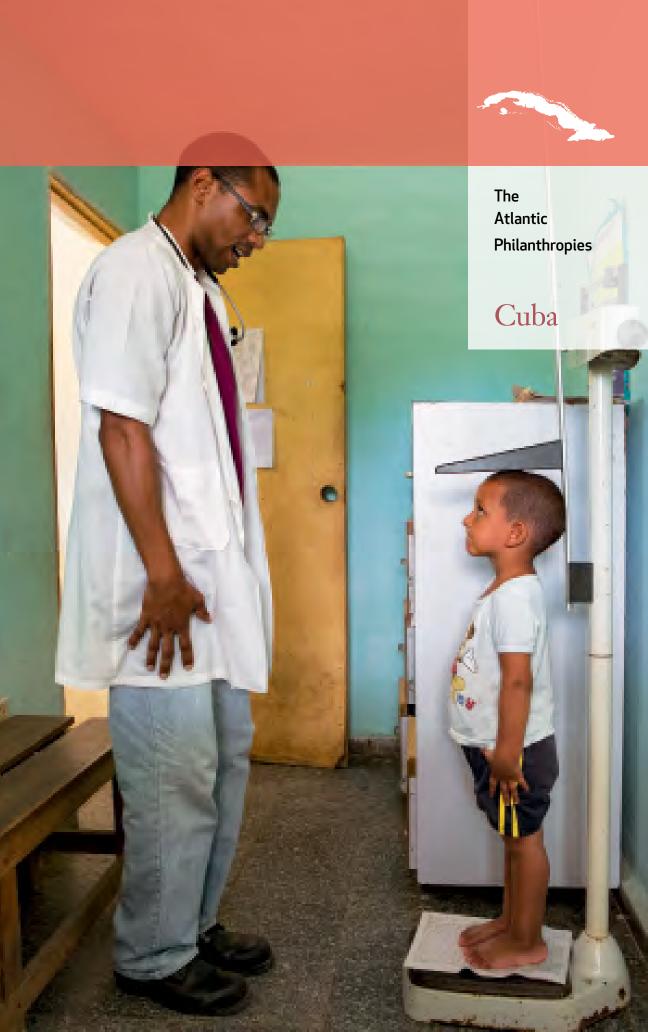
# The ATLANTIC Philanthropies

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atlanticphilanthropies.org



Dr. Rodriguez provides primary care to Shexley Benent at walk-in clinic Number 14, Lo Santa Fe, Isle of Youth.

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All references to currency are in U.S. dollars.

The Atlantic Philanthropies



## Cuba

BY JULIE FEINSILVER



Chuck Feeney, founding chairman of The Atlantic Philanthropies, and Christopher G. Oechsli, president and CEO of Atlantic and first country director for Viet Nam, Australia and Cuba.

### **DEDICATION**

Charles Francis Feeney, whose generosity and vision have improved the lives of millions in Cuba and across the globe



The Atlantic Philanthropies comprise The Atlantic Trust and the Atlantic Foundation, the Mangrove Foundation (each based in Bermuda), and the Atlantic Advocacy Fund (AAF), a 501(c)(4) social welfare organization based in the United States, and other entities. One of these is the Atlantic Charitable Trust (ACT) of the United Kingdom, which is registered with the Charity Commission for England and Wales and is not subject to the same U.S. legal restrictions regarding Cuba as U.S.-based organizations. ACT provided the funding for almost all health sector projects in Cuba and maintained a firewall between itself and the U.S. elements of The Atlantic Philanthropies in all dealings with Cuba to comply fully with the U.S. Office of Foreign Assets Control (OFAC) regulations. These entities also have distinct mandates, boards and staff.

AAF financed all advocacy-related work conducted by entities in the United States. The Atlantic Foundation and The Atlantic Trust provided grants to U.S.-based organizations for work that was either licensed under OFAC regulations or that did not require licensing. References throughout this book to "The Atlantic Philanthropies" or "Atlantic" refer to these individual entities as the context may require.

Nurse Rubi Leticia Delgado at Asilo de la Fe on the Isle of Youth comforts a local grandmother.



Holding up, supporting and amplifying the example of Cuba's health work was one way to advance Atlantic's goal. Another was to explore opportunities to improve U.S.—Cuba relations and increase people-to-people contact.

A patient receives a free eye examination at the Institute of Ophthalmological Surgery.

### Foreword

In many ways, the story of our work in Cuba is like that of other countries where we invested significant resources: Australia, Republic of Ireland, Northern Ireland, South Africa, the United States and Viet Nam. As with all Atlantic work, the foundation's efforts and investments in Cuba were evolutionary. Our initial interest there was to learn about its remarkable primary health care system based on prevention to support our early investments in Viet Nam. And we had an underlying belief that the United States policy and embargoes were unfair for Cuban people.

There are some common qualities that motivated and sustained our international work. These qualities are reflective of Chuck Feeney's entrepreneurial mindset, his affinity for supporting increased fairness and opportunities, and his dedication to use resources effectively to maximize improvements in the lives of others. While many people were instrumental in executing on these prospects, Chuck laid the foundation, attracted others and created opportunities—to paraphrase Chuck—for good minds and good people to do good things.

Good health care is central to the lives of all people. Arguably, in tandem with education and basic social rights, health is the most fundamental of human conditions affecting quality of life, so it is not surprising that governments and philanthropy devote a major part of their budgets to matters affecting health. Atlantic's grantmaking, totaling more than \$8 billion, has supported health care, much of it initiated by Chuck himself.

Cuba had documented success for achieving positive health outcomes with limited resources—and had historic relationships with Viet Nam and South Africa, countries in which Atlantic was already involved.

The decision to invest in Cuba traces back to a 1999 meeting between Atlantic's founder and a staff member of the nonprofit Global Exchange, an international human rights organization. Global Exchange promoted people-to-people exchanges with Cuba as part of an effort to break down barriers, encourage freedom of travel for U.S. citizens and ultimately remove the trade embargo. Chuck suggested I follow up, and that led to the first Atlantic grant associated with Cuba. While small, and not the cornerstone of a strategy or program, it became the seedling for a sprouting interest in Cuba that would grow over time.

Another seminal moment occurred in 2001, the same year Atlantic began exploring the adoption of limited life and consolidating its grantmaking around several themes to maximize the foundation's impact in its final years. Ultimately, one giving focus would become population health in developing countries. At the time, I was in Da Nang, Viet Nam, serving as the foundation's country program director there. (Atlantic's work in Viet Nam is covered in a separate book (https://www.atlanticphilanthropies.org/insights/ insights-books/viet-nam). As we began to search out strategies to improve health outcomes, we brought together principals of a small NGO, East Meets West Foundation (EMWF); Bob Matousek, who had initially scouted the Viet Nam landscape and advanced the relationship with East Meets West; and me. We asked whether anyone knew if there were existing models on which to draw. We quickly ruled out the U.S. model because it was neither cost-effective nor easy to replicate, especially in low-resource countries. Cuba had documented success for achieving positive health outcomes with limited resources—and had historic relationships with Viet Nam and South Africa, countries in which Atlantic was already involved.

Matousek wasted no time. After securing permission from the U.S. government, he headed to Havana. Within two weeks of his arrival, Bob shared his observations that the Cuban health system was effective and well-respected.

Cuban medical professionals were committed to shared social gains and health—and statistics backed it up. There was good reason to explore further.

As a result of longstanding conflicts between the United States and Cuban governments, the Cuban people—their lives, aspirations and contributions—were short-changed, undervalued and obstructed. It was that same sense of unfairness that led to Chuck's and Atlantic's earlier work in Ireland, Northern Ireland, South Africa and Viet Nam.

With the help of John McAuliffe, then executive director of the Fund for Reconciliation and Development—a U.S. nonprofit that builds connections between Americans and the people of the country's adversaries such as Viet Nam and Cambodia—I received U.S. government approval for my first trips to Cuba. John arranged a schedule of health-related site visits and activities. Among them was a pivotal meeting with Gail Reed, a U.S. health journalist associated with MEDICC (Medical Education Cooperation with Cuba), an NGO that has worked to promote U.S.—Cuba health collaboration and highlight the country's contributions to global health equity and universal health. With Gail's contacts, expert guidance and insights—and the support of her colleagues at MEDICC—we began to appreciate how the Cuban health experience could inform and contribute to policies and practices in other countries with limited resources.

In 2001 and 2002, Atlantic sharpened its attention on population health as one of its key focus areas. We continued to engage with and learn from the Cuban experience in health to inform our work in primary and preventive care and the development of human resources to improve community health. Admittedly, there was reticence among some at Atlantic that involvement in Cuba might create complications with the U.S. government and only encourage Chuck to explore similar opportunistic investments elsewhere, leading to constant "global creep."

Our work in Cuba would prove valuable in two major ways:

- Through our UK-based Atlantic Charitable Trust, we supported efforts to improve infrastructure, purchase medical equipment and advance health outcomes that benefited the region and people around the world.
- Cuba's experience informed our strategies and practices to achieve improved health outcomes, particularly in low resource environments.

In a rural community, we saw the local family doctor in his white coat amiably chatting on a terrace with an elderly couple as he conducted his regular tour of the community. Chuck Feeney said, "Those are the real heroes."

While health was a core theme and driver for Atlantic's engagement with Cuba—which this book describes—there were parallel interests, goals and values that made our work there necessary for other reasons. Chuck, others and I shared a sense that, as a result of longstanding conflicts between the United States and Cuban governments, the Cuban people—their lives, aspirations and contributions—were short-changed, undervalued and obstructed. It was that same sense of unfairness that led to Chuck's and Atlantic's earlier work in Ireland, Northern Ireland, South Africa and Viet Nam. The underlying desire to promote opportunity and remove barriers is what ultimately informed the mission that Atlantic adopted in 2002: to make lasting improvements in the lives of vulnerable and disadvantaged people.

Holding up, supporting and amplifying the example of Cuba's health work was one way to advance our goal. Another was to explore ways to improve U.S.—Cuba relations, end the embargo and increase people-to-people contact. By helping advance and shine a spotlight on Cuba's achievements in health, we hoped to support efforts to humanize and depoliticize the Cuban people.

We also set out to expand and change the public narrative and, ultimately, contribute to reconciliation.

This book notes some of the efforts and support Atlantic provided to help bring about U.S. reconciliation and policy changes with Cuba. We worked closely with other funders and many people who had devoted themselves to these changes for many years. It required much personal engagement and respectful interaction in sensitive contexts.

I have several "hopes" for readers of this book:

- First, that the core values, approaches and aspirations are evident in this summary of Atlantic's experiences in Cuba
- Second, that the story of this work informs and inspires others to engage in low-resource, underserved environments to advance more equitable health and social outcomes
- Third, that donors recognize that even in complicated environments and risky settings, it is possible to achieve lasting improvements

In the end, our work and achievements led to a combination of learnings, partnerships and funding in Cuba that has improved the lives of people in many under-resourced areas of the world. As I reflect on Atlantic's experiences in Cuba, I'm reminded of the tangible benefits to grantees and institutions in other places like middle schools and hospitals in Oakland, California, and medical professionals in Viet Nam and South Africa. I am left with one indelible memory from when Chuck and I visited a rural community in Cuba. Greeted on our arrival by friendly, barking dogs, we saw the local family doctor in his white coat amiably chatting on a terrace with an elderly couple as he conducted his regular tour of the community. "Those are the real heroes," Chuck said.

Christopher G. Oechsli, president and chief executive officer The Atlantic Philanthropies



In the health sector, Cuban staff commitment to, and enthusiasm for, their work is still palpable. Students at ELAM, the world's largest medical school, use the computer lab for research.

## **Preface**

This book is the first and only detailed record of The Atlantic Philanthropies' grantmaking related to Cuba. It is not an exhaustive account, but rather an attempt to illustrate Atlantic's major lines of investment, feature its grantees' work and results, and draw lessons for other funders. As much as possible, the story is told through the voices of grantees.

Atlantic commenced grantmaking there in 2002, investing more than \$68 million to support the country's health sector, disseminate lessons from the island nation's approach to population health and fund efforts toward normalization of relations with the United States.

The Atlantic Philanthropies focused their resources on making "big bets," some of which paid off handsomely. Investments in the health sector have had a positive impact in Cuba with a multiplier effect beyond its borders. The big bet on improving U.S.–Cuban relations succeeded beyond anyone's wildest dreams and its impact was historic. Atlantic funded a constellation of nongovernmental organizations and institutions that demonstrated in advance widespread public support for the re-establishment of diplomatic relations with Cuba. That showing was instrumental in President Barack Obama's decision to make his bold foreign policy move.

President Donald Trump has reversed many of the recent gains made in improving relations with Cuba. In practice, however, existing and new collaborations are affected by almost non-existent consular services resulting from decreased embassy staffing. The changed political climate also may dissuade some U.S. institutions from embarking on collaborations or continuing the ones that they have agreed.

rior to doing the research for this book, I did not know about The Atlantic Philanthropies, although I had heard the name. The main reason I accepted the assignment was to go back to Cuba as a researcher, albeit with a narrow focus. My overall impression of the work Atlantic funded and their grantees was very positive. The Cubans, as always had been the case, did a great deal with very little, and shared their experience with others. Atlantic helped them move forward after an extremely difficult period by financing the fulfillment of specific needs.

As for my experience as a researcher and writer, I first went to Cuba in 1978 during the brief thaw in U.S.—Cuban relations under President Jimmy Carter. I made 11 more research trips there through 2004, before returning for my three-week visit in late 2016 for this book. In the 12 intervening years, much had changed, but much had remained the same.

By 2016, the nascent legal Cuban private sector was flourishing. Important for visitors are the vast array of cafes, restaurants, nightspots and bars; private accommodations; means of conveyance; Internet access and cell phones; and merchandise for sale. Many buildings had been repaired and painted; new construction or renovation was evident in some areas. All of this had dramatically improved since 2004.

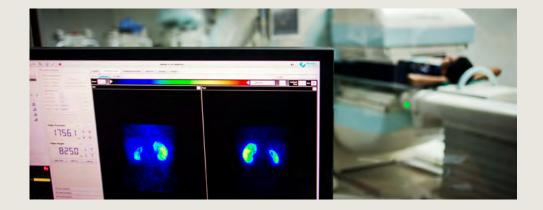
What notably has remained the same were bureaucratic obstacles a researcher faces in both obtaining a visa and establishing a program of visits. My schedule had to be approved and organized by the International Relations

Department of the Ministry of Public Health (INSAP) and the Ministry of Foreign Relations. Of course, coordinating meetings and site visits for a research project is complicated, and took four months.

In the health sector, staff commitment to and enthusiasm for their work is still palpable. Personnel are accustomed to showing around visitors from many countries but not necessarily to providing detailed information, particularly data beyond what is in their excellent statistical yearbooks, other publications and online.

In the Preface to my 1993 book, *Healing the Masses: Cuban Health Politics at Home and Abroad*, I wrote, "The longer one stays in Cuba, the longer it takes to write about it." That remains the same. Cuba is both exhilarating and frustrating at the same time.

Julie Feinsilver



Rather than focusing on historic enmity, Chuck instead saw common concerns, mutual benefit and shared goals. He had no interest in debating sensitive issues from the past. His interest lay solely in Cuba's successful model for health care and what it meant for the region and the world.

Patient undergoes test in MRI equipment purchased by ACT for the Institute of Nephrology.

## 'It Was Something Like an Unrealized Dream'

FIRST PUBLISHED IN LAYING FOUNDATIONS FOR CHANGE: CAPITAL INVESTMENTS OF THE ATLANTIC PHILANTHROPIES, THE MAGNUM FOUNDATION, 2014

hen I was director of the National Institute of Nephrology in Havana, I had long had an intense interest in doing a sustained study on chronic vascular diseases and their common risk factors, to identify markers and genetic issues related to these conditions. These diseases—the main causes of disability and death worldwide—are a particular burden for poor countries and threaten to cripple their health systems. I hoped to make inroads through research to shape more effective prevention programs. As a doctor, it was something like an unrealized dream.

Then I met Chuck Feeney. After we became friends, he surprised me one day by asking me a curious question: "What would you like to do? What is possible? If you could do something significant, what would it look like?" Chuck immediately took an interest in the study's idea and helped us to make it as thorough and meaningful as possible.

We chose Cuba's Isle of Youth because it is a micro-environment that we could easily follow, and studies growing out of it would have long-term meaning about how chronic vascular diseases progress. Nearly 80,000 residents agreed to participate, making ours the world's first research of its kind in a total population. The study is Cuba's contribution to regional and global health. Chuck encouraged us throughout the process.

We were invited to present our findings at the World Nephrology Congress in 2009 and submitted a comprehensive article on the work to *Nephron*, the leading European journal in the field. It was also judged the best paper presented at the 10th Central American and Caribbean Nephrology Congress in 2008. Our model was adapted in El Salvador to study a mysterious kidney disease killing thousands of poor farmworkers in Central and South America, Africa and Asia. At home, the study was awarded the National Grand Prize in health sciences by the Ministry of Public Health and later that of the Cuban Academy of Sciences.

Chuck brought global attention to what Cubans were doing in health generally—a highly integrated system that links community-based primary care clinics to hospitals and scientific research centers.

But, most important, we are getting results that will help shape more effective prevention programs for heart disease, stroke, diabetes and hypertension, as well as kidney disease. We hope that our new understanding will lead to a more holistic approach in Cuba to reduce the prevalence, disability and death from these conditions, and offer a good model for other countries.

Because of the U.S. embargo, Chuck and Atlantic's investments were mostly in professional exchanges, publications and research-related collaborations to help our study become better and more widely understood internationally. Chuck eagerly contributed his experience and relationships in the global community to train the spotlight on kidney disease, and help societies face the health, moral and fiscal challenges it presents. Chuck did not participate in the building of facilities, but his enthusiasm for the study inspired non-U.S. groups to help us with equipment and other inputs critical to analyzing the data being collected.

At heart, Chuck was a catalyst who saw opportunities to support people doing high-caliber work and emerging leaders with underappreciated prospects. He inspired us to have a broader vision than we otherwise would have had, opened the doors to what is possible and made our aspirations a reality. By doing so, he brought global attention to what Cubans were doing in health generally—a highly integrated system that links community-based primary care clinics to hospitals and scientific research centers.

Chuck is truly enamored of the Cuban people and culture, and felt we were undervalued in historical ways and not treated fairly. Atlantic's contributions to our study were vitally important. But Chuck also emphasized the elimination of misconceptions and diminishing barriers between our two countries. Rather than focusing on historic enmity, Chuck instead saw common concerns, mutual benefit and shared goals. He had no interest in debating sensitive issues from the past. His interest lay solely in Cuba's successful model for health care and what it meant for the region and the world. That is Chuck Feeney's great achievement.

By Raúl Herrera Valdés, MD, PhD, DRSC, Consultant Professor, Institute of Nephrology Full Researcher, Coordinator, ISYS Chronic Vascular Disease Longitudinal Multidisciplinary Research



Atlantic helped contribute to a significant shift in U.S. policy for the first time in almost 60 years. Atlantic's use of health as an entry point and its subsequent work to inspire policy changes were clearly effective.

A pregnant woman rests after being admitted to the hospital on the Isle of Youth. Cuba has higher maternal care success than many countries, including the United States.

## Summary

On March 20, 2016, President Barack Obama became the first sitting United States president to visit Cuba since Calvin Coolidge in 1928. The normalization of relations between the United States and Cuba had been a long, elusive dream for many people in both countries, and the visit by the American president was a historic moment. The countries re-established diplomatic ties, and the U.S. reopened its embassy and relaxed travel and trade restrictions.

For The Atlantic Philanthropies, which invested almost \$60 million in health from 2002 to 2018 to advance and learn about health care in Cuba and nearly \$6 million to help normalize relations between the two nations, the moment was an important affirmation of their work.

There have been setbacks since the Obama administration, but history and time appear to be on the side of those who favor closer relations between the two countries. When relations with Cuba become fully normalized, The Atlantic Philanthropies can be confident that their support for the Cuban people made a meaningful difference. They can point to a number of important victories in advancing health care as well as their success in helping build bridges across the two countries in ways that few philanthropic organizations are able to do.

Atlantic and its grantees' work in Cuba is a fascinating case study about investing in a challenging environment. This summary is less a description of the specific grantmaking strategy about health care or political reconciliation than it is an exploration of the motivations, themes and challenges Atlantic experienced in Cuba. This was a fascinating moment in Atlantic's work that very few people are familiar with. Perhaps the lessons they learned will be of value to others.

In particular, this may be a useful resource for philanthropists who have an interest in working in Cuba specifically or in other risky environments. At a time of profound global conflict, there are a great many places where philanthropy could play an important role in alleviating suffering, and improving policy and the lives of people around the world.

### EARLY INTRODUCTION TO CUBA

Chuck Feeney, an entrepreneur who founded The Atlantic Philanthropies in 1982, became interested in Cuba in the late 1990s after meeting with staff from Global Exchange, the San Francisco–based organization that promoted people-to-people exchanges around the world. It had previously worked in Southeast Asia and was developing a program to help increase engagement with Cuba. Global Exchange hoped to subtly challenge the restrictions that the United States government had placed on Cuba. This work appealed to Feeney, who has repeatedly offered help when he felt people had been treated unfairly. This commitment to fairness extended across Atlantic's work—especially its decisions to invest in Viet Nam, South Africa and Northern Ireland.

Atlantic soon began to support activities through its business subsidiaries to increase people-to-people exchanges with Cuba. At this time, Atlantic also began to contemplate the prospect of limiting the foundation's life. This provided an opportunity to discuss where to concentrate resources, and what kinds of programs to design.

Given the complicated relationship between the United States and Cuba and the difficulties presented by an embargo that has been in place in one form or another since 1960, Atlantic knew that grantmaking in Cuba would be difficult. Yet its impressive work in health care felt like a good entry point. In the face of a crippling economic embargo, Cuba managed to design and deliver high-quality universal health care that focused on the needs of patients at very low cost.

It was an example of what Cuba has done well in extremely challenging circumstances, and there was an understanding that providing targeted assistance to the Cuban health care system would go a long way. Atlantic and its grantees could learn about Cuban successes in health and share them with others. The foundation felt that working on health was an opportunity to engage in Cuba in a less politically charged context.

People-to-people relationships between Americans and Cubans became an essential part of the work. The goal was to raise the awareness of health professionals around the world by providing an objective summary of what the Cuban health system accomplished and how health professionals worked.

During this period, Christopher G. Oechsli, who would eventually become president and chief executive officer of Atlantic, was leading the organization's grantmaking in Viet Nam, where the work focused primarily on health and higher education. Given that Cuba had a strong reputation for delivering good health outcomes with limited resources, Oechsli was interested in identifying what Viet Nam could learn from Cuba. Feeney's friend and Duty Free Shoppers colleague, Bob Matousek, made an introductory visit to Cuba to assess logistics and conditions for further foundation program work. Matousek reported that there was a great deal to learn from the country's approach to community-based primary health care.

Oechsli followed up with a visit that was coordinated by the Fund for Reconstruction and Development, which helped him obtain clearance from the U.S. government to travel to the island. Among the many people Oechsli met with was journalist Gail Reed, who was working with a nonprofit organization called MEDICC, an acronym for Medical Education Cooperation with Cuba. MEDICC is a U.S. 501(c)(3) charity established to highlight Cuba's public health contributions to global health equity, as well as promote collaboration on health between Cuba and the United States.

As a journalist, Reed had conducted extensive research on the impact of the U.S. embargo on the health of Cubans and had written an influential report about how the embargo was hindering the effectiveness of the Cuban health system. The report had been circulated in the U.S. medical field as well as in the policy community and had generated interest. It also helped shape how Atlantic would approach its strategy in Cuba, and MEDICC would become its most significant grantee partner for Cuba.

