Cuba Transition Project

Humanitarian Aid for a Democratic Transition in Cuba

Seminar Proceedings

INSTITUTE FOR CUBAN & CUBAN-AMERICAN STUDIES

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Foreword

The Cuba Transition Project (CTP) at the Institute for Cuban and Cuban-American Studies, University of Miami, in Coral Gables, Florida, is an important and timely project to study and make recommendations for the reconstruction of Cuba once the post-Castro transition begins in earnest. The main objective of the CTP is to prepare for and support Cuba's democratic transition. This is being accomplished through individual original research, work-study groups, and seminars. The project started in January 2002 and is funded by the U.S. Agency for International Development.

As a resource, the CTP coordinates the production of practical studies with alternative recommendations on specific aspects of the transition process in both English and Spanish; the publication of the electronic information service, *Cuba Focus,* reporting on issues of importance in Cuba; and the development of a variety of databases on key issues of importance for a Cuba in transition.

All the products of the CTP, including the research studies, the databases, and past issues of *Cuba Focus,* are available at no cost on line at the CTP website, accessible at <http://ctp.iccas.miami.edu>. Studies are also translated into Spanish and distributed on the island.

As part of the CTP, on January 16, 2004, the seminar, ***Humanitarian Aid for a Democratic Transition in Cuba,*** was held in Washington, D.C., at the Ronald Reagan Building and International Trade Center. The catalyst for the seminar was the paper, *Humanitarian Assistance during a Democratic Transition in Cuba,* written by Andrew Natsios and presented at an earlier conference on Cuba. The paper by Mr. Natsios, who is now the Administrator of USAID, is included as an Appendix to these proceedings. I am grateful for his support, as well as for the support of Adolfo Franco, Assistant Administrator for Latin America and the Caribbean, and Dr. David Mutchler, Senior Advisor on Cuba. Without their continuous help, none of these projects and activities could have been possible. A special thanks to the Honorable Ileana Ros-Lehtinen, Congresswoman from Florida, and the many other members of the U.S. Congress who have supported the Cuba Transition Project. I would also like to thank Roger Noriega for his support, as well as Luis Glaser, my "boss" at the University of Miami, for his continuous friendship and backing.

An impressive group of experts in the fields of Humanitarian Aid gathered at this seminar to report on areas of concern during a transition and to present their views on possible food and health needs during a variety of scenarios that may develop in Cuba. The observations, analysis, and preparedness plan that resulted from this seminar have been compiled here in what we hope will prove to be a useful resource.

Jaime Suchlicki
Director
Institute for Cuban and Cuban-American Studies
University of Miami
March 2004

Remarks by Dr. Luis Glaser

First of all, let me thank all of you for coming; this is a wonderful turnout. The Cuba Transition Project at the Institute for Cuban and Cuban-American Studies is one of the really important activities at the University of Miami. You will hear a lot about a particular aspect of what we are interested in today, and there are many other projects going on that Jaime [Suchlicki] has told you a little about.

I would just like to make one comment because I think it is an important one. I moved to Miami almost 19 years ago from the Midwest, where my understanding of Cuba was that it was a country that had given us some problems but now no one needed to worry about it. That is wrong. Having lived now in Miami for awhile, and I hope the rest of the country realizes this, too, Cuba is not only a problem for the people in Cuba who we need to help, and that is what the conference today is about, but it is also a tremendous concern for many aspects of the United States, and we are all very much aware of it.

So thank you for coming. You will have a wonderful and interesting program, one that will ultimately be of help to the people of Cuba after a transition and to the United States. Thank you.

Remarks by the Honorable Roger F. Noriega

Thank you for inviting me here today. The timing and objective of this seminar are particularly propitious, as it comes at a time when institutions and governments around the globe are looking at Cuba and asking themselves, "After 45 long years of dictatorship, how can we help the Cuban people out of this nightmare?" For many people, this represents a sea of change in thinking, in no small part brought about by last March's brutal crackdown.

Most of Castro's long-time friends no longer express solidarity with him or trumpet the so-called "Triumphs of the Revolution." They no longer cast a blind eye to the egregious human rights violations that the Cuban people have had to endure for 45 years.

The March 2003 crackdown was critical in another respect: it demonstrated the regime's palpable concern that there is something growing in Cuban society that it cannot control, specifically, a nascent democratic element that is losing its fear of the regime and dares to stand up and criticize it. That is the reason Castro reacted so harshly: he does not want a democratic opposition to grow and topple him, just as it toppled regimes in Eastern Europe and elsewhere. The crackdown was his attempt to eradicate civil society at its roots, to strangle it in its cradle before it could become a threat.

But the amazing thing is that, despite the long prison sentences, despite the oppression and harassment, there are still Cubans courageous enough to stand up to the regime. Castro will not live forever; there will be a democratic change in government in Havana. We need to do all that we can to help ensure that it is a successful democratic transition rather than a succession in tyranny.

That is the goal for the Commission for Assistance to a Free Cuba, which the President announced on October 10, 2003: to hasten a democratic transition and to be prepared to assist a free Cuba. Its aim is to help ensure that the "hangover" after a 45-year dictatorship does not interfere with transition. We must be prepared to be agile and decisive, when that day finally arrives, in order to end all vestiges of the corrupt Castro regime once and for all.

Specifically, the Commission is examining ways to assist in (1) establishing democracy and the rule of law; (2) creating the core institutions of free enterprise; (3) modernizing infrastructure; and (4) providing health, housing, and human services. Cooperating with international organizations and keeping the multilateral community focused on Castro's continued human rights abuses will also be part of our efforts.

Secretary Powell and then-Secretary Martínez convened the first Commission meeting on December 5, 2003, with high-level participation from the Commission's core group – State, USAID, HUD, Commerce, Treasury, the Department of Homeland Security, and the National Security Council. Working groups are established, focusing on the priority topics. When the working groups started deliberating in late December, I told them of President Bush's personal interest in their work. The Commission has been tasked with presenting an initial report to the President by May 1, 2004.

This is a tall order, given the number and scope of the problems to be addressed. The Commission working groups seek to benefit from the existing work that has been done by private individuals, academia, and institutions. This includes tapping into the excellent, ongoing

work of the Cuba Transition Project, which has produced a number of thought-provoking monographs that often provide different perspectives on problems. I applaud the efforts of Jaime Suchlicki and the CTP collaborators, who have devoted considerable energy to examining a number of these issues.

My State Department colleagues will be listening to your presentations today. I believe there is a growing urgency in this kind of planning, as we must prepare to work with the Cuban people toward a common goal: a rapid transition to a democratic and free Cuba.

Thank you.

Remarks by the Honorable Adolfo A. Franco, Esq.

On behalf of USAID, I want to welcome all of you to this important seminar, organized by the Cuba Transition Project of the University of Miami, with funding from the USAID Cuba Program.

I am particularly honored to have with us this morning as a featured speaker the Administrator of the United States Agency for International Development, Andrew Natsios.

I also want to extend a warm welcome to Assistant Secretary of State for the Western Hemisphere, Roger Noriega, as well as for members of the working groups of the new Presidential Commission for Assistance to a Free Cuba. The work of the USAID Cuba Program and especially the work of the University of Miami Cuba Transition Project are contributing to the work of the Commission.

The idea for today's conference came from a paper that USAID Administrator Andrew Natsios published several years ago in *Studies in Comparative International Development* on the subject of "Humanitarian Assistance during a Democratic Transition in Cuba." We will distribute to you this morning copies of Andrew's paper, and you will also have the pleasure of hearing from Andrew himself.

Hastening Cuba's transition and planning for assistance to a future transition government in Cuba have been central objectives of the USAID Cuba Program over the past seven years. We continue to work with Cuba's human rights activists, independent journalists, independent librarians, and other independent groups on the island to promote and prepare for a rapid, peaceful transition to democracy.

In March 2003, the Castro regime brutally cracked down on Cuba's human rights activists and other independent groups, arresting 75 innocent individuals and sentencing them to prison terms of up to 26 years. President Bush, Secretary of State Powell, USAID Administrator Natsios, and free people everywhere have strongly condemned these actions.

USAID remains firmly committed to the cause these peaceful activists represent. We will continue to provide food and medicine to their families. We will continue to provide books, newsletters, video-cassettes and other informational materials to the Cuban people. We have already provided $28 million to U.S. non-governmental organizations and U.S. universities to help bring about a peaceful, near-term end to the Castro dictatorship and to prepare for assistance to a future transition government in Cuba. We will make available an additional $7 million this year.

I hope and believe that seminars such as this one today can add impetus and insights to our efforts and hasten the day when the Cuban people will be free.

Thank you.

Remarks by the Honorable Andrew S. Natsios

Thank you very much, Jaime. It's good to see you again. And thank you, Adolfo, and Roger, who has just left. I am a New Englander, and I have to tell you this is not that cold by our standards. This is balmy weather. Today it's 50 to 100 degrees below zero in Maine, where we have a summer house. That is cold weather. This is balmy. But if you're from Miami, I can understand your discomfort.

Castro has held the Cuban people in political bondage for more than four decades. The Cuban transition to democracy may not be smooth. It is important, therefore, that we should prepare carefully for Cuba's transition to democracy because we know from experience that the pent-up expectations and frustrations of a long-repressed people can boil over and be chaotic. No one is more aware of this than President Bush. As the President said when he established the Commission for the Assistance to a Free Cuba in October 2003, "It's time to plan for the happy day when Castro's regime is no more and democracy comes to the island. The transition to freedom will present many challenges to the Cuban people and to America, and we will be prepared."

So it is my pleasure today to welcome you all here, as we prepare for a successful and peaceful transition. I would like to talk about three things today: First, the factors that will shape U.S. humanitarian relief efforts early in the transition; second, the strategies that should guide our efforts; and, third, the importance of basing our relief efforts on accurate assessments of local conditions.

As the leading and largest bilateral humanitarian aid organization in the world, USAID's first concerns in any transition are to ensure people's basic needs are met, to minimize human suffering, and to protect human life. Our resources are not unlimited, however, and the robustness of our humanitarian response will depend on the severity of the crisis, access by aid organizations to the people in need — access is a typical problem in a complex emergency — and adequate resources.

In the case of Cuba, the transition is not likely to be as severe as, say, North Korea's, where 2.5 million people are likely to have starved to death during the mid- to late 1990s during a terrible famine. Still, we cannot be certain of the conditions of the Cuban people during such a transition.

I must say, when I was researching, doing the research for the article that Jaime, Adolfo, and Roger have referred to ["Humanitarian Assistance During a Democratic Transition in Cuba" in *Comparative International Development,* Winter 2000] — I had no idea at the time that I was going to be Administrator. I would have been much more careful about what I said in the article had I known that people would actually carry the instructions out. I don't even remember everything I wrote in the article, but I do recall reading some World Food Program assessments that said there was a severe drought in the highlands area, up in the mountainous areas, and we really were not sure of the level of malnutrition because, in any totalitarian regime, numbers are manipulated. I know from my own research, for instance, that the North Koreans manipulated data, so we did not even know until two years into the famine that large

numbers of people had already died.

So we have to be very careful about any information coming out of Cuba, even from respected international organizations or respected NGOs because totalitarian regimes are totalitarian. They control their society so completely that they can, in fact, manipulate all of the information coming out of their society to the outside world.

Jasper Becker, my good friend, who is a scholar of China, wrote a book, which I recommend to you, on the Great Leap Forward famine, the worst in the history of the world. Thirty million people died between 1958 and 1962. It's a book called *Hungry Ghosts.* He argues in that book, as I do in my book on the North Korean famine, that totalitarian regimes are particularly good at hiding widespread suffering from the outside world. As I said before, the North Koreans were very skilled at this, and they manipulated, and they still manipulate, the nutritional surveys that are done by outside organizations, however competent these organizations may be.

As for two other factors, Cuba ranks very high in terms of the national interests of the United States and public support in the United States for the people of Cuba. So we have a moral imperative driving a potential response and a national interest imperative. These two imperatives, in my view, will succeed in ensuring we have enough resources available. We do have proximity, at least. It's not like going to Afghanistan, which is on the other side of the world. There is, though, because of the proximity of the United States, a high risk of rapid and chaotic out-migration from Cuba in the aftermath of Fidel's departure.

A very real possibility exists, therefore, that a failed Cuban transition could lead, as Jaime said, to a complex humanitarian emergency. I do note several national experts in complex emergency are here today: my good friend Dr. Skip Burkle has written widely on this subject; Dick McCall, who served in AID under me and then of course under Brian Atwood, is an expert in conflict mitigation and management; and I notice a group of other people here. So you have assembled the right people who have the expertise to do the planning and the thought needed for this effort.

How the transition in Cuba proceeds will profoundly affect the nature of the response. Of course, there's always the possibility that a new Cuban leader, with no interest whatsoever in democracy, will emerge from within the current system. I am sure that's what Castro is hoping will happen, but all of us pray it will not.

If that can be prevented, there are several scenarios that could take place, although some people don't like scenario development. I think they are needed to consider the different responses that we would take, depending on which one takes place.

The first is a stable democratic transition, whereby a government takes over with broad public support. There is no disruptive opposition from the old order and no violence or unrest. I'd like to think that would happen, but old orders don't go away quickly or easily. There are people who have been feeding off the system for 40 years who by now probably have no ideological principles left. They are simply benefiting from being in power. And those people, as we see in Iraq, do not go quietly, usually. But it's possible; it's possible.

There's a second possibility, and that is an unstable democratic transition takes over and is shaken by internal division, sporadic violence, disruption from renegade military units or disaffected party cadres, but it weathers the storm, while maintaining the ability to schedule

elections and transfer power to a democratically elected government.

The third, the worst option, is an unstable democratic government takes over, which dissolves into a failed state or a collapse. There would be widespread violence from a national military, divided into factions supporting various elements of the old regime. Under this scenario, we could expect widespread atrocities and human rights abuses and the political system and economy to collapse, which would be a catastrophe.

This third scenario is what we refer to as a complex humanitarian emergency. This is where democratic transitions unravel into chaos. During the 1990s, we had about two dozen of these complex emergencies around the world. There are patterns that take place when these emergencies unfold, and they repeat themselves over and over again. So it's not a mystery as to what might happen if the third, and worst, scenario takes place.

If Cuba's transition turns into a complex emergency, some humanitarian organizations may not be willing to work there because of the chaos and violence that might ensue. It depends how severe that violence is and how arbitrary it is. Few are there now with any grassroots infrastructure. In many of the complex emergencies we've dealt with in the last 15 years, because the countries were already very poor and had histories of instability or fragility, there was already an infrastructure of UN agencies and NGOs that were there that could provide assistance on an immediate basis.

What we found in Iraq was that there were only four or five NGOs in the country before the war started. And so the humanitarian infrastructure in Iraq was very thin, and I have to say this caused some real concerns as to what might happen should a war take place. Fortunately, almost all of the worst scenarios, in terms of a humanitarian crisis in Iraq, did not take place, and so we didn't have to have the infrastructure to do an immediate response, but you never can predict. You can never predict.

At the heart of all humanitarian relief strategies are two essential imperatives – as I said earlier, saving lives and reducing suffering. This should not be done primarily through the importing of humanitarian relief commodities, such as food and medicine, but through the strengthening of traditional coping mechanisms in the population. While donated commodities can supplement this effort, it is immediate rehabilitation programs that yield the most productive results and encourage self-sufficiency.

There will be a tendency, because Cuba is so close and there are so many Cuban-Americans and people who care about what happens in Cuba, for people to empty their medicine chests and send a lot of expired drugs, blankets, and that sort of thing. That is really not what we need, I have to tell you. What we've learned is the faster we can move from the humanitarian relief phase, the emergency response phase, into immediate rehabilitation, the better off Cuba will be in terms of its longer term development.

Secondary objectives may also be added to the mission; yet, it is essential that we do not compromise the primary mission of saving lives and reducing suffering. It is important to remember that the more chaotic conditions become, the more you can expect the law of unintended consequences to take hold. Plans that are poorly designed, rather than improve a situation, can sometimes exacerbate a crisis worsening the people's suffering.

That said, there are several secondary objectives that should be considered in Cuba's case, provided, of course, that they do not compromise the essential task of saving people's lives.

The first: We should try to discourage internal population movements within the country during a transition through media broadcasts and the rapid establishment of humanitarian aid efforts in rural areas, in small towns, in order to reduce the incentive to move to the cities. The reason is this: People on the move during an emergency, according to research we've done over a period of years, are at much greater risk from violence, communicable diseases, and acute malnutrition than they would be if they stayed in their homes.

The second is to support a democratic transition through the relief effort itself, as we have done in Afghanistan, by having relief organizations work closely with local governments and with transition governments, so that the public credits the new government with an improvement in conditions.

The third is to encourage the building of civil society and democratic pluralism by having relief organizations work with emerging local institutions or churches to administer the relief. This joint work should be designed to build local capacity in running programs.

Finally, to design relief programs so that they help prepare society for long-term development is very important. We call this the relief to development continuum. For example, in Afghanistan, we did food for work programs in the middle of a famine relief response that were very helpful in beginning to rehabilitate the agricultural sector. In other words, we used food aid to do food-for-work to restore the irrigation systems in much of the country, and that helped restore the agricultural system, while also preventing a famine.

Of course, we cannot know for certain what Cuba's needs will be until a thorough humanitarian assessment is completed. Given the highly politicized nature of Castro's government, as I said earlier and want to repeat, I would not rely on the statistics they produce.

The best people to do these humanitarian assessments – I have a bias in this because I used to run the office – is USAID's Office of Foreign Disaster Assistance (OFDA). While the United Nations or Red Cross could do them, too, political pressures sometimes distort, particularly in Cuba's case, what some of those assessments might say. That does not mean they shouldn't do the assessments, but we need to do them together.

A good assessment will calculate Cuba's food supplies, the nutritional status of children, shelter requirements, agricultural production, water, sanitation, and the medical and microeconomic situations. From that would come a series of specific programs and recommendations that the United Nations' agencies, the NGOs, and donor aid agencies would carry out.

Accepting media accounts or reports from nontechnical people is simply a shortcut to disaster. I can tell you many, many stories from emergency responses where this happened. For example, on the front page of the *Washington Post* – this happened during the Kurdish emergency in 1991 – they reported a meningitis epidemic. In fact, there was no meningitis. There was a cholera epidemic, which does not require immunizations. It requires soap and clean water to prevent the epidemic from spreading. And we were about to send, because of pressure from Congress, because of this article on the front page of the newspaper – it's one of my favorite stories – the wrong response because the disease was improperly reported by a newspaper, and people believed what was in the newspaper.

Reporters are not scientists. They're not medical doctors. They're not public health experts. I don't expect them to understand what they see and understand the response to it. And so we need to make sure we do proper assessments by technical people.

A good assessment will help in doing the longer-term response in a responsible way. Given Cuba's long nightmare with Marxist economics, a micro-economic study will be of particular importance. Micro-economics, frequently in unstable situations, can stimulate or retard violence, depending on how those forces move. That is where we can look for the causes of malnutrition and starvation, the relationship of family income to food prices, the vitality of local markets, and the impediments to the development of more efficient markets. There is a direct relationship between the micro-economic situation (the cost of food and the economic forces at work at the local level) and people's ability to survive.

The Cuban people have used four traditional coping mechanisms to survive the double disasters of Marxist economics and the loss of Soviet subsidies. I'm sure you all know this. The one that's most important is remittances from abroad, particularly from the United States. The others are a return to the countryside to grow food, which has been happening at an elevated rate in the last few years; direct humanitarian aid; and the tourist industry. The problem is that many people in the country do not have access to any of these coping mechanisms.

I would like to conclude now with some recommendations that we are actually implementing:

- First, efforts should continue to encourage Cuban-American charities to develop stronger operational relationships with U.S. NGOs that are skilled in emergency response and to register with AID. A domestic charity that does not register with AID is going to have trouble getting money from AID later on. In this way, they can learn NGO governance and programming standards from the way in which AID does its grant-making processes. I know that the Cuban Democracy Support Group, the Miami Medical Team, the Cuban Council, and other Cuban-American NGOs have registered with us, but it is important that others do so as well.
- Second, we should begin developing four tracking systems, which will be critically important: Nutritional surveys of children under five – the CDC (Centers for Disease Control), by the way, is the preeminent authority in the world on these tracking systems, – morbidity and mortality tracking, food market survey prices – there are a number of NGOs that do a very good job of tracking these prices,– and household surveys of family food stocks.

Let me tell you why these tracking systems are important. The first two tell us whether the nutritional situation is deteriorating. The second, on morbidity and mortality tracking, will tell us if there are epidemics that are spreading across the country as the systems collapse. The market surveys for food will tell us whether a food emergency is beginning. We can tell by market prices. If there is a dramatic rise in market prices of food, which is where people get their food, particularly in urban areas, over a very short period of time, famine conditions will develop. That is what causes, in many emergency situations, mass starvation.

In Somalia, for example, in 1992 in the spring, in a three-month period, food prices went up by 700 to 1,200 percent in urban markets. A quarter of a million people died as a result, in addition to the chaos, which is, in fact, one of the reasons the prices went up. There's a direct relationship between people's ability to cope with an emergency situation and the prices of food in the market.

If the food security systems deteriorate, children will be most at risk earliest in the emergency. They are always the most vulnerable, and we should plan a mass immunization program for children under five. I understand that Cuba has a reportedly high rate of childhood immunizations. However, the quality of those immunizations may be weak, as has been the case of other nations that were formerly in the Soviet bloc. The quality control and the manufacture of the serum for immunizations in Eastern Bloc countries were remarkably bad. And so, just because kids were immunized, we should not assume that they are, in fact, getting the protection they would if the serum were administered from a better source. I don't know how they produce these medications in Cuba. If they are importing them from abroad, they are probably in better shape. If they are producing them locally, there may be a problem.

- Once a transition has begun, the interim government should commission NGOs to manage large-scale public works projects, using day labor or food-for-work to get money into people's pockets. The success of these programs can be a very important deterrent to young men who might otherwise turn to crime or join paramilitary militias. One of our major focuses in AID and the CPA [Coalition Provisional Authority] in Iraq is, in fact, production of these sorts of jobs to get people off the streets, particularly young men.
- Similarly, every effort should be made to keep all of the public schools open. Now, this is not just for education purposes. It is in order to keep order in the society. The worst thing that can happen in society is to take kids, aged from 6 to 18, and put them out in the street by shutting the schools down. It will create a public safety problem and create a severe problem of order and structure in their lives; they will be at risk, and the society will be more chaotic. So, to the extent that we can keep the schools open and not close them or, if they are closed, open them quickly, it will be very important to public order and to protection of children. It's also a much easier way of making sure they're all fed properly and that we can do nutritional surveys properly.
- We know, in a lot of emergency situations in urban areas, that urban gardens can be a very important way of people feeding themselves. And it's a given that Cuba has the right climate for this – it is harder in North Korea or in a cold climate. Cuba has very good soils, and it has a good climate, and so some effort to use this as a coping mechanism until the economy would be stabilized and jobs produced is one way of protecting food security.
- And, finally, if food prices exceed the ability of ordinary families to pay for food in the markets, particularly in urban areas, a careful food monetization program should be introduced. Now, I said this with respect to Afghanistan, and some people in the agriculture industry in the United States thought I was trying to get AID to regulate international markets, but that is not what we're talking about. We're talking about local markets in a discrete area. If prices rise too rapidly, as I mentioned before, as they did in Somalia, there need to be interventions by auctioning food off to get the prices down to a normal level, a more international level of price supports – not permanently, simply to get us through the crisis period.

We have a number of excellent speakers today, and I'm sure you will have many useful suggestions from them during the conference. Many of these ideas will be published and help shape the recommendations that Secretary Powell will make to the President on May 1st, 2004, on behalf of the Commission for Assistance to a Free Cuba.

The Secretary has no illusions about Fidel Castro. He asked me this morning about this meeting, and he's monitoring what we do. He reads. He's a voracious reader, and so don't be surprised if he reads these proceedings.

As Secretary Powell has written himself, "There are courageous individuals in Cuba who are working daily and heroically against great repression to bring about the institutions and practices of a civil society. The United States will do all it can to encourage them and promote a peaceful transition to democracy."

And I can tell you that we will be there to provide leadership and assistance, operationally, in our effort to carry out the Secretary's and the President's instructions.

Thank you very much for inviting me.

The Cuban Health System: Capabilities and Realities

Alfredo Melgar García del Busto

The situation in Cuba has gotten worse lately, including the public health system. However, those of us born and raised in Cuba under its communist government know that the real reason for the country's deteriorating situation is the poor administration exercised for 44 years by Cuba's bureaucrats.

As a doctor who graduated in Cuba and left the country just a short time ago, I had the opportunity to observe and endure the grave errors and mismanagement of the country's public health system by those directing it. Castro's government in 1959 inherited a health system that, despite some problems, was notably superior to those in most countries of Latin America. Cuba's statistics per thousand inhabitants regarding life expectancy and number of doctors was only surpassed by the United States and Canada.

It is important to note that in 1959, the number of doctors in Cuba was, among many others, higher than countries such as France, England, Japan, Spain, Holland, Uruguay, Belgium and Chile. Cuba's infant mortality rate was lower than most countries in Latin America.

When Castro took over Cuba, doctors' private practices were immediately destroyed, together with the common practice of private clinics and membership-driven associations, which were the backbone of Cuba's health system. Great numbers of Cuban doctors, disenchanted with the realities of the time, emigrated to the United States. In Cuba, political affiliation became more important than medical knowledge or talent.

Many of Cuba's experts in the field of medicine were released from their duties and replaced by individuals loyal to the new regime. Many of these people were incompetent and unable to administer the country's health system. In the hospitals and other areas of Cuba's health system where I worked, I met many of these people. It was obvious that they were learning by trial and error, constantly improvising. They were the dictators of the new health system. This included Fidel Castro, who, without any medical expertise, has made decisions impacting the country's health system.

As a result of the significantly lowered number of doctors in the 1960s, thousands of doctors were trained in Castro's medical schools, as countries often do with soldiers in times of war. The indiscriminate number of medical graduates saturated the economic possibilities of each doctor, which affected their chances for employment. Until recently, the average annual number of graduates was close to 3,000.

From a statistical perspective, this may be seen as a health system accomplishment; however, in reality it is the opposite. Quality and fulfillment of medical needs should be the standard used to measure a country's health system, not simply the statistics that are usually used to measure the Cuban system. I know many doctors who work as bureaucrats in positions of no importance at all. The same may be seen in hospitals and clinics, where you find a redundant number of doctors and health-related specialists performing the same tasks, draining the country's centralized economy.

The number of doctors, nurses, and hospital beds in Cuba per thousand inhabitants is superior to those ratios in many more advanced countries. The same applies to the "Family Doctor Program." This program has been used by the government as a propaganda tool, resulting in frustrated doctors without motivation or interest in their patients.

When we analyze bureaucratic and administrative positions in Cuba's health system, we see percentages between 21 percent and 24 percent of total expenditures. The normal rate should be between 6 percent and 9 percent. These numbers are a clear sign of the mismanagement of the health system.

The abuses of the system come not only from those who manage it, but also from those who use it. A "free" medical system without proper controls has led the population to use it indiscriminately, often becoming a social visit, taxing it to such a point that the newspaper *Granma,* the official voice of Cuba's Communist Party, has written very critical editorials about these abuses.

The number of ambulatory services in Cuba is higher than those in the United States and Canada. As a doctor who served in many of these hospitals and clinics, I saw the waste in these facilities and the unreasonable number of visits by patients. These patients were often pressured by the system's bureaucracy to use treatments and facilities designed to meet statistics set by the government. The goal was to achieve fictitious numbers in order to advertise Cuba's health system as a "world medical power," regardless of the costs involved. Other areas of the economy were intentionally overlooked, compounding the other problems of the country.

How can one explain that a country that expends 12.9 percent of its GNP in the health system for so many years lacks even the most elemental medical resources in many of its facilities? Where do we now find the 300 million rubles received by the Cuban government [from the Soviet Union] in medicines, vaccines, and medical equipment?

The excessive dependency on the Soviet Union and other members of the Eastern European socialist bloc has affected Cuba's inefficient health system tremendously since their collapse. This inefficiency extends itself to all areas. We remember well the treaty Cuba and Brazil signed in 1989, involving the purchase of US$100 million of anti-meningitis vaccines. Poor quality and inefficiency were reasons for terminating the agreement; eventually, the Cuban-made vaccine was disposed of.

If the constantly mentioned embargo were a reason for Cuba's deteriorating health system, how can one explain how well it works for the tourists who visit Cuba to enjoy its "health tourism," while the average Cuban citizen lacks most of the fundamental medicines and equipment available to the medical establishment? Is this embargo, then, a selective one, only affecting the average Cuban citizen? As a doctor, many times I felt ashamed when visiting hospitals such as Cira García Hospital, Hermanos Amejeiras Hospital, or the well-known Center for Rehabilitation at Topes de Collantes in Sancti Spiritus province, where citizens of other countries and the upper echelon of the Cuban government and their families enjoyed the use of the most advanced equipment available in the medical field.

While these injustices were taking place, I could not help remembering the struggles of my Cuban brothers in other parts of the country, where I served as a doctor to combat lice and hepatitis epidemics, among others, because of the poor sanitation facilities prevalent within

the population. It was hard for me to have the means to cure a simple lice epidemic, while in the hospitals previously mentioned, one could find plenty of antibiotics, interferon, and advanced medical technology, such as CT Scans, MRI machines, and many other state of the art equipment.

During 1991, thousands of Cubans suffered an optic nerve illness common when certain vitamins are lacking in a person's diet. It is hard to explain this taking place in a country where food is grown that contains those vitamins. These crops were exported to other countries to obtain the hard currency the country does not have because of its inefficient centralized socialist economy.

The Real Embargo

Outsiders often summarize Cuba's health system problems by blaming them on the United States' embargo, when in reality the failure is due to the real embargo Fidel Castro and his communist dictatorial apparatus have been imposing upon the population for the last 45 years.

Recommendations for the Future of Cuba's Medical System

1. Terminate the discriminatory "dual system" presently visible in Cuban public health.
2. Control as soon as possible the serious sanitation and epidemiological situations on the island.
3. Reorganize the excessive number of doctors trained over the last 40 years, while improving their level of scientific expertise.
4. Reestablish doctors' freedom to run private practices, while serving state-funded social medicine, or both.
5. Structure the health system for efficiency, both at the administrative and doctor/patient levels.
6. Equip hospitals, clinics, and other medical facilities with advanced technology to offer higher quality in diagnosis and medical attention.
7. Improve the nutritional status of the Cuban population, especially that of pregnant women and children.
8. Create an effective emergency response capability, with paramedics trained in emergency medicine, to increase the survival rate for accident victims and those suffering from acute illness.
9. Launch an exhaustive social program to modify the practice of indiscriminate abortion on the island.
10. Ensure that assistance offered to foreign nations is truly humanitarian and medical in nature.

Vulnerabilities and Strengths in Cuban Public Health

Richard Garfield

Introduction

Cuba is arguably the Latin American country with the lowest infant and maternal mortality rates, the highest doctor-to-population ratio, and the highest rate of coverage of public health services. It is also a highly impoverished country, with an estimated gross domestic product (GDP) per capita far below the regional average and its own historical levels from a decade ago. Despite its apparent stability, the Cuban health system is undergoing major changes and will face more in the near future, apart from any changes in political leadership. Thus, while Cuba has a proven track record of greatly reducing human suffering during natural and economic disasters, its very success in maximizing the utilization of scarce resources creates a precondition for humanitarian crisis if a period of disorganization or further economic decline were to occur in the years ahead.[1]

Economic Conditions Affecting the Health Sector

For nearly three decades Cuba was a member of the Soviet trading bloc COMECON (Council for Mutual Economic Assistance). This provided stable markets and protected prices for Cuban products, which assured the primacy of the state in the Cuban economy. During 1970-1986 the economy grew at an average annual rate of 4 percent. It slowed during the late 1980s and declined precipitously during 1989-1993. GDP declined by 35 percent in those first years of what Cubans now call the 'Special Period in Peacetime.'[2] The economy grew by about 10 percent from 1993-1996 and has inched upward since. GDP changes were higher than some former Soviet states, but lower than others. (See Figure 1.) Traditional exports of sugar and nickel remain low. Economic growth in these years was mainly due to an expansion of a private internal market for food and services, international tourism, remittances from family members, labor performed by Cubans working outside the country, and the sale of biomedical products.

At the beginning of the economic crisis of the Special Period, it was planned that the health system would lose up to 30 percent of its funds. In fact, the emergence of an epidemic of optic neuropathy in 1991 resulted in excess spending for the health system. Peso budgets, however, obscure a serious decline in the purchasing power of these funds. (See Table 1.) Before the Special Period, the peso was pegged at a fixed exchange rate of one to the dollar. During 1992, the black market value of the peso fell to 120 to the dollar; by 1997, it had recovered to 22 to the dollar. Loss of purchasing power of the peso gutted salaries and affected ministry budgets. Its main impact was to make imports, such as medicines and spare parts, far more expensive. By 1992, the curative health system began to look like an empty shell of its former self, with ample buildings and personnel but without equipment or medicines with which to work. This situation has only been partially attenuated.

Physicians are prohibited from engaging in private practice but earn only about the equivalent of US$20 to $30 per month. Tips income for maids in tourist hotels is higher. The health sector, more than any other, depends on hard currency imports. Impoverishment of the country has deeply scarred the curative health system and created pent-up demand, which operates like a pressure cooker among health professionals and the population in general.

The health sector consumed about 8.6 percent of the gross national product by 1996. This was about twice the proportion of the GNP consumed by the health sector at the beginning of the decade and a higher proportion than in most developing countries. This figure also does not include all aspects of the health system, such as construction, research and development, and training. It also undervalues the importance of imports, a particularly important input in countries with poor rates of exchange.

Changes in the value of goods imported for the health system closely mirror the economic fortunes of the country. In 1989, Cuba imported $227 million in health-related goods. (See Figure 2.) Part of this value was in-kind or exchange goods as part of COMECON contracts. These nonmonetary estimates disappeared after 1989 with the loss of socialist trade relations. By 1993, this value had fallen by about 70 percent, to $67 million. Subsequent modest economic recovery led to imports of $127 million in health goods in 1996, still 40 percent lower than in 1989.[3] Yet, even these reduced dollar inputs were worth double all the peso inputs to the system at current black market rates of exchange.

Organizational Reforms

The one-party system leading Cuba for more than 40 years has proved extremely flexible in responding to crises. The most dramatic change in the 1990s was legalizing the de facto dollarization of the economy. Since the early 1990s, imported goods as basic as cooking oil, salt, and many medicines have only been available for purchase in dollars. Private enterprise, employment in the tourist sector, or remittances from family members living outside Cuba used to be treated with suspicion or worse. Now, some of these nonsocialist activities are tolerated or encouraged. About 15 percent of workers earn some dollars in Cuba, 3 to 4 percent of Cubans work on contract outside the country, and 15 percent more receive remittances from family members in other countries.[4] In all, close to half of families have direct access to dollars. Under the watchful eye of the Communist Party and with heavy taxation and regulation, markets reemerged in Cuba, foreign firms invested, and a petite entrepreneurial class of Cubans emerged in the 1990s.

Under socialism, everyone was guaranteed a job, and hidden unemployment usually did not exceed 10 percent of the population.[5] By 1995, about 45 percent of the economically active population were de facto unemployed. New jobs exist almost only in the small-scale private service sector of 110 legalized fields of self-employment or via work for a foreign firm. Two hundred twenty-five foreign companies signed contracts to provide $2 billion to reactivate the Cuban economy.[6] The state used to directly control more than 95 percent of all economic activity. The state now probably accounts directly for around half.

Rationed goods sold at heavily subsidized prices in the 1960s and 1970s provided for nearly all basic needs. Abundance of food and other basic goods by the 1980s reduced the

need for the ration, and about half of all basic goods were sold off the ration. The role of the ration has changed a great deal in the special period. Although food and other essentials are scarce, the ration now provides for less than half of essential goods, and they are not always available. For the first time since the Cuban Revolution in 1959, some people have enough money so that they don't seek rationed goods, while others depend on those goods more than ever. Although calories available from the ration are down, average calorie consumption has gone up, along with inequality of their distribution.[7]

Clearly, the social and economic rules have already changed. The health system has been modified to respond to these changes in several ways. First, a tax system has been reestablished to take in resources from the private sector and to fund public goods, including health. A recent policy document on health finance stated, "As a result of the necessary measures to adopt our economy to the realities of the real world, some sectors (of the population) have higher incomes than the rest. Social services will not be used to redistribute this income as this would introduce deformities and privileges that are incompatible with the principles [of the revolution]. . . . This is the place for the tax system, so that he who has more income provides more to the finance of the State."[8]

A second source of new funding for health is domestic and international donations. Outside the tax system, appeals to workers in privileged sectors, such as tourism, have resulted in millions of pesos' worth of donations. Union members pool tips and make monthly decisions about their distribution to each worker and donations outside their sector. Sometimes profitable state or private firms also adopt a particular hospital or school and provide ongoing support.[9]

In the 1970s and 1980s, Cuba provided extensive international assistance via direct domestic health services, training of foreign doctors, and medical teams sent overseas. This international assistance was worth at least 10 percent of the health budget or $50 million per year. Cuba was so active in medical assistance that it was scarcely observed that there was little direct assistance to Cuba in health from other countries or international organizations. With the tightening of the U.S. embargo in 1992, MINSAP (Ministerio de Salud Pública de Cuba – Ministry of Public Health of Cuba) set up an office to facilitate the receipt of international donations. By the late 1990s, about $20 million in value was received each year as international donations. About $5 million came from UN-related organizations, $5 to $10 million in donation of goods from solidarity and religious groups in the United States, and the rest from European governments and non-governmental organizations.[10] At this level, international assistance provided for 9 percent of dollar spending in the health sector in the 1990s.

