

U.S. House of Representatives
Committee on Ethics

LEGISLATIVE RESOURCE CENTER

18 NOV -1 PM 5:41

EMPLOYEE POST-TRAVEL DISCLOSURE FORM

This form is for disclosing the receipt of travel expenses from private sources for travel taken in connection with official duties. This form does not eliminate the need to report privately-funded travel on the annual Financial Disclosure Statements of those employees required to file them. In accordance with House Rule 25, clause 5, you must complete this form and file it with the Clerk of the House, 135 Cannon House Office Building, within 15 days after travel is completed. Please do not file this form with the Committee on Ethics.

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.

1. Name of Traveler: LaVerne Alexander
2. a. Name of accompanying relative: _____ *or* None
 b. Relationship to Traveler: Spouse Child Other (specify): _____
3. a. Dates of departure and return: Departure: October 14, 2018 Return: October 18, 2018
 b. Dates at personal expense (if any): _____ *or* None
4. Departure city: Newark Destination: Havana, Cuba Return city: Newark
5. Sponsor(s) (who paid for the trip): Medical Education Cooperation with Cuba (MEDICC); The Christopher Reynolds Foundation, Inc.
6. Describe meetings and events attended: People -to-people educational exchange program on innovations in prevention, management and care for people with diabetes.
7. Attached to this form are EACH of the following (*signify that each item is attached by checking the corresponding box*):
 - a. a completed Sponsor Post-Travel Disclosure Form;
 - b. the Primary Trip Sponsor Form completed by the trip sponsor prior to the trip, including all attachments and Grantmaking or Non-Grantmaking Sponsor Forms;
 - c. page 2 of the completed Traveler Form submitted by the employee; *and*
 - d. the letter from the Committee on Ethics approving my participation on this trip.
8. a. I represent that I participated in each of the activities reflected in the attached sponsor's agenda. (*Signify that statement is true by checking box*):
 b. If not, explain: _____

I certify that the information contained on this form is true, complete, and correct to the best of my knowledge.

SIGNATURE OF TRAVELER: LaVerne Alexander DATE: 10/31/2018

I authorized this travel in advance. I have determined that all of the expenses listed on the attached Sponsor Post-Travel Disclosure form were necessary and that the travel was in connection with the employee's official duties and would not create the appearance that the employee is using public office for private gain.

NAME OF SUPERVISING MEMBER: Rep. Donald M. Payne, Jr. DATE: 10/31/2018

SIGNATURE OF SUPERVISING MEMBER: [Signature]

**U.S. House of Representatives
Committee on Ethics**

SPONSOR POST-TRAVEL DISCLOSURE FORM

This form must be completed by an officer of any organization that served as the primary trip sponsor in providing travel expenses or reimbursement for travel expenses to House Members, officers, or employees under House Rule 25, clause 5. *A completed copy of the form must be provided to each House Member, officer, or employee who participated on the trip within 10 days of their return.* You must answer all questions, and check all boxes, on this form for your submission to comply with House rules and the Committee's travel regulations. Failure to comply with this requirement may result in the denial of future requests to sponsor trips and/or subject the current traveler to disciplinary action or a requirement to repay the trip expenses.

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.

1. Sponsor(s) (who paid for the trip): Medical Education Cooperation with Cuba (MEDICC);
The Christopher Reynolds Foundation, Inc.
2. Travel Destination(s): Havana, Cuba
3. Date of Departure: 10/14/2018 Date of Return: 10/18/2018
4. Name(s) of Traveler(s): Congressman Donald M. Payne, Jr.; LaVerne Alexander
(NOTE: You may list more than one traveler on a form only if all information is identical for each person listed.)
5. **Actual amount** of expenses paid on behalf of, or reimbursed to, each individual named in response to Question 4:

	Total Transportation Expenses	Total Lodging Expenses	Total Meal Expenses	Other Expenses (dollar amount per item and description)
Traveler	\$349.31	\$895	\$269	\$987.05 please see attached description
Accompanying Relative	n/a	n/a	n/a	n/a

6. All expenses connected to the trip were for actual costs incurred and not a *per diem* or lump sum payment. (Signify statement is true by checking box):

I certify that the information contained in this form is true, complete, and correct to the best of my knowledge.

