

CUBA-UNITED STATES ACADEMIC EXCHANGES: PERSONAL EXPERIENCES IN THE HEALTH SECTOR IN CUBA 1962–2009 AND IN THE UNITED STATES 2010–2015

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Open exchanges between physicians from the emerging civil societies of Cuba and the U.S. began in 1765 with exchanges between the Schools of Medicine of the Universities of Havana and Pennsylvania, and between the National Academies of Sciences of each in 1863. Cuban-U.S. government and Cuba-Pan American Health Organization (PAHO) exchanges began in 1902. The Revolutionary government has controlled all Cuban people exchanges since 1959. It decides which Cuban and U.S. physicians could participate in exchanges through PAHO, World Health Organization (WHO), other United Nations (U.N.) agencies, and world organizations, depending on Cubans' "loyalty" and Americans' "sympathy" to the revolution, and of political, military, and technological intelligence interests.²

PATHOLOGICAL SOCIAL PROBLEM

The nature of the exchanges has changed during the last 56 years, after the previous 200 years of intensive and fruitful academic exchanges between Cuba and the U.S.

1. There is a proclivity on the part of Cuban officials to disseminate a mixture of true and false information about the Cuban health situation and a willingness of most "U.S. sympathizers with leftist causes" to accept these constructions as pleasant truths, without resorting to critical scientific thinking, deductive logic, and independent confirming evidence.
2. There is a susceptibility among U.S. opponents of leftist causes to reject most Cuban official claims due to the undermining of the respect and trust necessary to advance useful exchanges.
3. There is a tendency among independent Cuban scholars on the island and in exile to illuminate the realities behind the Cuban regime's official falsehoods, and of U.S. leftist sympathizers to disparage these efforts in order to maintain their official relations with the Cuban state academia.

PATHOLOGICAL SOCIAL HYPOTHESIS

The deliberate use of public disinformation by the Castro regime has been present since its inception. In 1957–1958, Castro used Herbert Matthews, a *New York Times* reporter, to exaggerate his support and military might.³ That disinformation is believed to

1. I thank my wife María Espinosa for her support in the revision of the paper; María Werlau, Head the Cuba Archives, and Carlos A. Montaner's panel "The Work of Cuba with the Academic World and the Intelligentsia in the U.S.," for their kind comments; and Kent Bream, Francis Coughlin, and Sherri Porcelain for opening to the author the classrooms of the Universities of Pennsylvania, Yale and Miami Schools of Medicine and for their valuable insights.

2. While still in Cuba the author observed that Fidel Castro was personally in charge of all the details of Cuban-U.S. academic, intellectual, and people-to-people exchanges, besides the government-to-government ones, and intelligence information.

have influenced much of the U.S. media, academia, and intelligentsia, and confused the Eisenhower Administration. Eisenhower stopped sending arms to Cuba, demoralized a 6-year rightist autocratic regime, and did not support Cuba's democratic elections in 1958.⁴

From 1962 through 2015, Castro has sold a fantastic sophistry to the U.S. It describes Cuba as a very little and poor country, that even though blockaded and attacked by the U.S. for five decades, has through "political will" and "inventiveness" under a socialist system achieved health results and biomedical products as good as those of the richest countries and some even better. This false perception accepted by the American left, has induced a great world empathy for the perpetuation in power of a 56-year-old regime, and an antipathy for all actions against the regime from inside and outside the island, and opposition against all U.S. sanctions, which are wrongly interpreted by world public opinion and the U.N. as being against the Cuban people.

The sad reality is that there are no socialist health and science miracles. The situation is completely the opposite. In 1958, Cuba was a middle-income country, which since 1900 had produced the best individual and family life and health care and biomedical-pharmaceutical achievements in the entire developing world. For the last 56 years, that system was replaced by state communal control of life and health and biotechnology. The progress has slowed, because of political violence, enslavement, malnutrition, and impoverishment of the Cuban people and infrastructure.⁵ In four papers published in the *ASCE Proceedings* and *Cuban Affairs*, the author has examined Cuban revolutionary myths leading to the supposed greatest "health and science achievements in

spite of the U.S. blockade". The aims of this paper are to analyze the leading problems in Cuba-U.S. medical, health and scientific academic exchanges and make suggestions to solve them.

METHOD

The author made an analysis of his experiences on Cuba-U.S. exchanges as a student and as a physician, working in the biomedical, clinical, and health sciences in Cuba between 1962 and 2009 and in exile in the U.S. from 2010 to 2015. He worked with and/or met personally most of the leaders of these particular sciences, science in general, higher education, and scientific cooperation in Cuba. He also analyzed the health databases in the Universities of Havana, Miami, Pennsylvania and Yale, and in the online ASCE Proceedings database.

