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The Cuban Health Paradigm:

An Exploratory Analysis Through LGBTQ and HIV/AIDS Individual Perspectives

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The purpose of this research project was to develop an understanding of the social, systemic, interpersonal, structural, and political dynamics of the health care system in Cuba. This was done by selecting two populations of focus; LGBTQ and HIV/AIDS positive individuals. The health care system and social determinants of health are analyzed using these two populations as lenses. While there is a plethora of information about the formal Cuban health care system, there is a dearth of literature pertaining to the social determinants, especially as it relates to LGBTQ Cubans and their quality of life and health care experience. To analyze these social conditions, first an academic literature review was conducted, providing the context behind the social conditions. Next, research was conducted for two weeks in Cuba, mostly Havana. Individuals who provided commentary were volunteer subjects and informally provided data. The results were compelling, that while individual discrimination is still apparent for LGBTQ individuals, institutional discrimination is largely absent. LGBTQ individuals have come a long way since the revolution, however there are still areas where progress is needed. Gender plays a significant role in societal acceptance, and further research needs to be conducted. Furthermore, Cubans are very proud of their health care system and do in fact receive very high quality care.

Introduction

Cuba's health care system has been the subject of much discussion, mostly owing to its astonishing health outcomes when compared to other Latin American Countries in similar economic situations.¹ Cuban health outcomes are so good, that many have referred to the situation as the Cuban health paradox; that a relatively poor country in Latin America has as good, or better health outcomes than its developed neighbors. Cuban history, culture and social dynamics add a rich tapestry of understanding their health care system, and the contributing factors that lead to the paradox in health. This paper will focus on LGBTQ and HIV/AIDS specific populations in Cuba as lenses with which to look through in order to more accurately understand the facilitating factors and barriers to their health care system.

In order to provide the depth and detail needed to cover these topics, it is important to narrow the focus slightly. Thus, the timeframe will be limited to 1959 to present, covering the history of Fidel Castro's rule and now, his brother Raul. Furthermore, the health of all populations in Cuba is too broad and given historical oppression of LGBTQ people and HIV/AIDS positive individuals, this paper will focus on these populations in an effort to understand modern day Cuba's sociopolitical landscape in their health care system. It is widely understood that minority health is generally worse than the general population, a fact which some attribute to minority stress, economic oppression, diminished social capital and many other factors.²

Background on the Cuban Health Care System

Cuban culture places the values of community and society above all else, thus it is unsurprising that these values are also visible in their health care system. During and after the Cuban Revolution, the health care system began to take root and was established as a service for all of the people.³ In the 1960s the system focused on teaching, training health care professionals, and sending them out to rural and remote areas where people had little or no access to care.⁴ They did this by enlisting physicians and medical students to live and work in these communities for two years, where they focused on prevention and community health education.⁵ During this same period, Cuba regained independence from the US and the Communist party became the sole political party in Cuba.⁶

National policy was created for the health care system in the 1976 Constitution, and later in the 1983 Public Health Law 17.⁷ Public Health Law 17 set forth the following principles to guide the developing system:

- *Health care is a right, available to all equally and free of charge*
- *Health care is the responsibility of the state*
- *Preventative and curative services are integrated*
- *The public participates in the health system's development and functioning*
- *Health care activities are integrated with economic and social development*
- *Global health cooperation is a fundamental obligation of the health system and its professionals.*⁸

While these principles are admirable, and indeed revolutionary, often they were difficult to implement in their entirety. Furthermore, some of these principles have led to individual freedoms being denied and human rights violated in the name of public health.

Initially, the health care system was focused on education and capacity building. Cuba was an early adopter of the concept of social determinants of health and launched a campaign after the revolution to make education free and universal, and to abolish illiteracy as both have significant negative impacts on health.⁹ The government spent resources on training physicians and nurses, and building hospitals and clinics in rural and remote areas.¹⁰ In 1976, the Ministry of Public Health was created with the responsibility of defining, training, and decentralizing the health care profession.¹¹

By the mid-1970s, results were beginning to emerge, however there were persistent issues with the health care system being too hospital-focused and not accessible.¹² This led to the creation of the current system, which began in 1974 with community-based “polyclinics.”¹³ “The point was to provide comprehensive care to residents where they lived. Policymakers reasoned that health and illness are influenced by the interaction of people with their environment, so health workers should understand not only the health status of their community, but also the biological, social, cultural, and economic factors that affect it.”¹⁴

This re-envisioning of the Cuban health care system, which is based on the understanding of social determinants of health, health equity and health as a human right, is the foundation of the current system. This led to a redesign of curriculum and a restructuring to put primary care at the center of all health care.¹⁵ This system overhaul also created four national health care programs

to focus on priority areas: “maternal and child health, infectious disease, chronic noncommunicable diseases, and older adult health.”¹⁶ While in theory the Cuban health care system is meant to provide quality services to all Cubans, the actual implementation is slightly varied depending on sociopolitical factors and identities.