Signature: C. William Keck, M.D.

Name: C. William Keck, MD MPH Title: Executive Director

Organization: Medical Education Cooperation with Cuba (MEDICC)

I am an officer of the above-named organization (signify statement is true by checking box):

Address: 1714 Franklin Street, Suite 100-282
Oakland, CA 94612

Telephone number: 510-350-3052

Email Address: cwkeck@mediccglobal.org // esayre@mediccglobal.org

Committee staff may contact the above-named individual if additional information is required.

If you have questions regarding your completion of this form, please contact the Committee on Ethics at (202) 225-7103.

U.S. House of Representatives
Committee on Ethics

TRAVELER FORM

1. Name of Traveler: LaVerne Alexander
2. Sponsor(s) (who will be paying for the trip): Medical Education Cooperation with Cuba
Christopher Reynolds Foundation (CA)
3. Travel destination(s): Newark, NJ to Havana, Cuba - Havana, Cuba to Newark, NJ
4. a. Date of departure 10/14/2018 Date of return: 10/18/2018
b. Will you be extending the trip at your personal expense? Yes No
If yes, dates at personal expense: _____
5. a. Will you be accompanied by a relative at the sponsor's expense? Yes No
b. If yes:
(1) Name of accompanying relative: _____
(2) Relationship to traveler: Spouse Child Other (specify): _____
(3) Accompanying relative is at least 18 years of age: Yes No
6. a. Did the trip sponsor answer "yes" to Question 9(d) on the Primary Trip Sponsor Form (i.e., travel is sponsored by an entity that employs a registered federal lobbyist or foreign agent and you are requesting lodging for two nights)? Yes No
b. If yes, explain why the second night of lodging is warranted:

7. Primary Trip Sponsor Form is attached, including agenda, invitee list, and any other attachments and contributing sponsor forms: Yes No
NOTE: The agenda should show the traveler's individual schedule, including departure and arrival times and identify the specific events in which the traveler will be participating.
8. Explain why participation in the trip is connected to the traveler's individual official or representational duties. Staff should include their job title and how the activities on the itinerary relate to their duties.
As chief of staff, I oversee health policy initiatives regarding the prevention and management of diabetes and men's health screenings.
This trip will provide for an educational exchange in these areas.
9. Is the traveler aware of any registered federal lobbyists or foreign agents involved in planning, organizing, requesting, and/or arranging the trip? Yes No

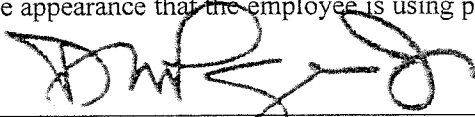
10. FOR STAFF TRAVELERS:

TO BE COMPLETED BY YOUR EMPLOYING MEMBER:

ADVANCED AUTHORIZATION OF EMPLOYEE TRAVEL

I hereby authorize the individual named above, an employee of the U.S. House of Representatives who works under my direct supervision, to accept expenses for the trip described in this request. I have determined that the above-described travel is in connection with my employee's official duties and that acceptance of these expenses will not create the appearance that the employee is using public office for private gain.

Date: August 29, 2018



Signature of Employing Member

**U.S. House of Representatives
Committee on Ethics**

PRIMARY TRIP SPONSOR FORM

This form should be completed by private entities offering to provide travel or reimbursement for travel to House Members, officers, or employees under House Rule 25, clause 5. A completed copy of the form (and any attachments) should be provided to each invited House Member, officer, or employee, who will then forward it to the Committee together with a Traveler Form at least 30 days before the start date of the trip. The trip sponsor should NOT submit the form directly to the Committee. The Committee Web site (ethics.house.gov) provides detailed instructions for filling out the form.

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001. Failure to comply with the Committee's Travel Regulations may also lead to the denial of permission to sponsor future trips.