Cuba also developed a market for its health services and products in response to the Special Period. Investment in biomedical products was the third largest investment area for the economy in the early 1990s. MEDICUBA has 20 commercialized biomedical products that are sold internationally. There is now one government-run, dollar-generating hospital exclusively for foreigners. Many leading hospitals now have some wards or beds available for payment in dollars as well. Also, the Cuban government keeps 30 percent of the income of doctors under contract overseas. Together these entrepreneurial sources accounted for 13 percent of dollar income for health in 1994 and perhaps up to 20 percent today.[11]

The largest portion of dollars for health imports, 75 percent in 1994, was provided by cen-

tral government allocations. In order to protect these funds from international creditors, the Cuban government created an innovative arrangement to transfer funds directly from dollar-generating ministries to the MINSAP without passing them through the central budget coffers.

Decline of the Cuban economy resulted in decreased local funding, leaving the central government as the predominant provider of funds, as foreign currency became ever more key and scarce. This undesired centralization of funding was not associated with a move toward more curative care, as has occurred in many other countries. Like most developing countries, Cuba's health system in the 1980s, with an extensive network of modern hospitals, spent more than half of all funds on hospital care. The most advanced research hospital in the country at that time consumed about 10 percent of the entire country's health budget. The inability of the health system to maintain all aspects of specialty care during the special period, combined with the rapid growth of the family doctor system, led to a shift in favor of primary care. Primary care received about one-third of the health budget in the 1980s; by the mid-1990s, this had grown to half.

The Key Role of the State and Ministry of Health in the 1990s

Remarkably, the health system has focused its decreased resources so that maternal and child mortality rates, already among the lowest in Latin America, continued to decline. Only among those over age 65 did mortality rise. This rise was a steep 15 percent. (See Figure 3). Besides the deterioration of hospital services, most of the 'costs' of the special period have been paid by the doctors. The deterioration in medical incomes mattered little in the 1960s, when the ration provided most basic goods and rent and transportation and electricity were essentially free. But with the deterioration of the ration basket of goods and increasing charges for basic services, the standard of living for Cuba's enormous pool of doctors is approaching immiseration [unsupportability]. Distressing scenes of doctors moonlighting as prostitutes or selling food to patients during rounds are expressions of this situation. Furthermore, MINSAP is unable to offer much in the way of professional incentives to doctors, such as continuing education programs, participation in international meetings, or technical equipment. Deteriorating hospitals and impoverished physicians present the greatest limitations to the health system in the special period.

Universal access and state finance for all health services can only continue if all doctors are publicly employed. Indeed, while nurses and others are now permitted to operate small businesses or work in the tourist sector, physicians by law cannot. Cuba will face problems of health sector financing for an extended period; even if the economy grows by 5 percent per year, it will take more than a decade for the GDP to return to the level prior to the Special Period. At that time, the treasury will still not have access to funds like those that were available via subsidies from the Soviet Union, which facilitated the growth of cradle-to-grave benefits. As an expression of success of previous social investments, the population above age 65 has begun to expand rapidly, and the social security system is already in financial crisis. The elderly will make increasing demands on the health system in the years ahead. Further reforms in the health system are needed to promote cost savings and regain efficiency in order to preserve its financial viability and resolve the grave problems facing doctors and hospitals.

A greater modification in the system would be to permit doctors to open private practices.

With the exception of a few older dentists, who had practices prior to the 1959 revolution, no private practice has existed for more than 30 years. Even discussion of the possibility of private practice is difficult to engage in; health leaders consider exclusive public practice as an essential characteristic of the system.

Yet de facto private practice already exists – with dollar contracts for Cuban physicians who work overseas, in dollar-paid services for foreigners in Cuba, and for doctors working for foreign firms located in Cuba. The growth of a class of small entrepreneurs in Cuba will likely raise the demand for fee-for-service dollar health services.

Deteriorating Health Outcomes and Organizational Reorganization

Early in the crisis of the Special Period, an epidemic of peripheral neuropathy occurred. This seriously debilitating condition [symptoms include weakness, numbness, paresthesia and pain in the arms, hands, legs and/or feet] was linked to nutritional deficits, predominantly among men. Once news of the epidemic spread, internal review showed that cases had been diagnosed for several months; early intervention with vitamin supplements could have prevented many of the subsequent 50,000 cases. This analysis led to a thorough review of the health information systems of the MINSAP. It was recognized that accurate, complete, and speedy reporting would be an essential tool to confront the crisis effectively. An overwhelming political commitment to modernize reporting systems was made in the midst of a chaotic decline in the country's international economic relations. This commitment was all the more remarkable as Cuba's information systems were, since at least 1974, already seen as among the best in Latin America. Contrary to comments in the paper by Andrew Natsios,[12] the Cuban health system has been largely open to international experts and transparent in the information it produces for decades. Several research efforts have carefully assessed the comprehensiveness and quality of the information produced, noting that the Cuban government did not suppress information on increasing mortality rates among infants in the early 1970s or among women and elderly people in the 1990s.[13]

The entire staff of the epidemiology section of MINSAP were changed, and a new entity, the Unit of Analysis (Unidad de Análisis y Tendencias de Salud – UATS) was created with some of the most skilled people in the country in the early 1990s. The UATS set about linking all local reporting units in hospitals and MINSAP regional offices directly to the national level via microcomputer and telephone. Weekly or more frequent reporting systems directly to this national office were established for the following:

- Traditional reportable infectious diseases
- Additional reportable diseases, including optic neuropathy and non-polio flaccid paralysis
- Access to essential supplies in the hygiene and sanitation systems, such as chlorine for clean water treatment and aluminum hydroxide for sanitation systems
- Hospital admissions by cause and age
- Deaths by cause and age
- Inoperative equipment and facilities in need of repair
- Shortages of essential medicines and reagents

This reporting is now routine for most local reporting units via modem connection.

Reports are accumulated in spreadsheets at the national level and made available to ministry authorities within 48 hours. An unusual outbreak, unexpected patient death, or critical medicine shortage is reported immediately to that office via telephone. Information is thus available for nearly immediate response and is a key element in the operative decision-making system developed, as described below.

A reduction in imports to the health system from $210 million in 1989 to $35 million in 1993 required judicious use of scarce resources and improved decision-making procedures among competing interests within and outside the health system. Vice-ministers meet together with the Minister of Health and a representative of the Ministry of External Commerce one time each week. Among the topics for those meetings is the presentation of resource needs of each branch of MINSAP. Vice-ministers vote to prioritize that week's allotment of foreign exchange. The priorities change, depending on the current greatest need and recent foreign exchange investments. The Minister of Health, then, repeats this process with other Ministries of the government in weekly inter-ministerial meetings, where projected foreign exchange resources are divided for consumption across sectors.

Access to medicines declined precipitously from 1989 to 1993, and supplies became irregular, depending on unstable access to foreign exchange, rapidly changing sources of purchase, and changing patterns of donation. With guidance from leadership at the central level, medical and administrative criteria on how to ration scarce supplies most effectively evolved. Whenever possible, lower cost, labor-intensive approaches substituted for commodity imports. The use of Cuban-produced herbal medicines or symptomatic therapy and acupuncture for anesthesia and therapy grew. Herbal medicines, previously discouraged by health authorities, became ubiquitous. Leading institutes sent practitioners to other countries for crash training and subsequently established research and training programs for practitioners throughout Cuba. Clinics and regions developed their own herbal pharmacopoeias in response to successes in local symptom management and patient popularity. These guides were reproduced on clinic walls for patient education and in mimeographed booklets for practitioners to consult. By 1995, most large clinics had herbal medicine gardens on site to assist in supplying their attached pharmacies.

The prescription of imported medicines and dosage schedules was reduced. In the years of greatest shortage in the early 1990s, this still left inadequate medicines for patient treatment. A dialogue developed from local to national offices and back again, on how short a course of antibiotics or when the switching of antibiotics in mid-treatment course could be clinically acceptable. Discussions of which individuals and groups not to treat when shortages were greatest emerged.[14] Some of the low priority groups to be identified were prostitutes, the elderly, and those likely to die, depending on the particular diagnosis and medicine shortage. These discussions were included as footnotes in the weekly reports sent to the UATS. At the household level as well, many families prioritized resources for children and pregnant women, often at the explicit expense and with the support of the elderly.

In hospitals, decreased availability of medicines and lab tests meant that patients were treated more slowly. The average length of stay in a hospital, which should have fallen with the expansion of access to community-based primary care in the late 1980s and early 1990s, failed to occur. Even those patients who were stabilized medically were often kept in the hos-

pital additional days for observation, in case the condition worsened when transport and medicine availability outside the hospital could not be assured.

Hospitals, thus, increasingly took on the character of nursing homes, with a great deal of supportive care and observation but decreased medical intervention. A costly expansion and upgrade of the country's ambulance system was done to improve emergency treatment and patient transport in the 1990s. Physicians sometimes kept critical patients in ambulances overnight when they offered better conditions for curative care than the hospital to which patients were to be transferred.

A subsequent upgrade in intensive care units was initiated in 1997 to redress this imbalance. Once new equipment and a stock of medicines were provided, ICUs started to function like hospitals within hospitals, where all serious cases were placed, whether critical or not. This was especially the case for children, the highest priority treatment group.

In addition to a very strong focus on equity in Cuba, governmental ministries promoted a complementary focus on vulnerable groups. Following international expert recommendations in health, social welfare, and education, and supplementing these with an appeal to Cuban values and local data, the groups receiving the most focus or additional resources were children, pregnant and lactating women, those with chronic illnesses, and the elderly. Indeed, the only groups not focused on for their special vulnerabilities in a time of economic crisis were adolescent and adult males. Stepped-up attention took a variety of forms. The most important area was probably that of nutrition.

Nutrition Systems

Existing social welfare institutions were greatly expanded to assure support for vulnerable groups. These included, most importantly, a doubling in the number of day care centers and pre-delivery care centers for pregnant women. A major goal in this expansion was to provide an extra meal to women and children each day. Physicians went door to door, counseling families about the special nutritional needs of women and children, and provided an increase in the number of pre and postnatal visits to monitor weights and weight gains, among other things. The average number of medical encounters from the first trimester of pregnancy to the first birthday anniversary for the newborn became a remarkable 26.

About half of all protein and calories intended for human consumption were imported by Cuba in the 1980s. Importation of foodstuffs declined by about 50 percent from 1989 to 1993, and per capita protein and calorie availability from all sources declined by 25 percent and 18 percent, respectively, from 1989 to 1992. Only about 1,200 calories are available from low-cost rationed distribution. The shortage of calories is exacerbated by the high proportion of all calories from refined sugar, which increased from 18 percent in 1989 to 26 percent in 1992.

The nutritional situation continued to decline until unrestricted agricultural markets opened in late 1994. This private sector is estimated to provide about a 10 percent caloric supplement to the population. Children, women, and the elderly have been targeted for protection from nutritional deficits through rationing, public health education, workplace and school-based feeding programs, and the promotion of urban gardening. As a result, sentinel site data show that the burden of calorie, protein, and micronutrient deficits falls predominately on adult men, whose caloric intake fell from 3,100 in 1989 to 1,863 in 1994.

The proportion of newborns weighing under 2,500 grams [5.5 pounds] rose by 23 percent, from 7.3 percent in 1989 to 9.0 percent in 1993, reversing 10 years of gradual progress. (See Figure 4.) Virtually all of the country's 150,000 annual births occur in health institutions. The fall in birth weights occurred despite a decline in other risk factors for low birth weight, including smoking, high fertility, and births to women under age 20. Presumably, the rate of low birth weights would have risen far more if preferential rationing and supplemental food programs had not been in place. Although enrollment in supplemental feeding programs at maternity centers tripled from 1989 to 1992, food was still lacking, and weight gains remained poor. Moreover, the ability to provide such supplements has been declining. Guaranteed daily milk rations previously reached all children through age 13 and all those over age 65. Since 1992, however, these rations have been provided only to children up to age 7. More foods are now being procured by sending women to eat at nearby workers' cafeterias, setting aside milk and eggs from nearby state farms, and generating dollar donations from workers in tourist industries.

This stepped up monitoring and consciousness-raising proved to be insufficient in the early 1990s to arrest a rise in low weight births in the context of the overall calorie shortage. Physicians began a regular schedule of monitoring weights at initiation of pregnancy and weight gains during pregnancy; they were advised that it was to become a medical responsibility with extraordinary powers to assure adequate maternal weight gain. Among their tools was the power to assign a local resident to eat a free meal at a local workplace each day or to assign a cow at a nearby state farm to provide milk exclusively to his pregnant patients. Failure to achieve a high enough level of weight gains among pregnant women in the doctor's catchment area became grounds for dismissal.

Data on weight and weight gain among pregnant women are routinely collected by clinicians and analyzed by provincial Ministry of Health authorities. From 1988 to 1993, the percentage of women with inadequate weight at pregnancy rose by 18 percent, from 7.9 percent to 9.3 percent, and that of women with weight gains of less than 8 kilograms [17.6 pounds] during pregnancy rose from 5.3 percent to 5.8 percent. Anemia affected about half of all children and adolescents and half of pregnant women aged 15-45 in the 1990s. Rates of anemia this high had not been seen since survey data were first collected in the early 1970s.

Undernutrition is the major risk factor associated with an epidemic of optic neuropathy, which has affected more than 51,000 people since 1992. Since late 1992, the entire population has been provided with monthly vitamin supplements to protect against this disorder. These vitamins are distributed door to door by family physicians. The few new cases diagnosed each month occur predominantly among those who fail to take the supplements.

The combination of bureaucratic, educational, ideological, and medical means to provide nutritional action resulted in a reversal of normal trends: while children remained overweight on average in the country as available calories declined by 25 percent, women slimmed down to recommended weight levels and men became the only group to systematically become underweight. So successful was the redistribution of calories at workplaces and homes that men, for the first time, became the vulnerable group. Their nutritional deficits, combined with prevalent use of alcohol and tobacco, were strong predictors for the B-vitamin associated epidemic of peripheral neuropathy mentioned earlier. Nearly all cases occurred among men.

Cuba's economic decline in the 1990s resulted in a reduction in the materials and products needed to ensure clean water. From 1990 to 1994, the proportion of the population with domestic water connections declined for the first time, from 83 percent to 81 percent in urban areas and from 30 percent to 24 percent in rural areas. During the same period, the portion of the population without access to potable water increased from 10 percent to 12 percent. The country's ability to produce chlorine declined, reducing the population covered by chlorinated water systems from 98 percent in 1988 to 26 percent in 1994. During the first week of July 1994, only 13 percent of the country's 161 municipal water systems were chlorinated. Mortality from diarrheal diseases per 100,000 population rose from 2.7 in 1989 to 6.8 in 1993. International donations and imports subsequently made up for the deficit in chlorine production, so that during the first week of July 1995, 87 percent of the municipal water systems were chlorinated.

Poor nutrition and deteriorating housing and sanitary conditions were associated with a rising incidence of tuberculosis, from 5.5 per 100,000 in 1990 to 15.3 per 100,000 in 1994. Cuba had a serious housing shortage in the 1980s and has built almost no residential housing since. Consequently, 15 percent of the country's housing stock is in poor condition, including 1,000 homes that collapsed in Havana in 1994 and 4,000 more that are in a precarious state today. Medication shortages were associated with a 48 percent increase in tuberculosis deaths from 1992 to 1993. And from 1989 to 1993, these conditions were also associated with a 67 percent increase in deaths due to infections and parasitic diseases (from 8.3 to 13.9 per 100,000 population) and a 77 percent increase in deaths due to influenza and pneumonia (from 23.0 to 40.7 per 100,000 population).[15]

Lack of fats formerly imported from the Soviet Union resulted in a severe shortage in soap and soap products. Yearly per capita soap distributed via rationing in 1993 and 1994 amounted to four small bars. Soap substitutes are made with caustic soda and other chemicals not normally found in the home. These chemicals cause burns and poisonings, which were extremely rare before 1989. From 1989 to 1993, deaths from unintentional poisonings jumped from 0.4 to 1.1 per 100,000 population. During the week of June 13, 1994, six cases of unintended esophageal burns were reported to the epidemiologic surveillance system. Three of these were caused by caustic soda; the other three were caused by kerosene, which is commonly used to light homes during electricity blackouts. Inability to procure appropriate receptacles and the lack of appropriate labeling for homemade products both contribute to this problem. In November 1994, a large stock of homemade soap was sold throughout Pinar del Rio province in used rum bottles. Within a week, five cases of esophageal burns resulted from its accidental ingestion, and the Ministry of Public Health recalled the product.

Reductions in public transportation and employment have affected Cuba's morbidity profile. Motor vehicle-related deaths declined by 28 percent, while bicycle-related deaths rose by 78 percent from 1989 to 1993. An increase in small-scale, unsupervised agricultural and industrial production is responsible for new occupational exposures.

Total mortality per 1,000 inhabitants rose from 6.4 in 1989 to 7.2 in 1994. The increase was almost entirely due to a 15 percent rise in mortality among those aged 65 years and older, accounting for 7,500 excess deaths. From 1992 to 1993 alone, the death rate for influenza and pneumonia, tuberculosis, diarrhea, suicide, unintentional injuries, asthma, and heart disease

each rose by at least 10 percent among this older population. In all other age groups, mortality rates remained stable or declined.

From 1990 to 1994, the number of laboratory exams provided in the country's 273 hospitals declined by 36 percent, and the number of X rays declined by 75 percent. Cuba used to have an accessible national formulary of 1,300 products; in recent years this was reduced to 889, and at least one-third of these products are now unavailable at any time. Ambulance access has become scarce, as spare parts are increasingly difficult to obtain. Most ambulances were in working order in the 1980s; fewer than half worked in June 1994.

Optimization of many of the policy approaches used in Cuba during the 1990s depended, fundamentally, on physician acquiescence and the Ministry of Health control. It was the doctors who learned about and prescribed the herbal pharmacopoeia, determined how to ration scarce imported medicines, distributed vitamin pills door to door, and weighed pregnant women over and over again. Despite grumbling about their reduced technical status and despite a continuing prohibition against working privately, in medicine or in other fields, which condemns them to incomes far below a taxi driver or restaurant worker in the tourism sector, few physicians have stopped practicing medicine. This can partly be explained by the value systems that guide Cuban society. The strongly shared beliefs in equity and vulnerable groups puts great moral responsibility on physicians as the technical authorities for that system. Nearly all the physicians working in Cuba today were trained during the socialist government and imbued with an ethic of public service. Additionally, many leading physicians have worked in two- to five-year rotations in poorer developing countries, where they became accustomed to material limitations.

Potential and Management of Humanitarian Crisis

While there is a possibility of a humanitarian crisis in Cuba, it is difficult to imagine a scenario in which the crisis would be severe. The high degree of competence and skill of Cuban social sector administrators, easy access to imported humanitarian goods from 90 miles away in the United States, and the wide safety network of teachers, local political authorities, and health professionals have mitigated natural disasters quite effectively since 1963, the last year in which a hurricane or typhoon caused large-scale loss of life on the island. (See Figure 5.) There probably will be claims of crisis due to Cuba's proximity to the United States and the fund-raising potential such claims would generate.

If a humanitarian crisis does occur in Cuba, it will have several unique characteristics, compared with other middle-income developing countries. Crisis, at least initially, will not be due to poor utilization of essential goods but their absence. Cubans have already shown a remarkable ability to use scarce goods well; they are perhaps among the world's experts at this and, thus, are both less harmed and more vulnerable to shortages of key goods.

An effective response to crisis will be easier to mobilize than in most other countries. Proximity to the United States and habituation to very low levels of mortality will make the social definition of a crisis in Cuba at mortality levels that would still seem very good in some other countries in Latin America. And unique to Cuba, the existence of very good, very efficient, and very sensitive information systems, especially in UATS and the National Nutrition Institute, will make it possible to direct aid rapidly to the places where it is most needed.

This will be possible, however, only if physicians continue to staff health facilities and if those who organize humanitarian information systems in Cuba continue to work. High priority should be given to insuring these groups' good working conditions and protection to the extent possible from the inevitable politicization of the crisis.

NGOs and UN organizations already working in Cuba know these people, understand the value of their work, and are in turn highly respected as neutral advocates for the Cuban people. (See Table 2.) I echo Natsios' call to give priority to these groups as capable and trusted conduits for humanitarian assistance. Among such groups is our own Centers for Disease Control and Prevention (CDC), which has maintained some low level contact with the Cuban Ministry of Health since the neuropathy epidemic in the early 1990s.

Cuba has been able to respond to political and natural disasters in recent decades because of a strong tradition of community-level citizen participation. Such participation has been politicized by the Cuban government and will no doubt be politicized by Cuban-American groups trying to influence the country. Humanitarians must try not to be drawn into these battles, nor should they imagine that community participation is the same as democracy. Cubans will, over time, redefine civil society, but such a debate need not block efforts toward humanitarian protection.

Government has had a key role in maintaining a relatively high level of social equity – as Burkle wrote, "everyone is poor" – and at the same time focusing on vulnerable groups. These principles, useful for humanitarian programming, are closely identified with the current government and ruling party. Inevitably, increased freedom in the marketplace and decreased government control over people's lives will reduce equity and increase vulnerability among traditionally vulnerable groups. These issues of vision and values for Cuba's future will be worked out during crisis, as they have through several crises in recent decades, and will help define the direction of Cuba's future.

Table 1. Health Spending in Cuba, 1989 - 1996

Year	Peso Health Spending (Millions)	Peso Health Spending Per Capita	Spending as Percent of GNP	Spending as Percent of Total Gov. Budget
1989	1023	97	4.6	5.8
1990	1045	99	4.7	6.0
1991	1039	97	5.4	6.3
1992	1040	96	6.2	6.6
1993	1176	108	8.4	7.4
1994	1166	106	8.2	7.5
1995	1222	111	8.4	8/0
1996	1310	119	8.6	9.6

Source: MINSAP, *Políticas de salud actual* (Havana: MINSAP, 1997)

Table 2. NGO & IO Organizations in Cuba by Sector Activity

Agriculture and Food Security
CARE
Catholic Relief Services
Oxfam America

Business Development, Cooperatives, and Credit
CARE
International Aid
Oxfam America

Capacity Building
Catholic Relief Services

Political Relations
American Friends Service Committee
Oxfam America

Disaster and Emergency Relief
Church World Service
International Aid
Oxfam America
Stop Hunger Now
US Fund for UNICEF

Education and Training
American Friends Service Committee
Catholic Relief Services
International Aid
Operation USA
US Fund for UNICEF
Oxfam America
Physicians For Peace

Environmental Development
American Friends Service Committee

Gender Issues and Women in Development
Church World Service
International Aid
Oxfam America

Health Care
Catholic Relief Services
Church World Service
Global Links
International Aid
Operation USA
Physicians For Peace
US Fund for UNICEF

Rural Development
CARE
Oxfam America

Water and Sanitation
US Fund for UNICEF

Figure 1.

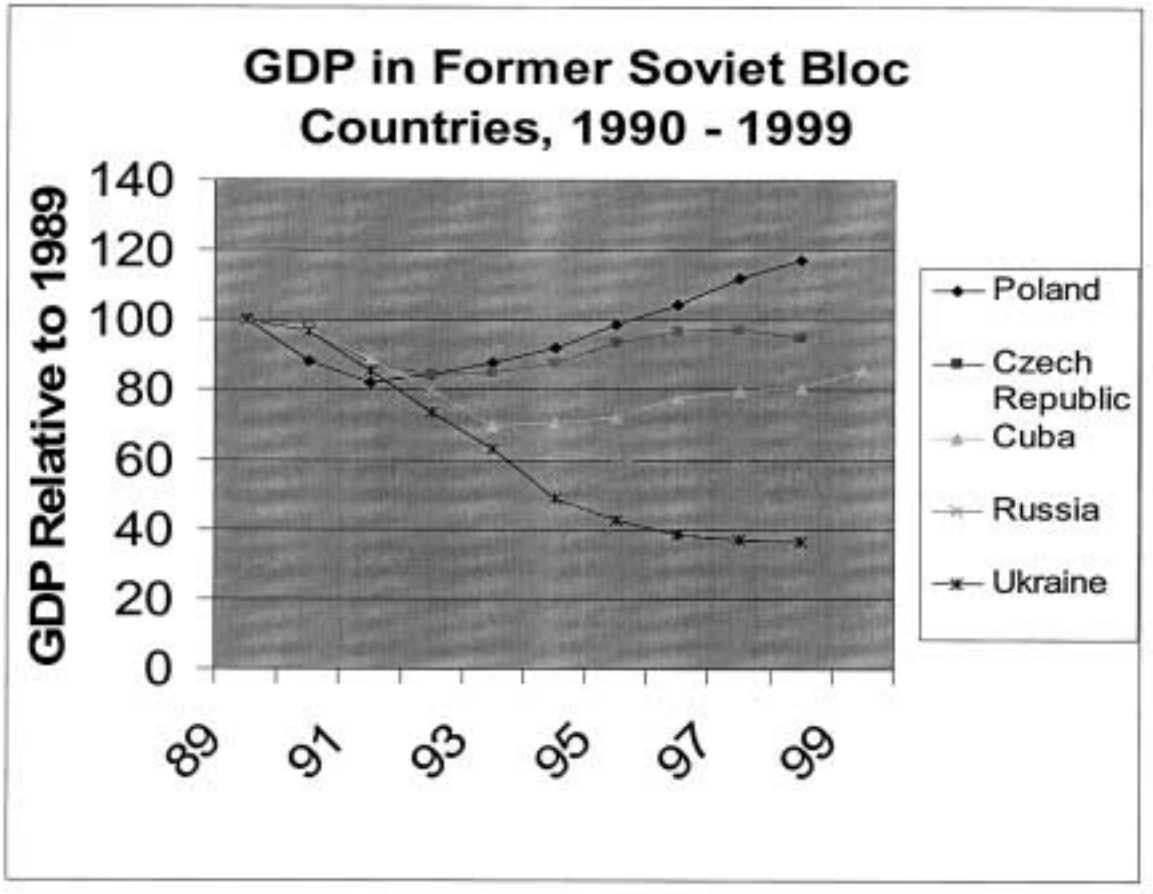


Figure 2.

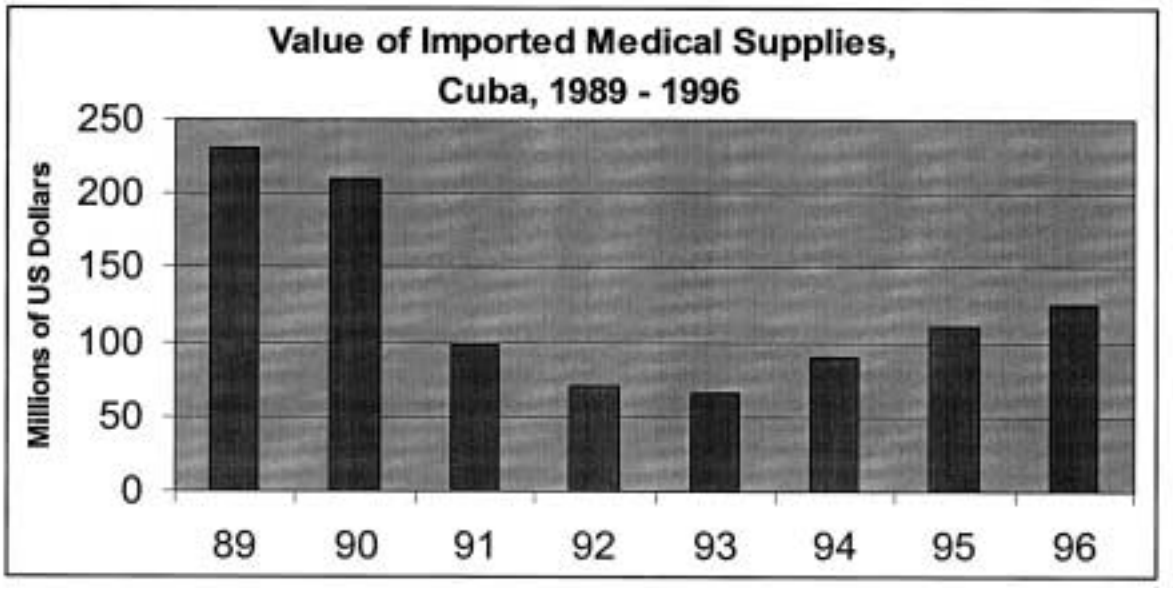


Figure 3.

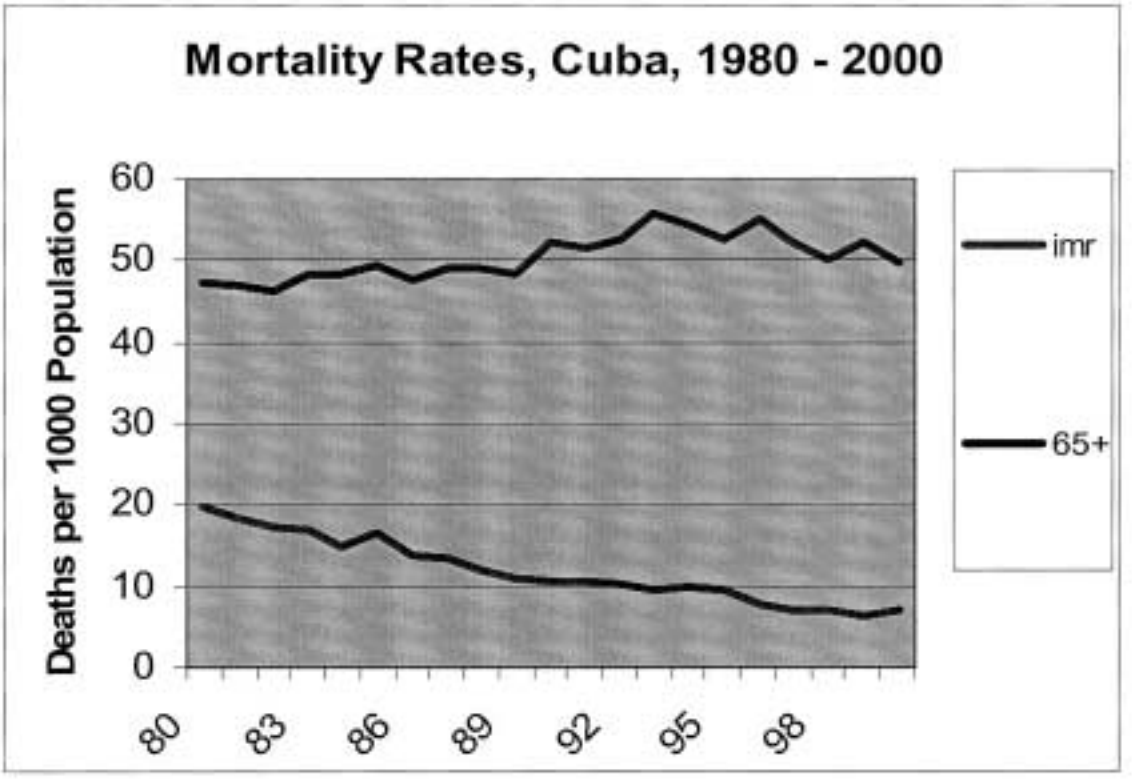


Figure 4.

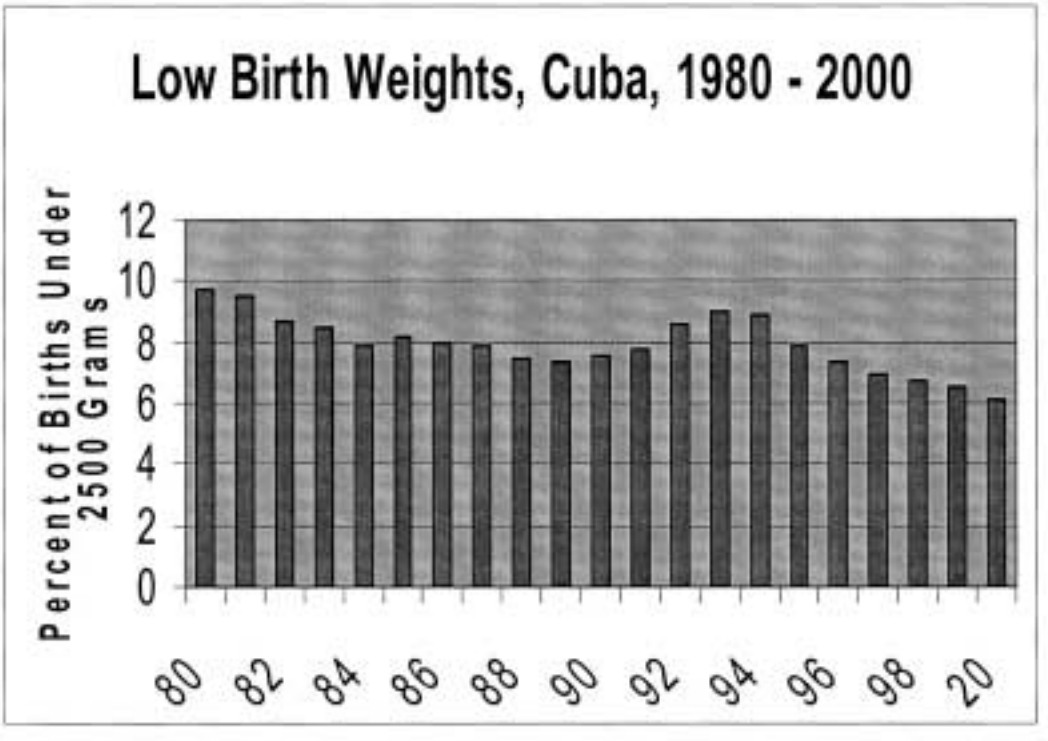
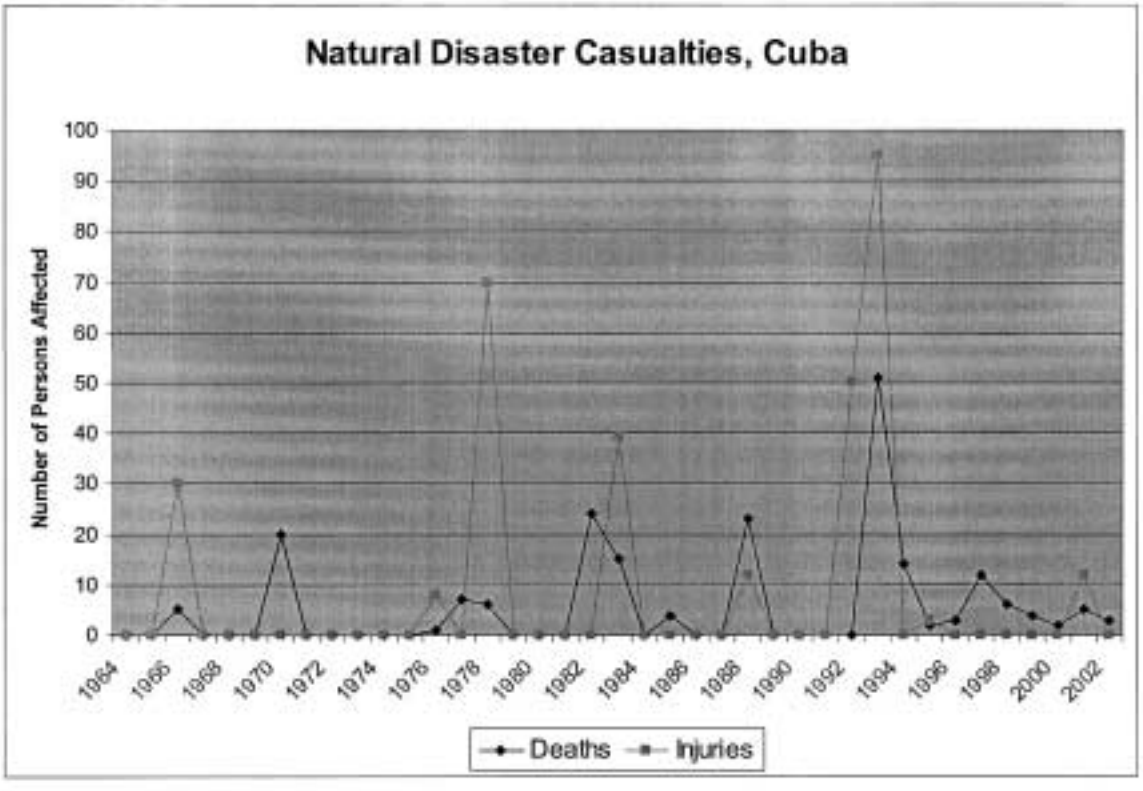


Figure 5.