Additionally, in the US, income inequality is thought of as a main contributor to health disparities of poor people when compared to their wealthier counterparts. In Cuba though, the communist system has created a society with far less income inequality, which provides an interesting opportunity to look at other causes of health inequality. If income inequality were in fact a causal factor of health outcomes, one would expect to see this trend across countries in a similar region. However, Cuba’s per capita GDP was \$7602 in 2017 in USD, while the US GDP for the same year was \$59,531.¹⁷ Given this disparity, we would expect to find the health outcomes of Cubans to be much worse than those in the US, yet this is not the case.¹⁸

LGBTQ People in Cuba

Historically, LGBTQ people in Cuba have been politically and culturally oppressed, with myriad human rights violations since the Cuban Revolution in 1959.¹⁹ Being gay in Cuba was a punishable offense and effeminate boys would be removed from school “to prevent others from being infected.”²⁰ Additionally, men who were thought to be gay were sent to “rehabilitation camps.”²¹ Their language is indicative of their ideology; viewing homosexuality and queerness as an illness and a contagion that needed to be quarantined.

Outlawed and under scrutiny, gay people in Cuba had to hide and live their lives in secrecy. This oppression had massive negative ramifications on the health of this population: physical, mentally, emotionally and spiritually.²² It is important to understand a system of care through the eyes of a population that has experienced oppression, as they are more vulnerable and often require more services than an average individual.

Social Determinants of health impact health negatively in many ways. For example, it didn’t become legal for people to be gay in Cuba until 1979 and living in a country with the constant threat of being incarcerated, or worse, causes detrimental health effects.²³ Minority stress further impacts the health of LGBTQ people in Cuba, defined as “real or expected prejudicial experiences result in internalized homophobia, depression, and anxiety.”²⁴

Being denied the ability to live authentically, marry the person you love, hold

a job openly, and live without fear of physical threat, increases the prevalence of mental and physical illness.²⁵ “LGBTQ individuals experience many of the same stressors (stressful stimulus) as anyone else- but they also experience a distinguishable set of stressors that are *unique* to or *pronounced* in sexual minorities.”²⁶ These stressors include homophobia and harassment, isolation and loneliness, shame, stigma, hiding and guilt, and threat of violence or abuse.

Since 1979, Cuba’s attitude towards LGBTQ individuals started to shift, which was first seen when the government removed homosexual acts from the penal code.²⁷ However, it wasn’t until 1986 that things truly started to shift, and finally in 1993 the Cuban government began condemning discrimination against LGBTQ citizens, and the health care system began addressing this population as an oppressed minority rather than as individuals suffering from a disease.²⁸ Further barriers were broken down when in 2008 the first sex change operation was performed for a trans individual, paving the way for trans health care rights throughout the world.²⁹

HIV/AIDS in the Cuban Health Care System

HIV/AIDS also had huge impacts on Cuba, and other Caribbean nations. In fact, it had the highest prevalence in the Caribbean outside of Sub-Saharan Africa worldwide.³⁰ Cuba’s response to the HIV/AIDS crisis was in many ways inhumane and harsh, however it ultimately prevented countless deaths and stopped the spread of the disease.³¹ Furthermore, Cuba is distinguished as the first and one of the only countries in the world that successfully eliminated mother to child transmission of HIV/AIDS.³² While this shows incredible progress and is hugely admirable, it comes at a cost; the manner in which mother to child HIV transmission was defeated raises ethical concerns.

These incredible health outcomes were achieved at the cost of individual freedom and often through tactics that bordered on human rights violations. For example, the Cuban government used “Decree-Law 54,” passed in April of 1982, which stated that “for the exercise of prevention and control actions for communicable diseases, one or more of the following measures will be adopted, depending on the case: isolation of individuals suspected of suffering from a communicable disease, and of possible carriers of the causal germ, if necessary, as well as the suspension or limitation of these individuals’ activities when their realization poses a risk for the health of others.”³³ This set the precedent for the government to isolate HIV-positive patients in sanatoriums against their will in the name of population health.

It would be remiss to not mention that when HIV/AIDS was first discovered, it was thought to be a disease that only affected gay communities, and was given the name GRID, standing for Gay Related Immuno-Deficiency.³⁴ This undoubtedly affected the way the crisis was handled, as homophobia crept into the national and international response. Cuba's response to the HIV/AIDS epidemic was largely governed by The Ministry of Public Health, which was given the authority to establish procedures for mandatory treatment of diseases with the potential to become epidemics in 1983.³⁵ These laws and measures led to the AIDS Sanatoriums across the country.³⁶

From 1986 to 1994, the Cuban government quarantined all HIV-positive people in sanatoriums. There, patients were taught about HIV and AIDS, safe sex, transmission, and how they would have to take care of themselves given their new health status.³⁷ The sanatoriums provided basic needs such as food, housing, medication, and intensive health education.³⁸ In order to combat the disease, the Cuban government began manufacturing their own anti-retroviral drugs in 2001.³⁹ The ability to begin manufacturing drugs is a huge advantage of Cuba's single-payer system, which also enables them to control costs.

