationalists” or “collaborators” currently sent to work overseas by the state, as well as by academics, artists, and functionaries who travel abroad or have contact with foreigners and must conform to the assigned script.

The work is also successfully franchised overseas. The Cuban Institute of Friendship with the Peoples (*Instituto Cubano de Amistad con los Pueblos*, ICAP) has hundreds of employees entirely directed to foreign relations and is assisted by scores of solidarity groups in many countries that, according to many regime defectors, have been created as well as actively coordinated and financed by Cuba. The intelligence services often recruit clandestine agents among the foreign student body in Cuba who are later the leaders of these organizations.<sup>742</sup> Cuba’s Communist Party newspaper *Granma* reported in June 2018 that in Africa and the Middle East alone there were 95 associations for solidarity with Cuba in 45 countries whose main objectives, it explained, were to demand the end of the US “blockade” on Cuba and the return of the US Naval Base in Guantanamo, to promote a positive image of Cuba worldwide including on its medical “collaboration,” to support the Bolivarian Revolution in Venezuela, and to summon solidarity events and publish articles as well as positive statements and comments in mass media and social networks.<sup>743</sup> ICAP’s Vice President, José Prieto Cintado, alleged that they only provide these groups information.

Upon recommendation of the ICAP, Cuba’s Council of State awards the “friendship medal” to exceptional friends of Cuba “with a trajectory of solidarity with Cuba and unconditional loyalty to the defense of the Cuban Revolution”<sup>744</sup> such as the one given to PAHO’s representative in Cuba, Lea Guido in 2011.<sup>745</sup> One of many examples over the years is cited in an official publication of medals awarded to seven Japanese who had “demonstrated solidarity and friendship towards Cuba in their respective spheres,

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<sup>741</sup> M. Werlau, interviews with E. García, op. cit.

<sup>742</sup> “Embajador de Cuba en Dominica realiza encuentro con directivo de Asociación de Solidaridad,” Cuba’s Ministry of Foreign Relations (Minrex), Mar. 12, 2019, <http://www.cubadiplomatica.cu/es/articulo/embajador-de-cuba-en-dominica-realiza-encuentro-con-directivo-de-asociacion-de-solidaridad>; E. García, op. cit.

<sup>743</sup> Nuria Barbosa León, “África y Cuba unidas por la amistad y la solidaridad,” *Granma*, Jun. 15, 2018.

<sup>744</sup> “Presidente cubano entrega Orden de la Solidaridad a Pastores por la Paz y Medalla de la Amistad a Gail Walker,” *Cubadebate*, 25 julio 2022. (The medal was created by Decree Law No. 30 of December 10, 1979.)

<sup>745</sup> See footnote no. 30.

including medicine and publications, by undertaking a wide effort to disseminate and defend the achievements of the Cuban Revolution.”<sup>746</sup>

PAHO’s work with the organization *Medical Education Cooperation with Cuba*, *Medicc*, illustrates how the Cuban regime influences the Organization’s work. According to *Medicc*’s website, it promotes Cuba’s healthcare model and U.S.-Cuba health collaboration, highlighting Cuba’s public health contributions to global health equity and universal health, facilitating mutual learning opportunities and insightful trips to Cuba for U.S. health policymakers, educators and practitioners, and serving as an institutional bridge-builder between U.S., Cuban, and global health institutions and organizations.<sup>747</sup> *Medicc* has received funds from and partnered with PAHO in capacity-building programs and to send supplies to Haiti and elsewhere.<sup>748</sup> Its publications (*Medicc Review*, a MEDLINE-indexed English journal) can be found on PAHO’s website. The organization was founded in 1997 by Gail Reed,<sup>749</sup> a Chicago native who reportedly arrived in Cuba as a young woman with the solidarity *Venceremos Brigade*, married a Cuban officer of Cuba’s Intelligence Directorate,<sup>750</sup> and proceeded to work in Cuba’s state media; she later served as a diplomatic press attaché in Granada when her husband was Cuba’s Ambassador there (coinciding with the 1983 U.S. invasion to stop the spread of Cuba’s Communist influence). MEDICC receives funds from around thirty institutional funders, including leading U.S. foundations; \$17.2 million in recent funding for its Cuba projects came from just one funder, *The Atlantic Philanthropies*.<sup>751/752</sup>

PAHO/WHO’s current director, Dr. Carissa Etienne, has repeatedly praised the Cuban system; her favorable disposition towards the Cuban “model” and its medical “internationalists” likely precedes her tenure at the Organization. Dr. Etienne is from the tiny Caribbean Island of Dominica (population 71,000); during the 1990s, she held

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<sup>746</sup> The seven medal recipients were Shuji Hisano, Masaki Motoi, Akira Ishino, Chizuko Owaki, Eiko Tomiyama, Bumpei Kimura, and Yukie Onda. (Acuerdo 4517 de 2009 de Consejo de Estado, Gaceta Oficial No. 11 Extraordinaria Especial de 2009, No. 4517, Year 2009. (Translated from Spanish.)

