

# **THE NORMALIZATION OF SEXUAL DIVERSITY IN REVOLUTIONARY CUBA**

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This thesis is dedicated to

John and Margo Kirk

and

Yvonne and David Childs

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## List of Acronyms

ANIR	National Association of Innovation and Rationalization (Asociación Nacional de Innovadores y Racionalizadores)
CC	Central Committee (Comité Central)
CD	Civil Defense (Defensa Civil)
CENESEX	National Centre for Sexual Education (Centro Nacional de Educación Sexual)
CDR	Committees For The Defense Of The Revolution (Comité de Defensa de la Revolución)
CLASES	Latin American Congress of Sexology and Sexual Education (Congreso Latinoamericano de Sexología y Educación Sexual)
CTC	Workers Central Union of Cuba (Central de Trabajadores de Cuba)
ELAM	Latin American School of Medicine (Escuela Latinoamericana de Medicina)
FEU	Federation of University Students (Federación Estudiantil Universitaria)
FMC	Federation of Cuban Women (Federación de Mujeres Cubanas)
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GNTES	National Group for Work on Sexual Education (Grupo Nacional de Trabajo de Educación Sexual)
HID	Human Development Index
ICAIC	Cuban Institute of Cinematographic Arts and Industry (Instituto Cubano del Arte e Industria Cinematográficos)
ICESCR	International Covenant on Economics, Social and Cultural Rights
INDER	National Institute of Sport, Physical Education and Recreation (Instituto Cubano de Deporte, Educación Física y la Recreación)
IMF	International Monetary Fund
IPPF	International Family Planning Plan (Programa Internacional de Planificación Familiar)
IWB	International Wellbeing Index
MDG	Millennium Development Goals
MINCULT	Ministry of Culture (Ministerio de Cultura)
MINJUS	Ministry of Justice (Ministerio de Justicia)
MINSAP	Ministry of Public Health (Ministerio de Salud Pública)
NSAP	National Service to Eradicate Malaria (Servicio Nacional de Erradicación de la Malaria).
NWI	National Wellbeing Index
OCIC	International Catholic Organization for Cinema (Organización Católica de Cine)
PCC	Cuba Communist Party (Partido Comunista de Cuba)
PPP	Public-private Partnerships
ProNes	National Sexual Education Programme (Programa Nacional de Educación Sexual)
ProNess	National Sexual Education and Sexual Health Programme (Programa Nacional de Educación y Salud Sexual)
PWI	Personal Wellbeing Index
SAP	Structural Adjustment Programme
SOCUMES	Cuba Multidisciplinary Society for the Study of Sexuality (Sociedad Cubana Multidisciplinaria para el Estudio de la Sexualidad)
UJC	Young Communist League (Unión de Jóvenes Comunistas)
UMAP	Military Aid for Production (Unidades Militares de Ayuda a la Producción)
UNDP	United Nations Development Programme
UNEAC	Writers and Artists Union (Unión de Escritores y Artistas de Cuba)
UNFEM	United Nations Development Fund for Women
UNFPA	United Nations Family Planning Association (Fondo de Población de las Naciones Unidas)
UNJC	National Union of Cuban Jurists (Unión Nacional de Juristas de Cuba)
RSMS	Rural Social Medical Service
WHO	World Health Organization

## Introduction

The Cuban government and its emissaries are always predictable. They use gay rights now the way they used the race-equality card in the 1960s — to bestow respectability on a repressive regime (Santiago 2014).

[Mariela] Castro, a sexologist and director of the Cuban National Center for Sex Education (CENESEX), has long been an activist for LGBT equality in Cuba. She has been credited with improving conditions for gay Cubans, who faced imprisonment as recently as the 1970s (Ring 2013).

Revolutionary Cuba has often been the focus of international news headlines. From its ongoing problems with the United States, economic developments, visits from the Pope, work in medical internationalism, and the life of former president Fidel Castro, the small Caribbean island has been the centre<sup>1</sup> of significant international media attention. It is a small developing country of just 11.2 million, but garners the media attention accorded to a wealthy, industrialized one. Since 2008, however, a new story has caught the attention of international media outlets, a story on which many have reported, but few have understood—the normalization of sexual diversity<sup>2</sup> rights. As seen in the quotations above, there have been very different views expressed on this topic; some have lauded the country for its attention to sexual diversity, while others have condemned it.

These reports are more readily understood when placed in an historical context. Despite much of the positive media attention on the development of sexual diversity rights in Cuba, the country has had a very homophobic history. In the early years of the Revolution, many homosexual men were required to attend labour camps to help them

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<sup>1</sup> This thesis will be written using Canadian spelling and punctuation.

<sup>2</sup> Although “LGBT” is commonly used to discuss lesbian, gay, bisexual, or transgender people or communities, this thesis will instead use the term “sexual diversity”, as it is more inclusive of diverse sexual orientations and preferences.

develop a “manlier disposition” and inculcate in them revolutionary values. Legislation also fully institutionalized homophobia, and in effect greatly limited the lives of perceived homosexuals. Lesbians, by contrast, were largely ignored, and considered instead to be confused women who needed more guidance. Material distributed across the island also strongly condemned homosexuality, describing it as an illness that could infect others, particularly young people. In essence, homosexuality was viewed as anathema to the Revolution.

Many of the revolutionary leaders, such as Fidel Castro and Ernesto “Che” Guevara, were also highly and vocally homophobic. Guevara, for example, was reported to have referred to famed homosexual Cuban writer, Reinaldo Arenas, as a “foul faggot” (Quiroga 2000, 104), while Fidel Castro noted that a homosexual could never be a true revolutionary (Lockwood 1967, 107). It was clear that for decades a state of institutionalized homophobia existed, which left its mark on sexual minorities.

This intense homophobia was clearly a feature of the early years of the Revolution, and has continued to various degrees over the decades. As recently as 2010, Cuban delegates voted in a UN meeting to change the wording on a document that focused on discrimination, which in effect supported a more homophobic agenda (Acosta 2010c). There have also been considerable debates over the 2013 Labour Code, which many have felt did not sufficiently represent sectors of the island’s workforce with diverse sexual orientation, and data have also suggested that hate crimes against sexually diverse groups have actually increased (Roque Guerra 2013a; González Pagés 2014b). In general, however, the evidence demonstrates that discrimination by the state and general

population changed significantly in 2008, when a more respectful approach began to emerge.

Despite the island's homophobic past, since Raúl Castro was elected in 2008, the government and population as a whole have significantly changed their attitudes towards sexual diversity. Rights have evolved considerably, the International Day Against Homophobia has been widely celebrated, and gay film festivals have been held. The island has participated in the "Gay Olympics" and its education and medical systems have fully incorporated recognition and awareness of sexual diversity. Therefore, it is clear that attitudes towards sexual diversity have undoubtedly changed considerably since the 1960s. However, for most countries this has also been the case, suggesting that Cuba is not unique in this regard. Nonetheless, the approach that was employed to develop these rights was, and remains, perhaps uniquely revolutionary and unexplored. The importance is not *what* happened, but rather *how* it happened.

This thesis will examine and analyze the development of the normalization of attitudes towards sexual diversity in revolutionary Cuba. It is not written from a Gender Studies or Cultural Studies perspective, but instead employs an International Development lens. Analysis through an International Development Studies lens is useful in this study as it allows for a broader understanding of the topic, rather than a focus on smaller and individual elements of the normalization process. The International Development framework was found to be the best lens through which this data could be analyzed and its significance communicated. In essence it provides a "big picture" look at a complex topic. The methodology employed was primarily archival research, which was mainly conducted in Cuba at the National Centre of Sexual Education, the José Martí

National Library, and the University of Havana's library, as well as in England at the University of Nottingham's Hennessey Connection. In addition, interview-based research was conducted in Cuba with various specialists with whom elements of the history of the normalization process were discussed. Interviews were instructive in order to develop a fuller understanding of the archival data and its significance, as well as to provide clarification and insight. Those interviewed had been highly involved in the evolution of sexual education and attitudes towards sexual diversity in Cuba, and offered critical information for the overall understanding of their respective specialties as well as the process as a whole. The aim of this thesis is to provide a more comprehensive study of the development of attitudes towards sexual diversity—from the island's homophobic past to the perceived significant changes that have occurred in recent decades, and specifically the development of the island's sexual education and sexual health strategies.

Because the story of the evolution of attitudes towards sexual diversity in Cuba has been recorded incompletely and often misunderstood, a new understanding of an old topic is required. In this context, the questions needed to be asked: how did attitudes towards sexual diversity evolve in Cuba? And what does this evolutionary process tell us about the Revolution? Based upon several research trips to undertake archival research at the Centro Nacional de Educación Sexual (National Centre for Sexual Education) (CENESEX), interviews with Cubans who work at the Centre (including Mariela Castro Espín), and a study of pertinent research material, this thesis will seek to answer these questions. As suggested above, respect for sexual diversity in Cuba has changed significantly in recent years, and the thesis provides an analysis of that complex process.

Recent media coverage of this topic provides some insight into the understanding of this complicated evolution. Thousands of media reports from across North America, Latin America, the Caribbean, Europe, Asia, and Australia have discussed contemporary sexual diversity rights in Cuba. The reports have been almost exclusively positive, lauding the country for developing new and more inclusive legislation, and hosting large-scale celebrations for the International Day Against Homophobia. The reports have largely celebrated Cuba's progressive attitudes towards the promotion of respect for sexual diversity as a whole, and present the island as something of an international leader in the normalization of sexual diversity, a particularly significant distinction, given the deep roots of *machismo* in Latin America.

Within the media's representation of this question, two main themes have usually been emphasized. The first is the role of Castro Espín. The news articles invariably discuss her, as she is the daughter of current president Raúl Castro, and niece of former president Fidel Castro. Significantly, articles from the United States often attempt to use her position to make political points against Cuba. For example, a 2013 *Miami Herald* article entitled "Mariela Castro's Real Agenda: Keep Family in Power" noted "the daughter of Raúl and niece of Fidel dropped the humanitarian mask and got down to the dirty business of pushing the Castro brothers' single-issue agenda: staying in power" (Santiago 2013). However, the majority of the articles focus on her role as central to the normalization process. In the same month that as the *Miami Herald* article was published, the *BBC* published a story titled, "Cubans March Against Homophobia in Havana", which noted that "Hundreds of Cubans have staged a protest against homophobia and for gay rights, in the capital, Havana. The march was led along Havana's central streets by

Cuban gay rights campaigner Mariela Castro” (BBC 2013). In a similar vein, an article published by the Canadian *Chronicle Herald* stated “The daughter of Cuban President Raul Castro brought her fight for gay rights to a U.S. forum... stressing the need to secure social equality for all, regardless of sexual orientation” (Associated Press 2012b). For its part, the *Irish Times* explained that “Mariela... has introduced transgender surgery (free), anti-homophobia policies and gay pride days” (Gillespie 2013).

Castro Espín is therefore invariably at the centre of international reports on attitudes towards sexual diversity in Cuba, her position and name being used as a means of propagating, intentionally or unintentionally, the contention that the Castro family controls Cuba. Although her constant presence in news articles has successfully brought greater attention to the need to improve sexual diversity rights, it is also true that it equally highlights the dynastic approach in some quarters towards understanding revolutionary Cuba as “Castro’s Cuba”.

The second theme that is present throughout the international media reports on Cuba’s attention to sexual diversity is the role of the CENESEX, of which Castro Espín is the director. The Centre is not necessarily the focus of the articles, but there is consistent mention of it and its work. A June 2014 edition of the Canadian national paper *The Globe and Mail* illustrated this theme well, reporting that “Ms. Castro Espín is the director of the Cuban National Centre for Sex Education, which campaigns for the acceptance of Cuba’s LGBT population and their rights” (Tepper 2014).

Yet despite the presence of the Centre’s name throughout media reports, the information that is provided is limited at best. Articles note some of the Centre’s key

dates, such as 2007, when it hosted the island's first celebrations for the International Day Against Homophobia, or mention that it works to improve transgender rights, but little else is ever mentioned.<sup>3</sup> The British newspaper, *Daily Mail*, for example, reported that CENESEX “runs anti-homophobia campaigns and is lobbying for same-sex marriage to be legalized in Cuba”, but gave no other details (*Daily Mail* 2011). Other articles have simply noted that information was received from the Centre, as is the case with Bolivia's *La Opinión*, which reported information “according to CENESEX” (*EFE* 2012a). Although it is clear from the articles' content that CENESEX plays an important role (since it is constantly noted as being influential and responsible for directing much of the change in Cuba), only basic information about the Centre is ever noted, and all articles mentioned above failed to outline its role or significance.

These two main themes are clearly interlinked, with Castro Espín as the Centre's director and source of many initiatives introduced by CENESEX. According to international media reports, both elements have played a considerable role in the normalization of sexual diversity across Cuba. They, and by extension Cuba as a whole, continue to receive international acclaim for the ongoing work in the area, as the media continue to praise the island's development, and highlight its international role as a leader in the development of sexual diversity rights.

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<sup>3</sup> See, for example, Lamrani 2013; *Fox News* 2012; *EFE* 2013; Constable 2012; *El Nuevo Herald* 2014; *Global Post* 2013; *Prensa Latina* 2013a; *Excélsior* 2013; *DPA* 2013; *CNN* 2013; *Info News* 2013; *Correo del Orinoco* 2013; Burnett 2013; *El Universo* 2012; *elEconomista.es* 2012b; *Kengor* 2012; *CNN* 2012; *AllAfrica.com* 2012; *San Luis Obispo Tribune* 2012; *San Francisco Chronicle* 2012; *ElPais.com* 2012; Rosales 2012; *Sydney Morning Herald* 2012; *San Jose Mercury News* 2012; *Ecodiario* 2012; *La República* 2012; *ABC* 2012; Obejas 2012; *IPS* 2012a; *Univisión* 2012; *Prensa Latina* 2012; *El Comercio* 2012; Ravsberg 2011; *Sky News Australia* 2011; *CNN International* 2011; Valdés 2011; Más 2011; *Terra Perú* 2011a; *Terra Perú* 2011b; Acosta 2011a; *Página 12* 2011; *Agencia Venezolana de Noticias* 2011; *Ansa Latina Roma* 2011; *Swissinfo* 2010; Acosta 2010d; *ABC* 2011; *AFP* 2010; Wickham 2007; *La Nación* 2008.

Some academic studies have also been published on the evolution of attitudes towards sexual diversity in Cuba, with the majority appearing in the early and mid-1990s. These include the ethnographic studies of Marvin Leiner (1994) and Ian Lumsden (1996), as well as research conducted by Lourdes Arguelles and Ruby B. Rich (1984; 1985), Brad Epps (1995) and Dwayne C. Turner (1989). Emilio Bejel (2001) has also attempted to offer some insight by examining the evolution through literature and the idea of nationhood. A recent ethnographic study has also been produced by Noelle Stout (2014), as well as a book published by Carrie Hamilton (2012) that focuses on oral history. Yet despite the voluminous amounts of media reports on the evolution of contemporary Cuba's attention to sexual diversity, as well as some notable academic studies on the evolution of this process as a whole, some significant problems with the work that has been produced are apparent.

The main issues with the media reports are that they lack information and often present a clear political agenda. They focus on isolated events and do not offer a comprehensive look at the evolution of this process of sexual diversity as a whole. This is understandable, given the nature of news articles, which provide a limited presentation of a complex scenario. They have been valuable in some regards, but overall do not provide the necessary analysis or comprehensive understanding of the island's evolution of attitudes towards sexual diversity.

There are also significant problems with the academic work that has been produced on the topic. In particular, noticeably little has been published since the mid-1990s. While the work of Leiner (1994) provided considerable insight into the evolutionary process, and some excellent data, since then there has been no work

produced of similar quality. The necessary data and analysis to understand the contemporary events, as well as to provide a more comprehensive examination of the process of attitudes towards sexual diversity as a whole, have been lacking since his initial study.

The recent work on sexual diversity in Cuba has not added significantly to the earlier published studies. The more contemporary works, such as Hamilton (2012) and Stout (2014), are based almost entirely on oral histories, and their conclusions are largely drawn from a few individuals with whom they spent some time in Cuba. Additionally, the earlier data published are only superficially altered, with a few lines dedicated to CENESEX, and several paragraphs on contemporary changes, such as the annual celebrations of the International Day Against Homophobia. In essence, despite their efforts to provide new information, they failed to contribute in a meaningful way to the understanding of sexual diversity in Cuba.

An ongoing issue that extends throughout all published work is that a significant level of repetition is apparent, as the recent sources all propose a similar understanding of the shift in attitudes towards sexual diversity. They trace perceived major events or episodes in revolutionary Cuban history that are believed to have changed, or contributed to the change, in attitudes.

The understanding typically presented in the work is that the first major episode was the UMAP camps, where specific groups of people were required to work for minimal pay and in extremely difficult conditions. They were arguably the largest stain on Cuba's history of homophobia, and are often used to highlight the intensity of the

island's discrimination in the first decade of the Revolution. The second event often reported occurred in 1979, when homosexuality was officially decriminalized in Cuba. The third seminal development usually mentioned was the 1993 release and wide distribution of the film *Fresa y Chocolate*, a film that follows the story of two homosexual men in Cuba (one a free-spirited gay man and the other a dogmatic young revolutionary), and the struggles they face. It was believed to have created a significant change in attitudes towards homosexuality, and is still viewed as a critical step in the ongoing attitudinal changes across the island. In other words, it was viewed as the spark that ignited future developments.

Finally, it is often noted that in 2008, Castro Espín indicated that comprehensive sexual diversity rights for all were to be her main objective as well as that of CENESEX. Since then, published work on the topic has posited that she has worked through and with CENESEX to create change, developing the island's attitudes towards sexual diversity considerably. Although some authors have added details or variations, the story remains the same throughout, repeating the same understanding that communicates a view of a series of major events as the reason behind the evolution of attitudes.

These are the central threads that run through the more recent texts on the broad question of sexual diversity rights in Cuba. While on the surface this approach is helpful, in fact it ignores what is probably the most important element of the overall analysis, namely that the most significant contributing factor to the normalization of sexual diversity is CENESEX. The Centre has never been studied in any real depth, and the only academic work on it and its role was published by two of the Centre's own specialists, Castro Espín (2011a) and Roque Guerra (2011), as well as two other publications (Kirk

2011; 2015). This lack of information on CENESEX is mainly due to the fact that, until now, no foreign researcher has received permission to analyze the Centre from within. This is largely due to the sensitive nature of the information, as well as the Centre's national prestige.

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At this stage, it is perhaps pertinent to explain how this research project came about. I became interested in CENESEX during a research trip in 2008 when I was working on HIV/AIDS treatment and prevention development strategies. Medical professionals with whom I was working, as well as members of the general population, often mentioned the Centre's name and various projects it was working on, but published data on it and its specific role could not be found. Before leaving, I was invited by a colleague to have dinner, where serendipitously one of the Centre's leading medical specialists was also in attendance. After inquiring about CENESEX and its role, the Centre's significance became clear. And I set out to research it.

After almost two years of proposals, emails and meetings, I received the unique permission from the Cuban government to conduct research at the Centre and study its role in the evolutionary process. Following initial visits, the majority of the research was collected over a two-month period spent at the Centre. The thesis is the first time that information collected directly from CENESEX, including interviews, archival data and observations, will be presented and their relevance discussed.

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The first chapter of this thesis gives a comprehensive overview of revolutionary Cuba's problematic approach to homophobia until the 1990s. Following this initial study, the subsequent chapter analyzes the establishment and early development of sexual education and sexual health, with an emphasis on the role of the Federation of Cuban Women (Federación de Mujeres Cubanas) (FMC) from 1959 to 1989, and specifically on how sexual education and sexual health engaged with attitudes towards sexual diversity. The third chapter builds on the second, following the trend of sexual education and sexual health through the development and fundamental structure of CENESEX, as well as its role in Cuba from 1989. The fourth chapter revisits attitudes towards sexual diversity, examining the developments from 1990, with an emphasis on more contemporary issues. The final chapter does not focus on sexual diversity as such, but instead analyzes Cuba within a Global Health framework, in an effort to provide a greater understanding of the island's particular view of health and well-being, as the context within which CENESEX and the whole question of sexuality and sexual diversity should perhaps be examined. Throughout the thesis, an analysis of the development of sexual education and sexual health practices in particular is used to expand upon and challenge previously held views of this complex evolutionary process.

This is therefore the first comprehensive analysis of the normalization of sexual diversity in revolutionary Cuba, incorporating data that until now has never been seen outside the island. The island has responded to sexual diversity in a unique way—using particular Cuban problems and solutions to develop attitudes and rights. It is certainly a story worth telling.

## Chapter 1

### **Red Gays: Attitudes Towards Sexual Diversity in Cuba, 1959-1989**

In a famous lecture on the topic of homosexuality in 1889, G. Frank Lydston discussed his observations on homosexuals and their behavior. He posited that groups of homosexuals existed in communities of any size, and could be easily discovered due to their “effeminacy of voice, dress, and manner”. He also concluded “They are usually known to each other, and are likely to congregate together. At times they operate in accordance with some definite and concerted plan in quest of subjects wherein to gratify their abnormal sexual impulses” (Fone 2000, 347; LeBreton 1997, 15-19). Indeed, many societies have struggled with accepting homosexuality. As this example illustrates, homosexuality has often been misunderstood, and in particular has frequently been viewed as a perversion. In this regard, revolutionary Cuba has not been the exception.

Like many aspects of revolutionary Cuba, the evolution of attitudes towards sexual diversity is complex, controversial, and has developed since the initial realization of the 1959 Revolution. Almost immediately following the rebellion, myriad reports surfaced suggesting the severe repression and discrimination of homosexuals on the island.

The reasons behind the markedly negative attitudes towards sexual diversity—particularly in the 1960s and 1970s—were complex. The rooted homophobia resulted from a conflict between the cultural and economic effects of Spanish colonial rule and the American neo-colonial rule, followed by struggles within Cuba between various external and internal forces. In revolutionary Cuba, homosexual men were often seen as being

synonymous with prostitution, decadence, mental illness, and immorality. Cuban *machismo* and socially dictated gender roles would also aggravate this societal construct, as men were expected to be strong, virile, and in particular sexually dominant over women. Homosexual men, particularly effeminate ones, did not fit into the concept of *machismo*, further alienating them from much of the general populace that actively believed in, and engaged with, the development of a new Cuban society.

Following the 1959 rebellion, the leadership sought to develop a “New Man”, one that espoused the essential characteristics that a true revolutionary should have—such as being honourable and morally incorruptible. In essence, the aim was to develop a truly revolutionary populace. Yet a main effect of this aim, and the means in which the government carried out this goal, resulted in an intensification of homophobia. The sexually diverse, and in particular effeminate homosexual men, became the political “other”, and therefore a significant problem for the Revolution.

The results of the increase in prejudice and discrimination against homosexuality included, among others, forced participation in the Military Aid for Production (Unidades Militares de Ayuda a la Producción) (UMAP) camps; the establishment of schools designed to change effeminate boys into masculine men; legislation barring homosexuals from various job sectors for fear that they may “infect” others, as well as the criminalization of homosexual behaviour. Homophobia was most prevalent throughout the 1960s and 1970s. While some changes occurred in the late 1970s and 1980s, obvious discrimination against homosexuality continued.

This chapter will outline the development of attitudes towards sexual diversity in Cuba, between 1959 and 1989, examining the evolution of negative attitudes towards sexual diversity in revolutionary Cuba. While these negative attitudes towards homosexuality have typically been attributed to *machismo*, the challenge in understanding this evolutionary process is significantly more complicated, involving aspects of pre-revolutionary and revolutionary history. It is the aim of this chapter to illuminate this complex and often misinterpreted topic, analyzing the reasons for both the discrimination and the subtle shifts in attitudes that subsequently occurred.

### **Sexual Diversity in Pre-Revolutionary Cuba**

In order to understand homophobia in revolutionary Cuba, it is instructive to first examine attitudes towards sexuality leading up to the Revolution. These attitudes were the product of almost four centuries of Spanish colonial rule, followed by the United States' neo-colonial rule. Indeed, as Brad Epps (1995, 236) noted, "The significance of homosexuality in revolutionary Cuba is the product of history".

To understand sexuality during Spanish colonial rule, there are three elements that must be considered: 1) *Machismo*; 2) the role of women in society; and 3) the effects of the United States' neo-colonial rule.

*Machismo* was a significant contributor to the Cuban populace's rejection of homosexuality, and was in many ways the result of Spanish colonial rule. However, the term has often been misunderstood, or confused with patriarchy. A distinction between the two should thus be made, as *machismo* refers to a more complex version of

patriarchy. In other words, patriarchy refers to a form of a social hierarchy in which male superiority or “male social privilege” is promoted, and women are exploited or marginalized to varying degrees (Firestone 1970, 176; Seidler 1989, 24; Dunphy 2000, 81; Whitehead 2002, 18; Figs 1970, 23; Coward 1983, 188). By contrast, *machismo* is a more complex version of patriarchy, incorporating significant elements of Latin American and Caribbean colonial history (Leiner 1994, 21). In Cuba, this includes the *hombria* (manliness), which was the product of indigenous familial structures, African slave influences, as well as Spanish ideals of masculinity, including a deeply-rooted Catholic value system and the importance of differentiating between the societal roles of men and women (Sternberg 2000, 91; Yglesias 1968; 251-271; González 1996; Serrano Lorenzo 2012, 11).

Indeed, it is important to consider how what Serrano Lorenzo (2012, 11) described as “the Indigenous, the African, and the Spanish” coincided in terms of developing and propelling a rejection of sexual diversity through *machismo*. Although little research has been carried out on the topic, according to Serrano Lorenzo (2012, 12-13) the indigenous communities in Cuba maintained a patriarchal and polygamous value system, in which homosexuality was considered an illness that caused men to be feminine. These indigenous systems preceded the African slave communities and value systems, which similarly viewed homosexuality as being essentially wrong, and indeed as an illness (Leiner 1994, 22; Serrano Lorenzo 2012, 13). The Spanish also contributed to this interpretation of sexual diversity, incorporating Catholic values, such as their understanding of gender roles. *Machismo* in Cuba developed as a result of this complex

colonization process, and the melding of these value systems. Patriarchy was promoted within a *machista* framework that held a clear view of what true “manliness” meant.

*Machismo* thus refers to “the idealized man as hyper-masculine, virile, strong, paternalistic, aggressive, sexually dominant, and unfaithful” (Kirk 2011, 145-146). The term also incorporates an understanding of women and their roles, glorifying virginity and faithfulness in wives, mystifying female sexuality, and rejecting sexual diversity (Maynard 1998, 191; Peña 1991, 33; Ramírez Rodríguez 2006, 40; Arguelles and Rich 1984, 668). As a result of this *machismo*, Cuban culture on the whole condemned homosexuality, promoted patriarchal values and largely ignored women’s sexuality.

Evidence of this rejection of sexual diversity was present throughout the eighteenth and nineteenth centuries. From the early eighteenth century, when the first newspapers were published on the island, for example, homosexuality was stigmatized in the press (González Pagés 2010, 69). By the nineteenth century, homosexuality was commonly used in the press as the butt of satire, with specific vocabulary indicating non-heterosexuals, and invariably presenting homosexual behaviour as weak, wrong, and effeminate (González Pagés 2010, 69-70).

One of the earliest known examples of this discrimination that was present in the press was an article titled “Los maricones”, published on 9 September 1888, on the first page of the newspaper *La Cebolla* (Fowler 1998, 3) [see Appendix A for full list of significant dates in the normalization of sexual diversity]. It stated that:

Any foreigner walking through and around the streets of San Miguel in Havana would end up stunned at the sight of some incredible people: from the waist upwards they’re women: but from the waist downwards, they’re men. Although, from head to toe, they’re neither men nor women.

[Cualquier extranjero que se pase por las calles San Miguel y adyacentes, en La Habana, quedará sorprendido al ver unos tipos inverosímiles: de la cintura para arriba son mujeres; pero de la cintura para abajo son hombres; pero de los pies a la cabeza no son hombres ni mujeres.]

The article continued,

Should the gays of San Miguel and other streets, and the bordellos, be tolerated by the authorities? The Spartans didn't allow their deformed children to live: their essentially warrior and masculine organization rejected these useless creatures. Can the law not correct what nature messed up when creating? (Sierra Madero 2003, 12-14; Fowler 1998, 3).

[¿Los maricones de San Miguel y otras calles, y *casas de prostitutas*, deben ser tolerados por la autoridad? Los espartanos no permitían que los niños deformes vivieran: su organización esencialmente guerrera y viril, rechazaba esas criaturas inútiles. ¿La ley no puede corregir lo que la naturaleza se ha burlado en crear? (Sierra Madero 2003, 12-14; Fowler 1998, 3).]

An extension of *machismo* was the role that women held in society. While men were measured by their masculinity, women were also socially obligated to fulfill their own specific gender roles—as the opposite of men. Women's sexuality was also mystified, and there is some evidence of prejudice against women who did not fit into these socially prescribed gender roles, particularly regarding sexual diversity. While public cases regarding women were extremely rare, one example was that of Doña Enriqueta Favez, who was put on trial for impersonating a man, Enrique Favez. The court documents are dated 17 February 1822, and the case entitled “Criminal proceedings against Mrs Enriqueta Favez for disguising herself as a man by wearing a suit in order to trick Mrs Juana de León whom she legally married” [Causa criminal contra Doña Enriqueta Favez por suponerse varón y en traje de tal haber engañado a Doña Juana de León con quien contrajo legítimas nupcias] (González Pagés 2010, 70-71). The court documents explain that Doña Enriqueta Favez, a Swiss woman living in Baracoa, impersonated a man, and carried out a lesbian relationship with Doña Juana de León.

It is telling that the court documents refer to the lesbian relationship as “unnatural”, and refer to Enriqueta Favez as a “creature”. Moreover, the documents note that their actions were counter to those outlined by the Church (González Pagés 2010, 70-71). This reference is important because it is one of the few documented cases (and perhaps the only one) of women’s sexuality being discussed in such a public forum as a court. It is probable that the main reason that this case went to court was that it was challenging the very understanding of masculinity, something that was not only considered uncomfortable but also was entirely unacceptable in nineteenth century Cuba. This case also highlights the importance of Catholic values at the time, and the significance of gender roles of men and women within Cuban society.

Although there were some cases of prejudice against homosexual women, prejudice occurred significantly more against homosexual men, as they were more visible. Women’s sexuality continued to be repressed and mystified, and lesbianism was either ignored, or believed to be “correctable” (Smith and Padula 1996, 170; Ferdinand 1996, 48). Yet, while they were often ignored within society, it is impossible to determine the precise levels of prejudice suffered by lesbians or sexually diverse women, as the subject has not been documented as extensively as it has been for homosexual men, and research on the topic is limited at best.

Another considerable element that shaped attitudes towards homosexuals in Cuba, although often overlooked, was the role of the United States. Particularly in the 1950s, drugs, gambling and prostitution were very present in Havana and largely controlled by the Cuban élite and the United States-based organized crime syndicates (Turner 1989, 65). Preferential hiring treatment was given to homosexuals in the tourist sector, as

homosexual prostitution was common, and mainly used to satisfy United States military personnel and tourists (Bowry 1989, 6; Arguelles and Rich 1984, 687). As a result, homosexuality would thus later be understood in revolutionary Cuba as an example of capitalist decadence, promoted by the United States and the élite.

The visibility of homosexual prostitutes would also work against them. It was this obvious association with capitalism and moral corruption that painted an even worse image of homosexuals in the minds of much of the Cuban populace. Although there were many other (“macho”) homosexuals on the island, the image focused on was that of the effeminate, decadent, weak and morally corrupt homosexual male.

