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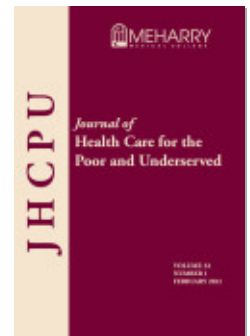
Lesbian, Gay, Bisexual, and Transgender (LGBT) Health in Cuba: A Report from the Field

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Lesbian, Gay, Bisexual, and Transgender (LGBT) Health in Cuba: A Report from the Field

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Summary: Very recent attitudes and public policy have promoted acceptance and health equity for LGBT people in Cuba. Based on unstructured conversations and observations with physicians, public health researchers, and community health workers in Cuba, current LGBT health priorities include HIV/AIDs prevention and treatment, mental and physical health, and aging-related issues.

Key words: Cuba, Latin America, LGBT health, health policy.

Cuba is a country with changing politics and policies towards lesbian, gay, bisexual, and transgender (LGBT) populations. Located just 100 miles south of the United States, Cuba has been closed off from the U.S. following the trade and travel embargo that began in 1958. President Barack Obama began to normalize relations with Cuba starting in 2014 by reopening the U.S. embassy in Cuba, exchanging prisoners, and easing travel and trade restrictions between the two nations, enabling more Americans to visit the island.¹ Approximately 430,000 Americans visited Cuba in 2018.² We had the opportunity to study Cuba's health care system for two weeks in May 2019 through an academic exchange with the Medical Education Cooperation with Cuba (MEDICC), which is a non-profit organization that promotes U.S.-Cuba collaborations through public health and health care initiatives.³ MEDICC organized meetings for us with dozens of public health experts at 16 sites in Havana and the Pinar del Río provinces, including faculty at Cuba's National School of Public Health (Escuela Nacional de Salud Pública, ENSAP) and researchers at the Institute of Tropical Medicine (Instituto de Medicina Tropical Pedro Kourí, IPK). This Report from the Field describes the socio-political history of LGBT rights in Cuba and the key lessons learned on LGBT health from unstructured conversations and observations with health care providers, public health researchers, and community health workers in Cuba. Very few of our informants openly identified as LGBT, but several of the organizations we visited provided services or worked directly with LGBT Cubans.

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LGBT History in Cuba

The beginning of contemporary Cuban history—and the country's understanding of universal access to health care—traces its roots to the Cuban Revolution; in 1959, Fidel Castro and his followers overthrew the government of U.S.-backed Cuban President Fulgencio Batista. Castro's revolutionary government nationalized all foreign and domestic property and installed a single-party political system based on the Marxist-Leninist values of socialism, solidarity, and equality. The new government provided universal access to education, health care, and social security. Key to the Cuban Revolution was free health care for all Cubans, with an emphasis on public health and primary care.^{4,5} Today, all primary care is financed and provided by the national government without any patient costs or payments at the point of service. Primary care providers at the community level are also responsible for health promotion, public health surveillance, and the treatment and management of most health conditions.^{4,5}

Two key moments set the backdrop for LGBT rights in Cuba. First, immediately after the Revolution, re-education labor camps called Unidades Militares de Ayuda a la Produccion (UMAP) or Military Units to Aid Production were created to detain counterrevolutionaries and people considered "anti-social" if they did not conform to revolutionary values.⁶ Until 1969, gay men and transgender women were included among the 30,000 internees forced to work on state farms.^{7,8} Gay men and transgender women were targeted for two main reasons. First, many gay men worked in the gambling, drug, and sex work neighborhoods in Havana, which were expunged during the Revolution.^{6,7,8} (Additionally, Cuban revolutionaries associated gay men with the capitalist decadence prior to the Revolution.^{6,7,8}) Second, effeminate men were targeted for failing to meet the standards of hypermasculinity dictated by machismo culture in Cuba.^{6,7,8} Interestingly, for reasons that are not well understood, lesbians and other sexually diverse women were not targeted for labor camps.^{6,7,8}

The second key event affecting LGBT people in Cuba occurred at the beginning of the HIV/AIDS epidemic in the late 1980s. HIV first arrived on the island in 1986, and Cuban physicians, researchers, and lawmakers aggressively addressed its spread.^{9,10} One of the first steps taken was to quarantine people testing positive for HIV in mandatory sanatorios between 1986 and 1989. Approximately 700 individuals were quarantined in 1988—many of whom were men who have sex with men.^{6,9,10} HIV-positive individuals were detained, but some detainees could visit family on weekends if they lived nearby. In 1989, the sanatorios began to allow "patients" to decide whether to live at home or in the sanatorios. Many patients decided to stay, and in 1993, a day care program was established to allow more flexibility for seropositive persons to live at home while learning to live with HIV.¹¹ These two historic decisions made by Cuba's communist government were discriminatory and oppressive against LGBT Cubans. Former President Fidel Castro apologized for these decisions and the post-revolutionary persecution experienced by many LGBT Cubans in a 2010 interview with a Mexico-based newspaper.¹²

