

IT'S A QUEER THING

The Cuban solution

The United States can learn something from Cuba about ways to make our AIDS policy more humane

by Howard N. Dana

Cuba has done some things right with regard to its AIDS policy, and it has done some things wrong. However—judging from conversations I had with Cuban citizens and government leaders on a recent trip to the island with the Venceremos Brigade—aside from its mistakes, I think the United States can stand to learn a lot from Cuba's example.

When AIDS was first recognized globally as a life-threatening, sexually transmitted illness, members of the world community reacted to the discovery in a variety of ways. In the United States, our response to AIDS in the early years of the epidemic can be described as "far too little, way too late." I do not have to remind anyone that President Reagan refused to even utter the word AIDS until the very end of his administration, and that the subsequent Bush presidency continued to ignore the disease. From



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very little attention being given to AIDS during the early years in this country to the approach Cuba took, the difference is remarkable. When AIDS was first recognized on the island of Cuba it was considered, and rightly so, a disease which threatened every Cuban citizen. In a socialist society such as Cuba's, the individuals of that society are responsible for the well-being of society as a whole. Recognizing this way of thinking makes it less shocking to think about the measures Cuba took to contain HIV.

It is true that the entire Cuban populace was tested for HIV. It is also true that all people with HIV and AIDS were quarantined in sanitariums. The fact that these sanitariums were built expressly to offer people with HIV and AIDS better medicine and food, in a stress-free environment, does not discount the fact that people were required to enter them and were not permitted to leave. The criticism the rest of the world leveled at Cuba for locking up people with AIDS is just. However, this criticism does not take into account the Cuban ideal of putting the benefit of the society ahead of the rights of the individual. For Cubans, this policy was far less a civil liberties issue than it was a public health issue. Given the panic AIDS spread throughout the world in the early years of the epidemic, the Cuban solution, while strict and authoritarian, was effective in keeping the rate of HIV transmission very low.

As Cuba and the rest of the world began to learn more about HIV and its transmission, the Cuban AIDS policy became gradually more progressive. When it was known that HIV could not be transmitted casually, and that it was predominantly spread sexually, restrictions in the sanitariums were eased. Lovers and spouses of people living in the sanitariums were allowed to live there as well. Gay couples were not discriminated against by this policy. As people were found to be trustworthy (i.e., they would not spread HIV to anyone else) they were first given day passes to leave the sanitarium, then overnight and weekend passes. Eventually people were allowed to leave and return to their homes until such time as they wished to re-enter the sanitarium.



Gay men camp it up in Havana

Although many of these changes in the sanitarium system were brought about by a stress-free environment, with comfortable housing, plentiful food, and all necessary medicine, is offered to the inhabitants. Clearly, this is very expensive. It is also logistically impossible under the economic strain the United States is exerting on Cuba. There is not enough food or medicine to make the sanitarium system

work, so it has been modified. The sanitarium system in Cuba is still offered, without charge, to anyone living with HIV or

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Howard Dana processing tobacco, Pinar del Rio, Cuba

AIDS. Typically what happens is that people go there to live at two stages of HIV disease—first after testing positive and then during illnesses related to the disease. When a person volunteers to be tested for HIV and is found to be HIV positive, on the recommendation of the family doctor, he or she will temporarily enter the sanitarium for "education about AIDS." This process lasts a few weeks, during which the person learns what to do to stay healthy and to prevent the spread of the disease. After this the person usually goes back home to live and work as usual, following up medically with his or her family doctor. When the person needs more medical attention than the family doctor can provide, she or he will re-enter the sanitarium to receive care.

Education about AIDS in Cuba has been remarkable. There have been extensive government-sponsored campaigns to educate Cubans on HIV transmission and to prevent discrimination against people living with HIV and AIDS. Radio has been an especially efficient way of disseminating this information, since Cubans tend to listen to the radio all day at work and in the home. Everyone I spoke with, from *campesinos* living in rural areas to gay men living in Havana, was aware of AIDS and could tell me how it was and was not transmitted. The minister for AIDS education met with our delegation one afternoon and answered many questions about Cuban AIDS education. He said gay and bisexual men, who make up half of the HIV and AIDS cases in the country, were some of the easiest people to educate. This population was motivated to adopt safer sex practices and had moved on to do peer education to prostitutes and the population at large. Condoms, while not plentiful, are available to those who need them.

Despite a controversial beginning and a very tough present economic situation, statistics show that Cuba is doing very well in its efforts to stop the spread of HIV. Up to Jan. 27, 1994, there have been only 998 Cubans (out of a population of over 9 million) who have contracted HIV. Of these cases 706 are men and 292 are women. Of the total HIV and AIDS cases in Cuba, 44 percent have been among gay and bisexual men and 54.4 percent among heterosexual men and women. There have been a total of 251 AIDS cases and 154 deaths from complications of AIDS. The median incubation time from HIV infection to full-blown AIDS is 10.5 years. The median survival time from onset of AIDS to death is 15 months (source: *Cuba Update*, May 1994). This survival rate is on a par with the United States and is considerably higher than Cuba's Latin American neighbors.

Despite the hardships Cuba is facing right now, the country remains dedicated to continuing AIDS research and is exploring some avenues not taken by other countries doing similar research. Rates of transmission remain low on the island, and public knowledge about the disease is high. Immediate, decisive action at the beginning of the epidemic, although controversial, has stood Cuba in good stead. While it is clear that quarantining people with HIV was unnecessary, the way Cuba has handled the epidemic beyond that point is commendable. That there are no people with AIDS living on the streets in Cuba, and that the rate of transmission among IV drug users is nearly nonexistent, sends a clear message to the United States that we could be handling the AIDS epidemic much better. We would be wise to look at examples offered by our neighbors for ways to make our own AIDS policy more humane.