In order to understand homosexuality in Cuba, both leading up to the Revolution, and throughout revolutionary times, it is also important to consider what is meant by the term “homosexual”. Traditionally the perception was that sex required both a passive (or “female”) and an active role to be undertaken by the participants (Smith and Padula 1996, 170). Having sexual relations with a man was not enough to be characterized as a homosexual; rather one was identified as such only if he adopted the passive or “female” role. The overarching understanding of what was “homosexual” related strictly to the passive partner (providing he was effeminate), while the other participating male’s image could remain masculine and heterosexual in the eyes of others (Lumsden 1996, 32; Epps 1995, 232). Other perceived indications of homosexuality were effeminate mannerisms and a non-muscular physique. The idea of masculinity within the island thus played an important role in distinguishing who would be considered homosexual or truly “macho”. Indeed a man could regularly have sexual relations with other men, but would not necessarily suffer from any prejudice if he were the active partner and were

stereotypically macho (aggressive, athletic, and strong) (Smith 1992, 177). The active man could even reinforce his masculinity through dominating other men (Epps 1995, 232-233). Certainly, it was believed that macho men could not be classified as homosexual.

### **Sexual Diversity in Revolutionary Cuba**

From the beginning of the Revolution, a particular appreciation of the nature of homophobia developed throughout the leadership and general population. In particular, the decades of the 1960s and 1970s proved to be charged with homophobic tendencies across the island. While the revolutionary government boasted that liberation had been achieved for all, homosexual men soon became the political “other”, as they did not fit into its nationalist ideal of being a true revolutionary. The government and general population sought to cleanse the country of everything believed to be decadent and morally corrupt—a category that included homosexuals. Indeed, from the beginning, homosexuality was vehemently rejected by the Revolution. The early 1960s added new dimensions to the traditional homophobia practiced in Cuba. A major factor was that orthodoxy in western science at the time affirmed that homosexuality was a mental illness, and emphasized “curing” as an option (Turner 1989, 67). The early 1960s also bred an atmosphere of mistrust and chaos in Cuba, as society became polarized. In effect, this added new layers of complication to the already multifaceted homophobia, as they were largely viewed as being among the counterrevolutionaries.

One of the main contributing factors to this climate of concern was the United States' relationship with Cuba. The 1961 Bay of Pigs invasion (often referred to in Cuba as the invasion of Playa Girón) and attacks by the CIA-supported groups resulted in a mistrustful and suspicious government, as well as a concerned general populace (Turner 1989, 69). The result was that those who seemed "different" or counterrevolutionary were further marginalized.

In addition, in the 1960s many homosexuals among the middle classes moved to the United States. This exodus was made possible due to the United States government's choice not to employ the Immigration and Naturalization Act of 1952 (that barred "sexually deviant" aliens from entering the country, as well as authorizing their expulsion) (Arguelles and Rich 1984, 698). While many left, others remained and incorporated themselves into the Revolution, some believing that what they would lose in sexual identity, they would gain in other social rights (Arguelles and Rich 1984, 689).

It is also important to note that homosexuality was particularly rejected in rural areas, where one's sexual preferences could not easily be hidden, and prejudice against perceived homosexuals (particularly men) was commonplace. For this reason, many homosexuals gravitated toward more urban areas, where there was a greater possibility of sexual anonymity. For example, in 1969 education specialist Marvin Leiner interviewed Luis Allyón, who believed that there were no homosexuals in rural areas, and specifically, that there were no homosexual *campesinos*, as homosexuals were only to be found in the cities. He also posited that the numbers of homosexuals overall had decreased since the beginning of the Revolution. As Allyón explained,

I know more than ten cases of homosexuals who entered the militia and by the end of the military experience left it behind and started to act normally... Yes, it makes them change; you know why? Because it was the army of the period. It was the militia, not the army—but the army of the people. The activities of the militia took many people away from homosexuality. I know four who went on to get married and have families (Leiner 1994, 22-23).

The rural/urban divide of homosexual presence was a clear indication of the numbers of homosexuals who moved to urban areas. That is not to say that homosexuality was not present in rural areas, but rather that larger cities offered greater sexual anonymity, providing significantly more protection against discovery and prejudice.

As with the treatment of women in pre-revolutionary Cuba, specific gender roles for men and women persisted in revolutionary Cuba for some time, as cultural norms perpetuated gender divisions. Prejudice against homosexuals was focused on men rather than women, largely because the *machista* culture had not yet incorporated a comprehensive (or even basic) understanding of women's sexuality. For this reason, lesbianism, particularly in the early years of the Revolution, was ignored or viewed as being in direct opposition to Revolutionary values, as it indicated a moral weakness and a dishonourable character.

Lourdes Casal's study (1975) on sexually diverse women in literature in both pre-revolutionary Cuba and revolutionary Cuba highlights well the continual relegation of women, particularly sexually diverse women, in Cuban society. Her comprehensive study of literature found only two minor references to lesbianism in the published work she examined (Casal 1975, 260). As Leiner (1994, 23) explains, "From the machismo point of view, lesbianism simply does not matter much. It does not seriously challenge

machismo as long as women have no acceptable social choices other than marrying men.” It would be several years before lesbianism would become a significant factor in Cuban society, particularly regarding sexual diversity rights.

Homophobia continued unabated throughout the 1960s, increasing in momentum and intensity as the leadership and much of the general populace continued to view homosexuality as anathema to the Revolution. There were many arrests, as officials employed homophobia as a means of social control and of maintaining what were considered to be revolutionary values.

The first, and perhaps the most famous, “round-up” of homosexuals became known as the “Night of the Three Ps” (Bejel 2001, 97). The round-up of “pederasts, prostitutes, and pimps” occurred in 1961, in an effort to clean the streets and dissolve prostitution through sweeping arrests. The Night of the Three Ps was not specifically directed against homosexuals, but was an obvious indication of the direction that the revolutionary officials were heading.

One of Cuba’s most famous writers, Reinaldo Arenas, wrote of his experience in Havana’s El Morro prison. In his words,

Homosexuals were confined to the two worst wards of El Morro: These wards were below ground at the lowest levels, and water seeped into the cells at high tide, it was a sweltering place without a bathroom. Gays were not treated like human beings, they were treated like beasts. They were the last ones to come out for meals, so we saw them walk by, and the most insignificant incident was an excuse to beat them mercilessly. The soldiers guarding us, who we called *combatientes*, were army recruits sent there as a sort of punishment; they found some release for their rage by taking it out on the homosexuals. Of course, nobody called them homosexuals; they were called fairies, faggots, queers, or at best, gays. The wards for fairies were really the last circle of hell (Arenas 2001, 180-181).

By 1965 attitudes towards homosexuality shifted, becoming even more rigid and anti-homosexual. The principal reasons for this shift were the increased polarization within Cuba, as well as international tensions, producing mistrust of the political “other” and of “counterrevolutionary” elements. The layers of political chaos and internal struggle created a perfect storm of mistrust, suspicion, and a need to define more clearly what was revolutionary and what was not.

The issue of the “other” was further compounded in the mid-1960s by the development of a clear vision of what a revolutionary Cuban ought to be—the “New Man”. This concept was based on *conciencia*—a revolutionary consciousness based on moral principles. The “New Man” was seen as the ideal revolutionary—strong, morally incorruptible, socialist, and just. Moreover by this time the term “anti-social” had become commonplace, used to indicate anything considered to be “counterrevolutionary”—and often used to describe homosexuality. In addition, pre-revolutionary history was regularly used as “evidence” against the perceived evils of homosexuality. Because homosexuality was widely viewed as a capitalist illness or weakness, as well as a product of self-indulgence and decadence, perceived homosexuals were viewed as incompatible with the new vision of what a man should be. Homosexuals, particularly effeminate ones, were therefore considered insufficient revolutionaries and men, unable to realize the ideal of the “New Man”.

Indeed, at the time, it was widely believed that one could not be both a homosexual (and thus almost by definition effeminate) and a revolutionary. Fidel Castro offered his own stark opinion on the matter, stating:

Nothing prevents a homosexual from professing revolutionary ideology and, consequently, exhibiting a correct political position. In this case, he should not be considered politically negative. And yet we would never come to believe that a homosexual could embody the conditions and requirements of conduct that would enable us to consider him a true revolutionary, a true Communist Militant. A deviation of that nature clashes with the concept we have of what a militant Communist should be. But above all, I do not believe that anybody has a definitive answer to what causes homosexuality. I think the problem must be studied very carefully. But I will be frank and say that homosexuals should not be allowed in positions where they are able to exert influence upon young people. In the conditions under which we live, because of the problems which our country is facing, we must inculcate our youth with the spirit of discipline, of struggle, of work. In my opinion, everything that tends to promote in our youth the strongest possible spirit, activities related in some way with the defense of the country, such as sports, must be promoted. This attitude may or may not be correct, but it is our honest feeling. It may be in some cases a person is homosexual for pathological reasons. It would indeed be arbitrary if such a person were maltreated for something over which he has no control. You can only ask yourself, when assigning a person to a position of responsibility, what are the factors which might help that person do his job well, and what are those that might hinder him? (Lockwood 1967, 107)

Fidel Castro's statement illustrates well the attitudes held by much of the leadership and populace towards the place of homosexuality within the Revolution throughout the 1960s. That is, that it was viewed as a sign of a weak moral character and was therefore completely incongruent with the ideal of a true revolutionary. Moreover, his statement supports the common assertion at the time that homosexuality could be spread to young people, or that young people could be somewhat "infected" by homosexuality. In addition, it highlighted the continued emphasis on *machismo*, suggesting that athleticism and strength were required in order to be a good revolutionary.

The 1960s were also the decade in which the Committees for the Defense of the Revolution (Comités de Defensa de la Revolución) (CDRs) were established and developed as a means of monitoring their respective local communities. Particularly in

the early 1960s, as the government was still forming, the CDRs were vital for maintaining local leadership within the revolutionary framework by functioning as social regulators. They were instituted at a time when United States aggression was particularly intense. Assassination attempts against Fidel Castro, sabotage, acts of terrorism—all sponsored by Washington, intent on destroying the Cuban Revolution—occurred with some regularity. The Cuban government thus called upon its population as a whole to defend the revolutionary process. The original aim of the CDRs was to have one for every city block in order to monitor and prevent possible threats against the Revolution, including any “anti-social” or suspicious behaviour (Arguelles and Rich 1984, 690). While it was not the principal aim of the CDRs, they did contribute to, and facilitate, homophobia in Cuba.

Indeed, for homosexuals, the CDRs became a considerable problem, as they held close ties with the Department of Revolutionary Orientation of the Central Committee (Comité Central) (CC) of the Cuban Communist Party (Partido Comunista de Cuba) (PCC), the Ministry of the Interior, the National Police, the FMC, as well as other ministries, governmental institutions, and other mass organizations. They were important for social control, and maintained many vital roles for the health and safety of the general populace; yet, in the case of homosexuality, they largely functioned as informants. CDR members regularly provided police with information regarding homosexual activities or perceived “anti-social” behaviour (Occasio 2002, 80; Turner 1989, 69; Aguirre 1994, 545).

In addition, CDRs were responsible for authenticating or verifying information regarding a community member’s “friends, visitors, family, biography, work history,

present-day activities, participation in revolutionary programs, and overall moral revolutionary character” (Aguirre 1994, 546). Their approval was vital for university and job applicants, as well as young people wanting to join the Young Communists League (Unión de Jóvenes Comunistas (UJC) (Bowry 1989, 6). In effect, this caused problems for homosexuals, in both professional and personal respects, as the government used the CDRs as an additional means of control.

The official 1965 Ministry of Health report was telling of the government’s official position on homosexuality. As Kirk (2011, 147) noted,

In particular, the government’s rather dogmatic position toward sexual diversity was evident in the official 1965 Ministry of Public Health report, which stated that there was no known biological cause of homosexuality; therefore, it theorized, homosexuality was a learned behavior. Orthodoxy in western science at the time also affirmed that homosexuality was a mental illness and emphasized the possibility of “curing” individuals (Leiner 1994, 27; Turner 1989, 67, 69).

The government, believing that homosexuality was a learned behaviour that could be corrected or prevented, developed various strategies to eradicate it. These strategies would arguably become one of the most significant aspects of revolutionary Cuba’s early position on homosexuality.

By 1965, homophobia was officially institutionalized, with the opening of the UMAP camps. Relatively little is known about the camps, as no significant study has ever been undertaken to examine the necessary archival materials in Cuba. What is clear, however, is they were used as a means of re-education and re-orientation for men considered to be “anti-social”, and among those required to participate were a significant number of homosexuals.

Assessment of the numbers of people forced to work in the camps varied, though a common estimate is that there were some 60,000 (Ocasio 2002, 84; Turner 1989, 69). Reports vary, depending on the specific camps, but it is clear that participants were required to work very long days, for minimal pay, and in very poor conditions. Homosexual workers, especially those considered “flamboyant”, often suffered more than others (Bejel 2001, 101; González Pagés 2010, 76). The camps sought to correct any anti-social behaviour, and re-educate participants to fulfill the duties of a revolutionary. It was believed that, through intense physical labour, workers would learn the values of the “New Man”, thus becoming more productive members of society. As Yglesias (1968, 275-276) observed, following his experience in Cuba in the 1960s,

These Military Units for Aid to Production were begun to take care of young men of military age whose incorporation into the Army for military training was considered unfeasible. Young men known to avoid work and study were candidates; so were known counterrevolutionaries; and also immoralists, a category that included homosexuals. How the recruitment worked was difficult to define: some were unexpectedly picked up and shipped to a camp, others were notified to report, and others were called in and warned and given a chance to defend themselves. Who denounced them? The secret police, their colleagues at their study or work center, and mainly the local Committees for the Defense of the Revolution.

It should have been predictable that the recruits would not, in practice, be limited to young men of military age, that the categories of qualification would be blurred, and that their internment would not be educational but brutally punitive. This was all I knew about the UMAP; I did not make a study of it—I was loath to.

Homosexual participants were reportedly often segregated and required to work longer hours, and in poorer conditions. In a 1984 interview between Leiner and Juan Escalona, Cuban Minister of Justice, Escalona explained that camps were set up solely for gays in order to separate the “girls” from the “boys” (Leiner 1994, 29). This statement further supports evidence of attitudes towards homosexuality at the time, that considered

homosexuals as lesser men, or alternatively as women, suggesting that their character required correcting.

The UMAPs ceased to be used as “re-education” camps in 1968, following significant national and international political criticisms. Of particular note, in 1966, several important artists and writers were going to be sent to the camps due to their homosexuality. However the Writers and Artists Union (Unión de Escritores y Artistas de Cuba) (UNEAC) held an emergency meeting to defend and support their colleagues, demanding that they not be sent. The meeting was successful, as authorities canceled the request and the writers in question were not required to be “re-educated” (Yglesias 1968, 6; Rodríguez Boti 2003, 93). Around the same time the writer Graham Greene also wrote about the UMAPs. He condemned them as being immoral, and applauded the efforts made by UNEAC. He reportedly noted, “The Revolution can survive any political or economic error but not a moral one, and the UMAP was a moral error that must be corrected” (Yglesias 1968, 275). Among the other international figures who condemned Cuba’s treatment of homosexuals were the United States poet Allen Ginsburg and the French philosopher Jean-Paul Sartre, who compared Cuba’s treatment of homosexuals to Nazi Germany’s treatment of Jews (Krause-Fuchs 2007, 131; Ocasio 2002, 81).

In addition to the UMAPs, homophobia was also institutionalized for children. Following the 1965 Ministry of Public Health (Ministerio de Salud Pública) (MINSAP) report, which concluded that homosexuality was a learned behaviour, research began on how to correct it. As noted in the report, “research as well as prevention must start very early in order to influence the mechanisms of this learning process” (Leiner 1994, 33).

Research projects, as well as special educational programmes for effeminate boys, were subsequently carried out.

One of the primary studies on the development of homosexuality in boys was conducted in 1965 by J. Pérez Villar and his colleagues from the General Calixto García Hospital's Child Psychiatric Services, in Havana. The research group became interested in the topic after significant numbers of effeminate boys were brought to the clinic for treatment. As very little data existed in Cuban psychiatric literature or practice, they set out to research the determining factors of the development of homosexuality, or effeminate behaviour in boys. They studied fifty cases of those who were considered effeminate boys, and fifty cases of those who were considered normal ones. The research concluded that effeminate behaviour usually begins in children around age two or three, and develops as a result of insufficient immersion and participation in the socially prescribed gender roles, and in particular the lack of a father figure (Leiner 1994, 39-41). The study affirmed the commonly held contention that homosexuality was learned by boys who had insufficient exposure to "real men", and who also received too much attention from their mothers. This study was important, as it provided the psychological data that homosexuality could be both prevented and cured. For many young boys, this meant that they were required to attend a special education facility in which they would learn to be men—the Yellow Brigades.

Children who were having difficulty at school were divided into groups or "brigades" for a given behavioural problem. These included those who were hyperactive and aggressive, anxious and withdrawn, wet the bed, had eating disorders or problems, or were effeminate in their behavior. Each brigade was assigned a colour, with the

effeminate boys being the Yellow Brigade, which ultimately sought to masculinize the boys by, among other means, forcing the boys to play with pistols and swords, participate in aggressive sports, and prohibiting them from doing anything considered effeminate, as well as encouraging their fathers to take a more active role in their sons' lives (Leiner 1994, 34). These programmes were ongoing throughout roughly the same period as the UMAPs.

The importance of the Yellow Brigades goes well beyond their being an example of institutionalized homophobia at the time, as it highlights the state's attitude towards the importance of the safety of the general population. The children were taken out of school and placed in the brigades to correct or prevent homosexuality, in addition to preventing the spread of homosexuality to other students. This should be understood as the government's effort to correct a perceived problem as much as an attempt to protect the rest of the population and to minimize those who were "infected".

The start of the relaxation in attitudes toward homosexuality, as well as an improvement in the quality of life for homosexuals, was marked by various major events spanning the late 1960s and the 1970s. The first was East Germany's legalization of homosexual acts between adults in 1968. The Cuban government's desire to compete with what were believed to be other progressive countries drove the government to begin to reassess policies and attitudes (Arguelles and Rich 1984, 692). This was furthered by the evolution in the use of official vocabulary used for homosexuality by other countries across Western Europe and North America (Turner 1989, 70-71).

Yet, despite the Cuban government's desire to compete with East Germany and other nations it perceived as progressive, the island's severe homophobia continued throughout the late 1960s and 1970s. Although the use of the UMAPs was phased out, homophobia was institutionalized in other ways, in particular by prohibiting homosexual men to work in any field involving children, and minimizing the visibility of perceived homosexual or effeminate behaviour. The Penal Code also continued for some time to maintain notably homophobic legislation.

An example of attitudes at the time is an article titled "Homosexualismo", published on 21 February 1969 in the popular *Bohemia* magazine. Written by the Deputy Minister of Education, Abel Prieto Morales, the article explained in detail why homosexuality had to be considered a psychological illness and neurological problem. The caption below the title stated clearly the intention of the article,

This is an essay.—Glands lose their prestige if they are not among the most vital.—What is not homosexuality?— That which seems to conceptualize a phenomenon.—Be careful! It starts early.—Family and environment.—Difficult to reverse.—The important thing is to avoid producing the homosexual.—Do you "understand" the problem? (Prieto Morales 1969, 108).

[Este es un ensayo.—Las glándulas pierden prestigio como causal de importancia.—¿Qué no es homosexualidad?—Lo que parece conceptuar el fenómeno en sí.— ¡Cuidado!, eso empieza temprano.—La familia y el ámbito.— Un regreso difícil.—Lo importante es cómo evitar que se produzca el homosexual.— ¿'Comprende' usted el problema? (Prieto Morales 1969, 108).]

The article was introduced with an experience the author had had. The first paragraph read:

A few weeks ago, a young, demobilized man undertaking his obligatory military service came to our offices to complain that he had been rejected by the Regional Commission of Investigations as a potential secondary school teacher. I asked him:

-Did they explain the reason?  
 -It seems there was a problem with my past.  
 -What kind of problem?  
 He looked down and responded  
 -A moral problem.  
 I tried to look him in the eyes and I asked him without beating around the bush  
 -A homosexual experience?  
 He didn't say anything. His silence was itself an answer (Prieto Morales 1969, 108).

[Hace unas semanas, un joven desmovilizado del Servicio Militar Obligatorio vino a nuestras oficinas para quejarse de que había sido rechazado por la Comisión Provincial Investigadora como aspirante a profesor de secundaria básica. Le pregunté:  
 -¿Te explicaron la causa?  
 -Parece ser un problema de mi pasado.  
 -¿Qué tipo de problema?  
 Bajó la cabeza y respondió:  
 -Un problema moral.  
 Traté de mirarlo frente a frente, y le pregunté sin más preámbulo:  
 -¿Una experiencia homosexual?  
 No dijo más. Su silencio era en sí una respuesta (Prieto Morales 1969, 108).]

The author continued to argue that homosexuality was perverse and an illness. Citing French writer Marcel Eck's essay "Sodome. Essai sur l'homosexualité", Prieto Morales argued that homosexuality should be understood as a "neurotic state", as a homosexual mind was one that had reverted back to an infantile state. The article continued to contradict authors who had argued that homosexuality was normal, using Villar's study on homosexual or effeminate boys as evidence to suggest that it was an abnormality starting when children were very young. Prieto Morales offered further evidence for his contention by explaining that homosexuality was very rare in rural areas because of all the daily activities and time spent outside. Moreover, he explained that once one engaged in homosexual behaviour it was very difficult to reverse or correct (Prieto Morales 1969, 108-113).

This article is instructive for the understanding of attitudes towards homosexuality in Cuba at the time. As very little was published on the topic, this article is important, as it offered an incontrovertible example of the societal homophobia of the 1960s and early 1970s. The understanding was rather simplistic, and was based upon several fundamental concepts: in terms of homosexuality, women were ignored; it was believed to be more common in urban regions; and, importantly, it was a preventable illness caused by a lack of macho presence in a young boy's life. Despite the internal changes, it would be several years before the Cuban government's official position on homosexuality would be altered.

Much like the 1960s, the 1970s were characterized by prejudice and repression of homosexuals. The 1971 Declaration of the First National Congress on Education and Culture significantly complicated issues regarding homosexuality, developing institutionalized homophobia, while promoting sexual education. In essence the complication was two-fold: it promoted the need for comprehensive sexual education, while it simultaneously banned homosexuals from participating in the education process, denouncing homosexuality as a form of deviant behaviour (Arguelles and Rich 1984, 692-293; Turner 1989, 70; Epps 1995, 255-56; Rodríguez Boti 2003, 93).

The Congress was held in Havana, with 1,800 delegates from across the country. It was the product of some 116,000 educational workers participating in 2,599 sessions at the municipal, regional and provincial levels to discuss the main areas regarding education (Leiner 1994, 35). These included student development; the educational worker their role in education process; the objectives and content of education; the methods, means, and evaluation of teaching; the responsibilities of the parents; influence of the

social environment on education; and popular agencies of education (Leiner 1994, 35; UNESCO 171, 5-6).

The results were telling. The Congress recognized the importance of external elements in education, and thus promoted an increase in control over publishing on the island, particularly to minimize the spread of homosexuality (Leiner 1994, 35). The Congress also set out various parameters to ensure the exclusion of homosexuals from the educational sphere, attempting to minimize their visibility and cultural influence, particularly on young people. Indeed the Congress adopted a resolution that considered homosexuality as “an antisocial pathology, against socialist morality” (Roque Guerra 2011, 221). Various writers and intellectuals considered to be living outside these moral parameters were required to change jobs in order to reduce their effect on the public (Roque Guerra 2011, 221; Rodríguez Boti 2003, 93).

These suggestions made by the Congress were officially legalized in 1974, with a law prohibiting homosexuals from working in any position in which they could influence children or young people (Rodríguez Boti 2003, 94). The new law, Law 1267, published in the *Gaceta Oficial* 12 May 1974, was an extension of Law 1166, established on 23 September 1964. It outlined clearly the restrictions on homosexuals, as well as others engaging in socially inappropriate behaviour, as they were unable to work in any position related to education, and particularly any positions that could affect children or young people (Rodríguez Boti 2003, 93). This official ban would continue until the introduction of the 1978 Labour Law, though it would continue unofficially for some time, as it was still ingrained in many ways throughout society (Leiner 1994, 36).

The first half of the 1970s was the *Quinquenio Gris* (Kapcia 2008, 85), which was largely an extension of the restrictive attitudes present at the First National Congress. Defensive attitudes reminiscent of those of the early 1960s returned, with the leadership concerned with the survival of the Revolution, and in particular with the reemergence of the political “other”. Specifically, this is generally understood as a culturally repressive period, as the restrictions focused primarily on the work of some intellectuals and writers. The aim was not explicitly to bar homosexuals from cultural events and publishing, but in effect it did so in many ways and ultimately reemphasized the country’s homophobic tendencies, and social regulation.

These cultural bans were established by the Congress and were present throughout the *Quinquenio Gris* until they began to be lifted in 1976 with the establishment of the Ministry of Culture (Ministerio de Cultura) (MINCULT) (Roque Guerra 2011, 221). Following several tense years of cultural repression, MINCULT was established to engage cultural elements within the framework of the Revolution. Of particular importance, the Ministry took over the Instituto Cubano del Libro, and became a principal publisher of literature, including significant amounts on sexual education.

In terms of understanding the evolution of attitudes towards sexual diversity in Cuba, scholars have placed significant emphasis on the 1971 Declaration of the First National Congress on Education, and the cultural restrictions emphasized throughout the *Quinquenio Gris*; yet its importance has largely been misunderstood. In terms of homosexuality, scholarly work on the 1971 Congress has exclusively addressed the Congress’s role in institutionalized homophobia, and not sexual education. It is important to consider that the Congress on Education was of importance not because it highlighted

another example of institutionalized homophobia, but rather because it strongly encouraged the need for comprehensive sexual education. Moreover, it noted the importance of external influences in education, including the media and family.

In effect, while it highlighted ongoing homophobia, the 1971 Congress would prove to be an important event in the development of sexual education and sexual diversity rights as it served to open a national debate<sup>4</sup> on sexuality, and promoted sexual education—clearly a positive step towards the normalization of sexual diversity, particularly in education and healthcare. Despite the increased institutionalized homophobia, and although previously ignored by commentators until now, the Congress's liberalized attitude towards sexual education would actually become a significant means of developing the country's sexual diversity rights. Similarly, the *Quinquenio Gris* has often been interpreted as a culturally repressive time, especially for authors. However, importantly, this tumultuous period led to the establishment of MINCULT, which was responsible for large amounts of significant publications regarding sexuality.

The 1970s also continued to produce significant changes in attitudes towards, and understanding of, sexuality and gender constructions as a whole. A considerable factor was the development and role of the FMC, and in particular the development of Cuba's unique brand of feminism [to be discussed in greater detail in the following chapters]. As a result of the FMC, the Family Code was developed in 1974 and codified the following

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<sup>4</sup> National debate, or public debate, in this context does not refer to a formal structure of debate, but rather refers to Cuba's informal structure whereby discussions of a given topic are nation-wide and present throughout various levels of society. This can include, for example, discussions between friends and neighbours, meetings of the mass organizations, and within the Ministries.

year. It was paramount in redefining gender roles in Cuba, as women sought to redefine themselves outside the rigid *machista* framework, as equals.

The Code called for several changes, including equal participation by both sexes in childcare and household responsibilities. This was largely the result of both Cuban feminism and the concept of *machismo* becoming an increasingly challenged concept, as it no longer supported the revolutionary values regarding equality. The Code's implementation was therefore significant because it was illustrative of the evolving understanding of gender roles and the understanding of equality (more specifically, gender equality), and formally legitimated the importance of the role of women in the home as well as the workplace. Moreover, for the evolution of attitudes towards sexual diversity, the Code was historically important because it broadened the national understanding of gender roles. However, it was also problematic in this regard because it focused on the heterogeneous nuclear family, implying that heterosexuality was the only option for families; moreover this suggested that one needed to be heterosexual in order to be a good Cuban. Nonetheless, it successfully challenged ideas of gender roles, and would remain a critical step in the evolution of the country's attitudes towards sexual diversity.

The National Group for Work on Sexual Education (Grupo Nacional de Trabajo de Educación Sexual) (GNTES) was also established in 1972, headed by FMC president, Vilma Espín, and a Cuban physician, Celestino Álvarez Lajonchere (Smith and Padula 1996, 174-175). The aim was to devise and oversee a sweeping national sexual education effort, as well as research the latest information and theories regarding sexuality (Lumsden 1996, 101-102). The establishment of GNTES was instrumental in developing

a more progressive attitude towards sexuality, particularly homosexuality, as it opened a national dialogue on the topic and incorporated sexuality into healthcare.

The establishment of GNTES also indicated an important shift as, until that time, the Health Development Institute had been responsible for all sexual education (Leiner 1995, 70). It was significant that a specific and independent research group for sexual education was recognized by the state, clearly highlighting an increase in the level of importance placed nationally on sex-related issues, particularly those related to education and health [to be discussed in greater detail in subsequent chapters].

One of the most significant of the group's early accomplishments occurred in 1979, when it published a Spanish translation of East German sexologist Siegfried Schnabl's *El hombre y la mujer en la intimidad* (Man and Woman in Intimacy). The book examined sexual behaviour, physiology, and the best means of employing sexual education. The last chapter of the book was particularly significant, as it explored homosexuality. Titled "Homosexualismo en hombre y mujer", the chapter condemned homophobia and explained that homosexuality was normal sexual behaviour (Bejel 2001, 107; Leiner 1994, 45). The book received significant criticism, but remains a milestone in the normalization of sexual diversity.

The 1970s largely maintained the status quo of intense and institutionalized homophobia across the island, but towards the end of the 1970s and early 1980s, some subtle shifts became apparent. However, it is important to note that, although there were some official changes, such as the decriminalization of homosexual acts between adults, in some ways they were only superficially more liberal, as they were still quite restrictive.

Nonetheless, 1979-1989 was a decade in which some changes occurred, albeit within a greater and constant overarching framework of anti-homosexuality.

The year 1979 was primarily significant as a result of the amendments to the Penal Code that officially decriminalized homosexuality. However, despite the official decriminalization of homosexual acts between adults, the new legislation indicated the government's continuing struggle to accept homosexuality, as it was in many ways only superficially more liberal. Arguably, it continued to perpetuate policies that were anti-homosexual. To explain, until the new legislation was established, Cuba had largely been recycling laws that dated back to the Cuban Social Defense Code of 1938, including obvious anti-homosexual legislation (Roque Guerra 2011, 219, 221). In particular, it contained Article 490, which gave a prison sentence of up to six months to anyone who "habitually engaged in homosexual acts", sexually propositioned someone, or created a "public scandal" or "display" by flaunting their homosexuality (Lumsden 1996, 82; Roque Guerra 2011, 219).

However the 1979 Penal Code contained the highly subjective and vague *Ley de Peligrosidad* (Law of Dangerousness). Under this section, anyone thought to be participating in any "anti-social" or "dangerous" behaviour could receive sentences varying from one to four years of therapy, prison time, or payment of large fines (Bejel 2001, 106). Moreover, until it was revised in 1987, the 1979 Penal Code prohibited "public ostentation" of a homosexual "condition" (Lumsden 1996, 82). This left many in the hands of prejudiced police and judiciaries. Thus, while homosexuality was officially decriminalized, it was not legalized and much of the legislation remained implicitly homophobic and repressive. In other words, one could legally have a homosexual

relationship in private and out of the view of others, but the legislation did not allow these relationships to be visible in public, and maintained strict regulations regarding employment opportunities of perceived homosexuals.

In addition, the 1979 legislation that related to sex with minors was also notably homophobic. The section that dealt with “crimes against the Normal Development of Sexual Relations” outlined this clearly. Article 310 stated that an adult who provoked homosexuality in a minor male (below the age of sixteen, which for males is the age of consent) could receive a prison sentence of up to five years. For women, the age of consent for sexual relations was twelve; however, if they were engaging in a homosexual act, their age of consent increased to sixteen (Lumsden 1996, 85; Arguelles and Rich 1984, 693). While children and young people should be protected under law from pedophiles and statutory rape, the terms in which this legislation was expressed emphasized clearly the continued belief that homosexuality was considered an illness that could “infect” others, particularly younger generations. Indeed, while homosexual acts between consenting adults (in private) were officially decriminalized in 1979, the legalization of homosexuality was a considerably more complex process.