RESULTS

Cuba-U.S. Academic Exchanges: Leading Cuban Science Organizers

Since 1959, highly-politicized individuals chosen to reorganize the medical and science academies in Cuba took over the control of the exchanges between Cuban officials and their counterparts in the U.S. through PAHO, the U.N. and the WHO. They attempted to erase the Republic's history and to perpetuate the claimed successes of the revolution in health and science. These individuals include: in science, speleologist Antonio Nuñez; in higher education, lawyer Armando Hart, and engineer Fernando Vecino-Alegret,⁶ (who studied in the U.S.); in medical research, oncologist Zoilo Marinello, physiologist Yamil Kouri, endocrinologist Oscar Mateo, and hematologist Ernesto de la Torre (all trained in the U.S.); in medical teaching, internist Fidel Ilizástigui; in the Cuban Communist Party (PCC) Science and Education Department, physician José Balaguer; and

3. DePalma A. *The Man Who Invented Fidel: Castro, Cuba, and Herbert L. Matthews of the NYT*. New York: Public Affairs, 2006.

4. Stusser R. Demystifying the Cuban health system. *Proc Cuba in Trans ASCE Conf* 2011;(21):222–34.

5. Stusser R. Access to health, freedoms and other standards in Cuba. *Proc Cuba Trans ASCE Conf* 2012;(22):315–31; Idem. Cuba's long health policies' tradition implications. *Proc Cuba Trans ASCE Conf* 2013;(23):369–80; Idem. Realities of Health Progress in Cuba, 1959–2013. Prospects for a Completed Transition. *Cuban Affairs* 2015;2:0–0.

6. Gen. Fernando Vecino-Alegret has been recognized in the U.S. and accused of torturing 19 USAF pilots imprisoned in Viet Nam in 1967–68. <http://www.latinamericanstudies.org/us-cuba/hubbard.htm> Accessed Oct. 3, 2015. In 1962, Vecino-Alegret was trained in the USSR in Strategic Missiles. Later, he was Director of the Military-Technological Institute.

in international cooperation, lawyer Carlos R. Rodríguez. They were followed, in science by physicians Wilfredo Torres, Rosa E. Simeón, Ismael Clark, and José Miyar (Fidel Castro's assistant); and in higher education by physician Juan Vela and engineer Miguel Díaz-Canel.

The main reorganizers of Cuban institutes were: José Bustamante (brain), Rafael Estrada (neurology), Raimundo Llanio (gastroenterology), Abelardo Bush (nephrology), Alberto Hernández-Cañero (cardiology), Jorge McCook (angiology), José Ballester (blood), Pablo Resik (hygiene), and Francisco Rojas (health), among others. A second generation of reorganizers/organizers of institutes from the 1970s to the 1990s were: Gustavo Kouri (tropical medicine), Luis Heredero (medical genetics), Julio Peñalver (military medicine), Marcelino Río (eyes), José Fernández-Yero (immunoassay), Manuel Limonta (genetic engineering-biotechnology), Concepción Campa (vaccines), Vicente Vérez (biomolecular chemistry), Mitchell Valdés (neurosciences), and Agustín Lage (molecular immunology), among others. All are highly-qualified experts, who have unconditionally supported Castro's health and science myths jointly with the ideological and political myths of socialist humanitarian democracy, equity, rights, solidarity, and austerity.⁷

Cuba-U.S. Academic Exchanges: Leading U.S. Scientific Contributors

From 1963 to 1969, the Swede Bjorn Holmgren and the Mexican Thalia Harmony were empathetic physiology mentors of the author in Havana University (HU) School of Medicine (SOM) and National Center for Scientific Research (CNIC). They invited Roy John, a pioneer in digital neurometrics at NYU's SOM to visit HU. He donated a cutting-edge digital

computer, multi-analyzer, and electroencephalogram, taught the use of such equipment, and defined future lines of research and development (R&D) godfathering a Center for Neurosciences.⁸

In 1969, Italian Bruno Colombo moved from MIT to the Cuban Hematology Institute. From 1970 through 1972, James Shapiro of Harvard University taught modern genetics at the HU School of Biology. In 1975, Matthews, the main reporter of the Castro myths, concluded before dying, that all the sacrifices and errors of the Cuban revolution were justified by its health miracle!⁹