<sup>747</sup> See <https://medicc.org/ns/about/>.

<sup>748</sup> <http://medicc.org/ns/affiliations/>.

<sup>749</sup> According to TedMed, Gail Reed was NBC’s first Havana-based producer since the early 1960s and founded MEDICC in 1997. (Gail Reed, TedMed, <https://www.tedmed.com/speakers/show?id=309041>).

<sup>750</sup> Enrique García, former officer of Cuba’s Directorate of Intelligence, knew Julián Torres Rizo, Reed’s husband and Cuba’s Ambassador to Grenada when the U.S. invaded that island in 1983 and, at the time, Reed worked at the Press Office of the Cuban embassy. (M. Werlau, testimony of E. García, op. cit. Also see: Tag Archives: Julian Torres Rizo, Cuba Confidential, May 24, 2012, <https://cubaconfidential.wordpress.com/tag/julian-torres-rizo/>; Andres Oppenheimer, “Cuban ambassador wife faced Married on Grenada,” Havana, *The Miami Herald*, Nov. 11, 1983.)

<sup>751</sup> “El Dr. José Luis di Fabio representante de la OPS en Cuba recibe reconocimiento de MEDICC,” <https://cuba.campusvirtualsp.org/el-dr-jose-luis-di-fabio-representante-de-la-ops-en-cuba-recibe-reconocimiento-de-medicc>.

<sup>752</sup> The Atlantic Philanthropies invested around \$60 million in 2002-2018 for “holding up, supporting and amplifying the example of Cuba’s health work” and nearly \$6 million to help normalize relations between Cuba and the U.S. and “increase people-to-people contact.” (Julie Feinsilver, “The Atlantic Philanthropies - Cuba,” *The Atlantic Philanthropies*, 2020.)

several key positions in the Ministry of Health that would have been well known to Cuban officials: Chief Medical Officer (in 2000-2002 and 1995-1996), Director of Primary Health Care Services, Disaster Coordinator, and National Epidemiologist for the Ministry of Health. She also served as Coordinator of the National AIDS Program, Chairman of the National AIDS Committee, was twice Medical Director of the Princess Margaret Hospital, and worked as Associate Professor at the Ross University School of Medicine.<sup>753</sup>

After diplomatic relations were established in 1996, Cuba developed an “excellent” relationship with Dominica<sup>754</sup> and a very active and influential role in its health system, including providing health services there starting in 1997.<sup>755</sup> Cuba partnered with Dominica to establish a Nursing School with the reinauguration of the Dominican School of Nursing by Prime Minister Roosevelt Skerit in February 2006.<sup>756</sup> By May 2021, Cuba had trained more than as 150 nurses in Dominica and 400 Dominican students in Havana as well as had performed surgeries in Cuba for 2,400 Dominican patients for free<sup>757</sup> thanks to the Venezuelan-funded “Miracle Mission”.<sup>758</sup>

A Cuba-Dominica bilateral health agreement is still in force and there is a Cuban medical brigade in Dominica of 24 health professionals.<sup>759</sup> At least one Dominican-Cuba Friendship Association promotes Cuba and denounces the U.S. “blockade.”<sup>760</sup>

Dominica became a member of the ALBA,<sup>761</sup> a regional integration treaty for Latin American and Caribbean countries that seeks economic independence and political coordination under “21st century socialism” with Cuban-Venezuelan tutelage and emancipation from economic subordination” to the U.S. and Canada and free-market liberalism and capitalism.<sup>762</sup> Prime Minister Roosevelt Skerit has visited Cuba on

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<sup>753</sup> “Dr Carissa Etienne Becomes Regional Director for Americas,” *ABC Live*, Jan. 24, 2018; T. Fontaine, op. cit.

<sup>754</sup> “Dominica y Cuba conmemoraron 25 años de nexos diplomáticos,” Roseau, *Prensa Latina*, May 18, 2021; Ana Laura Palomino García, “Nuevos cooperantes en Salud prolongan asistencia de Cuba en Dominica,” *Granma*, Apr. 6, 2021.

<sup>755</sup> “Cuba, Dominica sign new health cooperation deal,” Havana, *Prensa Latina*, Apr 29, 2021.

<sup>756</sup> N. Marimón and E. Martínez, “Evolución de la colaboración médica cubana en 100 años,” op. cit.

<sup>757</sup> “Dominica y Cuba conmemoraron 25 años de nexos diplomáticos,” Roseau, *Prensa Latina*, May 18, 2021.