Finally, 1979 also proved to be an important year for the acceptance of, and respect for, transsexual and transgender citizens. Following various requests from the FMC, MINSAP authorized the establishment of a specialized multidisciplinary team, led by GNTES, which would provide comprehensive assistance to transgender citizens (Castro Espín 2008a; Castro Espín 2008b, 15; Castro Espín 2011a, 27; Castro Espín 2011b). As Castro Espín (2011a, 27) explained,

A GNTES multidisciplinary group was set up, comprising specialists in care of transsexual persons, and the group adopted internationally approved diagnostic and therapeutic procedures, which were incorporated as services offered free of charge by the NPHS, along with courses to train sex therapists.

The aid from the multidisciplinary group originally came in health-related support, such as therapy, provision of hormones, and diagnostic procedures. As research and understanding of the topic developed, the programme soon evolved into an integral treatment model that included psychological support and social integration assistance. Various ministries were involved in the newly integrated model, including the Ministries of Justice, Public Health, and the Interior (Acosta 2006; Kirk 2015, 435).

In terms of the development of surgical treatment for transgender people, the first gender-reassignment (male to female) surgery was undertaken in 1988. Although the surgery was successful, shortly afterwards it would be determined that the national healthcare system did not have sufficient training in the field, or the necessary equipment to continue carrying out the surgeries. It would be twenty years before further operations were undertaken (Castro Espín 2008a; Castro Espín 2008b, 29-31).

An additional important factor in the normalization of transgender citizens, albeit perhaps unintentionally instituted, was the 1985 law that allowed citizens to legally change their names. Article 43 of Law 51 of the State's Civil Registry, which was passed on 15 July 1985, allowed a citizen to change their first and last names (Fernández Martínez 2008, 176). While this law was not established directly with transgender people in mind, it would serve as an important step for those participating in a non-heterogeneous lifestyle to legally be who they chose to be, if only in name. Yet there is

also a greater significance to changing one's name in revolutionary Cuba, as citizens are required to carry a national identification card. Although one could legally change one's name, problems would inevitably follow if the name did not necessarily match the indicated gender when required to show identification. This would cause problems with the police, physicians, and job opportunities. Nonetheless, it remains an important step in the overall normalization of sexual diversity—despite probably being an unintentional shift by the government.

The 1980 Mariel boatlift also presented a new and interesting dimension to homosexuality in Cuba. After Fidel Castro announced that those wishing to leave were allowed to do so, some 125,000 Cubans left for the United States (Epps 1995, 266). The Cuban government instituted a system whereby they were able to prioritize those who, in the eyes of the revolutionary government, were “undesirable”. Among the undesirables were a number of homosexuals (alongside others, including criminals) (Peña 2007, 485). Reinaldo Arenas, who had written extensively about the abuses he received due to his homosexuality, was among those to leave.

This posed a problem for those who did not fit into one of the categories, yet wished to leave. A common solution was then to pretend to be homosexual—particularly a “passive” homosexual. Throughout the interview process, many Cubans dressed in stereotypically homosexual and effeminate clothing (tight-fitting and colourful), emphasized their “feminine” mannerisms, and openly announced their homosexuality to officials (Peña 2007, 489). Notably, throughout the exodus, there were few lesbians in comparison to the numbers of gay males. This could be attributed to various factors, though the most likely reasons are that, as they were less visible and thus perhaps

suffered less discrimination, they were able to integrate more easily into society, and thus did not hold the same desire to leave, or alternatively left without being categorized specifically as lesbian (Arguelles and Rich 1984, 695).

Throughout the 1980s, attitudes towards sexual diversity continued slowly (and at times reluctantly) to be liberalized, as the government subtly shifted its policies to become more tolerant, or at least demonstrably less discriminatory. However, while policies were less overtly discriminatory, they were rather ambiguous. By the late 1980s, policies no longer explicitly referred to homosexuality, though they adopted an unclear and somewhat muddled stance. Attitudes were clearly changing from the institutionalized homophobia and prejudice that had existed in the 1960s, but challenges undoubtedly remained.

With regard to public opinion, one indication of change were reports in *Juventud Rebelde* that urged tolerance for homosexuality, when a decade earlier they were ridiculing it (Arguelles and Rich 1984, 698). Yet while homosexual men and women were not explicitly excluded as a result of official policy shifts, neither were they incorporated into the national identity (Peña 2007, 490). In other words, tolerance was urged, but sexually diverse citizens were still not incorporated into the understanding of what a good revolutionary should be; tolerance was advocated over respect and inclusion into the Cuban identity. For example, despite some official shifts in policies, the effeminate, gender-transgressive, ostentatious, passive homosexual man was still viewed as the “other”.

Research on homosexuality also began to shift. Rather than continuing to support the contentions produced by studies in the 1960s that had suggested that homosexuality was a mental illness and that it developed mainly in children in need of strong male presence, new work began to be carried out. In 1986, for example, as a result of a request by Espín and Álvarez Lajonchere, a report on, and recommendations related to, homosexuality was produced (Roque Guerra 2011, 222). Very little is known about the specifics of this report, but it is telling that it was in fact carried out. Indeed, as a result of increasing knowledge in the field, particularly as a result of links with East Germany, sexuality studies were measurably advancing. In 1989, Schnabl's *Hombre y mujer en la intimidación* was re-printed. The reprinting and wide distribution of the controversial book was a considerable victory for sexual diversity rights (Roque Guerra 2011, 222).

In the 1980s, international films also began exploring the topic of homosexuality in Cuba. For example, in 1988, a lesbian Latin American woman from Texas attended some classes at a film school in Havana, and made a short film that featured interviews with people in Havana of varying sexual orientations, ages, and backgrounds, on their feelings regarding homosexuality. The film, entitled *Not Because Fidel Says So*, aimed to explore the island's homophobia, discussing the participants' various experiences. The film was not overly critical of the government or of homophobia in Cuba in general; however, it did incorporate material in which homosexual men and women discussed experiences they had had in facing discrimination and oppression. The film had a showing at the Public Theatre in New York in 1989, but was not shown to the general population in Cuba (Leiner 1994, 50-51). Similarly, the Hollywood film *The Kiss of the Spiderwoman*, which explored homosexuality, was not shown or distributed in Cuba

(Leiner 1994, 51). This was unusual, as American films had regularly been shown and distributed across the island, suggesting that a government agency probably decided that it could not be shown.

The fact that the films were not shown to the general public in Cuba indicates the continuing homophobic attitudes throughout the island. While it is unclear who was involved in the decisions, or the specifics behind the rejection of the films, the fact that they were not shown is instructive as it illustrates that the material was still believed to be inappropriate; homosexuality was still considered unacceptable. Despite the fact that in 1993 the film *Fresa y chocolate* (which dealt in detail with various issues surrounding homosexuality in Cuba) would be released, it was clear by the end of the 1980s that the government still did not consider the topic of homosexuality wholly appropriate within the Revolution.

### **Conclusion**

In Las Villas, on the 15<sup>th</sup> anniversary of the attack on the Moncada barracks in 1968, Fidel Castro stated that,

In a communist society, man will have succeeded in achieving just as much understanding, closeness, and brotherhood as he has on occasion achieved within the narrow circle of his family. To live in a communist society is to live without selfishness, to live among the people, as if every one of our fellow citizens were really our dearest brother (Leiner 1994, 26).

Yet in revolutionary Cuba from 1959 to 1989, it was clear that homosexuals were not amongst those who were to be treated as a “brother”.

In sum, as a result of various factors, such as the Spanish colonization process, and American neocolonialism, revolutionary Cuba became homophobic. This was further compounded by national and international struggles, *machista* attitudes, and the leadership's emphasis on the "New Man". Indeed homosexuality was firmly rejected by the Revolution, and "violence of many kinds towards homosexuals occurred in the streets, as well as the home" (Chávez Negrín 2011, 206-207; Arguelles and Rich 1985, 120). Yet subtle, and at times unintentional, changes began to take place in the late 1970s and 1980s. Mechanisms were set in place that would allow the building blocks for future change.

What is clear from the evolution of attitudes towards homosexuality in the first three decades of the Revolution is that it was believed to be particularly appalling because it threatened the Revolution and its populace. The government and much of the population became defensive and further alienated and discriminated against homosexuals in an effort to protect themselves from a perceived threat. In particular, the aim was to protect the population as a whole from what possible disorders or what was believed to be a health issue that threatened the survival of the Revolution.

Homosexuality would be officially taken off the World Health Organization's list of mental illness on 17 May 1990 (Roque Guerra 2011, 219). It was an event that would affect attitudes towards sexual diversity around the world—particularly Cuba.

## Chapter 2

### **The FMC and the Development of Sexual Education and Sexual Health, 1959-1989**

The development of the role of women in Cuban society following the rebellion has been described as “the Revolution within the Revolution” (Santana 2013, 12). Women undoubtedly became a force within the Revolution, directing and implementing change. The principal means through which they did so was the FMC, and among the initial changes was a dramatic increase in public debate regarding sexual and reproductive health, as well as sexuality as a whole. This included the development of the legal right to safe and free abortions, access to contraceptives, and the overall development of sexual education across the island. This remains, however, a largely untold story.

While much of the literature regarding women and the FMC in the early years of the Revolution discusses, among other issues, the role of women in the literacy campaigns, childcare facilities, and clothing-making courses (Holt-Seeland, 1982; 1981; Kampworth 2002, 129; Randall 1974, 1978; Díaz Vallina 2001; Stone 1981; Torres Hernández 1978; Castro 1980; Castro 1977), what has not been explored in detail is the FMC’s role in promoting sexual education and sexual health. The FMC has been critical in the complex development of these respective areas, but in terms of the normalization of sexual diversity, its significance largely lies with its role in the development of sexual education.

The FMC was established on 23 August 1960, when Fidel Castro sought to establish an organization in which women could be a “force” used to advance the Revolution (Espín et al. 2012a, 110-112; Espín et al. 2012b, 200). According to those present he explained in some detail what he believed the role of women in the Revolution should be, emphasizing the importance of women in social development. The organization soon evolved, increasing in numbers and influence, and by the 1980s, 80% of women over the age of fourteen were members, and the organization as a whole arguably enjoyed the same level of power as a Ministry (Smith and Padula 1996, 39-50). This influence was employed to promote and develop projects it believed were important to the Revolution and the well-being of the population.

It is worth noting that feminism in Cuba differs from other forms of feminism. While it has not been studied at length, it is clear from interviews and analyses of the FMC’s literature that, rather than focusing on gender equality, Cuban feminism (as expressed by and through the FMC), particularly in the 1960s and 1970s, focused on equal participation in the Revolution, and its development. Moreover, terms such as “gender equality” and “feminism” were not used in official communications for the first decades of the Revolution, as the FMC and the island’s feminist discourse focused instead on “participation” (Proveyer Cervantes et al. 2011; PCC 1976; Montero Maldonado 1996; FMC 1996; Farnós Morejón et al. 1982; Ortega Guzmán 1996; Lutjens 1995; De la Cruz 1980; Randall 1992; Fuentes 1978; Lazo 1977; González 1977; Comellas 1977; González Plasencia 1996; Salva 1979a; 1979b; 1979c; 1980a; 1980b; Sojo 1977; Valdés Stable 1977; García 1972; García 1989; Rubio 1989; Rodríguez and Xiques 1989; *Granma* 1977a; 1977d). Indeed Cuban feminism does not fit comfortably

into the then-established frameworks of Marxism (Stoltz Chinchilla 1991; Engles 1972; Bandarage 1984; Barrett 1980; Hartmann 1981), or in socialist (Larguía 1973; CAME 1981; Riddough 1981; Haraway 2000; Bhavnani and Coulson 1986), liberal (Marilley 1996; Wendell 1987; Ring 1985; Brown 1988, 461), or even Third World feminism (Baksh-Soodeen 1998; Lavrin 1998; Mohanty 1991; Nayaran 1997; Sandoval 1991). In contrast, feminism in Cuba developed based on universal values and revolutionary ideology, and continued to evolve as a result of the specific challenges that faced the Revolution at any given time. This unique form of feminism is the result of the complex relationship between colonialism, neocolonialism, United States hostility, and the national importance placed on the full participation of women in the Revolution.

The FMC, as well as Cuban feminism as a whole, must thus be understood as promoting participation throughout the revolutionary process. It is telling that the founders of the FMC did not describe themselves as feminist, but rather as proponents of equal participation of men and women at all levels of society—in the home, sugarcane fields, university, and leadership (Aguilar Ayerra, 18 February, 2013 [Interview]). Women, through the FMC, thus sought to participate in the Revolution, and have had a significant role in shaping it.

It is also worth considering the understanding of sexuality in Cuba. Although only marginally different from the interpretations developed by the works of Kinsey et al. (1948; 1953), Foucault (1990a; 1990b; 1990c), and Masters and Johnson (1966), among others, which largely discussed sexuality as different forms of sexual orientation, the Cuban view is more wide-ranging. To explain, the understanding of “sexuality” in Cuba refers to all elements of sex as a whole; in other words, it includes how one engages with

the physical act of sex. The use of the term “sexuality” can therefore be understood as an umbrella concept that goes well beyond sexual orientation, and includes all physical and emotional aspects of sex.

This chapter aims to outline the evolution of sexual education and sexual health from 1959 to 1989. In particular, it will examine the role of the FMC in the development of the two respective fields. Yet the significant work of the FMC in developing sexual education and sexual health has largely been ignored in academia because many of the relevant documents and information have been unavailable to researchers. However, analysis of material located in the archive of CENESEX, and interviews with one of the founders of the FMC and *Mujeres* magazine editor, Carolina Aguilar Ayerra, as well as the current director of CENESEX, Castro Espín, allow some connections to be made, and conclusions to be drawn.

### **The FMC’s First National Congress: Emphasizing Education**

When examining the evolution of sexual education and sexual health in Cuba from the 1960s, it is instructive to note the role of the FMC, and in particular its early commitment to sexual education.

Before the Revolution, sexual education was not a priority of the government, and was absent from the formal education system. Curricula in schools incorporated, depending on the age of students, aspects of the female and male anatomy and reproductive systems, but omitted the concepts of family planning and sexuality (Maderos Machado 1994, 16-17).

Although there was little emphasis on sexual health in the early years of the Revolution, significant emphasis was placed on maternal health, and in particular on reducing maternal mortality. Evidence of this appeared in the new government's commitment to healthcare as early as 1960. For example, in the first decade of the Revolution, over forty new hospitals were built around the country, each of which included the necessary equipment and medical specialists to care for pregnant women, and to help deliver babies. This was particularly telling of the government's commitment to maternal health, as in the early 1960s there were few trained specialists, although others were in the process of being trained (Álvarez Lajonchere 1996, 26).

The FMC was therefore of paramount importance in the establishment and development of reproductive and sexual health. It had become clear within the government that there was a significant lack of medical and educational attention paid to reproductive and sexual health. The FMC thus incorporated it into its development, attaching significant national importance to the improvement of sexual health. In essence, in the 1960s, many women participating in the FMC decided for themselves that better sexual health was needed, and worked through the FMC to achieve this (FMC 1962). In FMC meetings at the various levels, women noted the need for sexual education. As they had little understanding themselves, they wanted to know how to educate their children on the topic (Aguilar Ayerra, 18 February 2013 [Interview]). In terms of the development of sexual health in general, the role of the FMC has been significant.

The FMC's 1<sup>st</sup> National Congress, held in 1962, was important because it highlighted three of the organization's main responsibilities, and those of Cuban women in general. These were: improving the country's public health system and healthcare;

continuing to develop education across the island; and promoting the emancipation and participation of women in the revolutionary process. It was clear from the Congress that healthcare and education were among the priorities for Cuban women, and by extension their families. As the opening address noted,

As our programme states, it is necessary to forge a new woman, one born out of a socialist society who enjoys all the resulting rights, actively incorporated into the workforce, freed from domestic slavery and the weight of prejudices from the past (FMC 1962, 10).

[Como dice nuestro programa es necesario forjar una mujer nueva, la mujer de la sociedad socialista que disfruta de todos los derechos, incorporada activamente al trabajo, libre de la esclavitud doméstica y del peso de los prejuicios del pasado (FMC 1962, 10).]

Participation in the FMC and the Congress was illustrative of the nation-wide women's interest in participating in the development of the Revolution, and strengthening their role within it. 1,916 women participated in the Congress, and the breakdown of attendance is interesting: 11% were between the ages of fourteen and 25, 45% were between 26 and 40, and 44% were over 40 years old. In terms of professions "78% were working women, 1% were students, 2% retired, and 19% housewives" (Randall 1981, 35).

The development and maintenance of public health in particular was a principal topic at the 1<sup>st</sup> Congress. For example, within the Comisión de Servicios Sociales, there was a section titled "Salud Popular", which noted,

It is a task of enormous importance to protect the health of our people, and in order to meet this goal the active participation of the masses is necessary—bringing the essential elements to the population in order to protect the population's health and prevent disease (FMC 1962, 36-17).

[Es tarea de primordial importancia preservar la salud del pueblo y para cumplir este objetivo es necesaria la activa participación de las masas. Llevando a la población los elementos esenciales para la conservación de la salud y la prevención de las enfermedades (FMC 1962, 36-17).]

It was clear from the discussions at the Congress that many women sought a more active role in the shaping of the Revolution, with themes of education and healthcare maintaining a central role. In other words, that the new revolutionary society would, through various means including daycares and training opportunities, allow women to have a significant role in the Revolution, with the aim of participating fully in all aspects of its development.

Discussions at the Congress also highlighted a unique understanding of “education”. Rather than a focus on the school curricula, the concept of education was presented as the means through which information was communicated to and absorbed by all; i.e. education should be seen as a broad concept that refers to the process through which information is distributed and interpreted within the revolutionary structure. This included, for example, what was referred to as “instrucción revolucionaria”, which meant the continued communication of revolutionary values, such as the importance of equality (FMC 1962, 47).

In terms of sexual education and healthcare, probably the most important discussion at the Congress was about the development of a comprehensive sexual education programme. There was a wide demand for this, but in particular within the FMC. The organization suggested a need to incorporate sexual education within various areas, including the media, research, and publications. Moreover, the FMC argued for sexual education in the school system. This was such a strongly held position that Fidel

Castro requested that the Minister of Education attend the discussion (Randall 1981, 35; Aguilar Ayerra, 18 February 2013 [Interview]).

The importance of the FMC's 1<sup>st</sup> National Congress was that it outlined clearly the role the FMC sought to play within the Revolution. It also indicated the principal areas in which the organization would be working, among them healthcare and education. The results of this Congress, and the expanding role of the FMC in Cuba, would become particularly significant in the following years as the requests and suggestions began to be implemented as development strategies.

### **Early Results of FMC Efforts: *Mujeres*, Abortion, and Contraception**

Among the concerns put to the FMC in the early years of the Revolution was the lack of sexual education, particularly pertaining to reproductive health and contraception. While the FMC had paid significant attention to some areas such as the distribution of contraception beginning in 1960, there was a general feeling that this was insufficient. Women had noted in meetings at all levels that this was a significant problem, requesting that the FMC work towards improving the scarce resources. Similar concerns were brought up about abortion rights, as in the vast majority of cases it was illegal to terminate a pregnancy, until 1965 when it was legalized as a result of FMC efforts. Moreover, due to abortions being largely illegal, as well as a lack of trained specialists available, self-administered abortions were common—making it a health issue. The 1<sup>st</sup> Congress confirmed the national need for a dramatic increase in sexual and reproductive education, as well as the need for safe and legal abortions.

One of the most influential means by which the FMC distributed information and engaged with women across the country was a bi-monthly magazine focusing on women—*Mujeres*. Although the magazine has been noted as officially established in 1962 (Castro Espín, 30 January 2013 [Interview]), the first edition of the magazine was in fact published on 15 November 1961. The cover was of particular importance, as it portrayed women from diverse socio-economic backgrounds and ethnicities. As Rolando Alfonso Borges, member of the Communist Party’s Central Committee, explained at a meeting in November 2011 to commemorate the 50<sup>th</sup> anniversary of *Mujeres*, this was “The first time in the history of Cuban press that a poor woman, with black skin, brightened the cover of a magazine with her smile” (Espín et. al. 2012b, 190). *Mujeres* would become a vital channel of communication throughout the island, as the FMC employed it to convey information, which gradually increased in the area of sexual and reproductive education. As Aguilar Ayerra noted, before the Revolution women had had little opportunity to learn about healthcare, nutrition, clothing choices, or socialist ideology, but the widespread publication of *Mujeres* effectively changed that (Aguilar Ayerra, 18 February 2013 [Interview]).

The magazine was published by the FMC, after the women’s magazine largely aimed at middle-class women *Vanidades* changed ownership and started to be run by the revolutionaries. *Mujeres* had the aim of educating women across the island on various topics, from the importance of their role in the Revolution to questions of nutrition, fashion, and health (Espín et. al. 2012b, 190). It was the most important of the magazines directed towards women (another popular magazine was *Romances*, which later became *Muchachas*). Particularly during the early years of the Revolution, the magazine was a

vital means of distributing information to women and was particularly important in the rural areas (Aguilar Ayerra, 18 February 2013 [Interview]).

The roots of the new direction of the magazine can be found in the FMC's 1<sup>st</sup> National Congress, when it was agreed that such a magazine was needed:

Our magazines need to be a faithful reflection of our aspirations for the women of socialist Cuba. Women filled with tenderness, love for humility, truth and the Revolution.

We do not want to publish a magazine filled with dogma, but rather one that guides women. Nor do we want a magazine filled with ideas that are incomprehensible for the majority of women—but rather we want one that is readable, instructive, and educational in all of its sections (FMC 1962, 21).

[Nuestras revistas deben ser un fiel trasunto de lo que aspiramos sea la mujer de la Cuba socialista. Una mujer llena de ternura, de amor a la humildad, a la verdad y en la Revolución.

No deseamos una Revista doctrinaria, sino orientadora. No deseamos una Revista colmada de conceptos incomprensibles para la mayoría de las mujeres, sino una Revista amena, instructiva, educadora, a través de todas sus secciones (FMC 1962, 21).]

The influence of the magazine continued to increase, as it developed into an educational fixture of the FMC. Discussions regarding its contents were an invariable aspect of all FMC Congresses, and the content was continually adapted to fit what the perceived needs of women were.

Common themes in FMC discussions and recommendations for the magazine included “ideological formation”—that is, women’s role in teaching the family, and particularly children, the importance of equality between men and women, as well as Cuban revolutionary values (FMC 1987, 84, 104). Another common theme was the importance of women’s participation in the Revolution. The understanding of

“participation” referred to aspects of society including family development, the economy, culture, and politics (FMC 1987, 85-86; FMC 1975, 160).

In terms of developing awareness of healthcare, a section called *Debates de salud* was created to teach women about their own health and bodies. The magazine editors (among them founders of the FMC, including Isabel Moya and Aguilar Ayerra) contracted medical specialists to write the section in an effort to increase the depth of information, as well as emphasize the correct use of terminology of the sexual organs. The section was located at the back, typically a two-page spread with a photograph or drawing, as well as descriptions or definitions, and suggestions that women seek medical care if needed. Notably, the content was not written using complex wording or phrasing, allowing the information to be accessible and available to a wide audience (Aguilar Ayerra, 18 February 2013 [Interview]; FMC 1973a, 62-63; FMC 1973b, 62).

For example, an article titled “*Debates de salud: El embarazo*”, published in 1973, discussed important aspects and misconceptions about pregnancy. It noted that,

Pregnancy is not a disease or any intolerable burden. Rather it is a physiological process from which women benefit, and achieve full maturity, both in biological and psychological terms.

As a result we must never forget that, to ensure a normal pregnancy, and for the baby to be born healthy (with a minimum of risks for both the baby and the mother), it is necessary to take some fundamental precautions that are often forgotten—basically because they are so simple. The very first step to take, however, is to visit the polyclinic (FMC 1973a, 62-63).

[El embarazo no es ninguna enfermedad ni ninguna carga insoportable. Es un proceso fisiológico del cual el organismo materno sale beneficiado y consigue una plena madurez funcional y síquica.

Ahora bien, no hay que olvidar que para que el curso del embarazo sea normal y el nuevo ser nazca sano, con un mínimo de riesgos para sí y para la madre, se precisan unos cuidados, unas elementales precauciones que muchas veces son ignoradas precisamente por su sencillez y simplicidad. Pero la primera medida es acudir al policlínico (FMC 1973a, 62-63).]

The article, like most in the *Debates de salud* series, focused on common issues, specifically related to reproductive or sexual health (by the mid-1960s). They were important as they contributed to the national discourse on both sex and reproductive health in society. In particular, the photos and drawing of reproductive organs functioned as a means of demystifying sex. The FMC's belief in the importance of *Mujeres* is illustrated by some methods of distribution. As Aguilar Ayerra explained, "I remember we had to send planes to drop off packets of the magazines in the Sierra. We did that all over the mountains. It was important that all women read the magazine, not just the ones in urban parts of the country" (Aguilar Ayerra, 18 February 2013 [Interview]).

In addition to the significance of *Mujeres*, another important indication of change as a result of FMC efforts was the question of abortion rights. A telling example of the evolution of women's reproductive health and women's rights was the legalization of safe abortions. The organization worked to change attitudes towards abortion by placing women's right to abortion within a health framework, while also asserting that women had a right to control their own bodies, unlike in capitalist societies, which it believed commodified and controlled women.

Yet while the FMC employed an argument that centred on women's rights, the de-criminalization of abortions and eventual societal acceptance of abortions across the island were largely the result of placing the issue within a health framework. In other words, when it was argued that abortions could significantly reduce maternal and infant mortality, it became easier to convince elements of the government, as well as the general populace, of the importance of safe and legal abortions.

The process by which abortions became legalized was complex. Under Spanish colonial rule, abortion in Cuba was illegal under the 1879 penal code. Amendments were made in 1938 to the Social Defense Code, in which Article 443 established that no criminal charges would be applied in certain circumstances:

Abortion is necessary to save the life of a mother, or to avoid serious damage to her health; when it is carried out, with the mother's consent, as a result of the crime of rape, pregnancy of an unmarried woman as a result of forced or coerced intercourse and intercourse with a minor; when it is carried out with the consent of the parents with the aim of avoiding transmission to the fetus of a serious hereditary or contagious disease (Álvarez Lajonchere 1994, 6-7).

[El aborto es necesario para salvar la vida de la madre o evitar un grave daño a su salud; El que se provocare o llevare a cabo con su anuencia por haberse cometido sobre la grávida el delito de violación, rapto no seguido de matrimonio, o estupro; El que se provocare o llevare a cabo con la anuencia de los padres, cuando el propósito sea evitar la transmisión al feto de una enfermedad hereditaria o contagiosa de carácter grave (Álvarez Lajonchere 1994, 6-7).]

Following the rebellion against Batista, attitudes towards abortion remained negative, particularly in rural areas, and the 1938 law continued to be enforced. Problems with medically safe abortion also increased in the early years of the Revolution, as half of Cuba's 6,000 physicians (many of whom were specialists, including gynecologists, obstetricians, and *aborteros* as they were commonly known) left the island (Espín et. al. 2012c, 235; Álvarez Lajonchere 1996, 25-26).

Álvarez Lajonchere remembered well the negative health effects that occurred as a result of the illegality of abortion. He explained that many women, especially those who had limited financial resources, resorted to self-induced abortions. He noted that, even growing up in a small town—Manicaragua la Moza, in Santa Clara province—he and everyone knew about the clinic in Cienfuegos that performed abortions, if the patient could afford the service and medication, despite the illegality. He asserted that across the

country, very little was understood about abortions, and it was unclear how many took place, or what the possible side effects would be (Álvarez Lajonchere 1996, 25-29). As he explained,

Between 1960 and 1965 we witnessed some terrible things, some of which I will NEVER forget. The insertion into the uterus of clothes hangers and especially the use of interuterine douches using a variety of ingredients are examples of this. The most popular was “cundiamor,” a plant with a fleshy fruit belonging to the same family as the pumpkin, melon and cucumber. When these mixtures do not cause complications resulting in sepsis, the intrauterine douche is effective in interrupting the pregnancy. The cases where sepsis did not result were in the minority.

In several cases if the women were young they would use a solution of sulphuric acid (Salfuman is the brand name, and it is used as a cleaning solution in public toilets). When I asked a young woman who appeared to be in good health, but who had undergone this treatment about this, and examined her with a vaginal speculum it was clear that very little remained of the fetus “there”. Without exception, a few hours later they were dead (Álvarez Lajonchere 1996, 28-29).

[Entre 1960 y 1965 presenciamos verdaderos desastres, algunos de ellos no los olvidaré NUNCA. La introducción en el útero de alambres de percheros y sobre todo duchas intrauterinas de infusiones variadas, la más popular fue la de ‘cundiamor’, una planta dicotiledonea de fruto carnoso a la que pertenece la calabaza, el melón y el pepino. Cuando estas infusiones no se complican de sepsia la ducha intrauterina es eficaz para interrumpir el embarazo. Esos casos sin sepsia eran la de menor proporción.

En varios casos las mujeres que si eran jóvenes, utilizaban solución de ácido sulfúrico (Salfuman es su nombre comercial y se utiliza para la higiene de los servicios sanitarios). Cuando interrogaba con aparente normalidad a una joven y la examinaba con espéculo vaginal comprobaba que “allí” casi no quedaba nada. Sin excepción, unas horas después eran cadáveres (Álvarez Lajonchere 1996, 28-29).]

During the early years of the Revolution, many of the causes of maternal mortality were reduced, but unsafe abortions still posed some severe problems for maternal and child health (Álvarez Lajonchere 1994b, 28-29). By 1965, it had become clear that the problem needed to be addressed.

Almost from its foundation, the FMC had incorporated sexual and reproductive health, especially related to women, into its principal aims. Legislation was changed as a result of the significant health issues caused by unsafe abortions, as well as the exclusion of many women from the opportunity to participate in the Revolution due to caring for unplanned or unwanted children. In particular, MINSAP re-interpreted the 1938 legislation to allow all early-term abortions (Espín et. al. 2012c, 235-236; Álvarez Lajonchere 1996, 27-29; Álvarez Lajonchere 1994, 6-7). Moreover, it established that abortions would be provided free of charge to patients, and in medically sound facilities. By 1979, the 1938 legislation had been completely re-written, and provided additional legal support for abortion rights, although approval had to be given by the hospital's director if a woman sought an abortion in the second or third trimesters (Espín et. al. 2012c, 235-236).

Espín explained in a 1997 edition of *Mujeres* entitled, “Architects of Their Own Destiny”,

We soon won the right to have abortions included as a service of the health system, legalized under condition[s] that they be performed by specialists and in hospitals, assuring all necessary sanitary conditions. The Federation then called on the country's health and education institutions to carry out massive educational efforts and to organize a genuine program of sexual education, open to all and based solidly on advanced scientific concepts (Espín et al. 2012c, 235; FMC 1997, 4).

In terms of engaging with Cuba's revolutionary ideology, it was argued that women not having full rights over their own bodies was a capitalist issue, and that having illegal or costly abortions was a means of capitalist men controlling women's bodies. The FMC argued that it would be wrong for the state to have women, who could otherwise be

working, stay at home to care for a child, as well as being unfair to women who wanted to be part of the socialist state. Furthermore, the health argument was continually emphasized—as many abortions occurred in adolescents (who have significantly higher infant and maternal mortality rates, as well as general health issues related to pregnancies) (Álvarez Lajonchere 1994, 6-7; Álvarez Lajonchere 1996, 25-29; CENESEX 2001, 33-36; Prendes Labrada 2007; Revalo García 1989, Revalo 2008, Revalo 2005, Revalo 2011; Alfonso Rodríguez 2007).