Natural Disaster Casualties, Cuba
Number of Persons Affected
100
90
80
70
60
50
40
30
20
10
0
1964
1966
1968
1970
1972
1974
1976
1978
1980
1982
1984
1986
1988
1990
1992
1994
1996
1998
2000
2002
Deaths
Injuries

Notes

[1] The only major English language publications on Cuban health are Danielson, R., *Cuban medicine.* New Brunswick, N.J.: Transaction Books, 1979; and Feinsilver, J., *Healing the masses: Cuban health politics at home and abroad.* San Francisco: University of California Press, 1993.

[2] Garfield, R., Santana, S. "The impact of the economic crisis and the U.S. embargo on health in Cuba." *American Journal of Public Health* 1997; 87 (1): 15-20.

[3] Departamento de Planificación. *Financiamento de la salud.* Havana: MINSAP, 1997.

[4] PAHO. *Resumen ejecutivo: ciclo de conferencias sobre la economía cubana.* Havana: PAHO, 1996.

[5] Eckstein, S. "The limits of socialism in a capitalist world economy." In *Toward a New Cuba?: Legacies of a Revolution.* Boulder, Colo.: Lynne Rienner Publishers, 1997.

[6] From Press Conference given by Carlos Lage, Vice-president of the Council of State, Havana, International Press Center, 7/23/96.

[7] John Gay, Instituto de Nutrición, Personal Communication, 6/7/2001.

[8] MINSAP. Políticas de salud actual. Havana: MINSAP, 1997.

[9] Departamento de Planificación. *Financiamento de la salud.* Havana: MINSAP, 1997.

[10] Personal Communication, Enrique Comandero, Director of the Office of Donations, MINSAP, 8/18/97.

[11] Departamento de Planificación. *Financiamento de la salud.* Havana: MINSAP, 1997.

[12] Natsios, A.S. "Humanitarian Assistance during a Democratic Transition in Cuba." *Studies in Comparative International Development* 2000 (34):4, 23-33.

[13] See Santana, S. "Some thoughts in vital statistics and health status in Cuba" In Zimbalist, A., ed. *Cuban Political Economy.* Boulder, Colo.: Westview Press, 1988, 107-18. See also Santana, S. "The Cuban health system: responsiveness to changing population needs and demands." World Development 1987; 14:113-125.

[14] French, H. "Cuba's ill encroach on health." *The New York Times* 7/16/93, pp A3.

[15] Rojas Ochoa, F., López Pardo, C.M. "Economy, politics, and health status in Cuba." *International Journal of Health Services* 1997; 27(4): 791-807.

Lessons Learned in Complex Emergencies: Could This Happen in the Struggle for a Democratic Transition of Cuba?

Frederick M. Burkle

Medicine is a social science, and politics is medicine in a larger scale.
–Rudolph Virchow

There is an assumption in this paper that it is inevitable: a political transition toward a more democratic base in governance will occur in Cuba. It is impossible to predict what the future might bring, but such a change will represent a major volatile shift in the political landscape. Andrew Natsios, in his 2000 study on "Humanitarian Assistance during a Democratic Transition in Cuba," rightly suggests that how the transition in Cuba proceeds will profoundly affect the nature of the humanitarian response. Based primarily on other democratic transitions of current history, he speculates that at least three scenarios are possible: one, a stable democratic transition with broad public support; two, an unstable transition with internal divisions, sporadic violence, and resistance but without threat to national stability; and three, an unstable democratic transition which dissembles into a failed state, with widespread violence, major resistance from the former regime, and widespread human rights abuses and political and economic collapse.[1] This last scenario is commonly referred to as a complex emergency (CE) by many in the international humanitarian community who would themselves be expected to organize an intervention to mitigate the consequences.

This CE scenario begs the questions: What might happen in the event that democratic efforts deteriorate into a CE? What have we learned over almost two decades of modern day CE experience to guide us, and what is unique about Cuba and its people that will either lead them to be more resistant or more vulnerable to the CE consequences? Obviously, there are limits to one's capacity to predict what the future might bring, but my hope is that this paper will serve to stimulate and provoke debate and galvanize proactive study and planning, with the intent to clarify and expand on any thoughts and concepts presented here and in the original paper by Administrator Natsios as well.

For good reason, I have utilized a public health approach. Cuba is "obsessed" with health. The health system is respected both locally and internationally as the best Cuba can offer. I will also defend the position that public health, which in its new definition (provoked by two decades of experiences in CEs) encompasses not only health and medical care, but all the integrated functions such as governance, leadership, public safety, judiciary, transportation, communication, economic viability, etcetera, allows a village, town, city, and nation-state to function.[2] It is only through our own limitations that we have not discovered combined sector indicators to alert us to a failing state or to guide its recovery. Until then, arguably critical health indicators will remain the most sensitive of the social, political, and economic indicators guiding fledgling democracies who suffered war or conflict.[3] As you read this paper,

please remain aware that the Cuban health system mimics administratively the entire government. Many Cubans have used the pride they have in the health system to defend the existence of the Castro regime. Any emerging democratic process must be fully aware of the importance, unique critical issues, and responsibility that this system entails. Without doing so, a CE is doomed to occur.

Lessons Learned from Complex Emergencies

The complexity of complex emergencies (CEs) lies in the multifaceted responses that the international community initiates in reacting to the simultaneous emergence of political decay, high levels of violence, catastrophic threats to public health, population shifts, and competition for resources.[4] In most complex emergencies, the capacity to sustain livelihood and life is threatened primarily by political factors that lead to unprecedented civilian mortality and morbidity.[5] The direct effects of CEs on the population are similar to those seen in natural and technological disasters. Direct effects of the violence are deaths, injuries, illnesses, psychological stresses, and disabilities, but in CEs they also include human rights and international humanitarian law abuses. Indirect effects account for the majority of the mortality and morbidity due to a breakdown in public health protections and functions caused by destroyed health and public health infrastructure, disruption of food supplies, and population displacement.[2]

Epidemiological studies have defined three distinct country models. The developing country model, as seen in Angola, Somalia, Liberia, and the Congo are distinguished by a health profile of severe malnutrition, communicable diseases, high crude mortality rates, and high case fatality rates.[6] Mortality rates may run 7 to 70 times the baseline. Over 75 percent of epidemics during the 1990s occurred in these CEs. Sudan and Haiti represent the smoldering country model that suffers from prolonged and often unrelenting chronic abuse. In the Sudan, which has been at war since 1955, the children only know a culture of violence and grow up chronically malnourished. Health care of any kind is a luxury. In Haiti, health care parameters are similar to that seen in the United States at the beginning of the twentieth century. Dense population and environmental insults are major, with forested areas down from 40 percent to 2 percent. Developed countries, such as the former Yugoslavia, Kosovo, Macedonia, and Iraq, share an epidemiological model in which the populations are relatively healthy with demographics similar to those seen in other developed countries. Mortality and morbidities are primarily war-related trauma; untreated chronic diseases; and under-nutrition, especially among the elderly; rape, torture, and other traumatic exposures; but very few epidemics.[7] It is this model, with caveats, that best applies to Cuba.

Unique to the political turmoil are a lethal mix of inequities and injustices, poverty, cultural incompatibilities, ignorance, racism, oppression, and religious fundamentalism, all of which adversely influence the public health. How does Cuba compare with other countries that eventually experienced a CE? Some of these latent seed indicators of complex emergencies are indeed present but remain very subtle. One would suggest that as the health system worsens, so will the 'equitable' nature of the society. Cuba's inequities and injustices are present, but they are not as obvious or prevalent. Members of the government hierarchy do not

live flashy lives, and even Castro and his family are cautious in not being portrayed as rich or having obvious benefits. Clinics that cater to tourists and the privileged class have the latest technology and equipment. Antibiotics and other medicines produced to sell internationally or be given away to other Latin America countries are generally not available to the general population. Everyone, except the most elite, experiences poverty. Yet some differences in class still persist, and while they cause tension, the differences are generally mitigated by the fact that everyone is poor. However, new tensions could arise, as some hardcore bureaucrats are becoming newly rich with their own businesses and want the system to continue for these reasons alone. Except for minor differences between urban dwellers and farmers and white or black races, cultural incompatibilities do not exist. The culture is relatively homogeneous with vast intermingling between groups without much tension. Ignorance persists only regarding the outside world, but in general this is a population that is educated. Racism is rampant in Cuba but is more subtle than in the United States. Comments, not uncommon, negatively compare the black-dominated eastern provinces' abilities at working or organizing with the predominantly white western provinces. Oppression is very patent, and above everything there is *fear* – which becomes evident daily in the community-level vigilance of the Committee to Defend the Revolution (CDR) and in the consequences of defying the party line. The arrest of Dr. Dessy Mendoza Rivero in 1997 made headlines when he received an eight-year prison sentence for investigating and revealing to the outside world the existence of the severe epidemic of dengue that was being denied by the government. The charge was "disseminating enemy propaganda."[8]

Similar to *all* models are security factors that underpin such emergencies and lead to poor access and availability of health care, causing early decline in health indicators, such as under age five mortality rates (e.g., Liberia, Sierra Leone, Somalia) and access to health care facilities (e.g., Albania, Gaza). Until indicators emerge that speak to the combined complexities of a failing state, core health indicators will remain the most sensitive measures of political and economic decline.

Lessons learned in CEs this past decade emphasize that as long as destruction of public health infrastructure exists and failure in the moral integrity of governance places some groups outside the benefits of health and security, the likelihood of a resolution of war or conflict in a CE is likened to Sisyphus, condemned to rolling a rock up a hill in Hades. The international community often finds itself paralyzed and exhausted. Traditional approaches to international diplomacy and negotiations fail where regime governance and leadership are sociopathic. In these situations, civilian and military lives are continually and needlessly wasted, while the conflict is perpetuated through sociopathic needs, often of just one leader.

The diversity of challenges posed by state disruption is legal, political, and socio-economic in nature. To ensure involvement of Western countries and the humanitarian community in an integrated response to what are profound public health crises has been problematic.[2] The plethora of actors, mission clashes, communications problems, and institutional inertia has led to delays and indecisions. The changing character of unilateral military operations in humanitarian missions, as seen in Kosovo and Iraq, creates new challenges. Indicators to guide the international community as to why, how, and where to intervene in ceasing the violence do not exist. More and more, intervention is based on political and economic depend-

ency and the insistence that the security of one country is threatened by the internal insecurity or economic decline of another.

The Cuban Health System

Cuba provides to its population a network of hospitals, health centers, and family doctors. The health system was designed to resolve critical needs of the population and guarantee universal care through a well-developed, decentralized system that delivered everything from basic preventive and primary care to expensive, sophisticated tertiary care.[9] The National Health System is organized at three levels (national, provincial, and municipal) that mirror the country's administrative structure. The Ministry of Public Health (MoPH) is the central health authority and controls, coordinates, regulates, and implements hospital and service policies. Including national hospitals, there are 281 hospitals in Cuba.[10,11]

Additional administrative branches of the MoPH oversee hospitals and services at the provincial level, whereas a Municipal Health Authority oversees municipal hospitals, polyclinics, and family doctors. Both provincial and municipal authorities report directly to their respective Assemblies of People's Power as well as to the MoPH. The national, centrally controlled health budget provides preventive, curative, and rehabilitative services free of charge. Outpatient supplies such as crutches, wheelchairs, and eyeglasses are charged to the patients.[11]

In 2002, over 64,900 physicians (590 physicians per 100,000 population) were serving 11 million people. The Family Doctor Program, created in 1984, is the point of entry to the health system.[11-13] This highly decentralized primary health care system provides for a physician and nurse team for every 12 neighborhood apartment blocks (one team for every 700 people or one team for every 120-150 families).[11, 14-15] The teams live in the community, make home visits, and provide 97 percent of the national health coverage. Over 74 percent of outpatient consultations are performed by family doctors. Family physicians frequently never own a medical textbook and must practice from dated medical school notes. Some have used neither an otoscope nor ophthalmoscope. It has been said that the family doctor is there basically to identify problems, make referrals if needed, and give tender loving care – a very basic and important necessity and one that *replaces and satisfies* most of the population's needs when there is little else to offer.

The family physician and the CDR keep a census of every household and all people living in the home, plus all medical conditions for each individual. Nobody is left out. Everyone's medical card is constantly updated. Whereas this is the basis of an unprecedented public health surveillance system, it also provides the government with a form of political surveillance. Hence, the Rudolph Virchow quote, "Medicine is a social science, and politics is medicine in a larger scale."

The second focus of primary health care is the 442 community level polyclinics, which provide follow-up curative and preventive care for internal medicine, pediatrics, obstetrics, and dentistry. State of the art tertiary and specialty care is provided at 11 provincial level institutes in areas such as tropical medicine and HIV/AIDS, cardiology, neurology, oncology, endocrinology, and rheumatology.[11]

Cuba's primary health care system focuses on maternal and child health, vaccines, and disease surveillance programs. The national health system monitors the spread of communi-

cable (acute respiratory diseases, acute diarrheal diseases, tuberculosis, leprosy, and STDs) and noncommunicable diseases (cardiovascular diseases, diabetes, cancer, and injuries).[10-11] As a result of this massive public health system, Cuba's health profile indicates a high incidence of chronic noncommunicable diseases that closely resemble those in developed countries. Cuba's leading causes of death are now heart disease, cancer, cerebro-vascular disease, influenza, pneumonia, and accidents.[11, 16-17] Public health training and education are broadly diversified and ensure that the training is coordinated with the work of the health services. There are mandatory rules and methods that must be followed at all decentralized centers and in educational courses. All training ends with a "practical service," done in units of the health system whose staff participate as teachers. This makes for close coordination among the services, teaching, and research.[18] Despite current economic constraints, Cuba's communities outside the island (those arriving in the 2000s) claim that quality of medical research in Cuba remains state of the art.

Traditionally, crises are solved through actions launched by the MoPH and carried out with the cooperation of the *mass organizations*. Depending on the nature of the crisis, the public health problem to be solved will be the responsibility of the Committee for the Defense of the Revolution; the Federation of Cuban Women; the National Association of Small Farmers (in the event of an agricultural disaster); or the trade unions organized under the government-run umbrella organization, the Cuban Worker's Confederation (CTC). The Federation of Cuban Women, created in 1960, represents about 2 million women, or nearly 75 percent of the country's female population over 14 years. All women must belong. Normally, the Federation of Cuban Women functions as surveillance forces, not health workers. However, women have taken health and sanitation courses, which qualify them to provide 'brigade functions' in times of crisis.[11,19]

Strong claims have been made that Cuba has been able to achieve some things that few Western countries have been able to achieve: equal access to health services for the entire population and equity in health status. This is true up to a certain point. Triage of some resources is utilitarian, not equality based. For example, accessibility to special procedures, such as cataract operations, is based on the productivity of the patient. The wait for the procedure is long and based on availability and entitlement; the elderly have limited chances of getting such an operation. Only Cuba has met the problem of AIDS with a traditional public health approach, which includes routine testing, contact tracing, partner identification, and close medical surveillance. Whereas strict isolation of all HIV positive patients was mandated at the beginning, partial isolation of infected individuals is now allowed.[14, 20] Cuba's directly observed administration of chemoprophylaxis to all persons at risk of developing active TB speaks to the government's ability to intensify contact tracing and identification of high risk populations. The more limitations there were on resources, such as scarce TB medications, the more efficient the system became. In 2000, 100 percent of the Cuban population was immunized against polio, tuberculosis, measles, diphtheria, pertussis, and tetanus, although these statistics need to be verified. These programs, however, reflect an overall commitment to public health, continuous evaluation (surveillance), and community involvement.[20]

There are significant differences between Cuba and other Caribbean countries in the quality of public health care. Various countries' health profiles reflect divergent political and eco-

nomic organization and priorities. For example, in 2001, Haiti had the highest infant mortality rate (80.3/1000); maternal mortality rate (523/100,000); and lowest life expectancy (54.7 years) in Latin America and the Caribbean. Cuba had the lowest rates of infant mortality (7.2/1000) and maternal mortality (34.1/100,000), and an average life expectancy of 76.3 years.[20, 21]

Many aspects of the Cuban system are envied by public health advocates the world over. Critics of the Cuban system have emphasized that official Cuban accounts of 'successes,' depicted as public health crises, have ignored personal freedoms and human rights abuses and challenges.[13, 22-23] For example, sex education is available to everyone, and primary care facilities provide contraception. However, the cycle of a woman's menses has become part of the local surveillance system. Initially begun to maximize birth outcomes, it utilized the distribution of either cloth or paper sanitary napkins, controlled by the local female c*ompañeros,* to monitor women's cycle patterns. If a woman does not show up on time for her sanitary napkin supply, she is summoned for a pregnancy test. Induced abortion, legally vindicated after the revolution as a basic woman's right, is easier to obtain than expensive birth control pills. Early ultrasound surveillance of every pregnancy is used to detect defects. Women carrying infants with any suspected deformities are pressured to abort, a process referred to euphemistically as "menses regulation." All infant and child deaths are the responsibility of the physician and must be explained and defended in detail. Anecdotally, under pressure of being accused of wrongdoing, some physicians have categorized infant deaths up to 2 days of age as stillborns. All three of these events *bias* Cuba's infant mortality rates, purportedly among the lowest recorded in the world.

It is important to emphasize that the Cuban model was developed over four decades. The system was considered good even in the 1950s, with indicators at the level of industrialized countries. Cuba did not attempt to model or replicate other health systems, although it took lessons from Eastern Europe, Russia, Japan, and the United States. It is unique. Instead, the island developed its own original model that *prioritized health and education over economic development.* In the process, the administrative personnel bureaucracy alone grew from 90,000 in 1973 to 240,000 in 1984.[24]

Cuban Health System Experience during Crises

The unique Cuban model brought with it both strengths and potential weaknesses. In the motivation to create a well-developed universal health system, Cuba became dependent on the USSR. Cuba's economic crisis after the fall of the USSR created a need to reform the system to meet urgent needs and contain costs. The key effects of the subsequent economic hardship included further food rationing and emigration. Food rationing (ration cards were developed in the early 1960s) and emigration were meant to control the population and have been referred to as "Castro's escape valve." Natsios reminds us that Cubans have used four coping mechanisms to survive the depressed economy: remittances from relatives abroad, a return to the rural areas to grow food, acceptance of humanitarian aid, and monies from tourism. It is known that the weakness of this and other relief agendas has been that the majority of the population does not have access to them, especially the monetary benefits from tourism.[1]

In health care, economic stresses and lack of medical supplies and medications led to increased use of traditional herbs, lack of exchange of professional literature between the United States and Cuba, and lack of enough paper to continue publications of medical and nursing journals. Close surveillance and monitoring of patients increased, as availability of sophisticated laboratory testing decreased. Infants with fever, normally at risk of sepsis, obtained a complete blood count (CBC) and were then closely monitored, allowing the subsequent clinical course to dictate further treatment. Some physicians complain that they are afraid to take care of children and immediately refer a child with the slightest problem to the next level of assistance.

Unfortunately, Cuba lacked the economic viability to buttress the USSR loss, especially in industries such as medicine production.[11, 24] To this day, critical medical supplies, equipment, and medicines are in short supply but thrive in the black market. To fill this gap in traditional curative deficiencies, the government supported acupuncture, herbal medicines, meditation treatments, strengthening of disease prevention protocols, health promotion, and early warning surveillance to detect health risks and infectious disease outbreaks. It is reported that acupuncture and other modalities have cut the use of scarce anesthetics in many operative procedures. As such, Cuba has become well respected internationally for its advances in alternative care but continues to rely on medical donations and evidence-based, cost-containment treatments. Cuba has developed an industry of specialized medications, such as vaccines, which are less expensive on the international market than those made in the United States. However, primary line medications, such as antibiotics, are produced in Cuba primarily for export or health tourism and are often not available at the local level. Medical equipment, sold at high prices internationally, is routinely not affordable by provincial and municipal hospitals. Chronic disease medications, especially those for the elderly, are very scarce. Treatment relies primarily on alternative medicine measures. Feinsilver contends that, despite the socioeconomic threats to Cuba's public health and after preventive measures and the competency of professionals have been exhausted, the "bottom line" in maintaining good health indicators is "political will."[25]

Cuba has a history of acting promptly and decisively to control epidemics (e.g., TB, AIDS), and the health system has demonstrated numerous times its ability and capacity to forecast epidemics (e.g., influenza in 1988).[20, 26] In its capacity to respond to population-based disasters, Cuba benefits from its horizontal and vertical social structures in health and governance.[27] The community-based surveillance system fed critical data to the rapid calculation of the epidemic curve, which was then communicated to health authorities with enough time to permit the introduction of available control measures. Over time, Cuba became skilled at responding to natural disasters, emergencies, and the embargo. The government has become skilled at rationing key goods, creating novel approaches to community-based surveillance, optimizing immunizations, emphasizing breast feeding and boiling water, mobilizing latent resources in mass media and community education, and mobilizing public participation to compensate for reduced access to capital goods.[11,25] However, it was dependency on the imported lower quality protein foods during the embargo that contributed to an epidemic of 50,000 cases of optic and peripheral neuropathies from micronutrient deficiencies.[28-30]

What can we extrapolate and learn from previous natural disasters? Hurricanes and tor-

rential rains have impoverished families in both urban and rural Cuba. There have been widespread losses, especially in housing; damage to industry, farmland, and food stocks; and increased unemployment.[31] Electricity and communications have been knocked out across the entire island. Even one month after hurricanes hit in 2002, thousands were still living in unsafe and partially destroyed homes. Most were still in need of food and other essentials. During times of drought, the Cuban government has requested of the UN emergency food and tanker trucks for hauling water for people and cattle in remote locations.[32] To enhance the country's capacity for disaster management, a disaster medicine center was established in 1996.

Numerous international and regional NGOs have had a long presence in Cuba, many having local and international partners. As an example, Catholic Relief Services (CRS) first began working in Cuba in 1958 to assist people suffering as a result of political unrest and food shortages. CRS began support to Caritas Cuba after its founding in 1991, primarily with medicines and medical supplies for distribution through provincial hospitals, homes for the elderly, and assistance to other vulnerable groups.[33,34] When Haiti experienced its CE, over 710 NGOs were active in the country, and if small (one- to two-person groups) were counted, they would number over 1,400. One would expect a similar response for Cuba. Currently, most NGOs in Cuba are European; some work through the Catholic Church, especially from Spain, and some from Germany as well. Some NGOs have left Cuba over differences between their needs and government pressure.

The Western world is unfamiliar with prolonged crises and expects traditional curative health care that emphasizes individual needs. On the other hand, disaster medicine, as taught and practiced during complex emergencies, emphasizes a population-based approach and consensus decision –making, with emphasis on preventive medicine and public health. With the sociopolitical training and education in the country, Cubans grow up emphasizing the needs of the population and do not automatically make a conceptual distinction between the individual and the society.[35] Responsibility for disease prevention takes on new meaning in Cuba, especially during a crisis. Here, Cuba is better prepared if in nothing more than being aware of the reality of what to expect and how to perform in a worsening crisis. The dynamics of health care in Cuba during these periods of severe crisis has been explored within economic, social, and political contexts. Despite the crisis, the health care system has been consistently supported by strong governmental public policies, cost-containment strategies, and strengthening of public health prevention. However, all this has created a situation of scarcity and uncertainty that has affected all aspects of Cuban society, including the health care system. While the overall health of the Cuban population has not yet seriously eroded as a result of the economic decline, severe problems threaten to emerge in the future.[36] CEs commonly occur when the one last thread has failed and availability and access to health care suffer enough to launch subtle changes in critical health indicators. Interestingly enough, one can argue that Cuba already cut the last thread when medical supplies and equipment became scarce and the default black market emerged. Characteristically, Cubans answered the crisis with even stronger public health prevention measures at the local level that continue today.

State capacity (SC) can be defined as a nation-state's ability to counter insults to its governance by outside forces. Traditionally, this has been measured in the capacity of a nation-

state to protect its population from infectious diseases.[37, 38] This SC concept has taken on new meaning since 9/11 and in light of bioterrorism threats, which are aimed at embarrassing a nation-state's ability to govern properly and protect its citizens. In many respects, the SC in Cuba has been optimized. Based on the assumption that the bottom line in maintaining the status quo in Cuba is organized 'political will' at every level, future crises and political challenges could not be handled by the state alone.

Extensive international humanitarian assistance would only temporarily sustain the current political movement, but if used properly could work to maintain the viability of any fledgling democracy during the transition period. Whereas Western aid currently assists the promotion of dissidents and democratic transition, nothing has been directed toward health and transition. I would strongly recommend that it is time proactively to support and assist in such planning. *The goal of any interventions would be to maintain the democratic transition without a decline in public health indicators.* Indeed, the world would be following these indicators with microscopic interest. Any decline from the Cuban 'data norm' would be severely criticized and used politically by opposition groups and critics of any democratic effort.

Could a Complex Emergency Happen?

Unfortunately, the answer to the above question is yes. I would humbly suggest that despite its great public health achievements, Cuba has unique political, social, and economic vulnerabilities that could accelerate a violent collapse.

From a health indicator standpoint, Cuba is a developed country. Yet, hygiene, sanitation, and public health infrastructure are deteriorating. Some indicators are already slipping. USAID Assistant Administrator for Latin America and the Caribbean testified that,

> The United Nations Food and Agriculture Organization (FAO) estimates that 13 percent of the Cuban population is chronically undernourished. The World Food Program has found serious deficiencies in dietary intake in eastern Cuba, where the average diet provides less than 80 percent of the minimum level of proteins, less than 50 percent of necessary fats, and insufficient vitamin and mineral intake for sustained health. Perhaps the most common food-related public health problem in Cuba is iron-deficiency anemia, primarily among pregnant women and small children. According to the Pan American Health Organization (PAHO), approximately fifty percent of children from one to three years of age are anemic in Cuba, as well as forty percent of women in the third trimester of pregnancy and between twenty-five and thirty percent of women of child-bearing age.[39]

A prolonged CE could provoke severe food insecurity and public health infrastructure problems, with water and sanitation induced enteritis outbreaks.

It would be critical for the humanitarian community to focus on retaining the function and capacity of the country's primary care system, including community polyclinics, and municipal, provincial, and national hospitals. World Health Organization (WHO) emergency health kits, safe birthing kits, and others would normally be made available as part of the humani-

tarian response. Stockpiles and warehouses are already regionally placed. However, the Cuban population will certainly require more. Early identification of those with chronic diseases is critical, especially the elderly, with assurance that pharmaceutical stockpiles, medical supplies, and equipment be readily available and properly monitored. Keeping physician-nurse health teams in place and paid would be a priority. The presence of these public health oriented health care providers alone will be a major factor in preventing any slippage in health indicators, especially if the decentralized community surveillance system remains intact and supported as well.

Although plans would be drawn up by the international humanitarian community to provide the basic elements of humanitarian relief, based on previous epidemiological models of CEs, the uniqueness of Cuba's social and health infrastructure may dictate that its own epidemiological model will emerge and require shifts in planning and logistics. Some international relief organizations have predicted and planned for a massive exodus of refugees to Florida with the demise of the Castro regime. There is little fat left in the system to buttress additional insults to the public health, so slippage into CE-related health indicators may occur fairly rapidly. The more prolonged the CE, the more it will mimic developing country indicators for other tropical environments and neighboring countries in the Caribbean. This being said, Cuban physicians are quick to claim that they have been under siege and at war for many years. Epidemiological indicators have been maintained by methods other developed countries would only contemplate during a prolonged disaster or war. This further supports the utilitarian and disaster medicine mindset that has become the norm in Cuba and explains its resilience since the collapse of the USSR. This was also seen in the former Yugoslavia, where well-educated and motivated health care providers did much with very little year after year. Whereas the former Yugoslavia health care providers were dealing primarily with weapon-induced trauma, their Cuban counterparts have been combating illness with preventive medicine and public health tools.

That the Cuban system has maintained health indicators at the expense of economic viability is just one example of the uniqueness of the Cuban system.[40] Of *critical concern is the fact that the health system is administratively mirrored to that of the national government and could not be sustained if any one level of the national, provincial, or municipal integrated system fails.* Indeed, how goes the health system so goes the nation-state. The health system will, no doubt, serve as a sensitive barometer of impending state failure. The large bureaucratic administrative personnel ranks would not be paid, and salaries for community level providers would cease or be cut back. This would further stress an already high unemployment rate that has reached 50 percent in some urban areas.[1] *The key to effective planning is to determine how the health system in transition can be separated from dependency on the collapsing government.*

Governmental obsession with health has reaped medical and political benefits at home and abroad. Because of their education, international respect, and employable skills, physicians, dentists, and other health care providers may be among those professionals who will attempt to migrate when they realize that the national level has nothing more to offer. Thousands of Cuban physicians serve abroad as a way to improve income and quality of life. Doctor "brigades" work in Africa, Latin America, and for the UN in Kosovo. A 10,000 strong health

care brigade has recently been sent to work in Venezuela to pay for Cuba's oil supply.[41] Physicians receive a small stipend from the Cuban government, enough to have better living conditions than in Cuba, are still able to save money to send home, and have the Western advantage of free market access to buy needed goods.

Whereas it is critical to plan for physicians and other health-related workers to be part of a crisis response, it will not occur without compensation. However, *if those who plan the democratic transition process are not prepared in both capacity and capability to mimic what is already viable and cherished in the Cuban social structure, then they, too, will dissemble, leaving a gap to be filled by groups who will promise better. This would be a major ingredient for an emerging CE.*

As the economic and political system erodes during the struggle for a democratic transition in Cuba, what remains of the already fragile health system will certainly fragment. Even now, there is an ongoing and desperate need for basic medical supplies and equipment. By 2002, urgent care facilities, polyclinics, and general hospitals were most affected by scarcity and most often under criticism by patients. Simple tongue depressors and electrocardiogram paper do not exist.[42] Residents of these areas point to a discrepancy between a government that cannot render services locally but sends physicians abroad to showcase Cuban medicine. Depending on the length of the transition and cessation of vital medical imports, looting of what remains of the health resources cannot be ruled out, especially by those who resent compliance to democracy, who have anger against the collapsing regime, represent factions supporting elements of the old party elite, or are themselves in need of stockpiling chronic and acute disease medications for worse days to come. However, there is little to loot, as the medical supply system has been described as an 'empty shell.' Antibiotics are at a premium, and although public health measures have curtailed epidemics in the past, the country remains vulnerable, especially if water and sanitation systems are destroyed or disrupted. Looting and hostility may be re-directed toward those in the black market, especially as the prices of critical medications make the black marketers appear better off than the remainder of the population. The longer the resistance to a democratic transition persists, the more the public health infrastructure will not be properly maintained or risk being intentionally compromised.

An epidemiological picture, with elements similar to the Former Yugoslavia, Kosovo, and Iraq, could prevail, with trauma resulting from hostile resistance, human rights abuses, and possibly revenge abuse and killings. Castro rid the population of all personal weapons. The military is large (59,000 active and 39,000 reserve) and well equipped.[43] It is suggested that the size of the hardcore population that would resist attempts at democratization could reach about 10 percent. Although Cuban physicians have demonstrated good surgical skills in the "health tourism" market for cardiovascular surgery and transplants offered to international patients, little is known of the capacity of the Cuban health system to handle trauma-related casualties, especially in large numbers. Cuba has an abundance of physicians but lacks a robust emergency medical system (EMS) because of the lack of ambulances.[11] In the 1990s, transport ambulance care was cited for its poor quality. They currently cope by having health centers placed in almost every community capable of stabilizing patients until transport is available. In infectious disease outbreaks, rather than transferring patients immediately, they move their medical personnel to the site. That being said, no one element is prepared to cope

with widespread violence without major external humanitarian assistance. The International Committee of the Red Cross and PAHO/WHO resources gathered from the Americas, all well trained in disaster management, must be considered major resources for mitigating consequences of widespread violence. These and other UN agencies and humanitarian organizations must be supported early on in planning and preparedness for the worst possible case scenario. Whatever the relief action, compliance and input must be sought as soon as possible from health personnel in Cuba.

What indigenous assistance could be expected to mitigate the health consequences of a conflict? Although 'mass organizations' exist in Cuba for crisis events, they are more surveillance oriented than operational, are much weaker now than in previous years, and cannot necessarily be depended upon. Cuban mass organizations, despite their close affiliation to the collapsing regime, do have a history of functioning horizontally with other organizations during disasters, and this makes them potentially valuable. The question remains whether they could be reorganized, possibly as local partners of international relief organizations, or under PAHO or the International Committee of the Red Cross (ICRC) and the remaining Cuban Red Cross. The concern is that without some semblance of central administrative coordination, it could deteriorate into an "every man for himself" situation. The Cuban Red Cross, with a history of working well with international organizations, has characteristically provided assistance in past disasters to the elderly, pregnant women, and families left without employment and has monitored the safety of drinking water due to loss of electricity and lack of chlorine.[44]

The response of Cuban nationals to a democratic transition is difficult to predict. It is expected that expatriate Cubans will actively assist their brethren Cuban nationals. Unorganized aid from the Florida-based Cuban community will be massive and risks hindering the process of any international or U.S. attempts to assess and respond in an organized manner. In a prolonged struggle with conflict, migration to the United States may exceed that witnessed in the 1980 boatlift, where Florida-based, ad hoc relief organizations flourished. Dormant plans to reactivate these groups should be explored to optimize their potential and to avoid needless management, security, and logistical problems.

Whereas Cubans will not categorically refuse U.S. intervention and may welcome and appreciate any assistance, they believe in their sovereign state and are wary that this will be lost. Some fear Cuban expatriates' claims to lost properties. This may create conflict when Cuban-Americans, with more personal wealth than most Cubans, bring it to bear in forcing a change of government. This might pressure the United States to impose peacekeeping, as in Haiti, with the added complication that U.S. citizens would now be a heavily invested part of the conflict.

It is anticipated that a few dissident groups and those in power will resist. Many young people, some of whom recently have been placed in ministerial positions, are fiercely loyal to the regime and are more conservative in their beliefs than Castro. They are buoyed by increasing foreign investments and tourism, especially from Canada and Europe. Animosity toward the United States can be strong.

Many educated Cubans tenaciously hold on to the belief that both the dengue epidemic and poor agricultural crops are the result of airborne spraying of parasites from U.S.-based planes. Cubans who have never traveled outside Cuba hold to the belief that they have 'grown

in the revolution.' They are content with what they have, and many dearly love Castro and despise the Florida Cubans. They would like more freedoms but do not know how to obtain them or cope with the process. People claim that it is not uncommon to distrust even their spouses, mothers, or close friends because of fear they will be informed upon. Unfortunately, the cost of personal freedom has been high for some who experienced prolonged jail time without trial for minor accusations. It will be difficult for individual Cubans to trust foreigners. Cubans have a sense, for the first time, that they are finally free of foreign influence and strongly want to preserve it. However, many Cubans refer to what has happened to them from the Castro regime as having caused an "anthropological lesion."[45] The best assistance, which would be welcomed from the United States, would be that which helps to achieve a 'new beginning' and yet preserves their sovereignty in the process.

In general, it can be said that even before ground assessments are done, the international community and donor organizations should plan on analysis and planning of aid efforts in agriculture and food security and in public health. Interventions will be required in housing and shelter, municipal level infrastructure, and social and cultural activities. The Natsios study provides a solid foundation from which to plan strategically.[1]

Even with the best of intentions, this society may not respond well over time to a democratic, market-driven economy. Besides the demobilization or restructuring of the substantive Cuban military, large numbers of national bureaucracy personnel will find themselves without work or salaries. Plans must include education and training in early confidence and capacity building, and in managing new businesses and institutions. If not, this group of government employees, especially the younger ones, will become disenchanted and hostile. There are already too many physicians to be supported by any emerging market economy. The health system currently runs like a major health maintenance organization; therefore, any solution should aim to retain as many of the primary care system's employees as possible or to market the export of this talent to other Caribbean countries. Oswaldo Payá Sardiñas, the prominent Cuban dissident leader and Nobel Peace candidate, issued a recent document stating that among his recommended steps for transition, he would keep the free health system for all.[46]

Lastly, Cuba may present more like a post-war Iraq. Like Iraq, Cuba is a country with a tradition of good health care, but with sanctions and a failing economy in disrepair, the health service is prone to experience interruptions often seen in complex emergencies.

Clearly, there is reason to believe that a CE can be prevented, but not without recognizing that international planners need to set priorities as they develop seamless support for critical elements of the current system, especially in health, that have already worked well in Cuba, to prevent chaos and needless mortality and morbidity. In the realm of humanitarian realism, a great deal of harm can be avoided if humanitarian assistance during the transition is leveraged on an intact Cuban health system.

