

## **Review of Enrique Ubieta Gómez's book *Zone Rouge: l'expérience cubaine contre l'Ébola***

by Claude Bleton, June 11, 2021

Today, faced with the Covid-19 pandemic and despite the increase in vaccinations in developed countries, the World Health Organization (WHO) is declaring that the current pandemic could be even more deadly in 2021 than in 2020. A number of countries, including India, are calling for help.

A fascinating book by Enrique Ubieta Gómez, a journalist who accompanied volunteers from Cuba, including into the red zones where Ebola patients were being treated, shows how much international aid and solidarity are necessary—even indispensable—at such times.

The book tells the story of the mission of the Henry Reeve Brigade, the 256 Cuban volunteers who answered WHO's call in September 2014 to fight the Ebola epidemic in Guinea, Liberia, and Sierra Leone. It's a day-by-day account of all the medical, human, historical, and political aspects.

In his preface, Ignacio Ramonet praises the ethics of this "small country," Cuba, which, through international solidarity, has become "one of the greatest medical powers in the world." He ends by saying the book "is an exemplary work of what's called 'literary journalism' or 'reality literature.' "

Ubieta explains how everything was triggered by UN Secretary-General Ban Ki-moon's call, September 9, 2014, to four of the world's leading nations, three of them former colonial powers over these African countries—United States, United Kingdom, and France—and Cuba, a small country of 11 million.

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Author Enrique Ubieta Gómez is a journalist. His book is published by Casa Editora Abril, 2021. The title is also available from Pathfinder Press in English and Spanish. All three editions are available in bookstores for 18 € [\$17US].

It seems the first case of Ebola appeared in 2013 in Guinea, a country that shares borders with Liberia and Sierra Leone. On August 8, 2014, WHO issued an "International declaration on Ebola epidemic emergency in West Africa."

No country had yet decided to send massive aid. Only a few medical teams from nongovernmental organizations (NGOs) were present to help the overwhelmed local medical teams, which were short of supplies and facilities and had already been hit hard with casualties.

The announcement in September 2014 by the Cuban government that it would send 256 aid workers in response to a request by the three African countries, was welcomed by Margaret Chan, director-general of WHO: "Cuba was the driving force...The presence of Cuban doctors is what drew in the rest of the international effort." Aid increased: China sent additional doctors, the United States sent 500 soldiers to Liberia to build hospitals, and the United Kingdom, South Africa, Australia, and the NGO *Golt* helped set up laboratories.

The *New York Times* wrote at the time "only Cuba and a few nongovernmental organizations are offering what is most needed: medical professionals in the field." This is what no other country tried to provide, even later. Twelve thousand Cuban health professionals responded to the call for volunteers. Three hundred were selected and received training at the Central Medical Cooperation Unit and the Institute of Tropical Medicine in Havana. The most competent were chosen. The entire brigade was operational and on site on October 21, 2014.

"The medical personnel who are ready to go to any part of the world to save lives, even at the risk of losing their own, are the greatest example of solidarity that human beings can offer, above all when they are not motivated by any material interests," declared Fidel Castro at the departure of the Henry Reeve Brigade on October 4, 2014.

Usually when doctors and nurses volunteer for medical missions around the world, no one questions their motives and skills. The media is even relatively indifferent about it. But if they're Cuban doctors and nurses, headlines howl about "modern slavery in Cuba." This was also the case in 2020, echoing a US government campaign that coincided with the arrival of a Cuban medical brigade in Martinique (the French colony), following the brigade Italy hosted to help fight Covid-19 there.

At the time of the WHO Declaration, Cuba already had thirty-two medical brigades in several African countries, which it pledged to maintain.

When the Cuban brigades' departure for a six-month mission in Africa was announced, cynical comments began from those wagering on the death toll the contingent would suffer. At that time, NGO foreign-mission volunteers never stayed more than six weeks. Those from Doctors Without Borders had already paid a heavy price for their dedication: nine out of sixteen volunteers died in October 2014. The other wager was that the flow of passengers to Cuba, including university students from Ebola-stricken countries, would bring the virus there.