<sup>758</sup> Roberto Morejón, “Dominica agradece a Cuba formación de profesionales,” *Radio Habana Cuba*, Apr. 25, 2022.

<sup>759</sup> The Cuban brigade to Dominica reportedly consists of specialists in radiology, laboratory, cistohistopathology, pharmacy and electromedicine. (A. Palomino García, op. cit.)

<sup>760</sup> “Cuba in Dominica ratifies its solidarity and condemns the blockade,” Roseau, Cuba’s Ministry of Foreign Relations, <https://misiones.cubaminrex.cu>, Jan. 24, 2022.

<sup>761</sup> Hugo Chávez announced the creation of the Bolivarian Alternative for the Americas, ALBA at the December 2001 III Summit of Heads of State of the Caribbean at Margarita Island, Venezuela. It was officially launched on December 14, 2004 in Havana by Chávez and Fidel Castro. In 2006, the name was changed to Alianza Bolivariana para los Pueblos de Nuestra América, with the same acronym.

<sup>762</sup> [www.ecured.cu/ALBA\\_\(Alianza\\_Bolivariana\)](http://www.ecured.cu/ALBA_(Alianza_Bolivariana)); “Instalada XIV Cumbre del Alba-TCP en honor al Comandante Hugo Chávez,” Venezuelan Embassy in Syria, Ministerio del Poder Popular para

several occasions and rendered posthumous tribute to the leader of the Cuban Revolution, Fidel Castro.<sup>763</sup> In April 2022, Cuba's President awarded him in Havana the "José Martí National Order," the country's highest medal.<sup>764</sup> In 2021, Skerit reaffirmed his commitment to regional unity and the ALBA, expressing his support for Cuba and Venezuela "in the face of the U.S. economic, financial, commercial persecution."<sup>765</sup>

A new Executive Director for PAHO will be elected by majority vote (in secret ballot) of Member States at the 30th Pan American Sanitary Conference of September 26-30, 2022 for a five-year term starting February 1, 2023 (with the possibility of one reelection).<sup>766</sup> Two of the six nominated candidates were involved directly or indirectly in the *Mais Médicos* program, whose irregularities have been outlined above: Dr. Nadine Gasman Zylbermann, nominated by Mexico, and Dr. Jarbas Barbosa Da Silva Jr., nominated by Brazil.<sup>767</sup> The Americas Editor of *The Wall Street Journal*, Mary O'Grady, has written about this:

"President Biden has announced a new U.S. initiative with PAHO to fund the preparation of 500,000 medical personnel in the region over the next five years, and Havana is licking its chops. Unless the U.S. recovers PAHO's integrity and transparency, the program is likely to be used by the regime to deploy many more human intelligence assets around the region disguised as 'healthcare workers.' ... The survival or revival of democratic institutions in the region largely depends on the courage and commitment of the locals. But the U.S. can help by pushing back against power grabs like the one Cuba is making for PAHO."<sup>768</sup>

In April 2020, O'Grady had called for an audit on PAHO and wrote that "PAHO shouldn't get a dime of U.S. funding until it stops carrying water for Cuba."<sup>769</sup>

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Relaciones Exteriores, [goo.gl/xxy52M](https://goo.gl/xxy52M); and "XV Cumbre del Alba-TCP se realizará este lunes en Caracas," Vicepresidencia de Venezuela, Mar. 4, 2018, [goo.gl/WhdwgZ](https://goo.gl/WhdwgZ). (Translated from Spanish.)

<sup>763</sup> "Dominica y Cuba conmemoraron 25 años," op. cit.

<sup>764</sup> Milagros Pichardo, "Roosevelt Skerit es bienvenido a Cuba, como un hermano," *Granma*, Apr. 27, 2022.

<sup>765</sup> "Dominica ratifies commitment to ALBA-TCP and integration principles,"

<https://www.albatcp.org/en/2021/07/02/dominica-ratifies-commitment-alba/>

<sup>766</sup> "Executive Committee releases names of nominated candidates for post of PAHO Director," Washington D.C., PAHO, Jun. 2, 2022

<https://www.paho.org/en/news/2-6-2022-executive-committee-releases-names-nominated-candidates-post-paho-director>

<sup>767</sup> Mary Anastasia O'Grady, "Cuba's Power Grab Inside Washington," *The Wall Street Journal*, Jun. 26, 2022.

<sup>768</sup> Ibid.

<sup>769</sup> Mary Anastasia O'Grady, "Audit the WHO's Pan American Arm," *The Wall Street Journal*, Apr. 12, 2020.