Current LGBT Policy

We had the opportunity to visit Cuba in May 2019, and through unstructured, casual conversations and observations we learned that public policies and attitudes towards LGBT Cubans have made some progress over the past 40 years. Same-sex sexual activity was decriminalized in Cuba in 1979. Meanwhile, there is no explicit legislation prohibiting hate crimes or discrimination against LGBT people, although the Cuban government has tried to promote LGBT acceptance through education and outreach. For instance, we found the anti-homophobia poster depicted in Figure 1 at one of the government-administered public health facilities in Havana, Cuba. The poster, sponsored by Cuba's Ministry of Public Health, translates as follows: "Homosexuality is not a danger. Homophobia is. Do not despise, ridicule and isolate a person because of their sexual orientation."

We also learned about the major stakeholders promoting LGBT equality across the island. In 1989, the Cuban government established the National Center for Sex Education (Centro Nacional de Educacion Sexual, CENESEX) with the mission to advance "the development of a culture of sexuality that is full, pleasurable, and responsible, as well as to promote the full exercise of sexual rights."¹³ CENESEX is currently directed

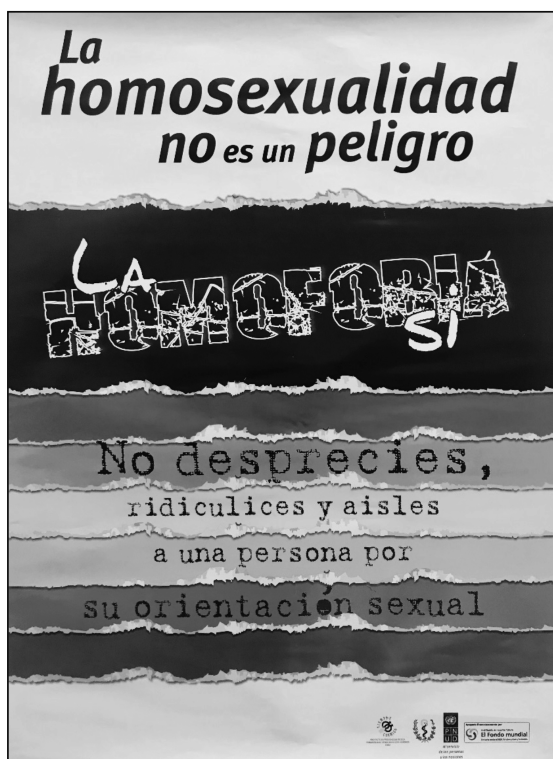


Figure 1. Anti-homophobia poster in Havana, Cuba^a

Note: ^aThis poster (photographed by the authors) was observed at the National Unit for Health Promotion and Disease Prevention in Havana, Cuba. Translation: "Homosexuality is not a danger. Homophobia is. Do not despise, ridicule and isolate a person because of their sexual orientation."

by Mariela Castro, who is the daughter of former President Raúl Castro, and Vilma Espín, the former leader of the Federation of Cuban Women (Federación de Mujeres Cubanas, FMC). Mariela Castro has leveraged her position at CENESEX to incorporate sexual diversity into the dialogue surrounding sex education and to promote LGBT rights on the island. Starting in 2005, CENESEX and FMC proposed changes to the Family Code that would recognize same-sex marriage in Cuba.¹⁴ Momentum for legalizing same-sex marriage failed in the National Assembly until very recently.

In 2018, the National Assembly drafted a new constitution with a more inclusive definition of marriage. Article 68 in the proposed constitution would change the meaning of a union from being between a man and a woman to a union of “two people” with “absolutely equal rights and obligations.”¹⁵ Before the adoption of the final constitution, Cubans were allowed to discuss the draft constitution and recommend changes in neighborhood meetings. During our academic exchange, we were told that Article 68 was one of the most debated proposals across the island, and evangelical churches led an aggressive campaign to maintain marriage between one man and one woman.¹⁶ In the end, most Cubans disapproved of legalizing same-sex marriage, and the final version of the new constitution (which was approved in February of 2019) excluded the recognition of same-sex marriage.