At the end of the mission, of the 256 Cubans in the Henri Reeve Brigade, only one caregiver, Félix Báez Sarría, had contracted the virus. He recovered from it and returned to Sierra Leone. Two died: Jorge Juan Guerra Rodríguez in Liberia and Reinaldo Villafranca Lantigua (Coqui), in Sierra Leone—both from malaria. No case of Ebola has occurred in Cuba. The last volunteers returned in May 2015.

Cubans must defend themselves against the US embargo, which has lasted for more than sixty years, and against slander and defamation. The revolution that overthrew the Fulgencio Batista dictatorship on January 1, 1959, has, since its inception, demonstrated its internationalism and solidarity, especially with Africa.

The first Cuban internationalist medical mission began in Algeria in 1963. Of note are Che's column in Zaire in 1964–1965 in support of the fight of the Simbas and Laurent Kabila against the Mobutu regime in Zaire (Democratic Republic of Congo), and the 375,000 Cuban military volunteers who served in Angola from 1976 to 1991 in response to the call of the government of that country for help in defending its recently acquired independence against the apartheid regime of South Africa. In the 2015–16 school year alone, Enrique Ubieta Gómez points out, ten thousand foreign students, many of them African, began medical studies in Cuba, free of charge or at low cost.

The Ebola virus causes a hemorrhagic fever which is fatal within days. It's extremely contagious on contact, including through semen. The original carrier of the virus is thought to be a fruit bat. But as the author writes, for the virus to spread there has to be an "invisible" and permanent catastrophe: poverty. He explains that deforestation and the appropriation of arable land by transnational companies are pushing people to increasingly depend on consumption of wild animals, including potential carriers of pathogens such as the Ebola virus.

The book describes the morale and discipline of the Cuban brigades as they overcame the initial fear of entering the Red Zone; the rigorous procedures of working in protective suits at 50 degrees Celsius [122 degrees Fahrenheit]. It describes the arrival of the first Cuban brigade which changed the existing rule to not touch the sick—this had deprived them of hands-on care. It became possible to rehydrate patients more effectively, and to treat other diseases affecting their health. As a result, the number of survivors gradually increased, prompting local teams to emulate the practices of the Cuban brigade.

Coordination and organization with other medical teams followed—NGOs, local teams, those from other African countries, and African Union volunteers. Another example set by Cuban medical volunteers was emulated in Sierra Leone, where doctors

began to share the same tasks as nurses. Cooperation began with British medical teams from Save the Children, Partners for Health and Doctors Without Borders.

The three African governments recognized that errors had initially been made. These included communicating written health instructions in English and French to mostly illiterate people in villages—causing mistrust—and excluding local healers and religious authorities from the organization of medical care.

The author describes the importance of integrating patients who had recovered into the work of caring for others, a step that encouraged those who were ill to enter the Treatment Units and to accept new funeral rites.

Also to be dealt with were the over-long delays in receiving laboratory results, power outages, and establishing measures in hotels to prevent malaria. But there was also the immense satisfaction of seeing the trees of life in front of the units, where colored ribbons increasingly outnumbered the black.

The Cuban teams' approach was social. They showed respect for the patients. They explained things. And they involved patients and their families in preventive measures while respecting their culture. It was this social approach of solidarity, without a sense of charity, that won local respect and admiration for these foreign doctors and nurses, dressed unrecognizably in "space suits."

And, while Bono and Robert Plant's charity song "Do They Know It's Christmas" aired on international airwaves to predominantly Muslim peoples in Sierra Leone and Guinea, the author recalls another by Tiken Jah Fakoli: "*Africa Stop Ebola*," encouraging people to visit the doctor and trust him.

The book also shows us the hidden side of the Cuban doctors and nurses' commitment to solidarity. They tell of everything from congratulations or acceptance from their wives, children, mothers or neighbors when they announce they have been selected for the

mission, to being treated as if they were crazy and of provoking tears, while others only told loved ones on the eve of their departure. Despite the possible dangers for Cuba itself, the example of these volunteers was deeply popular in Cuba.

Orlando O'Farrill Martínez, a volunteer nurse from Havana, told the author:

We went on what was, in effect, a suicide mission. It's true it helped many if not all of us solve some of our financial problems. But what if we hadn't returned home?