## X. CONCLUSIONS AND RECOMMENDATIONS

Although this study has only partially addressed the multitude of issues that fall under PAHO's mandate, it uncovers pivotal deficiencies in its work on Cuba. These deprive millions of Cubans of the Organization's "catalytic" efforts in providing optimal health and wellbeing<sup>770</sup> and ill serves other peoples of the region to whom the Organization promotes imitating the Cuban model and projects the influence of its regime.

It contrasts with its treatment of other Member States and suggests "misconduct," as defined by PAHO Staff Rules and Staff Regulations: "Any action by a staff member in his or her official capacity that: (1) is inappropriate; (2) is unethical; (3) is fraudulent; (4) constitutes deliberate wrongdoing; (5) demonstrates serious negligence or disregard for the Organization's interests; (6) demonstrates intentional or substantial disregard for the staff member's duties and obligations to the Organization; or (7) violates the Staff Regulations, Staff Rules or Bureau policy."<sup>771</sup>

The idea of Cuba as a "medical power," with PAHO's stamp of approval, has propagated at the same time that independent scholarship on healthcare in Cuba has been scarce—more so on PAHO's work on Cuba—and that first-hand testimony is rarely disseminated outside of social media and in languages other than Spanish. *The Wall Street Journal* Mary O'Grady's interest and a letter featured in *The Lancet Journal* calling for "reform and awareness,"<sup>772</sup> are rare exceptions of the international failure to hold PAHO accountable for its work vis-à-vis Cuba. A brave testimonial posted on Facebook in November 2021 by Welsy Cruz, a nurse from Holguín, Cuba, illustrates the Cuban people's despair.<sup>773</sup> That she has since been intimidated and threatened by State Security makes her plea even more emblematic of the urgency to correct the course of PAHO's work on Cuba.

### Recommendations

PAHO Member States should demand:

- 1.) that PAHO cease funding and promoting arrangements with Cuba that violate international standards regarding fair payment, conditions of service, equal

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<sup>770</sup> Acerca de OPS Cuba, [https://www3.paho.org/cub/index.php?option=com\\_content&view=article&id=24:acerca-ops-cuba&Itemid=122](https://www3.paho.org/cub/index.php?option=com_content&view=article&id=24:acerca-ops-cuba&Itemid=122) (Translation from Spanish.)

<sup>771</sup> PAHO Staff Rules and Staff Regulations, op. cit., p. 8, <https://www.paho.org/hq/dmdocuments/2016/StaffRules-2015-ENG.pdf>.

<sup>772</sup> It is rare to find any, such as a letter in *The Lancet Journal* published in 2020 calls for "reform and awareness" citing news reports alleging that PAHO exploited Cuban doctors, "which arguably constitutes negligent and criminal behaviour." (Michelle M. Amri, "PAHO needs reform and awareness, not solidarity and funding," *The Lancet Journal*, Vol. 396, Issue 10259, Oct. 24, 2020 (published Oct. 16, 2020).

<sup>773</sup> Welsy Cruz, Facebook, Nov. 15, 2021, <https://fb.watch/asn23fRiQ6/>.

protection by law, and other worker rights as well as sanitary and ethical standards on use of human material;

- 2.) that PAHO disclose the size and cost of its Cuba operations as well as details, costs, results, and funding sources of all PAHO/WHO programs and activities in Cuba or involving Cuba, including any collaborations with other partners, public or private;
- 3.) that input from independent experts, scholars, and other pertinent sources be included in PAHO's studies, projects, and reports on Cuba;
- 4.) that publications on Cuba lacking scientific integrity be withdrawn from PAHO's website;
- 5.) that PAHO's Cuba programs be audited as far back as the advent of the Cuban revolutionary government in 1959, selecting years randomly;
- 6.) that PAHO's Executive Director and two successive Directors of Financial Resources in 2013-2018 be investigated for potential neglect of their professional duties for involving the Organization in the *Mais Médicos* program;
- 7.) that PAHO's external auditors from 2013 onwards be investigated for potential neglect of their professional duties regarding their reports on *Mais Médicos*.

Furthermore:

- 8.) The three democracies that jointly contribute more than 80% of PAHO's quotas should condition their financing to an executive management of the Organization that guarantees and commits to correcting the pervasive institutional problems outlined in this study.

Finally:

- 9.) PAHO should put together a Task Force of reputable independent experts that:
  - a. organizes fact-finding unannounced visits to random facilities and institutions in Cuba that impact health, lifestyle, and individual security;
  - b. interviews/consults with experts and other relevant actors not beholden to the Cuban state;
  - c. fosters a dialogue on issues under PAHO's mandate that includes all Cuban stakeholders guaranteed protected from coercion and reprisal; and
  - d. prepares a report based on all of the above that recommends, in consonance with PAHO's mission and principles:
    - i.) specific actions to address the urgent and ongoing needs of the Cuban population, and
    - ii.) best practices to guarantee the rights of all Cuban citizens and health workers.

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