### FOCUS ON HEALTH WITH AN EYE TOWARD POLICY

Oechsli observed that as Atlantic focused on health in Cuba, the effect of U.S. policy toward the country could not be ignored. He said: "These activities were intertwined. We started by learning about what Cuba was doing in the health field that would have relevance abroad. We would make sure that the information was studied, shared and amplified. But we felt that would also inform people about Cuba, humanize its citizens to the U.S. and help lead to reconciliation or at least some changes in U.S. policy." People-to-people relationships between Americans and Cubans became an essential part of the work. The goal was to raise the awareness of health professionals around the world by providing an objective summary of what the Cuban health system accomplished and how health professionals worked. They then sought to use those activities to promote collaboration between the two countries.

After Hurricane Mitch struck Cuba in 1998, the government dedicated resources to building the Latin American School of Medicine to bring people from disadvantaged communities to Cuba to study medicine for free. Cuba also made a point of including medical students from the U.S. if they wished to come. The government's program had an obvious political dimension, but it held promise in helping to provide extra capacity to health systems in less developed, low-resourced environments. This approach informed Atlantic's investments in other developing areas like Viet Nam and South Africa.

The audience for Atlantic's grantmaking at the time was the field of medical professionals who were interested in developing human resources in health. Atlantic hoped to learn how to educate and strengthen health personnel and how to identify people who would be effective in low-resource environments. They were also interested in learning as much as possible about how to build an effective primary care system that could deliver excellent health outcomes with limited resources. Oechsli and Feeney met with a variety of medical groups and other experts to gain a deeper understanding of the Cuban health system, including how it delivered primary, intermediate and tertiary care; how it conducted research; and how the different levels of care interacted.

It was impossible to ignore the effect of the U.S. trade policy on the health of average Cubans. After meeting with medical professionals who focused on kidney diseases, Atlantic staff learned how the Cubans provided preventive primary care for this illness. The U.S. embargo was a significant barrier, however, and made it difficult to obtain certain medical equipment, particularly dialysis machines.

During this early period, Atlantic focused its work on four basic areas of the Cuban health sector: medical research; improving the use of information technology (IT) and knowledge management in the health sector; some infrastructure improvements funded by the Atlantic Charitable Trust of England and Wales; and disseminating lessons from the Cuban public health system.

### SCRUPULOUS ATTENTION TO THE RULES

Atlantic made sure that it fully understood what U.S. organizations could and couldn't do, according to U.S. policy, and made certain to adhere to the requirements. One advantage of the structure of The Atlantic Philanthropies was that it was in fact a collection of charitable organizations that included some non-U.S. entities headed by non-U.S. employees. For example, The Atlantic Charitable Trust of England and Wales was directed and managed by non-U.S. staff and was not subject to American restrictions so it could engage in work in Cuba.

"That was a critical part of how we approached this," explained Oechsli. "We didn't want to jeopardize our prospects for the program by running afoul of any rules. David Sternlieb, our general counsel, worked closely with outside counsel to make sure we didn't."

### POLITICAL OPPORTUNITY EMERGES

In the early years, Atlantic focused its work exclusively on building awareness and appreciation for the Cuban health system. While there was no explicit program or strategy to alter U.S. policy, Atlantic felt that building an objective, nonpartisan basis for reconciliation was an essential first step in helping Americans better understand the Cuban people so they could see beyond the standard mode of political demonization that had deepened since the Cold War.

Along the way, staff met with people who promoted shifting U.S. policy. Groups like the Center for Democracy in the Americas were interested in educating elected officials about Cuba. They helped policymakers build relationships and better understand the effects of U.S. policy on the Cuban people.

Grantees brought government officials and members of the U.S. House and Senate to Cuba to help them develop an appreciation for the relationship between the two countries. These grants were initially made by entities in Europe, independent of the U.S. foundation. Atlantic's U.S. funding supported conferences and other meetings in the United States that focused on health, and served as a vehicle to provide U.S. officials with a deeper understanding about the Cuban experience in general.

At a gathering in Washington, D.C., Colin Powell's chief of staff Larry Wilkerson, expressed interest in visiting Cuba. In collaboration with Andrea Panaritis of the Christopher Reynolds Foundation and Steve Clements of the New America Foundation, Atlantic organized a trip with a wide variety of meetings about health and provided an opportunity to engage with Cuban government officials. As Oechsli recalled: "The fact that Larry Wilkerson was Colin Powell's chief of staff was important. Those kind of behind-thescenes, quiet meetings were very valuable. We weren't actively promoting a policy change strategy, but we were building relationships and supporting other organizations that were bringing people to the island to develop direct contacts and awareness of what Cuba was about."

While engaging the Bush administration on Cuba represented significant progress, it was just one of many perceived windows of opportunity to change U.S.—Cuba policy that fell victim to domestic American politics.

The presidential election of 2008 brought new hope. Candidate Barack Obama had expressed a willingness to engage in dialogue with Cuba's new leader, Raul Castro. Obama also indicated support for ending restrictions on remittances and family travel.

U.S. policy toward Cuba has been so slow to change because there has been no political advantage to doing so, but there has been a small but vocal opposition to upsetting the status quo. The issue has been dominated by anti-Castro Cubans who fled the island after the revolution, and who for many years represented a powerful conservative voting bloc, particularly in South Florida.

Sensing that the window of opportunity was opening slightly, Atlantic partnered with the Christopher Reynolds Foundation on a strategy focused on relaxing travel restrictions. The centerpiece of this strategy was a set of six organizations, known collectively as the Cuba Coalition. They were: Center for Democracy in the Americas, New America Foundation, Washington Office on Latin America, Lexington Institute, Latin America Working Group, and Center for International Policy.

Coalition members met with members of Congress who provided encouragement. Atlantic and its co-funders began making grants to increase interaction among public officials. They also supported research that would reveal that U.S. public opinion, and even public opinion among Cubans in South Florida, was open to progress. Coalition members published op-eds and blogs, conducted congressional and administration briefings, testified at hearings, and led cultural and scientific exchanges.

Patty Ebrahimi, who had grown up in Cuba and had attempted to return as an adult, joined the funding partnership. She encountered significant obstacles to returning and was motivated to take action. In addition, Ebrahimi worked directly with a political consulting firm to design an aggressive public advocacy campaign that sought to create political space for change.

As with its earlier funding on health, Atlantic was very careful to abide by regulations that limit foreign bodies from influencing U.S. policy. They kept careful logs about how often Atlantic staff met with various officials to ensure that they stayed within the rules. When appropriate, staff would step back to allow grantees, U.S. funders and other organizations to take the lead.

Atlantic funded other efforts to shift the narrative on Cuba by providing journalists with access to the kinds of unfiltered stories about Cuba that were seldom covered in the mainstream media. One project brought journalists together to hear the story behind the embargo and what was happening in Cuba, and provided more information about the Cuba health system. The goal was to have a press corps that could paint a more accurate picture about Cuba and its people.

## Atlantic's efforts to build trust and establish strong relationships bore immediate fruit.

This effort was extremely successful. Bipartisan support emerged for lifting the travel ban, giving cover to President Obama to lift travel restrictions on Americans seeking to visit family members in Cuba as well as removing limits on how much money Americans could send to their Cuban families. Obama would later lift travel restrictions for academic, religious and cultural exchanges; restore diplomatic relations in 2014; and further relax restrictions on travel, communications and investment.

The election of 2016 dealt a damaging blow to many of those gains. In 2017, U.S. embassy staffers in Havana began complaining of medical problems and blamed Cuba for engineering an attack from an "acoustic weapon"—a claim that has been thoroughly debunked by scientists. Nevertheless, the U.S. ratcheted up its anti-Cuba rhetoric, has reduced the embassy to a skeleton staff, and re-imposed restrictions on travel and remittances.

### **WORKING IN CUBA**

For funders interested in working in challenging environments, Atlantic's experience in Cuba could be instructive.

Atlantic drew upon its previous work in Viet Nam, which, like Cuba, is a single-party socialist republic. Staff were aware that their activities were closely followed by government officials, and that they would have to build relationships and develop trust in order to be effective. To do that, non-U.S. staff would have to invest considerable time in Cuba.

They knew how important proximity was if they wanted to be effective. Staff knew they needed to spend time with policymakers, doctors and the people they hoped to serve in order to fully understand the dynamics of Cuban life. As Oechsli noted, "This was a Chuck Feeney principle in philanthropy—you have to be present."

### **OBSTACLES**

There were many obstacles along the way. While some government officials seemed relaxed, open and flexible, others appeared less willing to work together. Atlantic staff knew that in order to demonstrate that they were serious about working in Cuba they needed to collaborate effectively with as many Cuban officials as possible. The key was being present. As Oechsli said, "You don't know who the right people are without meeting them and spending time with them."

Oechsli admits that Atlantic staff never felt that they were completely trusted. Given the very challenging nature of the U.S.—Cuban relationship, it's understandable that the Cubans might feel skeptical of American philanthropists claiming to be interested in the Cuban health care system. This perception that the Cubans were appropriately wary of outside interest was factored into everything Atlantic did in Cuba.

Philanthropists who want to achieve meaningful change will likely find themselves having to grapple with how their principles may conflict with the principles of the communities they hope to support.

As a result, staff were committed to maintaining a constant presence and working to build personal relationships with a wide variety of partners on the island. "We used this experience in Cuba as an opportunity to authentically convey an interest in what we wanted to do and how we wanted to do it," said Oechsli. "I have no way of knowing how much our contact rippled through the system, but I certainly approached our discussions knowing that what we said and what we were trying to do was going to be known by more people who would ultimately have some say in what our longer term relationships would be."

"These threads of reconciliation require bringing people who have been diametrically and even violently opposed to each other and finding ways to disarm that enmity. Those are difficult spaces to engage in."

Christopher G. Oechsli

Atlantic's efforts to build trust and establish strong relationships bore immediate fruit. On the second visit to Cuba, the Public Health Minister was well aware of Atlantic's success in Viet Nam and expressed interest in collaborating. These relationships extended to the highest office in Cuba. In 2004, just two years after making its first grants in Cuba, Oechsli and his colleagues were summoned to a meeting with Fidel Castro himself, who treated his guests to a trademark performance—an extended disquisition on a wide variety of topics, from sugar policy to trade policy to the need to retrain workers in IT services. Armed with an impressive command of facts and figures but also the ability to see the big picture, Castro spoke for six hours without needing a break of any kind. It was unclear to his guests the true purpose of the monologue, but it was clear that each party had the other's attention, and that Atlantic would have some latitude to operate in Cuba.

### THE MORAL HAZARD OF WORKING IN DIFFICULT PLACES

Working in Castro's Cuba was complicated. Regardless of one's opinion of the Cuban Revolution, Atlantic recognized that working in places like Viet Nam, South Africa and Northern Ireland required them to run the risk of moral hazard.

It was important to separate the controversial history of U.S.—Cuba relations from Atlantic's interest in serving the Cuban people. Philanthropists who want to achieve meaningful change will likely find themselves having to grapple with how their principles may conflict with the principles of the communities they hope to support.

This challenge was readily apparent in Cuba. Castro has long been vilified in the United States and elsewhere as an evil person who caused great harm to others. In Cuba, he is viewed by a great many as a liberator—his country's George Washington or Thomas Jefferson, who led a violent revolution against unwanted colonial control. For many, the harm that the Cuban revolution caused was an appropriate price to relieve them of the harm they were experiencing. Atlantic, which had long experience working in difficult circumstances, did not believe they needed to reconcile this conflict in order to be an effective grantmaker in Cuba.

Atlantic's main interests were in the practical aspects of what the health system was doing, how it worked, and what the costs and benefits of Cuba's approach to health care were. They understood that Cuba and the U.S. had a conflicted past, as South Africa, Viet Nam, and Northern Ireland had. But Atlantic planned to use its investments to explore the kind of reconciliation they had helped facilitate in Viet Nam and Northern Ireland.

"These threads of reconciliation require bringing people who have been diametrically and even violently opposed to each other and finding ways to disarm that enmity. Those are difficult spaces to engage in. But it was something we were drawn to. I think it's something Chuck was drawn to," said Oechsli.

While its first grant supported dialysis equipment to help Cuba treat people with kidney disease, Atlantic knew that there was great potential to do much more.

### GO FOR DIALYSIS AND STAY FOR RECONCILIATION

From the beginning, Atlantic was interested in reconciliation. They wanted to root it in an objective, apolitical experience, and health lent itself to that. This was consistent with Atlantic's historic interests in health, including its programs in Viet Nam. It was also similar to its work with grantees in South Africa to build a vertical system of primary care, public health and preventive approaches to health care. At the same time, the work in health

lent itself to the kind of people-to-people exchanges that planted seeds for reconciliation. While its first grant in Cuba supported dialysis equipment to help treat people with kidney disease, Atlantic knew that there was great potential to do much more.

### SURPRISES, CHALLENGES AND LESSONS

After nearly two decades and \$68 million in investments, Atlantic can point to a host of successes, and can legitimately take credit for its contribution to permanent reconciliation with Cuba, when that day comes. But philanthropic endeavors involve encountering unexpected circumstances. If anything, a rule to live by is that things will not go according to plan, even in the best of circumstances. Atlantic's experience in Cuba was no exception.

### **SURPRISES**

Atlantic was most surprised by the general dysfunction of the Cuban system. Although staff were regularly impressed and even inspired by how many resilient and dedicated people they encountered, the system simply didn't work well. While the embargo has had significant negative effects on Cuba and the Cuban people, the dysfunction Atlantic observed extended beyond the effects of the embargo. While staff worked with many talented and competent administrators, they also regularly experienced roadblocks that they simply couldn't understand. Severe resource constraints could have contributed to this phenomenon, but Cuba's insularity clearly inhibited creativity and risk taking. Again, insularity could be seen as a vital coping mechanism for an island nation that has largely been isolated from the modern economy and the community of nations. Nevertheless, it created barriers that Atlantic had difficulty overcoming.

One of the most frustrating aspects of Atlantic's experience in Cuba was the inability for many government officials to engage in creative, lateral thinking. Cuba is a fiercely ideological place that makes innovation extremely difficult. Atlantic regularly experienced an inflexible government bureaucracy that administered a constrained, centrally planned economy.

### **SETBACKS**

These challenges led to a number of setbacks. Atlantic would regularly see its grantees' work thwarted as a result of this difficult environment. For example, the Cuban government would often fail to make good on its commitments, making partnerships very difficult. Atlantic closed several grants unsatisfactorily because the Cuban budgeting process didn't allow them to transfer funds for a project. In other instances, Atlantic would provide funding for a grantee's project only to see the government reallocate funds that it had previously set aside for that project—resulting in no net gain.

On other occasions, Atlantic would work with local partners to identify opportunities to use resources for a project that hadn't been identified in the centrally designed national plan, and the funds would go unspent. Even though the projects were designed in response to local expressions of interest and priority, if the national system didn't agree, the work would fail.

### TRADE-OFFS OF LIMITED-LIFE PHILANTHROPY

While Chuck Feeney was clear that Atlantic was a limited-life institution, funders must understand the trade-offs involved. Funders have to assess whether they think it's necessary to take a long view, given that social change often takes considerable time to achieve. It is possible that as one of the very few funders interested in Cuba, a longer view might have made sense, particularly given the current political climate. On the other hand, extending the grantmaking time horizon would have required Atlantic to make smaller investments than it did.

### OTHER CHALLENGES

Working in a country that is under a strict embargo can cause a wide variety of problems. For example, for a time the Atlantic Charitable Trust provided funding for medical supplies and other essential equipment, but the equipment may have required parts and services that were hard to obtain under the embargo. Funding for equipment and supplies must take these limitations into account. If the lack of equipment is a critical problem (as in the case of disaster relief, for example), a funder needs to consider the longer-term requirements of maintaining that equipment.

# BUILDING RESILIENCY INTO THE STRATEGY AND THE RISK OF REVERSAL

The question of building resiliency into a grantmaking strategy is relevant to a vast number of philanthropic initiatives. In today's very volatile political climate, victories that seem likely to endure, like health care reform, energy efficiency policies, or even civil rights advances, now often seem tenuous. A philanthropist must determine what they're willing to invest in a strategy knowing that their victories may need to be defended well into the future.

This feels particularly meaningful in Cuba, a place that has limited philanthropic interest. One way to design a resilient grantmaking strategy is to strengthen institutions and help develop talented people, which Atlantic regularly sought to do. When the Obama administration began developing policies that helped the two nations make progress, it appeared that the Atlantic strategy could be sustained long after its grantmaking ended. But the new, more contentious period under the Trump administration has clearly undermined that work. For the past 55 years, a minority of strident opponents of a more collaborative relationship between the U.S. and Cuba has dominated the debate and thwarted meaningful change.

Atlantic has strengthened institutions that continue to provide a counterpoint to those arguments. The collaboration between the Cuba Platform and the Atlantic Fellows program is an excellent example. Atlantic created the Atlantic Fellows program to bring activists, artists, journalists, health professionals, policymakers and others together to collaborate to advance equity, opportunity and human dignity. The Cuba Platform brings Atlantic Fellows to the island to foster connections and collaboration between Cuba and Atlantic Fellows.

A philanthropist must determine what they're willing to invest in a strategy, knowing that their victories may need to be defended well into the future.

Oechsli points to the work of MEDICC, its largest grantee in Cuba, as an example of how Atlantic tried to build resiliency into its strategy. MEDICC took a broad approach to sharing information about how Cuba achieved universal health coverage with limited resources. MEDICC launched

a respected medical journal, led exchange visits, and even produced the award-winning documentary *¡Salud!*, which tells the story of how a poor island nation is able to provide universal health care to its citizens and help other developing nations do the same.

"These were extremely altruistic people who derived great satisfaction from making a difference. It's impressive to see people who are really dedicated to doing something and doing it well. As Chuck has said, "These are the real heroes."

Christopher G. Oechsli

"¡Salud! is a lasting testament," he said. "Schools of public health use it in their curriculum. Having materials that capture the story and are accessible to broader audiences is a way to keep the story alive. I was really proud of what Gail Reed, who produced the film, and her colleagues at MEDICC did in telling that story."

# ASSESSING THE CUBAN INVESTMENT

After \$68 million of investment and almost 20 years, it's worth asking the simple question of whether all that time and money was worth it. There are three reasons to suggest that it was.

First, **Atlantic funding was helpful in amplifying and elevating the Cuban health story**. While Atlantic was by no means the first or the only supporter of this work, it was an essential contributor. Thanks to its grantees, among others, the story of Cuba's success in health is well-known around the world. Along the way, Atlantic learned how to use those lessons to strengthen its grantmaking elsewhere. Over time, perhaps other funders can use those lessons to advance their philanthropy as well.

Second, Atlantic's investments realized significant gains and served to reinforce Cubans' sense of belief in their own success. For a country that had been isolated and vilified, the work was an acknowledgement that Cuba has made meaningful contributions to the health field and was a celebration of the many talented professionals who helped make that happen. For Oechsli, who met with Cuban doctors in a wide variety of settings, including rural Cuba as well as in South Africa and elsewhere, it was important to highlight the work of people who were interested in improving the lives of others.

Finally, and perhaps most meaningfully, **Atlantic helped contribute to a significant shift in U.S. policy for the first time in almost 60 years**. Atlantic's use of health as an entry point and its subsequent work to inspire policy changes were clearly effective. Throughout, Atlantic was a quiet partner to others working to change U.S. policy. While it never received public credit for its role, perhaps these insights could inform others who are interested in continued policy change. While there have been setbacks since President Obama's historic visit, the gains were meaningful and produced a net benefit, setting the stage for improved relations in the future.

# A FEW RULES OF THE ROAD FOR WORKING IN DIFFICULT ENVIRONMENTS

Atlantic took away a long list of lessons from its work in Cuba, but the following three might be the most useful and transferable to other settings:

**Observe and understand the challenges of decision-making.** While every experience is different, funders working in challenging environments can expect that the decision-making process of their host may be complicated. Even when Atlantic was working with Cubans with highly aligned goals and strategies, the system was unpredictable. It was essential to be patient and respect that their Cuban partners were often just as challenged by the complexity of the system.

# Identify and rely on influential champions and partners before you invest.

For Atlantic, the most valuable partner was often a vice minister or other official who was closer to the implementation side of policy, but who was also aware of how the policy was made. Identifying these partners invariably required time and patience. They also learned that working with regional officials provided opportunities to demonstrate success at a more manageable scale and would often lead to national system change.

**Respect the local partners' approach.** Atlantic tried to avoid conveying any sense that it had better solutions than its Cuban colleagues. They found instead that a little humility went a long way. Staff were able to establish deep, trusting relationships by allowing grantees to design and implement strategies based on their knowledge and experience within the Cuban context.

# **FOCUS ON FAIRNESS**

The notion of fairness was at the center of Atlantic's work in Cuba. Feeney was interested in Cuba because he felt that it had been treated unfairly and that its people deserved better. That value animated the work. As Atlantic neared the end of its grantmaking, it established seven fellowship programs, which will continue to operate after The Atlantic Philanthropies closes its doors. The programs were created to promote fairer, healthier, more inclusive societies, which was an attempt to summarize what Chuck Feeney had created Atlantic to do at the outset.

As Chris Oechsli recalled, "There's a street in Havana called Calle O'Reilly. It's named after an Irish-born Spanish general who fought against the British in Cuba. There's a plaque on Calle O'Reilly from the Irish people that reads: 'Two island peoples in the same sea of struggle and hope—Cuba and Ireland.' It was those sensibilities that drew Chuck to Cuba. He believed in the promise that you could reconcile an unfair past with hopes for a better future. Fundamentally, that's what we tried to do."

Eric Brown



ELAM, a medical school on the outskirts of Havana, offers international students who pledge to practice in underserved areas a chance to pursue medicine without incurring huge debt.

# Why African-American Doctors Are Choosing to Study Medicine in Cuba

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n the countryside of western Havana, during the fall, rickety yellow buses carry first-year medical students from the Latin American School of Medicine. Wearing short-sleeved white smocks and stethoscopes, they go door to door, doing rounds, often speaking to their patients in broken Spanish. "Even people whose houses I wasn't visiting sometimes would ask me to take their blood pressure, because they just saw me in the street," Nimeka Phillip, an American who graduated from the school in 2015, told me.

The Latin American School of Medicine, or ELAM, was established by the Cuban government, in 1999, after a series of natural disasters, including Hurricane Mitch, left vulnerable populations in Central America and the Caribbean in dire need of health care. This year, in the aftermath of hurricane season, hundreds of Cuban health workers, many of them ELAM graduates, will travel to some of the hardest-hit areas of the Atlantic to treat the injured and sick. All of the students who attend ELAM are international. Many come from Asia, Africa, and the United States. The school's mission is to recruit students from low-income and marginalized communities, where they are encouraged to return, after they graduate, to practice medicine.

In the U.S., black and Latino students represent approximately six per cent of medical-school graduates each year. By contrast, nearly half of ELAM's American graduates are black, and a third are Latino. "You would never see those numbers" in the U.S., Melissa Barber, another American ELAM graduate, told me.

While some nations pay for their students to attend ELAM, Fidel Castro decided that Americans, like Haitians and students from poor African countries, should attend for free.

Barber is a program coordinator at the Interreligious Foundation for Community Organization, in Harlem, which recruits American students for ELAM. Applicants with college-level science backgrounds and the requisite G.P.A. go through an interview process with the organization. Those who make the cut are then recommended to ELAM. The school accepted its first American applicants in 2001, a year after a delegation from the congressional Black Caucus, whose leadership included Representatives Bennie Thompson and Barbara Lee, travelled to Cuba and held talks with the Ministry of Education about the need for doctors in rural black communities, and the financial obstacles that make it difficult for low-income and minority students to enroll in American medical schools. While some nations pay for their students to attend ELAM, Fidel Castro decided that Americans, like Haitians and students from poor African countries, should attend for free.