Data suggest that abortions in Cuba have proved to be a significant means of reducing rates of infant mortality and maternal mortality, as well as a means of family planning (Sosa Marín 1994, 10-11). For example, from 1968, when the government began compiling statistics on abortions, to 1992, approximately 2.9 million abortions were performed, while 4.7 million live births were registered (Alfonso Fraga 1994, 8-9). The number of abortions has continued to increase. A Cuban study published in 1996 noted an increase from 1970: in 1970, 70,521 abortions were carried out (36.1 abortions for every 1,000 women), but by 1975, 126,107 abortions were carried out (57.4 abortions per 1,000 women), though the rates would decrease by 1986 to 160,926 abortions (50.6 abortions per 1,000 women) (Peláez 1996, 2-5). Nonetheless, abortion rates would remain considerably high.

It should also be noted that the vocabulary regarding abortions changed significantly. While they were originally known as “abortions”, the colloquial vocabulary shifted to refer to them as “interruptions”. The shift was subtle, but the euphemism attached to “interruption” was clear. The change occurred following the legalization process, and efforts were made to decrease the stigma related to abortions; the vocabulary

changed to minimize the shame and embarrassment often faced by the women undergoing the procedure. Sexual education promoted by the FMC highlighted a woman's sovereignty over her own body, and thus it was argued that there was no reason to feel ashamed about wanting or having an abortion (Aguilar Ayerra, 18 February 2013 [Interview]; Castro Espín, 20 January 2013 [Interview]). Although abortion as a means of contraception was, and remains, strongly discouraged, rates have remained high across the island.

In addition to *Mujeres* and the development of safe and legal abortions, a complementary element of sexual education and sexual health that evolved from the 1960s, and as a result of FMC efforts, was the use and distribution of contraception. Comparatively few means of contraception were available throughout the 1960s, and they were often of poor quality; condoms, for example, were imported from China, but were badly made and uncomfortable to wear. Due to the United States' embargo, oral contraceptives were also very difficult for the government to import, and thus the use of other options was encouraged. Moreover, persisting cultural norms (such as women feeling uncomfortable touching their genitals) dissuaded many women from using the diaphragms (commonly known as *sombrillas*) that were ordered by MINSAP. IUDs were among the most popular form of birth control at the time due to having the fewest side-effects, and the FMC reportedly made their own cost-effective versions with nylon fishing line until the 1980s, when manufactured versions were imported (Smith and Padula 1996, 71; Randall 1981, 69). Yet birth control in the 1960s was still in many ways stigmatized and not fully incorporated into the healthcare system. For example it was uncommon for doctors to inquire about sexual history or suggest contraceptives (Smith

and Padula 1996, 71). Rather, women had to specifically and directly inquire about options for birth control. This, for many women, was a highly uncomfortable conversation with their doctor, especially due to the ongoing stigmatization of sexually active women. Alternatively, many women were wholly unaware of birth control as an option, and would thus not inquire, due to a simple lack of knowledge.

In 1964 the FMC and MINSAP began working with, and receiving assistance from, the International Family Planning Programme (Programa Internacional de Planificación Familiar) (IPPF). Through the IPPF, Cuba was able to import much-needed contraceptives, while also developing a greater understanding of family planning, including education (Castro Espín, 30 January 2013 [Interview]).

Although there were some problems surrounding the use of contraception, from the 1960s, the government did gradually make contraception and related information available across the island, and by the end of the 1970s the situation had improved significantly. Cuba was manufacturing its own birth-control pills, and diaphragms were more commonly recommended by physicians and used by patients (Randall 1981, 69; Álvarez Lajonchere 1996, 26).

The development of contraceptives was also important for women, because it allowed them to engage more safely in a healthy sexual life, while minimizing the risk of unwanted pregnancy. The emphasis of the FMC on safe sexual practices was also an important element in this process, as it pressured the government to produce the necessary birth control and information to protect women's health. The medicalization of sex in the 1960s also supported the FMC's emphasis on the importance of sexual

education and sexual health as a significant aspect of an individual's personal development.

Today these accomplishments are still lauded in Cuba and considered to be solid examples of the early influence of the FMC (Aguilar Ayerra, 18 February 2013 [Interview]; Castro Espín, 30 January 2013 [Interview]). *Mujeres* would continue to evolve, as well as its sister magazine, *Muchachas*, which focused on adolescent women. The magazine would also publish material from popular sexual education books, and later established a new section titled *Hablemos Francamente*, which in essence was a newer version of *Debate de salud* to reflect contemporary sexual education needs (FMC 1984b, 56-57; Revalo 2002, 64-66; Revalo 2007a, 82-84; Revalo 2007b, 82-84; Revalo 1999, 12-13). The new section was most often written by the FMC representative and expert in sexuality, Aloyma Revalo, and topics included STIs, the importance of a full sexual life, prejudices related to sexuality, men's sexuality, and marital problems (Revalo 2007b, 82-84; Revalo 2007a, 82-84; Revalo 2002, 64-66; Revalo 1999, 12-13; de la Cuesta Freijomil 1997, 7; Egües Cantero 1997, 13). As the title suggests, the section discussed sexuality in a very frank and open manner, highlighting it as a normal and important aspect of one's life, personal development, and overall health. For example, as Revalo wrote in an article discussing the importance of a satisfying sexual life, "There is no doubt that throughout history—from the most ancient times to future times—eroticism has been a human necessity" (Revalo 2002, 64-66). ["No hay dudas de que en todos los tiempos—desde los más antiguos hasta los que están por venir—el enriquecimiento del erotismo resulta una necesidad humana" (Revalo 2002, 64-66).]

Similarly, the legalization of abortion was considered an important step in both the country's commitment to healthcare, and in changing attitudes towards women's sexuality. The legal standing of safe and free abortions remains a vital step in the evolution of sexual health and sexual education. In a similar vein, the availability of contraceptives in Cuba is illustrative of the government's commitment to health, as well as contributing to the demystification of sexuality, particularly women's sexuality. In other words, the development of legal abortions and contraceptives promoted both the country's overall health, and sexuality as a normal aspect of life for men and women. In essence, the FMC was responsible for initiating sexual education and sexual health in Cuba.

### **The FMC, Sexual Education and Sexual Health, 1972-1989**

#### *The FMC and the Founding of GNTES, 1972*

Following the 1960s and the demand for sexual education and sexual healthcare, the FMC began a group with the specific aim of researching options for, and information regarding, the provision of sexual education. As noted in the previous chapter, it was founded in 1972 by Espín and Álvarez Lajonchere, and named GNTES (Castro Espín 2009, 3). Espín was a major actor in this effort, since, as the president of the FMC, she understood the need for sexual education, a topic that was consistently brought up in FMC meetings across the island. Moreover, as a well-known figure and leader in the Revolution, she had a significant level of autonomy, and headed the nation-wide framework of the FMC through which change could be instituted (FMC 2008, 57). The

group would be fully legitimated and recognized by the state in 1977, but from 1972 it functioned solely as an FMC initiative. It slowly grew in personnel and importance, as the need for sexual education became more evident, and the FMC continued to pursue the means to develop it.

Álvarez Lajonchere had been working with the FMC since the 1960s and was also passionate about the need for sexual education in Cuba. Having grown up in a small town, he understood well the difficulties faced by much of the populace, including poverty and inequality regarding healthcare and education. Following the rebellion, he remained in Cuba, with a medical practice in Havana. His work, which focused primarily on health issues related to abortions, convinced him of the importance of sexual and reproductive healthcare and education. He began working with the FMC as an advisor for the *Debates de salud* section of *Mujeres*, and as a result of his early work with the FMC and his dedication to sexual and reproductive health, he became a vital member of the original FMC-led group that sought to dramatically change the landscape of Cuban sexual education and healthcare. As he explained,

We began with just four people—the President, a Coordinator, who was our liaison with the FMC, a secretary and a driver. Later a German translator joined us. We tried to be an intersectoral group, in which professionals from organizations working in various topics related to sexuality participated. The group had to be, and in fact was, interdisciplinary in its approach, since this is necessary in such complex matters, particularly with regards to the treatment provided in terms of education, diagnosis, and therapy (Álvarez Lajonchere 1996, 26).

[Comenzamos con solamente cuatro personas: el Presidente, una Coordinadora que era el vínculo con la FMC, una secretaria y un chofer, incorporándose posteriormente una traductora de alemán. Procurábamos crear un grupo intersectorial, es decir, en el que participaron profesionales de los organismos que deben involucrarse en el trabajo en relación con la sexualidad. El grupo debía ser y fue también interdisciplinario, que es una necesidad del tratamiento educativo,

diagnóstico y terapéutico que requiere abordarlo con esa complejidad (Álvarez Lajonchere 1996, 26).]

The German translator mentioned here was Monika Krause. She became involved with GNTES due to the country's relationship with East Germany. She had previously worked as a translator and interpreter for the FMC, and was thus originally asked by Espín to join GNTES to assist with similar work (Krause-Fuchs 2007, 68; Castro Espín, 30 January 2013 [Interview]). Whereas she was once briefly the director of the group, officially her capacity was as coordinator and she was often "the face" of the group in interviews and meetings, as well as running seminars and appearing on sexual education television programmes. It is unclear why she left Cuba in 1990, but her contribution to the evolution of sexual education was considerable.

With the principal contributors in place, GNTES sought to develop a comprehensive national sexual education programme, named the Programa Nacional de Educación Sexual (ProNes) (Castro Espín, 30 January 2013 [Interview]; Castro Espín 2011, 26). In order to accomplish this, they began researching other countries' sexual education programmes and curricula with the aim of adapting them for the Cuban system. Members of GNTES unsuccessfully asked other governments, primarily those from Eastern Europe for assistance, but found that they were unwilling to help. They also sought advice from international specialists in the field. By chance, and as a result of her being a native German speaker, Krause discovered from her research in the area a curricula developed by an East German specialist in sexual education, K. R. Bach. He had developed, over an eight-year period in the late 1960s and early 1970s, sexual education curricula for high schools (Krause-Fuchs 2007, 72-73). This development led

to considerable interchanges between Cuba and East Germany as GNTES sought to develop an integral and multidisciplinary sexual health education programme. As the two countries were very close ideologically, had similar political systems, and since East Germany was considered by Cuba to be an advanced country, GNTES began working closely with East German specialists throughout the 1970s. While one might view this as politically significant for Cuba, it should be noted that the exchanges in sexual education resulted from East German specialists, and K. R. Bach in particular, being willing to provide information in the field of sexual education, while other specialists from other countries were not.

1972 was also an important year for the FMC, because it saw the intensification of their cooperative initiatives between the organization and MINSAP. Indeed the FMC was heavily involved with MINSAP at the time, helping the ministry implement programmes and monitor health. A significant element of this relationship was the existence of the *brigadistas sanitarias*, which, working through the FMC, carried out MINSAP health programmes (García 1972, 2). As a *Granma* article stated,

The health plans received great support during this period...The Federation has in total 55,886 members working in health posts located in both rural and urban areas. In matters of basic hygiene, cleaning up cities and rural villages, more than 2.5 million women participated. Discussions on health matters were held, a vaccination record was established, and support groups for pregnant women were organized. An intense programme of establishing communities and plans to develop them resulted. Research into Growth and Development of the Cuban population, undertaken by the Institute of Infancy, is to a large degree possible because of the active participation of the Federation of Cuban Women (Granma 1972, 1-2).

[Los planes de salud recibieron un gran impulso en el período...Un total de 55,886 brigadistas tiene incorporadas la Federación en postas sanitarias de zonas rurales y brigadistas urbanas. En higiene, embellecimiento de ciudades, pueblos bateyes, etcétera, participaron más de dos millones y medio de mujeres. Se celebraron debates de salud, se realizó un censo de vacunación y se efectuaron círculos de embarazadas. Se desplegó una intensa labor en el desarrollo de las comunidades y en los planes asistenciales. La investigación sobre Crecimiento y Desarrollo de la población cubana, que realiza el Instituto de la Infancia, es en buena medida posible por la participación activa de la Federación de Mujeres Cubanas (Granma 1972, 1-2).]

GNTES was founded in 1972, not 1976 or 1977 as academics have previously stated. The discrepancy is probably due to the limited research that has been carried out on the group, and in particular to limited access to archives and personnel. However, the research conducted for this thesis has found that it was established in 1972 as an FMC initiative, and as a result of its initial successes, was later recognized by the state as a national group in 1977.

The difference in dates is important because it illustrates that GNTES was not a product of the substantial official changes related to gender rights, as has been previously understood, but in fact *preceded* them. These changes include the establishment of the Family Code (1975), as well as works presented at the 1<sup>st</sup> PCC Congress (1975) such as the “Thesis: Full Incorporation of Women in Society”. It is telling that an FMC-developed group, despite being small, was formed with the aim of researching sexual education before women and men even held a legal status of equality in the home. Indeed this original group dramatically changed the landscape of sexual education and sexual health in Cuba, and would continue to do so.

#### *The Family Code, 1975*

A significant indication of the increasing importance of women in revolutionary Cuba was the establishment of Law No. 1289—the Family Code (Family Code 1979). The Code was the result of negotiations between the FMC, the general population, and the state (Castro Espín 2007, 3; Bengelsdorf 1997, 122). It would become one of the most important and well-known laws and documents produced by the Revolution, particularly

in the development and understanding of gender roles and the respective responsibilities of each gender.

In early 1974, the FMC began discussing the need for a redefinition of the roles of men and women in regard to the care and development of the family (Randall 1981, 37; FMC 1998, 4). There was a clear need for this, as women continued to suffer as a result of a double standard, having to both work and take care of the family. The FMC thus sought to consult with the general populace in order to establish specific needs, as well as to explore what changes would be considered reasonable. This became a complex negotiation as, in order for meaningful change to occur, it had to be plausible and practical. As Randall (1981, 38), remembered,

The Code, like all of Cuba's most important laws, had been published in draft form in a cheap tabloid edition so that virtually every man, woman, and young person could have a copy to read and study. In meetings through the trade unions, the CDRs, the FMC, the School, and the like, people have a chance to discuss the Code point by point, ask questions, suggest additions, changes or deletions. The way this process works is that a record is kept of each meeting, the results are sent through the respective organization to their highest level, where they are tabulated, computed, and turned over to the original committee (adjacent, at the time, to the party's Central Committee, now adjacent to the National Assembly). The Code is then modified according to the people's attitude around specific issues and their participation in this process.

The final version of the Code was published on 8 March 1975—on International Women's Day (Randall 1981, 38). The Code included four sections: "Marriage", "Relations between parents and children", "Relationship and the obligation to provide alimony" and "Tutelage" (Family Code 1979). The sections were divided into various chapters and explained in detail the responsibilities of both parties, that is, men and women. In essence, the Code redefined women and men as being equals in any given

relationship. Indeed women, through the FMC, sought to redefine themselves as equals in the home, and change the notable societal sexism.

Randall (1981, 39) once noted that “The Family Code is a law. It is also an education tool”. By this she meant that the Code, along with the process of creating it, was an educational one. It took approximately eight months of discussions at various levels to finalize the Code, as people discussed it across the country, “on buses, in waiting rooms, in supermarket lines, and on the street!” (Randall 1981, 39). This translated into a new national awareness of the divisions regarding men and women, and the need to evolve their sense of identity and roles in society.

#### *The FMC and the (Re)Founding of GNTES, 1977*

In the last few years, the Federation is carrying out a plan of education dedicated to the family, whose purpose is to provide the parents and teachers, the necessary information and the scientifically based knowledge, which allow each member of the family to interven [sic] responsibly and consciously in the formation of the new generations, to forge educated and useful citizens who will live in the socialist society.

In this line of work the Federation has propitiated the creation of the Sexual and Family Education Group, which functions attached to the Commission of Attention to Childhood and Equal Rights of Women of the People’s Power National Assembly, forming part of it, together with MINSAP, MINED and the UJC (FMC 1982, 21-22).

As the above quotation explains, there was an increased emphasis on sexual education in the late 1970s. Although established in 1972, GNTES was not legitimated fully by the state, specifically as a part of a National Assembly (Asamblea Nacional del Poder Popular) (Parliament) Commission, until 1977—the “Año de la Institucionalización” (*Granma* 1977b, coverpage). Notably, formal national recognition

followed the FMC's 2<sup>nd</sup> Congress that had emphasized "The Role of the Family in Socialism", which outlined the importance of the family in education, particularly regarding morality and equality (FMC 1975, 61). Sexual education became a core element of this education, and was used to promote the importance of both gender equality and health.

As a result of the PCC and the FMC's emphasis on the importance of education, the National Assembly established a Commission with the principal aim of publishing works on sexual education, and in particular from countries with similar ideological frameworks. The Commission (referred to as either la Comisión Permanente de la Asamblea Nacional del Poder Popular "Sobre la atención a la infancia y la igualdad de derechos de la mujer", or the Comisión Permanente para la Atención a la Infancia, la Juventud, y la Igualdad de Derechos de la Mujer), worked with the support of GNTES to accomplish this task (*Granma* 1977e, 2). It was initially established at the 1<sup>st</sup> PCC Congress (1975), and later expanded at the 2<sup>nd</sup> Congress (1980) (PCC 1980a; 1980b). The early importance of the Commission was clear, as its name was noted on the first published work on sexual education in 1979.

GNTES became the representative group of the Commission, through which it published literature on sexual education and gradually incorporated other means of education. In 1981, Espín became the president of the Commission, as the FMC assumed further control of the sexual education programme, and was able to work with an increased level of independence within the revolutionary framework (FMC 2008, 55). Its main goal was to continue developing ProNes. As explained at the 3<sup>rd</sup> FMC Congress in 1980,

In order to put into practice the plan set forth in the thesis of the First Congress of our Party the Sexual Education Workers Group, multidisciplinary in character and formed by representatives of the FMC; the UJC; the Ministry of Education; the Ministry of Public Health; the Institute of Childhood and the “José Martí” Pioneers Organisation, has been created. The Group plays an advisory role to the Commission on Childcare and the Equality of Women’s Rights, of the National Assembly of Popular Power. In reality it is carrying out systematic work that encompasses the basic information and guidance materials, as well as the development of a framework to train specialists in the field of medicine, psychology and education, principally with an eye to the proper preparation of personnel who, in the future, will be responsible for sexual education, as well as the treatment and therapy of sexual problems. During the course of this year the first books that deal with these topics have been published.

Evidently it is necessary to strongly emphasise in sexual education precisely why little is known about this field, and why it is here that the strongest prejudices, erroneous criticisms, and obsolete conceptions, that we should eradicate, exist (FMC 1984a, 65).

[Para llevar a la práctica el plan orientado en la tesis del Primer Congreso de nuestro Partido se ha creado el Grupo de Trabajo de Educación Sexual, de carácter multidisciplinario e integrado por representantes de la FMC, la UJC, el Ministerio de Educación, el Ministerio de Salud Pública, el Instituto de la Infancia y la Organización de Pioneros “José Martí”. El Grupo cumple funciones de asesoría a la Comisión de Atención a la Infancia y a la Igualdad de Derechos de la Mujer, de la Asamblea Nacional del Poder Popular. En la actualidad está llevando a cabo un trabajo sistemático que abarca la elaboración de materiales básicos de información y orientación, así como la elaboración de la metodología para formar especialistas del campo de la medicina, psicología y educación, principalmente con miras a la preparación adecuada del personal que en un futuro tendrá a su cargo la puesta en práctica de la educación sexual, así como de la profilaxis y terapia de los problemas sexuales. En el transcurso de este año han publicado los primeros libros que tratan estos temas.

Evidentemente es necesario enfatizar mucho en la educación sexual precisamente porque es poco lo que se conoce sobre esto y en este terreno es donde existen los más fuertes prejuicios, criterios erróneos, concepciones obsoletas, que debemos de ir erradicando (FMC 1984a, 65).]

The above quotation is instructive as it highlights the direction in which the FMC sought to take sexual education. There was a clear emphasis on dispelling all prejudices relating to sexuality through education, as well as the need to bring sexuality into the

medical field. Moreover, the emphasis on improved health through sexual education was evident. The FMC sought to continue increasing the breadth of sexual education, and to develop its aims from researching and publishing material to integrating sexual education more fully into other disciplines. Sexual education was clearly interpreted as a means of directing social change—with the aim of improving overall health, and promoting equality through the process of changing prejudices. Moreover, it emphasized a multidisciplinary approach.

Throughout the 1980s, GNTES and the FMC, working in collaboration with MINSAP and MINED (among others), continued to produce significant amounts of research and publications on sexual education and sexual health. In addition to the literature that was produced, the group also designed and ran courses, conferences, seminars, debates, round-tables, and presentations on sexual education, sexual health, and sexuality. These were directed at various groups including parents, teachers, and students of all levels. The courses, often held in schools, community centres or FMC meetings, discussed human sexuality, including psychological and social aspects, as well as biological influences.

The consistent themes of these education processes were respect, equality, and health (FMC 1987, 20; Revalo 2005, 249; Alfonso Rodríguez 2007). Among the principal topics discussed were safe and respectful sexual relations, contraception, and problems (including medical and social) related to teenage pregnancies (FMC 1987, 20-21, Álvarez Lajonchere 1996, 27-29; CENESEX 2001, 33-36; PCC 1980a, 15-18). Moreover, the group specifically trained “sex education extension workers selected from among doctors, teachers, psychologists, health officials, and specialists; the FMC; the

education sector; and youth organizations at national and territorial levels” (Castro Espín 2011, 26). The intention was clear: to train the people with influence within GNTES’ ProNes framework, and thus propel their vision of a comprehensive sexual education.

Another important step was the introduction in 1980 of sexual education in teacher-training colleges, universities and day-care training centres (Castro Espín 2011, 27). While largely offered only as an optional course, it did mark a significant shift, as this represented an official course offered to those who would go on to instruct others, and especially children and young people. Moreover, in the 1980s, GNTES also began working with the other state organizations and Commissions that dealt with HIV/AIDS, with information on the infection being incorporated into the sexual education strategy by the late 1980s (McPherson Sayú 1995, 7-9).

GNTES was involved in other groups and Commissions related to sexuality, sexual education and sexual health. In terms of developing sexual diversity rights and health, in 1979, for example, following a request by the FMC, MINSAP approved the creation of a multidisciplinary team to assist with the diagnosis and care of members of the transgender community. Led by GNTES, the team was named the National Commission on Sexual Orientation and Therapy (Castro Espín 2008b, 15-43).

In 1985, GNTES was responsible for the creation of the Cuban Multidisciplinary Society for the Study of Sexuality (Sociedad Cubana Multidisciplinaria para el Estudio de la Sexualidad) (SOCUMES). SOCUMES was composed of various specialists, with the aim of conducting further research in areas related to sexuality, as well as developing links with other international organizations and the scientific community (Castro Espín

2011, 27; Roque Guerra 2011, 222). For example, SOCUMES became an active member of the Latin American Federation of Sexology. This development of a multidisciplinary group also demonstrates the ongoing emphasis on expanding research, and the view of sexuality as a whole being an important element of personal development, particularly related to one's overall health. SOCUMES would continue increasing the breadth of its research, with a view to examining how sexuality as a whole affects personal and community development.

In 1987, at a round-table discussion between members of GNTES and representatives from *Juventud Rebelde*, Espín explained that, through the Commission, GNTES had expanded its work, and in particular strengthened its relationship with East German specialists (Krause 1988, 7-9). Cuban specialists continued to travel to East Germany, to continue to learn about their sexual education strategies and educational material, and to analyze which of them were applicable to the Cuban context. The Ministry of Culture was also involved from the late 1970s, as it was responsible for publishing the work that was brought back by the Cuban researchers.

Notably, GNTES members, including Álvarez Lajonchere and Krause, were central to the translation of the East German works that were published in Cuba. Among the most significant and popular books were the works of Siegfried Schnabl, and East German pediatrician and specialist in sexuality, Heinrich Brückner. All the books translated and published incorporated socialist ideology, focusing on equality, and were written for parents, teachers, young people and children. These books would become paramount in sexual education and sexual health care across the island, as well as vital to

the incorporation of sexuality into the national dialogue, especially regarding sexual diversity.

The National Assembly's use of GNTES as the actual working entity of the Commission highlights the national importance placed on sexual education and sexual health, as well as the importance of the group as a whole. Their research regarding improved sexual education strategies was clearly understood as necessary and important. Indeed, it is telling that many of the books that GNTES published around this time are still widely read in Cuba today.

#### *GNTES' Sexual Education Literature*

As previously noted, the circumstances in which GNTES was established have often been misunderstood. A significant contributing factor was there was little, if any, evidence in the 1970s and early 1980s that the group existed at all. For example, from 1972 to 1979 there was no mention of the group or its work in either the popular *Bohemia* magazine, or *Granma* newspaper. In addition to the lack of presence in print, as much of the group's work was accomplished through discussions, presentations, and meetings, there is little extant data on the group. This translates into little evidence of the initial changes that occurred as a result of its efforts, or the specific information that it sought to communicate. Yet beginning in the early 1980s, subtle indications of the group's work began to emerge, such as in *Mujeres*, where, in addition to articles that focused on sexual and reproductive health, large excerpts of the popular-science books that the group had published can be found. Indeed it was through the publication of popular-science books

that GNTES communicated much of its work throughout the island. These publications prompted public debate, and dramatically changed sexual education in Cuba.

The authors of these works were invariably East German, as well as noted trained sexologists or medical professionals, among the most published being the works of Schnabl and Brückner. They wrote popular-science books that sought to increase the discussion of the concept of sexuality as a whole, as well as contribute to sexual education and sexual health. These publications were of particular importance because they presented sexuality as normal human behaviour, dispelling related prejudices. The aim was to educate the reader by increasing the understanding of sex and sexuality, while emphasizing respect and equality in a socialist framework, particularly by emphasizing the role of the family in educating children, and the importance of health and well-being.

One of the first books published was Schnabl's *El hombre y la mujer en la intimidad*. The book was originally published in East Germany in 1978, and published in Spanish in Cuba in 1979. It was reprinted in Cuba in 1985, and a second edition was later published in 1989 (Schnabl 1989). The publishing process in Cuba was significant, as the technical revision was done by GNTES leaders Álvarez Lajonchere and Krause, and published by MINCULT, rather than MINED or MINSAP. CENESEX Director, Castro Espín, explained that her mother and GNTES founder, Espín, had reported that at times there had been some resistance to the group publishing some works, and noted that Espín had had to try various approaches in order to get the work published. Notably, it was the PCC that allocated the task of publishing GNTES' work to MINCULT (Castro Espín, 30 January 2013 [Interview]). Although perhaps working with elements of other ministries, unlike the books that were published in later years, *El hombre y la mujer en la intimidad*

made no mention of other participants in the publishing process. As it was one of the first books on sexual education, and the first to discuss homosexuality in a respectful and empathetic way, which led to significant reactions from the population (Castro Espín, 2013 [Interview]; Aguilar Ayerra, 2013 [Interview]), it is possible that the PCC wanted other works to be more conservative and the content more closely monitored.

*El hombre y la mujer en la intimidad* was problematic in some regards as it provided detailed information on an extremely wide range of topics relating to sex and sexuality. It sparked public debate on sexual education, sexual health, and, particularly, sexual diversity as it presented homosexuality as normal, and emphasized the importance of respect, health and well-being. The book's final chapter, entitled "Homosexualidad en el hombre y la mujer", discussed the importance of respect for men and women of different sexual orientations. The author asserted that 3 to 4% of the population were homosexual, and incorporated a full discussion of why homosexuality should be categorized within normal sexual behaviour. The chapter noted that there have been various scientific theories of how homosexuality occurs, or is "spread". In particular "seduction" was noted as a common understanding of how men become homosexuals. Schnabl also explained that there had been several scientific studies on animals in an effort to determine a scientific cause of homosexuality. However he contended that there were instead various psycho-social causes of homosexuality. In addition, he noted that, for both men and women, sexual orientation could not be changed, and asserted that homosexuality was a variant of sexuality and as such could not be classified as an illness. He continued to explain that, as a result of social stigma, many homosexuals wanted to change their sexual orientation—often searching for treatments or help. He also noted

that homosexual men and women could be good parents, and compared homophobic people to Nazis. Indeed, the central thesis throughout the chapter was that homosexuals needed to be respected, as they should respect others, because under socialism everyone was afforded equal rights. Moreover, unlike the other chapters, which were all written in a very detached and clinical way, the chapter was written in a very empathetic way, and focused on well-being. He employed medical data relating to sexually diverse persons, such as rates of mental health issues and suicides as a result of prejudice and discrimination, to demand respect for homosexuality and societal change.

This book was also a significant step in the incorporation of sexuality and sexual education into public debate because it presented women as sexual beings. It developed a new understanding of women, since to a large extent their sexuality had previously been ignored or mystified. Indeed women's sexuality had been traditionally associated almost exclusively with reproductive health, which was evident in the early push for the legalization of abortions (1965) and the focus on maternal and child mortality rates. Importantly, however, the book discussed women's sexuality in the same manner in which men's sexuality was discussed—as normal human behaviour.

Following the success of Schnabl's book, in 1981 his *En defensa del amor* was also published, and later reprinted in 1985. While *El hombre* was more factual, and focused on educating readers about the mechanics of sexuality and sexual health, the second book discussed sexuality in society. Its central theme was that everyone had a right to a safe and satisfying sexual life, and emphasized the author's contention that love and sexuality were integral aspects of a person's life and as such needed to be better understood. As he explained, "Love and sexuality are not dangerous diseases from which

we have to protect our children” [El amor y la sexualidad no son enfermedades peligrosas de las que tenemos que proteger a nuestros hijos (Schnabl 1981, 26).]

This book was also significant because it discussed sexuality as an important component of the national expression of socialist ideology. The author explained that sexuality was an important aspect of an individual’s and of a society’s development as a whole. Thus, under socialism, a person’s given sexuality must be respected. For example, he noted,

The Marxist-Leninist conception, as the scientific foundation of our socialist social system is – in its essence – a confirmation of life, and because of this it also considers sexual activity that contributes to happiness, contentment, fulfilment, satisfaction and the enrichment of man’s existence to be positive. This conception demands that the proposals and conclusions of Marx, Engels, Lenin, Bebel and others (Schnabl 1981, 6-7).

[La concepción Marxista-leninista, como fundamento científico en nuestro régimen social socialista, es—por su esencia—la confirmación de la vida, y por ello también considera positiva la actividad sexual que contribuye a la alegría, la felicidad, la realización, la satisfacción el enriquecimiento de la existencia de los hombres. Esta concepción demanda de muchos que los planteamientos y conclusiones de Marx, Engels, Lenin, Bebel, y otros (Schnabl 1981, 6-7).]

He later used the same argument for homosexuality, noting that under socialism different sexual expressions must also be respected. He supported his point by making a comparison between the repressive capitalist societies, which viewed homosexuality as a perversion, and socialist ones, which in contrast were supposed to liberate their populations. He asserted that under socialism everyone must be considered equal, and respected—and this extended to sexuality.

Beyond its ideological significance, this book was also very important because it made a clear connection between sexuality and sexual health. It asserted that a safe and

satisfactory sexual life was important for individuals, and a vital aspect of that was sexual health. It was thus important because it allowed for a more developed and safer society—the logic being that, as sexuality is important, sexual health must be equally important. This work was extremely popular and widely read. *Mujeres* even published much of the book in small excerpts (FMC 1984b, 56-57).

It is clear that GNTES was fundamental in the book's publication. Its prologue discussed the work of GNTES, and noted the support of the FMC in particular, as well as the contributions of Álvarez Lajonhere and Krause. As was the case with its precursor, this book was also published by MINCULT. Notably, however, Schnabl's prologue also mentioned the Comisión Permanente de la Asamblea Nacional del Poder Popular "Sobre la atención a la infancia y la igualdad de derechos de la mujer" (Schnabl 1981). This clearly indicated the ongoing importance of this Commission, and that it was fulfilling its original aim of publishing works of significance in the field of sexual education.