1. Sponsor (who will be paying for the trip): _____
Medical Education Cooperation with Cuba (MEDICC), a registered 501(c)3. _____
2. I represent that the trip will not be financed (in whole or in part) by a registered federal lobbyist or foreign agent (signify that the statement is true by checking box):
3. Check only one: I represent that:
 - a. the primary trip sponsor has not accepted from any other source funds intended directly or indirectly to finance any aspect of the trip *or*
 - b. the trip is arranged without regard to congressional participation and the primary trip sponsor has accepted funds only from entities that will receive a tangible benefit in exchange for those funds *or*.
 - c. the primary trip sponsor has accepted funds from other source(s) intended directly or indirectly to finance all or part of this trip and has enclosed disclosure forms from each of those entities.
If "c" is checked, list the names of the additional sponsors: _____
The Christopher Reynolds Foundation, Inc. _____
4. Provide names and titles of ALL House Members and employees you are inviting. For each House invitee, provide an explanation of why the individual was invited (include additional pages if necessary):

Congressman Donald M. Payne, Jr., Diabetes Caucus member
Ms. LaVerne Alexander, Chief of Staff to Congressman Payne

5. Is travel being offered to an accompanying relative of the House invitee(s)? Yes No
6. Date of departure: 10/14/2018 Date of return: 10/18/2018
7. a. City of departure: Washington, DC or Congressional District
b. Destination(s): Havana, Cuba
c. City of return: Washington DC or Congressional District
8. I represent that (check one of the following):
 - a. The sponsor of the trip is an institution of higher education within the meaning of section 101 of the Higher Education Act of 1965: *or*
 - b. The sponsor of the trip does not retain or employ a registered federal lobbyist or foreign agent: *or*
 - c. The sponsor employs or retains a registered federal lobbyist or foreign agent, but the trip is for attendance at a one-day event *and* lobbyist/foreign agent involvement in planning, organizing, requesting, or arranging the trip was *de minimis* under the Committee's travel regulations.
9. Check one of the following:
 - a. I checked 8(a) or (b) above:
 - b. I checked 8(c) above but am not offering any lodging:
 - c. I checked 8(c) above and am offering lodging and meals for one night: *or*
 - d. I checked 8(c) above and am offering lodging and meals for two nights:
If "d" is checked, explain why the second night of lodging is warranted: _____

10. Attached is a detailed agenda of the activities the House invitees will be participating in during the travel (i.e., an hourly description of planned activities for trip invitees) (indicate agenda is attached by checking box):

11. Check one:

- a. I represent that a registered federal lobbyist or foreign agent will not accompany House Members or employees on any segment of the trip (signify that the statement is true by checking box): *or*
- b. N/A – trip sponsor is a U.S. institution of higher education.

12. For each sponsor required to submit a sponsor form, describe the sponsor's interest in the subject matter of the trip and its role in organizing and/or conducting the trip:

PLEASE SEE ATTACHED, p. 8.

13. Answer parts a and b. Answer part c if necessary.

- a. Mode of travel: Air Rail Bus Car Other (Specify: Taxi)
- b. Class of travel: Coach Business First Charter Other (Specify: _____)
- c. If travel will be first class or by chartered or private aircraft, explain why such travel is warranted:

14. I represent that the expenditures related to local area travel during the trip will be unrelated to personal or recreational activities of the invitee(s). (signify that the statement is true by checking box):

15. I represent that either (check one of the following):

- a. The trip involves an event that is arranged or organized *without regard* to congressional participation and that meals provided to congressional participants are similar to those provided to or purchased by other event attendees: *or*
- b. The trip involves events that are arranged specifically *with regard* to congressional participation:

If "b" is checked:

1) Detail the cost per day of meals (approximate cost may be provided): _____

2) Provide reason for selecting the location of the event or trip: _____

16. Name, nightly cost, and reasons for selecting each hotel or other lodging facility:

Hotel name: Meliá Cohiba City: Havana, Cuba Cost per night: \$196

Reason(s) for selecting: centrally located, offering proximity to site visit locations