References

1. Natsios, A.S. "Humanitarian assistance during a democratic transition in Cuba." *Studies in Comparative International Development.* Winter 2000; Vol. 34(4):23-33.
2. Burkle, F.M. "Lessons learnt and future expectations of complex emergencies." BMJ. 1999 Aug 14; 319(7207):422-6.
3. Merz, C. "The Cuban paradox." *Harvard Public Health Review*. Summer 2002. <http://www.hsph.harvard.edu/review/667cuba.html>. Accessed 12 Dec 2003.
4. Burkle, F.M. "Complex Emergencies and Military Capabilities." In Maley, W., Sampford, C., and Thakur, R. (Eds.). *From Civil Strife to Civil Society: Civil and Military Responsibilities in Disrupted States.* Tokyo and New York: United Nations University Press, 2002: 68-80.
5. Zwi, A., and Uglade, A. "Political violence in the third world: a public health issue." *Health Policy and Planning.* 1991; 6:203-17.
6. Burkholder, B., Toole, M. "Evolution of complex disasters." *The Lancet.* 1995 Oct 14; 346(8981):1012-5.
7. Spiegel, P.B., Salama, P. "War and mortality in Kosovo, 1998-99: An epidemiological testimony." *The Lancet.* 2000 Jun 24; 355(9222):2204-9.
8. Faria, M.A. "Socialized medicine in Cuba (2002): Part 1: A poor state of health!" August 20, 2002. www.newsmax.com/archives/articles/2002/8/19/174145.shtml. Accessed December 10, 2003.
9. Garfield, R., Santana, S., Ibarra, A.G., and Fernandez, P.L. "The impact of economic crisis and embargo on health in Cuba." *The American Journal of Public Health.* 1997 Jan; 87(1):15-20.
10. Ubell, B.N. "High-tech medicine in the Caribbean: 25 years of Cuban health care." *NEJM.* Special Report, Dec 8, 1983; 139(23): 1468-72.
11. Perez, J. "Cuban health seminar: An overview of the Cuban health system with an emphasis on the role of primary health care and immunization." In Barberia, L., and Castro, A. (Eds.), Seminar on Cuban Health System: Its evolution, accomplishments and challenges. The David Rockefeller Center for Latin America: *Working Papers on Latin America.* Paper No. 02/03-4 , Sept 25, 2001: A9-A12.
12. Demers, R.Y., Kemble, S., Orris, M., and Orris, P. "Family practice in Cuba: Evolution into the 1990s." *Family Practice.* June 1993; 10(2): 164-8.
13. Benjamin, M., and Haendel, M. "Cuba: A healthy revolution?" *Links.* Fall 1991; 8(3): 3-6.
14. Hughes, N.S. "Fighting AIDS the Cuban way." *AIDS Asia.* May-June 1995; 2(3): 2-4.
15. Cardelle, A.J. "The preeminence of primary care within Cuban predoctoral medical education." *International Journal of Health Services.* 1994; 24(3): 421-9.
16. Alvarez-Li, F.C. "The epidemiology of cerebrovascular disease in Cuba." *Revista de Neurologia.* November 1999; 29(9): 868-71.
17. Santana, S.M. "Some thoughts on vital statistics and health in Cuba. Statistics and Health Status in Cuba." In Zimbalist, A (Ed.), *Cuban Political Economy.* Boulder, Colo.: Westview Press, 1988: 107-17.
18. Rojas, O.F., Amable, A.Z. "Coordination of public health education with service units: the Cuban experience." *Educación Médica y Salud.* 1982; 16(1): 53-61.
19. Dominguez, A.V. "Stimulating community involvement through mass organizations in Cuba: the women's role." *International Journal of Health Education.* 1977; 20(1): 57-60.
20. Farmer, P. "Health achievements in perspective: Infectious diseases in Cuba and Haiti." In Barberia, L., and Castro, A. (Eds.). Seminar on Cuban Health system: Its evolution, accomplishments and challenges. The David Rockefeller Center for Latin America: *Working Papers on Latin America.* Paper No. 02/03-4 , October 9, 2001:A13-A20.
21. *Cuba: Demographic indicators:* 2001. United Nations, Population Division, Department of Economic and Social Affairs World Population Prospects. New York: United Nations.
22. Scheper-Hughes, N. "AIDS, public health, and human rights in Cuba. *The Lancet.* Comment, Oct 16, 1993; 342(8877):942.
23. Susser, M. "Health as a human right: An epidemiologist's perspective on the public health." *American Journal of Public Health,* March 1993; 83(3): 418-26.
24. Nayeri, K. "The Cuban health care system and factors currently undermining it." *Journal of Community Health.* August 1995; 20(4):32-34.
25. Feinsilver, J. "Three decades of health reform: 1960-1990." In Barberia, L., and Castro, A. (Eds.).

Seminar on Cuban Health system: Its evolution, accomplishments and challenges. The David Rockefeller Center for Latin America: *Working Papers on Latin America.* Paper No. 02/03-4 , December 11, 2001; October 9, 2001:A21-32.
26. Aguirre, A., and Gonzalez, E. "The feasibility of forecasting influenza epidemics in Cuba." *Memorias do Instituto Oswaldo Cruz.* July-September 1992; 87(3): 429-32.
27. Burkle, F.M., and Hayden, R. "The concept of assisted management of large-scale disasters by horizontal organizations." *Prehospital Disaster Medicine*. Jul-Sep 2001; 16(3):128-37.
28. Roman, G.C. "Epidemic neuropathy in Cuba: a public health problem related to the Cuban Democracy Act of the United States." *Neuroepidemiology.* 1998; 17(3):111-5.
29. Hedges, T.R., Hirano, M., Tucker, K., and Caballero, B. "Epidemic optic and peripheral neuropathy in Cuba: A unique geopolitical public health problem." *Survey of Opthalmology.* January-February 1997; 41(4): 341-53.
30. Cotton, P. "Cause of Cuban outbreak neuropathologic puzzle." *JAMA.* July 28, 1993; 270(4):421-3.
31. Action by Churches Together. ACT alert Cuba 1/2002: ACT members prepare to help in Cuba, Geneva, 5 November 2001. ReliefWeb: <http://www.reliefweb.int/w/rwb.nsf/s/5CFDOA1F194DEA7085256AFB005E1239>. Accessed December 4, 2003.
32. National Drought Mitigation Center. Cuba: Drought concerns and impacts. ReliefWeb, August 1, 1998. <http://www.reliefweb.int/w/rwb.nsf/s/2975570E60FF2A7685256680005A8E2D>. Accessed December 4, 2003.
33. Catholic Relief Services. Hurricanes in Cuba. Updated Nov 2002. ReliefWeb, Novemeber 13, 2002 <http://www.reliefweb.int/w/rwb.nsf/s/508AA3A161E2FDEC85256C70005CEDA0>.
34. Catholic Relief Services, Cuba recovers from Hurricane Michelle. Updated Spring 2002, June 6, 2002. <http://www.reliefweb.int/w/rwb.nsf/s/C282EBo5DDC047D585256BD0006B1BAB>.
35. Tesh, S. "Health education in Cuba: A preface." *International Journal of Health Services. 1*986; 16(1): 87-104.
36. Kuntz, D. "The politics of suffering: The impact of the US embargo on the health of the Cuban people." Report of a fact finding trip to Cuba, June 6-11, 1993. *International Journal of Health Services,* 1994; 24(1): 161-79.
37. Price-Smith, A.T. *Wilson's bridge: A consilient methodology for analysis of complex biological-political relationships.* Program on Health and Global Affairs (PHEGA), University of Toronto: Center for International Studies working paper 1998-8. November 1998: 311-3.
38. Burkle, F.M. "Mass casualty management of a large-scale bioterrorist event: an epidemiological approach that shapes triage decisions." *Emergency Medicine Clinics of North America.* 2002 May; 20(2):409-36.
39. Franco, A.A. Testimony before the Subcommittee on Human Rights and Wellness of the House, Government Reform Committee, October 16, 2003, Washington, D.C.
40. Swanson, K.A., Swanson, J.M., Gill, A.E., and Walter, C. *Primary care in Cuba: A public health approach.* July-August 1995; 16(4): 299-308.
41. Herald Wire Services. "Chávez y Castro hablan por teléfono respecto a médicos cubanos," December 14, 2003. *The Miami Herald,* Herald.com.
42. Cuban Public health. Public health system deteriorates in Guines. CUBANET, March 22, 2002. <http://64.21.33.164.CNews/y02/22e1.htm>. Accessed December 10, 2003.
43. Cuban Armed Forces Review. Army: Ejército Revolucionario. <http://www.cubapolidata.com/cafr/cafr-army.html>. Accessed December 14, 2003.
44. American Red Cross. Cuba: Red Cross appeals for Assistance. Washington, October 22, 1996. ReliefWeb: <http://www.reliefweb.int/w/rwb.nsf/s/EAA2A109D96D82C1852563D4005BE086>.
45. Monsignor Pedro Meurice, Archbishop of Santiago de Cuba, said, "[T]he state imposed collectivism has caused an anthropological lesion in a good number of Cubans." He also referred to the "depersonalization and the loss of heart." Speech delivered at the Doctor Honoris Cause ceremony at Georgetown University, May 29, 1999.
46. Herald Wire Services. Dissident offers new democracy proposal, December 14, 2003. *The Miami Herald,* Herald.com. <http://www.miami.com/mld/miamiherald/news/world/americas/7486834,htm>. Accessed December 14, 2003.

Remarks by Panelists: Questions and Answers

Sherri Porcelain

The Cuban government has made the health of the individual and community a reflection of the health and well-being of the state. Therefore, developing a predictive model of Cuba in transition cannot rely on most sensitive core indicators. Recent empirical evidence suggests that civil disorder in failed states and states in transition may depend on more targeted indicators, such as openness to trade and democratization as well as infant mortality rates. In the study of Cuba's transition, we need more analytical rigor to measure linkage of health at the state, community, and individual levels. I suggest we look at coping mechanisms: remittances, tourism, return to rural regions to grow food, and humanitarian aid.

First, we need to provide analytical power by rank ordering what these coping mechanisms could actually mean and to identify which ones may have greater value and influence the well-being of the individual, the community, and the state. Secondly, in ranking these mechanisms, we may be able to find different rankings across the individual, community and district levels, and the state level because we know these coping mechanisms have different impacts. Thirdly, provide these weighted measures so that a decline or enhancement of these coping measures may be better understood and helpful to determine these impacts. And lastly, developing this methodological approach for practical application may help Cuba in transition know which mechanisms are stronger or weaker. We have this emerging civil society within Cuba, and we should be looking at their capacity for surveillance and the need for this to take place in costs, infectious diseases as well as food insecurity. Identifying the gaps across the different levels of analysis may help us understand human security challenges of Cuba in a transition state.

Where can we best invest our resources? The assumption that investment in the most vulnerable, the urban poor, which may have been suggested by Andrew Natsios earlier, may be intuitively noted based on previous interventions, though I suggest greater rigor in our analysis is necessary to respond appropriately to a Cuba in transition. Thank you.

Carolyn Rose-Avila

I work with World Vision in 14 countries with democratically elected presidents. In those countries, the indicators of health and mortality are very, very bad, especially in comparison with Cuba. So when we are talking about Cuba going into transition, I think we have to be very careful that we build upon strengths, that we build upon the strengths that exist. Because [otherwise] we will end up with a democratically elected regime in Cuba with a terrible health situation, high mortality rates, high food insecurity, and it will begin to mirror other countries in Latin America. So we need to learn how to recognize this, how to separate our emotions and recognize the strengths as we move into a democratically elected system. I think we need to build upon those.

Some of those [strengths] might not be only what we've been mentioning in terms of the

health system. They might be other kinds of strengths. If we compare the way we may respond with the other ways that we've responded in other situations, I think those who work in the international humanitarian area realize that we can make a bigger mess of a situation if we think we have all the answers in coming from the outside. There are a lot of things going on in Cuba that we can learn from and build upon.

There are also a lot of relationships between Cuba and Miami that are very positive. For example, FIU [Florida International University] is currently looking at the relationship between churches. There is a strong, aggressive network of churches helping each other that try to keep a low profile when it comes to the political situation. I think we have to recognize the value that they contribute to the strength of the Cuban people, and I think we need to look at how we build upon that.

I attended an international conference on disaster management in Cuba in November 2003. It was sponsored by the UNDP [United Nations Development Programme] and the Cuban government. It highlighted some of the work of NGOs that are currently working in Cuba. I would like to recognize one of our sister agencies, Save the Children UK. They are currently working with the Cuban government to strengthen community level capacity for disaster response. Dr. Burkle mentioned that mass organizations are basically focused on surveillance. I recognized in this presentation [of Save the Children UK] that there is work being done on what it means to work at a community level operationally. And this work is being done with young people. Young people are beginning to recognize how to mitigate disasters and how to encourage their parents to recognize the early warning signs of disaster. And so we can begin to build on some of these community methodologies that are being developed in-country, and we can begin to build on what Dr. Natsios mentioned in terms of the community gardens, for example, strategies that work with building food security during the transition. But we need to recognize and validate the work that does exist, which might not get the profile that many other issues did, and work upon those.

Carlos Castillo

In the interest of time, I will be brief, but there were two points that I wanted to stress. One is with my current hat as the director of emergency management for Cuba's northernmost province, Miami-Dade County. It's evident in my position that Cuba's transition has begun. We have our local emergency medical services dealing with people coming ashore all the time. Most of that doesn't reach the media, but it's still somewhat of a stress, although not an acute stress, to our system. We plan for and are concerned with a mass migration. This has been spoken about in Andrew Natsios' paper, and I'm glad that one of the recommendations is to recommend against the populations moving back and forth, because in 1980, during and following the Mariel Boatlift, it really stressed our system. From here, I'll transition into the emergency medical system (EMS) coverage.

EMS is relatively new in the U.S., but it has advanced rapidly. It has probably been around since the early 1970s, and it is, for many, the first access for emergency medical care, pre-hospital, and some consider it more accessible than a hospital, since it is only a phone call away. Obviously, that's not the case in Cuba. Even speaking of an acute period, an emergency peri-

od, it would obviously be dependent upon how the transition takes effect, but we still don't know, and I have not seen any information on, how they are able to handle trauma: isolated trauma and/or multiple casualty incident trauma as a result of violence, plane crash, or anything that would stress even our situation. How is that handled?

In the disaster community, perhaps the disasters that produce the highest morbidity and mortality in the shortest length of time are earthquakes. In Cuba, the hurricanes and flooding and even the droughts that have occurred do not produce such acute stress to the system and do not usually result in large life loss.

I agree with much of what was presented in Natsios' paper as options for what to do and what not to do. I think there needs to be more work done, before any humanitarian assistance-driven planning, on knowing what the current situation is, and there hasn't been a lot done on EMS – to whatever extent they exist in Cuba. More needs to be done to be sure that the plans that are put in place, and that whatever is asked, not just of the U.S., but of the international community, is appropriate and is based on the assistance that has been provided to Central and South American countries following disasters.

Sergio Diaz-Briquets

We've covered so much ground that it's really difficult to say anything, but I figured I would begin with the thoughts that crossed my mind. And one is a saying that is often heard in Cuba that I felt was really apropos for our discussion. As we know, many Cubans say, "We are not always sick or going to school." That was the first thing that came to mind. The second is something those of us who have studied the Cuban economy also know – Fidel never took an economics course. And the third is what my friend Julie Feinsilver has addressed as "symbolic capital." I think that explains the situation in Cuba vis-à-vis health, the fact that it is an "obsession," which was mentioned here about Fidel, and his war with the U.S., a term he has used in the past on a number of occasions. I don't want to go into the past, because that isn't what we're doing here, but he has mentioned he wanted to "win the infant mortality battle with the United States." This is an actual quotation in the Cuban press, so that's just some background.

Addressing the topic we are dealing with here, I tend to be an optimist, for a number of reasons, and most of them have been addressed here: proximity of the Cuban community and so forth. Communications are very well developed, and Cuba is a largely urban country, 80 percent. We've been talking about promoting community gardens. Fidel has already done that; he hasn't had any choice. Points that were addressed regarding the ability of the Cuban government to redistribute calories, I think that might be, but it ignores the catastrophic collapse in the ration system, the liberalization of the agricultural sector, and the enormous impact of migrant remittances, which have really softened the terrible impact.

There are several issues that I don't believe have been discussed that I think have enormous significance, [one of which is] the rationing system. As it is, it provides below the basics, less than the necessary calories, to the population, particularly to the elderly. I think that would be a major priority, because we have seen the statistics already, but the stories we get from the independent press in Cuba are rather grim. Another major question in my mind

has been addressed here, more of a long term issue, the insidious protein malnutrition that children have experienced now for quite a number of years, which may have consequences way beyond what we can see today. I fully agree: the case of Cuba is relative. Cuba by developing country standards, [in comparison to] Africa [or] Haiti, is doing well even within a crisis. This brings me to two other points that have not been addressed within emergency management, which I would really focus a great deal of attention on. One of them being a prison population estimated at between 200-250,000 people currently. With hundreds of prisons, with rather grim circumstances, planners really need to focus on this because that might be an emergency needing intervention immediately to prevent, as we already know exist, issues of infections, vermin, you name it.

The other one I'd like to take credit for because I've said it many times. We talk about migration, but I talk about another migration problem. The moment the totalitarian state loses control of Cuban society, you're going to have a big migration, not from Cuba, but into Cuba from Haiti. And they are going to bring disease vectors, they are going to use Cuba as a bridge to enter the United States, all kinds of problems. So it's a security problem, and it's a health problem. That's all, I just wanted to raise a number of issues. I think this has been a very informative meeting.

Steven Ullmann

Let me just focus on a thread that we've heard from all the speakers, where there is a significant amount of agreement. There is a common thread in this discussion, and that is that regardless of the shortcomings of Castro's Cuba – his political system, his economic system, his human rights violations – the health care system, for better or for worse, is considered to be the jewel of Castro's Cuba. That it is the one positive accomplishment, either perceived or realistic, and as we can see, we have some debate about whether it is perceived or real. Regardless, it is perceived to be the major accomplishment. It must be maintained for numerous reasons and bolstered by humanitarian aid, as the speakers agreed. This must be done for several reasons.

First, the humanitarian reason. If there is a collapse of the food supply or infrastructure, as has been indicated may occur, then those who are most vulnerable will be affected. We can see significant effects, as we've heard, on children under five, pregnant women, and especially the elderly, who have already been victimized by some problems in resource allocation. There is an inability to access vitamins, pharmaceuticals, and medical supplies.

Second, and more political: the population has come to expect an egalitarian provision of health care in Cuba. In any democratic transition, it is important to maintain this basic system of egalitarian health and maintain it everywhere. That includes both urban and rural areas because, as we recall, part of the revolutionary process that took place 45 years ago came from the rural areas as well, so it must be maintained there. In the absence of that, finger pointing can and will occur. Opportunities for alternative leadership will then be opened up, which is something we all need to be concerned about.

The health care system has become accustomed to coping with crisis, so systemically, it is well maintained. It is important, therefore, for humanitarian aid to bolster that. To accom-

plish that, there is a thread among our speakers in terms of doing that. Humanitarian aid must be focused, it must be coordinated, and it must meet the needs of the most vulnerable. Because resources are scarce currently and humanitarian aid is also limited in terms of resource allocation, it must be focused on where there is need. Which means, as we have heard, that tracking systems, management information systems must be in place and must be coordinated.

The provision of aid must be apolitical in regard to health care. Indeed, the health care system itself has become politicized, so it is important that when any aid comes into the health care system in Cuba, it must be apolitical so it can be aligned ultimately with any political system that may arise. Otherwise, it will be perceived as alignment to a given political cause.

There is a need to maintain pharmaceutical and medical supplies and insulate them as they come in, using humanitarian aid, from organized and disorganized crime. There is a need to work along with local providers because local health care, as we heard from all the speakers, is again, part of what makes Cuba's health care system work, the primary health care network.

There is a need to monitor and protect against significant "brain drain." We have been discussing the concept that there are too many physicians [in Cuba], but what also happens in countries in transition, and there's a lot of historical indication of this, and history in Cuba as well, that "brain drain" can occur if there's instability. So you can go from a situation where there are "too many" physicians in Cuba to too few. Again, there is also a need to maintain the successful vaccination program in the country. Humanitarian aid is important in that transition process.

Questions and Answers

José Carro

I would like to thank Dr. Melgar and Dr. Burkle for very realistic presentations of the Cuban health system and medical care, and I would like to address Dr. Garfield concerning your insistence on government statistics as reliable. I have a couple of comments. A lot has been said, including those comments by Dr. Burkle, about lack of medical goods and the experience that we have in Miami with recent arrivals from Cuba having uncontrolled hypertension, extreme diabetes, and congenital defects that have not been addressed. These things lead to increased morbidity and mortality, which cannot possibly be compatible with your mortality figures of dropping to between seven or eight per thousand in the late nineties. Totally impossible.

The other thing is that several epidemics, dengue epidemics particularly, have gone unreported. In the early nineties, Dr. Dessy Mendoza attempted to report on one of these epidemics and was taken to jail and eventually exiled. So I think, the statistics in general, as Dr. Melgar said, are not reliable, and I'm very concerned that you are making decisions and planning based on these statistics. What will happen when you find out the reality of the statistics when you have access to real data, in terms of the changes that you will have to make on your future prospects? Thank you.

Richard Garfield

In epidemiology, the devil is in the detail. One of the areas that I said I would not rely on is statistics from Cuba about dengue epidemics because they have gone unreported. There are several other epidemics of other conditions that I would not rely on. But I could tell you, if I happened to be in Havana today and I passed by the Unidad de Análisis, which hospitals have anti-hypertensives and how many pills they have. This data is current and accurate to the level of the province, dependent upon the honesty of the provincial leader. There is some information that is very good. I wouldn't say that any of it is accurate on faith. And in any one-party system you have a lack of opportunity to confirm. But some of the management information is just remarkably good. And some of it is poor.

Frank Hernández Trujillo

I've heard some comments, and I would like to give you an anecdote. I was speaking to a farmer who visited Miami. He went back to Cuba, and he said "Look, if I have a headache, I have to ride my horse 8 kilometers to the pharmacy in town so they can give me one aspirin, and then I ride back. By the time I get back, I have the headache, plus everything I picked up on the ride back." Now, I believe that the Cuban government's largest capacity and specialty is to falsify data, is to lie. They will build you a Potemkin village. You will visit Cuba, and they will show you storefronts, but I wonder, those of

you who have visited Cuba, have you been to Guantánamo? Have you been to Baracoa? Have you been to Guane? Have you been to Manzanillo? Visiting Havana is not visiting Cuba. I'm sorry to tell you that.

Andy Gomez

I want to stay an optimist, like Sergio, because I am an optimist, but I think we need to put in perspective…in Cuba everything we are looking at, we are not talking about a democratic transition. We are talking about a succession of power that presents a number of different scenarios, so my question to the panel is: under that scenario, would your strategy change in terms of what kind of humanitarian aid we will focus on?

Frederick Burkle

I think we mentioned that a new epidemiologic model may emerge immediately. We have based our traditional humanitarian responses on previous complex emergencies, but they have all been unique. And there isn't any one that is going to be more unique than the Cuban situation, so where does it fit in some situations? We're ready with basic World Health Organization kits and all the rest. My second to last paragraph mentioned that I think there is some concern that a new epidemiological model will emerge, and then we will have to be able to respond to it immediately. I am feeling the same thing that you are, there's something different here.

Joe Scarpaci

Because it is a military society, the military has a very important role in getting food out there in an emergency situation. Having been through two hurricanes in Cuba, I am amazed at how quickly they get stuff done. Which leads to the questions of how this transition happens and how it's packaged. How the military responds really hinges upon whether or not the Cuban government can retain sovereignty and save face and deliver emergency food under any scenario. I think that's a variable that no one can anticipate. But I think they can do it very well.

The second thing is related to data and the census. Probably the most common sticker on doors is "This house was censada," referring to the 2002 census. It seems to have been delayed. Are they cleaning up the data? Does anyone know when it is coming out? Because there are lots of really interesting issues in that census. Thank you.

Richard Garfield

I should be able to answer the question about the census but I can't.

Gary Maybarduk

I wanted to comment a bit on the comments of Dr. Garfield and the representative of World Vision. I actually have a great deal of sympathy for what they said and the gener-

al thrust of their comments. I think in the case of most emergencies, the Cuban medical system and civil authorities should be able to cope with local distribution of food and medicine and medical services even in a breakdown of central authority, so long as it is not accompanied by major violence.

That being said, I think there will be major bottlenecks, particularly in transportation, fuel, and I think that's something that needs to be considered. I am more concerned with what I think is a very quiet, unseen but current humanitarian disaster that I strongly suspect is already going on in Cuba. It is based on my own intuition and anecdotal information from when I was there, but I think [compared with] Dr. Garfield's statistics, we will probably discover a much higher mortality rate among the elderly, when the figures finally come out.

To survive in Cuba, you cannot live on your salary, and you cannot live on going to the store or on your *libreta,* your ration card. You have to be hustling all the time. You have to be working the black market, either buying, working, raising your own food, and so on. The elderly have a difficult time doing that. There is also the severe lack of medicines for chronic illnesses at that age. And judging from what I heard from Catholic Relief Services/CARITAS, from the Jewish synagogues, and from people around the country, I think we are seeing or will see, large numbers of quiet deaths going on, isolated people in little apartments, in little houses all over the country, attributed to chronic illnesses, but very much due to the current situation.

Frederick Burkle

I think the data that have come out show that the most vulnerable group is the elderly right now, so we agree with you. I think that elderly data, the mortality rate, have to be disaggregated as to whether [deaths were from] natural causes or related to something else. One of the main responses is going to be the chronic lack of some of those pharmaceuticals that the elderly need and some immediate assessment of that.

Richard Garfield

I think the term "quiet deaths" is a very good one, especially in any situation of humanitarian emergency or suspected humanitarian emergency, the opportunities to focus on photo ops and public images that capture the imagination are mainly focused on children under five years of age, the innocent, the vulnerable. And in Cuba, we have already seen a social compact to focus on young children and ignore the needs of the elderly. In reviewing death data, it is apparent in the reviews that many are due to withdrawal of food or withdrawal of medicine. This occurs at an official level; hospitals are saying "we only have a limited stock of this stuff, so here are the people we are not going to treat." Give us your opinion if that's the right rationing system or not, but this happens at the family level as well, where families make decisions about who should be fed and who shouldn't, who will give it up. And it is invariably the elderly. What has been done in Cuba, because of the effectiveness of a singular administrative system, is that traditionally vulnerable groups have been made less vulnerable, and new vulnerable groups have been created.

Frank Calzón

I listened very carefully to our friend from World Vision, and I wonder if she could answer a few questions. As far as humanitarian assistance is concerned, the press report that recently [mentioned] that Mr. Castro has told the European Union that Cuba does not need EU humanitarian assistance. This is not the first time Havana has rejected humanitarian aid. The U.S. has offered and has been rejected, and I know of at least one case where several tons of food gathered by Cuban families in Florida had to be reshipped to another country because Cuba rejected it.

My other question has to do with the courageous work of NGOs in Cuba and the relationship of foreign NGOs with Cuban NGOs, with independent doctors and others who are trying to do what they can to help in Cuba, and whether World Vision works with some of them.

And finally, if there are any problems that World Vision could tell us about other NGOs and their activities. Pax Christi reported that some humanitarian assistance gets resold in hard currency stores. There have been some reports that the Cuban government has instructed Cuban doctors not to send patients to parishes where medicine was available because the Cuban government was embarrassed by the idea that the Catholic Church could provide medicines that are not available in Cuban government stores. Thank you.

Carolyn Rose-Avila

Thank you very much for your comments. I will say that World Vision, as an organization, is not working in Cuba at this moment. We don't have any immediate plans to work in Cuba. However, we obviously have relationships with NGOs that are working in Cuba just as colleagues. Regarding some of the comments that you have made about reports you have heard, I cannot confirm or deny. However, I can say that there is an entire body of literature on the politics of disaster. A part of that literature [deals with], and based on my own experience during Hurricane Mitch in Central America, government structures tend to misuse humanitarian assistance, regardless of what kind of government it is. They tend to misuse aid if you do not have checks and balances on that, and there is a whole literature on the misuse of humanitarian assistance. And therefore, I think it will be very important for us to separate the Cuban people from the Cuban government apparatus and to build on the Cuban people's capacity to survive, to invent, and work at a local level.

World Vision's experiences around the world have been that at the moment of a humanitarian crisis, academics, government officials, etc. spend lots of time arguing about what to do and where to go. Days will go by, and people will not have the wherewithal to survive. They will sit either in camps or communities and wait for whoever is taking over to identify what the strategy is going to be. I saw that in Hurricane Mitch, where day after day went by, and Nicaragua could not decide how to cope with the refugees in camps. So we need to realize that we have to recognize local community effort and allow and reinforce those efforts during any transition. And I think in Cuba

there are some partnerships going on that are helping. Whether the Cuban government, I don't know their opinion on this, is beginning to work with communities, and we need to be able to support this. Thank you.

REALITIES OF FOOD SECURITY IN CUBA*

James Ross

The opening of Cuba's agricultural markets in 1994 gave opportunities to farmers and cooperatives that meet their state quota to sell excess produce directly to the populace in government markets. Foreign Investment Law 77, built upon Decree 50 of 1982, allowed Grupo BM of Israel in 1991 to enter into international economic association with the Cuban government to market citrus. In 2001, the United States passed the Trade Sanctions Reform and Export Enhancement Act, which allowed for some food and pharmaceutical goods from the United States to be exported to Cuba.

At this time, the Cuban government has continued the promotion of urban gardens, which were important in the 1990s, as well as a shifting in usage of some of the land from sugar to food production to deal with threats to food security. At least 100,000 hectares devoted to sugar were converted, and over half the sugar mills were closed in 2002.

Cuba's food supply policy relies most heavily on foodstuffs of national origin, followed by mixed enterprises and foreign sources, respectively. Mixed enterprises are the international economic associations and foreign investments that are made in food and agriculture.

Indices of national food production fell drastically with the loss of Soviet subsidies. The Food and Agriculture Organization of the United Nations' (FAO) data, which is almost exclusively based on Cuban government data, place production at 70 percent of levels Cuba attained with Soviet support.

Table 1.

INDICES OF NATIONAL FOOD PRODUCTION FOR CUBA	
1989-91	100.0
1992	79.4
1993	59.0
1994	57.4
1995	54.4
1996	64.2
1997	62.6
1998	58.5
1999	66.4
2000	72.2
2001	70.2
2002	70.3

Source: See FAO data at <http://www.fao.org/countryprofiles/default.asp?lang=en>.

*This paper contains updated material from James E. Ross and Maria Fernandez Mayo, "Caribbean Basin Market Development Reports, Cuba's Dollar Food Market and U.S. Exports 2003." See <http://www.fas.usda.gov/gainfiles/200309/145986144.doc>.

Mixed enterprises (MEs) do not bring foreign investment that would significantly affect the food supply for the Cuban population. Most foreign investment is targeted in food for the tourism industry. Some examples include Sherritt International, which has a "Sherritt Green" joint venture with the Cuban government. Grupo BM of Israel and AgroKing of Canada are also significant players in food production for the Cuban tourist market. Grupo BM markets fruit from what reportedly was the largest contiguous citrus grove in the world, at 37,000 hectares [91,390 acres], in 1991, when its trade arrangement was made with Cuba.

In food processing, Coral S.A., within the Ministry of Food Industry (MINAL), is the official Cuban partner with 16 mixed enterprises, controlling 40 to 50 percent of those companies, as well as 12 cooperative agreements.

Cuba's food imports from foreign sources during the 1990s were mainly from the European Union (flour, wheat, and dairy products); Canada (pulses, red meat, and poultry); Asia, particularly Thailand, Vietnam, and China (rice). Argentina and Brazil were also significant sources of soy products. This is changing with the Trade Sanctions Reform act and Cuba's trade with U.S. agricultural interests, which began in December 2001.

At the consumer level, Cubans can purchase food at peso or dollar markets, although the euro is recognized in areas around Varadero. The official peso outlets include the ration stores *(mercado de alimentos racionados)*, which provide from 8 to 10 days of food per month for the average family. The agricultural free markets *(mercado libre agropecuario – MLA)* have become important sources of food for Cuban families. A derivative of the MLA is the fixed price market *(mercado agrícola a precios topados)*, an attempt to limit supply and demand pricing. Agricultural fairs *(ferias agropecuarias)* are held on the last Sunday of every month in Havana and offer produce at very competitive prices. There are also stands or *placitas* that sell food produced in urban gardens, markets with the excess produce of the Youth Worker's Army (EJT), which grows food specifically for the military. The EJT markets are reported to have the lowest prices. There are also chains of stores, such as Imagenes, that sell processed foods.

The peso food market is not sufficient for basic needs, so the dollar market becomes necessary. Three available outlets in dollars are (1) the Dollar Stores or Stores for the Recuperation of Foreign Exchange (Tiendas Recaudadoras de Divisas – TRDs); (2) *paladares* or domestic restaurants, where Cubans can use dollars or pesos; and (3) the black market, where both currencies are accepted.

Some of the foods sold in dollars are produced in Cuba. The Ministry of Agriculture (MINAGRI) reported providing nearly $200 million in food to the tourism industry, as well as raw materials for the food industries, which are processed and sold for dollars. The Ministry of Food Industries reported production of 1.9 billion pesos' worth of food in 2002; of that, approximately 300 million pesos' worth of food was sold in dollar markets within Cuba.

Alimport is Cuba's government body that imports food and is the sole importer of U.S. products. Alimport controls one-fourth of the island's total food imports. Reports state that the majority of food imports go into the peso market, but there have been no statistics released that give a breakdown of percentages sent to peso and dollar markets.

Some dollar foods are sold in the TRDs, where sales are only in dollars or convertible pesos. There are six major chains of TRDs and about 1,000 of these dollar stores nationwide;

300 are in Havana. TRD prices tend to be 240 percent of the actual price of imports. Domestically produced products tend to have a 170 percent price markup over the domestic price. Other dollar foods are sold to tourists.

Cuba has more than 300 hotels and over 40,000 rooms. According to Cuban government statistics, 1.9 million tourists visited the island in 2003. Tourism generated approximately $1.5 billion in revenues in 2002. Cuban government sources claim that only 35 percent of tourist supplies are imported, with the majority being produced domestically. In 1990, when Cuba received only 340,000 tourists, the government reported only 10 percent of tourist supplies as domestically produced. Some food products, such as butter, may be imported, repackaged, and claimed as domestic products, leaving some doubt as to the accuracy of these claims. Reportedly, food sold to tourists tends to be sold at 300 percent of cost. With significant markups of 240 to 300 percent over this value, subtracting the costs of imports, there are significant profits.

Table 2.

ESTIMATED VALUE OF PRODUCTS ENTERING CUBA'S DOLLAR FOOD MARKET	
Source	**Millions of US$**
Imported Food	200-300
Ministry of Agriculture	180-200
Ministry of Food Industries	250-300
Mixed Enterprises	5-10
Agricultural Markets*	5-10
TOTAL (Rounded)	600-800

Source: Author estimates.
**Estimate of dollars exchanged for pesos at Casas de Cambio located near Agricultural Markets. Pesos are then used to purchase the dollar equivalent of peso food.*

The national food supply does not provide adequate nutrition. Cubans' average total caloric intake per day has decreased, and calories from animal products have decreased substantially since the loss of Soviet subsidies.

Table 3.

DAILY CALORIC CONSUMPTION AND DIET MODIFICATION OF CUBANS			
Years	Total Calories	Vegetable Products	Animal Products
1961-1989	2,763	2,111	653
1990-1994	2,513	2,071	442
1995-1999	2,390	2,058	332
2000-2001	2,629	2,261	368

Source: Food and Agricultural Organization of the United Nations. See FAO web site cited under Table 1.

Currently, approximately 18 percent of Cuba's total imports consist of food and agricultural products. After loss of Soviet assistance, the percentage was higher, peaking in 1993 at about one-fourth of all imports. This reflected lower food production and the pressure on foreign exchange to import food.

U.S. agricultural exports to Cuba have increased significantly since 2001. (See Table 4 below.)

Table 4.

CUBA'S IMPORTS OF U.S. AGRICULTURAL PRODUCTS, 2001-2003, IN US$1,000			
Product	**2001**	**2002**	**2003**
Bulk	26	64,416	86,071
Intermediate	0	27,069	69,881
Consumer Oriented	0	20,003	32,375
TOTAL	26	111,488	188,327

Source: Foreign Agricultural Service, U.S. Department of Agriculture.
See <http://www.fas.usda.gov/gainfiles/200309/145986144.doc>.

The products that Cuba has primarily imported from the United States are listed in Table 5.

Table 5.