The work of Brückner was also published in various books. He was a pediatrician specializing in sexuality and sexual health, and wrote three significant books that were translated in Cuba. The first two, titled *Cuando tu hijo te pregunta* and *Antes de que nazca un niño*, were published in 1979 (and later reprinted the following year) (Brückner 1980a, Brückner 1980b). The first was very instructive for parents, explaining in detail how to discuss sexual and reproductive health with children aged one to twelve, and outlined the most common questions that arise at different ages, and how they should be answered. For example, when discussing reproduction, Brückner noted that children between eight and ten ask what the father's role is. He explained that that role was not as evident as that of mothers, and that it was best not to go into a discussion, as many

parents did, about reproduction in plants or animals, as it could be more confusing, and actually detrimental to understanding human sexuality. Instead, he outlined a simple way to answer by using the correct physiological terminology (Brückner 1980b, 27).

The book also answered questions directed at parents. One question that was asked, for example, was whether talking to one's children when they were young about sex and reproduction could have negative consequences or make them more curious. Brückner, however, explained that, if a child was mature enough to ask a question, then they were mature enough to know the answer. The book focused on an open and honest dialogue about sexuality, explaining that children must learn from an early age that sexually responsible behaviour was important. He also posited that children with a better understanding of sexuality and reproduction would become more respectful and responsible adults. As he explained,

The field of the sexual in education is seen in a bad light by many educators and because of this, in the majority of cases, they abandon it as though it were a plot of land where diverse, undesirable plants grow and whose seeds spread to other fields covering them in weeds. But, if we penetrate that uncultivated land, in doing so we remove a fundamental part of this special atmosphere, because we become familiar with it and we can apply our action/work in harmony with it (Brückner 1980b, 79).

[El campo de lo sexual en la educación integral es mal visto por muchos educadores por eso, en la mayoría de los casos, se la abandona como un terreno crecen diversas plantas indeseables y sus semillas pasan a otros campos cubriéndolos de malas hierbas. Pero si penetramos en ese terreno baldío, con eso solamente le quitamos una parte fundamental de su atmósfera especial, porque nos familiarizamos con él y podemos aplicar nuestra acción en concordancia con él (Brückner 1980b, 79).]

Brückner's second book published in Cuba was originally written in 1971 in East Germany, and later reprinted in Cuba in 1979 and 1980. The book was produced as a tool for parents and teachers to explain reproduction and sexual organs to children, aged nine

to twelve. There were various colourful drawings and diagrams that explained the process of reproduction, as well as the functions of the sexual organs. This book was very factual, with few euphemisms used to depict the human body or reproduction—which again emphasized the importance of providing children with the correct information.

Brückner’s last popular-science book published in Cuba was *¿Piensas ya en el amor?*, originally published in Cuba in 1981, with a second edition a year later, and reprinted again in 1985. This book was important because, as stated in a preliminary note,

For the Cuban version, Chapter 12 has been rewritten, and some changes and adaptations have been made to other chapters, in light of suggestions and considerations made by representatives of the Grupo Nacional de Trabajo de Educación Sexual (National Working Group on Sexual Education), which is an adjunct of the Permanent Commission of the National Assembly. This is related to “the attention to infancy and the equality of rights held by women” and to the special revision of a commission of the Ministry of Education (Brückner 1981).

[Para la versión cubana se ha reelaborado el capítulo 12 y se han hecho cambios y adaptaciones a otros capítulos, atendiendo a sugerencias y consideraciones de representantes del Grupo Nacional de Trabajo de Educación Sexual adjunto a la Comisión Permanente de la Asamblea Nacional de Poder Popular “sobre la atención a la infancia y la igualdad de derechos de la mujer” y a la especial revisión de una comisión del Ministerio de Educación (Brückner 1981).]

The significance was in the fact that it was the only book that stated that it had undergone revisions (by Cuban elements, probably from MINCULT), or any specific MINED commission. It is unclear which specific changes were undertaken; Chapter 12, however, was titled “Variantes y desviaciones sexuales”, and discussed homosexuality as a deviation and a problem<sup>5</sup>.

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<sup>5</sup> Despite significant effort, attempts to locate the original German edition were unfortunately unsuccessful. Among other problems, this was exacerbated by linguistic issues, as even if the book was located, it would require a researcher with an excellent understanding of Spanish and German to

This book, in contrast to the work of Schnabl, was written in a homophobic manner. For example, Brückner explained,

Certain homosexuals call attention to themselves because of their scandalous and antisocial behaviour. At times some of them try to take advantage of children and adolescents, and approach them with a variety of strategies in order to satisfy their homosexual activities (Brückner 1981, 210).

[Ciertos homosexuales llaman la atención por un comportamiento escandaloso y antisocial. Algunos ocasionalmente tratan de hacer uso de niños y adolescentes y se acercan a ellos valiéndose de las más diversas formas para la satisfacción de sus actividades homosexuales (Brückner 1981, 210).]

He continued to assert that any parent or teacher who saw a child apparently engaged in homosexual actions or mannerisms, or any children themselves who were aware of their problem, should seek professional and specialized help (Brückner 1981, 210).

Indeed, the book's information regarding homosexuality contradicted that of Schnabl's *El hombre y la mujer en la intimidad*. As it is very unlikely that GNTES chose to publish literature that discussed sexual diversity in this way, particularly as the group had earlier supported literature that promoted respect for diversity, it is likely that this was either the author's original work, or that it was changed in Cuba to reflect prejudicial attitudes. This could have been the result of the MINED Commission, or another contributing editing body that chose to change the work. Notably, the term "antisocial" was used throughout the section on homosexuality, suggesting the possibility that it was amended or changed in Cuba, as the term had previously been strongly, although not exclusively, associated with homosexuality throughout the first two decades of the Revolution. Nonetheless, as the term was also common in Eastern Europe for activities

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determine what, if any, changes were made to the content. It remains unclear what changes were made in the Cuban edited edition.

deemed unacceptable (but not necessarily directly counter-revolutionary), the origins of the amendments remain unclear.

Yet despite the change in attitude towards sexual diversity, the rest of the book followed a similar ideological stance to the others published. Socialism was the clear ideological framework employed, with a particular emphasis on the role of the state. Moreover, there was a focus on gender equality and respect.

In addition to the imported and translated works, Krause also published two books. The first was *Algunos temas fundamentales sobre educación sexual*, published in 1985. It was later expanded, with two sections added: “Educación sexual y su carácter político-ideológico” and “¿Por qué la educación sexual es necesaria?”, and was reprinted in 1987, and again in 1988 (Krause 1987; 1988). A central theme throughout the work was that sexual education was required in order to have relationships based on love, consideration, solidarity, friendship, and mutual respect (Krause 1985, 4). In the second edition, Krause added to her explanation of the importance of sexual education:

If we understand by sexual education much more than the mere delivery of information about the biology of reproduction and the anatomy of genital organs, then we have to state that this kind of education can never do any harm. Indeed, to the contrary, it is both necessary and beneficial, because it contributes to the integral preparation for life of all humans (Krause 1988, 40).

[Si entendemos por educación sexual mucho más que la mera impartición de información sobre la biología de la reproducción y la anatomía de los genitales, tenemos que afirmar que este tipo de educación nunca puede hacer daño, sino, al contrario, es necesaria y beneficiosa, porque contribuye a la preparación integral del ser humano para la vida (Krause 1988, 40)].

Her second book, published in 1987 and reprinted in 1988, was *Educación sexual. Selección de lecturas*. It assembled round-table answers provided by GNTES members,

including Espín and Álvarez Lajonchere. In particular, the book was important because it provided direct expertise and opinions from GNTES, using their own words to discuss sexual education. It posed questions, and the corresponding reflections from the individuals were provided.

Krause's books were significant because they allowed a direct channel for the opinions of GNTES and its members to be published, providing their clear positions on various topics relating to sexuality and sexual education. Although she was technically a foreign author, Krause's books were written with a Cuban understanding of sexual education, and were among the first produced on the island, rather than being imported and translated (linguistically and culturally).

#### *Third and Fourth FMC Congresses: Sexual Education and Sexual Health, 1980-1984*

Many of the specifics of the development of the national sexual education programme are unrecorded, as are the details of the development of TV and radio programmes. Although some of the literature has noted the significance of these programmes (Krause 1987; 1988), none have offered details. For example, it is unclear when TV programmes regarding sexual education began, or how many students and professionals participated in GNTES' sexual education courses and seminars. Yet analysis of the 3<sup>rd</sup> and 4<sup>th</sup> FMC Congresses is instructive, illustrating that, while some details are unavailable, the overall direction of the FMC and sexual health in Cuba throughout the 1980s can be understood. Indeed, during this period GNTES became

increasingly important to both the development of ProNes, and the incorporation of sexuality into the national discourse.

The 3<sup>rd</sup> FMC Congress was held from 5 to 8 March 1980. It was attended by approximately 2,000 delegates, representing some two million *federadas* (FMC 1984a, 6, 211; Salva et al. 1980, 42-49; Salva 1979b, 6-7; Salva 1979c, 49; *Granma* 1977c, 1,6). While the Congress was of interest for various reasons, it was particularly telling in terms of the development of sexual education and sexual health.

The most significant aspect of the Congress was the Thesis entitled “Algunos aspectos de la lucha ideológica. Papel de la Mujer. Tareas ideológicas encaminadas al ejercicio de la plena igualdad”, of which Section Eight, “La educación de la familia”, paid particular attention to sexual education and GNTES (FMC 1984a, 38, 64-67) [see Appendix B for full excerpt of section]. It outlined the importance of GNTES, emphasizing it as having a vital role in providing sexual education, sexual health and the development of sexually responsible citizens. It stated clearly some of the aims of sexual education:

Sexual education has to be provided from the youngest ages. This can be done in daycare centres through educational activities, pedagogical tasks undertaken by the teachers, and role-playing activities for the children. In school it can be carried out through assignments in Natural Sciences in the early grades, and later in Biology, History, Work Education and other subjects.

[La educación sexual tiene que irse impartiendo desde las edades más tempranas. En el círculo infantil se logra a través de las actividades educativas, de las acciones pedagógicas de las educadoras y la posibilidad que ofrece el juego de roles. En la escuela, a través de asignaturas tales como Ciencias Naturales, en los primeros grados, y más adelante Biología, Historia, Educación Laboral y otras.]

The section continued to explain the importance of the role of the family in developing sexually responsible children, and noted the importance of being well educated in terms of sexuality, so couples could engage in a safe, united, and respectful relationship (FMC 1984a, 67).

The recommendations offered by the 3<sup>rd</sup> Congress were indicative of the national developments relating to sexual education. They called for the intensification of sexual education, particularly for children and young people. The Congress suggested that sexual education should begin at a young age, and increase in complexity and breadth of material. Moreover, it suggested that sexual education for the general populace also be increased, as its role too was important in the education of younger generations (FMC 1984a, 67). Furthermore, the Congress recommended that publications relating to sexual education (such as literature and pamphlets) increase in terms of production and distribution. Finally, it was also recommended that more work be done regarding sexual problems, such as sexual dysfunction. In particular, the Congress suggested that courses dealing with sexuality be developed for fields that dealt with issues surrounding sexuality, including for those working in the medical field and social workers (FMC 1984a, 67).

A central theme throughout the section was the incorporation of sexuality into medical care. In other words, the FMC was increasingly focusing on sexual education as an important element of healthcare. The section made significant reference to sexual education being provided in medical training programmes, as well as the training of psychologists and social workers. While the connection was not made explicit, the trend was clear: sexual education was now linked firmly to health.

The 4<sup>th</sup> FMC Congress dramatically increased the emphasis on sexual education, sexual health, and in particular the role of GNTES. The Congress took place in 1984, with a similar number of delegates as the 3<sup>rd</sup> FMC Congress, and emphasized women as being responsible for educating the family. Notably, GNTES was lauded in the opening synopsis of the work of the FMC (FMC 1987, 19-20).

Two Commissions from this Congress stood out as particularly important, and illustrative of the ongoing development of national attitudes towards sexual education. The first was the “Comisión no.3: Cuestiones referentes a la integración de la mujer a la vida económica” which had a specific section on health “Resolución sobre la salud” (FMC 1987, 77). It noted the importance of the *brigadistas* in continuing to engage in the provision of healthcare, particularly for women and children, and incorporated discussion about the importance of increasing sexual education (FMC 1987, 78). The statement of the need for the intensification of sexual education in a section specifically regarding health indicated well the link between education and health.

The second Commission that significantly influenced attitudes towards sexual education in the early and mid-1980s was “Comisión no. 5: Cuestiones relativas a la mujer y su participación en la vida cultural, educacional y social”. Of particular importance was the “Resolución sobre la educación de la familia y la formación de las nuevas generaciones”. It explained that any “prejudices”, “taboos” or “discrimination” that affected the development of sexually responsible citizens were unacceptable (FMC 1987, 103).

The list of the final recommendations of the Congress also provided a clear emphasis on the themes of sexual education and sexual health. This is an important indicator of the direction in which the FMC sought to develop the respective areas, in particular with GNTES, and using a health framework.

The First Recommendation made by the Congress was in regard to education and referred to the family structure. It recommended that further books and pamphlets (particularly popular-science works) be created in order to assist parents when teaching the children “la correcta educación seual” (FMC 1978, 104).

The Second Recommendation emphasized the importance of the ongoing work of MINED, increasing its work in the field of sexual education in order to systematically introduce it at all the levels of the National Education Programme, as well as parents’ meetings (FMC 1987, 206).

The Fifth Recommendation promoted the further incorporation of working relationships between significant national organizations, such as the Nacional Union of Cuban Jurists (Unión Nacional de Juristas de Cuba) (UNJC) and Federación Estudiantil Universitario (Federation of Cuban Students) (FEU). Part of the recommendation included the need to assist GNTES with its research relating to, among other things, “attitudes”, “relationships” and “sexuality” (FMC 1987, 108).

The Sixth Recommendation did not mention GNTES, but focused specifically on health and family planning, one section for example, stated that

Recommend to MINSAP that the possibility be considered of increasing specialized consultations in sexual matters for couples, family, and young people. It also recommends that special consultation facilities be established for

adolescents, where they can discuss problems relating to sexuality (FMC 1987, 109).

[Recomendar el MINSAP se analice la posibilidad de incrementar el trabajo de consultas especializadas sobre problemas sexuales a la pareja, a la familia y a los jóvenes, así como la institucionalización de consultas especiales para adolescentes donde pueden abordarse también sus problemas relacionados con la sexualidad (FMC 1987, 109).]

The last recommendation that incorporated a discussion of sexual health was the Seventh Recommendation. The section focused on the means of communication, such as television, radio, and cinema, which contributed to ideological formation. The recommendation suggested that GNTES coordinate with the FMC, MINED, MINSAP, and the UJC to increase the distribution of information regarding risks related to teenage pregnancy, sexually transmitted diseases, and the responsible use of contraception (FMC 1987, 110).

What is clear from the Congress is that the question of sexuality had become gradually more incorporated into social justice issues, as well as issues relating to health and education. Of particular significance too was the increased importance placed on GNTES working with MINSAP; the FMC recommendations emphasized the relationship between them, as the focus on sexual health was increased. Moreover this is suggestive of the overall emphasis on sexual education being aimed principally at improving health rates.

Analysis of the vocabulary employed is instructive. Specifically, the declarations and recommendations of the 4<sup>th</sup> FMC Congress suggested a re-emphasis on the efforts of GNTES. For example, the words or phrasing consistently used in relation to the FMC's ongoing work relating to sexual education and sexual health include "continue",

“fortify”, “increase”, “maintain”, “strengthen” and “sustain” (FMC 1987, 59, 61, 62). This is highly suggestive of the FMC’s increasing integration in the revolutionary processes, as well as its escalating work in the field of sexuality.

In sum, the congresses, and in particular their recommendations and resolutions, were important because they highlighted the ongoing commitment to sexual education and sexual health. While many of the specifics of ProNes have still not been documented, the congresses outline well the work that was being carried out throughout the 1980s. They also indicate the multi-sector approach that was being employed, as it was clear that GNTES was working heavily with MINSAP and MINED. Finally, the congresses were instructive as they illustrate clearly the formal link between sexual education and sexual health, as the respective ministries worked with a similar aim of improving both areas.

#### *Sexual Discourse in Bohemia, 1985-1989*

By the late 1980s, sexual education, sexual health, and the concept of sexuality had become fully incorporated into the public debate. The FMC’s, and later the PCC’s and National Assembly’s emphasis placed on the topics had dramatically increased discussion and work on sexuality as a whole. Indeed it was clear that official recognition of the need for sexual education and sexual health had increased in breadth and importance. An example of this was the dramatic increase (and in some cases introduction) of related discussions in the media, and print in particular.

An analysis of the popular magazine *Bohemia* is instructive, illustrating the increasing coverage of, and interest in, sexuality. For instance, the first *Bohemia* article

focusing on the importance of sexual education was published in an April 1987 edition. Titled “Educación sexual: Tradiciones y costumbres anacrónicas” (*Bohemia* 1987a, 56-57), the article opens with the statement:

Sexual education, understood as the means of education for the new generations in developing relations with their partner, as well as matters dealing with love, marriage and family in conditions of full equality for both men and women, should form part of the comprehensive process of education (*Bohemia* 1987a, 56).

[La educación sexual entendida como la capacitación de las nuevas generaciones para la relación en pareja, el amor, el matrimonio, y la familia, en condiciones de igualdad entre el hombre y la mujer, debe formar parte del proceso integral de educación (*Bohemia* 1987a, 56).]

This article illustrated well, as one of the first in a widely read magazine for both men and women, the need to incorporate the concept of sexuality as an integral aspect of education.

Similarly, the first mention of GNTES in any issue of *Bohemia* was in the June 1987 edition. The article, “Embarazo en la adolescencia: Epidemia de alta frecuencia”, discussed in detail the reasons for increased pregnancy rates in teenagers, and asserted the need for improved sexual health education. It is also suggested that a principal reason for the problem was the increase in the number of women in the workforce, who, as a result of their greater absence from the home, were less able to exert influence over their children. The article concluded by stressing the need for better sexual health education and birth control options (*Bohemia* 1987b, 21-25).

The following edition (in July 1987) published another article, “La televisión y el sexo” (*Bohemia* 1987c, 84). The article was written by Krause (the first time her name appeared in *Bohemia*, where she is described as the *coordinadora* of GNTES), who discussed sexual education as an integral aspect of education as a whole. She explained in

detail the need for sexual health to be taught to adolescents, rather than mystified or ignored.

The incorporation of articles relating to sexual education and sexual health in *Bohemia* is telling of national attitudes at the time. These articles are indicative of the shift in the understanding of sexuality in Cuba. Sexual education and sexual health were clearly no longer aims of the FMC, GNTES, or the government, but the aims of society as a whole, as the ongoing public debate on sexuality.

### **Conclusion**

The aim of this chapter has been to illuminate the evolution of sexual education and sexual health in Cuba from 1959 to 1989, and to provide a more comprehensive understanding of the role of the FMC in the incorporation of sexuality into public debate. The process of this evolution is instructive, and allows us to draw three principal conclusions regarding attitudes towards sexual education in Cuba throughout that period.

Firstly, sexual education became a more comprehensive concept. It does not refer simply to what is imparted in school classrooms, but rather could be understood as a social construct developed by one's engagement with various elements and levels of society. This included formal education, the family, friends, mass media, community, leadership, and literature. Sexual education as a concept developed from a section of a women's magazine in the early 1960s, to become a significant aspect of the government's development strategy.

Secondly, sexual education and sexual health were viewed as interdependent. Sexual education became understood as the vehicle through which sexual health was

achieved throughout one's life. From 1959 to 1989, the two concepts that were previously understood as being unrelated and distinct, become fully interlinked, and instead viewed as mutually dependent. "Sexual education" and "sexual health" become instead "sexual education and sexual health".

A result of this was that sexuality became fully incorporated into public debate. Analysis of sexuality became increasingly present in the media, typically through sexual education efforts, as it was no longer viewed wholly as taboo, but rather as normative, and sex as natural human behaviour. A gradual paradigm shift demystified sexuality, viewing it as important on an individual level as an integral part of personal development, and, by extension, on a national level too.

Finally, the FMC was largely responsible for the introduction and early development of sexual education and sexual health in Cuba. While some others have noted the FMC's work in the area, until now the critical role they had throughout this process has largely been ignored. It was viewed as a contributing factor, rather than a driving force.

As a direct result of the FMC's initiatives, sexual education and healthcare were fully incorporated into the Revolution. The organization was responsible for these changes, as the FMC made sexuality a political, educational, and health issue. Importantly, their early emphasis on sexual education laid the groundwork for future sweeping changes. Probably the most important result of the development of *Mujeres*, and the provision of abortions and contraceptives, was the incorporation of sexuality into the national dialogue. This represented a dramatic shift from the attitudes that previously

existed, and also highlighted the Revolution's capacity for change, and overall emphasis on health and education. From this closer examination, the significance of the FMC's role becomes clear, providing another piece in the puzzle of the island's normalization process of sexual diversity.

By the late 1980s, the importance of sexual education and sexual health in general, and GNTES in particular, was clear. In 1988 the Minister of Health signed a resolution to change the GNTES into CENESEX, and the following year it was officially founded as a MINSAP centre (Castro Espín, 30 January 2013 [Interview]). The importance of this is twofold. First, it shows that the government believed that sexual education was integral to national development, reestablishing GNTES as an official Centre dedicated to sexual education. Second, this is also telling of the importance that sexuality was taking on as a whole—as a respected branch of health and healthcare, illustrating well the importance placed on sexual education as a means of achieving sexual health. This change in 1989 would later prove vital for the evolution of sexual diversity, as CENESEX would receive international acclaim, and fame.

## Chapter 3

### **Combating Discrimination: El Centro Nacional de Educación Sexual (CENESEX), 1990 to 2014**

“In essence, our view is that any kind of prejudice or discrimination is damaging to health”.

-Mariela Castro Espín (cited in Reed 2006).

The 1990s were some of the most economically difficult years for revolutionary Cuba. With the collapse of the Soviet Union and ongoing tensions with the United States, the country faced considerable economic challenges. Yet, while the country was struggling economically and in the process of developing new economic strategies, dramatic social changes began to emerge. One such change was in attitudes towards sexual diversity.

As we have seen, CENESEX was established in 1989 under MINSAP, largely because, while GNTES, led by the FMC, had significantly developed sexual education and sexual health, it was clear that a new organization was required to meet the changing demands of Cuban society. A need for improved sexual education was evident, as elements of the government noted ongoing related problems, including high STIs and abortion rates. Although GNTES had successfully incorporated sexuality into public debate, the new challenges facing Cuba made a more comprehensive sexual education necessary.

In the 1990s, CENESEX began incorporating and producing research focused on sexuality as a whole, including diversity. Its strategy to facilitate changes in attitudes employed both a bottom-up, and elements of a top-down, multidisciplinary approach. The

efforts of the Centre have been met with both criticism and adulation, nationally and internationally. Often the topic of news and media headlines in Cuba, CENESEX has in many ways become the focal point of discussions relating to sexual diversity.

However, until now, this important, and at times controversial, Centre has never been examined in academic fora. It is the purpose of this chapter to examine and analyze the development of CENESEX, from 1990 to 2014, and attempt to determine its significance. Based on archival research and interviews conducted at the Centre, this chapter will focus on the evolution of the Centre, showing how it has contributed to changing attitudes.

## **The Evolution of CENESEX**

### *CENESEX in the 1990s*

Very little is known about CENESEX in the 1990s. Besides the lack of real research, one must also consider the substantial economic pressures on publishing. Thus there is almost no information regarding the Centre during that period to be found in international publications, with the limited publications produced by the Centre being available only in its archives.

In order to understand CENESEX at the time, it is important to remember that until 1989 it had been led solely by the FMC, and in particular by Espín and Álvarez Lajonchere (and to some degree by Krause until 1990). Following its transfer to MINSAP, the FMC and those who had been working for GNTES maintained control over the Centre and its projects. Álvarez Lajonchere worked as the primary director, with

others taking over when he was engaged in projects elsewhere. In the 1990s, the Centre consolidated its aims and education strategies, rooted in the health and well-being of the island.

In some ways the 1990s (known as the Special Period) worked to the benefit of the Centre, largely allowing it to develop without considerable influence from MINSAP, other ministries, or the National Assembly. During this economically devastating period, the government continued to invest heavily in healthcare and education [to be discussed further in a later chapter]. Moreover, as a result of the pressures, the extensive economic crisis allowed (and in some cases encouraged) centres and ministries to work with greater autonomy. For CENESEX, this meant that, as a part of MINSAP and with a focus on education, it continued to be a priority, and was able to develop with considerable independence. This autonomy was in some ways furthered by the Centre working with international bodies such as the UN and some NGOs, from which it received financial support for publications and family-planning programmes.

Throughout the 1990s, the Centre diversified its interests and aims. While GNTES primarily focused on research and developing ProNes, CENESEX expanded its initiatives and goals to include an increased emphasis on research into the concepts of gender and sexuality, as well as a number of audiovisual media initiatives, postgraduate courses, and awareness-building directed at the general population as well as specific groups. In 1994, for example, following what the director referred to as an “experience” in Pilon, Granma province, the Centre incorporated community development programmes into its objectives (Castro Espín, 30 January 2013 [Interview]).

As a result of strained resources, CENESEX sought and received funding from international bodies, with the most significant contributions coming from the UN, for projects relating to sexual education and family-planning. As a result of the UN funding, the Centre was able to dramatically increase the breadth of its work. For example, in 1993 it was able to establish the Cátedras de Sexología y Educación and the Cátedras para la Educación Sexual in various medical institutes, as well as the National School of Public Health (Escuela Nacional de Salud Pública) (Castro Espín, 30 January 2013 [Interview]; CENESEX 2012a). It is unclear what the principal aim of these Cátedras was, but it seems that they existed as another means of creating a space for the distribution of information, and a channel through which research could be carried out. They are still in operation, and are considered to be an effective means of continuing to facilitate change through education. It is telling that they work within the healthcare field, and especially the area of health training. Clearly, from the early 1990s, CENESEX viewed medical training, and the practice of medicine as a whole, as an area in which the importance of sexuality and sexual education needed to be emphasized.

In the early 1990s, CENESEX also created a new newspaper column (focused on sexuality) in the newspaper geared towards young people, *Juventud Rebelde*. Titled *Sexo Sentido*, it provided an open area for public debate, questions, advice, and the dissemination of information. The column was written by experts specializing in different elements of sexuality, gender studies and health, and continued to increase the number of articles on sexual diversity, particularly from 2008.

As a result of external funding, in 1994 the Centre began producing its research journal, *Sexología y Sociedad* [to be discussed in greater detail later in the chapter]. The

journal was particularly important as a means of distributing information, as it discussed research conducted both in Cuba and abroad, incorporating the works of other international studies and specialists. Moreover, a letter from the editor that was a feature of the journal functioned as an editorial on contemporary issues relating to sexuality in Cuba. While, in 1994, there was only one edition of the journal published, by the end of the 1990s it was published quarterly, and gradually increased in distribution and importance.

The significance of the continued publication of both *Sexo Sentido* and *Sexología y Sociedad* is considerable. It is important to remember that, during this extremely difficult time, it was uncommon to have work published and widely distributed (the publication of books was severely reduced, and the daily newspaper *Granma* was reduced in size by 60%). Thus, while it is unclear how many editions were published, and how widely read the work was, the fact that the journal was published is illustrative of the importance placed upon the work of CENESEX, as it was considered valuable enough by the Centre and government to use the country's scarce resources to publish this material.

By the mid-1990s, CENESEX had established itself as a significant element within MINSAP. The Centre was collaborating with several ministries and organizations on various projects relating to sexuality, and continued to increase its role in Cuba and internationally. In 1997, for example, Cuba hosted the Latin American Congress of Sexual Education, which later became the Latin American Congress of Sexology and Sexual Education (Congreso Latinoamericano de Sexología y Educación Sexual) (CLASES). The Centre continued to participate in and host international meetings and conferences in the area. It developed its own identity, with a considerable emphasis on

research and various national programmes that sought to increase the country's understanding of sexuality.

In the early 1990s, Castro Espín was appointed to the Centre. A self-described socialist, she graduated from the University of Havana with a degree in Child Psychology. She originally wanted to work as a presenter on a children's educational TV show, and it was largely at the urging of Álvarez Lajonchere that she began working for CENESEX (Castro Espín, 30 January 2013 [Interview]). While neither she nor her familial ties to the government were discussed in the national or international media at the time, she would later become a significant international figure.

Throughout the 1990s, the Centre maintained a broad focus on sexuality, providing basic information on human sexuality. This was done because of a common lack of understanding of sexuality throughout society, in particular among the more at-risk groups such as men who have sex with men, and sexually active teenage females. In many cases, this lack of education caused people to refrain from seeking necessary medical care, or learning more about how to engage in sex safely and responsibly. The Centre viewed this as detrimental to the country's health rates and overall well-being. This early emphasis on combating discrimination towards sexuality was critical, as it laid the groundwork for the incorporation of the normalization of sexual diversity, as a basic concept, into the Centre's main aims some years later.

*CENESEX, 2000-2014*

Between 2003 and 2004, the focus of CENESEX shifted to emphasize respect for sexual diversity, and the Centre increased its work significantly in the area. Its website started publishing more data on sexual diversity, while at the same time more related research was being undertaken, campaigns were being developed, and events were increasingly held. Similarly, specific workshops, panels, and courses on the theme of sexual diversity were established. Rather than maintaining the previous focus on the issue of men who have sex with men, the Centre increased its interests to incorporate various elements and needs regarding sexual diversity.

One might argue that this dramatic shift was the result of the appointment to the Centre's staff of two activists, a physician and a specialist in public relations, who suggested focusing more specifically on sexual diversity and related rights. Similarly, it could be argued that it was a personal choice of the director, who has noted in various articles and interviews that in 2004 the Centre had received requests regarding care for transgender persons, an area that led to a greater focus on sexual diversity as a whole. Instead, analysis of the evolution of the Centre's earlier work suggests that the shift was the result of various corresponding factors, and was a response to a national need for increased attention to sexual diversity.

CENESEX began developing its programmes regarding sexual diversity in the late 1980s and early 1990s, following the emergence of HIV/AIDS and the subsequent increase in infection rates. The Cuban government had an aggressive prevention and treatment programme, but in 2000 CENESEX began working on MINSAP's preventive

project titled Men who Have Sex with Men, [Hombres que tienen sexo con hombres] focused primarily on bisexual and homosexual men, the groups statistically most affected by HIV/AIDS.

Meanwhile, the topic of sexuality and the field of sexology were increasingly focused on within the Centre, and representatives attended the 2003 World Congress on Sexology. Sexuality was being developed as a legitimate area of academic study, as well as a health indicator (CENESEX 2005, 27-31). By 2004, the social need to develop work on sexual diversity became apparent, as the topic was increasingly broached in public debate and academic fora. As Marta María Ramírez (4 February 2013 [Interview]), CENESEX Social Communication Representative, explained “It was established to fill the demand and need of the people”.

In 2007, CENESEX participated for the first time in celebrations of the International Day Against Homophobia, (in Cuba the *Jornada contra la homofobia* [to be discussed later in the chapter]). Since 2008, the Centre has continued to increase its emphasis on sexual diversity, and particularly the incorporation of this issue into ProNes and its curricula. Through workshops, courses, parties, book fairs, art shows, and literature, the Centre has continued to fully incorporate sexual diversity into its work and central aims, and, along with education, (beginning in 2004 and emphasized since 2008), respect for sexual diversity has been its main aim.

The initial steps that it undertook to promote sexual health, and later respect for sexual diversity, were seen clearly in a series of campaigns. Since 2004, it has established and developed various campaigns on sexual health as a whole, with an emphasis on

condom use, and particularly HIV/AIDS prevention. They are promoted in diverse formats, including posters, pamphlets, advertisements in the Centre's published work, and also discussed at various CENESEX events. For example one campaign, established in 2006, titled *¿Cómo demuestro que te amo?*, with the tagline of "Disfruta la vida, evita el SIDA", focuses on HIV/AIDS prevention through the use of condoms, and engaging in safe sex only (Reed 2006; *¿Cómo demuestro que te amo?* 2006). Significantly, the posters promoting the campaign are made with both male and female figures, suggesting the shared responsibility for condom use, rather than the sole responsibility of males.