A new science miracle was to be constructed according to Castro's will and Cuban inventiveness in the middle of socioeconomic decay. In 1978, Cuba invited Linus Pauling, winner of the Chemistry and Peace Nobel Prizes, to a cancer meeting, and in 1980, Cuba did the same with Randolph Lee Clark, an expert oncologist at the MD Anderson Hospital in Houston, Texas. In 1981 in Havana, Clark suggested to Castro future lines of biotechnological R&D in interferon and monoclonal antibodies for the management of cancer. Castro sent Limonta and other physicians to both the MD Anderson Hospital and the Helsinki Health Laboratory to obtain the "know-how" to produce human leukocyte interferon by genetic means from the virologist Kari Cantell, who had trained at the University of Pennsylvania SOM. Castro sent the physician Luis Herrera to the Pasteur Institute in Paris to learn how to obtain recombinant interferon.¹⁰

In 1987, Carl Frasch, a scientist at the Center for Biologicals Evaluation and Research in Bethesda, Maryland, donated the essential biotechnological platform to the reactivated Finlay Institute, and Claire Broome, scientist at the Centers for Disease Control

7. In this short list, at least Yamil Kouri, Ilizastigui, Marinello, Torres, Heredero, and Limonta had public differences with Castro and were punished. Yamil Kouri is the only one exiled since 1979. The rest surely had some differences too, but could handle them for convenience or accept their fate. Twelve of these 36 first organizers have already died. Read the revealing work: Sánchez JR. *The double life of Fidel Castro: my 17 years as personal bodyguard to El Líder Máximo*. New York: St. Martin's Press, 2015.

8. U.S. EEG & Clinical Neuroscience Society. <http://www.ecnsweb.com/roy-john.html> Accessed August 16, 2015.

9. Matthews HL. *Revolution in Cuba: An Essay in Understanding*. New York: Charles Scribner's Sons, 1975.

10. Baracca A. *Subalternity vs. hegemony. Cuba's unique way of overcoming subalternity through the development of science*. Berlin: Max Planck Institute for the History of Science, 2014.

and Prevention (CDC), Atlanta, donated the necessary pre-clinical and clinical trial designs to develop a B meningococcal vaccine, which was ultimately effective on Cuba's strains in the 1990s.¹¹ The research was successful, but hardly the claimed result of a product of the revolution.

First Clash between the Author and Castro over PCC Coercive Methods

From 1968 to 1970, Fidel Castro tried in vain to force the author and other resident physicians of human physiology at the HU CNIC to become veterinary researchers at a new Animal Health Center in Havana. In 1965, the Union of Communist Youth expelled the author from membership for not defending the University Student Federation from criticisms as a bureaucratic organization. The author reentered the Communist Youth in 1967, but in 1969, he was expelled again due to his criticism of the autocratic managerial methods followed by the PCC's leaders of the CNIC and HU. Then, he received a political diagnosis of "paranoid schizophrenia", a diagnosis rejected by HU psychiatrist Leopoldo Araujo. In 1970, in a 14-page report to a Havana University PCC survey in the CNIC and to Raúl Castro, the author protested the manipulation of personnel by the PCC. CNIC PCC leaders then decided that Dr. Araujo was wrong. Fidel Castro visited the author's CNIC department twice. On Castro's orders, the author's physiology M.S. was revoked and he was sent to practice at a Havana Hospital and in the Rural-Medical Service in Oriente province. He later graduated in public health/biostatistics M.S., working at the Cuban Cancer Institute and other centers, but was subjected to intimidation, brainwashing, psychotic stigma, and control and repression of political expressions and actions to prevent future troubles.

Cuba-U.S. Academic Exchanges: Leading U.S. Scientific Confounders

From 1966 to 1976, the Cuban Ministry of Public Health (MINSAP), through the sponsorship of the United States-Cuba Health Exchange Organization, invited a first generation of U.S. scholars intrigued by the mythology spread by Matthews, to witness and transmit Castro's health miracle. They were Alan Guttmacher of Planned Parenthood-World Population, NY; Willis Butler of the Kaiser Foundation, Hawaii; Vicente Navarro of Johns Hopkins' School of Public Health (SPH); Ross Danielson of New Mexico SOM; Mervin Susser and Zena Stein of Columbia SPH; Milton Roemer of UCLA SPH; and Irvin Kaiser of Albert Einstein SOM.^{12,13}

In 1983, Ernesto Bravo, an Argentine biochemist at HU SOM went to Boston University to establish a North American and Cuban Scientific Exchange Program. He later published a book interviewing Cuban biomedical science leaders.¹⁴ His U.S. wife, Estela Bravo, made 35 documentaries with him from 1980 through 2014 echoing Cuban leaders' political propaganda.