Hotel name: _____ City: _____ Cost per night: _____

Reason(s) for selecting: _____

Hotel name: _____ City: _____ Cost per night: _____

Reason(s) for selecting: _____

17. I represent that all expenses connected to the trip will be for actual costs incurred and not a per diem or lump sum payment. (signify that the statement is true by checking box):

18. TOTAL EXPENSES FOR EACH PARTICIPANT:

<input type="checkbox"/> actual amounts <input checked="" type="checkbox"/> good faith estimates	Total <i>Transportation</i> Expenses per Participant	Total <i>Lodging</i> Expenses per Participant	Total <i>Meal</i> Expenses per Participant
For each Member, Officer, or employee	\$415	\$784	\$715
For each accompanying relative	N/A	N/A	N/A

	<i>Other</i> Expenses (dollar amount per item)	Identify Specific Nature of "Other" Expenses (e.g., taxi, parking, registration fee, etc.)
For each Member, Officer, or employee	\$1,359	PLEASE SEE ATTACHMENT, p. 9
For each accompanying relative	N/A	N/A

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.

19. Check one:

- a. I certify that I am an officer of the organization listed below. *or*
 b. N/A – sponsor is an individual or a U.S. institution of higher education.

20. I certify that I am not a registered federal lobbyist or foreign agent for any sponsor of this trip.

21. I certify by my signature that the information contained in this form is true, complete, and correct to the best of my knowledge.

Signature: C. William Keck, M.D.

Name: C. William Keck, MD

Title: Executive Director

Organization: Medical Education Cooperation with Cuba (MEDICC)

Address: 1714 Franklin Street, Suite 100-282, Oakland, CA 94612

Telephone number: 510-350-3052

Email address: cwkeck@mediccglobal.org / esayre@mediccglobal.org

If there are any questions regarding this form please contact the Committee at the following address:

Committee on Ethics
 U.S. House of Representatives
 1015 Longworth House Office Building
 Washington, DC 20515
 (202) 225-7103 (phone)
 (202) 225-7392 (general fax)

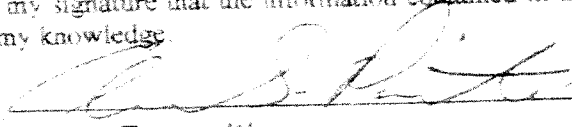
U.S. House of Representatives
Committee on Ethics

GRANTMAKING TRIP SPONSOR FORM

This form should be completed by a public charity or private foundation (both as defined under section 501(c)(3) of the Internal Revenue Code) that provides a grant of funds to another entity to underwrite, in whole or in part, a trip or an event, meal, or activity that will occur during a trip, or a necessary expense that will be incurred during a trip, with express or implicit knowledge or understanding that one or more House Members or employees may participate in or attend that trip or event, or otherwise may be beneficiaries of the gift or donation. Provide a copy of your completed form to the primary sponsor of the trip.

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001. Failure to comply with the Committee's Travel Regulations may also lead to the denial of permission to sponsor future trips.

1. I certify that (name of your organization): The Christopher Reynolds Foundation, Inc.
has been designated a § 501(c)(3) nonprofit charitable organization by the Internal Revenue Service.
 Yes No
2. Name of Primary Trip Sponsor: Medical Education Cooperation with Cuba (MEDICC)
3. I certify that my organization (complete a or b):
a. Has provided a grant, gift, or donation to the above-named Primary Trip Sponsor and conducts an audit or review of its grant, gift, or donation to ensure that the funds are spent in accordance with the terms of its grant, gift, or donation. or
b. Has had a direct role in the organizing, planning, or conducting of a trip to
(destination) _____ on (date) _____ that is
being organized or arranged by the above-named Primary Trip Sponsor.
4. Check one:
a. My organization does not employ or retain a registered federal lobbyist or foreign agent or
b. My organization employs a registered federal lobbyist or foreign agent, but their involvement in planning, organizing, or arranging the trip was *de minimis* under the travel regulations.
5. I certify that I am not a registered federal lobbyist or foreign agent for any sponsor of this trip.
6. I certify by my signature that the information contained in this form is true, complete, and correct to the best of my knowledge.