Since 2008, the aim of the campaigns has shifted to also promote respect for sexual diversity. Among the most significant campaigns is *La diversidad es natural*, established in 2009. It seeks to promote social and judicial sexual diversity rights, as well as a general respect for diverse sexual orientations (Grogg 2009). Its presence is mainly visible throughout CENESEX events and publications, as well as the Centre itself, as large posters are mounted in the central courtyard. There are four posters promoting the campaign, including one showing two women's panties hanging on a line to dry, as well as another with two men's boxer shorts and a similar theme expressed by having a poster with two men's shaving brushes, and two tea cups marked with lipstick, each with the slogan "Dos iguales también hacen pareja" (*La diversidad es natural*, 2009). This campaign is aimed largely at adolescents; as Castro Espín notes, "it is from here that the future professionals and directors of Cuban society will emerge" ["aquí saldrán los futuros profesionales y dirigentes de la sociedad cubana"] (Grogg 2009).

Another significant campaign, and a joint effort between CENESEX and the Cuban Institute of Cinematographic Arts and Industry (Instituto Cubano del Arte e

Industria Cinematográficos) (ICAIC), is *Cine Club Diferente*. It was established in 2008, during the *Jornada Contra la Homofobia*, and convenes every third Thursday of the month at the cinema on the corner of 23 and 12, in Vedado, Havana (Jorge 2009; Puentes 2012). It can best be understood as a monthly event, rather than a campaign, as each session consists of watching a film that focuses on themes of sexuality or sexual diversity, followed by a debate where specialists from the Centre, as well as those from other institutions, and the general populace participate. Afterwards, questions regarding sexual diversity rights are raised and discussed from different points of view and experiences. Although some Cuban films have been featured (such as *Verde Verde*), the films presented are usually international (including from, among others, Great Britain, United States, Japan, Argentina and Korea), such as *Maurice*, *Habitación en Roma*, *XXY*, *Boys don't Cry*, *The Bubble*, *Trembling before G-d*, *What Makes a Family*, and *Bent* (López-Trigo 2012b; Pineda Barnet 2012; WebCENESEX 2012a; WebCENESEX 2012b; Puentes 2012).

Other CENESEX campaigns include *Todo el mundo cuenta*, *Es tu mundo*, and *Comunicacional y Educativa*, and focus primarily on young people (Labacena Romero and Felipe González 2011). *Comunicacional y Educativa*, for example, was established in 2011, and focuses on the development of institutional programmes relating to sexual diversity and gender by young sexual health promoters. Through this campaign, university students in areas such as the Medical Sciences, Pedagogy, Cultural Studies, and Sport Sciences have received sensitivity and sexual health training from their peers (Labacena Romero and Felipe González 2011). The central theme of these campaigns is the concept of young people training other young people; the idea is that participants will

be more receptive if the information is coming from their peers, and that they will largely work through the Centre's Youth Network. The campaigns have been effective in raising awareness of issues relating to sexual diversity and sexual health, and have continued to increase in breadth and numbers of participants.

CENESEX itself functions as a multifaceted and multidisciplinary centre, with various aims and services regarding sexuality. In addition to its academic, activist, and research initiatives, the Centre houses several medical professionals such as doctors and nurses, psychologists, psychiatrists, and therapists who regularly see patients for sexuality-related issues. The medical care given is largely primary care, with more advanced care offered elsewhere. Although CENESEX is rarely, if ever, discussed in the international fora as a medical facility, it is important to remember that, despite being formally an educational institution, it is a MINSAP centre, and its staff includes medical professionals.

The CENESEX building and the numbers of specialists have also increased dramatically. In the early 2000s, when Castro Espín became director, the Centre was moved to a new and larger location in Vedado, Havana. While GNTES was made up of only a few specialists, by 2013 there were over sixty staff members at CENESEX, including public relations specialists, journalists, sexologists, psychologists, nurses, doctors, researchers and academics, as well as a lawyer and a librarian. The work of the Centre also increased to incorporate diverse areas of sexual health, such as domestic violence. Moreover, various Masters and Diploma courses have been offered since the early 2000s, as the Centre promotes and assists in academic studies on themes relating to gender and sexuality.

The new facility has an open central courtyard with chairs and a fountain, surrounded by posters and art on themes of sexuality, and particularly sexual diversity. The building houses several classrooms, conference rooms, offices, doctors' and nurses' examination areas and an archive. The front of the building also houses manicured gardens, and a large patio, which functions as a waiting room for patients, or those waiting to see other specialists. Those employed at the Centre endeavour to create an accepting environment, as they are extremely diverse—from specialties, genders, sexual orientations, ages, and responsibilities. As a clear indication of the Centre's commitment to respect for diversity, the bathrooms are unmarked, with no sign of the female and male caricatures, leaving the occupant a choice of two equal toilets.

The Centre has been receiving considerable international attention for its efforts, as members of various governments' ministries of education and health, as well as individual specialists, have visited the Centre to examine its particular form of sexual education, and specifically the ways in which it has incorporated sexual diversity into ProNes.

### **The Structure of CENESEX and ProNes Curricula, 1990-2014**

By the mid-1990s, CENESEX had fully developed its identity as an influential national centre. Like its predecessor GNTES, it was still responsible for instituting the National Assembly's Comisión Permanente sobre la Atención a la Infancia, la Juventud y la Igualdad de Derechos de la Mujer, and continued to do so through education, emphasizing sexual health through a multisectoral and multidisciplinary approach.

The organizational structure through which the Centre implemented its sexual education programme was complex. Known as the *línea de trabajo*, the structure consisted of several levels, each with specific responsibilities, from the National Assembly down to the level of local leaders and individuals who the Centre believed had a significant capacity to carry out its work. To explain, the Centre, working below the National Assembly and officially as an element of MINSAP, maintained a Consejo de Representantes, made up of representatives from MINED, MINSAP, FMC, and other political and student organizations (Flórez Madan 1994, 24). The Consejo de Representantes had a mutual relationship, as CENESEX would distribute advice, while also receiving suggestions for the efficacy of its programmes.

CENESEX and the members of the Consejo would then implement decisions or programmes (particularly relating to training in areas regarding education and health) through the Provincial Commissions on Sexual Education, which would in turn continue to implement them in the Municipal Commissions on Sexual Education. In total, by 1994 there were 169 Municipal Commissions (one in each municipality), which would then introduce the necessary instructions or information at the community level. Responsibility for the information would pass to what were referred to as the grassroots agents for change (Flórez Madan 1994, 24). These grassroots agents could be local FMC leaders, leaders of youth groups, or anyone with a significant role within the community. The process sought to encourage change on an individual level. In particular, the changes and information were directed towards individuals who would have significant impact on others, such as teachers, psychologists, doctors, medical school instructors, social workers, *Brigadistas sanitarias*, as well as members of the FMC and youth groups.

Each Provincial and Municipal Commission of Sexual Education maintained a multidisciplinary approach, although each focused specifically on the needs of a given area. This could include the question of abortion or STI rates that were higher than the national average, or greater rates of teenage pregnancy. If a particular need was noted, each Commission would seek to adjust its own programme in order to meet it. Moreover, the Commissions functioned as the local representation of CENESEX, maintaining the latter's presence and influence across the country (Flórez Madan 1994, 24).

The Centre sought to implement and develop its responsibilities under the *línea de trabajo* through four main avenues including training, research, increased media and audiovisual presence, and sexual therapy. In terms of training, the Centre advised on what to include in the curricula at the university level in the fields of education and health, as well as those in schools and day-care centres. Workshops, seminars, courses on sexual education and efforts to work out the best means to implement these goals were also developed for professionals, such as doctors, physiologists, professors, teachers, as well as social and community development workers. The Provincial Commissions and Municipal Commissions would facilitate these courses as well, based on the specific needs of a given area (Flórez Madan 1994, 24). The training stressed the importance of participation and community development, suggesting that one was more likely to learn, as well as pass on the information, if one felt involved in the process (Flórez Madan 1994, 24-26). The idea was that change and improvements are optimized in negotiative processes, rather than a strictly maintained top-down approach.

The Training Programme was comprehensive, with specific programmes or areas of focus for each ministry involved (including MINED, MINSAP and MINCULT, along

with the FMC, youth organizations, and the Cuban Institute for Radio and TV). The Programme focused on specific elements of each ministry or organization, engaging with the areas, levels, or individuals that were felt to have significant roles in community development.

The only published data found on this complex structure is in an article written by Lourdes Flórez Madan, published in the only edition of *Sexología y Sociedad* that appeared in 1994, titled “La educación sexual en Cuba: Programa nacional”. Although the article did not go into detail on what exactly the training entailed, the author did list the areas on which it focused for each relevant ministry and organization.

Under MINED, the Training Programme focused on Higher Institutes of Pedagogy; MINED Officers; National, Provincial, and Municipal Development Specialists; and Teachers. In terms of MINSAP, training initiatives focused on Medical Science faculties; Professors Specializing in Comprehensive General Medicine; Family Doctors; Primary Health Professionals; and Sexual Orientation and Therapy Teams. For MINCULT, the Training Programme centred its efforts on the Community Outreach Cultural Programme; Art Instructors; and Casas de Cultura (local cultural centres). For the FMC, the focus was placed on leaders at the national, provincial and municipal levels; Casas de Orientación a la Mujer y la Familia (centres for education and guidance aimed at modifying stereotyped views of the role of men, women and families); and *Brigadistas sanitarias*. The Youth Organization section focused on national youth leaders at the provincial and municipal levels; Recreation Areas for Young People; Training Centres for Young People; and Student Centres. Under the Cuban Institute of Radio and TV,

efforts were aimed at Writers and Directors of Radio and TV Programmes; Journalists; and Consultants (Flórez Madan 1994, 26-27).

The Centre also had specific focuses and aims for the other elements of the *línea de trabajo*. The research element, for example, can be understood as a way of compiling data through various formal and informal means, rather than strictly research projects. The aim was to engage with the population at various levels and areas of society, in order to collect as much information as possible to determine successes and areas of improvement. The Centre sought to outline the reality of sexual education in Cuba at the time, developing a comprehensive socio-demographic understanding. This included compiling data on factors such as rates of births, divorces, marriages, teenage pregnancies, abortions and single mothers; national health coverage and health indicators; education, and culture. From the data, the Centre would determine how best to fulfill the needs of a given region (Flórez Madan 1994, 25-26; Flórez Madan et al. 1994, 32-33; Flórez Madan 1995, 25-27).

Another area of the *línea de trabajo* was that of Audiovisual Media. CENESEX, working with the Institute of Radio and TV, sought to increase the country's output of sexual education-related material on video. The videos were used in workshops, courses, and classes across ProNes, as well as featured on national TV. The Centre's view was that presenting the information in an audiovisual format would help encourage public debates and improve sexual education, and thus the understanding of sexuality as a whole (Flórez Madan 1994, 26).

This form of disseminating sexual education had similar effects to the GNTES's publishing of popular-science books on sexual education and sexuality. Since much of the Centre's work in the audiovisual media was broadcast as part of the state-run national programming, it was viewed by large numbers of the general population. While it is unclear what the exact numbers were, or how often related programmes were aired, what has become clear are the results. Sexuality became more fully incorporated into the national debate, as it and sexual education continued to be normalized throughout the island, and dealt with in a more inclusive and transparent manner.

Finally, the last element of the *línea de trabajo* was Sexual Therapy. The Centre trained multidisciplinary teams which sought to implement and improve sexual therapy across the island. They worked within the medical field at various locations, from the primary care level (such as polyclinics), to specialized hospitals and research facilities. Individuals in the medical profession were also trained, from psychologists, pediatricians, and gynecologists, to urologists and endocrinologists. The aim was to promote sexual therapy within the field of medicine, as a valid and important element of healthcare (Flórez Madan 1994, 26).

The sexual education programme, ProNes, which CENESEX built from GNTES' earlier version of the Programme, was comprehensive and extensive. Through the *línea de trabajo*, ProNes can be understood as having been implemented through two spheres: the formal and informal. Both spheres covered significant levels and numbers of the population, and were (and still are) indicative of CENESEX's comprehensive model of sexual education. The Centre and its programme took a multisectoral and multifaceted

approach, as it sought to include as much of the populace as possible, and through as many means as possible.

The formal sphere of this programme focused on educational institutions, including higher-education levels, such as medical faculties, and educational institutions (including teaching institutions). In addition, the formal sphere included the implementation of the ProNes curricula in daycares, preschools, primary, secondary and high school levels, and polytechnic institutions. While the ProNes curricula were not standardized across each level, they were similar and based on the needs of a specific region.

The informal sphere through which ProNes was implemented was extensive and included the various levels and areas in which sexual education was taught by representatives outside of the formal education system. Information (including courses, workshops, debates, literature, etc.) was provided by the *agentes de cambio*, who worked through the Provincial and Municipal Sexual Education Commissions to distribute the information widely. In particular, CENESEX listed various significant areas of ProNes' informal sphere, including Youth Centres; Casas de Cultura, cultural community programmes, and sexual education school groups (Flórez Madan 1994, 27). One of the means through which the Centre provided informal sexual education was through their efforts to develop sexual health promoters or sexual health groups among young people, including high school, university and in some cases postgraduate students. Beginning in the early 1990s, participating young people were trained in themes of sexuality and sexual health, with the aim of sharing and promoting the information among their peers. This was a fairly comprehensive programme, which targeted young people with

leadership qualities and a desire to participate in community development (McPherson Sayú 1995, 7-9; Rodríguez Lauzurique 1994, 30-31). This strategy of incorporating young people and adolescents into ProNes has continued to be a vital element of the Centre's evolving sexual education strategy.

By 1994, therefore, CENESEX's mission had evolved from providing basic information regarding sexual education, to developing a sweeping and comprehensive version of ProNes. Through the various means of the formal and informal sectors, the Centre developed a more comprehensive programme, with the aim of decreasing sexual discrimination through education, in order to improve health and well-being. As Flórez Madan (1994, 27) explained, "We professionals of CENESEX have the duty to remain up to date with our education and approach, and especially to channel the science of sexology to support the true potential and capacity of human beings and ensuring that there is no sexual discrimination". ["Los profesionales del CENESEX tenemos el deber de mantenernos actualizados y sobre todo, acercar la ciencia sexológica a las verdaderas potencialidades y capacidades del ser humano sin discriminación sexual"]. By 1996, a standardized sexual education programme was implemented in the national school system, in which children would continue to learn about sexuality, and professionals would continue to learn how to teach it (*IPS* 2012a; Castro Espín, 30 January 2013 [Interview]; Vásquez Seijido, 13 February 2013 [Interview]). There is little data on the specifics of the programme, but it included annual comprehensive courses, on which the students were tested, and presentations by specialists.

Studies indicated that Cuban children and young people believe that they have a good sexual education programme. One study found that 81.6% of junior high school

students and 83.3% of high school students felt that they were receiving a good sexual education. The same study also suggested that 73.5% of junior high school students and 77.7% of high school students talked to their parents about sex and related issues (Revalo 2005, 175-176). Yet specialists believed that the sexual education programme in schools, as well as in general, must continue to improve, as there were ongoing problems, especially high rates of STIs, teenage pregnancies and abortion (Pantaleón 2009; Más 2010; *Radio Netherlands* 2011; López Nodarse 1994, 32-33).

Overall, ProNes can be understood as an evolving structure, working to improve sexual education. Its curricula have continued to evolve, as the respective needs of the educational programme have developed. In 2012 CENESEX, along with various ministries, began developing the next stage in the sexual education programme, the National Programme of Sexual Education and Sexual Health (Programa de Educación y Salud Sexual)—or ProNess. It was believed that, due to changes in the Centre's emphasis on sexual diversity, changes throughout the entire curricula were also needed (Vásquez Seijido, 13 February 2013 [Interview]). The new ProNess, implemented between 2013 and 2014, incorporates sexual diversity into the education and health curricula, and aims to continue to promote comprehensive sexual education and sexual healthcare services. The curricula in schools, for example, are being re-written to teach about sexual diversity, and in particular to teach children and young people about the sexual health needs of sexually diverse groups. The idea was that, since Cuba's sexually diverse population represents a significant amount of the country's population as a whole, it is the responsibility of the government, and in particular MINSAP and MINED via CENESEX, to address their specific sexual education and sexual health needs.

There are other contemporary issues that some believe should be incorporated into ProNess, including domestic violence, sexual abuse, and discrimination on the basis of religion or race, among others, as one's health and well-being (sexual and otherwise) are dependent on these and other elements (Martín González 2009; Más 2010; *Radio Netherlands* 2011; Acosta 2011c; *IPS* 2012a). This supports CENESEX's contention that sexual education should be comprehensive, and learned in schools and in life. For this reason, ProNess is continually seeking to expand its curriculum to incorporate new and relevant issues.

### **Networks**

An important method used by CENESEX to distribute information, increase public debate on sexuality and sexual diversity, as well as conduct research, are networks, known as *Redes Sociales Comunitarias*. There are five networks, each focusing on a different group: Women, Men, Youth, Transgender and Jurist. Members of the different groups participate within the other networks, although each maintains its unique specific focus. They are community-based social networks, based on specific groups, through which the Centre engages with the general population. While called networks by the Centre, they can be best understood as a system of channels through which members can engage with the population of a given community in order to promote understanding and respect for sexual diversity. Employing a participatory framework as a means of distributing information, training, awareness-building, and conducting research, as well

as assisting the Centre with various events, they have continued to be an important component of CENESEX and its aims.

The concept of the networks developed from 2003, although they were not cemented as CENESEX networks until 2011. While some were established organically outside the Centre, and later became more integrated into CENESEX, others were the result of the Centre's specific initiatives. Nonetheless, they served to fill a growing need for information regarding sexual diversity, and function as a considerable means of engaging the population in the public debate over sexual diversity by increasing awareness. As Roque Guerra (2013b) explains, "The establishment of social networks consists of activists for sexual rights as outlined by CENESEX. Their focus, which is on human rights, based upon principles of equality, a rejection of discrimination, and upon human dignity and solidarity, contributed to promote the inherent right to sexual identity from an institutional framework". An analysis of these networks is important in order to understand the extent of their work.

*Men's Network: Red Humanidad por la Diversidad (HxD)*

"We must carry on"

-Dr. Pedro Pablo Valle Artiz, Men's Network Coordinator, 29 January 2013 [Interview]

The Men's Network, created in November 2011, has evolved from a small CENESEX group to become an important element of the Centre's efforts to normalize sexual diversity. It originated from a group of CENESEX collaborators who looked at themes regarding human rights and sexual rights. Later, based on this experience, the group decided to establish *Hombres por la Diversidad*, which recently changed its name

to *Humanidad por la Diversidad* to be more inclusive (Vázquez Seijido 2014). While it was originally meant specifically for men (homosexual, bisexual or heterosexual), the group gradually found that others wanted to join, often the mothers or friends of a member in order to show support and learn about sexual diversity. By 2013, there were several women (including lesbians) and one transgender person involved, as the diversity of the network's participants continued to increase (Valle Artiz, 29 January 2013 [Interview]).

The Men's Network meets at the Centre twice a month, on the evening of every second and fourth Friday. The first meeting largely focuses on a theme on which the group will work. This could include, for example, inviting a professional from outside the Centre to discuss a theme regarding sexual health, or sexual diversity, or the struggle against violence. By contrast, the second meeting could focus on anything deemed important, such as one of the Centre's campaigns, holding a discussion, or talking about individual experiences (Valle Artiz, 29 January 2013 [Interview]). As is the case with the Centre's aims, the Network works on consciousness-raising and training in an effort to normalize sexual diversity (CENESEX 2014e).

In terms of training and consciousness-raising, the primary methods employed are *cara a cara*, or face-to-face training, whereby members talk about their experiences related to sexual diversity. This could be done at the Centre, or in the community, for example, through talking to co-workers. The aim of this method is to personalize the effects of homophobia and discrimination against sexual diversity. This is carried out in small groups or pairs, in order to create a more equitable relationship between the participants in order to promote discussion. Significantly, the Men's Network is the only

semi-open one, accepting members who did not necessarily choose to be there. At times, people are recommended to attend meetings by a member of the health service, and often by one of the Centre's specialists. For example, this could include a family member of a person who has just identified himself as homosexual, and could potentially benefit from some awareness-building training (Valle Artiz, 29 January 2013 [Interview]).

In addition to training, the Network works extensively with and within CENESEX, providing assistance as well as participating in the Centre's activities and campaigns. These include the *Jornada Contra la Homofobia*, movie clubs, activities related to ending violence against women, and the Centre's extensive work regarding HIV/AIDS prevention. Moreover, the Men's Network participates in the training of health promoters, works on sexual health galas, works with other Networks, and its members are often representatives on panels at various events promoting sexual health. In other words, it can be understood as working, in one way or another, on several levels of CENESEX's sexual diversity and sexual health-related efforts (Valle Artiz, 29 January 2013 [Interview]).

The network is based in Havana, but works with and advises other groups across the country, and has gradually been increasing its national influence. For example, the Men's Network has worked with a group in Cienfuegos on awareness-building training, as well as working with a group in Santiago de Cuba, *Hombres Contra la Homofobia*. Despite not being specifically Men's Network initiatives, these, and similar efforts, work via CENESEX and the Network, and are increasing in size and regularity across the island (Valle Artiz, 29 January [Interview]).

The Men's Network has been effective in its aims, and in particular has done considerable work in consciousness-raising. Yet considerable challenges remain, as it seeks to increase the breadth of its work and numbers of participants. An ongoing issue, for example, is the stigmatization of members, who are at times discriminated against for attending the meetings, and as a result maintaining or increasing numbers of participants can be difficult. Additionally, as its work is based in Havana, it continues to seek a presence in a greater number of provinces, and with larger numbers of members and participants.

*Youth Network: Red de jóvenes por la salud y los derechos sexuales*

“Who are you to tolerate me? Who are you to accept me? *Respect me*”.

-Yasmany Díaz Figueroa, Youth Network Coordinator, 28 January 2013 [Interview]

The Youth Network was established in February 2012, with the aim of promoting sexual health and respect for sexual diversity. It was originally established by the Federation of University Students (Federación Estudiantil Universitaria) (FEU), with members from a range of university courses, but, following increased interest, expanded to become an inclusive youth group, with members from various backgrounds, socioeconomic status, sexual orientation, religion, and educational levels (Díaz Figueroa, 28 January 2013 [Interview]).

Its principal aim is to promote sexual health and improve sexual diversity rights among young people. In particular it focuses on three elements: the promotion of sexual health, education, and social rights. The fundamental idea of the Network is that young people have the capacity to create significant change, as they will eventually be taking

over leadership roles, in both professional and community capacities, and will continue to influence the following generations. Moreover, it is believed that, as a significant percentage of the population, they can continue to encourage macro and micro change within society, ultimately (albeit gradually) increasing respect for sexual diversity (Díaz Figueroa, 28 January 2013 [Interview]; Díaz Figueroa 2013; CENESEX 2014a).

Its central approach is the establishment and development of dialogue. Communication, it believes, is a key element in the normalization of sexual diversity, promotion of rights, and attention to sexual health. Specifically, the Network works on training and consciousness-raising (such as training members how to effectively discuss prejudice and discrimination), as well as providing research on various CENESEX campaigns to analyze their efficacy, and seek improvements. Much of this is accomplished through, among other means, ongoing workshops, public debates, seminars, and meetings with the Centre's specialists. It is also deeply involved with various organizations, as well as CENESEX programmes and campaigns (Puentes Valladares 2013; Díaz Figueroa, 28 January 2013 [Interview]). For example, one of its primary campaigns is titled *Es tu mundo*, where the tagline is “Sólo tú puedes protegerlo”. It focuses on the prevention of STIs, and HIV/AIDS in particular, with the central theme being personal responsibility. The belief is that, while the world is big and there are many factors that cannot be controlled, by contrast an individual's world—or life—is their own, and they are in control of it. They promote the need for condom use and personal responsibility regarding sexual health (Díaz Figueroa, 28 January 2013 [Interview]).

In addition, the Youth Network works with CENESEX specialists to produce and distribute literature, in particular educational material, for various programmes, campaigns, and coordinated efforts. They have participated, for example, in the production of material on sexual orientation, sexual diversity rights, sexual health, and HIV/AIDS prevention. The literature is written and produced to be accessible, as the material is often read by people of different ages and educational backgrounds. They are produced with drawings, cartoons, and colours, to look more approachable to potential readers. The work is also very inclusive in terms of sexual orientation, with cartoons of different kinds of couples often featured on the covers or content of the work. Additionally, there is invariably a section on sexual diversity, focusing on the importance of respect.

As the internet is not readily accessible in Cuba, the Youth Network uses Cuba's particular social communication channels to distribute literature and gain membership. Literature is spread by individuals (either professionals working for the Centre, members of the Network, or those attending conferences and meetings across the country) who pass along the material. Young people read the material and continue to distribute it to friends across the country, often so they can debate the work with others. This method is not unlike that used to distribute the information in the popular-science books of the late 1970s and early 1980s. It is not a new system of disseminating information, but has been very effective. A similar method is used to communicate events or meetings. When an event or meeting is scheduled, various methods and channels are employed to communicate the details, using what Yasmany Díaz (28 January 2013 [Interview]) called

“Cuba’s built-in communication network”. In this respect, the lack of internet has not proven to be wholly detrimental to the work of the Network.

As of January 2013, there were some 300 members across Havana, Cienfuegos, Santiago and Sancti Spiritus, and it is being expanded to Villa Clara. As Yasmany Díaz (28 January 2013 [Interview]), noted, “300 participants means 300 families, 300 neighbourhoods, all working to change culture and prejudice”. Although the newest of the Networks, it has a significant number of participants, and is continually growing in influence and thus in its capacity to change attitudes towards sexual diversity (Díaz Figueroa, 28 January 2013 [Interview]).

*Women’s Network: Red de mujeres lesbianas y bisexuales*

“The work of the women who gather together in Oremi, Fénix and Las Isabelas is aimed at achieving respect for lesbians, not only in the health system but in society as a whole”.

-Acosta 2010b

The Women’s Network was founded and developed with the principal aims of incorporating women, particularly of diverse sexual orientations, more fully into the healthcare system, as well as contributing to the normalization of sexual diversity across the island. The Network developed outside the Centre in Santiago de Cuba in the early 2000s and has since increased its work across the island. Now located in CENESEX, the Network continues to evolve, working for the needs of women, with an emphasis on health, well-being and social rights (Alfonso Rodríguez, 29 January 2013 [Interview]).

Its history is complex, with various stages in its development before it was eventually established to consolidate three separate women's groups across the island that were focusing on health and sexual diversity—Las Isabelas, Oremita, and Fénix. According to journalist Dalia Acosta, the first group, Las Isabelas, was originally established in the early 1990s in Santiago de Cuba, although CENESEX would not become involved until the early 2000s (Acosta 2010b). Ada Caridad Alfonso Rodríguez, Coordinator of the Women's Network, and former interim director of CENESEX, explained, however, that the origins and development of the network were more complicated.

In 2003, a group of women from Santiago de Cuba who had been struggling for some time with problems regarding sexual diversity, wrote to CENESEX inquiring about issues related specifically to the health and wellbeing of lesbian and bisexual women, as well as general problems regarding communication. Some women were having difficulties with their families and friends, unsure of how to inform them that they were homosexual. Others were uncomfortable with having sexual feelings for other women, or did not know how to have sexual intercourse with a member of the same sex. As a result, CENESEX sent two specialists (with experience in areas of gender and women's health) to Santiago to speak with the women and research their specific needs and issues. They also brought with them a considerable amount of CENESEX's published educational material, such as copies of *Sexología y Sociedad*, to contribute to the group's education (Alfonso Rodríguez, 29 January 2013 [Interview]).

As a result of efforts made by the Provincial and Municipal Sexual Education Commissions, local efforts to increase education for women on sexuality were already being carried out. For example, courses in a municipality of the city, focusing on

women's sexual health, had been going on for some time. Yet in terms of the specific needs of lesbian and bisexual women, as well as the availability of information for those providing their medical care, some problems remained. The CENESEX specialists began identifying the specific needs and concerns of the area's sexually diverse female population, including improved education and medical care (Alfonso Rodríguez, 29 January 2013 [Interview]).

The main issues faced by the women, apart from prejudice, were health-related—physical and psychological. They found that this was largely due to the medical system being unprepared to deal with sexual diversity; some women were uncomfortable with medical professionals using invasive equipment, as they had never had heterosexual sex and it was painful or uncomfortable. Moreover, due to fear of prejudice and misunderstanding, many women did not want to tell their doctors of their sexual orientation or sexual activity, leaving a major aspect of their health ignored. For example, a common health and mental health issue included drug and alcohol addiction, as a result of depression, or as a means of overcoming anxiety to feel more confident and less inhibited when seeking sexual partners. Indeed, it was uncommon for medical professionals at the time to inquire about sex lives or the sexual orientation of patients as a diagnostic tool, leaving many women untreated (Alfonso Rodríguez, 29 January 2013 [Interview]).

Following research and analysis conducted by the CENESEX specialists, they began workshops dealing with these topics to support the healthy development of the members' self-esteem, and promote more positive ways of discussing their sexuality and related problems with others, such as family and friends. In addition, the improvement

and development of self-esteem was considered particularly important due to women's often subordinate role in society. Over time, the breadth of the topics discussed and promoted increased, as well as membership. The group developed from a small number of women who were apprehensive about meeting in public, due to the prejudice they might face, to working with women across the region, ultimately becoming known as Las Isabelas (Alfonso Rodríguez, 29 January 2013 [Interview]).

Following the work in Santiago with Las Isabelas, a second women's group was founded in 2004 in Havana, named Oremi. It was composed largely of CENESEX specialists and their contacts, dealing mainly with issues relating to sexual diversity and sexual health. A group named Fénix was later established in 2008 in Cienfuegos with similar aims. Between the three groups, workshops were conducted across several of the country's provinces, including Granma and Sancti Spiritus. By 2011, the groups were working collaboratively, and in 2012 CENESEX consolidated them into the Women's Network (Alfonso Rodríguez, 29 January 2013 [Interview]; Acosta 2010b).

The main group is in Havana, meeting one or two Fridays a month to engage in a variety of activities such as reading poetry on women's sexuality, as well as attending debates and lectures, and watching and discussing films. From the beginning, the Women's Network gradually increased its focus on bringing attention to women's sexuality in the medical field, with an emphasis on training medical professionals about women's specific needs. For example, in the last few years, a 25-credit course on sexual diversity was organized with the Medical University, which aimed at raising consciousness and training medical professionals to learn how to talk about sexual diversity and learn about related health issues. Along with working generally with the

Centre's campaigns and anti-discrimination efforts, the Women's Network also developed and participated in a variety of workshops and courses, discussing women's specific health needs in terms of sexuality, and training health promoters. For example, the programme *Iniciativa Apreciativa*, was developed to try to identify a group or community's specific needs and to seek solutions, as well as spread any related important information or successes (Alfonso Rodríguez, 29 January 2013 [Interview]; CENESEX 2014c).

The Women's Network can now be understood as a community-based participatory group of and for lesbian and bisexual women, dealing particularly with health issues relating to sexual diversity. It works closely with the other Networks, and represents one of the Centre's nationwide ProNess strategies focused specifically on women's sexual health needs. The Network conducts ongoing research and training, utilizing Cuba's medical and educational systems to promote the health needs of sexually diverse women.

*Transgender Network: Red de personas transgénero (Trans Cuba)*

“There can be political change, but not public change”.

- Rosa Mayra Rodríguez Lauzurique, Transgender Network Coordinator,  
20 February 2013 [Interview]

The Transgender Network developed largely within the Centre as a response to a growing need for further support for Cuba's transgender community. While it could be argued it dates back to GNTES's Multidisciplinary Group, as discussed in a previous chapter, in effect a shift occurred in the early 2000s, which necessitated a national

network specifically for the needs of transgender persons. Although it was not classified as one of the five Networks until 2012, in 2003-2004, the Centre increased its work with the transgender community, and gradually developed a Network with the intention of increasing support for them and decreasing discrimination (Rodríguez Lauzurique, 20 February 2013 [Interview]).