Between 1991 and 1994, the Cuban health miracle was discredited by the epidemic of optic/peripheral neuritis due to starvation and intoxication,¹⁵ really produced by Castro's blockade of non-state agro-industrial production and markets after the end of the USSR's subsidies. Then, Cuba invited a new set of U.S. scholars to shift the blame for their troubles to the "blockades" from the USSR and the U.S. These scholars included Richard Garfield of Columbia School of Nursing (SN); Anthony Kirkpatrick of USF SOM; Manuel Franco and Benjamin Caballero of Johns Hopkins SPH; Richard Cooper of Loyola SOM; and Joan Kennelly of Illinois SPH.¹⁶

11. Stusser, op cit., Cuba's long health policies' tradition implications.

12. Navarro created the *International Journal of Health Services* after visiting Cuba to disseminate Cuba's health myth; Kaiser IH. Alan Guttmacher, and family planning in Cuba, 1966 and 1974. *Mt Sinai J Med.* 1975;42(4):300-7.

13. Stusser, op cit. Realities of Health Progress in Cuba, 1959-2013.

14. Bravo E. Development Within Underdevelopment? New Trends in Cuban Medicine. Havana: Book Institute, 1998

15. Coutin-Churchman P. The Cuban epidemic neuropathy of the 1990s: A glimpse from inside a totalitarian disease. *Surg Neurol Int.* 2014;4;5:84. Comments by MA Faria and RL Blaylock.

In 1997, Gail Reed, who graduated from Emory University SN after writing for decades for the PCC's Central Committee in Havana, became, Director of Medical Education Cooperation with Cuba (MEDICC), a U.S.-based non-governmental organization.¹⁷ She (1) edits the MEDICC Journal to construct and spread the perception of the Cuba's health and science miracles in English; (2) attracts thousands of U.S. and western students to Cuba's showcase medical units; and (3) consults on Cuba's health for the Christopher Reynolds Foundation and other organizations such as the Pew Trusts, Aspen Institute, Stanley, Ford and Kaiser and UCLA-SPH. When Reed visited Cuba around 1970, at a "Venceremos" Brigade Camp, she met Julian E. Torres-Rizo, PCC America's Dept. intelligence officer at the U.N. Cuban delegation in New York. She studied journalism at Columbia University, continuing Matthews' work, as a reporter at *Granma*, the PCC's newspaper. Later, she became the wife of Torres-Rizo, who was appointed Cuban Ambassador to Grenada, returning to Cuba after the U.S. intervention in that country in 1983.¹⁸ Documents uncovered show Premier Maurice Bishop, praising "the Cuban experience of keeping two sets of records in the bank," and recommending that "comrades from Cuba... visit Grenada to train comrades in the readjustment of the books".¹⁹

Cuba-U.S. Academic Exchanges: People-to-People Programs (2000–2003)

During this period, the author worked as a full time researcher-professor at the Clinical Research Center of West Havana Scientific-Productive Pole.²⁰ In October 2000, a Havanatur Agency Vice-Manager, in

charge of medical delegations under the U.S. People-to-People Professional Ambassadors Program (PTPPAP) contacted him to speak during evening meetings at the Havana Meliá Hotel. The author accepted the duties to help restore prior cooperation between U.S. and Cuban doctors, and organized the conference "Cuba's Medical, Bio-Pharmaceutical, and Public Health Progress". He described Cuba's health by socioeconomic and/or political periods: 1492–1727, 1728–1897, 1898–1958, 1959–2000, with a transition forecast to 2010. He lectured to no fewer than 36 delegations consisting of over 700 delegates including U.S. physicians, nurses, health workers, natural, social, and political scientists, and public administrators. He kept in touch with many of these delegates by email for the following 10 years, receiving many individual visits. The author through PTPPAP of Spokane, WA organized with Dean Haile Debas of UCSF SOM a first U.S.-Cuban Medical Congress at Havana on October 27–28, 2001, attended by 50 U.S. and 15 Cuban gastroenterologists. He also worked with directors of PTPPAP to develop future exchanges.

Showcase Medicine for U.S. People-to-People Delegations (2000–2003)

The Castro brothers feared displaying the dual medical system in Cuba and therefore selected for visits of all the diplomats, tourists, and PTPPAP delegations the most sensitive showcase hospitals as presumed representative examples of all the other health facilities. They included:

1. The showcase Havana Psychiatric Hospital—former Mazorra—directed by Captain Bernabé Ordaz.²¹

16. Kirkpatrick AF, Garfield R, Smith W. The time has come to lift the economic embargo against Cuba. *J Fla Med Assoc.* 1994;81(10):681–5; Garfield R, Santana S. The impact of the economic crisis and the US embargo on health in Cuba. *Am J Public Health.* 1997;87(1):15–20; Cooper R, Kennelly J, Orduñez-García P. Health in Cuba. *Int J Epidemiol.* 2006;35(4):817–24; Franco M, Orduñez P, Caballero B, Cooper RS. Obesity reduction and its possible consequences: What can we learn from Cuba's Special Period? *CMAJ* 2008;178:1032–4.