CUMULATIVE VALUES OF U.S. EXPORTS TO CUBA, 2001-2003		
Product	**Millions of US$**	**Percentage**
Soybean Oil	56	19
Coarse Grains	52	17
Poultry	47	16
Wheat	43	14
Soybean Meal	38	13
Soybeans	38	13
Rice	16	5
Other	10	3
TOTAL	300	100

Source: Foreign Agricultural Service, U.S. Department of Agriculture.

Building on Administrator Natsios' paper, and looking at a potential crisis, major sources of food assistance for Cuba include tourism, remittances, bilateral food aid (USAID, etc.), and multilateral food aid (World Food Program – WFP). The WFP has a current project to

decrease vulnerabilities in food security in Eastern Cuba, which is slated to last until December 2005. It has a stated commitment to provide 48,504 tons of food and has an operational budget of US$23 million, with $14 million going directly to the food component. Other recent programs that were implemented as a response to the recent hurricanes have been phased out, including a project in Granma province focusing on agricultural production for food security.

In conclusion, Cuba needs to import food to meet its food production deficit, as well as to meet the food needs of the tourism industry. This creates pressure on the government to earn dollars. To earn foreign exchange to import food, Cuba is selling food for dollars and may divert food from the peso market to the dollar market, which is most probably already being done. This policy may exacerbate undernourishment among Cubans who do not have access to dollars.

There are some concrete recommendations that may contribute to planning humanitarian food aid in Cuba. An annual review of the overall food situation in Cuba is important and is not being done, at least not in the public domain. A periodic assessment of the national food supply should also be done, as well as a tracking system of supplies and prices in food markets. Household surveys of food stocks, particularly of the distressed urban poor, would also be an effective tool in gathering relevant information

Tracking Complex Emergency Dynamics in Post Castro Cuba: Can We Really Change the Status Quo?

Maria F. Trujillo
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Rob Rose

Abstract

Cuba represents a unique and challenging problem for those anxious to see the island state integrated into a more democratic and open society with minimal disruption. While successful in maintaining a relatively high minimum level of living, as measured by public health and demographic indicators, Cuba has not been able to extricate itself from the poverty of a developing country under socialism and economic dependency – first on Soviet and then Western European resources and remittances). Taking the USAID Administrator Andrew Natsios' paper, "Humanitarian Assistance during Democratic Transition in Cuba" (Natsios 2000) as a departure point, we offer an analysis of the need for a deliberate "information tracking and evaluation intervention," focused on local level awareness intervention monitoring and prevention with a major emphasis on informed community response and recovery resulting from a transition in post Castro Cuba.

Summary

We consider that a robust information system strategy (for tracking, evaluation, and georeferenced data) can actually serve as an important preventive measure. The way in which the information strategy is implemented is as important as the type of information that is collected in response to a crisis. Our thesis is that the information strategy itself should include both outcome factors related to the unfolding of transition, as well as monitoring of the flow of resources to Cuba. For example, from personal experience,[1] we are aware that Internet censorship has been the norm for most Cubans, particularly those dealing with the outside world. A more open source approach, focusing on the rural and urban community, as the source of positive deviance where good ideas could be evaluated quickly and spread rapidly, represents a real model of entitled democracy consistent with Cuban ideology but different enough from the Castro system to work toward the goal of a peaceful transition. We argue that the information system strategy can serve as an important preventive measure as well as potentially avoid negative local response. The Cuban people must be provided with an ideological escape hatch from which they can work toward building a new reality. Local level data are currently collected as a part of Cuba's reporting system that is both highly efficient and perceived as repressive. By converting that system into a transparent and internet–accessible scorecard of "where and what needs to be done," we may radically impact the quality of life of the aver-

age Cuban. This strategy may also provide us with a path to the future.

We argue that information can be a tremendous catalyst for social change in the post communist scenario, but that tracking should be done in a fashion that transforms the attitude of Cubans from one that understands information as an instrument of oppression to one that empowers the people to be active participants in local management of their destinies.

Thus, we argue that a large U.S. footprint on the tracking system is likely to be counterproductive. We also believe that probability surveys and microeconomic assessments (livelihood analyses) will be key to understanding the way forward in Cuba. We believe that lessons can be learned from recent transitions, including the Iraq situation, that offer some lessons about information management/tracking strategies.

Information System

One of the first objectives would be to assure that any information system (tracking, evaluation, geo-referenced, etc.) of the future would be accessible to all of those with interest. This merges nicely with the evolution of cellular telephone technology and its merging with com-

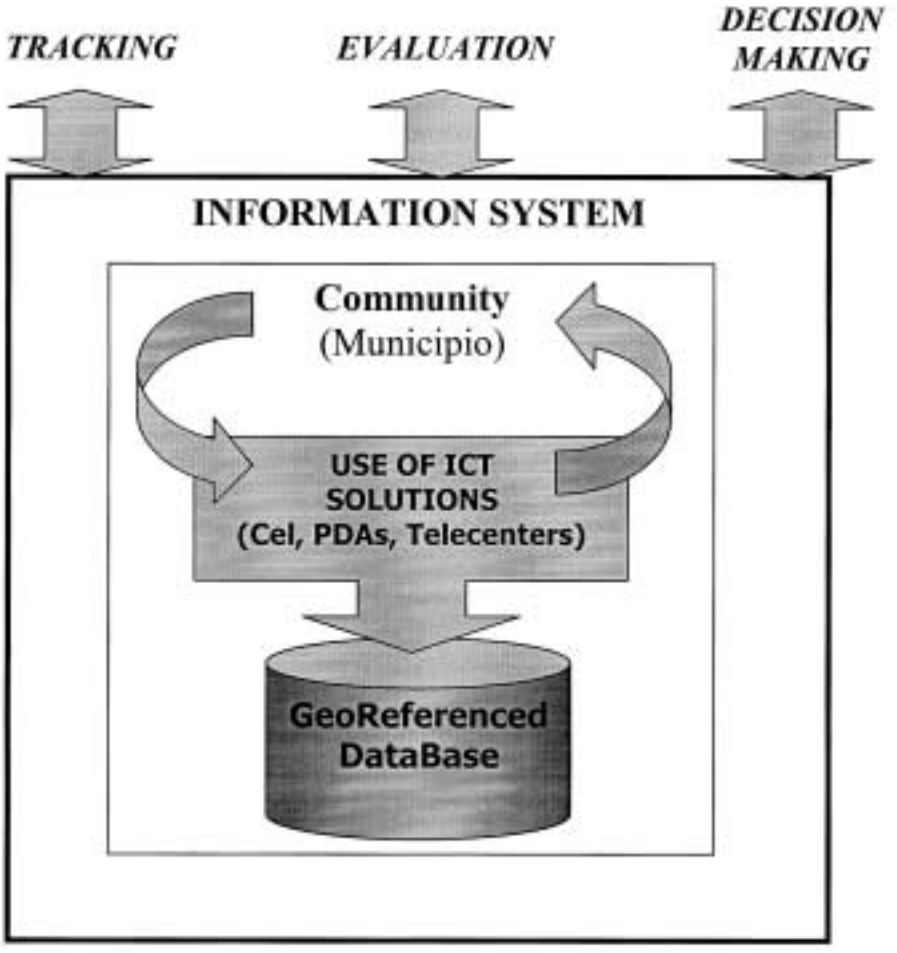

Figure 1 - Information System for Tracking
(evaluating, decision-making, etc.) based on
Community Use of ICT for Complex Emergencies Dynamics in Post Castro Cuba

puters and Personal Data Assistants (PDAs), so that by building a community level network, each community collects, reports, and acts on its own data before while passing it onward. This should result in a level of empowerment, in stark contrast with the current regime's control of information and its use.

Cuba's relatively small geographic space could be made wireless accessible quickly. The health and disaster response infrastructure that is now in place could be empowered with the roles of implementing data collection and reporting. Evidence from the old Philippine nutritional status reporting (*barang* model) system suggests that communities, when given the opportunity to compete for positive health outcomes, will do so. Indeed, health and nutrition data that are already part of the Cuban information reporting environment could be combined with more traditionally important types of information that are collected in response to crisis. Key to the success of this type of strategy would be low-cost access cell phone or telecenter connectivity (such as the Little Intelligent Community Centers—LINCOS—in Costa Rica and Dominican Republic), where Cubans could see that they are part of a world community and be proud of at least some of their accomplishments. In the LINCOS model, the data collection centers also become access and education and health care centers, increasing human capital and improving overall community conditions. Our thesis is that the information strategy itself should include both outcome factors (health, nutrition, and education indicators) related to the unfolding of transition as well as monitoring of the flow of resources (income distribution, full employment, and access to education) to Cuba as well.

We hypothesize that, despite current shortcomings, the time is right to develop an information system. System development would be a strategy in itself and would have the following information elements:

Objectives

- Prompt preventive interventions (in the areas of nutrition and potential economic disaster as well as the usual natural disaster environment).
- Guided response planning and implementation plans at the local level.
- Evaluation strategies for initiatives aimed at prevention, response, and recovery.
- Enabling of communication and internal and external accessibility/connectivity throughout Cuban society.
- Focus on areas where Cubans have something to be proud of (health, education, disaster response, art, music, etc.).
- Use Cuban expertise in other development interventions. (For example, South Africa was about to finance 300 Cuban health professionals to work in the rehabilitation of the primary health care system in Rwanda.) On a population basis, there exists a surplus of well-trained health professionals prepared to go overseas if needed.
- Choose some best examples as well as problem areas to monitor.

Types of Information Required

Within the overall context described above, we would suggest that there are different types of required information:

- Early signals of impending crisis.

- Population vulnerability and capacity to respond, including attitudinal factors toward democracy, civil society, and hope for the future.
- Attitudinal data regarding changes in policy politics of the Gallup Poll variety.
- Community level activities, resources, and intentions of external players.
- Elements that would relate to behavioral change regarding economic opportunity and quality of life issues over time.

Strategies

To realize these approaches, we suggest some underlying strategies that include the following:

- Emphasize reliable and population-based methodologies for real time and near real time assessment. Cuba is a particularly good candidate for geographic information systems (GIS), which are useful at the local level. In the area of environment and coastal studies, good work has already started.
- Organize information management so as to catalyze local use of resultant data by Cubans at the local level to the extent possible. This will empower people, increase participation, and diffuse efforts to mobilize opposition based on ideology.
- Emphasize real time, near real time, and continuous monitoring of contextual and local population factors that will drive the dynamics of preventive, mitigation, and recovery-oriented transition. These types of monitoring build on both technology that is in place and the Cubans' exposure to U.S. and other developed country information sources. The Cubans are generally well educated and knowledgeable about the outside world.
- Identify and support, by enabling with information technology, neutral change agents that can disseminate real time and local information management as early as possible in the transition process.

Possible actors to carry out joint design and implementation strategies include Latin American regional institutions such as CEPREDENAC[2] (Central America) or other regional mechanisms like CDERA[3] (Caribbean) or CAPRADE[4] (Andean).

Assumptions and Scenarios

The USAID Administrator offers three scenarios based on humanitarian response assumptions:

1. ***Rapid Transition Scenario:*** A rapid transition to democratization occurs. In this situation, the proposed information system will serve as an adjuvant to [enhancement of] rapid transition. It will empower local participation in governance and resource management. It will also provide some assurance to the international community that a rapid transition and move toward a democratic and free market society is, in fact, robust.
2. ***Unstable Transition Scenario:*** The next regime does not embrace democracy fully but does move toward a free-market system. In this case, the information strategy will provide early warning of impending crisis.
3. ***Unstable Failed State Scenario:*** A large-scale complex emergency occurs. This scenario might even result from a changed evolution of scenario two. In this case, the

information strategy will allow a faster mitigation of and response to the situation (Natsios 2000, 24)

In all three scenarios noted above, the "local information as intervention strategy" could work. It is possible to start right now to develop telecenter and wireless accessibility approaches that could be put into place via third parties or through networks, such as those we have already built at Tulane. These systems could be designed and built now by joint teams focused on disaster applications in the Americas. They would include the use of telecenters as disaster control and command centers and the use of cell phone/PDA devices for rapid data collection and transmission. Based upon the Cuban recognition that these tools are needed for disaster response, including complex emergencies, we believe that an entire strategy could be developed over a 24-month period starting now. Such a strategy would be open and would result in benefits to all sides, regardless of what eventually transpires in Cuba. Telecenter and wireless accessibility approaches would prepare the fields for rapid transition and prototyping of positive interventions in a relatively small geographical area, where the population is reasonably well educated and already aware of global issues. The challenge will be to find the right set of interventions for what promises to be a rapidly changing environment—interventions that will allow the Cuban people to keep a sense of identity and accomplishment, while opening the society to democratic and free enterprise solutions for participation in the global economy.

Additionally, in each scenario stated above, the status quo is altered. As Natsios puts it, "The old order will not relinquish power willingly" (2000, 28). We believe that there are actually two 'old orders' of concern: (1) the apparatchiks and (2) the humanitarian world, which continues to operate on a supply-side and paternalistic model. We actually are more concerned with the latter, which has not yet demonstrated progress toward a new paradigm, one, we argue, that can be leveraged through the strategic use of information as an intervention.

Information is *the* Intervention

We agree with Natsios' highlighted statement on how humanitarian relief strategy should be carried out:

> *This should not be done primarily through the importing of humanitarian relief commodities such as food and medicine by aid agencies into Cuba, but through the strengthening of the traditional coping mechanisms of the population* (2000, 26).

What is strategic about our approach is that we view information collection tracking as an intervention in its own right. Our proposed information strategy is the key instrument needed to empower Cubans. This is especially true in a post communist context. One of the great obstacles to development in several post communist transitional contexts is the persistent belief by the population that information and/or surveillance is a tool of repression. This also seems to be the case in Cuba. Thus, it will be important that the change agents promoting the information interventions should be viewed as neutral parties, having no hidden agendas related to the information use.

Resource Allocation and Transparency

On this topic, Natsios' paper states:

> Our experience with other totalitarian regimes in this century suggests widespread human suffering can be disguised from outsiders by a determined government through its internal security apparatus (see Becker 1997 on how the Chinese Great Leap Forward famine was disguised from both the central government and foreigners). We may not be seeing terrible conditions in Cuba because the central government does not wish us to (2000, 24).

We agree with this comment and the fact that we do not know enough about the well-being of the population, as routine data are likely to be adjusted, and there is no evidence of unbiased population representative surveys. We believe the latter to be an important need.

Natsios' position on how resources may be allocated—and, consequently, how information will be shared—considers that "the aid effort may face substantial pressures from the State Department and the Cuban-American community to provide general assistance to everyone" (2000, 28). Based on existing information, we believe that there will be plenty of resources to go around. The more quickly Cuban organizations on the island can be empowered, through information and the deliberate abdication of control by the humanitarians, the less likely that pressure from the State Department and the Cuban-American community will complicate the aid effort.

Also, real time information feedback will be a great asset and is now feasible technically and financially. Real time information will permit Cubans to see the immediate benefits of information to local planning/response activities. As information transparency is a crucial determinant of successful democracy and free market performance, we believe information interventions to be particularly critical in post Castro Cuba.

Vulnerabilities and Capacities of the Cuban Population

What do we know already about the vulnerabilities and capacities of the Cuban population? We have access to nonclassified information produced by external actors. In our opinion, the World Food Program (WFP) probably has developed the most intimate knowledge of the existing evidence base related to vulnerabilities and capacities (WFP 1996, 1999, 2000, 2001), based on information on land use, salinity, and poverty.

The WFP Vulnerability Analysis and Mapping (VAM) Cuba profile classifies 33 *municipios* (municipalities) as very vulnerable. They represent 56.4 percent of the country's area, home to 2,374,200 inhabitants. This number composes 60.9 percent of the total population in the region. This portion is 21.4 percent of the country's total population. The female population is 1,173,600 (49.4%). The most vulnerable groups were minors under 13 years and elders above 65. This means 536,500 children and 182,300 elderly are the most vulnerable within the vulnerable group.

In spite of its strengths, what the WFP VAM exercise does not have is any population representative data on health status outcomes per se, though it warns of eroding food security as indicated by dietary consumption information, which we do not believe to be sufficiently robust (dietary consumption data is difficult to collect). In this way, we agree with

Administrator Natsios that population representative household surveys on health, food security (especially anthropometry and micronutrient status) are critical. Despite this limitation, the VAM exercise provides for a relatively rich source of base maps for planning purposes.

Another important factor in assessing the Cuban population is the threat posed by HIV and the application of lessons learned from Southern Africa. In the African case, high rates of sero-prevalence concentrated around the more isolated countries of Angola and Mozambique, which had lower sero-prevalence. However, vulnerability factors in these countries were high—including poverty and the emergence of prostitution. At same time, it would be safe to assume that these countries would have considerable population movement and mixing after opening up. In other words, they were a tinder box for HIV. If we study a map of the Caribbean region, we can distinguish the same potential for Cuba.

A number of U.S. scholars already have developed some capacity to assess attitudinal factors among the Cuban population through their assessments of recently arrived immigrants, albeit a biased sample. Assuming that a post Castro Cuba will continue to produce immigrants, this approach might be used to continue to capture attitudinal data if a repressive regime persists.

Information Availability

Our information tracking system strategy goes beyond what Natsios refers to when he says, ". . . a proper assessment will determine the food supply, nutritional status of children, shelter, agricultural production, water, sanitation, medical and micro-economic situation" (2000, 27).

Two points need to be considered regarding assessment; first, the larger problem is more likely to be the influx of resources and organizations, as the basic information Natsios mentions is more or less available. At the time of a transition, we should already be poised to utilize available information about vulnerability (except for the need for population representative nutrition/well-being and attitudinal information). A second point and equally important need is to organize information on players (meta-level information on who is collecting and processing information) and to utilize this meta-level information as a key tool in coordination.

Massive Rural to Urban Displacement

What about positioning of resources to prevent massive rural to urban displacement? First, Cuba is now essentially an urban country. Current estimates of migratory trends suggest that the vulnerable eastern provinces of Cuba are experiencing notable out-migration. Therefore, we argue that current available information suggests that rural to urban migration may be irrelevant or, as in the rest of the Americas, unstoppable. Alternatively, available data might suggest that a crisis is already unfolding in the Eastern part of the country.

We agree with Administrator Natsios that, should there be a crisis, micro-economic information is vital for planning a response and recovery strategy, but we also believe that more information is required before launching a massive home gardening campaign. While the home garden was always a feature of the Russian culture, this is not true in Cuba. Instead, if there is any culturally pervasive household food production strategy already in place, it may be small animal husbandry.

Draft Design Specifications of the Information System

Natsios' paper calls for the following: "Terms and conditions could be developed now for four tracking systems—two in food and two in public health. These include nutritional surveys of children under five, morbidity and mortality tracking, food market surveys of prices, and household surveys of family food stocks" (2000, 31).

This is a key point, with which we only partially agree. These should not be four different systems, and the specific information content also is arguable. We propose the following:

- ***Household monitoring of nutritional status and well-being,*** including mortality, dietary diversity, morbidity, school enrollment (yes, we agree with point 7, page 111), perceptions of security ,and progress in governance. Please note that in post communist countries, target groups and types of morbidity may not be acute infectious diseases in the under five group.

  In Kosovo, Paul Speigel (personal communication) demonstrated that most non-conflict mortality was the result of populations with chronic conditions not having access to their medications and medical interventions. Also, the elderly, not the young, were those most vulnerable to malnutrition.

- ***Market surveys.*** This is an under-emphasized aspect of most crisis and transition monitoring—it is not simply prices, but a larger set of information related to the performance of markets that prove useful. Qualitative micro-economic assessments, such as the livelihood methods, that provide information about the nature and evolution of the access, availability, and risk dimensions of food security are also useful tools.

- ***Monitoring key factors related to security risks and forward transition,*** including syndicate surveillance, perceptions of security, progress of civil society evolution, and so on, should take place.

- ***Capacity.*** Both internal and external resources for addressing needs, data bases of organizations and resources (meta-level data), are needed.

- ***Security.*** "A system should be worked out for . . . experiencing problems with organized criminal syndicates. . ." (2000, 31). We agree. We believe these system factors are an important part of the tracking system.

We agree that these systems (or part of the same system) should be established now. Indeed, we believe that there is no reason not to begin to design and implement such a system. We also believe it is time to train the trainers of those who might be the implementers of such a system and the Latin American regional institutions already mentioned: CEPREDENAC (Central America), CDERA (Caribbean) and/or CAPRADE (Andean).

Indigenous coordination

> "Studies of coordination mechanisms in other emergencies have found that the most effective system is for the indigenous government to demand the NGOs, Red Cross movement, and the UN agencies form their own coordination unit which would deal with the government ministries as a single humanitarian voice. The indigenous government should avoid trying to set up the coordina-

tion mechanism itself or interfere in the internal management of the unit. Its role should be to demand the unit be set up and that humanitarian agencies all join this unit and work through it with the government agencies" (Natsios 2000, 32).

Yes, we wholeheartedly agree in principle with the above; however, a complex emergency suggests that this option is not viable. Therefore, we suggest a regional organization rather than a U.S.-based one or the usual HOCs/HICs.

Why a Small U.S. Footprint Is Desirable

A delicate issue will be how large should the U.S. footprint be on the tracking and surveillance system that is implemented? We would suggest that too much of an obvious U.S. involvement would be counterproductive. Contrary to Administrator Natsios' position, we believe a small U.S. footprint is crucial. Natsios proposes that a humanitarian assessment be carried out by the United States, as follows: "This assessment can be done by the United States government through the Office of Foreign Disaster Assistance within USAID using a standard format widely accepted among humanitarian agencies" (2000, 27).

We disagree. Traditionally, Office of U.S. Foreign Disaster Assistance (OFDA) methods do not emphasize population representative data collection and feedback to locals. We think this is unwarranted and potentially counterproductive. Additionally, others have far greater engagement in Cuba and will want to be key players, for example, China, the European Union, Spain, and Canada.

Given the high level of informal communication already present in Cuba with respect to world and particularly U.S. (Miami based) events, we would suggest technical assistance from the professional disaster response community. Cuba already has a highly sophisticated and aware disaster response capability; by working with the Latin American regional institutions already mentioned (CEPREDENAC, CDERA and/or CAPRADE) a Latin friendly, supportive set of mechanisms would go far toward preventing what might potentially be an approach perceived as too U.S. oriented. Given the fact that the United States was responsible for the creation of all these regional mechanisms, their combination could greatly strengthen hemispheric response to natural disasters, as well as provide real time information for evaluating the progress of the Cuban situation.

What does the situation in Iraq have in common with possible post Castro scenarios? Like Iraqis, Cubans have a real reason to resent the United States. They share in common an embargo. The U.S. Cuban embargo, supported by a large number of Cuban-Americans, feeds emotions and potential conflict from leaders of both sides as an easy instrument of propaganda about the West. Thus, while some Cubans may mistrust Americans to a great degree, we believe that much of the Cuban population is sophisticated enough to know that the average American thinks little about the politics of Cuba. Therefore, the information strategy should underline the basic supportive and positive nature of most Americans, who support local representation and participation. Except in the case of a real current emergency, we believe that early interventions:

1. Should not be driven by Americans (as in Administrator Natsios' suggestion of a DART team) or, at the very least, should be mixed teams with Latinos from the region in the lead.

2. Must ensure a mechanism for monitoring the attitudes of Cubans in a systematic way about their evolving transition experience and their assessment of progress. Iraq provides a particularly sobering example of an information vacuum and an inappropriately prominent footprint of Americans in the post Saddam Hussein context. A community based polling system, built around accessible information technology, could rapidly be built and serve the same function as political polls in the United States to gauge and sense local sentiment on numerous issues.

Finally, we believe that the inroads to execute this type of strategy are in place, due to the work of our own and other institutions that have built a network of public health and disaster response. Other professionals are prepared to work with us to plan and develop the infrastructure for rapid deployment when conditions change. Objective groups with experience and exposure should begin preparations now, in order to assure that Cuba does not melt down or, worse, serve as the champion to a new generation of Latin Americans frustrated with the slow pace of development and ready to act out those frustrations with explicitly anti-U.S. actions.

As stated, we believe the system should be transparent and based upon the assumption that everyone knows all of the real purposes and functions of the system. While we do not suggest that U.S. government organizations should be in the front line of interventions, we should be open with the fact that the United States is working through regional disaster prevention and response agencies to report on vulnerability and create a locally controlled and data driven surveillance and information system for positive social change.

We would also suggest that it is important to have implementers who are fluent in Spanish and who will identify with the population and vice versa. In particular, a strong argument could be made for African-American and third country Latin American involvement in the implementation phase. A core of interested individuals with the best characteristics for communicating effectively with the Cuban people while retaining objectivity should be selected now and made part of any preparatory strategy through orientation and training.

Conclusion

We believe that it is possible to undertake—starting right now—the planning of a transparent but effective information based strategy. Implementation would begin immediately and would be ready for full deployment as soon as political conditions exist. By harnessing the known capacity of current information technology to improve radically the approaches to increasing participation, democratic and evidence based decision-making, and communication with the larger world, we can assist Cuba through a potentially difficult path. It is hoped that this information model may, in turn, prepare the way for citizens in other less developed environments to be active participants in democratization and economic growth.

Notes

[1] Some of our observations and arguments in this paper stem from our early involvement in academic exchange programs and several field visits prior and during the establishment of the Cuban Studies Institute in Tulane University in 1997. The Cuban Studies Institute, now Cuban and Caribbean Studies Institute operates Tulane's Summer in Cuba Program, the first and largest undergraduate program ever nationally offered by a U.S. Center for Latin American Studies. Since 1997, the Payson Center for International Development and Technology Transfer has memorandums of understanding with the Universidad de la Habana for joint research and faculty exchange.

[2] CEPREDENAC is the acronym for Coordination Center for the Prevention of Natural Disasters in Central America. It was established in 1988 as a coordination center for strengthening the capacity of the region as a whole to reduce the vulnerability of the population to the effects of these phenomena. In May 1995, CEPREDENAC became an official organization set up with the Governments of Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama as members.

[3] CDERA is the acronym for the Caribbean Disaster Emergency Response Agency. It is a regional inter- governmental agency established in September 1991 by an Agreement of the Conference of Heads of Government of the Caribbean Community (CARICOM) to be responsible for disaster management. There are presently sixteen (16) Participating States within CDERA's membership. Cuba is not one of them.

[4] CAPRADE stands for the Andean Committee for Disaster Prevention and Care. Created during the Ninth Meeting of the Andean Council of Foreign Ministers, held on July 7, 2002, in Lima, Peru. The Andean Community is a sub-regional organization endowed with an international legal status, which is made up of Bolivia, Colombia, Ecuador, Peru, and Venezuela and the bodies and institutions comprising the Andean Integration System (AIS).

References

[1] Aguirre, B. E. “The stability of institutions of the Cuban state during transition.”

[2] Bertrand, W. E. and M. F. Trujillo (2000). “Harnessing Moore’s Law for Early Warning Systems.” Global Disaster Information Network (GDIN) meeting, Hawaii.

[3] Bertrand, W. E. and M. F. Trujillo (2001). “An Inventory of Early Warning Systems in the Americas.” Meeting of the Joint Humanitarian Forces of the Americas, Costa Rica.

[4] Betancourt, E. and G. Grenier “Measuring Cuban Public Opinions: Economic, social and political issues.”

[5] Betancourt, E. “The Cuban Transition in light of the lessons of experience in the former soviet block.”

[6] Briquets, S. and J. Perez-Lopez “Combating corruption in Post-Castro Cuba.”

[7] Center for Study of Public Opinion “Inside Civil Society: An empirical study in Cuba of Opinions among members of independent groups on problems and prospects for democratization.”

[8] Rose, R. and Corbertt, J. (2003). “Integrated Data Management: A real time and near real-time data analysis and monitoring system.” Unpublished Concept Paper for Discussion.

[9] Natsios, A. S. (2000). “Humanitarian Assistance during democratic transition in Cuba.” Studies in Comparative International Development 34(4): 23-33.

[10] Robins, N. and M. F. Trujillo (1999). Exploring the Potential Economic Impact on New Orleans and Louisiana of Normalized Trade Relations Between the United States and Cuba. Ninth Annual Meeting, Biltmore Hotel, Coral Gables, Florida.

[11] Sixto, E. “An evaluation of four decades of Cuban health care.”

[12] Spadoni, P. “Foreign investment in Cuba: recent development in the role of the economy.”

[13] WFP (1991). “Dairy Development in Las Tunas Province.”

[14] WFP (1996). “Agricultural production for food security in Granma Province.”

[15] WFP (1999). “Relief assistance to Drought Victims in Five Eastern Provinces of Cuba.”

[16] WFP/IPF (2001). “Analisis y Cartografia de la Vulnerabilidad a la Seguridad Alimentaria en Cuba.”

Food, Nutrition, Livelihood, and Vulnerable Groups in a Post-Castro Cuban Transition

Steven Hansch

In some of Cuba's possible futures, food insecurity might become sufficiently bad to compel a large-scale international humanitarian response, particularly in those cases where the Cuban government itself falters or collapses.

Malnutrition is a common characteristic of humanitarian emergencies and accounts for between one-third and one-half of the extraordinarily high ("excess") rates of death seen in most, but not all, complex emergencies. Food security, which includes availability of food (in volume terms), and food "access," which relates to whether people can get to the food and have the purchasing power to afford it, are problems in emergencies both from the harvest-failure model of famine and in wars and economic crises. Which of these may confront Cuba in the case of a transition from the current authoritarian and market-controlling rule of the Castro regime? What livelihood or employment problems are already evident in Cuba that may lead to such increases in malnutrition that humanitarian aid may be needed?

USAID Administrator Andrew Natsios rightly points out that Cuba's transition would capture a high priority for U.S. policymakers, that many U.S.-based humanitarian NGOs would seek to respond, that food and unemployment crises in Cuba could – as in China and North Korea, to cite two other communist-economic authoritarian countries – lead to starvation or a complex emergency.[1]

This paper begins by looking at the prospects for humanitarian crises – excess mortality related to food and nutrition -- in Cuba, draws on lessons from other emergencies, suggests a few different scenarios for what may occur in Cuba, examines how aid agencies might respond, and concludes with recommendations for further inquiry and preparedness by agencies.

Cuban Problems and Transition Scenarios

The analysis here focuses on the worst-case scenarios that might occur in Cuba in the years ahead, not principally from natural disasters (though Cuba has been vulnerable to hurricanes) but from man-made disasters, as they may be associated with a change in regime in Cuba, most probably after the departure of long-time ruler Fidel Castro.

Administrator Natsios poses three scenarios, which might be modified to include a few added problems in the form of corollary scenarios. The following breakdown of scenarios builds on Natsios's scenarios, extends to a further range of conditions and hazards, and does not assume that a move toward democratic transition precedes a crisis. Later in the paper, these scenarios will be revisited with regard to aid implications.

Scenario #1: Post-Castro, there is little notable change in governance, economic policies, or Cuba's relationship with the United States. In other words, Castro's rule is followed by a

leader such as his brother, Raúl, and/or old-guard communists who have similar perspectives and comparable abilities to command the military and implement Castro's programs. Under this scenario, there may be two corollary scenarios, though an emergency, in terms of sharp increases in adverse health outcomes, is unlikely.

> *Corollary scenario #1A:* The United States continues economic sanctions, Cuba loses incoming foreign direct investment from Europe, the economy declines further, livelihood and malnutrition worsen, and death rates increase.
> *Corollary scenario #1B:* Because of Corollary 1A's conditions or because Castro's departure creates a moment in history and a feeling of opportunities lost, or to challenge the new regime's limits, 50,000 Cubans seek to flee to the United States.

Scenario # 2: Post-Castro, the regime liberalizes at a faster pace than Cuba has seen in 40 years. Assets are privatized, opportunities to warm relations with the United States are pursued, trade and investments increase, and communism is gradually abandoned. Agricultural trends in Cuba have continued to put Cuba in the precarious position of over-reliance on a few crops, notably sugar. In an economic crisis, where local food is in even shorter supply, could Cuba buy its way out of domestic food shortages?

> *Corollary scenario #2A:* If the efforts to change the economy rapidly during transition are inept (think of the Great Leap Forward in China), severe recession with high unemployment might, again, pressure tens of thousands to attempt to flee illegally to reach U.S. soil.

Scenario #3: The old guard and Castro's successors are perceived as being illegitimate and are gradually replaced by a democratically elected government. This would mirror the transition in Nicaragua, where communists lost in free elections, and some of the changes seen in the last 14 years in Eastern Europe, Serbia, and the Caucasus.

Analysts at the RAND Corporation speculate regarding such a problem in their 1998 analysis of transition: "[A]n economy that shows no growth or declines . . . could spell trouble for the regime. . . . [T]his could lead to a further withdrawal of mass support for the regime, including among heretofore hard-core followers."[2]

Scenario #4: Post-Castro, the government fragments; the military finds split loyalties; protests in Havana undermine the state's legitimacy; and a weak state progresses to a failed state, which might persist for weeks or for months. In this scenario, as Natsios observes, armed combat among domestic factions might lead to a complex humanitarian emergency, with tens of thousands of internally displaced persons (IDPs) and lack of access by consumers or farmers to markets, resulting in hyperinflation and the collapse of government services.

Scenario #5: Similar to scenario #4, scenario 5 adds U.S. intervention. At first, private interests from the United States (Cuban refugees who live in the United States and their children) bring to bear their resources to travel to Cuba and spend hard currency dollars to promote democracy, influence decision making, test the limits of control of the new government, and create an armed opposition to a communist regime. This scenario, like #4, could well include months of protracted conflict. And it, too, could entail increases in mortality from food shortages.

Corollary scenario #5A: In this scenario, the pressure on the U.S. government to intervene would be great, given that Americans would be in jeopardy in Cuba (also a basis for U.S. intervention in Grenada and Panama), and the U.S. government might respond by organizing a military intervention. This would follow diplomatic work through a posse of interested nations through the Organization of American States, or through the United Nations. It would be a military intervention labeled as peacekeeping but actually for the purpose of peace enforcement.

It is likely that a post-Castro regime would pursue liberalizing economic reforms, similar to the way that Gorbachev, Deng Xiao Ping, and other leaders who replaced first-generation authoritarian rulers were able to shift the directions of their governments, recognizing the demands of the populace.[3]

Root Causes

Perhaps the most significant factor that may predict which scenario might occur is the rate of unemployment. Declining incomes and cost of living affect the public's view of the state, but unemployment directly determines how many young people are desperately frustrated and, with time on their hands, motivated to organize change. The greater the level of true unemployment (taking into account informal work as well as formal labor), the greater the likelihood of a perception of a broken social contract between Cuba's populace and its government.

In countries such as Angola, Sierra Leone, and Nigeria, sources of national wealth are concentrated physically and, therefore, easy to loot and to hold for rent-seeking. In contrast, Cuba's sources of national wealth are widely dispersed. Household wealth remains largely dependent on ongoing agricultural production and performance-based industry (such as tourism and biotechnology). Therefore, there will be little cause for competition among factions or rebels over a central economic target. This will lessen the likelihood of violent conflict.

Other Hazards, Other Disasters

Cuba, like Mozambique and Bangladesh, is periodically hit by hurricanes. Hurricane Lily destroyed much of Cuba's crop production, but the Cuban government has an effective natural disaster response system.

Consequences for Food Security and Malnutrition

Because of low income and low overall food consumption, many Cubans are already borderline-malnourished. Although the health of children in Cuba is good, with one of the lowest population-based mortality rates in the world, the health of adults has suffered in the 1990s, due to declining purchasing power and food consumption. Food consumption was good until 1988 but has dropped since then. Birth weights have declined. In most countries where populations' high rates of severe malnutrition have led to large numbers of excess deaths, bringing about a humanitarian emergency, there were low levels of nutrition and extensive moderate malnutrition prior to the emergency-triggering events. In other words,

famines do not occur during or even after short-term crises, however bad they are. Thus, unlike most other humanitarian crises, the likely impact of months-long emergencies would be noticed more in the malnutrition-attributable mortality of adults than of children. Although few aid agencies specifically track the health problems of the elderly, it may be the elderly (over 60 years of age) in Cuba who would account for the most deaths. In most emergencies, under-five-year olds account for the greatest share of total deaths and preventable deaths.

Micronutrients have been documented as a problem in Cuba (different micronutrient deficiencies appear in every country in the world). Vitamin A deficiency was implicated in the peripheral optic neuropathy epidemic seen in Cuba in the early 1990s, and iron-deficiency is also common.

Malnutrition's Place amid Primary Health Care

Despite such borderline food security, Cuba has one of the best primary health care networks in the world. In emergencies, the top priority of NGOs is to introduce or restore primary health care to under-served regions. In Cuba, it is hard to imagine any scenario in which primary health care or secondary medical care would be lacking or excess mortality rates would increase due to lack of access to medical personnel.

As in most emergencies, it is unhelpful to assume homogeneity of risk. Risk mapping of Cuba would identify that the populations at greatest risk of death and disability from an emergency would be those rural populations already least nourished.

