EXECUTIVE SUMMARY: FACT SHEET ON CUBAN HEALTH ACHIEVEMENTS

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for the Saving Lives Campaign (Bay Area) – 15 January 2021

1. Health Indicators (Cuba versus the U.S., as of December 2020)
   a. The Covid-19 case rate was 50+ times higher in the U.S. than in Cuba (6,649 vs 129 per 100,000).
   b. The Covid-19 death rate was 85+ times higher in U.S. than in Cuba (111.6 vs 1.3 per 100,000).
   c. Overall, the U.S. infant mortality rate was almost 1.5 times higher than that in Cuba (5.6 vs 3.8 per 1,000 live births) in 2019.

2. Why are Cuba’s Health Indicators Better than in the U.S.?
   a. Cuba’s health care system is community-based, prevention oriented, free and universal; health care is enshrined as a human right.
   b. During the Covid-19 pandemic, medical students regularly contact individuals in every neighborhood in the country, whether urban or rural, to check on possible early symptoms.
   c. Cuba has more than 3 times the doctors per 10,000 inhabitants than does the U.S. (84.2 versus 26.2).
   d. US health indicators show deep racial/ethnic inequalities: e.g., the death rate per 100,000 population from Covid-19 among Blacks is almost twice that among whites (114.3 versus 61.7).

3. Cuba’s Biopharma Developments
   a. Another contributor to Cuba’s impressive Covid-19 and other health indicators stems from Cuba’s biopharma industry, which operates 20 research centers and 32 companies, employing 20,000 people under the umbrella of the state-run BioPharma Corporation.
   b. As of December 2020, Cuba had registered and initiated trials for four Covid-19 vaccines: Soberana 01, Soberana 02, Mambisa (CIGB 669), and Abdala (CIGB 66).
   c. Cuba has established and implemented effective treatment protocols, providing free medications for prevention, moderate infections, and severe infections of Covid-19.

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d. Historically, Cuba has developed important pharmaceutical products used in treating hemorrhagic dengue fever, hepatitis B and C, HIV/AIDS, diabetic foot ulcers, Haemophilus influenza type B (Hib), severe psoriasis, and lung cancer.
e. Cuba’s pharmaceutical products are offered to developing countries at fraction of the prices charged by multinational drug companies.

4. Cuba’s International Medical Solidarity
   a. During the Covid-19 pandemic, in the period March to early December 2020, Cuba sent 53 brigades of health workers to 40+ countries, in addition to those already working in 58 countries.
   b. These recent actions are part of a much longer history of Cuba’s international medical solidarity, beginning in 1960 and including fighting Ebola in West Africa (2014-2015).
   c. Since 1960, over 400,000 Cuban medical personnel have performed 1.2 billion consultations, attended 2.2 million births, and performed 8 million surgeries in 164 countries.
   d. Cuba’s Latin American Medical School (ELAM), established in 1999, has trained more than 29,000 doctors (half of them women) from 105 countries including the U.S., to serve underserved areas.
   e. Cuba has helped establish medical schools (e.g., in Venezuela, East Timor, and the Gambia) or other arrangements for training of medical personnel in other countries.

5. U.S-Cuba Medical Collaboration
   a. In June 2016, the U.S. Department of Health and Human Services and the Cuban Ministry of Public Health signed a Memorandum of Understanding covering a range of public health issues, including global health security, R&D and IT.
   b. Cuba’s Center for Molecular Immunology (CIM) and Buffalo’s Roswell Park Comprehensive Cancer Center collaborated in conducting clinical trials in the US of CIMAvax, a lung cancer vaccine developed by CIM.
   c. During 2017-2018 the University of Illinois at Chicago Medical School hosted Cuban experts for a several-month consultation on how to reduce infant mortality in Chicago.
   d. As of December 2020, as part of the “Saving Lives” initiative of the U.S.-Cuba Normalization Campaign (http://SavingLivesCampaign.org/), the following cities and other U.S.-based organizations have adopted resolutions calling for medical collaboration with Cuba: Berkeley, Oakland, Richmond, Sacramento, San Francisco, and Santa Cruz (California); Cambridge (Massachusetts); Pittsburgh (Pennsylvania); State Labor Council (Washington).