17. Medical Education Cooperation with Cuba (MEDICC), 2015. <http://medicc.org/ns/> Accessed August 16, 2015

18. The Grenada Revolution Online. <http://www.thegrenadarevolutiononline.com/gailreed.html>; The Grenada Revolution Online. <http://www.thegrenadarevolutiononline.com/rizo.html> Accessed August 16, 2015

19. Eberstadt N. The Poverty of Communism. New Brunswick, NJ: Transaction Books, 1988, page 205; *Wall Street Journal*, Dec. 16, 1983. In 2005, this author was asked to write a review for MEDICC on primary care informatics but he refused to do it.

20. Major Cuban cluster of Research Centers for Biotechnology and Pharmaceutical Products and Medical Equipment.

2. The showcase Marianao Frank País Orthopedic Hospital, former ONRI, directed by Rodrigo Alvarez, physician member of the PCC's Central Committee.
3. The showcase Topes de Collantes Sanatorium and Park, previously a treatment center for tuberculosis patients,²² managed by the Army since the Escambray Mountains' rebellion in the 1960s.

All are big units with tourist facilities and controlled scenarios for political shows with Cuban physicians, patients, teachers, and "pioneer communist children" of surrounding schools. The author's suggestions that they also see hospitals serving the general public were generally rejected, even when some of those hospitals had world-class facilities for some specializations. The problem for the authorities was that those hospitals would also demonstrate serious problems and the degraded service available to the Cuban people. The most prominent examples in Havana are the Calixto García University Hospital, including the Gastroenterology Institute, and others; and the Pedro Borrás Pediatric Hospital, including the first Cuban Cardio-Center and Virology Laboratory, in ruins since the 1990s.²³

Last Author Clash with Castro in Attempting to Clarify the Truth About Cuba's Health

In June 2002, the author spoke to two U.S. delegations and frankly answered questions about President Jimmy Carter's speech at Havana University's Aula Magna. He was overheard and accused by the PCC of his Clinical Research Center for advocating the counterrevolutionary "Varela Project". He was deemed as dangerous for young researchers by the PCC, and as a consequence relieved of his duties for Havanatur. A PCC member suggested another political diagnostic of psychotic behavior, which was dis-

carded by HU psychiatrist Cristóbal Martínez, and then punished by being sent to work in a community polyclinic for the third time.

In 2003, President George W. Bush halted People-to-People licenses to U.S. delegations, knowing that the Castros had isolated, misinformed, and spied on the U.S. delegates and blocked all of the contacts with the Cuban people and denied any opportunities to explore the nearby city and countryside, while lining their pockets with about \$3,000 U.S. dollars per delegate. Mary Eisenhower, CEO of People-to-People International (PTPI), of Kansas City, MO, had met the author in Havana and continued exchanging emails with him, arranging a personal dinner with retiring PTPI President William Jarvis and his wife Carol in Havana in April 2003. The author built an informal PTPI Havana Adult Chapter web-site at fortunecity.com, a British free web-space showing his work and photos with visitors since 2000. Mary Eisenhower invited the author through Nurse Alverna Eriksson to the last farewell dinner of a PTPAP delegation at Havana in December 2003. The chapter functioned informally, without Cuban support, and in March 2010, it closed because of the author emigration to the U.S.

Informal Exchanges through People-to-People Adult Chapter (2000–2010)

The author continued having scientific exchanges and collaborating with U.S. professionals through religious, art, and journalism groups, and other Western colleagues in Havana. They visited with the author health and science units, his apartment in Vedado, and traveled throughout the nation.

Anonymous Letters Clarifying the Truth about Cuba's Health (2006–2014)

In 2006, the author published an anonymous e-letter in *The Lancet* responding to an editorial the journal

21. In New York, a psychiatrist told the author that in his visit Dr. Ordaz was proud of having top world rates in "lobotomy surgeries" of psychotics. Dr. Ordaz also hides the horrors committed by the security forces in a special ward for scientific tortures unknown by all the U.S. PTPAP delegates. See: Brown CJ, Lago AM. *The Politics of Psychiatry in Revolutionary Cuba*. New Brunswick: Transaction Pub, 1991.

22. At Yale SOM a Cuban-American physician told the author that during her visit, a teacher in a primary school near the sanatorium, induced the students to mock U.S. physicians in songs sung to U.S. physicians, not knowing that the physician knew Spanish.

23. Stusser, op cit. Cuba's long health policies' tradition implications.

published when Fidel Castro got sick and supporting the Cuban transition. The author published 10 additional anonymous e-letters in UK, Canadian, and U.S. health journals through 2014.