Signature: 

Name: Andrea Panaritis

Title: Executive Director

Organization: The Christopher Reynolds Foundation, Inc.

Address: 2 Liberty Square, Suite 500, Boston, MA

Telephone number: 617 391-3101

Email: panaritis@creynolds.org

If there are any questions regarding this form please contact the Committee at the following address:

Committee on Ethics
U.S. House of Representatives
115 Longworth House Office Building
Washington, DC 20515
(202) 225-7103 (phone)
(202) 225-7042 (general fax)

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Chairwoman
Theodore E. Deutch, Florida
Ranking Member

Kenny Marchant, Texas
Leonard Lance, New Jersey
Mimi Walters, California
John Ratcliffe, Texas

Yvette D. Clarke, New York
Jared Polis, Colorado
Anthony Brown, Maryland
Steve Cohen, Tennessee



ONE HUNDRED FIFTEENTH CONGRESS

U.S. House of Representatives

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Counsel to the Ranking Member

1015 Longworth House Office Building
Washington, D.C. 20515-6328
Telephone: (202) 225-7103
Facsimile: (202) 225-7392

October 12, 2018

Ms. LaVerne Alexander
Office of the Honorable Donald Payne, Jr.
132 Cannon House Office Building
Washington, DC 20515

Dear Ms. Alexander:

Pursuant to House Rule 25, clause 5(d)(2), the Committee on Ethics hereby approves your proposed trip to Cuba, scheduled for October 14 to 18, 2018, sponsored by Medical Education Cooperation with Cuba, with financial support from the Christopher Reynolds Foundation, Inc.

You must complete an Employee Post-Travel Disclosure Form (which your employing Member must also sign) and file it, together with a Sponsor Post-Travel Disclosure Form completed by the trip sponsor, with the Clerk of the House within 15 days after your return from travel. As part of that filing, you are also required to attach a copy of this letter and both the Traveler and Primary Trip Sponsor Forms (including attachments) you previously submitted to the Committee in seeking pre-approval for this trip. If you are required to file an annual Financial Disclosure Statement, you must also report all travel expenses totaling more than \$390 from a single source on the "Travel" schedule of your annual Financial Disclosure Statement covering this calendar year. Finally, Travel Regulation § 404(d) also requires you to keep a copy of all request forms and supporting information provided to the Committee for three subsequent Congresses from the date of travel.

Because the trip may involve meetings with foreign government representatives, we note that House employees may accept, under the Foreign Gifts and Decorations Act (FGDA), gifts

¹ This letter concerns whether this trip complies with applicable House Rules. It is our understanding that the Department of the Treasury's Office of Foreign Assets Control (OFAC) administers regulations governing travel by United States citizens to Cuba, including what items may be brought back to the United States. OFAC published a set of questions and answers related to Cuba, https://www.treasury.gov/resource-center/sanctions/Programs/Documents/cuba_faqs_new.pdf. You should contact that agency directly to ensure that your travel is permissible under its regulations.

Additionally, we note that the U.S. Department of State (State Department) has issued a travel warning concerning travel to Cuba, <https://travel.state.gov/content/passports/en/alertswarnings/cuba-travel-warning.html>. You may wish to contact the State Department regarding the safety of your proposed trip.

“of minimal value [currently \$390] tendered as a souvenir or mark of courtesy” by a foreign government. Any tangible gifts valued in excess of minimal value received from a foreign government must, within 60 days of acceptance, be disclosed on a Form for Disclosing Gifts from Foreign Governments and either turned over to the Clerk of the House, or, with the written approval of the Committee, retained for official use.

If you have any further questions, please contact the Committee’s Office of Advice and Education at extension 5-7103.