Furthermore, in the effort to stop the spread of the disease, all pregnant women were tested for HIV. If they were positive, mothers were immediately started on an anti-retroviral regimen and were instructed to deliver through cesarean section.⁴⁰ It is clear that these tactics worked well in Cuba to curb the spread of HIV/AIDS, however the enormous foregoing of individual rights meant that individuals experienced enormous hardships and social discrimination.⁴¹ It is in this way that the US and Cuba differ most. Individual rights in the US are woven into the fabric of the country, tangible in the narrative of "pulling yourself up by your own bootstraps" and visible in the language firmly rooted in the individual.⁴² However, Cuba values the community above all else, while individual needs and rights are perceived as less important than those of the whole society.⁴³

Community-Based Research

The following is a qualitative assessment to help add social perspective and context to this paper. Interviews were conducted in Havana, Cuba in December of 2016.

The term "contradictions" is the most accurate description of what I experienced while in Cuba. It is overwhelmingly difficult to attempt to sit down and formulate words that can adequately summarize, or even come close

to describing the complexities of life in Cuba. Cuba is not what we are told it is as Americans. We are taught many misconceptions, stemming from our own government's propaganda. For example, we are told that Cuba is governed by a dictator and that the people in Cuba need to be rescued from this evil regime. This may have roots in events that were viewed as inhumane, but as far as I could see the vast majority of Cubans "loved Fidel Castro as if he were their own father."⁴⁴

Life in Cuba is impacted in every single way by the US embargo, which in no small part is supported and continues today with fuel from US propaganda. One very boisterous professor, Hjorta Lozano, was sure to explain to our group that the US embargo is an atrocious use of force against the Cuban people.⁴⁵ However, even with the embargo in place, Cuba has achieved some phenomenal accomplishments, especially when it comes to their health care system. The focus on prevention is very clear, and the presence, ease of access, and pride about this national gem is apparent everywhere.

When walking through Havana Viejo, I passed by a polyclinic, which had a nurse standing in the entryway, and people trickling in and out. The atmosphere was relaxed, almost familial. People seemed to know each other. Both patients and staff seemed to be in good spirit. The accomplishments of building a health care system that is not only physically accessible to people, but also integrated into the neighborhood, and to be a functional part of the community interdependence is something that we can only dream of doing here in the US. Furthermore, a common sentiment among Cubans I spoke with about their health care system was that it was high quality care, and that everyone had access to the same care, no matter what.

A mid-30s gay man, Arnoldo, mentioned that "nobody is turned away, everyone has equal access" when I asked if some people were given better or worse treatment.⁴⁶ This sentiment was echoed by many other people I spoke with, and when I continued to press about quality of care and satisfaction as a patient, I did not hear any negative remarks. This is not to say that the Cuban health care system is perfect. However, it provides anecdotal evidence that patient satisfaction is very high, and that institutionally there is not perceived discrimination.

One possible reason effecting this perception is that the Cuban constitution outlaws discrimination by stating that "The state consecrates the right achieved by the Revolution that all citizens, regardless of race, skin color, sex, religious belief, national origin and other distinction which discrimination on basis of would be harmful to human dignity."⁴⁷ Cubans

have a long history of being imprisoned for speaking out against their government, which may impact the qualitative evidence I gathered. When asking Cubans about their views, it must be stated that they may not feel comfortable to speak freely for fear of persecution.

I continued to ask about discrimination on institutional levels and continued to get the same response, even from self-identified gay Cubans. Arnoldo self-identifies as a gay man and talked very candidly about his experience. Arnoldo felt he was not given unequal treatment because of his sexuality, but did mention that people are not as open or accepting in the rural areas.⁴⁸ He also made comments that led us to believe that even within gay culture in Cuba there are perceived social classes and internalized homophobia. It became apparent that effeminate or flamboyant gay men were looked down upon, even within the gay community in Havana.

The social dynamics of being LGBTQ in Cuba are incredibly complex. The historical contempt and harsh treatment of this population has changed and become more muted, seen today by people making comments like “they can do whatever they like in private” or “what people do in private is their business.”⁴⁹ Comments like these convey a sense that progress has indeed been made, but that LGBTQ people are still not fully accepted. This attitude was not just among men, but also women. Gender seemed to have a large impact on the acceptance of LGBTQ individuals. Lesbian women were by far less visible and ‘out’ than men. This made me wonder if the historical oppression through rehabilitation camps still impacts gay Cubans’ sense of safety or acceptance.