Academic Exchanges and Positions Abroad Blocked by Cuba (1968–2010)

While the author worked as an M.D. from 1968 to 2005 and after retiring in 2006–2010, he studied Cuba's science and health policy realities to help spread the truth about the socialized healthcare system. Cuba's control system over physicians blocked him from 28 opportunities for scientific exchanges overseas, 15 to the U.S., and even to the U.S. Bellagio Center in Italy after retirement. It blocked also 15 consultancy jobs at PAHO and WHO headquarters, and other sites.

In 2010, the author was cleared by MINSAP for a family visit to the U.S. He and his wife then defected from "Prison Island" and political harassment to work towards clarifying Cuba's health truth, and designing a Primary Care Health Metrics/Informatics R&D Project for the U.S.

Academic Exchanges in the U.S. on Cuba and U.S. Health (2010–2015)

In April 2010, the author learned that 50 students from the University of Pennsylvania's School of Arts and Sciences considered it implausible that Cuba suppresses most personal freedoms, including the right to a high-technology and standard healthcare program. Cuba uses universal community care as a means of social and mental control of the population. Its political elite determines who participates in the upgraded scientific medical subsystem, which is controlled by state security forces.

In 2011, a former American Academy of Family Physicians' Vice-President denied to this author the possibility of giving a lecture on "Cuba's Health with Poorer Freedoms and Living Standards," at a San Diego Global Workshop because it was not the usual worldview on Cuba. At Howard University Hospital, a pediatrician told the author that the efficient Cu-

ban primary care model was introduced in the state of Mississippi through Iran. However, he did not believe a lecture that included a plethora of data on how communist Cuba's declining infant and maternal mortality rates had decelerated the progress made between 1900 and 1958. An American Academy of Pediatrics' President, pediatricians and students, however, were receptive to Cuba's healthcare anomalies.

Facing these rejections, the author, made the commitment to study in depth why the truth about communist Cuba's healthcare was so questioned and rejected in the U.S. He has clarified these realities in lectures at the UPenn Perelman SOM annually before students visit Cuba. He has talked about it also at the Universities of Yale SOM/SN, Miami SOM/ICCAS, and Columbia Earth Institute. ASCE has helped disseminate and publish these studies. In addition, with a U.S. endocrinologist colleague he met through PTPPAP in Cuba 15 years ago, he continues investigating patient health metrics supported by informatics to help strengthen U.S. and other western world individual primary care medicine and public health sciences and practices. In 2013, he discussed an R&D project in Columbia University's Biomedical Informatics Department.²⁴

Reopened People-to-People Licenses and Exchanges Program (2013–2015)

The new People-to-People exchange programs suffer from the same distortions as the previous exchanges. The U.S. People-to-People Citizens' Ambassadors Program offers in Cuba: (1) an orthodox briefing on Cuba's healthcare by a MINSAP official; (2) a meeting with medical staff of an elite community polyclinic; (3) an interaction with Cuban faculties, foreign and U.S. students of the elite Latin American Medical School—which has higher standards than the medical schools for Cuban students in the island; and (4) a visit to patients and specialty care teams in elite maternity homes and elderly care facilities. It can be noted that this program continues the pat-

24. Stusser R, Dickey RA. Quality and Cost Improvement of Healthcare via Complementary Measurement and Diagnosis of Patient General Health Outcome Using EHR Data: Research Rationale and Design. *J Med Syst.* 2013;37(6):9977.

terns of isolation and theatrics enacted between 2000 and 2003.

Again Cuba-U.S. Scientific Exchanges on Cuban Cancer Immunotherapy (2015-)

From 1979 to 1981, Agustín Lage and Jorge Gavilondo mocked Carlos Cervantes' cancer immunological "swamp" (or marsh) until he had to leave the Cuban Cancer Institute. When Lage attended the World Cancer Congress in Seattle, 1982, he learned the potential of Cervantes' cancer immunology. Then, Gavilondo and Lage, ironically, imported from Sweden and implemented in Havana through Carlos García, a new cancer immunologist (who later defected), the "hybridoma" technology to produce monoclonal antibodies which had been discovered in 1975 by Georges Kohler and Cesar Milstein at Cambridge, UK. Gavilondo moved to the Genetic Engineering and Biotechnology Center, and Lage stayed at the Cancer Institute until former Vice-President Carlos Lage—through Castro—built a Molecular Immunology Center (CIM) for his brother. That investment was made at a time (1991 through 1994) when Cubans starved and suffered a lack of penicillin, anti-inflammatory drugs, and reagents for simple clinical tests due to the nationalization and destruction of both the agricultural and pharmaceutical industries. The CIM produced CIMAvax-EGF and Racotumomab for non-small cell lung cancer in advanced stages as adjuvant to chemo- and radio-therapy. The Roswell Park Cancer Center in Buffalo, New York, plans to do clinical trials with both products,²⁵ after trials by U.S. CancerVax Corps of California that produced uncertain results since 2004 with three previous CIM products. In 1977, this author pio-