We also learned that there are still limited and varying protections for LGBT people in Cuba. For instance, employment discrimination on the basis of sexual orientation (but not gender identity) is illegal in Cuba.¹⁶ Legal adoption and reproductive assistance are not guaranteed to same-sex couples—and are almost unavailable in the country.¹⁷ Interestingly, transgender health services have gained acceptance in Cuba. The first gender confirming (i.e., sex reassignment) surgical procedure was performed in 1988. Twenty years later, in 2008, the Ministry of Public Health mandated that comprehensive health services for transgender people to be covered at no charge, which included a specialized transgender clinic that provides psychological counseling, hormonal therapy, and gender confirming surgical procedures.¹⁸

LGBT Health Needs in Cuba

Our academic exchange also informed us about current LGBT health needs in Cuba. First, combatting HIV remains a priority in Cuba. With aggressive testing and treatment goals, Cuba has one of the lowest prevalence and incidence rates of HIV in Latin America.¹⁹ However, more than 80% of Cubans living with HIV are understood to be men who have sex with men (MSM).²⁰ We learned that one municipality in the Matanzas province recently began a pilot program which will provide pre-exposure prophylaxis (PrEP) at no charge to high-risk populations.²¹ Cuba also combats the spread of HIV through comprehensive sex education for all Cubans. We were told that, beginning in grade school, Cuban children are taught about healthy relationships. Then, all Cuban adolescents are taught methods on how to prevent the spread of sexually transmitted infections in schools, which is mandatory through the ninth grade.²² Another practice implemented is the use of *promotores de salud*, or community-based health promoters. We also visited the National Unit for Health Promotion and Disease Prevention (also known as *Prosalud*), which trains high risk community members to go out to

their communities and teach safe sexual practices. For example, Prosalud trains people working in the so-called “transactional sex” industry how to inform others on safe sexual practices with an emphasis on condom use, routine testing, and the treatment on sexually transmitted infections. Future research should continue to learn best practices from Cuba on how to sustain population-based HIV care while maintaining costs.

Second, poverty and limited economic resources are additional issues that affect all Cubans, including LGBT Cubans. The average monthly salary for Cubans is approximately U.S. \$25. Meanwhile, some food items are rationed (e.g., rice, beans, sugar, and coffee), and the social determinants of health are vulnerable to environmental hazards, economic recessions, and international disputes. For instance, Venezuela’s recent economic crisis means that Cuba will need to rely on other trade partners for important necessities, including food products, petroleum, and machinery.²³ Meanwhile, we learned that some Cubans (including LGBT Cubans) may be vulnerable to sex trafficking and sex tourism during desperate economic situations.

Finally, in our experiences in Cuba, very little was mentioned about the physical and mental health needs of LGBT people. According to the public health and health care officials we met, there is not a perceived drug and substance use problem in Cuba because of the country’s strict rules on drugs. However, chronic disease (e.g., cardiovascular disease, lung cancer, and diabetes) is a growing health issue across the island, especially as the country ages; Cuba maintains a relatively high life expectancy (79.5 years). Older LGBT adults may have unique health and social needs that may be understudied or ignored, which points towards an opportunity for future LGBT health research in Cuba. We recommend that data on sexual orientation, sexual behaviors, and gender identity should be routinely collected in patient records and health surveys, such as the Cuban National Survey on Risk Factors and Chronic Diseases.²⁴ Furthermore, we recommend the collection of qualitative data and the use of socio-anthropological methods (e.g., participant observation) which can yield valuable information about the experiences of LGBT Cubans. Having data on LGBT people will facilitate future research and surveillance of LGBT health needs in Cuba—but data collection should begin as soon as possible. We also recommend international research collaborations with Cuba in order to exchange knowledge and expertise that can promote LGBT health equity across the globe.

Conclusion

Our Report from the Field adds new and recent information on LGBT health in Cuba—which remains a country inaccessible to most Americans. Although Cuba’s history is marked by discrimination and oppression against LGBT people, Cuba’s experience may provide key lessons for the expansion of LGBT rights in contemporary Latin America and the Caribbean. As in many other countries, structural and interpersonal discrimination against LGBT people have been major challenges towards achieving health equity for LGBT people. However, universal access to free health care—with an emphasis on public health and primary care—has allowed the country to start preliminary discussions on LGBT health in Cuba. Indeed, our academic exchange in Cuba

led to fruitful, intercultural, and interdisciplinary discussions on gender, sexuality, and LGBT health—which suggests that Cuba’s LGBT health revolution may be on the rise. Our Report from the Field also suggests that more researchers should consider Cuba, as well as other countries in Latin America and the Caribbean, as possible venues for learning new ways and best practices for promoting LGBT health equity.

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