Since 1987, no more than six percent of medical students in the U.S. each year have come from families with poverty-level incomes. Meanwhile, the cost of medical school has skyrocketed; the median student debt for the class of 2016 was a hundred and ninety thousand dollars. Phillip, a first-generation college graduate, worked multiple jobs and took out loans to pay for her undergraduate degrees in public health and integrative biology, at the University of California, Berkeley. She hoped to study "stress- and poverty-related illness" in medical school, she told me, but the cost of tuition, along with the pressure that would come from being one of the few minority students in her class, discouraged her from applying.

After she graduated, she came across an online listing for an I.F.C.O. event in San Jose, while researching alternatives to medical school. At the event, there were a number of ELAM graduates who offered testimonials, but she remembered being moved by Luther Castillo's story in particular. After graduating from ELAM, Castillo returned to his Afro-indigenous village, in

Honduras, and built the area's first free, community-run hospital. Phillip was impressed by his story, and by ELAM's philosophy of offering a free education for students who pledged to practice medicine in low-income, medically underserved areas. After she applied and was accepted, she braced herself for her six-year odyssey in Cuba.

The child-mortality rate in Cuba is lower than it is in the U.S., and life expectancy in both countries is about the same, even though per-capita health-care spending in the United States is the highest in the world. In a certain way, Cuba has America to thank for this. The U.S.-imposed embargo and the dissolution of the Soviet Union led to an increase in the cost of medical supplies; facing a crisis, the Cuban government turned its attention to preventative care, seeking to eliminate much of the need for surgeries and expensive procedures by early detection.

"It's one thing to recruit people that have high skills. More unique is when you find people that really have the passion and heart for taking care of underserved patient populations. These are the people needed to close the health-disparities gap."

Bryan Hodge, director of the Hendersonville program

The vast majority of Cuba's medical students go into primary care. Many of them take up posts in *consultorios*—doctor-and-nurse teams that live in the neighborhoods in which they practice. In the United States, more and more graduates are choosing specialties—cardiology, radiology, urology—over primary care, which pays less. Besides driving up the cost of medical education, this has also exacerbated physician shortages in rural parts of the country. Today, 64 million Americans live in areas where there is only one primary-care physician for every 3,000 people. By 2030, according to a study commissioned by the Association of American Medical Colleges, the United States will be short at least 40,000 doctors, and perhaps as many as 100,000.

Medicare and Medicaid programs support residency trainings, and the National Health Service Corps awards grants and loans to medical students in exchange for service in needier regions. But, in 2016, only 213 students received an NHSC [National Health Service Corps] scholarship. According to Congresswoman Karen Bass of California, a supporter of ELAM, funding is the main problem—particularly under the current Presidential Administration. Trump's budget for the 2019 fiscal year will cut funding for graduate medical education by \$48 billion. It is "embarrassing," Bass said, that "Cuba educates our students for free."

"A medical student in Cuba would have to actively resist the idea that they were agents of public health and social justice. In the United States, you have to actively seek it out."

Peter McConarty, veteran family doctor who advises ELAM students

ELAM offered Phillip a chance to pursue medicine without incurring catastrophic debt. As she put it, she would graduate with the equivalent of car payments, while her peers in the United States would be saddled with the equivalent of mortgages. Although the school was lacking in creature comforts—the students slept in bunk beds; the hot water and electricity were unreliable; there was little access to the Internet or the phone—Phillip powered through. With help from family, friends, and an organization called Medical Education Cooperation with Cuba—which helps American students in Cuba prepare for their homecoming with scholarships, tutoring for U.S. exams, and connections to American medical networks—she returned home each summer, gaining experience at hospitals in Minneapolis, Oakland, and Washington, D.C.

In March of 2014, Phillip passed the U.S. medical-licensing exam, with one year of Cuban medical school left. In 2016, she was accepted to a residency program in family medicine at a hospital in Hendersonville, North Carolina. "It's one thing to recruit people that have high skills," Bryan Hodge, the director of the Hendersonville program, told me. "More unique is when you find people that really have the passion and heart for taking care of underserved patient populations. These are the people needed to close the health-disparities gap." As Peter McConarty, a veteran family doctor who advises ELAM students, put it, "A medical student in Cuba would have to actively resist the idea that they were agents of public health and social justice. In the United States, you have to actively seek it out."

Phillip said that her biggest challenge since becoming a doctor in the U.S. had been reading CT scans and MRIs, which are used sparingly in Cuba, and that she has had to adjust to spending less time with patients. Like many doctors of color, she has experienced moments of prejudice, from patients referring to her as "girl" to an incident with a young man wearing a Confederate-flag T-shirt. The Spanish she learned in Cuba does come in handy—the hospital holds regular clinics for migrant farm workers, in the local apple orchards and tomato fields.





# Atlantic in Cuba

Atlantic focused the vast majority of its support on improving health sector infrastructure, broadly disseminating public health lessons from the Cuban primary health care systems and reconciliation of U.S.-Cuba relations. These are some of the 58 grantees supported by Atlantic.

# **HAVANA**

Asclepios Breast Cancer Diagnostic Reference Center

Community Partnerships for Health Equity

Cuban Neurosciences Center

Empresa Carlos J. Finlay

Havana Provincial Health Department and Hospitals

INFOMED and the National Medical Sciences

Information Center

Institute of Cardiology and Cardiovascular Surgery

Institute of Nephrology

Instituto Pedro Kouri

Latin American Medical School (ELAM)

Municipal Reference & Information Centers for Medical Education Extension Sites

National School of Public Health

Vice Ministry for Teaching and Research,

Cuban Ministry of Public Health

William Soler Pediatric Teaching Hospital

# ISLE OF YOUTH Municipal Public Health Department of the Isle of Youth Research and Education Facilities

# INTRODUCTION

he Atlantic Philanthropies have dared to go to Cuba, a country where few other funders have gone. Over 15 years—2002 through 2018—the foundation invested more than \$68 million in Cuba, primarily for health care and to improve U.S.—Cuba relations. It issued 170 grants to 58 grantees in Cuba and the United States.

The vast majority of the funds, \$59.7 million, supported improvements in Cuba's health sector and dissemination of lessons from the country's model health care system that offers free universal coverage and focuses on disease prevention and health promotion. That included 51 capital grants accounting for more than 44 percent of the total funding, or \$30.1 million, used to upgrade physical and information technology infrastructure, including equipment, mostly at hospitals and medical schools.

This effort, along with the Cuban government's considerable investment, has contributed to improved health care and research, medical education, and health for the Cuban population, as well as for millions of people in the 66 countries currently receiving either Cuba's medical aid and/or educational assistance in medicine.

Many more people across the globe have also benefited indirectly from Cuba's influence in international public health circles as a model system that, in a low-resource environment, has produced key health indicators that rival those of the United States and other developed countries.

# **FUNDING BY FIELD**



The Atlantic Charitable Trust (ACT), which is registered with the Charity Commission for England and Wales and is part of The Atlantic Philanthropies, provided infrastructure support that allowed Cuba's already highly qualified medical researchers, health system staff and educators to deepen and expand work that has had, and should continue to have, global impact.

One of Atlantic's great untold stories is its investment to normalize U.S.–Cuban relations. The Atlantic Advocacy Fund (AAF) invested \$5.5 million to support U.S. nongovernmental organizations (NGOs), think tanks and advocacy groups representing many views and approaches to diplomatic and economic relations. The foundation also created and coordinated a coalition of key players unaccustomed to working closely together.

AAF viewed this coordination as necessary for those groups to have greater impact by strategizing together and developing unified messaging on key points. This coordinated effort led to important background studies; legal briefs; congressional and administration briefings, advocacy efforts and fact-finding trips; media campaigns; and opinion polling, which helped lay the groundwork for President Barack Obama's re-establishment of diplomatic relations with Cuba in 2015 after a 54-year estrangement.

MEDICC (Medical Education Cooperation with Cuba), which is a 501(c)(3) organization, received the largest amount at \$17.2 million, primarily for dissemination of lessons from Cuba's health system and provision of medical textbooks and journals. Global Links, also a 501(c)(3) organization, was

# ATLANTIC'S FOUNDER AND GIVING WHILE LIVING

Chuck Feeney grew up in a working-class neighborhood in New Jersey in the United States. Always the entrepreneur, Feeney started making money at an early age by shoveling snow and selling Christmas cards door to door. In college, he was known as the "sandwich man" for selling bologna sandwiches to hungry classmates late at night.

The Duty Free Shoppers stores that he co-founded made him and his partners very wealthy. While being successful in business was satisfying, Feeney was uncomfortable with the trappings of great wealth.

A champion of Giving While Living, Feeney has long maintained that people of wealth should use it to better the world during their lifetimes.

Inspired by his mother's generosity and later Andrew Carnegie's essay *Wealth*, which argued that the best use of one's wealth was to help others. Feeney established The Atlantic Foundation in 1982, the first of The Atlantic Philanthropies. Its major investments began in the United States, and ultimately expanded to Northern Ireland, Republic of Ireland, Bermuda, South Africa, Viet Nam, Australia and Cuba.

For the first 15 years, the foundation operated anonymously. Feeney preferred it that way in order to meet people, learn and act without attracting attention to himself. He is a humble man despite the wealth that he amassed and gave away. Feeney believes that one should use one's wealth to help people.

In 2002, in keeping with Feeney's philosophy of Giving While Living, the Board determined that Atlantic would make its last grant in 2016 and close its doors in 2020.

Deploying all of its endowment during Feeney's lifetime is one of Atlantic's distinguishing characteristics. The combination of Giving While Living and a limited life enabled the foundation to make big bets designed to produce major impact within its 38-year time frame.

He was the precursor to Bill Gates and Warren Buffett's Giving Pledge. They have called him "their hero." Buffett added, "Chuck has set an example... He should be everybody's hero." Feeney has said: "It's a lot more fun giving while you're living than when you're dead."

Atlantic also invested heavily in higher education and public health because Feeney, the first person in his family to attend college, views education as the ticket to greater opportunities in life. He also feels that access to affordable, quality health care is every person's right. He and the foundation helped establish programs to advance education and public health in countries where Atlantic worked. Much of the foundation's grantmaking in Cuba supported broad dissemination of the lessons from its primary health and prevention model for low-resource environments, and upgrades to infrastructure at ELAM and many medical institutions.

Feeney and Atlantic made large, concentrated investments where they saw a promising opportunity to achieve lasting impact. Worldwide, his foundation has invested more than \$8 billion to help improve millions of lives and create opportunity and promote greater dignity, fairness and equity for all.

second with \$6.1 million, mainly for acquisition and transportation of used high-tech medical equipment, medical textbooks, surplus equipment and supplies. The next two largest grantees were Cuban government entities: the Municipal Public Health Department of the Isle of Youth supported hurricane reconstruction of health facilities and the National Medical Sciences Information Center (CNICM) to strengthen print production capacities and provide network facilitators for the development of the

# Atlantic in Cuba

1999-2018 FARIY 2000s Preliminary efforts begin to improve U.S.-Cuba relations New York Times 2002 reveals Chuck First fact-finding visits to see if health Feeney as a major care system would help Atlantic's efforts philanthropist in Viet Nam 1999 Atlantic makes first grants for Cuba: MEDICC (\$300,000), 2 to Global Links **Chuck Feeney meets** (\$342,000) and INFOMED (\$20,000) with Global Exchange, an international human Atlantic Board announces plans to end all rights NGO promoting 1982 grantmaking in 2016 people exchanges 2004 Founding of between U.S. and The Atlantic Cuba; leads to grants Feeney party meets with Fidel Philanthropies for Cuba and Raul Castro on health care 1996 Washington breaks off U.S. makes embargo Cuba resumes diplomatic all diplomatic relations permanent after two relations with EU with Cuba aircraft are shot down 2002 National Assembly makes socialist Bay of Pigs invasion fails system permanent Soviet military advisors leave Cuba after collapse of USSR U.S. businesses nationalized without Cuba receives U.S. food exports Special Period of economic depression compensation for first time in 40 years after USSR dissolution and aid loss U.S. initiates trade embargo Fidel Castro becomes prime minister of Cuba

INFOMED platform, with each receiving \$5.8 million. The Vice Ministry for Teaching and Research, Cuban Ministry of Public Health was fifth with \$4.8 million to provide for upgrading and equipping clinical laboratories and printing facilities at medical schools along with clinical simulators and other teaching aids.

These categories only touch on what was happening on the ground in Cuba and the United States, which is covered in the following pages.

2007

damage in history to island

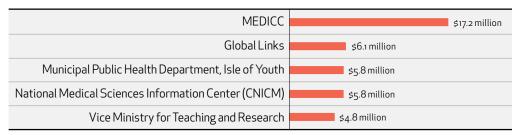
Publication of Feeney biography The Billionaire Who Wasn't Cuba Coalition formed to advocate for easing travel restrictions Atlantic commits to help strengthen and redevelop the health care delivery and 2013 medical sciences on the Isle of Youth Largest grant to Cuba: \$5.8 million to MEDICC following two hurricanes 2012-2014 Window to push for normalization Final grant to Cuba: \$400,000 to MEDICC of U.S.-Cuba relations to support MEDICC Review for two years Hurricane Sandy kills 11 people, Miguel Diaz-Canel becomes president, causes serious property damage ending 60 years of Castro family rule 2017-2018 President Obama relaxes travel Trump administration pulls back embassy restrictions to Cuba staff, travel and other advances Cuban National Assembly approves 2016 economic reforms to encourage President Obama is first U.S. president private enterprise to visit Cuba in 88 years Allows Cubans to buy and sell private Fidel Castro dies property for first time in 50 years 2015 2009 Embassies reopen, Cuba dropped from list Organization of American States lifts of States that sponsor terrorism 47-year ban on Cuban membership 2014 Cuba sends hundreds of medical staff to help with West African Ebola crisis Raul Castro takes over as president Cuba and U.S. agree to restore diplomatic relations Hurricanes Gustav and Ike inflict worst

# WHY CUBA? WHY THE HEALTH SECTOR? WHY U.S.-CUBAN RELATIONS?

Cuba appealed to Atlantic founder, Chuck Feeney, as an example of how a nation builds a high-quality health care system with limited resources. Atlantic also saw an opportunity to use Cuba's expertise to improve health outcomes globally, through the dissemination of the lessons learned there and their potential for adaptation in other countries.

The connection started in 2002, when Atlantic was working on developing a public health program in Viet Nam and South Africa. Atlantic's President and CEO Christopher G. Oechsli, then country director of Viet Nam, said there was no better way to get "the biggest bang for the buck" than focusing on community-based primary health care, and "no better model than Cuba."

# ATLANTIC'S TOP FIVE GRANTEES



Cuba's health and health system development exemplifies the approach in the World Health Organization's 1978 "Declaration of Alma Ata on Primary Health Care," which identified the focus on primary health care as the key to the goal of "Health For All By the Year 2000." The declaration also affirmed that the definition of health as "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, [and] is a fundamental human right...." In fact, Cuba's approach preceded it. As a result, Cuba became the place to go for evidence and examples of how to successfully implement a community-based primary health care system in low-resource environments and produce excellent health outcomes.

It was well-known among developing world and international public health and development organizations, including the United Nations, the World Health Organization, the Pan American Health Organization (PAHO) and even the Joint Economic Committee of the U.S. Congress, that by the early 1980s Cuba had much to offer in the health arena.

# DOCTORS PER CAPITA IN CUBA

1958	I,	076	number of o	citizens	27	7,252	2	number of citizens per dentist
2000		170	number of o per doctor	citizens	I	,128	3	number of citizens per dentist
2016		I25 number of citizens per doctor				667	7	number of citizens per dentist
	medical assistance units, ranging from specialty and general hospitals to polyclinics and family doctors' offices, all integrated into Cuba's universal health system							
Cuba	4	• 4 infan	t deaths per live births	78	8.8	life expectar	псу	
U.S.	5	.8 infan	t deaths per live births	8c	0.0	life expectar	псу	

For Oechsli, who grew up in Latin America, the idea of turning to Cuba to help with work Atlantic was doing in Viet Nam and South Africa seemed like a perfect opportunity. On his first trip to Cuba in 2002, Oechsli saw firsthand the value of Cuba's primary health care approach, and he also found the country's health infrastructure in dire need of support.

Oechsli's discussions in Viet Nam and Cuba in 2002 coincided with Atlantic's decision to become a limited-life foundation and to make its final grants in 2016. In order to fully commit the foundation's endowment in 14 years, Feeney and the Board decided to focus on making "big bets"—large grants designed to produce systemic change by addressing the root causes of inequity, injustice and vulnerability—in defined core strategic areas, such as health, aging, children and reconciliation.

Oechsli, who ultimately took charge of the Cuba program, traveled there twice in early 2002 under U.S. Treasury Department licenses issued to the Fund for Reconstruction and Development and MEDICC, both U.S. 501(c)(3) organizations. MEDICC focused on health care student and personnel exchanges, and arranged the site visits and meetings in Cuba.

Cuba became the place to go for evidence and examples of how to successfully implement a community-based primary health care system in low-resource environments and produce excellent health outcomes.

After his second visit, Oechsli said: "The caliber of Cuba's medical and health personnel and the effectiveness of the health system are impressive, despite the dire state of facilities and equipment." He felt philanthropy could play a meaningful, focused role in enhancing this system and generating substantial lasting impact in health at national, regional and even global levels.

Back then, Cuba had just begun emerging from what it calls the "Special Period," a decade of economic hardship that followed the fall of the Berlin

Wall, the collapse of the Soviet Union, political and economic change in Eastern Europe, and disbanding of the former Soviet bloc system of trade preferences and subsidies.

Nonetheless, the Cuban government maintained its commitment to health and wellness, but its physical plant needed a life-saving infusion. As Conor O'Clery noted in Feeney's biography, *The Billionaire Who Wasn't*, the foundation would have preferred financing construction of major infrastructure, but the U.S. embargo made that extremely difficult. In response, Atlantic invested in the health sector, and supported dissemination of information about Cuba's effective public health practices, especially to nations with impoverished and underserved communities.

Public health was a core strategic area of grantmaking for Atlantic. Moreover, Oechsli said they thought that health care could serve as an apolitical way to build bridges between the two countries and thereby serve as a vehicle for reconciliation. Potential reconciliation between the U.S. and Cuba was an ulterior motive in Atlantic's approach to Cuba from the outset. Feeney and Oechsli believed there was an opportunity for potential change in the U.S.—Cuban relationship, which is covered in the second section of this book.

COST OF U.S. EMBARGO



There were personal reasons as well for making reconciliation an important outcome of Atlantic's Cuba funding. Feeney disliked conflict and had personally contributed to helping end the political violence in Northern Ireland. Normalization of U.S.—Cuban relations was a similar desire.

# HISTORY OF THE U.S. EMBARGO AGAINST CUBA

Shipping high-tech medical and computer equipment to Cuba took a Herculean effort by Atlantic Charitable Trust staff and its grantees, resulting, at times, in years-long delays in deliveries, mainly because of the U.S. embargo, which is complicated and punitive, even for humanitarian and philanthropic work. For this reason, many prefer to refer to the embargo as a blockade, believing that to be a more accurate description.

The embargo was first formally put in place in 1962 and was tightened over the years by Congress, all prior to ACT grantmaking. For example, in 1992, Congress extended the extraterritorial reach of the original U.S. embargo by creating three major disincentives for other countries' (primarily poorer countries) trading with Cuba. They became ineligible to receive U.S. aid, participate in certain trade partnerships and have debts forgiven by the U.S. Treasury.

It also prohibited vessels from loading or unloading any freight in the United States within 180 days of departure from Cuba... [and] prohibited the issuance of licenses for certain transactions between U.S.-controlled firms in third countries and Cuba.

Even though medical supplies and medicine can be freely traded as long as the intention of the supplies is to help the Cuban people, the ban on vessels loading and unloading cargo in the U.S. greatly raised costs, and complicated equipment and supply transportation for ACT grantees. To make matters even worse, U.S. law prohibits third-country manufacturers from re-exporting to Cuba any goods made up of 20 percent U.S.-manufactured components. In addition, exports containing as little as 10 percent U.S. components must receive a license from the U.S. Treasury.

Speaking of the embargo's impact on her work, ACT consultant Pilar Laborda recalls: "When the Institute of Nephrology needed a SPECT gamma camera, the supply was delayed by more than two years because the U.S. Treasury withheld authorization from the manufacturer Siemens. In the end, we asked the International Atomic Energy Agency to intervene and facilitate acquisition of a different machine from Hungary. Another frustrating, sad example involved extensive delays of vital equipment necessary for pediatric liver transplants that had U.S. components. However, she who perseveres triumphs." Based on these experiences, ACT staff learned to vet all purchases to ensure that they met the U.S. component restrictions.

Feeney also gravitates toward helping the underdog and favors undervalued opportunities. U.S.—Cuban reconciliation had not been a political priority for over 40 years. As Oechsli wrote in January 2002, "Our involvement in such a program [supporting Cuba's health sector] would be consistent with our broader interests in reversing legacies of confrontation and estrangement."

Both Feeney and Oechsli thought the U.S.'s use of the embargo was unfair because it had deprived residents of the island nation access to almost all goods and services from the United States since 1962. The Cuban Democracy Act of 1992 and the Helms-Burton Act of 1996 further extended the embargo's extraterritorial reach to third-party countries, tightening the noose around the island's economy, vastly increasing the cost of all imports and the time frame for their delivery, and complicating possible trade relations.

To Feeney, Cuba, like Viet Nam, had been treated poorly by the United States. And while the United States had normalized relations with Viet Nam in the mid-1990s, the Cuban-American lobby prevented that from happening with Cuba.

America's strained relationship with Cuba limited Atlantic's potential contribution to the country and created obstacles that delayed program execution. The U.S. embargo also frustrated Feeney from doing what he did best: providing the funds for new buildings and infrastructure projects, often to raise the level of educational achievement.

Atlantic entered the uncharted territory of grantmaking related to Cuba. Its goal was to elevate awareness of Cuba's health system because the foundation believed it was a model worth emulating in low-resource environments, while also changing the lens through which Americans looked at Cuba, according to Oechsli. To the extent legally possible, Atlantic also sought to support organizations working to improve health outcomes of the Cuban population. Reconciliation between the U.S. and Cuba was another, albeit distant, goal.



"It would be well worth developing a regional center of excellence in nephrology in Cuba, not only for that country, but to benefit Latin America and the Caribbean as a whole."

Patient begins MRI at the Institute of Nephrology.

Dr. Barry M. Brenner, Harvard Medical School nephrology professor

# Investments in Health Care

# **INITIAL EFFORTS**

With a view to cross-fertilization that was characteristic of Atlantic's grantmaking, Oechsli thought it was important to understand how the Cubans were handling certain health sector issues that were similar to those of other countries such as medical education and chronic vascular diseases.

As a result, he visited several national institutions, including the Latin American Medical School (ELAM), the National Medical Sciences Information Center's (CNICM) telematics center (INFOMED), the William Soler Pediatric Hospital and the National Institute of Nephrology, as well as rural and urban community-based primary care facilities. The national-level institutions later received ACT grants.

The Cuban Ministry of Public Health assigned Dr. Raúl Herrera-Valdés, director of the National Institute of Nephrology, to coordinate and accompany Oechsli's visit. Dr. Herrera-Valdés had the opportunity to discuss at length chronic kidney and vascular diseases and the Institute's work, as well as to show Oechsli what he later described as the "dilapidated laboratories with ancient equipment that was inoperative or missing key parts."

Cuban nephrologists had long proven their ability by conducting kidney transplants in 1970, only 16 years after the first-ever such transplant in Boston. The National Institute of Nephrology in Havana had a multifaceted program of kidney care from disease prevention through early-risk identification at the primary care level to end-stage treatment, and finally transplants. In 2002, the Institute also had a newly established 400-hour training program for family doctors in preventive community nephrology.