neered the teaching of the logic of clinical trials in the Cancer Institute and in 1993 in the Clinical Research Center. These clinical trials have special biases due to the "adjuvant" nature of immunotherapy, lack of control of homogeneity of patients' groups by positive health potentiating factors in the same way that the negative prognostic factors are controlled.²⁶ Moreover, miserable and chaotic conditions for serious clinical staging and monitoring of treatment of cancer patients even in Cuba's best-equipped hospitals, and a heavy dosage of political pressure on the research centers' scientists to sell products overseas, make this author skeptical of the good results published from these trials.

DISCUSSION

Pathological Social Antecedents

For 200 years, exchanges between Cuban and U.S. scholars in healthcare were free, enlightening, and logically more useful for Cubans. However, the distorted climate for the last 56 years of Cuba's health figures, and biomedical products has reversed the perception of who gains from these exchanges. Not much is new under the sun. This bizarre situation of blind love is similar to what occurred among some romantics with the Stalin's USSR healthcare system. Many U.S. scholars are fascinated with beautiful social Utopian imaginary gardens created by the historical political leftist ideals and frankly cannot conceive the atrocities suffered by so many people in 1917–2015 while tyrants fake their realization.²⁷ The greatest trouble they have—fortunately—is that few have suffered those realities in their own flesh, to see clearly the truth.

25. Davis H. Roswell Park intrigued by Cuban vaccine for lung cancer treatment. *Buffalo News* 2015 Apr 23; Randal J. License to test cancer vaccines in U.S. a victory for Cuban biotechnology. *J Natl Cancer Inst* 2004;96(23):1740–2; Crombet T, Rodríguez P, Neninger E, García B, Lage A. CIMAvax EGF vaccine for treatment of NSCLC cancer. *Expert Rev Vaccines* 2015;21:1–9; Hernández A, Vázquez A. Racotumomab-alum vaccine for NSCLC treatment. *Expert Rev Vaccines* 2015;14(1):9–20; Peña Y, Perera A, Batista J. Immunoscintigraphy and radioimmunotherapy in Cuba: experiences with labeled mAB for cancer diagnosis/treatment (1993–2013). *MEDICC* 2014;16(3–4):55–60.

26. Thomas A, Giaccone G. Why has active immunotherapy not worked in lung cancer? *Ann Oncol* 2015 Jul 30; Stusser R, Dickey R. Model of Health Broad-Spectrum Supported by a Global Health Intelligence and a Mobile Information Network to Strengthen Patient Primary Care: Historical and Logical Foundation. In preparation.

27. Gross P, Levitt N, Lewis N. *The Flight from Science and Reason*. New York: NY Academy of Sciences, 1996; Sigerist H. *Socialized Medicine in the Soviet Union*. New York: WW Norton & Co Inc., 1937; Engelhardt HT. *The Foundations of Bioethics*. 2nd ed. New York: Oxford University Press, 1996.

The political expertise of the extreme left has disguised a real retrograde egalitarianism of envy with an ideal progressive egalitarianism of altruism.²⁸ In reality this line of thought leads to Castro and his acolytes, one percent of the population, to become secretly affluent and maintain their position by force. The poor strata, the other 99 percent of the population, is enlarged with the new poor with less freedom and fewer opportunities but also with less inequality at the bottom.²⁹

Pathological Social Mechanism

The Castro brothers force their officials to keep the sophism that Cuba's greatest health and science achievements are autochthonous and exclusively due to their "political will" and "Cuban inventiveness". Why? Because this sophistry allows them to inflate the inexplicable health miracle with a scientific one, feeding the leaders' bogus cult to continue gaining U.S. political, technological, and cash benefits. Cuban directors of health and science centers are trained by the Union of Communist Youth and/or Party on how to distort the realities of Cuba, the U.S., and the rest of the world and create false perceptions for foreign academics.

Worst Mistakes Possible Arising from Accepting Cuba's Dystopia

Something that could erroneously influence the U.S. health and science sectors is to confuse the perception of the levels of scientific progress in Cuba elite's healthcare subsystem, and economy, with the national healthcare system available to the common Cuban people. There is a high level of non-original research on U.S. R&D programs assimilated directly or by third party nations, producing neuro-metric equipment, biotechnological products, and vaccines. However, this should not be taken as objective evidence to legitimize the inflated public health advances claimed by Cuban officials. In the former USSR, despite higher-level research centers, the average life expectancy trends were quietly dropping as early as 1965, but such trends were not recognized until transparency was restored in 1992 after the regime's collapse.