Sincerely,



Susan W. Brooks
Chairwoman



Theodore E. Deutch
Ranking Member

SWB/TED:re

MEDICC People-to-People Exchange

“Innovations in Management and Care for Diabetic Patients in Cuba”
 Organized by Medical Education Cooperation with Cuba (MEDICC)
 October 14 – 18, 2018

PER PERSON EXPENSES

for CONGRESSMAN DONALD M. PAYNE, JR. & CHIEF OF STAFF LAVERNE ALEXANDER

These are actual costs.

TRANSPORTATION	LODGING	MEALS	OTHER
<p>\$349.31</p> <p>Airfare Newark, NJ – Havana, Cuba roundtrip</p>	<p>\$895</p> <p>4 nights @ \$223.75 per night = \$895 Melia Cohiba Hotel, Havana, Cuba</p>	<p>\$269</p> <p>4 breakfasts at Hotel Melia Cohiba (Oct 15-18) 4 lunches (Oct 14-17) Melen, VIP Havana, Tatagua, Hotel Nacional 4 dinners (Oct 14-17) Portohabana, Decameron, Café Laurent, Habanera</p>	<p>\$987.05</p> <p>Ground transportation, with academic program & guide, in Havana, Cuba, during entire stay: \$714</p> <p>Marazul Charters travel agent fees for air & hotel bookings: \$100</p> <p>Orientation meeting room rental: \$21.55 Additional transportation: \$24 Cuban visa @ \$0 (complimentary) Delivery of travel docs via FedEx @ \$12.50 Translation during program @ \$115</p>

RESPONSE TO QUESTION 12

Medical Education Cooperation with Cuba (MEDICC), founded in 1997, is a 501(c)3 not-for-profit organization dedicated to cooperation among the US, Cuban and global health communities, aimed at better health outcomes and equity globally. MEDICC has great interest in diabetes research, care, and prevention, since diabetes afflicts many communities in the USA and worldwide, representing a humanitarian and financial challenge to health systems. MEDICC's peer-reviewed journal *MEDICC Review* has published several articles about diabetes in Cuba, also a growing health problem there. Medical Education Cooperation with Cuba is the sole organizer and executor of this trip. The trip will include a full-time schedule of meaningful educational exchanges with Cuban health professionals, patients and ordinary citizens about prevention of and living with diabetes, and the US experience and models will also be shared with Cubans.

MEDICC People-to-People Exchange

“Innovations in Management and Care for Diabetic Patients in Cuba”
 Organized by Medical Education Cooperation with Cuba (MEDICC)
 October 14 – 18, 2018

PER PERSON EXPENSE ESTIMATES

for CONGRESSMAN DONALD M. PAYNE, JR. & CHIEF OF STAFF LAVERNE ALEXANDER

These are good faith estimates pending final confirmation of actual costs.

TRANSPORTATION	LODGING	MEALS	OTHER
<p>\$415</p> <p>Estimate Includes*: Airfare Newark, NJ -- Havana, Cuba roundtrip</p> <p>*Estimated rate subject to change, depending on date of booking and fare class chosen. This estimated rate is based on an economy class, non-refundable ticket.</p>	<p>\$784</p> <p>Estimated*: 4 nights @ \$196 per night = \$784 Melia Cohiba Hotel, Havana, Cuba</p> <p>*The hotel cost exceeds the current allowable State Department rates for Federal Employees travel to Havana, Cuba, but is comparable for similar hotels in the area.</p>	<p>\$715</p> <p>Estimated*: 1 travel day meals in US (NJ) = \$59 = \$59 4 days' meals in Havana = \$164 x 4 = \$656</p> <p>*Estimates correspond to current allowable GSA & State Department rates for Federal Employees traveling in the U.S. and to Cuba.</p>	<p>\$1,359</p> <p>Estimate Includes*: Airport transportation, US @ \$150 round trip</p> <p>Airline baggage fees @ \$50 (for one piece of checked luggage, round trip)</p> <p>All ground transportation, with program & guide, in Havana, Cuba, during entire stay: \$656</p> <p>Marazul Charters travel agent fees for air & hotel bookings: \$100</p> <p>Allowable incidental expenses*: \$5 x 1 travel days in US = \$5 \$22 x 4 days in Havana = \$88</p> <p>Tips to hotel & serving staff @ \$30 Tips to guide & driver @ \$40 Taxis to/from dinner, 4 nights @ \$115 Cuban visa @ \$0 Delivery of travel docs via FedEx @ \$25 Translation during program @ \$100</p> <p>*Estimates correspond to current allowable GSA & State Department rates for Federal Employees traveling within the U.S. and to Cuba.</p>