Despite Cuba's grim health care infrastructure, renowned Harvard Medical School nephrology professor Dr. Barry M. Brenner advised, "It would be well worth developing a regional center of excellence in nephrology in Cuba, not only for that country, but to benefit Latin America and the Caribbean as a whole."

From the outset, Atlantic realized that Cuba had the necessary highly skilled and creative human resources but lacked the equipment, technology and other inputs. A relatively small investment by Atlantic's standards could enable grantees to have considerable impact.

In 2004, Feeney asked Dr. Herrera-Valdés, who was the type of leader that Atlantic supported, one of his favorite questions: "If you could do something significant, what would it look like?" In response, the doctor shared his longheld dream of conducting longitudinal research on the common risk factors for chronic vascular diseases and identifying their markers and genetic issues in order to develop more effective prevention programs.

He envisioned a study that would be similar to the groundbreaking Framingham Heart Study of 1948, an ongoing cardiovascular cohort study on residents—now the third generation of participants—of the city of Framingham, Massachusetts, that has provided much of what is considered common knowledge about the prevention and treatments for heart disease around the world. Dr. Herrera-Valdés believed that a longitudinal study could have global implications given the significance of chronic vascular disease.

While ACT initially considered supporting the Institute of Nephrology and Dr. Herrera-Valdés' dream, Oechsli explained that, due to the U.S. embargo, Atlantic decided to start with exploring how to get critically needed equipment to Cuba legally and, later, the possibility of developing a more substantial capital program for a clinical center dedicated to the research, treatment and prevention of renal disease.



Dr. Raúl Herrera-Valdés, former director of the National Institute of Nephrology, discusses his groundbreaking Isle of Youth longitudinal research with other medical professionals.

# CHOOSING TRUSTED PARTNERS

The long history of hostility between the countries made confidence-building and selecting the right partners key to developing a philanthropic program there. Cubans were rightfully suspicious, having suffered numerous U.S. attempts at regime change along with the longstanding economic embargo.

Its first three partners, all U.S. nonprofits licensed to work in Cuba, received a total of seven grants from The Atlantic Trust in 2002. To help ameliorate the effects of the U.S. embargo, the grants funded much-needed equipment, information technology and medical textbooks, and helped disseminate information about the Cuban experience.

The first grant recipient, Global Links, is a Pittsburgh-based NGO that collects surplus medical supplies in the United States and distributes them to medical institutions in Central America and the Caribbean. Global Links and its co-founder and CEO Kathleen Hower had been working with Cuba since 1994 at the request of, and in collaboration with, the Pan American Health Organization.

Atlantic enlisted Global Links, which knows how to comply with U.S. laws, to facilitate acquisition of key medical textbooks and provision of medical instruments and to arrange some scientific exchanges. Global Links acquired high-tech medical equipment in Europe for Atlantic grantees, starting with mammography equipment for the Breast Cancer Diagnostic Reference Center, and dialysis equipment and reagents for the Institute of Nephrology. Reagents are critical substances for diagnosing disease.

The foundation's largest grantee was MEDICC, a small Oakland, California—based NGO that had a five-year history of organizing trips of U.S. medical students and health professionals to Cuba. Its goal was serving as a bridge-builder between U.S. and Cuban health institutions and organizations. MEDICC's executive director at that time was a U.S. journalist, Gail Reed, who had made Cuba her professional base for 20 years, and had arranged Oechsli's first two trips in early 2002.

As part of their due diligence, Feeney and Oechsli also met MEDICC's board chairman, Dr. Peter Bourne, a psychiatrist who had been President Jimmy Carter's special assistant for international health issues and an assistant secretary—general of the United Nations. Bourne, who had published a biography of Fidel Castro in 1986, was one of 102 public health experts from around the world interviewed by Atlantic's Task Force on Public Health and Biomedical Research for a report delineating recommendations for the foundation's approach to public health grantmaking for its remaining 15 years.

MEDICC ultimately became Atlantic's chief vehicle for documenting and disseminating lessons from Cuba's public health and medical education systems. MEDICC also worked closely with Global Links, particularly to provide medical backpacks for Latin American Medical School graduates. These backpacks contain starter kits for new doctors, comprising a portable medical library and basic instruments.

The third grantee, USA/Cuba INFOMED, was supporting the development of the National Medical Sciences Information Center's informatics network (INFOMED). Information technology is critically important to the health sector for information on the latest research, education and training; data processing; access to and dissemination of information nationally and internationally; and internal communications among work groups and institutions.

Cuban medical schools, the main medical library and other medical institutes had received textbooks, teaching aids and subscriptions by 2004

2,500 online textbooks, teaching aids and subscriptions hard copy international medical journals

As a result, Atlantic's first grants for USA/Cuba INFOMED provided computer networking technology for the Chronic Renal Disease Epidemiological Laboratory and the National Institute of Nephrology, ELAM, and four other medical school campuses serving both Cuban and international students.



Dr. Esther Isbar Jefa (left) meets with a dialysis patient as his blood pressure is checked at the Institute of Nephrology.

Later, ACT made large grants to the National Sciences Information Center, now known as INFOMED, to considerably expand the health sector's IT capacity.

To spread the word about Cuba farther, in its second year, Atlantic added Clarity Educational Productions to the grantee mix for development of a documentary film, *¡Salud!*, in conjunction with MEDICC, which handled promotion and dissemination of the film globally. *¡Salud!* documented the international impact of Cuba's health system.

# GAME-CHANGER: ATLANTIC CHARITABLE TRUST

ACT began its grantmaking in Cuba in 2004. Because it was a British trust, ACT worked directly with Cuban institutions, often facilitating delivery of equipment and supplies. ACT hired two local consultants, Pilar Laborda and Graciela Tabio, who received high praise from several grantees for working hand in hand with them to develop projects and equipment specifications, and to support implementation.

During the next decade, various Atlantic entities made another 140 grants, totaling more than \$61.4 million.

Their work was no small feat for two reasons. First, due to the economic hardship of the Special Period, Cubans had been unable to import equipment and were no longer even aware of what was available, according to Global Links' Hower. Second, they had the laborious task of making sure grants complied with the U.S. embargo, which restricted the import of medical equipment and devices that had 20 percent or more U.S. components and required special licensing if there was 10 percent or more U.S. components.

Martin O'Brien, Atlantic's former senior vice president of programs and an Irish citizen who helped oversee ACT grants in the later years, pointed out that these acquisitions were extraordinarily difficult, requiring the careful study of equipment components to ensure that none exceeded the U.S. allowances. As a result, most equipment came from Europe, which greatly increased the cost of delivery, training and maintenance.

In 2004, MEDICC reported that it had supplied "Cuba's 23 medical schools, the National Library of Medicine, and other medical institutes with key resources, such as textbooks, teaching aids and subscriptions to over 2,500 online and 60 hard copy international medical journals."

"The country's primary care coverage [is] based on the family doctor program...[and] community-oriented approach, which is eminently epidemiological and preventive, with comprehensive clinical records on risk groups.... [It] offers a possibility unique in the world to study chronic renal insufficiency epidemiology, and to implement a universal preventive intervention program with important international implications."

Dr. Barry Brenner

During the next decade, various Atlantic entities made another 140 grants, totaling more than \$61.4 million, to acquire much-needed equipment and high technology, supplies and literature; produce their own reagents and laboratory diagnostic kits; publish textbooks and journals; print and copy teaching materials; and participate in trainings, scientific meetings and exchanges, among other things.

The qualitative and quantitative impact of these investments contributed to Cuban medical research, educational and service institutions, and their staffs' ability to advance and excel, and to expand the reach of their work, both within Cuba and abroad.

# THE ISLE OF YOUTH STUDY: IMPACT BEYOND CUBA'S BORDERS

From the beginning, the idea of the study of chronic kidney disease and other vascular diseases was the type of "big bet" that is characteristic of Atlantic investments. The study's results and universal lessons continue to have global impact.

Chronic kidney disease (CKD) is considered a silent killer because there are no symptoms until the disease is quite advanced. Moreover, there is a well-established relationship between CKD and cardiovascular disease (CVD). Both diseases are leading causes of death in the U.S. and Cuba, as well as globally.

"Chronic renal insufficiency is expanding at a rate that threatens to produce one of the 21st century's great epidemics," said Harvard's Brenner in a letter to Oechsli in 2002, "due to the aging of the world's populations and the unrestrained increase in diabetes mellitus and hypertension, two of the main causes of renal failure.... The only way to reverse this dangerous trend is to adopt prevention strategies targeting the main risk groups for kidney disease."

"The study of chronic kidney disease in children and adolescents in Salvadoran farming communities... showed the high incidence of this type of CKD was consistent with the hypothesis that agrochemical toxins; a contaminated environment; and the occupational hazards of heat, stress and dehydration contributed to the condition."

NefroSalva Pediatric Study report in MEDICC Review

In 2002, Cuba was one of the few countries that had begun implementing a national preventive CKD program. Dr. Brenner, who had firsthand knowledge of the Cuban health system, said: "The country's primary care coverage [is] based on the family doctor program...[and] community-oriented approach, which is eminently epidemiological and preventive, with comprehensive

clinical records on risk groups.... [It] offers a possibility unique in the world to study chronic renal insufficiency epidemiology, and to implement a universal preventive intervention program with important international implications."

# ISLE OF YOUTH STUDY

**2**I

presentations to international, regional and national nephrology meetings from 2005 through 2013



awards and recognitions received

With ACT's support and Dr. Brenner's endorsement, Dr. Herrera-Valdés and his co-research director, Dr. Miguel Almaguer-López, began their research in 2004. Their methodology was later refined and validated in meetings with the International Society of Nephrology's Committee for the Global Development of Nephrology.

The Isle of Youth, Cuba's second-largest island, was chosen as the research locale because its population was a microcosm of the country's total population. Moreover, the population makeup was similar to that of many other Latin American countries, thereby making the results regionally relevant.

"Nearly 80,000 residents agreed to participate, making ours the world's first research of its kind in a total population," said Dr. Herrera-Valdés. And so began what would become the *Isle of Youth Community-based Epidemiological Study of Chronic Renal Diseases, Cardio-cerebrovascular Diseases, Diabetes Mellitus and Hypertension*, or the Isle of Youth Study (ISYS) for short.

This study, which has morbidity and mortality reduction and cost-containment implications for any population and health system, was presented at 21 international, regional and national nephrology meetings from 2005 through 2013; was published in 11 scientific journals and books; and has received seven awards and recognitions, including from the International Society of Nephrology's Committee for the Global Development of Nephrology.



Medical students continue to benefit from use of equipment purchased for the Isle of Youth Study.

Moreover, the principal investigators, Drs. Herrera-Valdés and Almaguer-López, have consulted on chronic kidney disease studies, adapting their methodology to local circumstances in El Salvador, Ecuador and Sri Lanka.

The Isle of Youth Study used a simple urine test for microalbuminuria, which is an early sign of diabetes-induced kidney disease—cross-referenced with other information from physical exams, and family doctor administered questionnaires—to identify genetic markers and to rank patients into risk categories for chronic kidney disease and cardiovascular and cerebrovascular (blood supply to the brain) diseases.

In Phase Two of ISYS, retesting patients after five years showed: "Persistence of microalbuminuria in patients with vascular risk factors places them at higher risk, indicating early organ damage, which may be reversible. Stratification of risk enables better medical care for patients, more rational use of public health resources, more effective preventive and curative actions, and better orientation of intersectoral measures focused on the individual, the family and the community."

An adaptation of the ISYS study also offered a breakthrough for El Salvador where there is a very high incidence of CKD of non-traditional and unexplained origins. When Dr. Carlos M. Orantes did his residency in Cuba with Drs. Herrera-Valdés and Almaguer-Lopez, Dr. Orantes enlisted their support as advisors to his study in El Salvador using the ISYS methodology.

The resulting NefroSalva Pediatric Study (2009–2011) of chronic kidney disease in children and adolescents in Salvadoran farming communities had very important findings. It showed that the high incidence of this type of CKD was consistent with the hypothesis that agrochemical toxins; a contaminated environment; and the occupational hazards of heat, stress and dehydration contributed to the condition, thereby explaining the previously unknown causes.

"Methodological and practical lessons from this study have been extended to other areas and have facilitated new health screenings and interventions in other rural Salvadoran communities," according to a NefroSalva Pediatric Study report in *MEDICC Review*.

El Salvador's Minister of Health, Dr. Maria Isabel Rodríguez, brought the issue to the 52nd Executive Council of PAHO in 2013. On learning the results of the NefroSalva study and recognizing that this type of CKD was a longstanding, major problem elsewhere in the region, the ministers of health of Latin America declared chronic kidney disease a grave problem in Central America and resolved to strengthen epidemiological monitoring, treatment and alliances "to urgently mitigate the health, social and economic consequences of this disease."

## INFRASTRUCTURE AND EQUIPMENT IMPROVES HEALTH OUTCOMES

Many Cuban health facilities were so dilapidated and under-resourced that they limited medical and research teams' ability to achieve their best work. A trademark of Chuck Feeney and the foundation was supporting the construction of buildings to change the course of many institutions and some countries. The U.S. embargo, however, hampered these efforts in Cuba, even though capital investments amounted to \$30.1 million for important infrastructure additions.

Creation of the hepatobiliary services and transplant unit at the William Soler Pediatric Hospital was an ACT-funded expansion of a new wing of the hospital, with a 22-bed ward, two operating rooms, an intensive care unit, and other facilities for the diagnosis and treatment of patients from newborns to 18-year-olds who suffer from liver, bile duct, and pancreatic diseases or abnormalities.

The hospital has a 90 percent liver-transplant survival rate, thanks to the facilities, equipment and training paid for by ACT. Dr. Ramon Villamil, unit chief, said, "Before the ACT project, we had nothing.... Sadly, all of our patients [who needed transplants] died." (See Profile 1 on page 120.)

The entire system of Cuban medical schools across all provinces as well as ELAM—the Latin American Medical School in Havana (see Profile 3 on page 136)—benefited from improved laboratory facilities and new equipment, teaching simulators, computer and video technology, textbooks, and printing

and copying capabilities. Their basic sciences laboratories were upgraded with instruments necessary to meet international research standards for publication of their results. The ultimate impact on the quality of medical education and later patient care is significant, but impossible to determine.

With the new laboratory equipment, two provinces, Villa Clara and Cienfuegos, introduced stem-cell therapy services. In 2016, in Villa Clara, there were 18 collaborative stem-cell research projects at several centers that treated more than 4,000 patients.

The Empresa de Biopreparados Carlos J. Finlay (Bio-preparations Enterprise) received funding to upgrade its facilities, acquire new laboratory and computer equipment, and obtain training for staff to produce eight lines of fast, inexpensive and reliable reagents and diagnostic kits for both the Isle of Youth Study and mass screenings for noncommunicable chronic diseases (NCDs) at the primary care level.

These Finlay-developed reagents and diagnostic kits are ideal for family doctors because they do not require equipment to read the results. Over 1.9 million tests were made using these diagnostic kits for the Isle of Youth Study.

Juan Alberto Pérez Carrasco, researcher and director of projects at Finlay, said that medical professionals throughout Cuba use these low-cost reagents to assess risk levels for vascular diseases. Finlay has produced more than 5.8 million diagnostic kits for national screenings, thanks to ACT grants that began in 2006. They also export their kits to Venezuela, Ecuador and Bolivia, which contribute to Finlay's sustainability and early detection of NCDs elsewhere.

Modest ACT grants also paid for building some small, but important, infrastructure and for remodeling or expanding existing facilities to accommodate the requirements of new high-tech imaging equipment such as the SPECT-CT at the Institutes of Cardiology and Cardiovascular Surgery, and Nephrology, and the gamma camera-SPECT for the Institute of Nephrology. This equipment was critical for the Isle of Youth Study and for further development and refinement of preventive and disease management strategies, particularly for vascular diseases.



Aylin Molines Guerra, production technician, processes diagnostic kits for patient screening in the ACT-upgraded facility at Empresa Carlos de Finlay.

ACT also funded the transportation, installation and technical training for the University of Maastricht's donation of Cuba's first high-resonance MRI brain scanner for the Cuban Neuroscience Center (CNEURO). The scanner is used to help diagnose stroke, epilepsy and multiple sclerosis, and for brain function research as well as to test therapies against cerebral tumors, Alzheimer's, Parkinson's and other diseases. Evelio R. González-Dalmau, MRI technician at CNEURO, said, in 2016, that they conducted brain scans on 917 patients, about 75 patients a month.

Like everything in Cuba, this equipment serves the primary institution and is shared with other branches of the health system to improve diagnostics and health outcomes for a broader population than originally intended.

# HEALTH SERVICE RESTORATION POST-HURRICANES: ISLE OF YOUTH AND SANTIAGO DE CUBA

Back-to-back hurricanes, Gustav and Ike, devastated the Isle of Youth in 2008, affecting virtually all medical buildings, including the only hospital, a dental clinic, the Center for Hygiene and Epidemiology, polyclinics and maternity homes. Because transportation between the Isle and the Cuban mainland was extremely limited, the hospital and other facilities had to continue providing whatever service they could—in hallways, outdoors or in another structure with less damage, said Dr. Bárbara Dautinot, director of the Héroes del Baire Teaching Hospital. However, damage was so extensive that virtually the entire hospital required renovation; imaging equipment and other technology also were destroyed.

"Now we have a safe, more comfortable hospital that has grown structurally, functionally and in the quality of both personnel and services," said Dr. Dautinot. She expressed gratitude on behalf of the hospital workers for ACT's humanitarian aid, which restored their health services.

Dr. Larisa Alvarez Caraballo, director of the Leonilda Tamayo Matos Polyclinic #2 in Nueva Gerona, said that among other damage, various types of equipment like ultrasound machines and air conditioning burned up due to an overburdened electrical system. Grant funds contributed to



Dr. Larisa Alvarez Caraballo, director of the Leonilda Tamayo Matos Polyclinic #2 in Nueva Gerona, is grateful for the facility improvements after the hurricanes in 2008.

the replacement of the entire electrical system and the addition of separate electrical circuits to prevent future equipment destruction. The whole polyclinic was remodeled to make it more comfortable for both patients and staff.

According to Municipal Director of Health Dr. Iván Silvera-Valdés, in 2016, the health system had increased the number of primary care patient consultations by 30,500 over 2015, and outpatient consultations at the hospital climbed by 2,600. The maternal mortality rate held steady at zero for the 14th consecutive year, and the infant mortality rate remained excellent at 1.6 per 1,000 live births.

At the Municipal Center for Hygiene and Epidemiology, Dr. Leandro Cáncio, its director, said critical infrastructure repairs included a new waterproof roof, replacement of wooden windows and doors with aluminum ones, development of new laboratories, and installation of electrical systems and communications technology, including the INFOMED server facility.

Repairs to the new Research Center for Prevention and Management of Chronic Vascular Diseases were completed after September 2016. Its purpose is to provide fundamental support to ongoing multidisciplinary research over at least the next decade, following Phase I results of ISYS.

In 2012, Hurricane Sandy devastated Cuba's second largest city, Santiago de Cuba, with a population of a little over one million, including almost half of its medical facilities. With its characteristic flexibility, Atlantic allowed Global Links to re-orient an existing grant to provide much-needed equipment to help re-establish health facilities' operational capacity. A few months later and related to the hurricane damage, Santiago suffered a cholera outbreak. In addition to equipment, Global Links provided 3,000 basic health care worker protection kits. This donation proved to be invaluable in saving the workers' lives during this health crisis.

# INFORMATION TECHNOLOGY AND KNOWLEDGE MANAGEMENT: CRITICAL FOR EVERYTHING

The importance of information technology cannot be overstated, from analyzing ISYS patient data to taking Cuba's medical system to a world stage. As mentioned earlier, ACT helped develop the health sector's Internet capabilities as well as its knowledge management systems and institutions by providing IT infrastructure for research, medical education, information dissemination, communications and health care service delivery. These investments over 14 years amounted to more than \$5.7 million.

This philanthropic support made the grantee, the National Center for Medical Science Information, also known as INFOMED, the most important computer network on the island, with the greatest computing power and its service to other research institutes and universities, according to Rolando Rodríguez, IT chief of CNICM. (See Profile 2 on page 130.)

Analyzing the research data of almost 80,000 patients in the ISYS study was a monumental task. ACT funded development of the island's only Department of Informatics and Computational Medicine at the Institute of Nephrology. For example, among its computational capacity is to model pharmaceutical molecules, and measure and monitor the absorption of radiation.

IT projects have also been extremely important in health care service delivery. These networks offer direct communication for immediate patient diagnostics, treatment and follow-up care. They connect family doctors, specialists and polyclinics with hospitals and research centers of the National Pediatric Heart Network, the National Nephrology Network, the National Transplant Network and others. INFOMED also hosts portals for their communities of practice to discuss cases of interest and share other knowledge.

In medical publishing, Atlantic invested in capacity with the aim of improving health outcomes and increasing Cuba's visibility on the world stage. They digitized medical journals, both at INFOMED headquarters in Havana and in the provinces, enabling each facility to publish its own journals. To ease the process, they automated editorial processes and trained authors, editors and reviewers.

2013

Cuban medical journals listed in the Scientific Electronic Library Online (SciELO)

58
Cuban medical journals listed in SciELO

As a result, Cuba increased the number of medical journal titles listed in SciELO (Scientific Electronic Library Online) from 18 in 2013—the start of the project—to 58 in 2016, according to José Enrique Alfonso Manzanet, editor and chief of the medical journals department at CNICM. The foundation also supported the print and digital production of medical textbooks by prominent Cuban authors.

"One of the most important improvements has been to our technological infrastructure. Now we have numerous computers, audiovisual equipment and network technology, supported by the development of INFOMED, which... has allowed us to extend our reach on the national, regional and international levels."

Dr. Tania Aguilar-Guerra of the National School of Public Health

Contributing to modernizing the Cuban National Library of Medicine (NLM) was another effort to ensure that every medical practitioner on the island and beyond could access both national and international medical information. NLM replaced its physical storage systems with modern, compact, mobile stacks and acquired a new climate-controlled system to help conserve Cuba's rich history of medicine. Perhaps most importantly, the NLM obtained the necessary information technology via INFOMED to connect to provincial, municipal, institutional and other information centers, as well as to digitize journals and doctoral theses, explained Ileana Armenteros Vera, chief of library services at the National Library of Medicine.



Students benefit from new computers in their remodeled classroom at Escuela National de Salud Publica.

# CREATING CONDITIONS FOR INTERNATIONAL PUBLIC HEALTH TRAINING

Recognizing the importance of Cuba's contribution to global or international health, ACT made a grant to upgrade and repurpose existing space in the National School of Public Health (ENSAP) to establish its Faculty of International Health (originally the Center for Global Health). The project has improved the quality of teaching, administration and scientific research results in public health, according to Dr. Pastor Castell-Florit, ENSAP's director.

"One of the most important improvements has been to our technological infrastructure," added ENSAP's chief of the international relations department, Dr. Tania Aguilar-Guerra. "Now we have numerous computers, audiovisual equipment and network technology, supported by the development of INFOMED, which... has allowed us to extend our reach on the national, regional and international levels.

"We have been able to hold and to participate in various scientific events that have put us in touch with the world through this network," she said. "And to reach the most remote parts of the world where our medical collaborators have been able to remain up to date, publish their experiences and continue to advance their knowledge through this network dedicated to the training of human resources in public health."

The ACT project helped six of ENSAP's eight public health master's degree programs achieve the highest standards of excellence. The remaining two programs had not functioned long enough to meet the conditions for external validation, according to Dr. Lázaro Díaz-Hernández, academic deputy director, ENSAP. The School recently reactivated the program for the organization and administration of health services after a 28-year hiatus.



Dr. Pastor Castell-Florit, director of the National School of Public Health, says the quality of teaching and research results has improved since establishment of its Faculty of International Health.