In most emergencies with high mortality, rates are high due to the synergy of malnutrition and infectious disease, when infectious diseases are transmitted as uprooted populations congregate in displaced persons' camps. Most of the deadly infectious diseases are not relevant in Cuba's future, due to high immunization rates. Therefore, malnutrition-affiliated deaths from, say, measles, would be near zero. Thus, the main risk would be death from malnutrition alone.

Lessons from Other Humanitarian Emergencies

Natsios draws on the lessons of U.S. involvement in observing and assisting in a variety of emergencies in every part of the world. This section extends this effort to draw on parallels from past emergencies.

In contrast with other countries facing humanitarian emergencies and malnutrition, Cuba does *not* share these critical features:

1. Wide disparities among social classes in income or in access to services.
2. A long history of severe poverty and fragmented markets.
3. Ongoing high rates of prevalence of severe childhood malnutrition (prior to crises).
4. Lack of government-led public institutions for preventing malnutrition among vulnerable groups, children in particular.
5. Low education among the population with reduced ability to get messages out to mobilize community outreach.
6. Local economies that are closely tied to the vagaries of current food harvests, which often are exposed to failure where rainfall is poor. In other words, a lack of livelihood diversity, so that families do not tie in to other income streams.

7. Large portions of the population who are migrating pastoralists or who are otherwise marginalized or intentionally cut off by the national government.

In fact, Cuba has fewer of these traits than most countries in the world. What is truly exceptional about Cuba is the relationship between its people and its government. In most complex emergencies, the state not only has failed but never was responsive in providing for the needs of the population, having operated in a manner that never sought to achieve equity and widespread coverage. In most third world countries, large portions of the country and of the civilian population are marginalized, out of favor with the government. In countries from Angola to Burma, from Zimbabwe to Haiti, politicians favor certain groups and classes and pursue rent-seeking behavior to capture resources for personal profit and thereby taint government itself as a winner-take-all game.

Lessons to Draw from North Korea

North Korea suffered the world's worst (or among the worst) humanitarian emergencies of the last eight years, with hundreds of thousands of excess deaths due to malnutrition.[4] Might Cuba face similar emergency problems?

Cuba has more than a few commonalities with the Democratic People's Republic of (North) Korea (DPRK), beyond a history of posing nuclear missile threats to the mainland United States. As in Cuba, North Korea's economy showed a dramatic downturn after withdrawal of subsidies from the USSR (Russia), and, like Cuba, its food security suffered in particular with the loss of trade, fertilizer, and fuel from the USSR. Like North Korea, Cuba remains a one-man authoritarian version of communism, where state-controlled markets remain out of step with other economies of the world. Like North Korea, Cuba has been in a cold war, including nuclear face-offs, with the United States for decades and is still subject to trade barriers imposed by the United States.

Cuba's ration card entitlement system – which does not provide enough food, though it purports to – is dissimilar to the food system in other countries, except for the DPRK.

Unlike the DPRK, Cuba's entrepreneurial spirit was strong before Castro, its climate tropical, its medical network good, and its openness to extensive education and new ideas far more open. Unlike North Korea, where the people have no concept of alternatives to one-person rule, Cubans are aware of the choice their revolution took in limiting markets as mechanisms for growth.

The lesson from North Korea is not that Cuba might suffer a downturn in its food security, but that it already did, coinciding, again, like North Korea, with the dramatic loss in GDP from the retraction of USSR subsidies that had floated both agricultural systems to artificially high levels. There is no reason now to expect that hazard to reoccur in Cuba.

Lessons from Iraq

As both Dr. Burkle and Dr. Garfield have observed from their work in Iraq, where the government had a history of providing food aid to the population (in monthly rations), the response to humanitarian crises after a transition to a different rule also ought to build on the existing structures for distributing food, if not from the government then from a top-down sub-

stitute, such as the World Food Programme (WFP) in Iraq. In Iraq, international food aid channeled through WFP on a massive scale, reaching out to almost the entire population, leveraged the pre-existing, state-run (sanctions-influenced) ration system.

Lessons from India and Bangladesh

Until recently, both India and Bangladesh regularly posed humanitarian emergencies due to food shortages brought on, many argued, by insupportably high rates of population growth. In both cases, a key measure taken to reduce vulnerability from emergencies has been the creation of an additional source of livelihood entitlement: food for work (or cash for work) from the government, as in India, or from aid agencies, as in Bangladesh. To some degree, Cuba's model preceded that of India and Bangladesh by nationalizing work so that everyone had a work entitlement. It is the government's provision of income that has defined food stability in Cuba.

Lessons from Indonesia, the Former Soviet Union, and Serbia

Indonesia suffered a sharp economic recession (related to a bubble collapse and bank failures) in 1997, which deprived millions of families from wage income when they lost their jobs. Although food remained available and prices remained low (by international standards), people did not have the purchasing power to buy it. Similarly, old people in the former Soviet Union during hyperinflation (in the 1990s) and in Serbia during the period when Serbia suffered economic sanctions found that their pensions were insufficient to buy food.

Complementary systems of entitlement, some by government and some by NGOs, were introduced. Cuba is similar to the former Soviet Union in this regard. During each of the scenarios articulated, Cuba may see rapid conversion to use of the US dollar with consequent hyperinflation (loss of value) of its own currency, leading to half the population losing their former purchasing power. This should be anticipated as a key risk.

Lessons from Burma

Burma, like North Korea, is a country heavily sanctioned by the United States as a signal of ongoing opposition to Burma's authoritarian, heavy-handed military rule. As in the DPRK and Cuba, repression and low economic productivity have led to mass migration. The United States and Europe have moved roughly in tandem gradually to arrange tighter and tighter economic sanctions to compel the government to leave, but punishment alone has not worked thus far. Without a road map for transition, including incentives and inducements to gradually open the Burmese society, no improvements have been achieved, and the military regime has dug in deeper.

Lessons from Southern Africa

There are several issues from the recent food crisis in Southern Africa that may relate to Cuba. First is HIV/AIDS. Whereas Southern African governments were in denial about the importance of HIV infection, Cuba dealt with HIV/AIDS strategically (through aggressive quarantine) early on, in the 1980s, and has minimized its spread and its role in damaging the economy.

Second, both the 1992 and 2002 food crises in Southern Africa occurred, in part, because the economy of a very large area – straddling several neighboring countries, had anchored its food security around the production of a single crop, maize (corn). Thus, the ability of people in the region to cope with a bad harvest by trading with neighbors was not an option during those years when the whole region suffered the same drought. Cuba faces problems of insufficient economic diversification, but Cuba does not itself represent a wide land area and can probably trade its way out of food insecurity.

Third, as aid agencies consider helping Cuba, they may find that Cuba may unexpectedly impose import restrictions on U.S. food aid. Sudan (in North Africa) and Zambia (in Southern Africa) were both recent examples from the last 18 months where local nationalist sentiments colored the national debate about emergency food aid. Even though both countries face severe food shortages, both countries formally rejected (though in the case of the Sudan, the rejection has been waived) U.S. food aid, ostensibly because of concerns about genetically modified foods.

Fourth, as in Zimbabwe, Cuba has had controversial policies over expropriated lands and other assets. In both cases, the government dispossessed the wealthier productive classes with the intent and result of forcing them to emigrate. Resulting economic depression led further large numbers to flee the country in desperation. Both countries were eventually ostracized from their neighborhood of countries. The lesson from Zimbabwe is that, unfortunately, as the economy has lost productivity each year, with rising unemployment and loss of livelihood tactics, international NGOs, such as CARE and Save the Children, have had to move in, carving up the country into disaster response zones, with each NGO taking over the feeding of the most vulnerable families (not only children). Similarly, in Cuba, in the case of a worse economic crisis, NGOs may be required to take over a failing distribution system.

Lessons from Colombia

Colombia's example would apply to Cuba, perhaps, in scenarios #4 and #5, though there are few signs to suggest that a protracted, high-grievance, far-flung war of autonomy, as in Colombia, would reoccur in Cuba. What Colombia does represent is the tendency for IDP populations to congregate in cities and to have problems with finding livelihood, which would occur in Cuba, particularly under scenario #4.

Humanitarian Aid to Cuba per Different Scenarios

International aid organizations as well as Cuba-specific interest groups (for example, based in Florida and Spain) will seek to provide assistance to Cuba in the event of a humanitarian crisis. Under most scenarios of natural disasters, sharp economic shocks and other discrete, short-term disasters, the Cuban disaster management system would be sufficient to cope with its needs. Unheralded, Cuba's disaster response system is among the best in the world.[5] Supported by PAHO and UNICEF, systems already in place would prevent excess mortality. But in the case of a protracted crisis, such as economic decline, state failure, or conflict, the network of responders and of Cuba's civil service might not continue to perform their jobs. Journalists and aid agencies would watch Cuba more closely than any other crisis, given Cuba's closer proximity to the United States than Kosovo, Nicaragua, Haiti, Colombia, and

further-flung emergencies in Rwanda, Somalia, and Kashmir.

The first among the humanitarian aid responders would be those agencies already running operations in Cuba. Humanitarian aid (medicine and food of U.S. origin) has been permitted to enter Cuba, under U.S. Office of Foreign Assets Control (OFAC) rules since 1992, and exports of food to Cuba were authorized in 2002.[6] Although Cuba has not generally taken advantage of opportunities to import food from the United States, it made an exception after Hurricane Michelle.

However, Cuban authorities will be skeptical of potential new U.S. NGO activities in Cuba and will deny entry to those NGOs it sees as having an objective (among others) of undermining the government.[7]

The Office of U.S. Food for Peace would be the largest source of contributions for food aid to Cuba if it mobilized, which would depend on the attitude of the administration at the time. Likely sources of food within the hemisphere, in addition to the United States and Canada, might include Argentina and Mexico. However, as noted by Anthony Kirkpatrick, "Although Cuba can buy food elsewhere [besides the United States], it must pay higher transportation costs than would be the case with the nearby USA."[8]

Under scenarios #1 and #2, it is probable that no sharp downturn meriting "emergency" headlines would appear, and international aid would not surge or increase as a result. Were mass migrations of Cubans to occur, the current status of the U.S. Coast Guard (now under Homeland Security) would increase and either hold Cubans off-shore (as in Panama, in 1994-1995) or return them, per current agreement with the government of Cuba.

Under scenario #3, warming of relations with the United States would probably result in a surge in U.S. official development assistance, including aid to democracy-building, with implementing agencies such as the National Endowment for Democracy and the National Democratic Institute leading the way. As aid channels flow, new food aid programs supported by U.S. Food for Peace might respond to any food shortfalls in Cuba. More likely, though, remittances would increase, and private aid and trade would meet any food needs.

Under scenarios #4 and #5, access and availability might lead to large aid gaps, compelling many NGOs to invest effort to find ways to intervene in selected parts of Cuba. The factor that is difficult to predict is the extent to which the NGOs will be allowed access to the country at all, and, for U.S.-based agencies, what they will be permitted by the U.S. government to take into Cuba.

Current U.S. Department of the Treasury OFAC licenses are renewed on an annual basis for the Red Cross to take life-saving humanitarian aid to Cuba. However, licenses for humanitarian aid into Iraq were largely suspended (kept on hold indefinitely without explanation) prior to the U.S. military invasion of 2003, presumably in order to keep NGOs out of the way and the pressure on in the target country. Thus, if the U.S. government anticipated that it might seek a military intervention, it might again withhold OFAC licenses to NGOs petitioning to start aid into Cuba.

If large-scale aid were required, as in a protracted economic collapse associated with political conflict, the following agencies and organizations would offer their services:

- The Caritas/Catholic Relief Service (CRS) network might play the lead role in providing large quantities of food aid, using local Catholic churches in Cuba as distribu-

tion points or organizing bases. Because churches in Cuba represent one of the only permitted forms of civil society and because Catholic Relief Services (based in Baltimore) is so experienced in food aid in emergencies, this would probably be the earliest and foremost means for international food aid to be delivered in a manner to reach vulnerable groups on both sides of battle lines.

- The Cuban Red Cross would also play an extensive, competent, and neutral role in providing both food and other supplies. The Cuban Red Cross, with support from the International Federation of Red Cross and Red Crescent Societies and from the American Red Cross, could reach across Cuban society and ensure that aid programs achieved balanced coverage. The Colombian Red Cross, among the most active in the hemisphere in assisting large numbers of displaced persons, would be likely to second trained staff to help with logistics operations in Cuba. The Spanish and Dutch Red Cross (donor) societies would provide large amounts of aid.[9] In recent years, the American Red Cross has been providing much-needed chlorine to help purify water supplies in Cuba.
- Other U.S. NGOs, in addition to the Red Cross and CRS, have considerable experience in examining trends and needs in Cuba and in providing targeted aid. The American Friends Service Committee (AFSC) has good relations with NGOs in Cuba now, who are the best source of time-series information about changes in population vulnerabilities.
- Other U.S.-based international humanitarian NGOs, such as CARE, Counterpart International, Operation USA, Mennonite Central Committee, the International Medical Corps (IMC), and International Relief and Development have already demonstrated interest in providing critical aid to Cuba. Each of these has expertise in airlifting and shipping commodities and professionals into specific theaters where there are displaced persons and/or high malnutrition. Most of these have flexible relationships for raising funds both from the U.S. government and from private donors. Thus, each would probably mount early aid programs, following the Sphere Project's guidelines, early in either scenario #4 or #5.
- Canadian NGOs might, in some circumstances, be in the forefront of providing aid in a complex emergency, particularly where U.S. involvement would be perceived as being too affiliated with U.S. government financing – a criticism that reached an awkward peak in the recent Iraq experience. Oxfam Canada coordinates aid from the Oxfam network to Cuba.
- European NGOs, including Doctors without Borders (Médecins sans Frontières – MSF); Oxfam; Action Against Hunger (Action Contre la Faim – ACF); and Concern would also harness European donations, including the European Community's Humanitarian Aid Office (ECHO) contributions, for short-term aid programs, though probably only if a crisis in Cuba involved high death rates and lots of media attention. Typically, European NGOs focus their humanitarian aid toward Asia and Africa, but a number of key European NGOs are pre-positioned in Cuba, notably Oxfam; Save the Children UK; the International Committee for the Development of Peoples (Comitato Internazionale per lo Sviluppo dei Popoli – CISP); Norwegian People's Aid; and

Caritas. The major donors of aid for the most vulnerable (including food aid, health, and fertilizer) have been ECHO, the Italian government, and the Spanish government. The Spanish government would bilaterally provide from $50 million to $100 million in emergency aid, including for regional purchase of foods for Cuba. Although ECHO cut off its 1990s food aid to Cuba, it could restart it in the event of an emergency, channeling food and fertilizer through its network of European and Canadian NGOs working in Cuba.

- The World Food Programme (WFP) has become increasingly specialized in emergency relief and, more recently, in playing the role of the lead UN agency in countries. Thus, in severe instances of scenarios #1, #2, #4 and #5, governments may designate WFP to coordinate UN operations, mostly the movement and distribution of commodities. Because WFP does not engage in other sectors (governance, protection, peace-building), it would be a safe, neutral organization for the U.S. government to call upon (through its UN stake).
- The UN Children's Fund (UNICEF); the UN High Commissioner for Refugees (UNHCR); and the International Organization for Migration (IOM) are the other international organizations with long-standing roles in mitigating crises in Cuba that can easily shift from developmental or transition aid to emergency aid. Of these, only UNICEF has substantial capacity to provide food or nutrition services directly.

Market forces would themselves bring food into Cuba, and any humanitarian response should acknowledge first the automatic incentives for wholesalers, retailers, and other traders to move in to fill vacuums. However, because of Cuba's tightly regulated economy, normal food price mechanisms will be muted. Further, the spending power of most Cubans will be so reduced that, as in the Bay of Bengal and the Somali and Ethiopian famines, millions of people will not have the purchasing power to demand food even if food is made available at stable (world, landed, border) prices. Thus, monetization of food aid, while a helpful form of aid, would not be sufficient. Local purchase, to move food from one area to another might be appropriate, as the EC has been doing as an emergency response in recent years.

Humanitarian Concerns with Mass Migration

The primary engagement by U.S. actors in providing humanitarian aid to Cubans in recent experience has been around the problem of large numbers of Cuban asylum-seekers.

The 1995 accords between the United States and Cuba have largely controlled desperation migration from Cuba to the United States, but this remains a tool that the Cuban government continues to consider as an option for putting pressure on the United States. Under most of the scenarios considered, the pressure for out-migration from Cuba would probably increase, particularly in the short run. The more pivotal variable would be whether the window of opportunity to flee Cuba would change dramatically. Currently, the Cuban and U.S. governments are able to prevent migration both from Cuba (where small boats are not as available and shorelines are better patrolled than in 1994) and into the United States (the U.S. Coast Guard and geographic information system (GIS) tools are able to interdict a high proportion of Cubans before they set foot on U.S. soil).[10]

In order to hold Cubans without allowing them to reach U.S. land, the United States kept

interdicted Cubans at both the Guantánamo Bay military facility, leased (in principle) from Cuba, and the U.S. military facility (part of its then Southern Command headquarters) in Panama. Cubans were not permitted formally to apply for asylum in either setting, although later they were, for the most part, given humanitarian parole into the United States. In 1994-1995, the worst humanitarian concerns among the Cuban asylum seekers were the following:

- drowning at sea (plus sunstroke);
- protection problems in the temporary holding centers, particularly due to fighting among the Cubans;[11]
- mental health disorders, caused in part by apprehension and depression.[12]

In the event of future mass migrations from Cuba, the United States would probably seek to interdict Cuban asylum-seekers even more completely than in the past, though off-shore sites for holding them may not be as available as in the past.[13] As in 1995, NGOs such as the International Rescue Committee (IRC) may be willing to assist with social services or health care for the refugees. However, the Coast Guard and U.S. military are experienced enough that they can, as in the past, deliver necessary services through contractors and trained medical staff.[14]

The three main humanitarian concerns in future mass migrations from Cuba to the United States would be risk of death at sea, access to fairly applied application for asylum, and risks associated with forced return.

The U.S. military alone has extensive maritime search and rescue capabilities. While the Miami-Dade Fire Department has the technical expertise to provide disaster management in maritime emergencies and flooded areas and would help with aid to refugees reaching the United States, the scale of mass migrations would overwhelm its staff as well as that of any NGO trying to help. Only the U.S. Coast Guard and Navy could help to reach tens of thousands of Cubans in random locations at sea. Once the refugees are interned, the UNHCR should have access to all of them to ensure fair screening, to alleviate their fears of persecution, and to protect any asylum-seekers from forced return (*refoulement*).

Livelihood Alternatives and Market Interventions

Unlike most countries where NGOs work, the Cuban government now provides a comprehensive safety net, promising, for instance, the unemployed 60 percent of their former wage.

As in many countries prone to crisis, the economy on which most Cubans depend is concentrated in a few sectors: exports of sugar, nickel, tobacco, seafood, coffee, citrus, plus hard-currency generating biotechnology and tourism services; domestic production of livestock, rice, plantains, and grapefruit; on top of which roughly $1 billion in remittances enters Cuba each year.

Cuban "coping" strategies are already stretched thinly, as much of the population works two or more jobs, attempting to extend average wages of 200 pesos and to obtain hard-to-get hard currency.

Except for large-scale foreign direct investment (in minerals extraction and in hotel renovation), Cuba is not sufficiently open to creative investing in medium-sized and small business enterprises that test new technologies and techniques. Although many of Cuba's eco-

nomic sectors lag behind their global competitors, Cuba's educated labor force would allow Cuba to leapfrog over most of its hemispheric competitors in adapting to new technologies, but only if the government drew limits on its own need to own or control enterprise decision making. The key point is that individuals and firms need to be allowed to try and to fail on their own; government fiat in industrial experimentation does not allow enough variety.

NGOs such as the American Friends Service Committee (AFSC) already promote information exchange, a first step in technology exchange. Like other NGOs, the AFSC is oriented toward using its aid to build the capacity of civil society in Cuba.

One growth industry that Cuba could embrace in order to tap into export and investment markets would be piloting new genetically modified (GM) foods. The GM food controversies of the last few years have focused on only a handful of foods, and foods with only one or two GM traits. But in the future, an exponentially growing number of foods will be created with an increasing number of GM-introduced traits. The GM food and drug industries have barely begun to display their wealth of variation and potential benefits. Most countries in the world have fallen so far into three categories: 1) countries like the United States and Canada, where GM food production is large-scale, for mass production use, and has rapidly achieved large economies of scale, yet farmers are apprehensive about the introduction of new GM crops (e.g. GM wheat) that would quickly be adopted across the North American continent; 2) areas such as Europe, which have largely banned its testing, economic production, and importation; and 3) countries that are tinkering with small-scale experiments with selected GM crops.

Because Cuba has specialized in niche export crops and is trying to find alternatives to its failing sugar economy, diversifying at once into a wide range of GM crops, for piloting, would set it as a world leader and give it the potential to stay ahead of the curve of competitors. As an island country, Cuba would not have the risks taken, say, in Canada or Zambia, where GM pollen can spread and contaminate far and wide. Because Cuba already has an advanced biotech industry, focused more on drugs, it has the necessary industrial base. Because GM crop piloting would involve the employment of hundreds of thousands, perhaps millions of farmers, who would need to be educated, this would help address Cuba's shadow unemployment.

Recommendations

Aid to complex emergencies inevitably fails to be timely, well-planned, benefit from preparedness of pre-position supplies or arrangements, or provide the appropriate materials to the appropriate places. As the Pan American Health Organization (PAHO) has found in disaster relief throughout the Americas, half the aid that is sent is unsuitable to the needs that the emergency creates. Thus, the following recommendations draw from general humanitarian experience and from recent planning for Cuba:

1. Preparedness and early warning: aid agencies, NGOs in particular, should extend existing early warning tools (both famine and complex emergency) to analyze and track the risks facing Cuba. NGOs, the UN Office for the Coordination of Humanitarian Affairs (OCHA), and the UN Inter-Agency Standing Committee (IASC) can do this together.

2. As part of an early response to crises, NGOs and UNICEF should be prepared to conduct a number of district-specific, two-stage, random cluster sample surveys in order to gauge the rates of malnutrition, mortality, and other indices of vulnerability, to guide prioritization

and targeting in any early relief work. Even though census data on Cuba's population is relatively good, there remains a value in two-stage (indirect) cluster sampling, which is more sensitive to people who may have fallen through the cracks (unregistered children, people living illegally in certain areas, and so on).

3. Pre-position of critical supplies, such as chlorine, fuel, generators, and specialty foods, such as F75 and F100, for treatment of the malnourished. Because Cuba's population is not nearly as great as, say, Iraq's, Indonesia's, or North Korea's, the sheer volume needs for food in emergencies would not be as great as in some other cases. However, if the U.S. market for food is closed to Cuba or over-regulated, a key early warning variable to monitor is the status of affordable food imports from other sources, preferably within the Western Hemisphere, such as Argentina and Canada.

4. In general, it is not certain or even likely that food aid would be needed in Cuba under most of the scenarios considered. There is a tendency for aid agencies, the public, and even the news media to rush to an assumption that in any emergency or social discontinuity that food aid is needed. More often than not it is not needed. In Afghanistan, the enormous U.S. push to deliver massive amounts of drought-relief food aid in 2001 and 2002 resulted in such low domestic (Afghan) prices for food, that farmers there switched out of food farming and back into poppy (narcotics) production. Similarly, any food aid to Cuba should be considered in moderation in order not to undercut incentives for Cuban farmers. To the extent that food is provided, it should be targeted to demonstrably needy groups with the least purchasing power as well as to unemployed labor as part of public works projects.

5. The U.S. government should seek to enable and allow U.S.-based NGOs to work in and around Cuba through more liberal OFAC licensing and provision of aid from the Office of U.S. Foreign Disaster Assistance (OFDA), in order to have U.S. eyes and ears in Cuba before and during the early stages of an emergency. In order to pre-position more U.S. humanitarian aid organizations within Cuba, which would also serve as a better early warning network, the U.S. Congress should restructure OFAC licensing to make more flexible the extent of civil society engagement with Cuba.[16] Currently, OFAC licensing for many NGOs takes many months, if not years, to be approved.

6. Aid agencies should become familiar with Cuba's existing disaster mitigation and relief system. Rather than react on the assumption that it is inadequate, it may be that relief agencies would learn lessons from it that may be applied elsewhere.

7. Humanitarian aid organizations should meet together to map out the likely supply gaps. While vulnerabilities in Cuba may change from year to year, and thus the analysis ongoing, at least agencies should begin talking. UN OCHA, in concert with PAHO, would be respected neutral brokers to convene working groups that include the current InterAction Cuba working group[17] but also bring in the PAGER humanitarian working group of Canadian NGOs; Voluntary Organisations in Cooperation in Emergencies (VOICE) in Brussels; the International Council of Voluntary Agencies (ICVA) in Geneva; and the Red Cross agencies. Both the International Federation of Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (ICRC) should be included at the same time.

8. The lead agencies already likely to be involved in early response – the IFRC, ICRC, UNICEF, Oxfam, and the Caritas Network – should meet and compare information about

which populations in Cuba they could cover (under each scenario) and agree in advance on their comparative strategies and target groups.

9. A United Nations working group, led by PAHO, should be constituted, to include OCHA, WFP, UNICEF, UNHCR, and (as observers) IOM and ICRC to develop a humanitarian response strategy for Cuba. Further, the working group should establish an office in Cuba and communicate its analyses on a regular, real-time basis to the UN General Assembly as well as to the media. Because Cuba is such a peculiarly politicized environment, the risk of misinformation being published about unrest or perceptions of unrest in Cuba is too great to be left to a narrow set of news media or U.S.-controlled broadcasts.

10. NGOs should establish and publish a policy that, consistent with Sphere and other humanitarian guidelines, states that humanitarian aid to Cuba should not be used to undermine the government or to seek to induce a transition from one government to another. NGOs need to communicate in particular the point that NGOs (including private voluntary agencies) are committed to not being instruments of the political aims of governments.

11. Building on point 10 above, U.S.-based aid agencies should clarify that U.S. government-led intervention in Cuba should not be predicated on the façade of "humanitarian" action if indeed the problems in Cuba are (a) the result of U.S. actions, including sanctions, and/or (b) excess mortality, malnutrition, and suffering in Cuba remain low. The InterAction working group on Cuba should meet regularly again and anticipate future moves by the U.S. government with regard to efforts to coerce regime change in Cuba. InterAction should, on behalf of its colleague agencies from ICVA, VOICE, and IFRC, meet with the Commission on Cuba, established by the White House, and seek to play a liaison role with civil society in Cuba.

Notes

[1] Andrew Natsios, 2000, "Humanitarian Assistance During a Democratic Transition in Cuba" *Studies in Comparative International Development* 34:4 (Winter) 22-33.

[2] Edward Gonzalez and Thomas Szayna, 1998, *Cuba and Lessons from Other Communist Transitions: A Workshop Report* (Santa Monica, Calif.: RAND Corporation).

[3] Jaime Suchlicki points out the recent efforts by Cuba's military officers to visit China and draw lessons on succession in his "Cuba After Castro." Suchlicki points out that the military will not readily reduce its role in running industry and government: "Their control of key economic sectors under the Castro regime will make it more difficult in the future to dislodge them from these activities and limit their role to a strictly military one."

See <http://www.worldandi.com/newhome/public/2004/January/cipub2print.asp>.

[4] Estimates ranged from 2-3 million on the high side to 200,000 - 300,000 on the low side.

[5] See Holly Sims and Kevin Vogelmann, 2002, "Popular Mobilization and Disaster Management in Cuba," *Public Administration and Development* 22: 389-400.

[6] Cuban officials have met directly with over a dozen U.S. agricultural companies for imports.

[7] Cubans refer to the language of the U.S. Congress's Torricelli legislation, which specifically cites the role of NGOs as being able to help bring down the government.

[8] Dr. Anthony Kirkpatrick, 1996, "Role of the USA in Shortage of Food and Medicine in Cuba," *The Lancet* 348: 1489-91.

[9] Both donors provided much aid to the Central America region in the aftermath of Hurricane Mitch.

[10] The U.S. position typically is to discourage mass migration from Cuba by not letting every boat person reach U.S. soil. By U.S. law, any Cuban asylum-seeker reaching the United States is allowed residence.

[11] Violence among the Cubans in Panama was driven by inter-male rivalry for the rights to be with the few females in the camps. Because young women had the potential to achieve humanitarian parole into the United States if they became pregnant, men fought for the limited opportunities to be the new fathers.

[12] NGOs like the IRC, as well as the U.S. military, provided medical and social services to these camps, and the number-one demand, the overwhelming health need, was for psychosocial counseling.

[13] Guantánamo gets full quickly; in 1994, the United States had to search throughout the hemisphere to find an ally (Panama) willing to allow detention on its soil.

[14] In these camps, the Pentagon contracted meals from groups like Brown and Root. There are tens of thousands of uniformed military medical personnel, nurses, doctors, psychiatrists, and environmental engineers who have been trained in courses such as the "Military Medical in Humanitarian Assistance Course."

[15] Monsanto has held back commercial release of Roundup Ready wheat because of farmer apprehensions that large overseas markets will be lost when exportable wheat is mostly genetically modified.

[16] See Richard Erstad, 1998, "Toward a Constructive Relationship Between NGOs and Other Actors of the Civil Societies of Cuba and the United States," Delivered at the 2000meeting of the Latin America Studies Association.

[17] Agencies should contact the working group Chair, Richard Waldren, CEO of Operation USA, in Los Angeles, or Jim Bishop at InterAction.

Remarks by Panelists: Questions and Answers

Carolyn Rose-Avila

I'd like to pose a few questions and then get to some of Steve's [Steven Hansch's] comments. One is: can we avert a humanitarian crisis with decisions that we can make now to ensure that we do not have food insecurity? And I just leave that as an open-ended question because we would have to look at our own political process in this country and decisions that we make with regard to Cuba.

Being a part of an agency that has been caught in the political tussle in Iraq, I think we need to ask the question based on that learning experience that not only do the NGOs need to sit down [and communicate], but we need to turn to our own governments and say, "You need to talk again amongst each other." The EU and the United States need to talk to each other and come up with some kind of strategy with regard to Cuba. Because we, as humanitarian agencies, often end up as the "fall guys" when these political differences arise during a crisis. So now I think it is our responsibility as NGOs to be asking Andrew Natsios to be having dialogue with the EU and ECHO (European Community's Humanitarian Aid Office) about how they are going to coordinate and what their positions are going to be.

Again, I'd like to refer back, perhaps because I live in Miami and I speak to many academics doing research in Cuba as well as working between Miami and Cuba, to a wonderful research program on the network of churches that the Pew Foundation has been funding. And again, I hope we look toward respecting the local trans-Caribbean relationships that exist that are often not participating in a political dialogue, but they themselves have a humanitarian mission. We need to respect those organizations and, as large NGOs, we need to support what they already are doing and how they can be positioned to be of help.

And finally, to Maria [Trujillo Mendoza], not that I have any suggestions in terms of what you said, but there is some very good work going on now in Honduras through funding that came with CAMI, the Central America Mitigation Initiative, funded by OFDA post-Mitch; that work focuses on building community emergency response and disaster mitigation skills. It's very focused on information, developing skills to collect information at a community level so they can then communicate that information to other levels. I recommend that you take a look at that. Thank you.

Richard McCall

I am going to take a slightly different tack, and there has been an overwhelming amount of information that has been conveyed this morning. I'd like to commend the University of Miami for this project because I think in planning for any kind of transition you need to have a genuine effort to marshal as much information as possible and recheck and recheck and recheck that information in the process. I also view humanitarian aid as presenting a series of opportunities. And what I mean by opportunities, I agree with Andrew [Natsios] that humanitarian aid programs should have a democracy-building component in them. And that compo-

nent is basically local empowerment within communities. If you implement a program, you should have local committees, your health system is a classic example: why not have a local board of directors with those health clinics? [Why not] have the citizens more directly involved in how clinics are run and what the basic community needs are? It's difficult and frustrating because you don't know what the scenario is going to be in the transition. So I would say that one of the basic principles is to prepare to engage in such a manner that helps create space at the local level for the kind of empowerment and ownership that I think has been lacking in this society and other societies.

I'm going to give you a classic example. I'm going to use Iraq as an example. In our education project in Iraq, we have a school rehabilitation program. All the so-called experts said that in light of the tyranny of the last 30 years and the totalitarian regime, Iraqis did not have the capacity or willingness to organize, because organizing in the past meant certain death, if not prison. One of the things that we did was to create local education committees, and we turned the grant money over to them, and they contracted out to local Iraqi contractors to rehabilitate the schools. Now you compare that with another organization that was basically directly contracting with Iraqi for school rehabilitation, and you had two different outcomes. In ours, because the parents and teachers were involved, they held the contractors accountable, and they wouldn't get paid unless they basically provided quality work.

The second thing that struck me about Iraq, and this is something that is very important in the health sector and the food sector as well, and quite frankly in the education sector in Cuba. I went to a series of meetings at the local level in Iraq between parents and teachers, including in Ramadi, which is in the "Sunni Triangle," where anti-American sentiment is supposedly very, very strong. And the one thing that struck me while listening to these parents and teachers was a willingness to establish an education committee, but more importantly, they said, "The government had promised us, for ten or twenty years, that they were going to come in and help rebuild our schools." The infrastructure was virtually collapsing in that country, and the schools and hospitals bore the brunt of it. And I thought, if we can deliver on school rehabilitation and put it basically under the charge of local communities, that would have a significant psychological impact throughout that entire society because education is a common value. Now you take the health system, if it is an 'obsession' in Cuba, the one thing you have to guarantee is [to] do it better than the way it's being done now. The same way on food security. The coping mechanisms and the safety nets are fraying very rapidly, and if you want to have a transition that leads to a very pluralistic, democratic society, then what happens at the local level, in the way of not just meeting expectations, but quite frankly exceeding expectations, is going to be very critical in that transition process.

Therefore, I would argue that we look at humanitarian needs in a broader context, that this is really an opportunity to help people to form associations, school committees or school feeding programs, and basically have a bridge between the local and national [levels] during this process. You can't have a transition from the top down. You have to have a transition from the bottom up. The top down can't move quickly enough. So you have to have the capacity for people to come together around common concerns, common issues, and common priorities that reinforce the opening up of a society overall. Thank you very much.

Teo Babún

Let me just say first, a correction, in 1993, Cuba did not dollarize the economy, as we heard earlier. What they did was to depenalize the use of dollars, which allows them simply to repenalize the use of dollars at any time. Now that may be a play on words, but what's important here is that it is a warning and a reminder to many of us who are depending on Cuba's government information and data that sometimes what appears to be one thing is another when it comes to the Cuban government.

I noticed there was not enough emphasis on the more severe problems expected to be found in eastern Cuba, where approximately one-half of the Cuban population resides. Once again, I am afraid that we are looking at Cuba on a macro, demographic-type basis and are at risk of not being properly prepared to provide effective humanitarian aid for a democratic transition. For instance, as noted in Natsios's paper, planning of the aid effort must take into account the probability of massive rural-to-urban displacement. In my opinion, it would be a mistake to dismiss this fear, as we saw in a number of the papers presented, because statistically Cuba's population is 80 percent urban. The fact is that a large number of Cubans would be displaced or move quickly from poor urban communities to better-off urban communities. In fact, we could argue that due to economic problems not related to crisis but related to Cuba today, that this already has taken place and that the Cuban government has created certain laws to avoid or control the number of 'palestinos,' as they are called, who are trying to enter the more well-to-do urban settings. Imagine what would happen during a crisis of transition, the hundreds of thousands of Cubans who would begin to be displaced throughout the country. We have to deal with that issue in our planning process.

Perhaps another area we need to validate in planning humanitarian aid distribution during a transition are the values and fears that have emerged and become a part of the culture of the Cuban people in general in the last 45 years. The University of Miami has done some studies and will be making some presentations later this month on this very important and critical issue because Cuba is not monolithic. We will find that unless we deal with the issues of trust or lack thereof that as we attempt to do good in Cuba, we are going to find tremendous surprises. And if accelerating the transition is a priority, then encouraging and empowering local institutions, such as the churches in Cuba, to administer the relief effort could begin right now. This will build civil society and would improve our chances of a successful transition.

That comment is not made in the same light as the last presenter's. I don't believe that the U.S. Treasury Department unilaterally allowing NGOs to move into Cuba freely and work with the government or the military would be in the best interests of building civil society in Cuba. We are talking primarily about the independent churches that have emerged in Cuba over the last 10 to 15 years.

Questions and Answers

Julieta Valls

One word I have not heard today is "volunteerism." What will the role of volunteers be in a transition in Cuba, particularly the Cuban-American diaspora? I moved from D.C. to Miami three years ago and made a presentation, Andy you were there, at UM, on the role of NGOs and volunteers, and I brought along two Cuban-American volunteers who have worked in Guatemala and Honduras. I work with an organization called FAVACA, which is basically a Florida International Volunteer Corps. After that presentation, the calls I received from some people at this table and [others were] telling us "we need capacity building." The Cuban-American NGOs need as much capacity building [as possible] to work with their counterparts in Cuba. But the role that volunteers play in such a transition to democracy has been overlooked here.