One should also avoid making extrapolations from Cuba's assimilation of first world high-technology to assume that sound scientific innovations are being made in Cuba. The potential of creativity of scientists who live under political violence is inhibited.

CONCLUSIONS

1. The progress of the health and science sectors in Cuba could have been more productive for both Cuba, and the U.S., if the Cubans had avoided the rupture of over 200 years of free, privileged, and frank non-official and official academic exchanges.
2. The acceleration of the end of the 56-year suffocating climate, where most human freedoms and rights are lacking, including the right to sufficient mental and social health levels, and enough updated scientific medicine for the physical health of the people, should be the first concern of U.S. academicians when exchanging ideas with Cuban professionals.
3. Those participating in U.S. people-to-people citizen and student exchanges must demand that Cuban programs be open and honest and provide the opportunity for visitors to meet with top level physicians and with physicians working in hospital facilities available to all the people.
4. U.S. students and doctors traveling to Cuba to study its healthcare system should start by first meeting with emigre Cuban doctors, so they can learn what they should demand to see and discuss with their island colleagues. Since 2010, the author has undertaken this task with the Global Health Student Program of the University of Pennsylvania's Perelman School of Medicine.
5. Unofficial academic exchanges with reliable scholars and professionals of Cuba's crushed civil society should be encouraged in all the sectors, as ASCE is doing.
6. Now it is very important to support free, sincere and respectful exchanges in all U.S. classrooms, forums, and publications on "Cuba's health, science, socioeconomic and political affairs" among

28. Engelhardt, op cit., in note 21, *Foundations of Bioethics*.

29. Sánchez, op cit., in note 8, *The double life of Fidel Castro*.

U.S. officials, Cuban officials, non-officials, and exiles, to restore ethical, rational, true and fruitful Cuba-U.S. ties.

SUGGESTIONS TO IMPROVE EXCHANGES

U.S. Think-Tanks on Cuban Affairs: Build web sites, blogs, and training courses oriented to encourage more critical thinking in young and mature U.S. scholars, with balanced data and information on the Cuban healthcare system, to become true analysts.

People-to-People Citizens Ambassadors Programs with Cuba: Encourage American visitors to Cuba to expand their contacts beyond elite professional staff and showcase places for health tourism and faked so-

cial paradises, in order to understand the living and health services available to the common Cuban people.

People-to-People Students Ambassadors Programs with Cuba: When adult programs are redesigned, then visits by more vulnerable students could start, because the Castros are experts in influencing the youth, and in retelling ancient fables of heavens on earth.

Cuban Official-Unofficial Exchanges in the U.S., PAHO, WHO, and UN .: Propose to future hosts of Cuban scholars the review of critical studies to strengthen their critical judgment.

The Cuban government operates a national health system and assumes fiscal and administrative responsibility for the health care of all its citizens. There are no private hospitals or clinics as all health services are government-run. The present Minister for Public Health is Roberto Morales Ojeda. Like the rest of the Cuban economy, Cuban medical care suffered following the end of Soviet subsidies in 1991 and the stepping up of the United States embargo against Cuba at this time also had an effect. In 2015 became the first nation in the world to officially eliminate the transfusion of HIV from mother to child. "Cuba's success in international statistics like infant mortality is because it's a coordinated system organised from one point of the island to the other guaranteeing free and accessible health whether it is primary, secondary or tertiary care to all citizens", says Dr Antonio Copo, Head of the Transplant department in Havana's Hermanos Almeijeiras hospital. The Caribbean nation has also invested heavily in a biotechnology sector, mainly to counteract the inability to buy drugs cheaply due to the American blockade, which has seen the state develop vaccines little used elsewhere, including one for lung cancer. During the Cuban Missile Crisis, leaders of the U.S. and the Soviet Union engaged in a tense, 13-day political and military standoff in October 1962 over the installation of nuclear-armed Soviet missiles on Cuba, just 90 miles from U.S. shores. In a TV address on October 22, 1962, President John F. Kennedy (1917-63) notified Americans about the presence of the missiles, explained his decision to enact a naval blockade around Cuba and made it clear the U.S. was prepared to use military force if necessary to neutralize this perceived threat to national security. Following this news, many people The US and Cuba have had a complex and hostile relationship for more than 50 years. Read more about the communism conflict and modern repercussions. Castro increasingly sought aid from the Soviet Union. In October 1962, the Soviets began shipping nuclear-capable missiles to Cuba. American U-2 spy planes caught the shipments on film, touching off the Cuban Missile Crisis. In 1996 the United States arrested five Cuban men on charges of espionage and conspiracy to commit murder. The U.S. alleged they had entered Florida and infiltrated Cuban-American human rights groups.