#### IMPORTANCE OF SCIENTIFIC EXCHANGES

Funding specialized training and scientific exchanges has been an important part of Atlantic's work in Cuba. Critical short-term scientific training visits enabled Cuban surgeons to learn from doctors at U.S. medical institutions, and U.S. surgeons to visit Cuba to teach new procedures. Dr. Ramón Villamil and his pediatric team at the William Soler University Pediatric Hospital in Havana have benefited from learning new liver transplant techniques in Pittsburgh, as has Dr. Julio Brossard, a pediatric neurosurgeon in Santiago de Cuba who has had several exchanges and fellowships in the United States. Global Links arranged and funded these exchanges, which resulted in procedural changes and enhancements in surgery protocols and techniques.

"We have been able to hold and to participate in various scientific events that have put us in touch with the world through this network. And to reach the most remote parts of the world where our medical collaborators have been able to remain up to date, publish their experiences and continue to advance their knowledge through this network dedicated to the training of human resources in public health."

Dr. Tania Aguilar-Guerra

The Institute of Nephrology in Havana also has benefited from these exchanges when U.S. specialists came to Cuba to teach and support the introduction of certain laparoscopic techniques, said Dr. Yalimé García Villar, deputy director of diagnostics at the Institute.



Dr Silva examines a patient and resident of Instituto de Cirugia Oftamologica.

Perhaps one of the short-term scientific exchanges and training programs with the most immediate visible results entailed ACT funding of \$440,000 for the Ramón Pando Ferrer Ophthalmology Institute, which trains ophthalmologists and treats patients from all over the world in sight-saving surgeries. This program, established in 2004 initially to conduct eye surgery in Cuba, has since been expanded to 34 countries and is treating more than three million patients.

# OPERATION MIRACLE'S FREE EYE SURGERY



In another example of the multiplier effect of training with ACT funding, the Ophthalmology Institute created a program in 2009 to treat people with inflammation in the middle layer of their eyes, which sometimes leads to blindness. This effort began by sending two specialists to Brazil for two months of training. They are now the principal professors in this area and have trained others in this subspecialty.

# DISSEMINATION OF THE CUBAN MODEL OF HEALTH CARE: FROM MEDIA TO FIRSTHAND EXPERIENCE

Atlantic took a multi-pronged approach to support dissemination of information about lessons from the Cuban model. Its primary grantee, Medical Education Cooperation with Cuba (MEDICC), received \$17.2 million over 16 years to work on various fronts to promote and support the Cuban experience. One of their most visible projects is the quarterly MEDICC Review: International Journal of Cuban Health & Medicine, the only English-speaking journal devoted to Cuba's public health and medical materials, publishing primarily the work of Cuban medical doctors and researchers.

"Without a doubt, *MEDICC Review* has been fundamental for scientific dissemination, and has led to the rekindling of scientific, political and social interest that translated this scientific evidence into mobilization and cooperation."

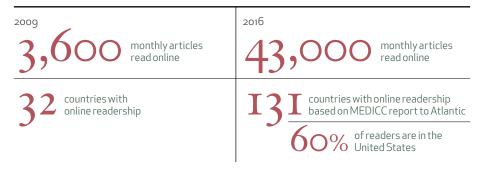
Dr. Carlos Manuel Orantes-Navaro, leader of Salvadoran nephrology study modeled on ISYS

With Atlantic's support, *MEDICC Review* went from an occasionally published translator and re-printer of Cuban health system—related articles prior to 2007 to a peer-reviewed journal publishing original research and commentary. As the journal has evolved, it has broadened the scope of articles to include issues of importance in other developing countries as well as topics related to global health equity. In 2015, *MEDICC Review* collaborated with *The Lancet*, the 100-year-old medical journal based in the UK, to publish [a] Spanish edition of *The Lancet*'s series, "Universal Health Coverage in Latin America (Cobertura Universal de Salud en Latinoamérica)."

MEDICC Review is an open-access journal available free online. It is indexed in the U.S. National Library of Medicine PubMed's Medline as well as Latin American sites such as Redalyc, Latindex and SciELO; and European sites of Thomson Reuters and Elsevier's Embase and Scopus databases, among others. Its editorial board is composed of 52 public health specialists from various countries north and south, including 24 from the U.S., nine from Cuba and 10 from other Global South countries. Both the journal's availability through major medical index sites and the international composition of its editorial board support dissemination of Cuba's medical and public health research.

Cuban authors who have published in *MEDICC Review* have expressed their appreciation for the rigor of the review process, the assistance in improving their manuscripts, the English translation, and being published and indexed in English, which enables them to reach a broader scientific public than if published solely in Spanish.

## MEDICC'S EXPANDING READERSHIP



MEDICC's 2014 Annual Report says the journal dedicated an entire issue to chronic kidney disease of uncertain causes (CKDu), a global epidemic that affects thousands of poor farmworkers and their families from Central America to Sri Lanka to Egypt, killing some 20,000 people as of 2014. The groundbreaking *MEDICC Review* issue received 47,000 views in 2014. The underlying research was conducted by a team led by Cuban-trained Salvadoran nephrologist, Dr. Carlos Manuel Orantes-Navarro, adapting

Cuban-developed methodology from the ISYS study. Its publication in *MEDICC Review* supported regional and international advocacy by Salvadoran Minister of Health Maria Isabel Rodríguez to combat the epidemic of CKDu.

"Without a doubt *MEDICC Review* has been fundamental for scientific dissemination," said Dr. Orantes, "and has led to the rekindling of scientific, political and social interest that translated this scientific evidence into mobilization and cooperation." Dr. Miguel Almaguer-López, one of Dr. Orantes' mentors and co-coordinator of the ISYS study, said support of *MEDICC Review* in publishing English versions of various articles on the Isle of Youth Study, the Salvadoran study and the special issue on CKDu "was decisive."

While the journal is important for reaching one audience, two videos have reached many other people. MEDICC reports that the documentary *¡Salud!* had been seen by more than 100,000 people in more than 100 countries. The film won six awards and was shown at 31 film festivals from New York to New Zealand.

# iSALUD!



In 2014, MEDICC's Gail Reed gave a TEDMED talk on Cuba's Latin American Medical School as the place to train the world's doctors. As of May 2018, it had more than 764,000 views on TEDMED.com.

Both the film and the TEDMED talk highlight how Cuba provides medical assistance and medical education to the people of the Global South.



Gail Reed, former executive director of MEDICC, gives a TEDMED talk about the benefits of ELAM and the Cuban public health system in 2014.

From its inception in 1997, MEDICC has organized educational trips for U.S. health care students and professionals to see firsthand how the Cuban system functions. This has proven to be a very powerful means of disseminating the Cuban model of primary prevention because there is nothing like firsthand experience to change one's perception.

In 2015, MEDICC reported coordinating 14 professional research and people-to-people exchanges for 227 U.S. participants in its Gateways Program, among whom were board members from Grantmakers in Health and the Public Health Institute, editors from U.S. public health/global health journals, and leaders from the American Public Health Association. MEDICC reported that 1,021 people traveled to Cuba with them from 2004 to 2016, and as a result of their trips, the travelers produced more than 50 publications and more than 250 presentations.

# MEDICC PROGRAMS TO PROMOTE THE CUBAN HEALTH CARE MODEL IN U.S. CITIES

Since 2005, MEDICC has supported the creation of 11 Community Partnerships for Health Equity (CPHEs) in vulnerable U.S. communities "with over 300 participants representing 102 community health organizations," according to the grant report. These CPHEs are a group of community leaders, health care workers and university faculty who travel together to Cuba to learn practical lessons from its primary prevention model on how to improve health and health equity at home.

Participants return to their communities with great enthusiasm, some practical, implementable ideas, and the will to work together to improve the health of their communities, according to Diane Applebaum, MEDICC program director of Community Partnerships for Health Equity in Oakland, California.

Repeated comments by participants are that the experience was transformational and inspirational. When they see how much the Cubans do with so little, they realize that they too can do so much more.

"This was one of the most exciting... and one of the most unsettling experiences I have had in my entire career because I began to realize how much was being accomplished in a country that, at times, we have utter disdain for. And how much better they were doing something that I was supposed to be doing—running a health system—and how much better their population was being treated."

 $Wright Lassiter, former CPHE participant and current president \\ and CEO of Henry Ford Health System$ 

Wright Lassiter, former CEO of the Alameda County Medical Center and Oakland, California, CPHE participant, was struck by how all levels of care are fully integrated into a unified system in Cuba. He saw how this provided better patient care and contained costs.

"This was one of the most exciting... and one of the most unsettling experiences I have had in my entire career because I began to realize how much was being accomplished in a country that, at times, we have utter disdain for. And how much better they were doing something that I was supposed to be doing—running a health system—and how much better their population was being treated," said Lassiter.

"The Alameda County Medical Center is a safety net system for the county.... We are known for intervening *after* the fact," he said in a speech on the Cuban

health care system at an American Public Health Association meeting in 2012. "Cuba is really good at intervening well before the fact.... Cuba's approach can absolutely and fundamentally change how the U.S. approaches health care, unequivocally. And we hope locally too."

In late 2014, Lassiter became president and CEO of the prestigious Henry Ford Health System in Michigan. Modern Healthcare journal named him one of the "100 Most Influential People in Healthcare" and one of the "25 Top Minority Healthcare Executives," both in 2016. What he learned from his Cuba experience is likely benefiting the millions of patients served by the Henry Ford System.

"The Alameda County Medical Center is a safety net system for the county.... We are known for intervening after the fact. Cuba is really good at intervening well before the fact.... Cuba's approach can absolutely and fundamentally change how the U.S. approaches health care, unequivocally. And we hope locally too."

Wright Lassiter

Albuquerque CPHE member Dr. Art Kaufman, distinguished professor of family and community medicine at the University of New Mexico (UNM), said: "One of the problems is we are very specialized... very fragmented.... What I was struck with in Cuba is that it is just the opposite. They have a geographic area that is very small. Then you can look at every single person.... And that is what I think would be transforming for us because then it would force all of us and all of our programs to focus on [the community's] needs and not on our special programs."

Another way MEDICC shares the Cuban primary prevention model is its M.D. Pipeline to Community Service Program, which supports U.S. ELAM students and graduates who return home to provide medical care in disadvantaged communities. MEDICC connects them with U.S. mentors and sites for internships and clinical rotations while they are still in medical school. This effort defrays the significant financial burden of preparing for and taking the three U.S. medical licensing exams. Importantly, MEDICC not only assists ELAM students and graduates with their residency applications, but also promotes them and their ELAM training to U.S. residency programs.

This effort, according to MEDICC, has contributed to 88 percent of the ELAM graduates matching to residency programs in the 2015 and 2016 National Residency Matching Program (NRMP) as compared with 53 percent and 54 percent, respectively, for other foreign medical graduates. In 2016, there were 65 U.S. ELAM graduates in residency training or practice in the U.S., all of whom worked in underserved communities.

As a result of MEDICC's support for ELAM graduates at a critical juncture, underserved and vulnerable communities in the U.S. and their health facilities have well-trained, caring, enthusiastic primary care practitioners whose approach to health is proactive disease prevention and health promotion in its broadest sense. Moreover, other health care practitioners are stimulated by ELAM graduates' enthusiasm, caring patient-centered approach, primary prevention skills and ability to function effectively with or without the aid of technology. (See Profile 3 on page 136)

MEDICC-organized travel to Cuba also has helped to create institutional bridges between U.S. and Cuban health institutions and associations to foster collaboration in mutually beneficial areas. Bridges now exist between Johns Hopkins University Medical School and the Cuban Society of Clinical Neurophysiology, the University of Puerto Rico Faculty of Public Health



Kabelo Masitenyane, ELAM student from South Africa, takes advantage of Cuba's free medical-school education so that he will be able to serve the poor people in his community after his training.

and Cuba's National School of Public Health, the Cuban Society for Public Health and the American Public Health Association, the Cuban Neuroscience Center and the University of California, San Francisco. Time will tell what impact these relationships will have.

# GOVERNMENTS DEVELOP FRIENDLIER POLICY CHANGES

Building on its experience in the health sector, perhaps one of MEDICC's more important actions, made possible with Atlantic support and in collaboration with the Washington Office on Latin America and attorney Michael Krinsky, was on the policy front in February 2016: the development and submission of a white paper, "A Safer, Healthier Future Through U.S.—Cuba Cooperation," to the Obama team proposing seven actions for the U.S. President to take along with the citations of the appropriate legal authority and precedents. On June 13, 2016, the U.S. Department of Health and Human Services and the Cuban Ministry of Public Health signed a memorandum of understanding (MOU), outlining initial areas of scientific collaboration.

"These two presidential actions—which will first and foremost benefit patients in both countries—were top priorities in MEDICC's white paper sent to the White House in February [2016], so we are especially pleased to see this announcement."

Dr. Nassim Assefi, MEDICC's former executive director

In mid-October of that year, the Treasury Department's Office of Foreign Asset Control (OFAC) announced the loosening of the embargo to allow U.S. and Cuban research centers to collaborate on commercial and noncommercial research, and for Cuban pharmaceuticals to go through the normal Food and Drug Administration regulatory process and be sold in the United States, if approved.

MEDICC's then-executive director, Dr. Nassim Assefi, said: "These two presidential actions—which will first and foremost benefit patients in both countries—were top priorities in MEDICC's white paper sent to the White House in February, so we are especially pleased to see this announcement." The eventual impact in both countries of Atlantic's investment is incalculable.

In fact, less than two weeks after this loosening of the restrictions, Roswell Park Cancer Institute received permission from the U.S. Food and Drug Administration to begin U.S. clinical trials of the Cuban-created CIMAvax lung cancer treatment vaccine. Under the new Treasury guidelines, Roswell Park also received authorization to establish the first U.S.—Cuba joint venture with Cuba's Center of Molecular Immunology, including research, development, manufacture and marketing of biotech products. In late 2017, CIMAvax was in an early stage of clinical trials in the U.S.

Feeney's and Oechsli's bet that health could serve as an apolitical way to build bridges between the United States and Cuba was correct. This has been well-demonstrated by the positive responses from both sides by those involved directly or indirectly in the foundation's health sector investments. These "health bridges" eventually can contribute, along with other vehicles, to full reconciliation and normalization of relations.



There is no question that Atlantic's grantees working on reconciliation between the U.S. and Cuba from 2008 to 2017 played an important role, both jointly and individually, in contributing to President Obama's historic resumption, deepening and expanding of relations with Cuba.

U.S. President Barack Obama (right) and Cuban President Raul Castro review troops before their bilateral meetings in 2015 in Havana. Obama was the first U.S. president to visit Cuba in 88 years.

# An Untold Story: Atlantic's Support for Reconciliation Between the U.S. and Cuba

n a move both surprising and historic, on December 17, 2014, U.S. President Barack Obama and Cuban President Raúl Castro simultaneously announced their intent to re-establish diplomatic relations almost 54 years after the two countries had severed them. In the following summer, their respective embassies reopened in Havana and Washington, and by the time President Obama left office, he had issued Presidential Policy Directives enabling greater scientific cooperation, increased communications, travel and trade with Cuba.

It is likely that none of this would have happened when it did without the work of myriad organizations—many of them Atlantic grantees—that helped mobilize support in Congress, the administration, human rights organizations, the faith-based community, trade and professional associations, and the general public.

The unsung heroes in this story are those grantees whose tireless efforts created "political cover" for the diplomatic changes in 2014 and beyond. Some of these organizations had been working on this issue for many years, and long before receiving Atlantic support.

#### WHY AND HOW IT ALL BEGAN

Atlantic began its exploration of opportunities to improve U.S.—Cuba relations in 2000 with interest in consideration of health and policy gains, emerging from the foundation's Viet Nam health program and reconciliation work.

Six years into Atlantic's Cuba-related grantmaking, there were hopeful signs that a change in U.S.—Cuba policy was possible. During a 2007 presidential debate, then-candidate Barack Obama said that he would meet with the leader of Cuba without preconditions. In a 2008 speech to the Cuban American National Foundation, he said that, if elected, he would lift restrictions on remittances and family travel. Obama's election in November 2008, as well as that of Raúl Castro in Cuba in February 2008, brought renewed hope for dialogue and policy change.

Just ahead of the U.S. presidential election, then–Atlantic president and CEO, Gara LaMarche, sensing opportunity, asked Ahadi Bugg-Levine, who would manage foundation's U.S.–Cuba policy work from 2008 to 2011, to explore support for organizations advocating reform of U.S.–Cuba policy. LaMarche believed the U.S. embargo was seriously undermining Cuba's health care system and impeding Atlantic's grantmaking due to the U.S. embargo and other restrictions.

In May 2008, Atlantic convened a meeting of U.S.—Cuba policy experts and advocates from the for-profit and nonprofit sectors in Washington to discuss the likelihood of policy change. "We initially sought to fund efforts to end the entire embargo," said Bugg–Levine. However, an assessment of the field quickly revealed a lack of sufficient support to end the embargo in Congress or among the strong pro-embargo lobby of Cuban Americans in Florida.

"Cuba experts advised supporting efforts to eliminate all travel restrictions on U.S. citizens," she added, "because these restrictions served as a key pillar of the embargo and their elimination would lead to the demise of this antiquated policy."

In response, Atlantic, in partnership with the Christopher Reynolds Foundation (CRF) and its executive director Andrea Panaritis, funded a broad

campaign to lift the travel ban. Over the next decade, Atlantic provided 26 diverse organizations with grants totaling more than \$5.6 million.

## DIRECT GRANTS TO THE CUBA COALITION

	2008-2011	2012-2016	TOTAL
Center for Democracy in the Americas	\$569,500	\$325,000	\$894,500
New America Foundation	\$325,000	-	\$325,000
Washington Office on Latin America	\$132,500	\$218,000	\$350,500
Lexington Institute	\$245,000	-	\$245,000
Latin American Working Group	\$185,000	\$150,000	\$335,000
Center for International Policy	\$140,000	\$42,500	\$182,500
	\$1,597,000	\$735,500	\$2,332,500

#### BUILDING A COALITION FOR CHANGE, 2008-2011

After persuading six organizations, collectively known as the Cuba Coalition, to collaborate, Atlantic funded them with a total of 15 grants, and CRF made others, to work toward achieving better relations between the two countries. These grantees became viewed as the premier Washington, D.C., "go-to" group on Cuba policy–related issues.

Four Coalition members—Sarah Stephens at the Center for Democracy in the Americas (CDA), Phil Peters at the Lexington Institute (LI), Mavis Anderson at the Latin American Working Group (LAWG), and Geoff Thale at the Washington Office on Latin America (WOLA)—were well-known for their expertise and history of working toward changing U.S.—Cuba policy. They had longstanding contacts within both governments and civil societies. The fifth member, the New America Foundation (NAF), was a relatively new, high-profile Washington think tank that worked on Cuba for a short time, offering new ideas, contacts and ways of working. The sixth was the Center for International Policy, which promoted bilateral cooperation between the U.S. and Cuba in the field of disaster risk reduction, preparedness and response.

"None of our organizations could have done this alone, even with the great resources from Atlantic. We had to work together to achieve our policy goals."

Sarah Stephens, head of the Center for Democracy in the Americas

To increase support for and education about the issue, the Coalition created the Cuba Policy Roundtable composed of agricultural, business and travel trade associations; religious and human rights groups; representatives of the foreign policy community; moderate Cuban-American organizations; and others that supported lifting travel and trade restrictions. The Roundtable members mobilized their base using a variety of pro-normalization activities, including letter-writing to President Obama urging the lifting of all travel restrictions.

#### KEEPING THE ISSUE ALIVE

For several reasons, the timing to get attention for Cuba or the travel ban was difficult. Competing influences included the global economic crisis and the dominant foreign-policy issues in Iraq, Pakistan and Afghanistan. Yet, Cuba Coalition members worked diligently—collectively and individually—to keep the issue alive among members of Congress, the administration and other constituencies.

## **CNN POLLING SHOWS SUPPORT**

In the category of excellent timing, a CNN poll conducted April 3–5, 2009, helped by indicating that 71 percent of Americans favored re-establishing diplomatic relations with Cuba and 64 percent favored lifting the travel ban for everyone. The time would seem propitious to move legislation forward to lift restrictions on travel for all Americans.

Atlantic funding for the Coalition covered many angles of a comprehensive advocacy campaign, including background studies, legal briefs, op-eds, blogs, social media activities, opinion polling and organizing. In Washington, they held congressional and administration briefings, testified at hearings on

Capitol Hill, and engaged in other educational and advocacy efforts. In addition, they arranged cultural and scientific exchanges. A quick pivot to focus on the administration came after the Republicans gained control of the House in 2010. One consequence of the election, which made congressional policy change impossible, was the appointment of staunch anti-Castro Representative Ileana Ros-Lehtinen (R-FL) as chair of the House Foreign Affairs Committee. Approaching the administration directly met with success, especially after the Coalition was able to show that the NGO community would go all out to support them if they did the reforms, and, importantly, the policy change would not negatively affect the President's re-election prospects in Florida.

#### NOTABLE OUTCOMES DUE TO THE COALITION'S ADVOCACY EFFORTS

FEBRUARY 2009

"Lugar Report," Changing Cuba Policy — In the United States National Interest, Staff Trip Report, sent to the Senate Foreign Relations Committee, and a joint op-ed by Representative Lori Berman (D-FL) and Senator Richard Lugar (R-IN) supports lifting the travel ban.

Representatives Bill Delahunt (D-MA) and Jeff Flake (R-AZ) and Senators Byron Dorgan (D-ND) and Mike Enzi (R-WY) introduce bills focused on eliminating all U.S. travel restrictions to Cuba.

APRIL 2009

Obama lifts travel restrictions on Cuban Americans seeking to visit family and removes limits on their remittances, keeping a campaign promise. THIRD QUARTER 2009

Senate Foreign Relations Committee Chairman John Kerry (D-MA) endorses lifting the ban.

SEPTEMBER 2009

A National Day of Action, called CubaGo!, results in meetings with 60 House and Senate offices in Washington plus events and call-in campaigns to members in 24 key states. FEBRUARY 2010

House Agriculture Committee Chair Colin Peterson (D-MN) introduces a bill to expand agricultural exports and travel.

JANUARY 2011

Obama lifts travel restrictions on U.S. academic, religious and cultural groups to encourage peopleto-people exchanges.

The administration also found good news in findings from a 2010 poll conducted among Florida voters with an oversample of Cuban-American voters. Results indicated that an executive order to lift the ban for certain groups of Americans to travel to Cuba "would not galvanize Cuban voters one way or the other." In fact, the poll showed "a strong majority of Florida voters (67 percent) and Florida's Cuban-American voters (59 percent) supported

## CHANGES IN THE LAWG-WOLA CONGRESSIONAL SWING LIST 2008-2010

# **END OF 2008**

Number of members committed to ending the travel ban	143
Number leaning that direction	33
Number undecided or uncommitted	111
Total likely votes	176

# **END OF 2010**

Number of members committed to support or co-sponsors	180	
Number very likely to vote in favor	16	
Number considered likely to vote in favor	12	
Number of uncommitted or swing votes	29	
Total likely votes	208	
10 votes short of the winning number 218. Congressmen Peterson and Berman did not want to risk losing a vote, so they did not bring it up for a vote.		

permitting Americans to visit Cuba for limited purposes such as academic exchanges, travel by religious and cultural groups, athletic events and research missions. When asked about the most important issues in their 2012 presidential vote, 45 percent of Cuban voters said 'the economy' while less than one percent said 'Cuba.'"

Reflecting on these achievements, Coalition member Stephens of CDA said: "None of our organizations could have done this alone, even with the great resources from Atlantic. We had to work together to achieve our policy goals."

#### CAMPAIGNING FOR NEW POLICIES, 2012-2017

The second half of 2011 was a time of transition at Atlantic and the lead-up to a presidential election year, which decreased both Congress' and the administration's bandwidth for engaging in further Cuba policy action. At Atlantic, Christopher G. Oechsli, who became president and CEO in September 2011, fully supported the Cuba efforts.