Carolyn Rose-Avila

I'd like to reinforce your comment. I don't know if people remember that after Hurricane Mitch, then Secretary of State Madeleine Albright came to Florida, came to Miami, came to Little Havana personally and met in a small Catholic Church on Eighth Street with a whole series of community individuals who had responded to Hurricane Mitch in Honduras. And her statement was, "You have redefined what U.S. foreign policy and domestic policy are all about. You have redefined what community means, because your response has been much greater than any other community in this country to the devastation in Central America." And these were Cubans, grocers, these were Hondurans, Nicaraguans, but they were a representative sample of small business people, people who volunteered their time to support [the victims of] what happened. And so I think that you are completely correct; we have history already of how the community in South Florida responds to disastrous circumstances. And can we imagine how that is going to be with Cuba?

And so I think you are right, that we do [need to ensure that] it's a part of the planning, that we need to take steps now and to harness that volunteer drive that is there. And that is why I have the same comment [as the one] that was said at the end of the table, that we need to really communicate with the large NGOs so that they understand that the energy is here.

Keynote Speaker: the Honorable Otto J. Reich

I'm actually very happy to be here. The subject of this conference is one that is very much in the minds of the administration, and I can tell you without revealing too many confidences that it is on the mind of the President of the United States. I just had the privilege of spending two days with him in Monterrey, Mexico, and I can tell you the President feels very strongly about Cuba, about the freedom and the economic, political, social, and moral recovery of the island.

Let me address the specific subject of the humanitarian assistance that will be required in Cuba. I think, and I hope I am not exaggerating when I say, that humanitarian assistance is going to undergird all other aspects of U.S., international, and domestic recovery programs in Cuba.

And the recovery needs will be massive, after 45 years of almost ceaseless destruction of the economy, the infrastructure, and of other things of which I will give you examples in just a minute. If the humanitarian assistance programs that I know many of you are working on are successful, then I think we have a much greater chance for social peace, for rebuilding that infrastructure, and even to inculcate a respect for the rule of law and the rights of others, which have been missing for almost 45 years. If the humanitarian assistance is well organized and implemented, the people of Cuba will see that the future will be better than the past. Conversely, if in those first few days the distribution system collapses and the meager food reserves are exhausted, if the sanitation system breaks down, which has been almost totally ignored for most of the Castro era, the necessary basis for the economic reconstruction of the island will be set back considerably.

I am also convinced that we will find, when the day comes and there is a change in Cuba, a free, democratic Cuba friendly to the United States requesting assistance. At that time, we will find enormous needs in areas where there is supposed to have been progress in Cuba. I know that you have been talking a lot here about health. I think we may find that a lot of the health and education "advances" are not much better than a Potemkin Village, and I'll give you some examples.

I'm just going to go over briefly some of the statistics of pre-Castro Cuba. We have a pretty good idea of what Cuba looks like today. There is better information, in many cases, about internal conditions in Cuba than there is inside Cuba. And the challenges that will be faced by you all, and by us, those of us who are in the Presidential Commission, the commission the President announced on October the 10th to assist a free Cuba, will require that we first find out what the truth is about the conditions, so I think it would be helpful to review some of the social, economic, and development data of Cuba. For example, a lot is said about health and education. Following are 1958 figures and they come from recognized sources, such as the UN Statistical Yearbook, the World Health Organization, and many others, and they can be easily checked.

I'm not going to give you all the statistics, but this is an interesting one: In 1958, Cuba was in third place in the hemisphere in caloric intake, with 2,682 per day. Today, the ration book in Cuba, which simply gives you the opportunity to try to stand in line to attempt to buy

something that may or may not be on the shelves, offers 1,800 calories per day. And this is worth emphasizing: Cuba today is the only country in this hemisphere whose per capita caloric intake has dropped in the past fifty years. And when I say this, I say it slowly, and I often repeat it, because it is worth repeating. Even Haiti, and certainly Bolivia, Honduras, and other poor countries have surpassed Cuba, and not one has had a decline in the per capita caloric intake in the past fifty years, except Cuba. Before Castro, Cuba was third in the hemisphere only behind Argentina and Uruguay, which of course, are big cattle producing countries, where the per capita caloric intake was high. Cuba was number three. In fish consumption, Cuba was number one in the hemisphere, even ahead of the United States. It has only been recently that Americans have really begun to eat more fish, but Cubans had fish. Today, you cannot be caught dead with a fish in Cuba because you can get in trouble.

Here are some development indicators, because some people say that per capita income or per capita any number of things can be misleading. There are some things that tell you how well the income was distributed [in 1958]. For example, in the number of telephones per capita, Cuba was third in the hemisphere, behind only Argentina and Uruguay. Number of automobiles: Cuba was third, behind Venezuela, where gasoline was a few cents a gallon, and Uruguay. Radios: Cuba was second, only to Uruguay. Televisions per capita: number one. Radio stations: third place. Movie theaters: number two in the hemisphere.

What does this tell you? It tells you that the people of Cuba had a healthy amount of disposable income. When people have money to go to the movies, buy radios, TVs, newspapers—and Cuba was number one, two, or three in practically every one of these indicators, it indicates that there was disposable income, that people were not using all their money just to survive, just to buy food or a roof over their heads.

Health: Let's talk about health a little bit. In 1958, Cuba was number two in the hemisphere in the number of doctors per capita, only exceeded by Argentina. Mexico, for example, was number six; Brazil was number seven. So, when Castro says, "We have the largest number of doctors per capita in the hemisphere," first of all, we cannot believe him very much, but second, where was Cuba fifty years ago?

Infant mortality: All these revolutionary tourists who go to Cuba come back, including members of the U.S. Congress, whom I have confronted, and they say, "How can you say that Cuba has not made progress when they have the lowest infant mortality rate in Latin America?" And I say, "You know, you're right. But they had the lowest rate fifty years ago also." Cuba already had the lowest infant mortality rate in Latin America fifty years ago. So what has Castro done? Did he have to kill 20, 30, 40,000 people in firing squads, in beatings, people committing suicide in jails; did he have to eliminate civil liberties completely and separate families and rent Cuban doctors out to other countries to move infant mortality from number one to number one? And to drop the caloric intake of a population by 25 percent?

I'm just giving examples of what this reconstruction challenge is going to look like. By the way, that infant mortality rate was also number three in the world; the third lowest in the world in 1958. Now many countries have surpassed Cuba in all categories. I do not have the time to tell you how much better some of the countries in Latin America, that were behind Cuba, are today. If we had time, I would be happy to do it.

Here are some other social indicators: Percentage of women students in relation to total

population: number one in the hemisphere, with 45 percent of students being female; Panama was second. The average salary of an agricultural worker, these are world figures, I will give you the top six or seven. Canada had the highest daily income for an agricultural worker, followed by the United States, New Zealand, Australia, Sweden, Norway, and then Cuba. This was in 1958. Then came West Germany, France, and Japan. When we talk about pre-Castro Cuba, we are not talking about a Third World-level developing country. We are talking about a developing country, for sure, and one with a lot of inequity and a lot of poverty, but one, in my opinion, that was in the take-off stage of economic development, according to Rostow's five stages of economic development.

I think it is important to challenge those people who say, "Oh, but look at all the advances that have been made." Tell them: Look at the basis upon which some of those advances took place. Then if they say, "So, would you throw all that away?" You reply: "Of course not." Hitler built the Autobahns. The Allies didn't go into Germany and bomb the Autobahns and tear them up; they kept the Autobahns. Dictators have to do some good things: Mussolini made the trains run on time, Hitler built the Autobahns, Stalin electrified rural Russia, and so on. Even dictators have to justify their existence to their own people in some way, and so does Castro.

What Castro has done, as so many others have, is to exaggerate the advances of the regime. And if there are advances, then Cubans should build on them. If there are good research organizations, and there are; there are some very good biotechnical capabilities in Cuba; they should be the basis for a peacetime pharmaceutical industry. By the way, some of the biochemical installations worry the U.S. government a great deal, and I have talked about that, and so have many other members of this administration: We are worried about Cuba's developmental capacity for biochemical offensive weaponry. But there is no reason to tear these things down simply because they were used by Fidel Castro. What you start doing is to turn them into aspirin factories, for example, so that there is no aspirin shortage in the future as there is today.

I could go on about Cuba before Castro, but let me get to where we are today. I mentioned how important the work of planning the humanitarian assistance is. One of the reasons for that importance is that the way the world reacts in the first few days of a post-Castro Cuba, when the Cuban people, for the first time in their lives stand in line for food, for instance, without fear, and learn to respect each other's place in line without fear, will be very important. For the United States, Cuba is different from other countries. This is one reason why the President has established this Commission. The closeness, the geographic relationship, the historic relationship, the cultural relationship, the family ties between the United States and Cuba make Cuba different. The United States has to be interested in what happens there.

As an example, we were discussing at the table the President's mentioning of Cuba in the speech in Monterrey, his opening speech. A lot of people were surprised. I wasn't. For one thing, of course, I knew he was going to say it a few days before, but you do not have to convince George Bush to talk about Cuba. He is passionate about the subject. I have been in conversations with him, alone, just the two of us, where he gets very enthused about the possibility of a free Cuba. He has also done this in front of many other people. What he says in public is the same thing he says in private, and that is why he created this Commission for

Assistance to a Free Cuba. The President is fully committed to the freedom of Cuba and to the prosperity of the people of Cuba, which is why he launched it on *el diez de octubre,* the tenth of October, which was the 135th anniversary of the beginning of the first Cuban War of Independence that lasted ten years. The Commission will implement policy, and I will read you exactly what the Commission says the policy is:

> This Commission was established to focus US government agencies on hastening the arrival of a transition in Cuba and planning to respond to this opportunity. To that end, the Commission for Assistance to a Free Cuba shall be responsible for:
>
> I. Identifying and encouraging the effective implementation of additional measures by which the United States can help the Cuban people to bring about an expeditious end to the dictatorship, and
>
> II. Developing a plan for agile and decisive assistance to a post-dictatorship Cuba.

There are five working groups: One is to bring about the near-term end of the dictatorship; a second is to help establish democratic institutions, respect for human rights, and the rule of law; a third, to help the core institutions of a free economy; number four, to help modernize infrastructure; and five, to meet basic human needs in the areas of health, education, housing, and human services. But these five tasks cannot be accomplished without first laying the groundwork for feeding the people, housing, and providing the basic human needs in the very first hours and days after a change.

Finally, let me just quote from President Bush's speech of October the 10th last year, when he announced this Commission: "Cuba has a proud history of fighting for freedom, and that fight goes on. In all that lies ahead, the Cuban people have a friend in the United States. No tyrant can stand forever against the power of liberty, because the hope of freedom is found in every heart. So today we are confident that no matter what the dictator intends or plans, Cuba *será pronto libre.*"

Let me conclude by saying that for Cuba to be free, for Cuba to live in peace, to be prosperous, and for its people to recover hope in the future, you have to be successful in your tasks. The first few days and weeks will set the pace for the recovery. The way you plan for the humanitarian needs of Cuba after the change will be critical for the success of that peace and freedom. Thank you very much.

Questions and Answers

José Carro

I would like to applaud your comments about the statistics on health care in Cuba. I would like to share with you some data that I think will strongly support your comments. When I hear some of the things that were said this morning, I think of a Spanish saying that goes a little like this: "There is no one more blind than he who refuses to see." And with a lot of things out there, you are not looking at them because you do not want to see them. In Cuba in 1957, there was a 32 per 1,000 infant mortality rate. The U.S. had 26. Malaysia had 76, and Spain and Italy were in the 50s. From 1990 to 1995, the last reliable set of data, Cuba dropped to 12, the U.S. dropped to 9, Spain and Italy dropped to 7 and 8, Malaysia, from 76, dropped to 13. Malaysia's rate of infant mortality dropped by 83 percent, Europe's by 86 percent, and Cuba's only by 60 percent.

Ambassador Reich

That is exactly what I was saying. And by the way, if Cuba has the lowest infant mortality rate today, after Castro leaves, I think we should all do everything to keep it number one. This is not a political issue. But it should not be used for political propaganda.

Teo Babún

Perhaps there should be a working group number six, that should be an implementation group that, perhaps after the report is completed, can begin looking at how to begin to inform the Cuban people. For example, some of the things you said, which are so important, to get that message to the Cubans, for them to know that the U.S. has developed a blueprint for the reconstruction of the country. Those are very key to the whole process, and I hope you agree.

Ambassador Reich

You are absolutely right, and the reason there is no sixth committee as such is because that work will begin on the very next day after the report is concluded. We all know that the work of the Commission begins after the study. This is a study, but it is going to be a work plan, and we hope that the entire U.S. government will be the implementing committee. And in order to convey that, the President had the first meeting of the Commission in the Roosevelt Room, co-chaired by Secretary Powell and then-co-chairman Mel Martinez, Secretary of HUD, and Dr. Condoleezza Rice, representing the President, and several Cabinet officials, the Secretary of Treasury, Secretary of Commerce, Secretary of Homeland Security, and the Director of AID. And, in fact, the President's National Security Presidential Directive, which created this [Commission], is addressed to every single agency in this government that has anything even remotely to contribute to the economic or other reconstruction of Cuba.

Unidentified Participant

You said the President's desire is to hasten a free Cuba. Can you tell us anything specific that would be any initiative or policy that we will hear about in the next few months that will support that, that would hasten the transition?

Ambassador Reich

Well, if I did, I would join you at the table as an audience member before too long, because one of the things that this administration doesn't like is for somebody to speak out of school. It's up to the President to decide when to announce those initiatives. We are working on them, but this administration has already done a lot of things that a lot of people have not noticed. We have changed the terms of the debate quite a bit. There are fewer people in Congress who believe, for example, that lifting the embargo will bring democracy to Cuba. I would like somebody to give me the name of a country that has been liberated by tourists. Anybody? I can't think of one. Now, the names of countries whose governments have been forced to change because of international, unilateral, or multilateral, pressure? South Africa, Chile under Pinochet, South Korea, the Philippines, Haiti, and Libya is the most recent example. It's amazing how in this town, certain beliefs withstand the onslaught of the facts. People say that "opening up will bring democracy." No, it does not. People say, "What about China?" The Chinese leadership made a decision many years ago, thirty or thirty-five years ago, that they had to open up on the economic side in order to feed their people. Their opening preceded Richard Nixon's visit, by the way. And that was a totally different case; it was geopolitical, and we needed the Chinese pressure to counteract the Soviet pressure, etc.

Cuba is different. In fact, Cuba and North Korea are the last two Stalinist regimes left in the world. And to give up a bargaining tool, like the embargo will be that day when there is a change, to give it up preemptively is just not good policy.

There is going to be more communication with the people of Cuba, more and better. Radio and TV Martí are improving their technical capabilities. In my view, they should do it faster, but then again it's easy for me to sit there in the Old Executive Office building and yell at people who are down there working with radios and telephones and televisions. At least now we are broadcasting from satellites; we are using a lot more Internet, which has caused the Cuban government to once again show its true colors and cut off Internet communication even more to the outside. We are taking a lot of measures, Tom, and I know you understand. I don't blame you for asking the question, obviously, that's your job. But it's my job to answer as best I can.

Frank Calzón

I'm delighted to hear about the Commission. Some of us have a bad memory, but I think I remember that before the Commission, months before, the White House announced a new Cuba policy. We are now in the last year of the first term of the President. And I wonder, all these good ideas the President announced about Cuba policy, can you tell us about implementation, but not of the study that is going to take a few months to prepare, but the things that the President is doing right now?

Ambassador Reich

We are not waiting. That is a legitimate question, Frank, but let me answer the second part first. We are not waiting for this Commission to issue its report in order, for example, to tighten up, as we have, on travel and remittances. The Department of Homeland Security has increased surveillance 100 percent at airports, making sure that people that travel to Cuba—and some of them get through, let's face it, we have smugglers, drug traffickers who bring tons of illegal narcotics into the U.S., and we can't stop them—we cannot stop everybody who wants to take money illegally back to Cuba, but we are confiscating a lot of it. And people have gotten the message that they are not going to get away with it. There is a legal way to do it. We have increased and continue to increase communications. USAID is doing a tremendous job, and I should say, by the way, that I am grateful to USAID and to the University of Miami for organizing this event and for giving me this platform.

The Commission is an effort to better organize the Executive Branch of the United States government because Departments such as Agriculture, Commerce, the Environmental Protection Agency, and a lot of others may have something to contribute to a future government in Cuba, to be prepared, to study and to pre-position ideas, material, personnel, whatever is necessary to help Cuba. We are working much more closely with our European and other allies. Jaime [Suchlicki] mentioned in a conversation about Monterrey, that there are only two countries that mentioned Cuba in Monterrey: the United States, President Bush, saying that Cuba was absent because it was not democratic, and that the entire hemisphere should work to ensure that it becomes a democratic country, a free country, and rejoins the hemispheric family of democracies; and Hugo Chávez, who mentioned Cuba, of course, as the greatest thing since sliced bread—which, of course, they don't have in Cuba. But the other countries did not mention Cuba. And they should have. But this is an improvement over a couple of years ago, when half of the people would have gotten up and criticized the American President for even bringing it up. They now realize what is going on in Cuba. And it is not so much because of what we have done, but because of what Fidel Castro has done. They are finally understanding: forty-five years have passed; some people are a little slow, but they are understanding. And the Europeans, the same way. The Europeans are not helping Fidel Castro the way they were; they are not investing, they are not trading, and they are not giving him the credits they were a few years ago. For one thing, because he was taking what little money he had to buy, in cash, from American farmers, and he has left behind all the Europeans, who thought that they were getting in ahead of the crowd, ahead of the Americans. Some Europeans told me years ago, "We are going to be in there, and when you guys come, there is not going to be anything left." Well there is nothing left now. But they do not have the market. Nobody has the market. The market is going to be a free market. And I think that because of the proximity and the ties that exist, and because of the preparation, the United States will have at least an even chance to make a major contribution and to establish very good relations, of all kinds, with Cuba.

Carolyn Rose-Avila

One of the things that did not come up but that I think is very important, because many of us that have worked in other complex humanitarian disasters realize is very important, is the emotional component. The fact that I live in Miami, I have been there a couple of times when it was presumed that Fidel had either died or got sick, and I have seen the reaction in the community, and I assume the reaction would be similar on the other side. I think the Cuban people are a very proud people and have a lot to be proud of, no matter where they are in the world. During a major change in Cuba, there will be a lot of feelings, [and] the term "reconciliation" [is one] I haven't heard yet. So I wonder whether we can talk about what people will be feeling—how we will work with people's emotions and how we will be able to respect each other and how we will be able to achieve reconciliation.

Ambassador Reich

That is a very good question. I have to give my own personal point of view because I don't think we should have a committee on reconciliation, and let me tell you why: I'm not trying to be funny. To us it is understood that it is going to happen. And one of the best ways that we can bring that about is by showing it concretely, not just saying it but preparing a transition program of assistance to the people of Cuba. To let them know that we are doing this unilaterally, that we are not expecting the Cuban people to reciprocate. We are expecting the Cuban government to be different. That is a precondition, and I think the President has made that clear. But as far as the people of Cuba, they are the victims of that regime. Why should they be punished in any way? Quite the contrary, we want to help them. We want them to make up the forty-five years of lack of freedoms that they have had. We want them to start eating a sufficient number of calories so that they can be healthier and even larger than they are today.

I think that reconciliation is a given; I think it is going to happen. It think there are going to be some people that will have to face some charges; it has happened in Iraq; it happened in Japan after the Second World War, in Germany – and I am not comparing the relative numbers of people. In South Africa, there was a Truth and Reconciliation Commission, in Nicaragua there was something like that, and I imagine that there will be something like that in Cuba, but I think that it is up to the Cubans to decide how to do that, not the U.S. government. And here I am speaking as a U.S. government official. And I think the Cubans are perfectly capable, and they are not a vindictive people. In fact, interestingly, I think that is why the Cuban-Americans have kept this passion about Fidel Castro as a tyrant for as long as they have, because he is so un-Cuban—his actions, his brutality, his ability and willingness to execute people who simply disagree with him, to kill them—that's not Cuban tradition. Yes, there has been political violence throughout history, but not to the extent that Castro has chosen to carry it out, even to the present time. I think, frankly, that that is why Castro has to go. And that is why the President of the United States says, "We will hasten the end of the dictatorship."

But as far as reconciliation, I want to end with this thought: I left Cuba when I was 14 with my family. My father had been a refugee from the Nazis. He had been through this before. We didn't have very much money, but my father had worked hard enough to buy a little plot of land to build a house. After Austria, he had finally found a paradise, and so he decided to invest in

real estate because felt, as Will Rogers did, that "They ain't making any more of it." He liked little plots of land to plant things, and he was going to build a house on one of them. Somewhere in Cuba, there are four little plots of land that belonged to Mr. and Mrs. Walter Reich. My brother and I, I assume, are the legitimate heirs to that land. I do not have any idea where it is. I have no interest in recovering that land. In fact, I would like to go and find it, just so I know what my parents worked with their hands, and find whoever is living there, tell them that I hope that they are happy living on that land and that it was made possible not by Fidel Castro, but by the people who preceded Fidel Castro. Maybe they will understand me; maybe they won't. I think that everybody should make an effort or a contribution toward reconciliation in their own way, but that is something we cannot force. And I think most Cubans probably will. Now, if you are talking about a huge industrial property or a sugar mill or something, that is a different story, but as far as our little four plots of land, that is my brother's and my contribution to social peace in Cuba. So with that, thank you very much.

Toward a Preparedness Plan

Jaime Suchlicki

I do not want to end this without saying a few words about where we go from here. We have heard some very good ideas, some very good papers today, and we have a lot of work ahead of us. The first thing that we will do is we will put these papers together, edit them and publish them, and you will get copies of the proceedings of this conference.

The second thing we would like to do is to begin a tracking system of food, public health, and other issues that have been discussed in this conference. It is important to have the bases of information, to know exactly what is happening in Cuba, and many of the comments and papers call for accurate information on what is happening in Cuba. But we also need to look at other forms of collecting information and other types of research. Mr. Natsios mentioned strengthening the traditional coping mechanisms of the Cuban people. Well, how do we know what those mechanisms are? How do we know how they are going to work in a crisis? What are the limitations of those mechanisms? So we need to do a lot of psychological and other types of research and study.

We also need to be prepared for when transition happens. And by the way, I am not one of those who think that when Castro dies the system will collapse. We are going to see a quick and smooth succession in Cuba and a very long and difficult transition. Cuba, and I hope I am wrong, will not necessarily follow the model of Eastern Europe. It will follow partially the model of China, and probably, partially, the model of North Korea. So we need to be prepared. We need to build alliances among all these groups that are involved in humanitarian aid and want to be involved in the reconstruction of Cuba. And Eric Driggs, who has been working with us and has been involved in preparing this seminar, is going to be working on creating that kind of capability and that kind of network with a number of organizations.

One thing that has not come out and one thing that I am particularly concerned about is the role of the military in Cuba. The Cuban armed forces occupy a privileged position in society now, controlling some 60 to 65 percent of the economy, and in any transition, whether it be slow or fast, they will play a significant role. How do we reach out to the military? What do we do to co-opt the military? How do we influence the military? These are very difficult, more easily asked than answered questions. But this is a challenge that we need to look at and think about.

We need to think about the aging population of Cuba -- the maintenance of a social security safety net so that the Cuban people do not feel that once there is change, they have been abandoned, as has happened in parts of Eastern Europe. We also need to prepare for the retraining of people. This is going to be a massive task in the future, job creation and retraining. We have significant work ahead of us; I welcome all of your support, all of your help. You have at the Cuba Transition Project at the University of Miami a friendly ear willing to work with you and willing to support you. Thank you to all of you for being here today.

Appendix: Humanitarian Assistance during a Democratic Transition in Cuba*

ANDREW S. NATSIOS

Background

Cuba is governed by one of the few remaining Marxist political and economic systems since the collapse of the Soviet Union in the early 1990s. The longevity of the surviving system may be measured in years not decades, given the severity of the economic crisis initiated by the precipitous cut off of Soviet economic subsidies and the declining support of the Cuban people for the political system. Estimates of the economic depression caused by the withdrawal of Soviet subsidies between 1989-1993 range from a decline of 30 to 50 percent of the gross national product. (CRS Issue Brief 1998) While Fidel Castro as the last remaining Latin American "El Caudillo" has completely dominated the political system for forty years, at 71 years old his remaining tenure in office is surely limited. Cuba will shortly be facing a major transition. This article attempts to describe the relationship between that transition and any international humanitarian relief program initiated by the United States and other donor governments following his departure from office. This article focuses on the emergency and rehabilitation phase of a response to an emergency in Cuba; the reconstruction, democratic institution building, and economic reforms essential to the long-term health of the country are not covered.

Assumptions

The robustness of U.S. humanitarian responses to crisis is driven by three factors: the level of severity measured by human suffering and death rates, the perceived national interest of the United States in the crisis, and public constituency support for a generous response (Natsios 1997). Based purely on human need compared to other current humanitarian crisis, Cuba will not likely rank high compared to say North Korea, Kosovo, Somalia, Sudan, or the Great Lakes Region of Africa. Our existing state of knowledge about Cuba does not indicate high morbidity or mortality rates, high incidence of acute malnutrition (a drought in 1998 may have caused high malnutrition rates in eastern Cuba, but this was temporary), or other traditional indicators of suffering. This assessment, however, may well be wrong, as trustworthy data on

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conditions in the country are not available. Our experience with other totalitarian regimes in this century suggests widespread human suffering can be disguised from outsiders by a determined government through its internal security apparatus (see Becker 1997 on how the Chinese Great Leap Forward famine was disguised from both the central government and foreigners). We may not be seeing terrible conditions in Cuba because the central government does not wish us to.

The difference between the uncovering of reality in Cuba versus crisis in other totalitarian regimes, is that language is no barrier in Cuba for the foreign visitor as many speak Spanish unlike the Ethiopian, Russian, Chinese, Cambodians, and Korean famines where humanitarian workers had to work through government translators who disguised bad news by censoring what they translated. The shear number of foreign visitors to Cuba is probably greater than other totalitarian regimes, and thus would make it easier to see the reality of human suffering if it were widespread.

Given the other two categories driving a U.S. government humanitarian response—public support for a major response by organized constituencies and perceived national interest—Cuba ranks very high in importance. For U.S. policymakers, Cuba has been a central foreign policy concern for a very long time: it is so close geographically to American shores, and the likelihood of large scale and rapid population movement out of Cuba to the United States in the aftermath of Castro's departure is very high. The real possibility exists that a failed Cuban transition could mutate into a complex humanitarian emergency and failed state status. The chaos ensuing from such a failed state so close to American shores would profoundly affect U.S. national interest. Thus we may conclude that the U.S. government's response will be robust, providing sufficient funding for major humanitarian programs. Most funding for humanitarian relief comes from the U.S. government and the European Union; thus, donor enthusiasm for a robust response is critically important to our analysis.

How the transition in Cuba proceeds will profoundly affect the nature of the humanitarian response. Based on other democratic transitions we may speculate that three (or more) scenarios are possible:

(1) a stable democratic transition government takes over with broad public support, no disruptive opposition from the old order, and no violence or unrest;
(2) an unstable democratic transition government takes over, shaken by internal divisions, with sporadic, violence and disruption from renegade military units or frightened party cadre, but no immediate threat to national stability; or
(3) an unstable democratic government takes over which dissembles into a failed state, with widespread violence from a national military divided into factions supporting various elements of the old party elite, widespread human rights abuses occur and the political system and economy collapse.

The third scenario, more commonly called a complex humanitarian emergency by relief agencies, could either take place when a democratic transition unravels into chaos leading to a food and health crisis or when an economic crisis, which might be caused in Cuba by a major failure of the sugar harvest, precludes the purchase of food abroad. This could lead to starvation, popular unrest, and an overturning of the government. During the Great Sahelian

Famine of 1968-1974 every African government affected by the crisis, save Senegal's, fell from a coup or popular revolution induced by the failure of the government to deal with the famine (Fields, 1993). Despite this, Jasper Becker in *Hungry Ghosts* argues that no totalitarian regime in this century has been overturned as a result of a famine probably because they exercise such tight control over the society and the military.

Humanitarian relief managers as a professional principal plan for the worst and hope for the best. In keeping with this principle this article presumes that either scenario two or three occurs with widespread human suffering. If the first scenario takes place, humanitarian aid funding would be minimal since a true emergency would not be occurring. Instead, this funding could be focused on an immediate longer-term development program.

The greater the degree of instability and the more widespread the violence, the more tenuous the humanitarian response will be should either the second or third scenarios occur. Fewer humanitarian organizations will work in Cuba under these circumstances; more funding will be spent on basic needs to keep people alive and less on rehabilitation and reconstruction; and humanitarian relief resources, such as food aid, medicine, computers, trucks, and other equipment, brought into the country by aid agencies will become a treasure for armed factions to attack and steal for use in their war effort. If the second or particularly the third scenario were to occur, the likelihood of diversions of relief supplies and kidnapping of or violence against relief workers would be very high. The relief effort would become an unwilling participant, manipulated and threatened by various factions, in their internal political battles, a common pathology in other transitions gone awry.

Most democratic transitions in the post-cold war world have become highly politicized as the old guard frightened by its loss of power, influence, and privilege fights to protect itself, and the new guard tries to establish its authority over entrenched interests. However much humanitarian relief agencies may try to avoid being drawn into incipient political battles, they will find it nearly impossible to be entirely neutral and non-political, though they should certainly try.

Humanitarian Aid Strategy

At the heart of all humanitarian relief strategies lie two essential imperatives: saving lives and reducing human suffering. *This should not be done primarily through the importing of humanitarian relief commodities such as food and medicine by aid agencies into Cuba, but through the strengthening of the traditional coping mechanisms of the population.* While commodities can supplement a humanitarian relief effort, it is the immediate rehabilitation programs that yield the greatest and most productive result in making people self-sufficient (for a fuller treatment of this point see Cuny 1994). While other secondary objectives may be added to the mission, these other objectives should not compromise these two essential missions or else the United Nations agencies, the Red Cross movement, non-governmental organizations, or donor aid agencies such as the U.S. Agency for International Development carrying out the humanitarian response will rebel. These objectives lie at the heart of their missions; how far a field the humanitarian efforts goes into political and military objectives will determine how cooperative aid agencies are with the U.S. governments aid effort. An implied part

of these two imperatives is the notion that humanitarian intervention should stabilize people's condition at a minimum so it does not get any worse or through the rule of unintended consequences, make matters worse inadvertently through flawed programming. *The more chaotic conditions become, the more operative the rule of unintended consequences where humanitarian relief programming gets drawn into the chaos and if not properly designed may even exacerbate it* (Clarke and Herbst 1997; Natsios).

A set of secondary objectives should be considered in the case of Cuba, so long as they do not compromise the first and primary mission. These include:

- Discouraging population movements through media broadcasts and the rapid establishment of humanitarian aid efforts in rural areas and small towns to reduce the incentive to move to the cities. People on the move during this emergency phase of the aid effort will be at much greater risk of communicable disease, violence, and acute malnutrition than would have had they stayed in their villages.
- Supporting the democratic transition through the relief effort by having relief organizations work closely with ministries in the transition government, so that the public credits the new government with the improvement in living conditions rather than international groups.
- Encouraging the building of civil society and democratic pluralism by having relief organizations work with emerging local institutions such as churches to administer the relief effort. This joint work should be designed to build local capacity and institutional strength in running programs.
- Preparing for long term development by creatively designed relief programs so they serve both purposes simultaneously. This is called the relief to development continuum where the humanitarian aid programs are designed to encourage long term development. For example, seed programs to increase food production over the short term on an emergency basis could be used to introduce new seed varieties (after they have been locally tested for appropriateness), improved cropping techniques could increase yields, and better storage of the harvest and marketing of produce could increase general availability of food. Food for work programs might be appropriate to distribute food aid to able-bodied adults, focusing in the case of Cuba, on land renewal given the level of soil erosion in some areas (see Anderson and Woodrow 1989).

The adoption of these secondary objectives depends on the political situation, the nature of the transition government, and the diplomatic objectives of donor governments. If the transition government is contending for permanent status in an election campaign against other legitimate democratic parties, then the humanitarian relief program should attempt to remain neutral in the campaign by distancing itself from any political party including the incumbent government. This will not be easy, as cooperation of the government will be needed in getting access, obtaining travel permits and visas for expatriate staff, and establishing coordination mechanisms. If the democratic transition government has already been elected in free and fair elections, and the newly enfranchised voters have made their choice, then the relief effort should consider supporting the new cabinet ministries in visible ways as USAID/OFDA did in Panama in early 1990 in Panama.

Humanitarian Assessment and Program Design

We will not know for certain what the needs are in Cuba until a humanitarian assessment can be done by an objective outside agency, given that current reports from the Cuban government are likely politicized. This assessment can be done by the United States government through the Office of Foreign Disaster Assistance within USAID using a standard format widely accepted among humanitarian agencies. The UN agencies or the Red Cross movement could also do such an assessment in a reasonably objective manner except when the political pressures to distort the assessment are strong; then the assessments are frequently altered because of pressures from the host governments. A humanitarian aid program cannot be properly designed until this assessment has been completed. Given the need for a rapid response following the departure of Castro and establishment of a transition government, efforts could now be initiated through NGOs operating in Cuba to conduct discrete, informal humanitarian assessment on a periodic basis drawing from their collective field operations.

A properly done assessment will determine the food supply, nutritional status of children, shelter, agricultural production, water, sanitation, medical, and the microeconomic situation in Cuba, and recommend programmatic measures to address the findings. Accepting media accounts or reports from non-technical people on these conditions is usually a short route to serious trouble: the wrong medicines, the wrong tonnage and kind of food, and the wrong economic remedies are frequently ordered by people who accept uncritically what they see or hear. This assessment of the microeconomic situation will be of central importance, particularly in the case of Cuba because its economy has been so distorted by Marxist ideology for so long. The microeconomic study will explain the cause of malnutrition or starvation, the relationship of family income to food prices, how expensive food is on local markets, whether famine conditions are developing, the robustness of markets in various regions of the country and any impediments to the development of more efficient markets, and whether localized political tensions or conflicts are rooted in economics.

Cubans have used four coping mechanisms to survive given the severely depressed economy and collapsed public services caused by the withdrawal of massive Soviet subsidies: remittances from relatives abroad, a return to the rural areas to grow food, humanitarian aid, and tourism. The weakness of these coping mechanisms is that a great portion of the population does not have access to them; this gap combined with the 50 percent unemployment rate has meant that a sizeable portion of the population has suffered great deprivation. We may speculate that much of this distressed population is in urban areas particularly where there is little tourism. Evidence for this distress may be found in the decline of caloric intake to the lowest per capita level in Latin America at 2,291 calories in 1995 (U.S. Senate Committee 1998). This level of caloric intake has likely deteriorated since 1995 given the recent drought and continuing deterioration of the agricultural economy. These officially reported ration levels are likely not distributed evenly among all classes of the population given the tendency of Marxist societies to distribute declining food and medicine based on bureaucratic rank—the more important you are to the survival of the state apparatus the higher your ration. We may conclude from this that the official food distribution system is no longer a main source of food for the Cuban poor who increasingly survive through the informal sector or that there is wide-

spread acute malnutrition (or both). A well designed humanitarian aid program should be targeted on this distressed population of urban poor for whom these four coping mechanisms are not available, who are suffering disproportionate deprivation from the economic collapse, and whose precarious livelihood may be endangered during the inevitable disruptions during the transition.

Problems which will Face the Humanitarian Aid Effort

The challenges to the proper design and successful implementation of the program will be substantial like other humanitarian aid efforts under other highly politicized circumstances. Some of the conflicts are predictable.

- International humanitarian agencies have developed a set of standards for working in complex emergencies called the Code of Conduct, which has sought to correct problems uncovered in previous relief efforts. The political transition in Cuba will stimulate a generous and robust response from new aid groups, many growing out of the Cuban-American community. Many of these new aid groups will be unfamiliar with the Code of Conduct and of established international standards, and may see them as a way of limiting their work or keeping them out of the aid effort. Many of these new groups will be unfamiliar with the complex USAID application process for grants and food aid and will feel at an unfair disadvantage in competing for these USAID resources with established aid agencies. This same problem has taken place in the North Korean Famine response, where newly created South Korean and existing relief aid standards and structures disadvantage Korean-American aid agencies.
- The aid effort may face substantial pressures from the State Department and the Cuban-American community to provide general assistance to everyone, which will only dilute limited resources on a large population who are not all equally needy, or to areas from which the Cuban-American population may have immigrated. These same pressures are at work in North Korea now and have resulted in an aid program focused on the wrong population, a failure that has caused many needless deaths. Conflicts between local political pressure, American diplomacy, and the demands of the humanitarian imperative will likely complicate the aid effort in some unhelpful ways.
- The old order will not relinquish power willingly. In other post-communist countries the party cadres have used their inside understanding of bureaucratic offices, their old boy network of connections within the party cadres, their superior education, and any money they had amassed under the old regime to put themselves in a commanding position to disrupt the transition or use it to further enrich themselves. They will likely see the resources represented in the aid effort as a source of wealth from which they may further enrich themselves. In Russia following the collapse of the Soviet Union, members of the internal security apparatus privatized themselves forming an organized criminal syndicate to feed off legitimate new businesses and the humanitarian aid agencies working in Russia. They did this through protection rackets, threats of vio-

lence against aid agencies, rake off on rent and equipment, and other schemes. It is likely that this same phenomenon will appear in Cuba as the old order seeks to protect its privileges, unless an organized effort is made to protect the aid agencies doing the humanitarian response.