Innovations in Prevention, Management & Care for Diabetic Patients
October 14-18, 2018 Havana, Cuba

A People-to-People Educational Exchange
Organized and Operated by Medical Education Cooperation with Cuba (MEDICC)

Itinerary

Sunday, October 14 (Travel Day)

- Daytime Arrival in Havana (*time dependent on flight schedules*)
- Light lunch Meliá Cohiba Hotel, Paseo and Malecón, Havana (*Flight times permitting*)
- 3:00pm-3:30pm Check-in at Meliá Cohiba Hotel, Paseo and Malecón, Havana
- 4:30pm-5:30pm **Historic Old Havana and Africa's Legacy in Cuba**
Exchange with curators and historians at La Casa de África (House of Africa) on the role African peoples in the cultural, social, political and economic life of Cuba over the centuries. (*Flight times permitting*)
- 7:30pm Dinner

Monday, October 15

- Breakfast Meliá Cohiba Hotel
- 9:00am-9:30am **Orientation Meeting** with Gail Reed, MEDICC Representative and Executive Editor, *MEDICC Review* journal, Meliá Cohiba Hotel
- 10:00am-12:00n **The Cuban and US Health Systems**
Educational exchange with Cuban health professionals at a community polyclinic, providing opportunities to dialogue with them and numerous patients on health care services in Cuba, including prevention and management of chronic non-communicable diseases. Discuss how these are also approached in the USA.
- 12:30pm-2:00pm **The Media and Disease Prevention**
Working lunch at a private restaurant with Cuban journalists covering health and healthy lifestyles in Cuba. Review the role of the media in the USA and Cuba concerning health-promotion messaging and advisories on critical health issues.

3:00pm-5:00pm **Medical Education for International Students**
Visit to the Latin American School of Medicine (ELAM). interact with the Rector. administrators. faculty and US and African students (through second year of training). An opportunity to explain and compare medical education curricula in the US and Cuba at the basic sciences level.

7:00pm Dinner

Tuesday, October 16

Breakfast Meliá Cohiba Hotel

8:30am-10:30am **Innovations in Diabetic Care**
Educational exchange with various Cuban scientists whose work has been central to the formulation of innovative approaches to diabetes care and its complications, such as a novel medication for diabetic foot ulcers developed at the Genetic Engineering and Biotechnology Center.

11:00am-12:30pm **Diabetes Management in Primary Health Care I**
Educational exchange at a Comprehensive Diabetes Care Center in Havana to observe patient education and treatment. Interact with Cuban health professionals and patients about aspects of care. management and self-management, as well as complications of diabetes. such as diabetic foot ulcers. Dialogue on how these conditions are also handled in US practice.

1:00pm-2:30pm **Epidemiology of Diabetes in Cuba & the USA**
Working lunch at a private restaurant with the director of the National Endocrinology Institute. to exchange about the epidemiology of diabetes and related conditions in Cuba and the USA, as well as population health approaches to management and patient education.

3:00pm-4:30pm **Diabetes Management in Primary Health Care II**
Visit to family doctor-and-nurse offices to dialogue with health professionals and patients about risk factor surveillance, use of PHC services by local residents and patient care. Make "house calls" to homes of diabetic patients to see and talk with them and their families about self-management. including use of domestically manufactured glucometers.

7:00pm Dinner

Wednesday, October 17

Breakfast Meliá Cohiba Hotel

9:00am-11:30am **Cuban Practice for Advanced Diabetes Complications**
Educational exchange at La Pradera medical complex with an array of physicians and others involved in comprehensive care for advanced diabetes complications. including those who specialize in diabetic foot ulcer diagnosis and management; interact with Cuban and international patients.

