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Open Letter to President Biden about COVID Vaccines for Cuba

Document presented by BioCubaFarma scientists in Havana on August 10, 2021. Spanish and English versions available at: <https://www.cienciacubana.cu/es>

President Biden:

You recently referred to Cuba at a White House saying: “I would be prepared to give significant amounts of vaccines if... an international organization would administer those vaccines and do it in a way that average citizens would have access to those vaccines.” You also called Cuba a “failed state”.

These statements surprised many, including those in the U.S. who have first-hand exposure to Cuba’s health system. It also rankled frontline Cuban health workers risking their lives to contain the COVID epidemic in our country. They do not reflect Cuban reality, and we deplore that disinformation by malicious actors is influencing your policy decisions. As scientists, doctors, and concerned citizens, we believe it’s worth fact-checking three assumptions implicit in what you said.

Assumption one: International intervention is needed to ensure all Cubans receive vaccines.

Assumption two: Cuba’s response to the pandemic has been dismal, symptomatic of a “failed state”.

Assumption three: U.S.-supplied vaccines are the only route to guarantee COVID-19 immunization for Cuba’s 11 million people.

Let’s take these one by one: the first assumption—that intervention is needed to guarantee vaccine access for all Cubans—suggests that vaccine rollout in Cuba is inefficient and discriminatory. But the data does not support this. In fact, as both UNICEF and the World Health Organization have confirmed, childhood vaccination rates are over 99%. Immunization is part of our country’s universal public health system, free to all Cubans regardless of socioeconomic status, politics, religion, sex, or race.

The national immunization program, created in 1962, covers the whole country. Since 1999, all Cubans have been protected against 13 potentially fatal diseases, including diphtheria, tetanus, and pertussis. Eight of these vaccines are manufactured in Cuba.

As a result of high vaccination rates, we have not had a single case of measles. In contrast, the CDC confirmed 1282 measles cases in the United States in 2019, with only 74% of children receiving all CDC-recommended vaccines.

The Finlay Vaccine Institute in Havana developed the world’s first effective vaccine against/for meningitis B (meningococcal disease) in 1989. The annual incidence of meningococcal disease in Cuba dropped from 14.4/100,000 population before vaccination to less than 0.1/100,000 since 2008—eliminating the illness as a public health problem in the country.

Several factors explain the success of Cuba’s national vaccination program: people trust the easily accessible neighborhood family doctors and nurses, and the health professionals at their commu-

nity polyclinics—making vaccine hesitancy very rare. In turn, the health system’s organizational capacities make vaccine rollout fast and dependable. Finally, Cuban biotechnological research and production centers are well integrated with the needs of the public health system.

Working partnerships on vaccination have developed with the World Health Organization and UNICEF. But none of these has ever suggested the need to step in to administer vaccines in Cuba. Rather, Cuban vaccine experts have been called upon to assist in global efforts to eliminate polio, and our production facilities have been tapped by WHO to export urgently needed vaccines to the “meningitis belt” in sub-Saharan Africa.

Assumption two: Cuba’s “failed” pandemic response. It is puzzling why, with so many real COVID catastrophes in the Western Hemisphere, only Cuba is labelled a “failed state”. Cuba has indeed seen a recent spike in cases that threatens to overwhelm the health system in parts of the country. However, its response has been more effective than many other nations that have not received this harsh criticism from the U.S.

All countries are now challenged with new COVID variants, such as Delta, often driving sharp increases in cases. Cuba is no exception. What makes Cuba unique is the need to manage the epidemic under a crippling financial, trade and economic embargo enforced by the U.S. government for the last six decades. The 243 additional restrictions slapped on by the Trump administration—every one still in place under your presidency—were intended to close the blockade’s few remaining loopholes, and thus choke off revenues to Cuba. This reduces the cash available to buy medical supplies and food, and delays the arrival of materials to the country.

Assumption three: the only route to COVID immunity in Cuba is through U.S.-supplied vaccines. This ignores the fact that more than two million Cubans, or nearly 30.2% of the population, have already been fully vaccinated with Cuban developed vaccines.

The Abdala vaccine received emergency use authorization from the Cuban regulatory authority on July 9, making it the first vaccine to achieve this status in Latin America. Abdala achieved 92% efficacy in Phase III clinical trials, while the Soberana Vaccine achieved 91% and is also close to emergency use authorization. At the current rate of vaccination, the entire population could be reached by October or November. Difficulties in rollout, including imports of vital vaccine ingredients, are due primarily to the financial squeeze of U.S. sanctions.

If the U.S. government really wanted to help Cubans, it could roll back the 243 Trump-era measures—possible with the stroke of the president’s pen. Congress could also lift sanctions altogether, as demanded each year by overwhelming votes at the UN General Assembly by the nations of the world.

During the pandemic, science reiterates that (politics aside) we are all in this together. All of us are threatened not only by disease but also by the unprecedented challenge of climate change. In this context, health systems of all countries should be supported, not undermined; and collaboration should be the order of the day. More so, taking into consideration the alarming dearth of vaccines worldwide, especially dangerous for middle- and low-income countries. A number of them have already shown an interest in acquiring the Cuban vaccines, and we would argue that such a Cuban contribution to vaccine equity should be applauded by the Biden administration, not stifled. The Cuban Democracy Act of 1992 (Part II.6) explicitly bans exports to Cuba from the U.S. in cases where: “the item to be exported could be used in the production of any biotechnological product”, which includes vaccines.

We had a glimpse of [what] both countries could have done together during the Western African Ebola virus epidemic (2013–2016), when both countries strove to contain disease and save lives. Obviously, the U.S. and Cuban governments differ on fundamental issues. Yet the world is full of such discrepancies. The essential question, not only for Cuba and the U.S., but also for human civilization, is whether nations can respect each other enough to exist side-by-side and cooperate.

President Biden, you can do much good if you move in the right direction and take into consideration what most Cubans living in Cuba desire. This does not include bypassing and weakening its public health system but does include respect for the nation's achievements. Let us hope that the shared threats posed by the COVID pandemic will lead to more collaboration, not more confrontation. History will be the judge. 

Signed by scientists, doctors and concerned citizens from Cuba and the world.

To add a name, log on to <https://www.cienciacubana.cu/es>

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