- A very large number of aid agencies will likely want to participate in the humanitarian aid response in Cuba because of its visibility within the United States and the public demand for action. Directing and managing the excessive response of humanitarian agencies to the Cuban transition will not be easy: reducing overlapping aid agencies sectoral and geographic jurisdiction, managing the inevitable competition for aid resources and media coverage, and coordinating programmatic conflict among agencies will be a major undertaking. Some coordination models have worked well. Others have been remarkably unsuccessful in other emergencies.
- The participation of people at the village and city neighborhood level in making decisions about the aid effort in their communities will build civil society, help develop local institutions, and nurture the democratic values needed to build self-government. Because Cuba has not functioned under a stable democratic system within the living memory of most people in the country we cannot expect democratic values and decision-making processes to be understood. The transformation of values will be rocky but important to encourage nevertheless.
- The transition period will likely see population movements, legal and otherwise, both to and from the country. Cuban-Americans will return to Cuba, even if temporarily, to see their homes and families, while Cubans will use their new freedom to immigrate, seeking refugee asylum in the United States if chaotic conditions ensue during the transition. These population movements will cause political tensions within the United States and Cuba that will have to be managed carefully.

Implementation

The architecture of the international humanitarian response system which has grown up in the post-cold war period to respond to other emergencies similar to Cuba is highly diffuse, decentralized, extraordinarily complex, and full of internal tension (for a full description of this system see Natsios 1995). When the response requires the presence of peacekeeping troops or combat units to keep order in chaotic circumstances, this complexity and these tensions increase.

The architecture of the system includes non-governmental organizations (NGOs) which are the front line distributors of aid and managers of local aid programs. While there are perhaps 400 NGOs registered with USAID, only 150 of them are members of the NGO trade association called InterAction, and of these only 40-50 do humanitarian relief programming (the rest are focused entirely on long-term development). Of these 40-50 NGOs, only 20-25 run large enough programs, are technically proficient enough, and have the staff and technical resources to have a serious impact in Cuba. These NGOs have developed, through past experience as well as their own internal strategic planning, certain sectoral expertise in areas such as public health, medicine, agriculture, and food aid. Many of these 20-25 NGOs have

been informally meeting within the InterAction umbrella for the past three years to coordinate their ongoing work in Cuba. Those NGOs with a presence in Cuba now have a comparative advantage over those who enter the country during a democratic transition for the first time. They know the local elite, for better or worse, the operation of the local markets, agricultural conditions, medical facilities, and have a staff of some kind in place. One major benefit of NGOs beyond their experience in emergency response and technical field expertise is that they are a grassroots network within American society for mobilizing public support through their fund raising efforts among their contributors for an aid effort in an emergency. NGOs have been increasing their ground presence in Cuba gradually as the economic deterioration has grown more severe. Because they are constrained by the Cuban government from developing indigenous, grass roots organizational structures, NGOs do not have the ground presence they might have in other countries.

Four UN agencies have the operational and legal mandates under the UN charter to do humanitarian relief work: the World Food Program (expert at providing food aid and food for work projects), UNICEF (expert at water, sanitation, women and children's programs), the UN High Commissioner for Refugees (which will likely have no role in Cuba unless there is a civil war), and the UN Development Program (expertise in long-term development). One UN secretariat level agency, OCHA (Office of the Coordinator of Humanitarian Assistance), has the mandate to coordinate the emergency response for UN agencies and NGOs, though it carries out its broad mandate using the weak tool of persuasion. The new and untested High Commissioner for Human Rights has been given the mandate to monitor and protect against human rights abuses and may have a role in Cuba if the transition turns ugly.

The U.S. Defense Department (and the military forces of other countries usually under UN mandate if not command) has a role to play should combat forces be needed to protect humanitarian agencies (as in Somalia), protect noncombatants (as in Northern Iraq), or enforce a peace agreement (as in Bosnia). While under these conditions, U.S. military forces will sometimes help in the relief effort, particularly if the death rates are high when they arrive, they generally are not trained nor organizationally designed to do this sort of work. Military units do have the great advantage of being self-contained and do have the logistical capacity to get relief supplies to remote locations quickly and efficiently, but the cost of these operations is very high. They are not skilled at relief programming which they generally prefer leaving to aid agencies.

Nearly 86 percent of the funding for the aid which moves through this international aid system comes from two sources: the U.S. government through USAID's Office of Foreign Disaster Assistance and Food for Peace and the European Union's ECHO-European Community Humanitarian Office (EU press statement 1995). During a large scale refugee emergency the State Department's Population, Refugee, and Migration program office will be crucial to the response, however, in the case of an island like Cuba, a refugee emergency is unlikely. When the EU and the U.S. government wish to, they can bring discipline and strategic order to an otherwise highly diffuse, decentralized, autonomous response system—-UN agencies, NGOs, Red Cross, and peacekeeping force—because they control the purse strings, and they have had years of experience in doing this sort of work and have the technical expertise to oversee programming. Most importantly, the humanitarian aid agencies expect leader-

ship from donor governments through these official agencies as long as it is not too intrusive or heavy-handed.

While this implementation structure has many weaknesses, the political and managerial constraints in attempting to create a new response mechanism or reform the existing one in order to better manage the humanitarian response to the transition in Cuba are enormous. The best approach would be to try to make this existing system work better.

Recommendations

We have learned enough from other humanitarian emergencies to begin planning for what we may shortly witness in Cuba.

1. An effort could be made to encourage existing Cuban-American charities which will likely wish to participate in an emergency response, to become members of InterAction, the NGO trade association, and to become registered with USAID, and learn USAID grant-making processes and InterAction governance and programming standards. Some of these charities, particularly those without field experience, might also be encouraged to begin collaborative programming efforts with established NGOs in Central American or Caribbean countries as a means for learning the realities of field operations.
2. Terms and conditions could be developed now for four tracking systems—two in food and two in public health. These include nutritional surveys of children under five, morbidity and mortality tracking, food market surveys of prices, and household surveys of family food stocks. Data from these surveys are crucial in predicting crisis before they occur, determining whether aid programs are reaching the needy population, and where aid should be targeted.
3. Should the food security system in Cuba deteriorate and malnutrition rates rise, children under five will be at particular risk. A plan should be developed for the immediate immunization of all children under five for the major childhood diseases who have not been already immunized under the existing health system. The reported high level of immunization coverage in Cuba should be surveyed, as the quality control in the production of these immunizations may be weak if other eastern bloc countries are a good predictor. This will reduce the mortality rates among children under five who are always the most vulnerable in any food emergency. Given the existence of a well-developed primary and secondary school system, these institutions could be used to provide the nutritional supplements to children to maintain an adequate diet until the new government can create its own public health system.
4. If other communist societies are any measure of what will happen in Cuba, the Church will grow rapidly across the country during the transition. These church structures as grassroots institutions could be used through their Church-NGO counterparts as mechanisms for the provision of humanitarian assistance if careful accountability systems are set up to ensure proper targeting of need and control over relief commodities. While official U.S. government funding cannot and should not be used to build or

support churches, these grassroots institutions in fact can be a stabilizing force during the stresses of transition and an important force in longer-term development of civil society to guard against the return of totalitarianism.

5. A system should be worked out for NGOs and UN agencies experiencing problems with organized criminal syndicates threatening their programs to have the American Embassy and consulates intervene for them. This system has worked effectively in Russia to insulate humanitarian agencies from these syndicates.
6. NGOs could be commissioned to manage large-scale public works projects using day labor to provide immediate jobs paid with food for work or more preferably cash for work to ensure minimal income for families that are most at risk during the economic transition. Such public works projects could be centered on the rehabilitation of the road system. The success of these programs can discourage young men from joining paramilitary units or local militias, which could disrupt the transition.
7. Every effort should be made to keep all public schools open during the emergency phase of the transition, even if teachers are paid with food aid, in order to keep children and teenagers off the streets during this unstable period. Regularizing the schedules of teenagers through their schools in particular can avoid their becoming involved in street crime, their being drafted into incipient militia movements, and restores a degree of normalcy to home life. While support for the public schools are not typically seen as a humanitarian relief program, these schools can have an ameliorative affect on the social order during a time of high stress.
8. Household gardens were one of the most important coping mechanisms used during the transition in the Soviet Union to maintain an adequate diet as the economy was in free fall. These gardens even a decade after the transition is over in Russia continue to be a major factor in maintaining an adequate diet for the Russian population during continuing economic turbulence. A plan should be considered for an aggressive national household garden campaign using the electronic media, which is widely available in Cuba, to teach people how to grow their own food and can it for use later in the agricultural year. Free seed could be nationally distributed. The seed should be chosen well: seed trials should be run now in other islands of the Caribbean with similar climate and soil conditions to Cuba to ensure the seed is appropriate and can be distributed without delay once the transition begins. Once the harvest is taken the seed will become a permanent part of the Cuban agricultural system and will supply households with future year food supply. A household garden initiative would make use of the favorable climate and the high per capita availability of abundant land with rich soils.
9. If food prices are too high compared to average family income at the start of the humanitarian aid effort (a determination that should be made in the microeconomic assessment) or if security conditions begin to deteriorate making food aid distributions through NGOs untenable or too dangerous, a food aid monetization program to merchants should be initiated to maintain the price of food at a reasonable level. Most food emergencies take place when family income either declines rapidly or remains

static as food prices rise rapidly (for a fuller treatment of this see Sen 1992). We found in Somalia that local merchants could protect their food stocks for markets much better than the relief effort or U.S. military forces could. Thus, any serious insecurity could use monetization as an alternative food distribution system, though an allowance would have to he made for some food distributions to those families that are completely destitute and without resources to buy food (Clarke and Herbst 1997; Natsios).

10. Studies of coordination mechanisms in other emergencies have found that the most effective system is for the indigenous government to demand the NGOs, Red Cross movement, and the UN agencies form their own coordination unit which would deal with the government ministries as a single humanitarian voice. The indigenous government should avoid trying to set up the coordination mechanism itself or interfere in the internal management of the unit. Its role should be to demand the unit be set up and that humanitarian agencies all join this unit and work through it with the government agencies.
11. The humanitarian aid program could be used to encourage the democratic transition. Much of the literature on democratization (Dahl 1971) argues that democratic process is best taught through local government. USAID could encourage the several NGOs which specialize in democratization programming to develop a joint program with humanitarian relief NGOs to set up local mechanisms for the public at the village and neighborhood level to participate in making important decisions in the relief program.
12. Should the strategy described earlier fail to encourage people to stay in their villages and neighborhoods rather than migrate to large cities or immigrate to the United States, a large scale refugee emergency could occur to the United States. While a plan could be designed now to deal with the potential for such a refugee emergency, commodity stockpiling is unnecessary as the Office of Foreign Disaster Assistance maintains in this hemisphere stockpiles of relief supplies at large warehouses in Maryland and in Panama.

References

NATSIOS, ANDREW S. 1997. *U.S. Foreign Policy and the Four Horsemen of the Apocalypse.*

BECKER, JASPER. 1997. *Hungry Ghosts. Owl Books.*

FIELD, JOHN OSGOOD, ED. 1993. *The Challenge of Famine. Kumerian Press.*

CUNY, FRED. 1994. *Disasters and Development. Intertect Press.*

CLARK, WALTER, AND JEFFREY HERBST, EDS. 1997. *Learning from Somalia. Westview Press.*

NATSIOS, ANDREW. *Humanitarian relief intervention in Somalia: The economies of chaos.*

ANDERSON, MARY, AND PETER WOODROW. 1989. *Rising from the Ashes. Harvard University Press.*

U.S. SENATE COMMITTEE. 1998. *Cuba at the crossroads.* Staff report on Foreign Relations and tire LI.S House of Representatives Committee on International Relations. March 4.

NATSIOS, ANDREW S. 1995. "The international humanitarian response system." *Parameters* Vol. xx\No. I (Spring).

THE EUROPEAN UNION. 1995. "Humanitarian leaders issue call for action." EU Press statement, December 14.

SEN, ARMATYA. 1992. *Poverty and Famine.* Oxford: Clarendon Press.

DAHL, Robert. 1971. *Polyarchy: Participation and Opposition.* New Haven, Conn., and London: Yale University Press.

CRS ISSUE BRIEF. 1998. *Cuba: Issue for Congress,* page I. October 27.

About the Participants

(In order of presentation)

Dr. Luis Glaser

A native of Vienna, Austria, Dr. Luis Glaser graduated with honors from the University of Toronto in 1953 with a Bachelor of Arts degree and received a Ph.D. from Washington University in St. Louis in 1956.

He is the Executive Vice President and Provost at the University of Miami. He is also a professor in the Department of Biology and teaches in addition to his varied duties as Provost. Prior to joining the University of Miami, he held several professorial and chairman positions in the area of Biological Chemistry at the Washington University School of Medicine.

Dr. Glaser is a world-renowned author of more than 180 scientific articles and has made a significant impact on how molecular cytology and microbial chemistry studies are seen by the National Institutes of Health. His memberships in societies include Sigma Xi, American Society of Biological Chemists, American Chemical Society of Microbiology, American Society for Cell Biology, American Society for Neuroscience, and ODK.

Hon. Roger F. Noriega

The Hon. Roger F. Noriega was nominated by President George W. Bush for Assistant Secretary of State for Western Hemisphere Affairs on March 24, 2003, and was unanimously confirmed by the U.S. Senate on July 29, 2003. Ambassador Noriega is responsible for managing U.S. foreign policy and promoting U.S. interests in the region.

Prior to becoming Assistant Secretary, Ambassador Noriega served as U.S. Permanent Representative to the Organization of American States from 2001 to 2003. While at the OAS, he worked with hemispheric leaders to strengthen democracy, advance human rights, foster economic integration, and promote peace and security throughout the Western Hemisphere.

Before his appointment to the OAS, Ambassador Noriega was a senior staff member for the Committee on Foreign Relations of the U.S. Senate. From 1994 to 1997, he was a senior staff member for the Committee on International Relations of the U.S. House of Representatives.

Ambassador Noriega also served as the Senior Policy Advisor and Alternate U.S. Representative at the U.S. Mission to the OAS from 1990 through 1993, and as Senior Advisor for Public Information at the OAS from 1993 to 1994.

His other tours of duty in the Department of State have been with the U.S. Agency for International Development and the Bureaus for Inter-American Affairs and Public Affairs, where he was a Program Officer from 1987 through 1990 and a Senior Writer/Editor from 1986 until 1987. Prior to that, he served as Press Secretary and Legislative Assistant for Congressman Bob Whittaker (R-Kan.), U.S. House of Representatives, from 1983 until 1986.

President Bush also nominated Ambassador Noriega to the Board of Directors of the Inter-American Foundation. He currently is an ex-officio member of the Board of Directors of the Pan American Development Foundation.

In December 2001, the Government of Peru decorated Ambassador Noriega as "Grand Master of the Order of the Sun" for his support of the democratic transition and promotion of human rights in Peru. In 2003, the President of Nicaragua invested Ambassador Noriega as a member of the "Order of José de Marcoleta" for his actions to preserve and defend democracy in Nicaragua. The Greater Washington Ibero-American Chamber of Commerce named him "Ambassador of the Year" in 2003. He is the recipient of the Latino Coalition's prestigious "Circle of Excellence" award for leadership. Born in Wichita, Kansas, in 1959, Roger F. Noriega attended Washburn University in Topeka, where he received a Bachelor of Arts degree in 1981.

Hon. Adolfo A. Franco

The Hon. Adolfo A. Franco was sworn in on January 31, 2002, as Assistant Administrator for Latin America and the Caribbean of the U.S. Agency for International Development (USAID). Before joining USAID, Mr. Franco served as Counsel to the majority on the House International Relations Committee. From 1999 to 2000, he was President of the Inter-American Foundation (IAF), an independent government agency dedicated to the promotion of grassroots development throughout the Western Hemisphere. Before becoming IAF president, he held a number of high-level positions at the foundation, including senior vice president, director of congressional affairs, and general counsel, beginning in 1985. In the early 1980s, he was an associate in the law firms of Cole & Corette in Washington, D.C., and Shughart, Thompson & Kilroy in Kansas City, Missouri.

Mr. Franco is a member of the District of Columbia and Missouri Bar associations and the Inter-American Bar Association.

Born in Cárdenas, Cuba, Mr. Franco has a bachelor's degree and a master's degree in history from the University of Northern Iowa and a law degree from Creighton University School of Law, where he was on the Creighton Law Review and graduated cum laude.

Hon. Andrew S. Natsios

The Hon. Andrew S. Natsios was sworn in on May 1, 2001, as Administrator of the U.S. Agency for International Development (USAID). For more than 40 years, USAID has been the lead U.S. government agency providing economic and humanitarian assistance to transitioning and developing countries.

President Bush also appointed him Special Coordinator for International Disaster Assistance and Special Humanitarian Coordinator for the Sudan.

Administrator Natsios served at USAID, first as Director of the Office of Foreign Disaster Assistance from 1989 to 1991 and then as Assistant Administrator for the Bureau for Food and Humanitarian Assistance (now the Bureau of Democracy, Conflict and Humanitarian Assistance) from 1991 to January 1993.

Before assuming his current position, Mr. Natsios was Chairman and Chief Executive Officer of the Massachusetts Turnpike Authority from April 2000 to March 2001 and was responsible for managing the Big Dig, the largest public works project in U.S. history. Before that, he was Secretary for Administration and Finance for the Commonwealth of Massachusetts from March 1999 to April 2000. From 1993 to 1998, Mr. Natsios was Vice President of World Vision U.S. From 1987 to 1989, he was Executive Director of the Northeast Public Power Association in Milford, Massachusetts.

Mr. Natsios served in the Massachusetts House of Representatives from 1975 to 1987 and was named legislator of the year by the Massachusetts Municipal Association (1978), the Massachusetts Association of School Committees (1986), and Citizens for Limited Taxation (1986). He also was chairman of the Massachusetts Republican State Committee for seven years.

Mr. Natsios is a graduate of Georgetown University and Harvard University's Kennedy School of Government, where he received a master's degree in public administration. After serving 23 years in the U.S. Army Reserves, Mr. Natsios retired in 1995 with the rank of Lieutenant Colonel. He is a veteran of the Gulf War.

Administrator Natsios is the author of numerous articles on foreign policy and humanitarian emergencies, as well as the author of two books: U.S. Foreign Policy and the Four Horsemen of the Apocalypse (Center for Strategic and International Studies, 1997); and The Great North Korean Famine (U.S. Institute of Peace, 2001).

Dr. Alfredo Melgar García del Busto

Dr. Alfredo Melgar García del Busto was born in Camagüey, Cuba, in 1965. He studied medicine at the Instituto Superior de Ciencias Médicas de Camagüey and graduated with an MD in 1989. His second year of residency in internal medicine in Camagüey was interrupted due to his continued criticism of the health care system in Cuba and his intent to organize a student movement favoring democratic changes on the island. As punishment for these actions, he was expelled from the hospital and sent to a rural labor camp. In 1994, due to the tenuous situation, he was forced to abandon Cuba and went to Spain. In 1995, he came to the United States, where he currently resides.

Dr. Richard Garfield, RN, DrPH, MS, MPH

Dr. Richard Garfield is Professor of Nursing and Coordinator of the WHO/PAHO Nursing Collaborating Center at Columbia University and Visiting Professor at the London School of Hygiene and Tropical Medicine. He combines qualitative perspectives on community health promotion and the quantitative skills of epidemiology to assess morbidity and mortality changes among civilian groups in humanitarian crises around the world. He has assessed the impact of economic embargoes in Cuba, Haiti, Yugoslavia, Iraq, and Liberia for national governments and UN organizations.

He visited Iraq six times from 1996 to 2003 to collaborate with UNICEF, the World Food Program, and the Iraqi Ministry of Health. He evaluated the quality of mortality studies

and created independent estimates of mortality changes, evaluated the overall humanitarian impact of the Oil for Food program, participated in research on income and living standards in northern Iraq, pioneered a joint analysis of 45 studies of nutritional status during the 1990s, and assisted in medium term planning for social sector assistance prior to the 2003 war. Since the 2003 war, he has worked in Iraq for WHO and UNICEF to assist in reconstruction, manage reactivation of health services, and prepare the UN's post-Oil for Food program.

In Cuba in the early 1990s, Dr. Garfield assisted the maternal-child division of the Ministry of Health to identify ways to improve child health with very limited resources. He collaborated with UNICEF and the Epidemiology division of the Ministry of Health to monitor information system development and assess the sensitivity of humanitarian indicators throughout the 1990s.

Dr. Frederick Burkle, Jr., MD, MPH, FAAP, FACEP

Dr. Frederick Burkle is a Senior Scholar and Scientist and Visiting Professor at The Center for International Emergency, Disaster & Refugee Studies, of The Johns Hopkins Medical Institutes and the Schools of Medicine and Hygiene & Public Health. He also serves as the Senior Advisor in Medicine and Public Health for the Defense Threat Reduction Agency and as a Research Scientist for the Centers for Disease Control and Prevention. He is qualified in Emergency Medicine, Pediatrics, Pediatric Emergency Medicine, and Psychiatry and holds a master's degree in public health.

Dr. Burkle was the founder and Director of the Center of Excellence in Disaster Management and Humanitarian Assistance from 1994 to 2000, a World Health Organization Collaborating Center for humanitarian civil-military cooperation, the only one so designated. The Center facilitates integrated military and civilian education, training, and research in complex humanitarian emergencies.

He has consulted on numerous humanitarian emergencies and large-scale international disasters in Asia, Africa, and Eastern Europe and has received a number of awards for his efforts, including the prestigious Gorgas Medal for "distinguished work in preventive medicine, groundbreaking work in disaster management and humanitarian assistance, and the training of an entire generation of U.S. and international personnel," and the Cook Award for Humanitarian Service.

Dr. Burkle is a graduate of Saint Michael's College (1961) and the University of Vermont College of Medicine (1965). Dr. Burkle holds post-graduate degrees from Yale, Harvard, Dartmouth, and the University of California at Berkeley, and a diploma from the University of Geneva, Switzerland, in Health Emergencies in Large Populations.

A retired Captain in the U.S. Naval Reserve, he completed combat tours in the Vietnam and Persian Gulf Wars with the 1st, 2nd, and 3rd Marine Divisions and with the U.S. Central Command in Somalia.

Mr. Carlos J. Castillo

Chief Carlos J. Castillo is the Director of Miami-Dade County's Office of Emergency Management. He is responsible for coordinating the county's mitigation, preparedness, response, and recovery for major emergencies. Chief Castillo has been a member of the Miami-Dade County Fire Department since 1981 as a firefighter and paramedic. He is also a registered nurse with cardiac and emergency department trauma-unit experience. From 1995 to 2002, he was the Assistant Fire Chief for Operations, managing five divisions, including Special Operations and the Miami International Airport and the 1,400 firefighters assigned to them. Chief Castillo was the Incident Support Team Leader for the Federal Emergency Management Agency's (FEMA) Urban Search and Rescue response to the Pentagon attack in September 2001. He was appointed by Governor Jeb Bush to Florida's Domestic Security Advisory Panel.

He is also the Team Leader of Miami-Dade's International Disaster Response Team. Chief Castillo has coordinated the Miami-Dade Fire Department's involvement in the development of the system and procedures for international disaster response for the Office of U.S. Foreign Disaster Assistance. He also is a member of the International Search and Rescue Advisory Group under the auspices of the United Nations Office for the Coordination of Humanitarian Affairs. His international program development experience led to his selection for involvement as an integral part of the development of the National Urban Search and Rescue Response System for FEMA.

In addition to disaster response, Chief Castillo has developed and implemented training programs for fire departments and other emergency agencies throughout Latin America and the Caribbean under the auspices of the Department of State's Agency for International Development Office of U.S. Foreign Disaster Assistance.

Dr. Sergio Díaz-Briquets

Dr. Sergio Díaz-Briquets is Vice President of Casals & Associates, Inc. (C&A), a Washington, D.C. area consulting firm, and Executive Director of the Council for Human Development. At C&A, he currently manages US Agency for International Development-funded transparency and anticorruption projects in Africa and Latin America. Previous institutional affiliations include the U.S. Congressional Commission for the Study of International Migration and Cooperative Economic Development, the Population Reference Bureau, and Canada's International Development Research Center, as well as academic appointments. Dr. Díaz-Briquets, a graduate of the University of Miami and Georgetown University, has a Ph.D. in Demography from the University of Pennsylvania.

Ms. Sherri Porcelain

Ms. Sherri Porcelain is an Adjunct Professor and Chair of the International Public Health Forum in the Department of International Studies and adjunct faculty in Epidemiology and Public Health at the School of Medicine at the University of Miami. Her academic interests focus on global health issues, ethics and international health policy, and development and

field applications in international public health. She is Director of the Disaster Research Program at the Field Epidemiology Survey Team and consultant to numerous local, national, and international agencies. Ms. Porcelain received an MPH in International Public Health from the University of Miami in 1985.

Ms. Carolyn Rose-Avila

Ms. Carolyn Rose-Avila is the Regional Director for Humanitarian Assistance for World Vision International, Latin America and the Caribbean.

Prior to her post with World Vision, Ms. Rose-Avila was Co-President and Founder of Saving Grace International, a Miami-based consulting firm. From 1995 to 2000, Ms. Rose-Avila held the position of Regional Director of Latin America and the Caribbean for Save the Children. After Hurricane Mitch in 1998, Ms. Rose-Avila managed Save the Children's response to Hurricane Mitch in Nicaragua.

From 1992 to 1995, Ms. Rose-Avila held the position of Director of International Development Programs and Director of Grants Training and Development for World Vision Relief and Development. She managed the development of new USAID grant opportunities of various relief and development programs in Africa, Asia, and Latin America.

As the Director of the Overseas Development Office of the national office of the Episcopal Church in New York from 1988 to 1991, she managed USAID funding that assisted Anglican dioceses in Africa and Latin America to carry out community development work. As a consultant for the Inter-American Foundation, she held the post of Representative for El Salvador from 1991 to 1992. From 1986 to 1988, she worked as a consultant for the Carter Presidential Center on programs to strengthen democracy in Latin America and primary health care in Uganda.

Ms Rose-Avila has been a training consultant to the World Health Organization, working with the Ministry of Health in Nigeria. She held the position of Director of Programs for Latin America for the Overseas Education Fund, a Washington, D.C.-based organization dealing with women and development. She held the post of Peace Corps Director in Guatemala from 1979 to 1981. While living in Nicaragua from 1978 to 1979, she worked as a consultant for Creative Associates in Bolivia. Ms. Rose-Avila has done graduate and undergraduate work in applied anthropology at the University of Colorado.

Dr. Steven Ullmann

Dr. Steven Ullmann is a Professor in the Departments of Management and Economics in the School of Business Administration and a Professor in the Departments of Epidemiology and Public Health and Family Medicine and Community Health in the School of Medicine, University of Miami. He holds the positions of Vice Provost for Faculty Affairs and University Administration and Dean of the Graduate School. Dr. Ullmann served as Director of Academic Programs in Health Administration from 1986 to 1995. He has been on the faculty at the University of Miami since 1979.

Prior to his career at the University of Miami, Dr. Ullmann served as a research associate with two consulting firms, Health Manpower Policy Studies Group and Policy Analysis,

Incorporated. Born and raised in San Francisco, he holds a bachelor's degree in economics from the University of California-Berkeley and a master's degree and Ph.D. in economics from the University of Michigan, Ann Arbor. He has also received training and certification in bioethics and advanced bioethics from the Kennedy Institute of Ethics at Georgetown University.

Dr. Ullmann is the author of books, book chapters, and over two dozen journal articles in such journals as Inquiry, The Gerontologist, Health Services Research, The Quarterly Review of Economics and Business, and the New England Journal of Medicine. He has presented numerous papers at universities and professional conferences around the world and has been the principal investigator on a number of funded research grants. Dr. Ullmann has received 24 awards for excellence in teaching since coming to the University of Miami. He sits on governing boards and ethics boards of a number of health care providers and is a consultant to the health care industry.

Dr. James E. Ross

Dr. James E. Ross is a Courtesy Professor, Institute of Food and Agricultural Sciences, at the University of Florida. In this position, he has focused primarily on food and agriculture in Cuba, writing extensively on developments in food resources and production as well as foreign agribusiness, trade, and investment.

Dr. Ross has had an extensive career in the Foreign Agricultural Service of the U.S. Department of Agriculture. In Washington, D.C., Dr. Ross served as Assistant Administrator for Export Credits and Director of the Trade Assistance and Planning Office. He also served as an Agricultural Counselor in South Korea, Egypt, and Venezuela and as the U.S. Department of Agriculture's representative to four United Nations food and agricultural agencies headquartered in Rome. He holds a master's degree and a Ph.D. in agricultural economics from the University of Illinois.

Earlier in his career, Dr. Ross served as Chief of Party for the University of Florida's technical assistance contracts in Costa Rica and Ghana. At the university, he was Assistant Dean for Agricultural Extension Programs and Associate Director of International Agricultural Programs. Dr. Ross is a Colonel (Ret.) in the United States Army.

Dr. Nancy Beth Mock

Dr. Nancy Beth Mock serves as Director of the Tulane Center for International Resource Development and is a tenured associate professor in the Department of International Health and Development at the Tulane School of Public Health and Tropical Medicine. With nearly 20 years of international experience in health sector program design and research, she specializes in nutritional epidemiology and evaluation research. Dr. Mock has participated in more than 30 consultations for international agencies and has field experience in all major geographic regions of the developing world. She has a Ph.D. in International Health and Nutritional Epidemiology from Tulane University in 1985.

Dr. María Fernanda Trujillo Mendoza

Dr. María Fernanda Trujillo Mendoza is a member of the Adjunct Faculty at the Payson Center for International Development and Technology Transfer and is the Multi-Media Production Manager for the Center for Disaster Management and Humanitarian Assistance at Tulane University. She holds a degree in industrial engineering, a master of science degree in knowledge based systems, and an interdisciplinary Ph.D.

Dr. Trujillo's research interests include establishing the links between information technology infrastructure and use and human development, including the economic dimension. The model developed in her dissertation and further research includes exploring empirical links between the so-called digital divide and development indicators for 174 countries over the last decade. She has also applied her expertise to the analysis of early warning systems throughout the Americas.

Dr. Steven Hansch

Dr. Steven Hansch is Project Officer at Georgetown's Institute for the Study of International Migration, where he coordinates humanitarian aid lessons and tactics with non-governmental organizations and UN humanitarian agencies. Dr. Hansch has worked with NGOs in roughly 140 refugee and IDP camps in Africa, Latin America, and Asia. He created a curriculum about international humanitarian aid at Stanford University, where he taught from 1976 to 1981, and has also taught about technical aspects of disaster relief at Columbia University's and Johns Hopkins' Schools of Public Health. Prior to joining the faculty at Georgetown, Dr. Hansch represented the World Health Organization in the United States, served as Chairman of the Board of Directors of Relief International (based in Los Angeles), and was Editor-in-Chief of The Humanitarian Times. For most of the 1990s, he was a Senior Research Director at the Refugee Policy Group. As Program Director of Food Aid Management, he coordinated field lessons with NGOs such as Save the Children. Dr. Hansch has worked in overseas assignments with CARE, the International Rescue Committee, and USAID.

Mr. Teo A. Babún

Mr. Teo A. Babún, Jr., is the Chief Executive Officer of Cuba-Caribbean Consulting, LLC, and the National Executive Director of ECHO-Cuba, a nonprofit effort created to support, empower, and provide humanitarian assistance to independent, faith-based organizations. Mr. Babún is the author of more than 100 papers and reports on Cuban business, political, and social issues, including: *The Business Guide to Cuba,* a special report dealing with current and future business opportunities in the island, and *Understanding Cuba: For Distribution of Humanitarian Assistance,* a comprehensive analysis of the logistic issues related to the distribution of aid originating from the United States. His most recent book, entitled *The Cuban Revolution–Years of Promise,* is an historical account of the Cuban revolution from 1953 to 1963. Mr. Babún is a graduate of Michigan Technological University, with a major in electrical engineering and a master's degree in business administration. In 1981, he

received the Outstanding Alumni Award from Michigan Technological University for his innovative business efforts. In 2002, Mr. Babún received a Doctor of Letters degree, D. Litt. [hon.] from Miami International Seminary.

Mr. Richard McCall

Mr. Richard McCall joined Creative Associates International in December 2002, after having spent more than 10 years at USAID and the State Department, where his expertise in conflict mitigation and recovery was sought by both Republican and Democratic administrations. As Senior Policy Advisor and Chief of Staff to the USAID Administrator J. Brian Atwood, he led efforts to institutionalize conflict prevention and mitigation throughout USAID. Mr. McCall also developed and implemented an integrated strategic planning process for crisis countries that harmonizes development, transition, and humanitarian tools to mitigate and manage conflict more effectively. Prior to joining USAID, he worked for the Senate Majority Leader, Senate Foreign Relations Committee, and other members of the Senate over a 22-year period. Among his accomplishments, Mr. McCall served as Senate negotiator during the Salvadoran civil war, meeting frequently with representatives of both sides of the conflict.

Hon. Otto J. Reich

The Hon. Otto Juan Reich was appointed as Special Envoy for Western Hemisphere Initiatives on January 9, 2003, and is responsible for the coordination of policy initiatives, including the U.S./Mexico Partnership, the Andean Regional Initiative, the Caribbean Third Border Initiative, and the New Cuba Initiative. Prior to holding this position, Ambassador Reich served as the Assistant Secretary of State for Western Hemisphere Affairs.

From 1989 to 2001, Ambassador Reich was in private practice, advising U.S. and multinational clients on government relations, market access, and strategic planning as a partner in the Brock Group and later as president of his own consulting firm.

From 1986 to 1989, Ambassador Reich served as Ambassador to Venezuela, for which he received the highest awards from the State Department and the Republic of Venezuela. As Special Advisor to the Secretary of State from 1983 to 1986, he established and managed the interagency Office of Public Diplomacy for Latin America and the Caribbean at the Department of State, which received the Department's Meritorious Honor Award.

From 1981 to 1983, he was Assistant Administrator of USAID in charge of U.S. economic assistance to Latin America and the Caribbean. In 1991 and 1992, as a private citizen and at the request of President George H.W. Bush, Ambassador Reich served as Alternate U.S. Representative to the UN Human Rights Commission in Geneva.

Ambassador Reich served in the U.S. Army from 1967 to 1969. He received a bachelor's degree in international studies from the University of North Carolina and a master's degree in Latin American Studies from Georgetown University.

Dr. Jaime Suchlicki

Dr. Jaime Suchlicki is Emilio Bacardi Moreau Professor of History and International Studies and Director of The Institute for Cuban and Cuban-American Studies at the University of Miami.

Dr. Suchlicki was the founding Executive Director of the North-South Center at the University of Miami. He served as the editor of the *Journal of Interamerican Studies and World Affairs* for 10 years. He is the author of *Cuba: From Columbus to Castro* (2002), now in its fifth edition, and editor with Irving L. Horowitz of *Cuban Communism* (2003). He is also the author of *Mexico: From Montezuma to NAFTA* (2001). Dr. Suchlicki who directs the Cuba Transition Project, is a highly regarded consultant to the private and public sectors on Cuba and Latin American affairs.

Ms. Georgina O. Lindskoog

Ms. Georgina O. Lindskoog is Project Coordinator for the Cuba Transition Project at the Institute for Cuban and Cuban-American Studies, University of Miami. She served as an educator and team facilitator with Fairfax County Public Schools, where she developed curriculum on *Informational Writing Across the Curriculum* for the Middle Schools. She has also administered grants from private and government agencies for specific research and educational projects undertaken at the Institute for Interamerican Studies, University of Miami. Ms. Lindskoog received a bachelor of science degree and a master of science degree from the University of Miami.

Mr. Eric Driggs González

Mr. Eric Driggs González is the Humanitarian Aid Coordinator for the Cuba Transition Project at the Institute for Cuban and Cuban-American Studies, University of Miami. Mr. Driggs is a Brown University graduate with a dual degree in international relations and development studies. He received advanced training in disaster management and humanitarian response in Geneva in 2000. Mr. Driggs' field experience includes a local sanitation intervention in a cholera-prone region of rural Ecuador and community-level development projects in Costa Rica and the Dominican Republic. Prior to joining the Cuban Transition Project, he was part of an in-field competitiveness study of the Dominican Republic for the Center for International Development at Harvard University.

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