When examining the social experiences of gay men versus lesbian women, distinct differences in social acceptance were apparent. For example, in public spaces gay men were out, some holding hands or being affectionate, while I rarely, if ever, saw lesbians showing public displays of affection. I asked quite a few people about this discrepancy and often was given the same remark that “lesbian women are in the home, not in the street.”⁵⁰ One woman claimed that the reason for this was because “it may be harder for lesbians to come out, because it is less accepting. It’s harder for them to assume that sexual orientation. As a Latin American country, machismo makes it hard for people to come out.”⁵¹

Machismo culture was very apparent in Cuba, however, it was unlike machismo culture that I had experienced in other Latin American countries. The difference, as far as I could pinpoint it, was that Cuban discrimination and sexism was an undercurrent of society, not explicit, whereas in other countries with machismo culture, sexism was very overt. I still wasn’t

satisfied with this as a complete explanation of the observed discrepancy in comfort being public about one's sexual preference and I continued to ask people about the reasons why more men were visibly and publicly out than women.

One woman whom I met, a foreigner living in Cuba, identified as bisexual and talked with me about her friends in Cuba who were lesbians. She claimed that one aspect that prevented Cubans from accepting lesbians as equally as they accept gay men was because the Cuban family is traditionally matriarchal. Women are the head of the household and are responsible for the family. In this perspective, it is easier to see how people could feel threatened by the notion that if lesbians are accepted, then they won't be starting a family, which is a deeply engrained value in Cuban life and society. It could be possible that the value of families outweighs the value of equality in this situation.

While discrimination is illegal under Cuban law and is not perceived to be an aspect of institutional society, there is a contradiction, in that discrimination is still very tangible in social and interpersonal Cuban life. This was a dynamic that came up in almost every interview; that discrimination doesn't exist, it's illegal. Yet some people still do not accept LGBTQ people and this lack of acceptance negatively impacts individual life in many areas. Discrimination was more widely experienced among LGBTQ Cubans who also were HIV-positive. During interviews with individuals at Quisicuaba, a small community-based organization, many claimed that the social stigma was one of the reasons that they chose to stay at the sanatoriums for so long.⁵² In general, most HIV-positive Cubans claimed that life was too hard in Cuban society and the sanatoriums served as a sort of sanctuary, away from the bias, fear, and negativity the disease carries. This however, raises the question that if the government had reacted differently, would public perception of the disease be different?

Recommendations from the Cuban experience

Clearly the Cuban health care system is one that has many beneficial attributes and others that cause a pause for concern. Cuba's design of local "polyclinics" that are staffed with knowledgeable health care professionals who make up a team to care for patients is ideal. This local, team-based medical home type model is being used in the US by Federally Qualified Health Clinics in Oregon, under the Patient Centered Primary Care Home model.⁵³ The benefits of this model are diverse and far-reaching from

improved quality of care, reduced costs, and an increased focus on prevention.⁵⁴

Cuba's ability to create social health programs based on prevention are what many experts point to when they explain the significant health outcomes such as life expectancy and maternal and child health metrics. This investment in prevention is something that the US and other countries could benefit greatly from. The old adage "an ounce of prevention is worth a pound of cure" is truly exemplified here. The focus on prevention not only cuts costs drastically, but it allows the health care system to use its resources in more beneficial areas such as research and development of new medicines and procedures.

Finally, the Cuban health care system strongly incorporates teaching and learning into its model. In this way they are constantly training new physicians, nurses, scientists, researchers and professionals who add new knowledge, ideas and value into the system. This is something with which we struggle with in the US, as medical school is expensive and out of reach for many potential health care professionals. This lack of human capital might just be one of the most detrimental aspects of the US health care system, and one lesson we could learn from other systems like Cuba. The remainder of this paper will be informed by community-based research

Further research should be done on the impacts of the Cuban government's initial reactions to the HIV epidemic (such as mandating HIV-positive patients be quarantined in sanatoriums) and current Cuban attitudes towards HIV positive and LGBTQ individuals. At this point, there is no research indicating that there is a correlation, but it would seem likely that the initial fear and strong-handed government reaction has lasting impacts on Cuban beliefs and attitudes towards HIV-positive people. Further research is needed to explore if there is a correlation between social determinants of health, such as sexual orientation, and the quality of patient care and overall health outcomes. This research attempts to bring certain social dynamics to light, in hopes of future research more deeply analyzing the potential impacts and connections. Finally, it is with regret that I was unable to access Cuban health outcome data. Additional cross-country comparisons would be hugely beneficial to analyze specific differences across countries.

Notes

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