I could have gone to Qatar, and I would have been well paid. In fact, I was about to leave for Qatar, and yet I said: "No, I'm going to Africa."

The youngest Cuban volunteers witnessed the contrast between social relations at home and those they found on their mission. In the end, the volunteers all returned home. This despite, as the author reminds us, a special US program that pays Cuban international caregivers to desert, in exchange for settlement in the US and citizenship.

The author also offers a brief reminder of Cuba's relations with Liberia since the 1990s, with Sierra Leone since May 1972, and with Guinea since 1959, with the meeting in Algiers that took place between Fidel Castro and President Sékou Touré.

Liberia and Sierra Leone had emerged from civil wars a decade before the outbreak of the Ebola epidemic. The health systems of the two countries had been devastated. Local medical personnel, without protection, were hard hit.

In Monrovia, the capital of Liberia, "Infected bodies are piling up in the streets" according to a description in the weekly magazine *New Yorker*.

One of the first hospitals to open in Freetown, the capital of Sierra Leone, "Did not have enough staff to care for all the patients," Cuban doctor Jorge Delgado Bastillo said. "I found patients dead in their beds. Others were lying on the floor..."

In Guinea, the thirty-seven Henry Reeve Brigade members had been assigned to the Ebola Treatment Unit in the city of Coyah. With the help of specialists from other African countries, this center developed the best results. It was the most visited by those from other countries who wanted to see the work done there.

At the beginning, the Cubans faced some difficulties. There was criticism in Guinea for speaking French poorly. Although Dr. Sakota Keita, national coordinator of the fight against Ebola in Guinea, had received his medical degree in Cuba, studied medicine there, and speaks Spanish, as do many other doctors in Guinea. There were also complaints about the Cubans' lack of experience in combating Ebola. But as Cuban doctor Osvaldo Miranda Gómez noted: "In the end, who knew about Ebola? No one."

There was also the issue of the month-and-a-half delay before the Cuban brigade in Sierra Leone could get set up, its operating funds blocked at the bank by the US embargo against Cuba. WHO had to advance the money until Cubans could collect their funds in local currency to pay for their hotel, food, and daily expenses.

The book reports that women had been excluded from the Cuban contingent. The scant scientific knowledge about Ebola in the early months of the epidemic erroneously suggested that, for biological reasons, women were more prone to contract the virus. For the same reason, all the women on the Cuban medical teams already on missions in Guinea and Sierra Leone were recalled to Cuba, despite their written protests recalling the commitment of their predecessors in the Mariana women's brigade in Angola in the war against South Africa, and of Celia Sánchez and Vilma Espín in the Cuban Revolution. Subsequent experience showed that the virus struck indiscriminately, but with a higher death rate for young children and the elderly.

Joint efforts by the various medical teams made it possible to achieve significant results in learning about the disease and the course of treatment to take. Above all, lives were saved. For example, in May 2015 teams from the Coyah Center saved 207 patients out of a total of 350 admitted, including 244 confirmed positive for the virus.

At the same time, drugs that were still in an experimental phase and had yet to go through clinical trials were accepted for use on an emergency basis by WHO, including a US vaccine developed with the British and Canadians. “And it's good,” Cuban scientist Jorge Pérez Ávila said. Félix Báez, the Cuban volunteer who fell victim to Ebola, was treated in Geneva with two other experimental drugs that probably helped in his recovery.

Epidemiologist René Abeleira spoke to the author about the roots of his commitment: "I'm competitive, in the sense of being the best possible professional... The [third] thing is something that has always been instilled in me: the spirit of solidarity, comradeship, brotherhood... Nobody wanted to enter the zone—they saw that if ten British doctors went in, two or three became ill. We were 165 [in Sierra Leone] and only one got sick. And his life was saved. I think it was stupendous."

I recommend reading *Red Zone: The Cuban Experience against Ebola*. It's not only an unknown chapter in history. It's also a remedy against pessimism and for encouraging confidence in humanity.

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*[Translator's note: the text of the review is translated as it appeared in the original French. There are some discrepancies between the review and the book on exact dates, names and attributed quotes. Please refer to the book for exact sourcing.]*