The primary aims of the Transgender Network include the prevention of STIs (particularly HIV/AIDS), support, training and consciousness-raising. The prevention element of the Network is largely carried out by health promoters and specialists trained by the Network, who participate in workshops and training sessions with the aim of normalizing transgender needs and persons. The Network also assists in the development of related CENESEX publications, such as books that outline specifically how to hold a workshop or training session for health promoters, or specifically for a meeting with transgender persons. The Network also works to increase the visibility of transgender citizens, from transvestites to transsexuals, while participating in specific CENESEX events and initiatives. For example, members often give talks, participate in debates, or are invited onto panels to discuss their lives and particular challenges (Rodríguez Lauzurique, 20 February 2013 [Interview]; Ramírez 2012; CENESEX 2014d).

Unlike the other Networks, rather than having specific members, the Transgender Network works through participants. In other words, those who participate at various levels (from weekly meetings, to health promoters receiving training). According to Rosa Mayra Rodríguez Lauzurique, Coordinator of the Transgender Network and psychologist at CENESEX, by February 2013, there were approximately 700 participants across the country and approximately 260 in Havana. Moreover, while based in the Centre, it also

works with groups in four other provinces (Matanzas, Granma, Sancti Spiritus and Santiago de Cuba), as well as working on various training and consciousness-raising initiatives across the island. The Network also assesses each province and the needs of, and support offered to, the transgender community, in order to determine how best to improve their quality of life (Rodríguez Lauzurique, 20 February 2013 [Interview]; López-Trigo 2012a).

The main group is located in Havana, and is largely made up of transsexuals, who attend weekly or bi-weekly meetings at the Centre, where discussions vary from problems with family acceptance, issues with lovers, and general daily struggles. Importantly, the meetings also offer support, from their peers as well as from the Centre's staff. The meetings are mainly attended by transsexuals; but family members, friends, or partners are also often in attendance to offer support or to learn (Rodríguez Lauzurique, 20 February 2013 [Interview]).

The positive effects of the Network on the transgender population are visible at the Centre. The main group of approximately 20 transgender people can be seen at the Centre for their meetings, or waiting in front of the centre to meet specialists. It is telling that the group feels comfortable enough to openly discuss their lives in the Centre's waiting area, which is populated by other patients or general members of the public, and highly visible to people on the street.

*Jurist Network: Red de juristas por derechos sexuales*

“It has been fundamental”.

-Manuel Vasquez Sejjido, Judicial Network Coordinator, 13 February 2013 [Interview]

The Jurist Network is a CENESEX initiative, established at the Centre in April 2012, in conjunction with the UNJC. The Centre held meetings over three days with law students, as well as various professionals working within the legal profession, to discuss the need for improved legislation regarding sexual diversity rights. As outlined in the Network’s 2012 “Documento Base”, there are three main objectives: to question current legislation related to sexual diversity rights; to develop a judicial culture that reflects sexual diversity; and to carry out research initiatives that support the need to change legislation regarding sexual diversity rights in Cuba (CENESEX 2012b; CENESEX 2014b). The Network aims to meet monthly to work on the various initiatives and objectives with which it is involved, and also participating with other CENESEX initiatives and programmes.

The Jurist Network has been effective in developing legislation and awareness, particularly within the legal profession. It works with the UNJC, which has over 2000 members across the island, which in effect allows its work to spread efficiently throughout the provinces and legal structures. It is also heavily involved in developing and implementing new courses for law students. For example, the University of Havana’s Faculty of Law 2013 course outline and prospectus incorporated themes of gender and legal rights. The courses incorporating gender themes (representing four of the 75 courses offered) are available in the provinces of Mayabeque, Las Tunas, and Guantánamo, and are mainly taught by Yamila González Ferrer, a well-known lawyer who works in the

development of the island's sexual diversity rights, and one of the primary legal workers on the New Family Code (Goite Pierre 2013; Vásquez Sejjido, 13 February 2013 [Interview]). The Network has continued to work towards the improvement of legal rights relating to sexual diversity, such as the New Family Code, as well as increasing awareness of the need for change across the country.

### **CENESEX Publications**

CENESEX has published a significant amount of work, from *Sexología y Sociedad* to books and pamphlets promoting sexual diversity rights, health and well-being. Many of the publications are funded by international bodies, such as the UN initiatives, but are developed and written by CENESEX specialists. Like GNTES' methods of developing sexual education through popular-science books, CENESEX continue to publish significant amounts of information, and through various avenues.

#### *Sexología y Sociedad*

CENESEX's research journal was established in 1994, with funding from the United Nations Family Planning Association (UNFPA). In subsequent years, the material provided in the journal, as well as the frequency of volumes, increased rapidly. By the early 2000s, it was published quarterly, with material written by national and international experts in the areas of sexuality and sexual health. It has become one of the most effective means of communicating sexuality-related research within Cuba, as well as internationally.

Throughout much of the 1990s, advertisements in the journal focused exclusively on birth control and contraception as a whole, as well as on safe and respectful sexual relations. In particular, the use of the contraceptive pill and condoms was heavily promoted. The imagery and vocabulary used for the advertisements was also telling of attitudes towards sexuality at the time. In terms of syntax, the wording for the contraceptive pill advertisements promoted a woman's personal choice and responsibility to protect herself against unwanted pregnancy. This is significant, as it echoes the sentiments regarding abortion as a woman's right, an idea promoted by the FMC since the 1960s. The clear focus throughout was the promotion of women's sovereignty over their own bodies and lives.

In advertisements for condom use, the most common words or phrases used included "safe sex" "respect" and "health". The ongoing themes throughout were centred invariably on the importance of engaging in sex in a healthy and respectful way, with an emphasis on one's well-being. It should be noted that the journal was not generally promoting the products of specific companies (with the exception of a few early editions advertizing Gynovin as a birth control pill), but rather was promoting the use of the contraceptive method as a whole. By the early 2000s, the advertisements were largely replaced by campaign photographs, promoting many of CENESEX's and MINSAP's campaigns on respect for sexual diversity, and overall healthy sexual relationships, as well as the importance of family planning.

Analysis of the evolution of the journal is telling, since, while the first edition in 1994 was developed more as a magazine than a journal, it soon changed dramatically. The editions in the early years of publication contained articles about sexual education

and sexual health (particularly related to young people), as well as a humour section that had sex-related cartoons, promotions for condom use, and advertisements for birth control pills (Fiallo 1995, 7; Castro Espín 1995, 22-24; Coll Sánchez 1995, 10-13; Álvarez et. al. 1996, 32-34; Díaz and Forbes 1995, 14-17). Within a few years, the content developed considerably and it evolved into a research journal, publishing national and international studies.

A statistical breakdown compiled and analyzed by the author of this thesis on the content published in the journal between 1994 and 2013 is instructive. When examining all the issues, it becomes clear that the journal has primarily dealt with nine different themes, which are present throughout in the various articles: adolescents; abortions; male sexuality; female sexuality; ageing and mature people; community development; sexual violence; those that mention sexual diversity; and those that focus entirely on sexual diversity. Between 1994 and 2013, it is clear that there were considerable developments in the content, as focus shifted from adolescents and abortion to the question of the normalization of sexual diversity. By contrast, the number of articles on the other themes remains relatively consistent, with minor changes in the numbers of articles on these topics. For example, in 1994, 27.3% of the articles focused on abortion, and none mentioned sexual diversity. The following year, while none of the articles focused on sexual diversity, over two percent of them mentioned it, and 20% focused on abortion. By 2000, almost 17% of the articles focused on abortion, and almost 6% on sexual diversity. The trend continued in 2008—the first year that CENESEX officially celebrated the International Day Against Homophobia—and 33.3% of articles focused on sexual diversity, and 11% on abortion. By 2010, the articles published on abortion

decreased to 0%, while over 12% were on sexual diversity. In 2012, there still had not been an article on abortion since 2010, while articles that contained mention of sexual diversity reached 30%, and those that focused entirely on it reached 20 % [see Appendix D].

These numbers are telling of the evolution in attitudes towards sexual diversity at CENESEX, as well as being illustrative of the increased emphasis the Centre has placed on its normalization. In the 1990s, there was little attention paid to it, but by 2000, the Centre had gradually increased the published work on issues and studies relating to sexual diversity. The content of the articles was comprehensive, including work on specific health-related issues, the history of homophobia, the nature of homosexuality, and social issues suffered by transgender persons. It is noticeable that the work published in the journal was strictly of an academic nature rather than lobbying for, or demanding, improved rights for sexually diverse groups. The journal aimed specifically at education, providing information to readers on various topics, rather than promoting specific political or social demands.

*Sexología y Sociedad* illustrates well the gradual shift towards a focus on respect for sexual diversity as an important element of sexual health, among the Centre's primary aims, from the early 2000s, and particularly from 2008. It was, and remains, an important method of publishing and distributing information. Nationally, copies are available free at Cuba's annual book fair, or from the Centre itself. Copies are also regularly distributed at conferences or workshops. The journal has also been increasing its international distribution, as now many of the articles and editions are available online, from CENESEX's website, and the Centre is continuing to add further editions. It plans to

continue to publish across the island and internationally, increasing in importance and significance.

### *Books and Pamphlets*

CENESEX produces significant numbers of health-related books and pamphlets geared towards different groups or specialists, and covering topics that range from STI prevention, domestic violence, family planning, puberty, communication, gender and sexual diversity, as well as containing instructions on how to hold workshops on a given topic. The material is used for various purposes, including training healthcare professionals (such as medical students, doctors, nurses, and health promoters), helping parents talk to their children, and the provision of education in general. Specific material for the Municipal and Provincial Sexual Education Commissions is also developed, with an emphasis on the prevention of STIs (particularly HIV/AIDS) (Alfonso Rodríguez 2008a; Alfonso Rodríguez 2008b; Alfonso Rodríguez 2009; Arrue Hernández 2005; Artiles de León et al.; Cano López 2009; Castro Espín 2003; Díaz Álvarez 2005; Díaz Figueroa et al. 2010; Rodríguez Lauzurique et al. 2009; Rodríguez Lauzurique 2005; Quintana Llanio).

Similarly to *Sexología y Sociedad*, the books and pamphlets are often funded by outside bodies, including the United Nations Development Fund for Women (UNIFEM), the UNFPA, and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). The significant level of collaboration between various international elements is illustrative of the quality of the work that is being produced by the specialists at the

Centre, both in publications and in their professional capacities, as it is their work and studies that are being published with assistance from international foundations. Indeed it is telling that the Centre is not being given educational material, but rather is being supported in its efforts to create and distribute its own. Moreover, it illustrates the importance placed by international bodies on the Centre's ongoing work, and their support for its process of fully incorporating sexual diversity into the healthcare system.

While these topics are covered throughout the publications, the three primary themes found are respect for sexual diversity, education (with an emphasis on training), and health and well-being. In terms of promoting respect for sexual diversity, since the early 2000s, the literature has incorporated discussions promoting respect for sexual diversity. For example, a book written by Castro Espín (2003), titled *¿Qué nos pasa en la pubertad?*, discussed the changes that occur in the body throughout puberty. The book was written for parents (to help facilitate open discussions with their children), and children (since the information is illustrated with colourful cartoons and comic strips). The section titled *¿Diferentes?*, discussed sexual diversity, explaining that during puberty one might develop sexual feelings for the opposite or the same sex, or both. It is explained that this is normal behaviour, rather than an illness, and is a part of one's sexual development. As she wrote,

It is important to know that homosexuality and bisexuality are not illnesses, nor are they immoral. Rather they are expressions of the sexual diversity of human beings. In our culture we have inherited a series of moral values that have established heterosexual relations as being "normal". As a result many people unjustly scorn and abuse people who are homosexual or bisexual simply because they are different, and they justify their behaviour through reference to beliefs and prejudices that are unsustainable and unacceptable (Castro Espín 2003, 51).

[Es importante saber que la homosexualidad y la bisexualidad no son enfermedades ni inmoralidades, sino expresiones de la diversidad sexual del ser humano. En nuestra cultura hemos heredado valores morales que establecen sólo como “normales” y deseables las relaciones heterosexuales, por eso muchas personas desprecian y maltratan injustamente a quienes son homosexuales o bisexuales, simplemente por ser diferentes, utilizando como justificación creencias y prejuicios insostenibles e inadmisibles (Castro Espín 2003, 51).]

Each of the published works from the early 2000s includes a section on sexual diversity, where it is discussed as a normal form of sexuality, and condemning homophobia.

Another clear theme is education, with a particular emphasis on training. Much of the work is aimed at training health professionals and health promoters in different areas of CENESEX's work, with a significant amount dedicated to STI and HIV/AIDS prevention. This includes specific training manuals for medical students, young people, and community development specialists. Rather than requiring a separate section of the books and training manuals, sexual diversity is fully incorporated. In other words, instead of having a section or chapter that discusses sexual diversity and specific health-related issues, the work discusses sexual diversity throughout, and in many cases “sexual diversity” is incorporated into the title. This illustrates the work of CENESEX, in that sexual diversity is an important aspect of overall sexuality and society, and thus incorporated fully into healthcare and healthcare training.

Notably, the most predominant theme is that of health and well-being. It is used both as a strategy to create change (such as decreasing or managing STI rates), as well as the overall aim. The material discusses health as something that all should strive to achieve, while also employing it as a means to change attitudes towards sexual diversity. For example, a pamphlet titled *No transfobia* explains what transfobia is, as well as

what a transgender person is (giving definitions for the different kinds). The aim of the pamphlet is to increase awareness of transgender people and ultimately to decrease or end transphobia. The important element of the pamphlet, however, is that it is placed within a health framework, explaining in large capital letters that “Respect for diversity decreases the likelihood of contracting VIH”. It also notes that “The stigma and discrimination to which members of the transgender community are subjected increases their vulnerability to sexually transmitted diseases (STDs) and HIV”. Health is thus used throughout the work as a means of calling for, and normalizing, sexual diversity.

From *Sexología y Sociedad* in the early 1990s, to new training manuals for medical students on HIV/AIDS prevention, the published work of CENESEX has been critical for the development of attitudes towards sexual diversity across the island. From the late 1990s, it has increasingly facilitated an open dialogue regarding sexual diversity, across various educational levels and professions.

Related publications have historically preceded (and caused) changes in attitudes towards sexual diversity, and can be understood somewhat as a barometer of national attitudes and beliefs. Analysis of the overall published work of the Centre since the 1990s clearly indicates a shift towards the promotion of sexual diversity rights. Importantly, many of the publications are funded by international bodies, leaving the content at the discretion of the CENESEX specialists, rather than being revised and edited by other branches of the Cuban government. It is unlikely that the work is revised at any stage by editors from other ministries, leaving CENESEX almost solely responsible for a dramatic increase in sexual education material that highlights the importance of respect for sexual

diversity. In addition, it is noticeable that, although the topics vary, the one consistent theme has been the correlation between sexual diversity, health and well-being.

***Jornada Contra la Homofobia:***  
**Celebrations for the International Day Against Homophobia, May 17<sup>th</sup>**

On May 17<sup>th</sup> 1990, the World Health Organization removed homosexuality from its list of known mental illnesses (Avendaño 2008, 24). As a result of this change, since 2005, May 17<sup>th</sup> has been celebrated in many countries, often with parades and speeches, as the International Day Against Homophobia. In Cuba, however, celebrations were, and remain, very different, as the day is used not only to condemn homophobia, but also increasingly to promote sexual health and sexual education, with the aim of promoting overall rights and respect for sexual diversity.

CENESEX organized and led the first celebrations for the International Day in 2007. While in many countries the day is celebrated with parades, the primary aim of CENESEX's first celebrations was consciousness-raising, with a view to increasing public awareness of issues relating to homophobia and the negative effects of discrimination. It was felt that the means of celebrations employed in other countries (primarily parades) would not be as effective in Cuba, largely due to the country's specific challenges, as a result of its historically rooted *machismo* and homophobia. Thus, the Centre sought alternatives to promote the public debate on sexual diversity, employing a model based on education and health. The Centre held a *cine-debate*, in which a film (Boys Don't Cry) was shown in Havana, followed by a discussion led by specialists and a public debate on sexual diversity rights. Due to the success of the 2007

celebrations, the Centre continued to seek alternative means of promoting the International Day Against Homophobia, increasing the number of events each year (Avendaño 2008, 24; López 2007; Castro Espín, 30 January 2013 [Interview]).

In 2008, in an effort to foster more support for the celebrations throughout the island, the Centre requested assistance from the MINCULT. The Minister, Abel Prieto, became involved and suggested that, rather than having a celebration or event on a single day, it would be better to make it a week-long event with various activities in order to incorporate more people, and increase public participation. That year, the celebrations included, among other things, workshops, debates, films, games, lectures, performance art, and the distribution of educational and health-related material (Castro Espín, 30 January 2013 [Interview]).

Between 2008 and 2014, the celebrations continued to increase in scope, with an increase in participating provinces, and most noticeably in the numbers of people who took part. Notably, there was never a parade as such, but rather demonstrations attended by significant numbers supporting the Day and sexual diversity rights as a whole. The demonstrations were, and remain, invariably led by Castro Espín and the CENESEX staff, holding various signs, the Cuban flag, as well as the rainbow-coloured flag representing sexual diversity. Amongst the photographs of the demonstration and events, CENESEX staff members, from the head doctor to members of the Youth Network, can consistently be seen, illustrating their commitment to fully participating in these celebrations (*elEconomista.es* 2012a; Rowe 2009; Norandi 2009; Acosta 2009b; Acosta 2011b; Echarry 2009; Arreola 2008; Ernesto and de la Osa 2011; Menéndez Dávila 2011; *Correo del Orinoco* 2013; *CubaSí* 2013a; *CubaSí* 2013b).

The week-long celebrations have also gradually increased to fill much of the month of May, with activities occurring daily. The 2012 campaign, for example, lasted from 8 May to 31 May, with a detailed schedule of daily events across much of the island. The schedule for the first day included the inauguration of an exhibition at the Centre, followed by a press conference, a panel discussion on the theological inclusion of diversity, and a conference on masculinities. Each day was filled similarly with events ranging from photography and art exhibitions to drag shows, film showings, public debates, theatre presentations, lectures, and parties (*IPS* 2012c; Varona 2012). Along with the increase in activities for the celebrations, the number of national and international specialists involved has also noticeably increased. While in 2007, only CENESEX specialists were involved, by 2014 other Cuban specialists from various ministries and groups also participated in events, such as film crews, poets and writers, as well as members of the Martin Luther King Jr. Memorial Centre, and the National Institute of Sport, Physical Education and Recreation (Instituto Cubano de Deporte, Educación Física y la Recreación) (INDER) (for the second year) (*CubaSí* 2013b; *What's on Havana!* 2014, 9). Moreover, the Asociación Internacional de Gays, Lesbianas, Bisexuales, Trans e Intersexuales de América Latina y el Caribe (ILGALAC), as well as specialists from Mexico, Uruguay, Chile, and India were present and involved in panels, debates, and meetings. From 2014, the detailed list of events for Cuba's celebrations for the International Day could be found in tourist magazines and advertisements (*What's on Havana!* 2014, 9; *Prensa Latina* 2014).

In order to understand the significance of the May 17<sup>th</sup> celebrations in Cuba, it is also important to consider where and why the celebrations are being held. Many of the

celebrations are held in Havana, but other provinces have gradually increased their participation; for example, by 2013, seven of the country's fifteen provinces were participating in the festivities. Indeed it has been an ongoing challenge to incorporate more provinces, particularly the more rural ones, into the celebrations, but this is not just due to problems with sexual diversity, or rooted homophobia. In Cuba, May 17<sup>th</sup> is also the anniversary of the 1959 Agrarian Reform law, which redistributed large landholdings to the landless. That new legislation was especially important for the Revolution, as it, in essence, fostered support among the rural population, by providing badly needed land to farmers, becoming known and celebrated as the *Día de los Campesinos*—or Day of the Farm Workers. It has been annually celebrated, as well as understood as an important part of revolutionary history. Thus, in Cuba the significance of the celebration of May 17<sup>th</sup> in support of an International Day Against Homophobia goes beyond support for sexual diversity; it also indicates the importance of the celebration, as considerable numbers choose to share it along with another celebration of great historical importance.

**The “T” of the LGBT:  
National Commission for the Integral Care of Transsexuals**

If little is known about the evolution of attention to sexual diversity rights in Cuba, even less is known about the island's transgender community. As there are considerably fewer people than in other groups, they are often omitted from literature, or are represented by a few lines or a short paragraph. In fact *Sexología y Sociedad*'s first article on transgender issues did not appear until 2002 (Macmillan and Yunge Ducaud 2002, 12-14). Yet, for these individuals, their sexual identity can represent a significant

health challenge, and affects their well-being, perhaps more than any other aspect of their lives. For many transgender people, therapy, hormones, support, and sometimes surgery, are needed to achieve a basic level of human dignity (Padrón Durán 2006, 11-19). CENESEX, continuing the work of GNTES, has made a substantial effort to improve the quality of life for the members of this diverse and often ignored group.

The latest published data on transsexuals in Cuba can be found in a book, *La transexualidad en Cuba*, published by CENESEX in 2008 and written by specialists from various fields, such as law, sociology and psychology. It explains in detail the transsexual group, including where they live, their approximate numbers, and what their daily lives are like (Castro Espín 2008a, 10). The aim of the work is to bring attention to the daily experiences and struggles of the country's transsexual citizens, humanizing them, and thus promoting their right to healthcare and well-being.

Among those discussed is a transsexual man, referred to by his initials, JR, who had the reproductive organs of a female, but self-identified as a man, which left him feeling “trapped” in a woman's body. He was diagnosed by GNTES specialists in 1972, and was in many ways the catalyst for the FMC's request for MINSAP to support the group's founding of the Multidisciplinary Commission for Attention to Transsexuals in 1979 (Castro Espín 2008b, 23-24; Norandi 2009). Originally from Matanzas Province, in 2008 he was 56 years old, was a member of the CDR, Workers' Confederation of Cuba (Central de Trabajadores de Cuba) (CTC), the National Association of Innovation and Rationalization (Asociación Nacional de Innovadores y Racionalizadores) (ANIR), as well as the Civil Defense (Defensa Civil) (DC). In May 1993, he sent a letter to the Minister of Public Health, Julio Tejas Pérez, explaining:

You cannot know what I suffer day after day because of my situation. I am now 44 years old. I often think that, if I were to have a heart attack and they were to take me to hospital and discovered what sex I am, they would make fun of me and talk about me... That's one of the things that worry me every single day. I think that, if Cuba helps people from other countries, why can't it do the same for me? I am Cuban and my need for an operation is not some passing whim, but rather is based on human need. Only by having this operation will I be able to be a true person (Castro Espín 2008b, 25).

Usted no sabe lo que yo sufro día a día por mi situación, una de las causas en la que piensa es que ya yo tengo 44 años, voy para atrás y pienso si me da un infarto y me llevan para el hospital y descubren mi sexo, sé que seré causa de burlas y de comentarios sobre mi persona...Es una de las causas por la que sufro día a día. Pienso que si Cuba presta ayuda a otras personas de diferentes países, ¿por qué no a mí que soy cubano, mi operación no es un problema de capricho sino humanitario. Porque de la única forma que yo pueda ser persona es operándome (Castro Espín 2008b, 25).]

In 1996, JR received an official change of name on his national identity card, and he continues to lobby for the evolution of legislation relating to transsexual persons' rights (Castro Espín 2008b, 25).

It was clear in the 1990s that there was an ongoing, and increasing, need for attention to transgender citizens. In particular, legislation that affected their quality of life was extremely rigid, including legislation that made changing one's national identity cards very difficult, which for many often meant that they had to have a photograph, name and official sex that they did not feel represented them. Specifically Article 31 of Law 51, ratified in 1985 under the Ley del Registro del Estado Civil, required, among other things, that a person's sex on official documents had to reflect their sexual organs. Following efforts made by CENESEX and the Ministry of Justice (Ministerio de Justicia) (MINJUS), a resolution was established in December 1996, according to which changes to a person's photograph or name could be made. As a result, between 1997 and 1998, CENESEX, along with the Ministry of the Interior's "Dirección de Identificación y

Registro”, worked on three cases of diagnosed transsexuals, and were able to successfully change the patients’ names and photographs, although they were still unable to change their official sex, or other official documents such as birth certificates (Fernández Martínez 2008, 165-166; Castro Espín 2008b, 31; González 2013). In effect, the legislation meant that only those who had received full sexual reassignment surgery were eligible to change their documentation.

In 2004 CENESEX began increasing its work relating to the transgender community, and by extension to transsexual persons. The following year, under Resolución 23 of 9 September, the Centre, with support from MINSAP, re-established GNTES’ Multidisciplinary Commission as the National Commission for the Integral Care of Transsexuals (Castro Espín 2008b, 32; Roque Guerra 2009; Acosta 2008). The Commission was originally going to be named the Comisión Nacional de Atención a los Trastornos de Género. However, following significant research, which established transsexuals as constituting a legitimate health and social issue in Cuba and internationally, it was changed to focus specifically on the needs of transsexuals (Castro Espín 2008b, 32). The objectives of the Commission included:

To coordinate the development of the National Strategy of Support for Transsexuals; to develop a model of care and comprehensive health treatment for transsexuals, one that is in keeping with international standards and the characteristics of our national healthcare system; to promote the development of scientific research into transsexuality based upon a multidisciplinary scientific approach; to develop education campaigns that contribute to the understanding of and respect for transsexual people; to establish programmes that both train people and make them more sensitive to the situation of transsexuals; to propose legal mechanisms that regulate the comprehensive treatment of transsexuals in Cuba; to establish education programmes for the support of transsexuals and their families (Castro Espín 2008b, 32).

[Coordinar el desarrollo de la Estrategia Nacional de Atención a Transexuales; Desarrollar un modelo de atención y tratamiento integral de salud a transexuales,

que se corresponda con los estándares internacionales y las características de nuestro Sistema Nacional de Salud (SNS); Promover el desarrollo de la investigación científica sobre la transexualidad desde los aportes multidisciplinarios de las ciencias; Desarrollar campañas educativas que contribuyan a la comprensión y el respeto de la comunidad hacia las personas transexuales; Implementar programas de capacitación y sensibilización social sobre los/las transexuales; Proponer mecanismos legales que regulen el tratamiento integral a los/las trans en Cuba; Implementar programas educativos para la atención a trans y su familia (Castro Espín 2008b, 32).]

In essence, the Commission, and CENESEX as a whole, sought to assist transgender people, and particularly transsexuals, to achieve the highest quality of life, and improve their overall health and wellbeing. Transsexuality was understood by the Commission as a mental and physical health issue, and as a result CENESEX sought the introduction of new joint legislation from MINSAP and MINJUS, with the overall aim of providing necessary care and attention to patients (Acosta 2008). The Commission worked through various channels, and solicited support from various elements of the leadership. From the initial stages, the PCC was supportive of the Commission's efforts, which were also supported in a December 2005 meeting at the National Assembly by, among others, the Comisión Permanente de Atención a la Juventud, la Infancia y la Igualdad de Derechos de la Mujer (Castro Espín 2008b, 37; Israel 2006).

By 2008, the Commission had received 92 applications for assistance from various transgender patients. Of the 92 patients, 27 were diagnosed as transsexual; two as transvestites; two as effeminate homosexual men; eight left the country (four of these patients had already been diagnosed, while four left before an official diagnosis could be made); while another 57 continued with their diagnostic programme. Of those diagnosed, 24 were in the "process of changing" (living as the gender with which they identify) as man to woman transsexuals, and two others as woman to man transsexuals, while one had

had the full sexual reassignment surgery and was now considered a woman (Castro Espín 2008b, 26; Lacey 2007). Of those diagnosed, thirteen had received their new identity cards from MINJUS, which included new photographs and names. The vast majority of them were living in Havana, while three others were living across the island (Castro Espín 2008b, 26). The Commission has continued to help members of the transgender community across the island, as it continues to engage with both government ministries and the National Assembly to promote rights, and to work on individual cases.

It should also be noted that the efforts made by the Centre to care for the needs of the transgender community go well beyond the Commission. The Centre works through ProNess and its other education strategies with the specific goal of improving the rights for, and decrease discrimination of, the transgender community as a whole—including transgender, transsexual, transformist, and transvestite groups. “Transphobia” is the prejudicial and discriminatory fear of, or action towards, members of the transgender community, which, along with homophobia, the Centre has consistently worked to end.

### **Conclusion**

Overall, we can see that, between 1990 and 2014, CENESEX developed considerably. As a result of the economically difficult 1990s, and significant international support, the Centre was able to evolve somewhat autonomously from state direction. While in the early 1990s, one of its primary aims was family planning, by the early 2000s, sexual diversity was identified as a necessary area of research, and in 2008 became the Centre’s primary focus. Indeed, the evolution of ProNess is demonstrative of

the Centre's ability to identify and address specific areas of need. The Programme was initially developed by GNTES, but dramatically increased in breadth throughout the 1990s, to research and produce work on human sexuality as a whole. Increasing problems of STI rates, and HIV/AIDS in particular, necessitated more information, and sexual diversity was eventually fully incorporated into the Programme. Three major conclusions can be drawn from CENESEX's evolutionary process.

Firstly, the Centre consistently sought to establish and implement change among adolescents and young people. This is clear from the focus on youth health promoters in the early 1990s, trained by CENESEX to encourage safe sexual practices. The emphasis on young people has been consistently maintained, as the Centre has always viewed the support of the younger generations as being vital to social change. The Centre was responsible for developing the sexual education curricula from daycare centres to high school levels, as well as peripheral programmes and events such as the Cátedras, training courses, panels and debates. In addition, the Youth Network has continued to increase in terms of participants and provinces. It is clear that the younger generations were the focus for efforts regarding societal change.

Secondly, as with to GNTES, CENESEX believed in the importance of disseminating information through publications. It is telling that, even throughout the Special Period, when publications as a whole decreased significantly, the Centre continued to publish, suggesting the validity and importance of the information that was distributed. By the early 2000s, the amount and breadth of publications increased, and importantly, all contained a section on sexual diversity. These included pamphlets,

posters, books, various training manuals, magazine sections, a newspaper column, and the Centre's own journal.

Finally, efforts were made to normalize sexual diversity because discrimination is understood as being detrimental to health and well-being. Much of the research and many of the publications produced focused on health, with the aim of increasing awareness of sexual diversity, and ultimately normalizing it, in order to satisfy the health requirements of an underserved population that was largely ignored by the healthcare system. This is evident from the Centre's work with the transgender community in 2004, due to their medical needs such as surgery and medication, as well as their psychological care as they have a tendency to suffer from higher rates of psychological illnesses, such as depression (Rodríguez Lauzurique, 3 February 2013 [Interview]). Other examples of this include the evolution of the Women's Network, which began as a result of the lack of appropriate healthcare for lesbian and bisexual women. Similarly, in an effort to reduce STI (mainly HIV/AIDS) rates, sexual diversity was incorporated into medical training books, and the basic principle of many of the campaigns and publications was safe and responsible sex.

This developed over three stages, beginning in the 1990s when the work of the Centre shifted to increase work related to men who have sex with men, due to high STI rates, and particularly high HIV/AIDS rates, among the group. The Centre's work shifted again between 2003 and 2004, as sexual diversity as a whole was incorporated into its work, and became a priority. Following significant research, the various physical and mental health problems suffered by members of sexually diverse groups came to light, as well as the lack of healthcare to deal with them, due to discrimination. Either patients did not want to discuss their sexual lives, resulting in health issues being misdiagnosed or

untreated, or alternatively medical professionals did not necessarily have the training or understanding to deal with their respective needs. While there was a clear shift at the time to incorporate sexual diversity into the Centre's aims, finally, in 2008 the Centre as a whole changed to focus primarily on sexual diversity. Although it could be argued that the Centre's process of refocusing its interests occurred at this time due to the change in Cuba's presidency from Fidel Castro to Raúl Castro, allowing his daughter Castro Espín to make whatever changes she deemed necessary, analysis demonstrates that the situation was significantly more complex. By 2008, there was clearly a need to increase attention on sexual diversity, as society itself needed to change. In other words, the Centre's earlier work had successfully supported and promoted public debate, which was demanding more changes. CENESEX refocused its aim to address this growing need, while maintaining its intention of supporting sexual diversity through focusing on health and well-being.