As a lawyer who had worked on the Hill himself, Oechsli knew the importance of presenting clear, cogent recommendations in various easily understandable and useful formats, accompanied by legal justifications and authorities.

He said: "Lobbyists may spend hundreds of hours on a subject, but staff often only have half an hour to work on it. If staff are presented with a clear, concise document, and it is evident that the presenter did her/his homework, staff are willing to accept it because they recognize that it is something they can stand behind."

In 2012, the work shifted to change policy by reaching out to citizens directly, according to CRF's Panaritis. Instead of approaching the problem directly and asking senators and congressional representatives to lift the embargo, the idea was to have voters explain how this policy hinders their work." Atlantic awarded the Christopher Reynolds Foundation \$750,000 to make small grants to 16 organizations, designed to strengthen important constituencies in the areas of medicine and public health, the environment and economic reform.

After President Obama's re-election in 2012, a real opportunity emerged to advance U.S.—Cuba policy. In early spring 2013, Atlantic and CRF formed a donors' coalition with a new actor in this arena, Cuban-American Patty Ebrahimi, and The Trimpa Group, the political consultancy that represented her. This coalition of donors supported the development of a comprehensive political-style campaign to change U.S.—Cuba policy with virtually the same grantees.

"The poll could not come at a better time.... We see in this poll what we have long suspected: It is time to change course. It is time to modernize our Cuba policy."

Senator Patrick Leahy

No one knew in 2013 as the donors' coalition and grantees were gearing up their effort to change U.S.—Cuba policy that, by April, President Obama had already entrusted highly secretive back-channel negotiations to two highlevel security advisors: Ben Rhodes and Ricardo Zuniga. However, what the funders knew was that the President still needed assurance that the changes would not be politically detrimental.

In 2013 and 2014, Atlantic made a total of 17 grants either in response to priorities expressed by policymakers and/or to support the activities deemed necessary in the campaign to change policy. In the final two years, Atlantic provided 10 grants, primarily to consolidate progress and provide the administration with the rationale and suggested means for further cooperation.

This effort was "designed... to create a steady drumbeat of activity responsive to priorities identified by policymakers.... This collaboration has brought an infusion of new funds into the field backed by political savvy, experience, and knowledge of the issue, the actors and the terrain," according to Panaritis.

James Williams, Trimpa's director of public policy, said that a big difference between the pro-engagement and pro-embargo groups was the resources available to them. The pro-embargo resources came primarily from political action committees (PACs), which could use their funds freely for a political campaign, rather than only in the educational way available to the pro-engagement group, which was mostly NGOs with 501(c)(3) money. Then, Atlantic and Ebrahimi leveled the playing field because they brought in 501(c)(4) advocacy funds, and Ebrahimi could spend privately and make political donations.

#### CHANGING THE NARRATIVE

Vocal Cuban-American hard-liners, who for years had opposed any normalization of relations with Cuba, effectively controlled the narrative. To counter them at their own game, the donors' coalition set out to establish a positive, pro-engagement narrative and to demonstrate that the failed U.S. policy deprived American citizens of their right to travel and businesses of potential profits from trade. It also showed that the hard-liners, in fact, were a minority.

# CHANGING THE NARRATIVE'S KEY OUTCOMES

Two polls showing shifts in public opinion

Unprecedented billboard advertising campaign in nation's capital

Open letter to President supporting Cuban entrepreneurs

Addition and amplification of moderate Cuban-American voices

More nuanced media coverage after Columbia University's Cuba Academy

# POLLING TO TEST REFORM: ATLANTIC COUNCIL AND FLORIDA INTERNATIONAL UNIVERSITY POLLS

In 2014, the foundation developed a grant commissioning an Atlantic Council (no relation) Adrienne Arsht Latin America Center public opinion poll, which showed that a majority of Americans from every region and across party lines supported normalizing relations with Cuba. "These findings were critically important for changing the narrative and giving President Obama confidence to act," said Oechsli.

At the launch event, Senator Patrick Leahy (D-VT) said: "The poll could not come at a better time.... Those who support the status quo may still criticize the results, but the facts are the facts. We see in this poll what we have long suspected: It is time to change course. It is time to modernize our Cuba policy."

"The [#CubaNow] ad campaign is unprecedented and received widespread media attention in its first week....

The White House took notice and was engaged with our efforts. #CubaNow will continue to serve as the nerve center for our advocacy efforts moving forward."

James Williams, Trimpa's director of public policy

The Atlantic Council's website received "2,000 media hits in eight languages within the first three weeks of the poll results' release," said Assistant Director Rachel DeLevie-Orey. "It was cited in Senate floor speeches... and used in the President's December 2014 announcement of reestablishing diplomatic relations with Cuba.... This was taken so seriously that it has had a six-month shelf life... very long for a poll."

In a meeting with President Obama, Arsht said he told her "that the research done by the Adrienne Arsht Latin America Center played a crucial role in the administration's decision to change its policy." She added that [Obama's advisor] "Ben Rhodes told me the same thing... It gave evidence that their policy decision was going to be welcomed."

## HOW MIAMI'S CUBAN-AMERICANS VIEW U.S. POLICIES TOWARD CUBA

A 2014 poll found that a majority of Americans supported softening policies toward Cuba. These numbers were a good deal higher among younger respondents and those who had arrived in the U.S. after 1995.

respondents oppose continuing the embargo

favor diplomatic relations with Cuba favor lifting restrictions impeding all Americans from traveling to Cuba support the continuation of "people-to-people" travel

A few months later, Atlantic invested \$20,000 for the 2014 Florida International University (FIU) poll to frame Cuban-American political interests in a broader perspective. FIU had been polling Miami-Dade County Cuban Americans on issues related to U.S.—Cuban relations since 1991, so it could show opinion trends for over two decades. The 2014 poll found that overall "52 percent of respondents oppose continuing the embargo... a large majority favor diplomatic relations with Cuba (68 percent)... and (69 percent) favor lifting restrictions impeding all Americans from traveling to Cuba... Similarly, 71 percent of the respondents support the continuation of 'people-to-people' travel...." These numbers were a good deal higher among younger respondents and those who had arrived in the U.S. after 1995.

Both polls provided further political cover for the President's as-yetunannounced policy change. With data demonstrating that the hard-liners neither spoke for the majority nor had their support, the pro-engagement groups set out to amplify this message.

#### LAUNCHING NEW MESSAGING CAMPAIGN: #CUBANOW

In the spring of 2014, Atlantic and Ebrahimi funded the creation of #CubaNow, a moderate Cuban-American 501(c)(4) organization that was highly skilled at messaging and working with the press and social media to show how a more positive stance toward Cuba is in the U.S. interest and to pressure the administration to act now.

"It was probably the most critical organization we created because it filled the void in what the others did," said Williams. The launch coincided with a major public advertising buy throughout the Washington metro system calling on President Obama to change Cuba policy.

"The ad campaign is unprecedented and received widespread media attention in its first week, including *USA Today*, Associated Press, Reuters, CNN, *Miami Herald*, *Nuevo Herald*, Univision, Telemundo, *El Pais* and more," Williams said in a memo to Oechsli in 2014. "The White House took notice and was engaged with our efforts. #CubaNow will continue to serve as the nerve center for our advocacy efforts moving forward by developing, disseminating and amplifying messaging for our partners and pressing the administration to take action."

## BRINGING IN BUSINESS: AMERICAS SOCIETY/COUNCIL OF THE AMERICAS

Atlantic's \$50,000 grant in November 2013 to Americas Society/Council of the Americas (AS/COA), a Cuba Roundtable member, supported the Cuba Working Group, AS/COA's collaborative think tank, to promote entrepreneurship in Cuba and to position Washington's policy to support the country's market transition and improve political relations between both nations.

Following a series of meetings and off-the-record discussions sponsored in the U.S. and Cuba, AS/COA reported: "We successfully disseminated two policy memos outlining the recent market developments in Cuba as well as the scope of executive authority needed to make impactful changes around entrepreneurship and diplomacy in Cuba."

One major step resulted in the *Open Letter to President Obama: Support Civil Society in Cuba*, published in May 2014, with a series of recommended policy changes. The 46 signatories were a who's who list, including a brigadier general; former cabinet secretaries; assistant, deputy assistant and under secretaries of state; members of Congress; CEOs and other high-level executives; and prominent Cuban Americans such as businessman Carlos Saldrigas and sugar baron Andrés Fanjul.

# ADDING MODERATE CUBAN-AMERICAN VOICES: CUBAN AMERICANS FOR ENGAGEMENT AND CUBA STUDY GROUP

Atlantic's wide range of partners included moderate Cuban Americans, supporting Cuban Americans for Engagement (CAFE) in its efforts to become a 501(c)(3) educational organization under U.S. tax law. "They brought such fresh voices into town... most are young, in their 20s, 30s, 40s," said Cindy Buhl, legislative director for Representative Jim McGovern (D-MA). "They showed us that they were the living embodiment of what the polls were telling us was happening... generational change."

In early 2014, the Atlantic Advocacy Fund (AAF) made a \$76,000 grant to the Cuba Study Group (CSG), an older generation of moderate Cuban Americans open to change, to support their comprehensive rollout of advocacy programming to change the U.S.'s Cuba policy. Alex Lee, former deputy assistant secretary of state for South America and Cuba, said, "The Cuba Study Group did tremendous work and was a powerful voice of reason in the debate."

The CSG grant funded four sets of activities: bridge-building through entrepreneurship, connecting professional classes on both shores, reconciliation and policy salons, and letter-writing campaigns and media outreach.

Its reconciliation and policy salons brought together high-profile community leaders and key expert speakers to address issues such as Cuban labor and foreign investment law, the impact of Cuban-American support for entrepreneurship training in Cuba (Cuba Emprenede), lessons from Spain's peaceful transition to democracy by conservative former Spanish Prime Minister José María Aznar, and lessons for Cuba from previous reconciliation processes.

In his 2015 report, CSG's Executive Director Tomás Bilbao wrote: "The work conducted by the Cuba Study Group... helped create more space for the administration to take executive action by engaging and magnifying new Cuban-American voices, mobilizing support for U.S.—Cuba policy reform, empowering Cuba's entrepreneurial class, ultimately resulting in the rollback of sanctions against Cuba."

# SUPPORTING MORE NUANCED COVERAGE: COLUMBIA SCHOOL OF JOURNALISM CUBA ACADEMY

In mid-October 2014, with a \$125,000 Atlantic grant, the Columbia School of Journalism convened a three day "Cuba Academy" to provide journalists with in-depth background information on how to cover Cuba in an era of change. The journalists heard 34 experts with information about why Cuba matters to the arts and culture, human rights, economic and political reform and challenges, the diaspora, historical perspective on U.S.—Cuban relations, secret negotiations and future prospects.

After the event, Bruce Shapiro, executive director of the Dart Center for Journalism and Trauma at Columbia, reported that the conference was successful in three key respects:

- **Timing and relevance.** Coming two months before the Obama and Castro administrations announced the release of prisoners and normalization of diplomatic relations, the conference effectively laid out background information, major themes and issue-specific perspectives that became central to participants' coverage.
- Range and caliber of journalist participants. The conference brought togetherlong-time "Cuba hands" with many years' experience covering the island, local reporters covering the Cuban expatriate community and younger journalists on various aspects of the Cuba beat.
- **Immediate impact.** Following the Cuba–U.S. announcement, conference participants published a steady stream of work, including several pieces that directly cited the Columbia conference." One article was Jon Lee Anderson's "Cuba's Ebola Diplomacy" in the November 4, 2014, issue of *The New Yorker*.

Williams said that the Cuba Academy was Oechsli's idea and "an example of Atlantic taking a best practice from another issue area and applying it to Cuba grantmaking. They had the formula for how to do it. It made the coverage of what did happen much more enlightened. It was really smart." He added, "It did not affect December 17, but it helped shape the coverage leading up to and following December 17."

# COOPERATING ON JOINT ENVIRONMENTAL CONCERNS: U.S.-CUBA HEMINGWAY COMMEMORATIVE PROJECT

The environmental sector work—the U.S.-Cuba Hemingway Commemorative Project: Protecting the Natural Resources of the Florida Straits—provided the support for the signing of two memoranda of understanding (MOUs) between the U.S. and Cuba and other cooperation on the environment.

"The environmental work continues to offer the greatest number of opportunities for true collaboration with Cuban counterparts in areas that are quite clearly in the parochial U.S. interest."

Andrea Panaritis, executive director of the Christopher Reynolds Foundation

The grantees were the Environmental Defense Fund (EDF), the Wildlife Conservation Society, the Black Permaculture Network and Cubanakoa, EcoCuba Network and Latin American Working Group (LAWG). LAWG took a delegation of marine resource institution representatives, including descendants of Ernest Hemingway, to meet with their Cuban counterparts to help lay the groundwork for enhanced cooperation to protect the marine resources of the waters that lay between the two nations.

Atlantic-CRF grants contributed to creating the conditions for the signing of MOUs to cooperate in the conservation and management of marine protected areas on November 18, 2015, and a bilateral agreement to prepare for and respond to oil spills and hazardous substance pollution in the Gulf of Mexico and the Straits of Florida on January 9, 2017.

"The environmental work continues to offer the greatest number of opportunities for true collaboration with Cuban counterparts in areas that are quite clearly in the parochial U.S. interest," Panaritis said in the final grant report submitted to Atlantic in 2014.

# OFFERING PEOPLE-TO-PEOPLE EXCHANGES: CENTER FOR DEMOCRACY IN THE AMERICAS

From the outset of Atlantic's funding of U.S.-Cuba policy work in 2008, the Center for Democracy in the Americas (CDA) has been a key grantee, educating policymakers and others through rapid responses to issues, a weekly digest of Cuba news and, most importantly, the direct experience of a trip to Cuba "to change hearts and minds in Congress."

CDA delegations to Cuba were small, providing a more individualized experience. Stephens and her team organized 71 trips for 642 people from 2008 through 2017. In addition to congressional delegations, CDA took governors, mayors and leaders in business, agriculture and the arts.

Participants and observers say that CDA does great fact-finding trips. Stephens said that she exposes congressional members and staff to a wide range of people and experiences so that they can see and decide for themselves what to think. "CDA has always tried to be bipartisan," she said. "We have brought Republicans to Cuba... the trips are to educate [both sides of the aisle and of the Florida Straits]." She added that a "side effect" of the trips was to expose Cubans to how U.S. policymakers think, and she has seen how Cubans' views have changed as well.

Former Miami Beach Commissioner Simon Cruz, a Cuban American who is president and CEO of Intercredit Bank in Miami, traveled to Cuba twice with CDA. Cruz was particularly interested in two things: helping small businesses and understanding changes occurring within Cuba and how U.S. policy affects them. He said: "Sarah really opened my eyes... I have given talks in Miami about the reality that is quite different from the hype and expectations."

**BEING THERE** CHANGES PEOPLE'S **HEARTS AND MINDS** 

The Center for Democracy in the Americas organized 71 trips to Cuba for 642 people from congressional staff, governors, mayors, business, agriculture and the arts leaders over 10 years.

Cruz also attended CDA briefings in Miami when other delegations return from Cuba. He recalled one with Congresswoman Kathy Castor (D-FL) of Tampa and Congressman Tom Emmer (R-MN). Representative Castor initially got interested in Cuba policy as a result of constituent demand for family reunification.

## CDA CONGRESSIONAL DELEGATION TRIPS TO CUBA, 2008-2017

Representatives who traveled	32
Number who signed on to pro-engagement legislation	28
Number who did so after CDA trip	7
Senators who traveled	3
Number who signed on to pro-engagement legislation	3
Senators who did so after CDA trip	1
House staffers who traveled	11
Number who were chiefs of staff	3
Senate staffers who traveled	35
Number who were chiefs of staff	29
Members of Congress whose staff traveled	40
Committee staff who traveled	3
Members who signed on to pro-engagement legislation	29
Number who signed on after their staff member traveled with CDA	6

"Sarah Stephens approached her at a meeting suggesting that she go to Cuba and see firsthand what it was like. At the time, Representative Castor was for the embargo.... After the trip [in early 2013], Rep. Castor spoke out against the embargo. The trip was very important for broadening her understanding of the issues and of Cuba.... It was something that her constituents care about, but her taking a leadership role in Congress resulted from CDA," said Lara Hopkins, deputy chief of staff for Castor.

In 2015, Castor and Emmer, on returning from another bi-partisan CDA trip, jointly reconstituted the House Cuba Working Group. The "new" CWG began with 13 Republican and 10 Democratic members, and they co-sponsored a bill to repeal the trade embargo (HR-3238 The Cuba Trade Act of 2015). Emmer and Castor resubmitted their bill (HR-442) in 2017.

# PROVIDING LEGAL JUSTIFICATION FOR ADMINISTRATIVE ACTION: WASHINGTON OFFICE ON LATIN AMERICA

The Washington Office on Latin America was another key grantee from 2008 through 2016 because of its leading role over many decades in the Latin American human rights, research and advocacy arenas.

Perhaps its most impactful results came from two small Atlantic grants—\$30,000 in 2014 and \$28,000 in 2016—which Oechsli initiated with WOLA to draft a summary memo to President Obama articulating reasons and actions that were within his legal authority to improve relations with Cuba.

"WOLA provided the White House with a wellarticulated memo with the right information and solutions at just the right time."

Christopher G. Oechsli

"WOLA's Cuba program staff drafted a comprehensive memo recommending...
to ease travel restrictions for most Americans, expand trade to Cuba's
emerging private and cooperative sector, facilitate U.S. exports to Cuba,
ease limits on U.S. telecommunications firms in the Cuban market, remove
Cuba from the list of State Sponsors of Terrorism and expand diplomatic
contact," explained Geoff Thale, WOLA's vice president of programs.

In December 2014, many of the recommendations in the first WOLA memo were reflected in the Presidential Policy Directive (PPD). Thus, the impact of Atlantic's \$30,000 grant was way beyond what any donor could hope for.

Oechsli pointed out that Atlantic worked with a number of players, but ultimately looked to WOLA. "WOLA provided the White House with a well-articulated memo with the right information and solutions at just the right time."

For the second grant, WOLA produced a stylistically similar memo in 2016, clearly setting out policy recommendations, with the political rationale for their enactment by President Obama during his last year in office with the legal justification to use his executive authority to enact them.

#### WOLA'S POLICY CHANGE RECOMMENDATIONS

Ease travel restrictions for most Americans

Expand trade to Cuba's emerging private and cooperative sector

Facilitate U.S. exports to Cuba

Reduce limits on U.S. telecommunications firms in the Cuban market

Remove Cuba from the list of State Sponsors of Terrorism

Expand diplomatic contact

"This memo was developed in conjunction with a group of Cuba policy experts [from Brookings, CDA, Council of the Americas, and others]," said Thale, "and then carefully vetted legally because we wanted to be sure that the details were technically correct and that the recommendations we were making would pass muster with the White House legal team."

In mid-March 2016, the administration announced a round of regulatory changes at both the Office of Foreign Assets Control and the Commerce Department. The President traveled to Cuba on March 21 and 22, and his actions there, including a major policy speech, underscored significant policy shifts.

"Many of the regulatory actions had been included in the memo.... We believe that our policy memo reinforced the position of those in the administration who sought significant changes, and that it contributed to broader discussions about policy options," according to a WOLA report. "At the least, our memo reinforced the internal arguments for significant policy steps. At the most, our memo added new elements and contributed to more far-reaching policy steps."

"This [process of normalization] could not have been possible if there hadn't been this groundwork done by organizations like the Center for Democracy in the Americas, by the Washington Office on Latin America, or the Latin American Working Group."

Dr. Carlos Alzugaray Treto, former Cuban ambassador to the European Union and independent political analyst in Havana

"Once it became clear that the Obama administration was open to change both before December 2014 and afterwards, I think those road maps were really helpful," said Buhl. "When it comes from an organization like WOLA and an individual like Geoff Thale, it carries a lot of weight. People understand that he is not pushing a personal agenda, and that it is well-thought-out and discussed with a number of actors about what can and cannot be done under the current legal environment.... none of us could do our work without WOLA. They are so well-versed in many sectors."

## **OBSERVATIONS AND FOLLOW-UP**

There is no question that Atlantic's grantees working on reconciliation between the U.S. and Cuba from 2008 to 2017 played an important role, both jointly and individually, in contributing to President Obama's historic resumption, deepening and expanding of relations with Cuba. Grantees also

contributed significantly to changing and documenting both congressional and public opinion, thereby creating political space for the President to act. They also prodded policymakers to act.

In retrospect, it's clear that both the President and many members of Congress wanted to re-establish relations with Cuba to one degree or another, but they needed the support of the NGO community and the general public. That's what the Atlantic grantees provided.

"Once it became clear that the Obama administration was open to change both before December 2014 and afterwards, I think those road maps were really helpful. When it comes from an organization like WOLA and an individual like Geoff Thale, it carries a lot of weight. People understand that he is not pushing a personal agenda."

Cindy Buhl, legislative director for Representative Jim McGovern

A senior administration official, speaking on background in 2014, said: "If you look at the constituency for this type of change, it involves many different elements of American society: Cuban Americans; the Catholic Church; the U.S. business community. So again, we believe that there is a substantial constituency and multiple constituencies for this type of change. And that too will shape the dynamic in Congress going forward." The constellation of Atlantic grantees, among others, worked hard to create, document and amplify the message of this change of views among all of these groups who were their partners in making change as part of the Cuba Roundtable.

From the Cuban side, Dr. Carlos Alzugaray Treto said: "This [process of normalization] could not have been possible if there hadn't been this groundwork done by organizations like the Center for Democracy in the Americas,

by the Washington Office on Latin America, or the Latin American Working Group. They have contributed in creating in both societies and among decision-makers on both sides that this can be done and that there is a possibility of dialogue." Treto is a former vice-rector of the Cuban Higher Institute for International Relations and former Cuban ambassador to the European Union who is now an independent political analyst in Havana.

It is important to note the role of Atlantic's funding partners. As Oechsli said: "We are fully aware of the critical role of our partners. They did incredible work, took advantage of an opportunity, the factors finally aligned, and their contribution to those factors made an important difference."

#### FINAL EFFORT: THE ATLANTIC FELLOWS® PROGRAM

The Atlantic Fellows® program is one of the foundation's final and biggest bets. In total, The Atlantic Philanthropies will invest more than \$700 million over the next two decades in building this global network of thousands of emerging social-change leaders, and the institutions that support and nurture them.

In addition to the grants previously discussed, at the end of Atlantic's grant-making in 2016, it committed \$2 million to the Center for Democracy in the Americas. This grant, made as part of support for the Atlantic Fellows Program, was to develop a Cuba Platform for Dialogue and Learning to provide direct experience and knowledge exchange between Atlantic Fellows and Cuba in the areas of health equity, food security, socio-economic inequality, and issues of race and gender.

Atlantic Fellows have innovative ideas and the courage, conviction and capacity to bring lasting improvements to their communities and the world. Fellows work together across disciplines and borders to tackle some of today's most pressing issues: systemic inequality and racial equity; barriers to full participation in democracy; major health challenges such as dementia; and a lack of access to care.







"Doing transplants has been the motor for development of the whole hospital.... It requires all the other disciplines: anesthesiology, nutrition, infection control, microbiology. The complexity of transplants requires improved management and organization strategies, higher scientific levels, an increase in quality of diagnostic studies and imaging tests." Liver transplant patient Fabian Menendez waits with his mother at William Soler Pediatric Hospital.

Dr. César Silverio, chief of hepatology at William Soler Pediatric Hospital

# William Soler Pediatric Hospital

SAVING LIVES THROUGH PEDIATRIC LIVER TRANSPLANTS

lthough Cuban doctors performed their first liver transplant on an adult in 1986, it was nearly 20 years later, in 2005, that they performed their first successful surgery of this kind for a child.