- 12:00noon-1:30pm **Relation of Chronic Diseases to Genetic Predisposition**
Working lunch with Dr. Beatriz Marcheco, Director, National Genetics Center
- 2.00pm-3:00pm Meet with representatives of the US Division of the **Cuban Ministry of Foreign Relations** to review opportunities for US and Cuban health professionals to exchange further concerning approaches to the challenge of increased diabetes rates in both countries.
- 4:00pm-5:30pm **Medical Education for International Students**
Conversation at local private restaurant with professors and US medical students in clinical training (years 4 to 6) enrolled at the Latin American School of Medicine, to hear thoughts on their educational experience and plans after return to the United States.
- 7:00pm-8:30pm Dinner with **Dr. Cristian Morales, PAHO/WHO Representative in Cuba**

Thursday, October 18 (Travel Day)

Breakfast Meliá Cohiba Hotel

Departure to USA (*time dependent on flight schedules*)



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Raion Rivera-Gutierrez PhD MSW

Executive Director

Editor-in-Chief, MEDICC Review

C. William Keck MD MPH

Deputy Director &

Chief Financial Officer

Jerrontay Foster

Director of Cooperation

Executive Editor, MEDICC Review

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9 August, 2018

Ms. LaVerne Alexander

Chief of Staff to Congressman Donald M. Payne, Jr.

132 Canon House Office Building

Washington, DC 20515

Dear Ms. Alexander,

MEDICC (Medical Education Cooperation with Cuba) is pleased to invite you to an educational exchange in Havana, Cuba, October 14 to 18, 2018, accompanied by a prestigious group of diabetes and related chronic-disease specialists, as well as Congressman Donald Payne, Jr.

The purpose of the visit will be to take a first-hand, in-depth look at how Cuban health care approaches prevention and management of diabetes, including an opportunity to speak directly with Cuban developers of the novel biotech treatment for diabetic foot ulcers, Heberprot-P (now ready for testing in the USA).

The four-day trip will include (also see draft itinerary attached):

- Discussions with endocrinologists and other specialists at various levels of the health system, visits to primary care facilities dedicated to diabetes, and home visits to patients with diabetes.
- The opportunity to visit the Latin American School of Medicine, where dozens of US students from low-income families have been awarded scholarships. Some 200 US students and graduates have been accepted into this program, and dozens are now practicing in our underserved communities.
- Dialogues with special guests at our lunches and dinners, including the director of the National Endocrinology Institute; director of the National Genetics Center and the representative of the Pan American Health Organization-World Health Organization in Cuba.

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MEDICC has organized educational exchanges in Cuba for health professionals, members of Congress, CEOs, community leaders, university faculty and others for over 20 years (see www.medicc.org). As all MEDICC groups, this delegation will be making the trip under the US government's Office of Foreign Assets Control general license for People-to-People travel.

All trip-related costs, exclusive of personal expenses, will be paid for by MEDICC in compliance with the House Committee on Ethics rules. At least 30 days prior to departure, you and your office are responsible for submitting the "Primary Trip Sponsor Form", filled out by MEDICC, as well as the "Traveler Form". If you have any questions about the rules, please contact the House Committee on Ethics. Prior to the trip, MEDICC will conduct a briefing to provide background information and logistics for participants in preparation for the visit.

During your travel in Cuba, you will also be accompanied by MEDICC representative Gail Reed, Executive Editor of the peer-reviewed *MEDICC Review* (see www.mediccreview.org).

If you have any questions, and for assistance with travel arrangements, including your Cuban visa, please contact Elizabeth Sayre at esayre@mediccgloba.org

We hope you are able to take advantage of this exclusive opportunity to explore diabetes prevention and management in Cuba, in an educational exchange with a broad range of health professionals, community residents and patients, as well as medical students.

Sincerely,



C. William Keck MD, MPH, FACPM
Executive Director