Cuba's pediatric liver transplant program has provided important breakthroughs in health care. Skills learned through this investment also are being applied in other areas of health care here and elsewhere in the region.

"Today, a Cuban child with a liver, bile duct or pancreatic problem can have optimal treatment. This center allows us to solve a series of problems," said Dr. Ramón Villamil, unit chief of hepatobiliary services and transplants at the William Soler Pediatric Hospital. "The project developed this whole part of the hospital. Now we intervene on behalf of children from birth to 18 years of age. We also assist the adult program."

Three Atlantic Charitable Trust (ACT) grants in 2007 and 2009, totaling about \$650,000, helped equip Dr. Villamil's unit with two operating rooms (separate from those of general surgery), pre- and post-op rooms, a treatment room for minor surgery, a play-classroom and a 22-bed ward. All have high-tech equipment essential to achieve successful outcomes.

Because of these improvements, doctors are now able to screen, diagnose and treat with a high success rate 100 percent of children with diseases affecting

liver, bile ducts and pancreas, as well as other serious conditions such as pre-hepatic portal hypertension (high blood pressure caused by damage or blockage in veins that drain blood from various organs into the liver). The medical staff use ultrasound-guided surgical techniques, particularly for liver biopsies, location of veins and portal hypertension—all minimally invasive procedures.

Before this center existed, they had to send patients out of the country for transplants. Dr. Villamil said, "Sadly, all our patients died." Children with irreversible liver disease usually couldn't make the trip to the LaPaz University Hospital in Madrid for the surgery.

Part of the ACT grants supported specialized medical training abroad, enabling Dr. Villamil and nine team members to spend three months at the LaPaz University Hospital. The grants also funded scientific exchanges with leading international specialists in the United States, and transportation and communication systems within Cuba for the National Program of Pediatric Liver Transplants.

Like all ACT investments in Cuba, this one has had a multiplier effect. The team members who studied abroad shared their knowledge with colleagues at home and in other countries, providing training courses, presenting at professional meetings, and educating both Cuban and foreign medical residents.

## PEDIATRIC LIVER TRANSPLANTS SURVIVAL RATE

	2013	2016	
Newborns	58%	85%	
1 year	88.6%	90.1%	
3 years	70%	73.5%	
5 years	70%	72.8%	



Dr Ramon Villamil (left), unit chief of hepatobiliatory services and transplants at William Soler Pediatric Hospital, shares with hospital staff knowledge about pediatric liver transplants that he learned from observing the work of the procedure's pioneer, Dr. Thomas Starzl at Children's Hospital of Pittsburgh. "Doing transplants has been the motor for development of the whole hospital.... it requires all the other disciplines: anesthesiology, nutrition, infection control, microbiology," said Dr. César Silverio, chief of hepatology at William Soler Hospital. "The complexity of transplants requires improved management and organization strategies, higher scientific levels, an increase in quality of diagnostic studies and imaging tests." As a consequence, the hospital as a whole has achieved lower mortality rates.

The William Soler Hospital now has higher survival rates for children with acute liver failure, not just for transplants, and for those with many other liver and pancreatic issues. The program has progressed from doing transplants with organs of deceased persons to live donors, which is much more complex, requiring simultaneous operations on both the donor and the recipient. That, Dr. Villamil said, is the measure of a mature transplant program.

From 2005 through 2016, they performed 85 liver transplants and 154 pre-hepatic portal hypertension operations using state-of-the-art techniques. The latter is their second most complicated surgery, requiring a multidisciplinary team and often lasting up to seven hours.

## SYNERGISTIC GRANTMAKING

One hallmark of The Atlantic Philanthropies grantmaking is the effort to create synergies and complementarity among grant projects. The work of three other Atlantic grantees also supported the hepatobiliary services and transplant team's work.

Global Links provided medical equipment, surgical instruments and reference books as well as facilitated scientific exchanges. Particularly important, according to Dr. Villamil, was the opportunity in 2009 for a team of doctors and a surgical nurse to spend a week at the Children's Hospital of Pittsburgh observing Dr. Thomas Starzl—the first surgeon anywhere to perform a pediatric liver transplant—and his team operate.



Ayamey Herrera awaits an operation at the Cardiology Center at William Soler Pediatric Hospital.



Global Links employees load one of many shipments of medical supplies for Cuba.

In an interview with the *Pittsburgh Post-Gazette* at that time, Dr. Villamil said: "They are the most experienced transplant professionals in the world, and we have learned a lot from them this week." Later, he stated that on returning to Cuba they implemented many of the practices and procedures they saw in Pittsburgh. They now have good standard operating procedures, something they learned that was a key part of the success of Dr. Starzl's team. Moreover, the Cuban transplant team has consulted with him via email on very difficult cases.

In the same article, Kathleen Hower, co-founder and executive director of Global Links, a Pittsburgh-based NGO that collects and shares surplus medical supplies, said that Dr. Villamil and his team were more interested in learning from Dr. Starzl than in any equipment donation, as important and needed as that was. Through a later grant to Global Links, a second trip was arranged to observe the work of Dr. Starzl and his team. Dr. Villamil credits this training with a 90 percent transplant survival rate at his hospital.

Global Links provided equipment and instruments, which Dr. Villamil reported they are still using, but the U.S. embargo greatly complicated and delayed both their acquisition and delivery. As a result, the project team had to request a two-year grant extension from ACT because of legislation that tightened the embargo.

Atlantic-grantee INFOMED has been critical for communicating both within the pediatric transplant network across the island and with medical scientists abroad. "It is the information platform that provides support for our work:

#### FIRST PEDIATRIC LIVER TRANSPLANT FROM A LIVING DONOR



In 2011, two-year-old Giuliana Torres became the first child in Cuba to receive a liver from a living donor, her father. Seven years later, Giuliana and her dad are both in good health. She is a lovely, beautiful child who attends primary school and is developing satisfactorily.

Like all children with transplanted organs, she receives regular checkups every three months. When Guiliana has any health issue, she travels free of charge with either a parent or her grandmother from her home in Camagüey to Havana. There she receives free treatment from the hepatobiliary services and transplant team at the William Soler Pediatric Hospital.

Because of the immunosuppressant medications, Giuliana wears a surgical mask at the hospital to reduce her chances of getting an infection. For a trip in September 2016, she was accompanied by her grandmother, Consuelo, who mentioned Liver-transplant recipient Giuliana Torres waits with her grandmother during a routine checkup at William Soler Pediatric Hospital in 2016.

how well the medical staff had educated their family to handle the everyday needs of a child on immunosuppressant drugs.

Consuelo said the treatment for her granddaughter and other transplant patients was delivered "with great love, preoccupation and attention for the children and the parents." At home, her family doctor, who is in close contact with the hospital team, monitors her progress.

Grandmother Consuelo expressed her appreciation for the government, the doctors and all of the well-prepared staff for how much they cared for Giuliana and all of the transplant patients.

journals; interconnection among family doctors, hospitals and institutions; videoconferences; and networks for transplants, pediatrics, surgery, etc., where we put up cases for discussion and everyone's information," said Dr. Villamil. INFOMED connects family doctors to the hepatobiliary services and transplant unit at the hospital, thereby facilitating both early diagnoses and follow-up care, which are critically important for doctors and their patients.

Finally, Dr. Villamil pointed out that *MEDICC Review*, produced by another Atlantic grantee, was the only journal that published articles about their work in English, which is essential for the world to see these results.

# INFOMED and the National Medical Sciences Information Center

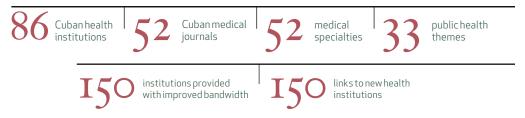
USING COMPUTER TECHNOLOGY TO TACKLE PUBLIC HEALTH ISSUES

Even though Cuba's health care system is highly regarded in terms of access, health indicators and doctor—patient relations, it has struggled in other areas, including basic information technology (IT) infrastructure.

Modest Atlantic Charitable Trust investments in the IT-platform INFOMED enabled every medical professional to access information and transformed communications for the health sector—making these grants among the foundation's most impactful in Cuba.

Strengthening the medical IT sector made INFOMED the most important computer network in the country, reaching users far beyond the health sector, said Rolando Rodríguez, chief of the Department of Informatics and Computational Medicine at the National Institute of Nephrology. It expanded Internet access, which had been extremely limited in Cuba, giving approximately 10,000 new users access to the network and adding more than 15,000 email accounts.

#### INFOMED'S NETWORK



A more robust INFOMED has supported research, including data collection and analysis for the Isle of Youth vascular diseases study; education and training, such as the development of the Virtual Health University; and computer labs at medical schools across the country.



Dr. Rolando Rodriguez, chief of the Department of Informatics and Computational Medicine at the National Institute of Nephrology, has shepherded INFOMED's growth. He confers here with a colleague on the system.

ACT support also enabled the National Library of Medicine and the Virtual Health Library to develop nine online thematic bulletins, digitize medical-journal editorial and publication processes, and support digitalization and conservation of theses and historical documents, said Ileana Armenteros Vera, chief of the Department of Library Services at the National Medical Sciences Information Center (CNICM).

Dr. Roberto Zayas Mujica, director of medical sciences publishing at CNICM, said internal and external communications expanded to more than 90 portals for communities of practice in health. These improved communities of practice—made possible by INFOMED enhancements—boosted health service delivery for the Pediatric Heart Network, the Pediatric Transplant Network and the Nephrology Network for diagnosis, treatment and follow-up of patients, Rodriguez added.

"Working in a network of people using computers is key. That is how you turn this great quantity of clinical information into knowledge, treatments, medicines, new diagnostic tools and prevention. That is what is important."

Rolando Rodriguez, chief of the Department of Informatics and Computational Medicine at the National Institute of Nephrology

INFOMED's homepage has links to a network of other portals that include 86 Cuban health institutions, 52 Cuban medical journals, 52 medical specialties and 33 public health themes as well as links to the Virtual Health University, the Virtual Health Library, the medical dictionary, and other health news and announcements. Through the Virtual Library, there also are links to the U.S. National Library of Medicine's PubMed search engine, the Cochrane Library of evidence-based medicine and European publishers of medical journals.

Internet access in Cuba is very limited and expensive. As a result, INFOMED email accounts and web access may be the only way some researchers and professors are able to keep up with knowledge outside of Cuba. ACT grants enabled INFOMED to double the mailbox capacity and storage space for all institutions' websites and the INFOMED portal. INFOMED also dramatically improved bandwidth for 150 health institutions and added 150 links to new health institutions.

#### THE ISYS EFFECT

IT proved critical to the internationally recognized Isle of Youth Epidemiological Study of Chronic Renal Diseases, Cardio-Cerebrovascular Diseases, Diabetes Mellitus and Hypertension (ISYS). In addition to providing computers and digital training to every family doctor on the Isle and new computer systems, servers and networks at the National Institute of Nephrology, IT improvements also included establishing the Informatics and Computational Medicine Department, which is capable of integrating and analyzing epidemiological and clinical data on the study's 80,000 participants.

"Working in a network of people using computers is key," said Rodriguez. "That is how you turn this great quantity of clinical information into knowledge, treatments, medicines, new diagnostic tools and prevention. That is what is important.

"We have the largest scientific calculation system in the country," he said, "which demonstrates the importance that the government has given to CKD [chronic kidney disease]. The ISYS experience is changing the paradigm of how and for what IT is used. We are developing and testing prototypes to extend throughout the entire health system and to other specialties throughout the country."

Rodriguez added: "Decision-makers have realized the importance of using this technology to tackle public health issues. We are working on eHealth with WHO/PAHO [World Health Organization/Pan American Health Organization].... The model that Cuba is proposing is the same one that WHO/PAHO is proposing for the rest of the developing countries." Sharing resources, which is typical of all Cuban institutions, multiplies the effect of assisting one institution or sector.



Dr. Yamilé Garcia Villar (left), deputy director of diagnostics at the National Institute of Nephrology, shares how IT helps medical staff save lives. Dr. Raúl Herrera-Valdés, former director of the National Institute of Nephrology and co-principal investigator in the ISYS study, pointed out the three-step change that allowed for the development of an IT culture and computerization of ISYS research.

"Before the creation of the computational medicine laboratory, the Institute did not have computers. [Through an ACT grant], we were given about 150 computers and uniformly distributed them throughout the institution. That allowed us to give courses in computerization, which was decisive in our research and daily operations," Dr. Herrera-Valdés said.

"As a second component, we developed an IT network on the Isle of Youth," he explained. "And in a third extremely important component, we got computers for all nephrology units in the country, all transplant centers and histocompatibility [tissue compatibility] laboratories. This allowed us to develop a network and database that possibly has the most statistical information in the country about what is happening with our patients. This network formed around the National Coordination Center for Chronic Kidney Disease, which maintains an almost daily record of all incidents of dialysis, transplants and register of all patients with CKD."

IT also has been extremely important for teaching new surgical techniques, such as laparoscopic surgery in live-donor kidney transplants, said Dr. Yamilé Garcia Villar, deputy director of diagnostics, National Institute of Nephrology. The operating room is equipped for video transmission of transplants and other complex surgeries to the whole Institute and, if their Internet connections permit, to the whole country.

The INFOMED network offers connections and collaboration that help save lives and reach far beyond the health sector in Cuba.

# Latin American Medical School—ELAM

HELPING U.S. GRADUATES PREPARE TO WORK IN UNDERSERVED COMMUNITIES IN AMERICA

Cuba's Latin American Medical School was established in 1999, a year after Hurricanes Mitch and Georges devastated Central America and Haiti. The goal was to help the affected countries rebuild and improve their health care systems by, among other things, providing training for doctors free of charge and requiring them to return home to serve vulnerable communities. The government soon extended admission to all of Latin America, the Caribbean, Africa, and some Asian and Oceania countries, as well as students from vulnerable U.S. communities.

"We have a pipeline [of graduates] from ELAM. They all are phenomenal. They generally are people who wanted to go to medical school to be a doctor for the right reason. They arrive with what a lot of us have lost touch with: We go into medicine to do service for people, and we are here to give service to people who don't have any other place to go."

Dr. Robert Liebig, chief of radiology, Contra Costa Regional Medical Center in Martinez, California

Seeing the importance of ELAM's training in public health, Atlantic Charitable Trust (ACT) supported the medical school, its students and its graduates in a number of ways. Its funding established in-house printing and publishing capacity for everything from journals and textbooks to educational materials and forms. ACT also invested in information technology and the INFOMED platform, clinical laboratory improvements and upgraded patient simulators,



ELAM graduates — Drs. Mena Ramos, Brea Bondi-Boyd and Jessica Lucey — work at the Contra Costa Regional Health Services branches in California.

"In the U.S., we practice defensive medicine. We order tests to cover our back. Not in Cuba: You learn to deal with the situation at hand, no matter what resources are available."

Dr. Brea Bondi-Boyd, ELAM graduate and physician at Contra Costa Health Services' branch in Concord, California

and access to medical literature for all medical schools in Cuba through its partner, the Ministry of Health. Grantees Global Links and MEDICC outfitted ELAM graduates and students with medical backpacks containing basic medical literature and equipment.

In an effort to provide more doctors in underserved parts of the United States, Atlantic grants to MEDICC also assisted U.S. ELAM students and graduates with their transition to work in the U.S. health care system. MEDICC found mentors, clinical research fellowships and residency programs as well as provided financial aid for the U.S. medical licensing exam (USMLE).

This has been important because the practice of medicine in the U.S. has a different focus. Dr. Brea Bondi-Boyd, an ELAM graduate who is a family medicine physician at Contra Costa Health Services' branch in Concord, California, said: "In the U.S., we practice defensive medicine. We order tests to cover our back. Not in Cuba: You learn to deal with the situation at hand, no matter what resources are available."

"A lot of people think that ELAM must be preparing us for U.S. tests and licensing exams. But, they are preparing us to be a physician; medical theory is very similar across the globe," said ELAM graduate Dr. Mena Ramos. "The fact that MEDICC created a whole system to help us prepare for the USMLE... was invaluable. I had no idea how to go about this."

## WHAT KIND OF DOCTOR IS AN ELAM GRAD? MEET DR. MENA RAMOS

Dr. Mena Ramos is a family medicine physician working in the emergency room at Contra Costa Regional Medical Center (CCRMC) in Martinez, California. She also teaches residents and fellows point-of-care ultrasound. Prior to her current position, she completed her residency in family medicine at CCRMC and a global health fellowship in Malawi, Africa. Dr. Ramos is an example of the caring health professionals ELAM is training to work in under-resourced communities throughout the world, including in the United States.

"Mena is incredibly positive and competent. She has an infectious enthusiasm about medicine and the people we serve, the immigrant and vulnerable populations we take care of here in a county hospital emergency room," said Dr. Kevin Bergman, ER staff physician at CCRMC and former director of the Global Health Fellows Program. "There is a certain cultural respect and humility, but at the same time a very strong desire to connect and to offer hope."

"Like Mena, who made a huge difference in Africa, [ELAM graduates] are much better doctors because they see the big picture. They know how to deal with a temporary lack of resources or uncertainty. They make all of us better."

Dr. Robert Liebig

She feels that ultrasound is a game changer because it is so beneficial at low cost. "It allows me to spend more time with patients at their bedside, building rapport, meanwhile arriving at potentially life-saving diagnoses in real time," said Dr. Ramos.



Mena Ramos (left) shows off her ELAM diploma to her friend Gloria Chapman Mil, retired University of Havana professor.

Dr. Bergman added: "I would imagine some of who she is came from her experience at ELAM. She is committed to giving back, and to teaching residents and doing trainings in Africa where she was a Global Health Fellow. There is a feeling of citizenship and responsibility to pay it forward, do good work medically along the way, and reduce health inequities."

Dr. Kaya Belknap, a family medicine resident being trained by Dr. Ramos, said: "In addition to learning ultrasound skills from her, I am learning bedside manner, how to interact with people, and think about different diagnoses and what the treatment is. It has been a really positive experience." Dr. Ramos taught her to use resources wisely and not to overprescribe tests.

Dr. Robert Liebig, chief of radiology and Dr. Ramos' supervisor, said, "Like Mena, who made a huge difference in Africa, [ELAM graduates] are much better doctors because they see the big picture. They know how to deal with a temporary lack of resources or uncertainty. They make all of us better.

"If our MRI scanner is broken and Mena has a patient that could use an MRI, she is not paralyzed or frozen that she cannot go to the next step because it is blocked. She will presumptively treat them... support them, get them transferred... whatever it takes," he added. "We need people like Mena to keep the rest of us in touch with the human side of medicine."

ELAM graduates like Dr. Ramos are known for practicing with heart and brains... practicing the art of medicine.

# Community Partnerships for Health Equity

MEDICC's Community Partnerships for Health Equity program connects 12 intergenerational, low-income communities across the United States in an effort to improve health outcomes and equity. So far, the program has brought 300 participants to Cuba from 100 local organizations serving people most affected by social and health disparities.

"We had more health educators go to Cuba than any other type of professional. They have really embraced what they saw there, integrating health education right into the medical services. That was a result of the Cuban experience. We had health education, but it functioned almost independently. Now health education and medical services are being brought together in a more formal way, and the doctors love it. So do our patients."

Jane García, CEO of La Clínica de la Raza

These trips provide transformative learning experiences for health care leaders and medical students. The insights they gained from observing Cuba's best practices to improve health care and health equity helped them become better health care providers when they returned home. Here are reflections about the experiences of a few CPHE members in the Oakland, California, area and Albuquerque, New Mexico, and what changed for them.

Jane García, CEO of La Clínica de la Raza's network of 34 health care facilities serving Contra Costa, Solano and Vallejo counties in the greater Oakland area, said that she and the medical professionals and educators with whom she traveled to Cuba in 2006 "stay in touch and always reflect back on that visit."



Jane Garcia, CEO of La Clínica de la Raza's network of 34 health care facilities, stays in touch with the people she traveled to Cuba with in 2006. Garcia noted that the trip resulted in "a focus on population health and the personal responsibility that comes with... prevention and team-based care... [and] partnerships."

She added: "We can't do anything alone. Our relationship with Highland Hospital has to be synergistic, and we have to complement the services we offer. Our relationship... is much stronger now, and we are acutely aware of how we are both part of a system and how, if one part of the system is not working well, it affects all of us. That is one part of what we learned in Cuba. I am surprised how it really impacted my way of thinking."

"What surprised me about looking at Cuba is how well-coordinated the health care system is, especially compared with the fragmented health care system we have in the United States. In Oakland, we were really inspired that everyone was working very collaboratively and across the health care sector. We were inspired to do the same."

Anna Dorman, health educator at La Clínica de la Raza in Fruitvale, California

Regarding health education, she said: "We had more health educators go to Cuba than any other type of professional. They have really embraced what they saw there, integrating health education right into the medical services. That was a result of the Cuban experience. We had health education, but it functioned almost independently. Now health education and medical services are being brought together in a more formal way, and the doctors love it. So do our patients."

Anna Dorman, a health educator at La Clínica de la Raza in Fruitvale, California, said that the Oakland area CPHE participants began meeting in 2007. There were three trips of 15 people each from different organizations over three years. They saw hospitals, clinics, schools and more.

"What surprised me about looking at Cuba is how well-coordinated the health care system is, especially compared with the fragmented health care system we have in the United States," said Ms. Dorman. "In Oakland, we were really inspired that everyone was working very collaboratively and across the health care sector. We were inspired to do the same."

She said it is ironic "that we had to go to Cuba to meet people who were in our own backyard... We really had the ability to work together in a way we wouldn't have, if we just went to meetings and didn't have... that inspiration of Cuba behind us."

Fernando Ortega, now program director of ACCESS—art, community, culture, education, sports, sciences—in Albuquerque, said: "What impressed me the most was the creativity, purpose and development of the system without [financial] resources.... After going to Cuba we had cohesion, goals and collaboration.... There is a before Cuba and after Cuba."

"[It] has been life transforming, in the sense that it is not only affecting our professional work, but it's also affecting our individual work... the way we react and the way we think now. [Cuba] gives you a different perspective. It is a very unique paradigm shift that we are making so that we can improve ourselves, our families and our communities."

 $Francisco\ J.\ Ronquillo, CPHE-member\ physician's\ assistant\ and\ health\ specialist$  at the University of New Mexico Health Sciences\ Center

He returned from his first CPHE trip with great ideas and energy. A few months later, Ortega began working with children in a multidisciplinary way, which led to the creation of ACCESS. Although working with children is his priority, they also bring in their parents and grandparents.



A community mural decorates the hospital in Fruitvale, California.

"If they are diabetics, we refer them to Guadalupe Fuentes at the Girasol Programa Preventivo de Diabetes (Diabetes Prevention Program). If they need food, medical or mental health attention, they are referred to Alma Olivas at Centro Sávila. The network from the CPHE coordinates resources and collaborates to provide the widest range of services possible to meet the needs of their community," he said.

Ms. Fuentes, a diabetes health specialist, did not go to Cuba, but learned from CPHE members who did. Her multifaceted program incorporates nutrition, exercise, stress management, other health issues, sex education for people with diabetes and support group classes. Her insistence on family participation is a practice from Cuba she has incorporated into her program. As a result, she requires that family members attend classes and one-on-one appointments with the person who has diabetes, especially the one who cooks for him or her.

For some, a trip to Cuba makes people dream of doing what they once thought impossible or beyond their reach. "[When we came back], we wanted to change the world. We saw an emergency room in Cuba, and the doctor said that this and that equipment were broken, but the first thing we give the patient is love," said CPHE member Francisco J. Ronquillo. "There were lots of lessons: being compassionate, primary prevention... how to share resources, community cohesiveness and engagement, equitable opportunity, how creative they are... future appointments in a shoebox... how simple." Ronquillo is a physician's assistant and health extension rural officer, and a health specialist at the University of New Mexico Health Sciences Center.

"[It] has been life transforming, in the sense that it is not only affecting our professional work, but it's also affecting our individual work, our personal life in terms of the way we perceive things, the way we react and the way we think now. It gives you a different perspective. It is a very unique paradigm shift that we are making so that we can improve ourselves, our families and our communities," Ronquillo said.

### Cuban Neurosciences Center

CHANGING CHILDREN'S LIVES: EARLY SCREENINGS FOR DEVELOPMENTAL DISORDERS

A Cuban-developed early screening program that detects brain-based and hearing disorders is being rolled out across the country after a successful pilot funded by Atlantic Charitable Trust. Due to its success, three resource-constrained South American countries are also exploring reproducing it to help their children who have developmental disorders lead normal lives.

Developed at the Cuban Neurosciences Center (CNEURO), the neurological screening program identifies newborns through school-age children needing further diagnosis, treatment and levels of care. A \$444,000 grant from ACT helped researchers further refine the testing and diagnostic technologies and to create a replicable model for use elsewhere. It also funded transportation for a SPECT-CT scanner from Europe to Cuba.

Routine risk evaluation is rarely done in developing countries because of cost. The CNEURO method is simple and economical. Teachers identify signs of neurocognitive risk factors or deficiencies based on behavior. Later, they receive the child's profile with suggestions to address deficits.

ACT supported testing of neurocognitive development in 2,000 students at Ciudad Escolar Libertad in Havana. As a first step, CNEURO established a laboratory at the University of Pedagogical Sciences to train current and future teachers in its testing methods. Separately, infants and pre-school children at the Maternity Hospital and the Borrás-Marfán Pediatric University Hospital were tested using other techniques.

After successfully completing the pilot program in Ciudad Escolar, the Ministry of Education supported extension of the program to the entire country for universal coverage, greatly exceeding the project's initial objectives. Neurological testing of children, even when they are school-age, is important to their future development. "They often have learning disabilities: dyslexia, dyscalculia, attention deficit or hyperactivity," said CNEURO's Dr. Maria de Rosario Torres. "If these issues are not properly treated, the child may develop anti-social behavior, drop out of school, have an early pregnancy, abortions or problems with the police."

"Normally countries like ours, developing countries that don't have the resources to do specialized evaluations, don't attend to neurodevelopment because it is costly. But this affects the development of the country because it affects our mental capital. Therefore, I believe that it is our responsibility to implement strategies and technologies to develop the potential of children and not accept that they have deficits."

Dr. Maria de Rosario Torres, head of CNEURO's neuro-cognition department

Dr. Torres, who heads the school's neurocognition department, explained that routine risk evaluation, which is a continuing service now offered in a separate building, is rarely done in developing countries because of the cost, both for diagnosis and then treatment or case management. The CNEURO method is quite simple and economical. Teachers answer a questionnaire to identify signs of either neuro-cognitive risk factors or deficiencies based on the child's behavior. Afterward, they receive a profile of the child's strengths and weaknesses, along with suggested ways to address any deficits.

As is typical in Cuba, this work has created a ripple effect benefiting other countries. "Ecuador has asked to install the program in the whole country," said Dr. Torres. "We began with a pilot study with 20,000 children in two cities: Guayaquil and Santa Elena.... El Salvador and Peru also have expressed interest."

ACT funds also supported testing for hearing deficits in infants born at the Maternity Hospital and in the pre-school population. Dr. Alejandro Torres Fortuny, chief of audiology at CNEURO, explained: "If there is any indication of a hearing deficit at birth, the infant is referred to the Borrás-Marfán, which provides complete diagnostic assessments to evaluate auditory capacity. When children are older and can respond, we have other equipment to test both objective and subjective responses," he added.

Torres Fortuny noted that even though most hearing loss is detected at birth, illnesses in the early years can also damage a child's hearing. "This is when the family doctor looks for signs of hearing loss and refers the children to us for further evaluation and treatment," he adds.

In addition, the family doctor or parents may notice that the child is not speaking or reacting as expected, so they refer the child to discount a possible hearing deficit or neurological problem rather than give a quick diagnosis of autism.

"We have to give the parents a solution too," said Torres Fortuny. "The solution is not always a hearing aid." Infections require other treatments; some issues may lead to surgery or a cochlear implant.

The grant also helped strengthen the national neonatal auditory research program by permitting screenings of all at-risk newborns at Havana's principal maternity hospital, where there are about 4,000 births per year.

"Normally countries like ours, developing countries that don't have the resources to do specialized evaluations, don't attend to neurodevelopment because it is costly," said Torres Fortuny. "But this affects the development of the country because it affects our mental capital. Therefore, I believe that it is our responsibility to implement strategies and technologies to develop the potential of children and not accept that they have deficits."

# Center for Democracy in the Americas

WORKING TO IMPROVE U.S.-CUBA RELATIONS BY CHANGING HEARTS AND MINDS

People-to-people trips to Cuba were arranged regularly by the Center for Democracy in the Americas (CDA) "to change the hearts and minds" of the visitors. Virtually all participants reported that it worked, partly because CDA exposes them to a wide range of people and experiences so that they could see and decide for themselves what to think.

CDA delegations to Cuba were small, providing a more individualized experience. They were part of the overall strategy supported by Atlantic to help push for normalization of U.S.–Cuba relations. Sarah Stephens, executive director and founder of CDA, and her team organized 71 trips for 642 people from 2008 through 2017. In addition to congressional delegations, CDA takes governors, mayors and leaders in business, agriculture and the arts.

"The most valuable thing I learned was the admiration that average Cuban citizens have for the United States. They all make the distinction between the people and the government.... Sarah Stephens really made an effort to put us in touch with everyday people."

Dean Hingson, former chief of staff for then Senator Dan Coats

"This trip really did change my view.... It was about seven months before the President [Obama] announced the detente, for lack of a better term, with the Cuban government. The trip was incredibly important in informing my work with Senator Coats. Cuba was a dormant issue at that time; it was really quite stunning when the President announced... that deal," said Dean Hingson, who was chief of staff for Senator Dan Coats (R-IN), about his CDA trip to Cuba in May 2014.

"I had a typical view of Cuba as a communist dictatorship off the coast of Florida, which it is and remains. But person-to-person, when you start to think in terms of people and not just all of the freighted history of Cuban-American relations... it made what the administration did a little more understandable. Alan Gross was still being held prisoner when we were there...," he added.

"One lesson from this work is that it is a peopleto-people thing. It is as simple as exposing people to a place, a culture, an environment, a political system that they would not have an opportunity to interact with otherwise."

Dean Hingson, who was chief of staff for Senator Dan Coats (R-IN)

"The most valuable thing I learned was the admiration that average Cuban citizens have for the United States," said Hingson. "They all make the distinction between the people and the government. Most of them have relatives in south Florida who send them remittances, which are a large part of the economy. Sarah Stephens really made an effort to put us in touch with everyday people. It was fascinating to sit down with the foreign ministry, the ministry of the economy, academic economists, etc., but I don't think I believed a lot of what they had to say.

"What made the difference in the trip was ... everyday people. We went into the home of a musician. We met with one of the leaders of the Ladies in White [an opposition movement founded in 2003 by women family members of jailed dissidents]. Even the tour guide that we had for a lot of the trip was a pretty straightforward guy. He may have been an agent of the Cuban government, but he was straightforward about Cuban-American relations. We even met with the American representative at the Swiss Interests Section and got his views on the ground. I did a lot of these staff delegations when I was on the Hill, and typically you were hosted by the foreign government and did not have the average citizen as part of the trip."

Hingson continued: "Sarah has pretty regularly convened our group. We have done dinners... and talked about our experiences. The last one, she combined with another group she took, and that was really useful.

"When I left Senator Coats' office in 2016, our agricultural interests were the most keen on changing relations.

"Senator Coats came into Congress in 1980, a Reagan baby and old Cold Warrior. My work... being able to speak of my own personal experiences, allowed us to temper the rhetoric after the President's announcement. The senator is not ready to shake hands with Castro... but one step at a time. I know Sarah's perspective—while I don't always agree with her, I respect her opinion and her knowledge.... It informed the way we responded to the President's announcement.

"One lesson from this work is that it is a people-to-people thing. It is as simple as exposing people to a place, a culture, an environment, a political system that they would not have an opportunity to interact with otherwise," he concluded.







The foundation's efforts featured many discrete accomplishments—research and community facilities built, successful litigation and policy initiatives completed, professionals trained and deployed. But the overarching goals were more open-ended and long term.

Patient receives scan at the Institute of Cardiovascular Surgery, in equipment purchased as part of Atlantic grantmaking.

### Lessons

Chuck Feeney, The Atlantic Philanthropies' founder, visited Cuba in 2004 to learn about the country's well-regarded system of free, universal health care and prevention and to look for grantmaking opportunities. The entrée, due to U.S. travel restrictions, was to meet with government and health providers to listen and validate Atlantic's population health strategy in other low-resource environments. But Feeney also looked for ideas to support improvements that would help the Cuban people, within the bounds of U.S. law, because he felt that they had been greatly harmed by the decades of official hostility. And there was an ulterior motive: The hope that somehow health care could ultimately become an apolitical bridge leading to improved relations between the U.S. and Cuba.

Atlantic, primarily the Atlantic Charitable Trust (ACT) and the Atlantic Advocacy Fund (AAF), invested in three key areas: underwriting infrastructure improvements in the health care system and supporting MEDICC, an Oakland, California, NGO with a presence in Havana, to broadly disseminate lessons about the island nation's approach to health care. And, as a third area of focus, AAF modestly funded a group of advocates working to better U.S.—Cuba relations.

Atlantic, through its grantees, accomplished a great deal and, in the process, learned valuable lessons that may be relevant to other funders interested in investing in Cuba and its people.

It is important to have sound legal counsel that focuses on getting to "yes." In light of U.S. laws and the embargo on Cuba, any foundation choosing to operate in Cuba must seek detailed legal guidance and advice about the restrictions on doing business in the country. It is complicated, but with the proper legal advice, much can be done.

Atlantic's General Counsel David Sternlieb took extra care to ensure that the foundation received expert legal advice and fully followed the letter and spirit of U.S. laws. ACT could make health sector grants in Cuba and to Cuban government institutions, such as the Ministry of Public Health, because it was a UK charity and was not facilitated by U.S. citizens

#### TRAITS OF THE ATLANTIC PHILANTHROPIES



and entities. Accordingly, ACT was able to make grants for critical equipment, information technology, and materials for hospitals, universities and other parts of the public health community in Cuba.

For AAF's U.S. advocacy funding, Ahadi Bugg-Levine, herself a lawyer with a Ph.D. and who led the effort to improve U.S.—Cuba relations from 2008 to 2011, said Sternlieb "started out with a can-do approach. He listened carefully to staff arguments supporting innovative and cutting-edge elements of the project and focused on finding the legal means to achieve Atlantic's vision of improving U.S.—Cuba policy.... He approached each conversation by seeing how we could get to 'yes' legally." AAF fit the bill for this work because it is a U.S.-based 501(c)(4) social welfare organization that can support advocacy funding.

**Trusted partners and grantees are keys to success.** Atlantic's operating approach required ACT and AAF staff to do considerable background research. Since staff did not have scientific and biomedical engineering expertise, they had to identify and rely on partners who had that knowledge to help vet grants and grantees. And a longstanding Atlantic attribute is supporting outstanding leaders who are already committed to their work and dreams before the foundation's arrival. An excellent example is Dr. Raúl Herrera-Valdés, former head of the Nephrology Institute and the developer of the groundbreaking ISYS study of chronic kidney and vascular diseases.

Longstanding U.S. covert and overt attempts at regime change made the Cubans justifiably wary of any organization seeking to work with individuals and institutions on the island. Building trust was essential, so grantee organizations were chosen that had gained the Cubans' trust from previous working relationships. In addition, providing much-needed medical equipment and information technology to support priority health programs and institutions further built trust that ultimately allowed ACT to work directly with public health leaders.

ACT also engaged two local women, Pilar Laborda and Graciella Tabio, to monitor grants and liaise with government and grantees. This was central to the success of the work as their local knowledge and contacts were key requisites in moving things forward. "At the time of this writing [June 2018], the Cuban government has decided to prevent foundations from engaging Cubans in those representational roles," said Martin O'Brien, director of the Social Change Initiative and Atlantic's former senior vice president of programs. "This may make the work of foundations more difficult to implement in the future."

In 2008, when AAF decided to enter the politically charged area of changing U.S.—Cuba policy, it drew on the expertise of Andrea Panaritis, executive director of the Christopher Reynolds Foundation (CRF), which had been working on improving U.S.—Cuba policy for two decades. Through their partnership, the two foundations worked together effectively as grantmakers and were able to make larger grants as well as offer broad strategy support. Other partners were involved in this work as it unfolded over the years.

Commenting on the choice of grantees, Panaritis noted that AAF was able to "identify trusted partners fairly readily," which she said made "all of the difference. They got two-fers

## Grantee-led coalitions or groups composed of the right people can often accomplish far more than a single grantee.

This was the case in the U.S.–Cuba advocacy arena. Atlantic's normal practice is to let grantees produce results without getting involved in their work.

AAF, however, took a slightly different approach between 2008 and 2011, during the first years of the Obama administration. At the request of its funding partners and grantees, foundation staff created, supported and guided the Cuba Coalition, whose efforts were responsible for many congressional members and their staffs changing their stances on Cuba policy.

While praising the work of the Cuba Coalition, CRF's Panaritis also pointed to a difficulty of this partnership. "One frustration was that the work became funder-driven, which is a sticky wicket," she said. "As the work unfolded and the deadline loomed for the [last good opportunity during the first Obama administration], there was much more funder involvement in the daily operations of the Coalition."

Ultimately, the Coalition members had to take a break from their intense work together. Later, AAF and CRF funded the individual members separately, and they worked together where feasible but not in a managed coalition. The takeaway for funders is that grantees have different mandates, timetables and other funding sources, all of which can make working together in a coalition challenging.

#### Investing in the health sector in Cuba has a multiplier effect.

Due to Cubans' success in their low-resource country, all investments in the public health sector—whether through hospitals, INFOMED or universities—were creatively employed, sharing the benefits of each grant in ways that are unimaginable in the United States. For example, when a Cuban medical team attends specialized training in another country, its members immediately begin trainings to share their new knowledge with colleagues and other medical professionals through the INFOMED platform. Sharing applies to all specialized equipment and technology: Many units and medical professionals took advantage of new MRI equipment at the Cuban Neuroscience Center and the Informatics and Computational Medicine Department at the Institute of Nephrology, both of which are the only ones on the island. Students and their teachers also share computers, other equipment and textbooks.

Investments in Cuba have benefited people and countries far beyond its borders because of the willingness to share their knowledge and skills with others in the Global South. For instance, findings from the ISYS Study on chronic kidney and vascular diseases, which has morbidity and mortality reduction and cost-containment implications for any population and health system, were presented at more than 20 international, regional and national nephrology meetings and published in many scientific journals and books. The principal investigators, Drs. Raúl Herrera-Valdés and Miguel Almaguer-López, have consulted on chronic kidney disease studies, using adaptations of their methodology to local circumstances in El Salvador, Ecuador and Sri Lanka.



(From left) Dr. Guillermo Juan Guerra, hospital director; Dr. Raúl Herrera-Valdés; and Dr. Miguel Almaguer-López were the principal investigators of the landmark study on chronic kidney and vascular diseases.

In El Salvador, the ISYS Study offered a breakthrough where there is a very high incidence of chronic kidney disease of non-traditional and unexplained origins. The resulting NefroSalva Pediatric Study (2009–2011) of chronic kidney disease in children and adolescents in Salvadoran farming communities had very important findings.

Another example is the Cuban-developed early screening program to detect brain-based and hearing disorders for young children so that they can get the proper treatment and lead normal lives. The successful ACT-funded pilot program in Ciudad Escolar was followed by the Ministry of Education supporting its extension throughout the entire country, greatly exceeding the project's initial objectives. Since then, this work has drawn interest from three Latin countries: Ecuador, El Salvador and Peru. Foundation investments in Cuba can have a ripple effect well beyond the island's shores.

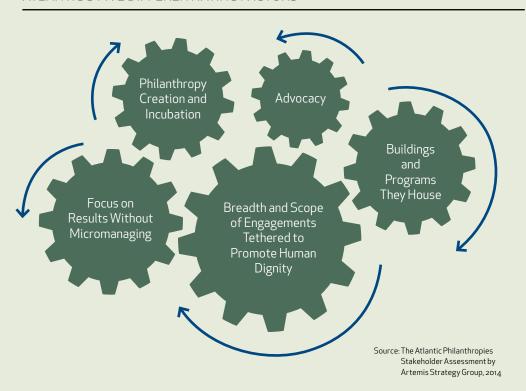
#### Selecting the right project can provide huge returns.

Addressing core needs, particularly in a low-resource country, can provide far-reaching gains. For the health sector, ACT invested in information technology capacity and the INFOMED platform. These IT investments meant that every health professional could now access the Internet for research, communicate with each other by email and share the results of their work more widely. This has greatly benefited the quality of health care in Cuba and other countries.

**Funders need to be flexible.** ACT and AAF had serious unforeseen circumstances that demanded flexible responses. In the health program, for instance, the challenging economic situation in the country also brought problems in terms of

the supply of goods and labor. This is exacerbated by the U.S. embargo and a highly bureaucratic system, which frequently led to lengthy delays in project implementation. In addition, ACT had to source medical equipment and technology from non-U.S. suppliers of which none could contain more than 20 percent U.S. components. In addition, any products with over 10 percent U.S. content required specific U.S. Treasury licenses. The process of figuring out what could be purchased also contributed to delays, which were compounded by the additional time required to apply for licensing as well as shipping from distant lands.

#### ATLANTIC'S FIVE DIFFERENTIATING FACTORS



Devastating hurricanes that damaged health sector facilities, medical equipment and technology also created multiyear setbacks. Replacement supplies and labor were sometimes hard to find. ACT's flexibility allowed implementation and disbursement schedules to be extended. Staff also helped Cuban grantees find solutions that even included repurposing grants for urgent needs.

In the policy arena, situations change rapidly. Therefore, a funder's flexibility is essential to taking advantage of unexpected opportunities as well as adjusting to sudden political shifts that can upend progress.

An example of how even a single event or news story can cancel or delay years of work was the arrest in 2009 of USAID contractor Alan Gross, who was charged with illegally distributing satellite phone equipment to the Jewish community in Cuba. Just before his arrest, Congress—through the efforts of the Cuba Coalition—was close to passing legislation to end the travel ban. Gross' imprisonment made it unlikely the travel ban would be lifted. As a result, the Coalition changed strategies and pushed for a hybrid bill to expand agricultural exports as well as travel. This required targeting congressional districts where potential agricultural exports would be important as well as working more assiduously with both agricultural and trade associations to win their support for the bill.

A comprehensive strategy covering all angles is critical when doing policy work. AAF supported a multidimensional campaign to change U.S.—Cuba policy, which eventually worked. Managed like a political campaign, AAF and its partners covered all elements: funding media efforts,

education and travel, congressional and administration briefings and outreach, voter education and registration, legal briefs, support to congressional staff for drafting legislation, and social media campaigns, among other things.

"The multiple angles made this strategy successful," a senior government official commented in 2016 during a background briefing. "It was important to bring together groups working on the issue for a long time with newer entities for a fresh perspective. Sometimes it is hard to attract attention to an old idea... you need to repackage and rebrand it."

The official added that the decision to focus on two important lines of work contributed to success: 1) incubating a set of ideas on how to change policy and why doing so was in the U.S.'s interest; and 2) making senior policymakers feel comfortable that changing policy was politically viable, despite opposition from some quarters to a thaw in relations between the two countries.

**This work is a people-to-people effort.** U.S. health professionals and community leaders who traveled to Cuba always returned home impressed by what the Cubans were able to achieve with serious resource constraints. These visits also led them to introduce changes in their own work where possible and committed them to support overall U.S. policy change toward Cuba.

There is no question that seeing Cuba firsthand has changed a number of people's minds and turned some into avowed supporters of normalization with Cuba. Congressional staff on both sides of the aisle as well as Obama administration personnel agreed that the people-to-people aspect of fact-finding trips influenced their views about Cuba and U.S. policy toward the island. One senior Senate staffer said, "Rarely have I seen anyone come back without a little opening."

"It is as simple as exposing people to a place, a culture, an environment, a political system that they would not have an opportunity to interact with otherwise," explained Dean Hingson, former chief of staff for former Senator Daniel Coats (R-IN). "Does the grantee have the ability to take someone with a diametrically opposed point of view, and have him/her walk away with a respect for that point of view?" He said CDA's Stephens did.

Political will at the highest levels of the foundation makes program and policy success more likely. Despite the initial reluctance of Atlantic's Board of Directors, Feeney and Oechsli strongly supported investment in the health sector. Their insistence on the value of direct investment and what Atlantic (and the world) could learn from Cuba's successful public health model made possible, among many other things, the breakthrough community-based ISYS research on chronic kidney and vascular diseases that has had impact well beyond Cuba's borders. Feeney himself was directly involved in supporting this work from the start.

Later, when the Obama administration provided the best chance in 50 years of an opening to restore U.S.–Cuban relations, Atlantic leaders championed its grantees' advocacy efforts from 2008 to 2016.

"[AAF and the Christopher Reynolds Foundation] decided that this policy was right and came in with resources, even though it was going to take a long time, and there was no direct link between each dollar spent and the policy change. They took a leap of faith. Something that seemed impossible ended up getting done."

Phil Peters, former vice president of the Lexington Institute and co-founder of D-17 Strategies

"Atlantic was pragmatic, flexible, had executive-level discretionary funding and convening power. They saw the end game," said James Williams, former director of the Trimpa Group and president of Engage Cuba. "You can't run a campaign well if your resources have to be planned six months in advance."

"This [work] would not have happened without Chris' [Oechsli] personal commitment to it," said Sarah Stephens, founding executive director of Center for Democracy in the Americas.

Patience and perseverance — and accepting that new leadership may nullify gains — are all part of policy work. Although success in achieving policy change exceeded what anyone imagined possible, it took several years and there were setbacks along the way. As with any policy victories, wins can be undone. For example, the Trump administration has reversed much of the Obama policy allowing medical collaborations and extended travel. They drastically reduced embassy staff, which makes collaboration more difficult; banned individual, but not group, people-to-people travel;

and prohibited U.S. citizens from doing business with any Cuban military or security-connected entity, which includes major hotels and travel agencies, among others.

Still, the fact that Atlantic was willing to take a chance in the face of many challenges provides a valuable lesson about how to approach policy change. As Phil Peters, former vice president of the Lexington Institute and co-founder of D-17 Strategies, noted: "There were many reasons why not to fund Cuba work: the human rights issues, Cubans are too difficult, the [U.S.] administration had other priorities and congressional difficulty.

"[AAF and the Christopher Reynolds Foundation] decided that this policy was right and came in with resources, even though it was going to take a long time," Peters adds, "and there was no direct link between each dollar spent and the policy change. They took a leap of faith. Something that seemed impossible ended up getting done."

A relatively small, but highly focused investment, when targeted to the groups best-positioned to pursue change, can lead to successful outcomes. AAF invested a relatively small amount of money to change U.S.—Cuba policy. From 2008 through 2016, it granted a little under \$6.5 million, yet contributed to the historic resumption of diplomatic relations between the two countries as well as subsequent regulatory changes to allow for expanded travel, trade and investment, as well as environmental, security and medical scientific cooperation.

One example: The Washington Office on Latin America (WOLA) used a \$30,000 Atlantic grant to develop a legal brief outlining presidential authority to institute changes

in U.S.–Cuba relations. These recommendations were reflected in President Obama's final executive orders in 2014. Two years later, the grantee received another \$28,000 to recommend further regulatory changes to deepen and help cement the initial policy changes. Again, many WOLA recommendations were in the 2016 executive orders, and its influence was widely acknowledged by many of the key players. That is value for money.

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