## Chapter 4

### Sexual Diversity in Contemporary Cuba, 1990-2014

Cuban attitudes towards sexual diversity developed significantly between 1990 and 2014. While CENESEX continued to work on specific projects, sectors of Cuban politics and culture were shifting to increasingly reflect a recognition of sexual diversity. This evolutionary process has largely been presented in non-Cuban academia through specific ethnographic studies, mostly conducted and produced in the early and mid-1990s (La Fountain-Stokes 2002; Leiner 1994; Lumsden 1996; Stout 2014; Stout 2008), or, more recently, in literary studies (Bejel 2001). Throughout these works, authors have attempted to determine why, in the 1990s, attitudes concerning sexual diversity shifted considerably.

Stout (2014), for example, proposes that this shift was a result of the Special Period and the political and economic opening throughout the island. She argues that, as a result of the influx of hard currency and the ongoing economic struggle, prostitution, and by extension homosexual sex, increased significantly, contributing to the normalization of sexual diversity across the island. Bejel (2001), by contrast, suggests that the change was rooted in Cuban nationalism, and that the always evolving Cuban identity developed, particularly throughout the 1990s, to incorporate sexual diversity. While both authors, like others, often offer good analysis, they each emphasize a specific element of early change (such as the production of the film *Fresa y chocolate*, or the emergency economic policies following the collapse of the Soviet Union), rather than incorporating all such factors to form a more comprehensive analysis of the ongoing changes. Moreover, their

work focuses primarily on the early 1990s, rather than depicting the broad sweep of changes that occurred over a number of years in an evolutionary process.

It is not the aim of this chapter to speculate on the evolution of attitudes to sexual diversity from the 1990s onwards, but rather to trace and analyze the process through which they developed. Specific important and complementary events will be discussed, and attention to sexual diversity in various spheres (primarily cultural and political) will be presented. The chapter's primary aim is to discuss the main events and developments that contributed to the evolution of changing attitudes towards sexual diversity in the 1990s, as well as the major areas that have demonstrated change throughout the 2000s.

### **Sexual Diversity in the 1990s: Health, Culture, and Politics**

Three main spheres contributed significantly to shaping attitudes—health, culture, and politics. As already seen, largely due to the Special Period and its economic pressures, relatively little material was produced or published in the 1990s. According to the work that was produced, however, it is clear that change was reflected within these spheres, as well as perpetuated by them. They functioned in many ways as social conductors—responding to change, and subsequently amplifying it.

#### *Health: HIV/AIDS and Homophobia*

Cuba's HIV/AIDS experience has been as unique as it has been complicated. Cuban society's prevention and treatment programme has often been considered

controversial, yet has been highly effective in maintaining Cuba's low prevalence rates—0.1% (UNAIDS 2012; United Nations 2005; World Bank 2007; Jackson 2010). Initially, the disease contributed to the evolution of the country's evolving ProNes, while also simultaneously functioning as a means initially of propelling and increasing levels of homophobia, as HIV/AIDS became understood as a phenomenon affecting homosexual men above all. However, a paradigm shift soon became apparent, and ultimately the disease was used to reduce homophobia, and to increase respect for sexual diversity as a whole.

In order to better understand Cuba's HIV/AIDS experience, it is important to first examine how the infection developed on the island, and what the government's response to it was. The first case of HIV/AIDS in North America was diagnosed in 1983, following which the Cuban government immediately founded the National AIDS Commission in an effort to better prepare the country to withstand the infection (Pérez et al. 2004; ONUSIDA 2007; Gorry 2010). The Commission was made up of a variety of specialists directed, among other objectives, to design a National Prevention Programme for the general population and vulnerable groups, examine blood reserves, build and introduce a sweeping national epidemiological surveillance system, spearhead scientific research and development in the field, and establish a national sanatorium system (Oxfam International 2008, 5; Fawthrop 2003; Fink 2003; Cevallos 2010; Grogg 2007; *Informe de Cuba en virtud de lo establecido en la resolución 60/224 Titulado* 2006).

Much of the detailed system of prevention and treatment for HIV/AIDS patients in Cuba is based on legislation that was created to minimize epidemics, and to protect society as a whole. In other words, the HIV/AIDS epidemic was minimized due to

legislation that protects the health of the population. For example, one of the most influential laws—Decree-Law 54—was passed on 12 April 1982 (Pérez et al. 2002; Pérez et al. 2004). In essence, the legislation provided the state with the full authority to act in whatever ways it considered necessary to protect the populace from health-related problems. Additional legislation was also created as the threat of HIV/AIDS in Cuba continued to increase over time. The following year, for example, on 13 July 1983 Law 41 was ratified, in which Article 20 referred specifically to diseases that could result in epidemics (Pérez et al. 2004). It stated that:

The Ministry of Public Health will determine which diseases pose a risk for the community, will adopt diagnostic and preventive measures and will establish methods and procedures for the mandatory treatment, either through ambulatory or hospitalized regimes; and such actions will be conducted by institutions of the National Health System (Hoffman 2005, 208-209).

In addition, criminal legislation was introduced as a means of protecting the population from health issues. Chapter 5 of Law 62 of the Criminal Code, for example lists punishments for “Crimes Against Public Health”. Article 187, Section One, lists the offences and punishments for those who do not follow the guidelines of Cuban legislation regarding the protection of the population from disease and possible epidemics; offenders can face significant prison time in addition to large fines (Pérez, et al. 2002). It was through these laws that the government carried out its aggressive approach to HIV/AIDS prevention and treatment (Anderson 2009, 93-104; Parameswaran 2004, 289-305). This pre-emptive legislative strike proved to be very important for maintaining the island’s low prevalence rates, but is also an indication of the considerable efforts made in the early control of the spread of infection. It is also telling that the protection of the country’s health rates was viewed as important enough to place widely in legislation.

Although some media outlets in Cuba at the time suggested that the disease reached the island (with the first official diagnosis in 1985) from a homosexual theatre producer who returned from New York, the more commonly held assertion is that it was a doctor who had returned from a work term in Africa (Leiner 1994, 136; Puerto 2008). In 1986, the HIV/AIDS National Treatment Programme was launched, as innovative techniques were employed to contain the growing problem of increasing infection rates. These included the sanatorium system, Partner Notification Programme, widespread seroepidemiological screening tests, and the development of Cuba's own antiretroviral medications, some of these being highly controversial measures (*AIDS* 1993; Hansen and Groce 2003, 2857; D'Adesky 2003; Stern 2004; Cevallos 2010; Feinberg 2007).

The first major centre created to assist with HIV/AIDS, the National Centre for AIDS Patients, was founded in 1988 in the Pedro Kourí Institute of Tropical Medicine. It was created to study the infection, as well as to provide medical care to patients who required specialized treatment, such as pregnant women. A complementary centre was also created in the same year, the National STI/HIV/AIDS Prevention Centre (CNPITS-VIH/SIDA). In addition, the two worked closely with CENESEX and the FMC (Fink 2003). In 1988, the Sexual Education System officially integrated information about HIV/AIDS, and in the mid-1990s this expanded to include studies on the optimal teaching methods to provide children and adolescents (primarily aged ten to eleven) with necessary information (McPherson Sayú 1995, 7-9; Álvarez Carril 1995, 38-39).

One of the primary goals of the country's prevention and treatment programme was to identify, access, and treat "at risk" groups, such as pregnant women, blood donors, and partners of newly-diagnosed cases. Among them, men having sex with men were

identified as a main group of concern, as a result of their comparatively high infection rates. Although homosexual men were considered to be among the most at risk, in terms of infection distribution rates, until the 1990s, fewer homosexual men were infected than heterosexual ones. By 1988, for example, approximately 50% of those infected with HIV were heterosexual men, approximately 25% were women, and another 25% were gay or bisexual men (Leiner 1994, 136; Castillo 1999).

By the 1990s, however, the distribution of HIV/AIDS infection rates changed, and by December 1992, homosexual or bisexual men made up approximately 40% of Cuba's infection rates (Leiner 1994, 136; Castillo 1999). Indeed, the widespread understanding of the infection as a "gay disease" became fully developed in Cuba by the 1990s. As Leiner (1994, 136) asserted, "The perception grows out of pervasive homophobia but is encouraged by exposure to U.S. media reports, which often blame homosexuals for the AIDS epidemic. In the beginning, the Cuban press was not immune to this tendency". Among the issues that compounded this situation was the overwhelming professional emphasis on the improbability of heterosexual people becoming infected. For example, as Álvarez Lajonchere noted in an interview in 1988, the first videos produced on HIV/AIDS implicitly suggested that, if you were not gay, you were probably safe from the infection (Fee 1988, 354). Similarly, a 1989 medical training manual (produced in Spain) that focused on STIs, noted that only between 1 and 5% of those infected were heterosexual (Gatell 1989, 183).

The emphasis on homosexuals supposedly perpetuating HIV/AIDS resulted in increased levels of homophobia, and it was still considered for some time as a "gay disease" (McPherson Sayú 1995, 7-9; Ikeda 2009). In many ways, the earlier work of

GNTES was overshadowed by the national emphasis on, and fear of, the misunderstood and often misrepresented disease. In terms of medical care, and overall health rates, high levels of homophobia or prejudice made those engaging in homosexual or bisexual sex less likely to seek, or accept, medical assistance, while those engaging in heterosexual sex were unaware of the risks (Leiner 1994, 149).

As a result of the emphasis on HIV/AIDS in the early 1990s, and the growing understanding of the relation between discrimination and health, the state sought to implement a sweeping strategy rooted in education and prevention. The need for an increased discussion of sexuality, and thus safe sex, was recognized. In this regard, Leiner (1994, 147) aptly noted, from his ethnographic study in the late 1980s, that “the Cubans even have the embryo of the organizational structure for this battle in GNTES with its dynamic, knowledgeable leaders”. CENESEX thus increased its work on HIV/AIDS throughout the 1990s, incorporating it into its previously-held contention that discrimination was damaging to health.

By the early 2000s, attitudes towards HIV/AIDS had shifted, as the availability of medication, and information regarding the disease, increased. ProNes, as well as CENESEX, dramatically increased their attention to HIV/AIDS prevention, and presented it as a disease that could affect, and infect, both men and women. In other words, the Centre highlighted it as an “equal opportunity” disease. The emphasis on the country’s preventive health model supported CENESEX’s contention that the disease could only be minimized through sexual education (Pantaleón 2009). As a result, specifically from 2004 onwards, the Centre included sexual diversity in its sexual education programmes, with the aim of improving health rates (Reed 2006). The

government also began taking more measures to increase sexual education about HIV/AIDS. For example, in an effort to illustrate the reality of the disease, in 2006 a soap opera followed the struggles of two men who had difficulties due to contracting HIV (Matos 2006). The result of the disease was a demand for an increase in sexual education, and for specific campaigns (De La Osa 2014, 4; Acosta 2010f; *Xinhua* 2012; Roque Guerra 2013b).

However, rates continued to increase. By 2005, some 5,422 people were infected. Of them, 80.4% were men, of whom 85.7% were homosexual or bisexual. Three years later, in 2008, the country's numbers increased to approximately 9,000 documented cases, 80% of whom were men—and 84% of those were homosexual or bisexual (Arreola 2006; *EFE* 2008). The figures were given at that year's International Day Against Homophobia, noting the need to increase education while decreasing discrimination (*EFE* 2008; *IPS* 2012c; *PeopleDaily.com* 2012). Yet at this time, despite HIV/AIDS rates being concentrated mainly in homosexual and bisexual groups, sexual diversity had been fully incorporated into ProNes, which often highlighted same-sex couples, along with heterosexual ones.

The initial HIV/AIDS prevention and treatment programme in Cuba was highly controversial, as the state employed various strategies to minimize infection rates. Yet in terms of attention to sexual diversity, the effects were both positive and negative in some respects. On the one hand, the disease in effect significantly increased the island's prejudice, albeit for a relatively short period of time, against homosexual men in particular. The fear and misunderstanding of the disease resulted in increased discrimination, and a rejection of sexual diversity as a whole, overshadowing and

undermining many of GNTES' early efforts to promote a greater understanding of sexuality. However, the repercussions of the discrimination ultimately resulted in a dramatic increase in the promotion of sexual diversity rights, and ongoing programmes. The link between health and discrimination was strengthened, as the country, and specifically CENESEX, began to heavily emphasize sexual diversity within sexual education programmes. In essence the island's experience with HIV/AIDS served to solidify the link between education and health, and the government in many ways increased the role of CENESEX, and the breadth of its work, such as with ProNess. In terms of sexual diversity rights, probably the most significant outcome of Cuba's response to the infection was the understanding that one should confront homophobia in order to confront HIV/AIDS.

*Culture: Fresa y Chocolate*

In terms of the evolution of attitudes towards sexual diversity, one of the events most commonly cited as a reason for change was the production and showing of the film *Fresa y Chocolate*—with some authors going so far as to refer to historic periods being defined as “before” or “after” *Fresa y Chocolate* (Rodríguez Boti 2003, 93-94). It is almost always noted in non-Cuban and Cuban literature on sexual diversity as being one of the most significant milestones in the process (if not the most significant), and is understood to have contributed to the gradual increase in respect for sexual diversity as a whole (Rodríguez Boti 2003, 94; Hamilton 2012, 48; Bejel 2001, 156). Yet, like many aspects of this evolutionary process, both the film *per se* and its greater significance have

in some ways been misunderstood. Indeed, as Bejel (2001, 156) suggests, the importance of the film goes well beyond drawing attention to sexual diversity rights. Instead, he suggests that there are three remarkable things about the film: that it is overtly focused on a variety of social issues, including homosexuality; that it was produced, as well as distributed, in Cuba; and that it was extremely popular, despite touching upon a variety of controversial topics (Bejel 2001, 156; Morales Rodríguez 2013).

*Fresa y Chocolate* was released in 1993. The screenplay was written by Senel Paz, a committed revolutionary and the son of a poor couple who were able to significantly improve their standard of living as a result of changes made throughout the Revolution. As a result of those changes, he was able to become a writer, primarily of fiction and screenplays (Bejel 2001, 157). The film was based on a short story he had written earlier, titled “El lobo, el bosque y el hombre nuevo” (The Wolf, the Woods and the New Man), which was published in the late 1980s, and in 1992 was turned into a popular play in Havana (Leiner 1994, 59). It focused on the homosexual relationship between two men, and the crux of the film was the contention that “Cuban socialism and nationalism must fully integrate the gay (and by extension, the lesbian) members of society” (Bejel 2001, 157).

The film, directed by Tomás Gutiérrez Alea and Juan Carlos Tabío, generated a significant amount of national and international attention. As Bejel (2001, 156) explains, “In addition to winning the prestigious Silver Bear prize in Berlin, *Fresa y Chocolate* was the main attraction at film festivals in Argentina, Brazil, Colombia, Italy, Japan, Mexico and Spain, as well as released in other countries” (Bejel 2001, 156). The film was also later shown in the United States, beginning in New York at a Latin American Film

Festival, followed by its subtitled distribution across the country. The film was also extremely successful in Cuba, and was awarded the country's Critics' and People's Choice Awards, along with the Catholic Church's International Catholic Organization for Cinema (Organización Católica Internacional de Cine) (OCIC) Award for exemplary films (Bejel, 2001, 156; Lumsden 1994, 125).

Although presented as a significant isolated event, or indeed as marking the year that changed attitudes, it is important to consider that, while the film suggested the need to incorporate sexual diversity into the Revolution, it did not function as a singular event that immediately created significant change. Instead, it should be understood as simply one element in the ongoing process, and the result of the continuum of change, instead of as a direct cause of it. This can be illustrated well by examining an April 1994 interview with Jorge Perugorría, who played the role of Diego, the film's main character, a homosexual man. The article was *Bohemia's* cover story, as a large photograph of Perugorría was featured on the cover, with the title "No me interesa escandalizar: El Diego de *Fresa y chocolate* confiesa que siempre está acelerado" (Terre Morell, 1994, 4-6). The article consisted of a three-page spread focusing primarily on his family (wife and children) and future acting aspirations.

Despite playing the role of a homosexual man, and arguably a hero to many marginalized homosexuals, Perugorría consistently made anti-homosexual and discriminatory remarks throughout the article. This is seen most clearly in his answers to two questions that were directed towards issues relating to homosexuality. For example, when asked, "After Diego, what does homosexuality mean to you?" ["Después de Diego, ¿Qué es para ti la homosexualidad?"], he responded, "It is difficult to give a definition.

Everyone knows it. For many it can be a logical, or illogical, attitude towards life”. [“Es difícil dar una definición. La que todo el mundo sabe. Para muchos puede ser una actitud lógica ante la vida o ilógica”]. This was overtly discriminatory as it suggests that it is up to one’s own opinion, rather than expressing homosexuality as being normal (Terre Morell, 1994, 4-6).

In a similar vein, another question asked, “This understanding towards homosexuality, did it come to you from the film?” [“Esa comprensión hacia la homosexualidad, ¿te surgió tras la película?”.] Perugorría responded that “Look, *machismo* lives alongside us. It’s impossible to separate yourself from it. Sometimes, when I was studying gestures, one of my children would see me and I would immediately change it. I didn’t want them to see me like that” [“Mira, el machismo convive con uno. Es imposible separarse de él. Algunas veces yo estaba estudiando un gesto, alguno de mis hijos me veía y yo enseguida lo recomponía. No quería que me vieran así”]. Moreover, when the interviewer asked how people treat him, he responded by explaining, “No, it’s different with what happens to my friends. I live in a *barrio*. My friends live the tragedy of trying to reaffirm that I am not homosexual”. [“No, otra cosa es lo que pasa con mis amigos. Yo vivo en un barrio. Mis amigos viven la tragedia de tratar de reaffirmar que no soy homosexual”] (Terre Morell 1994, 4-6).

This interview with the star of the film, who played a struggling homosexual character faced with significant prejudice, illustrates clearly the attitudes towards sexual diversity at the time. Following the film, the island was still clearly struggling with respect for diversity, and issues related to *machismo*. Despite the widespread attention paid to the film, problems of discrimination clearly persisted.

Yet the remarkable and ongoing popularity of the film also suggests that the Cuban audience would at least be receptive to change. It also functioned as a means of reintroducing sexual diversity into the 1990s' public debate in a normative way, rather than focusing on the negative health-related issues that had been prevalent. As a result, instead of being merely a single event that created a dramatic change in Cuban society, its importance can thus be understood as an indication of the changes that had been made leading up to its release, and as a catalyst for future (and increased) changes. The overall significance of the film cannot be ignored, as it remains a critical step in the evolution of Cuba's sexual diversity rights. As Morales Rodríguez (2013) noted, "Twenty years after the story was adapted for the cinema by the same author, and released as *Strawberry and Chocolate*, the story of Diego and David has become the standard reference in the struggle against intolerance". ["Veinte años después de que el relato fuera adaptado al cine por el propio escritor y estrenado bajo el título de *Fresa y chocolate*, la historia de Diego y David se ha convertido en estandarte en la lucha contra la intolerancia".]

#### *Politics: Gay Leadership*

By the early 1990s, a shift in the attitudes of the revolutionary leadership towards respect for sexual diversity was evident, as public statements began reflecting an increase in attention to related rights, and to anti-discrimination in particular. Possibly the most significant public statement which clearly reflected a dramatic change in attitude, was made by Fidel Castro in a 1992 interview with Tomás Borge. The interview was extensive; it covered topics ranging from Cuban politics to personal experiences, and involved several questions on the topic of sexual diversity and related discrimination in

Cuba (and Fidel Castro's personal opinions on it). This interview is almost always noted in work on sexual diversity in the island, as scholars have regularly included Fidel Castro's comment, "I am absolutely opposed to all forms of oppression, contempt, scorn, or discrimination with regard to homosexuals" (Leiner 1994, 59). Yet the significance of the interview goes beyond this singular comment, and is to be found in a large section, including various comments, which expanded on this statement.

As regards sexual diversity, the two primary questions posed by Tomás Borge were: "The opinion that there is discrimination in Cuba based upon sexual orientation is widely held. What is your view of homosexuality, lesbianism, and free love?" ["Predomina el criterio de que en Cuba hay discriminación en relación con el sexo. ¿Cuál es su visión sobre el homosexualismo, el lesbianismo y el amor libre?"] and "Can a homosexual be a dedicated member of the Communist Party?" ["¿Puede un homosexual ser militante del Partido Comunista?"]. The first question Fidel Castro began to answer by noting, "You talk of sexual discrimination. I've told you that we have eradicated sexual discrimination" ["Tú hablas de discriminación sexual. Te dije que nosotros hemos erradicado la discriminación sexual"] (Castro 1992, 236), and he went on to explain that the Cuban state had worked to end sexual discrimination. He explained that sexual discrimination had been particularly bad towards women, and emphasized the detrimental role of *machismo* in the promotion of equality (including sexual equality), as well as the need to continue improving national attitudes towards discrimination as a whole (Castro 1992, 236). Specifically in terms of homosexuality, he noted:

I won't deny to you that, at one point, the whole idea of *machismo* also had an influence on the way in which we saw homosexuality. In my own case--since you are asking for a personal opinion—I don't suffer from that kind of phobia about homosexuals. Really that has not an opinion I have ever held. I have never supported or indeed encouraged any policies against homosexuals. That negative approach to homosexuals was found at a particular period in our history, and is associated with that cultural heritage of *machismo*. I am trying to offer a more human explanation, a scientific explanation of the problem. This situation occasionally turns into tragedy, and is influenced by the opinion of the older generation. Indeed there are some fathers who have homosexual children and can't accept this--it becomes a tragedy for them. You can't help but feel tremendous sorrow upon seeing this, since it turns into a major tragedy for the person involved.

[No te voy a negar que, en cierto momento, esa cosa machista influyó también en un enfoque que se tenía hacia el homosexualismo. Yo, personalmente—tú me estás preguntando mi opinión personal—no padezco de ese tipo de fobia contra los homosexuales. Realmente, en mi mente nunca ha estado eso y jamás he sido partidario, ni he promovido, ni he apoyado, políticas contra los homosexuales. Eso correspondió, yo diría, a una etapa determinada, y está asociado mucho con esa herencia, con esa cosa del machismo. Trato de tener una explicación más humana, una explicación científica del problema. Esto muchas veces se convierte en tragedia, porque hay que ver cómo piensan los padres; incluso hay padres que tienen un hijo homosexual y se convierte para ellos en tragedia, y uno no puede sentir sino pena porque una situación de éstas ocurra y se convierta también en una tragedia para el individuo (Castro 1992, 237-238).]

While he did not fully address the aspect of the question on “free love”, he concluded his answer by explaining simply that he was against discrimination of any kind.

In terms of the second question posed, inquiring if a homosexual could be a member of the Communist Party (which, as explained in a previous chapter, he had noted in the 1960s that they could not be), he did not explicitly answer. Instead, he noted, “As I am saying, there have been many prejudices around all of this, it's true. It's a reality, and I won't deny it. But there were also other kinds of prejudice, and we instead focused our efforts on overcoming them” [“Te digo que ha habido bastantes prejuicios en torno a todo

eso, es la verdad, es la realidad, no lo voy a negar; pero había prejuicios de otro tipo contra los cuales nosotros más bien centramos la lucha”] (Castro 1992, 239). While not directly answering the question, he expanded on his earlier statements regarding discrimination, noting that it and prejudice were still prevalent in society, including in the sexual behaviour of men and women. He concluded his answer by referring back to the “libertad de amar”, noting that he did not have a problem with such an idea (Castro 1992, 239). This interview is telling of the evolution of attitudes towards sexual diversity as a whole, and in addition provides a good indication of the ongoing struggles against discrimination.

In a similar vein, Espín also publicly opposed homophobia in 1992 in a significant public forum. While it was not the first time she had commented in public forums (such as FMC meetings or among colleagues) on issues relating to discrimination and society’s rejection of sexual diversity, the comments made in the early 1990s were among the most public (Aguilar Ayerra, 18 February 2013 [Interview]). For example, she openly corrected the homophobic remarks made by a delegate to the 1992 UJC Congress (Lumsden 1996, 111). Moreover, two years later, in the November 1994 Latin American Congress of Sexology and Sexual Education, when asked if she believed homosexuality should be regarded as a “problem”, she stated:

We must still continue struggling in our society to ensure that it should not be so, given that to discriminate against anyone with respect to race, color, ethnicity, religion, sex or sexual orientation, is profoundly unjust and is not acceptable in a society such as ours that has advanced applying genuinely humanistic principles (Lumsden 1996, 111).

This position was particularly significant for lesbians, as, until the mid-1980s, the FMC had at times barred known lesbians from becoming members, and had routinely promoted heterosexuality as the correct family dynamic (Bowry 1989, 6; Smith and Padula 1996, 173).

Despite the change in Fidel Castro's public opinion on homosexuality and discrimination, as well as Espín's emphasis on the importance of respect for diversity, few official changes occurred in the 1990s. In terms of legislation, some modifications were made. Most notably, in 1997, Article 303 of the 1987 Penal Code, which classified "taunting with homosexual intention" as a "public disorder", was removed. However other more subtle discriminatory laws remained, such as more severe legal punishments for "crimes of pederasty, when the victim and the adult were of the same sex" (Roque Guerra 2011, 222; Roque Guerra, 2013b). Following this shift, it would be about ten years before Cuba's political sphere would fully incorporate (at times perhaps reluctantly) sexual diversity.

### **Sexual Diversity in the 2000s**

Attitudes towards sexual diversity in the 2000s developed quickly and significantly. While CENESEX increased its work in the area in 2003-2004, various changes became apparent throughout the island, with significant transformations largely occurring after 2008. Despite the slow pace of official political change, other areas have developed considerably, such as published work and increased participation in international and national events on themes of sexual diversity (Rowe 2009; López 2007; Bonilla 2007; Collazo 2010; Leyva and de Armas 2010; Nova 2010; *EFE* 2012c; *EFE*

2013; González Delgado 2013; Castro Espín 2004, 4-5; *Juventudrebelde.cu* 2007; Menéndez Dávila and Omar Parada 2010). From 2000 onwards, the view of the importance of sexual education solidified, as did the link between education and health.

*Sexual Diversity in Print: Popular-Science and Bohemia*

Since the early 2000s, there has been a clear increase in the numbers of works published on sexuality as a whole, and specifically on sexual diversity. While earlier popular-science books provided both negative and supportive reports of homosexuality and bisexuality (such as the works of Schnabl [1979] and Brückner [1981], where the authors' competing opinions on sexual diversity were apparent), popular-science works have since evolved to fully incorporate sexual diversity. From books offering relationship advice to those focusing on the sexuality of physically disabled persons, a clear trend has emerged in which sexual diversity is depicted as normal.

The majority of the popular-science books have been directed at young people, and range from those written in a question-answer format to others strictly presenting information on sexuality-related issues. The majority of the work has been published since 2011, and covers topics ranging from teen pregnancy to relationship advice. Among the most prominent writers are Aloyma Ravelo, who has worked extensively with the FMC, and Beatriz Torres Rodríguez, a clinical psychologist, both of whom have based much of their careers on themes relating to gender and sexuality. Between them, they have written a significant amount of the popular-science and advice books on sexuality since 2005.

The most striking difference between the popular-science books of the late 1970s and 1980s, and those published in the 2000s, is the invariable section that discusses diverse sexual orientations as normal. Ravelo's (2005) book *Intimidades: Adolescencia y Sexualidad*, for example, has a full chapter dedicated to sexual diversity, called "Homosexualidad". The chapter specifically discusses lesbianism as well as providing a full analysis of why one must respect sexual diversity, with the main argument suggesting that it is normal sexual behaviour. The chapter is written empathetically, not unlike Schnabl's chapter in *El hombre y la mujer en la intimidad*. It notes that, while there had been significant changes since the 1990s in the levels of acceptance, by their very nature prejudices were ongoing, and asserts that society had to make a continued effort to respect diverse sexual orientations (Revalo 2005, 272). Her other two popular books are *40 preguntas sobre sexo* (2009) and *Sexo, amor y erotismo* (2011). Both discuss sexual diversity in a similar way, as she attempts to correct what she calls "myths" about homosexuality (2009, 54; 2011, 80-83), and suggests that a greater respect for diversity is needed. As she explains (2011, 77-80):

This homophobia, that is, the behaviour that is either repelled by, criticises or doesn't accept homosexuality, is responsible for the fact that numerous adolescents and youngsters as well, are uneasy with, reject, or make fun of youths who have another, diverse, sexual orientation. It's a bad lesson that many adults teach to their children from childhood.

What is starting is a real recognition that these people have such sexual preferences. Science has levelled the playing field, but society still doesn't treat us with the proper respect and, although in our country, from the 1990s onwards, you can speak of a greater tolerance... but this hasn't been the rapid [change] that we really wanted and need as a society.

[Esa homofobia, es decir, la conducta que repele, critica o no acepta la homosexualidad, tiene gran responsabilidad de que numerosos adolescentes y jóvenes, asimismo, vean con malestar, rechazo, o burlas a los jóvenes que tienen otra orientación sexual diversa. Es una mala lección que muchos adultos imparten a sus hijos desde la niñez.

Comienza una real apertura de reconocimiento a estas personas que tienen tales preferencias sexuales. La ciencia saldó las cuentas, pero la sociedad aun no los trata con el debido respeto y, aunque en nuestro país, a partir de los noventa, puede hablarse de una mayor tolerancia... pero no lo rápido que realmente deseamos y necesitamos como sociedad.]

In a way that is similar to the work of Ravelo, Torres Rodríguez has contributed significantly to Cuba's published work on sexuality. Her works (2006; 2008) also present sexual diversity as normative behaviour, and she asserts that it must be respected (2006, 120-135). She also suggests that society has a responsibility to respect and protect all of its members, including those of different sexual orientations (2008). While the work of Ravelo and Torres Rodríguez was possibly the most significant (although it never reached the levels of popularity and scandal that Schnabl and Brückner's work achieved), other authors have written works in a similar vein, such as Miguel Ángel Roca Perara's *Los jóvenes preguntan acerca de la pareja* (2011), which discusses homosexual and bisexual couples, asserting that they have the right to feel secure in developing a relationship with the same sex, and that society should equally provide a respectful and supportive environment for them (2011, 28-33, 158-164).

In addition to the books directed towards young people, work has also continued to be published for other groups, such as books on sexuality for older generations or disabled people. Among them, Rodríguez Boti's (2003) *La sexualidad en el atardecer de la vida* is telling of the evolution of attitudes towards sexual diversity. A book written primarily for older Cubans, it also contained a detailed section on sexual orientations. It briefly explained some of the history of homophobia in revolutionary Cuba, and suggested that significant changes had been made, though some prejudices persisted (Rodríguez Boti 2003, 92-93). A discussion on homosexuality and lesbianism in "old

age” was also provided, explaining how it might be difficult for some people, but noting that they still had the right to a safe and satisfying sexual life (Rodríguez Boti 2003, 92-93). The book was primarily important because it was geared towards older generations, which had been and continue to be among the most homophobic. Other authors have continued this trend, publishing significantly more on gender and sexuality as a whole (C. Alicia González Hernández and Beatriz Castellanos Simons [2006]; Dulce María Sotolongo Carrington [2011]).

Similarly, there was also an evolution noticeable in the information published in *Bohemia*. While earlier editions devoted a significant amount of their pages to the role of women in the Revolution, in the early 2000s the pages that were once intended to praise women were used primarily as a means of discussing sexuality, specifically of promoting sexual education and sexual health. It is clear from the content and its regularity that sexuality as a concept had, by the early 2000s, become fully incorporated into public discourse and normalized. For example, titles included “La vitamina sexual” (*Bohemia* 2001c, 69), “Prisioneros de sexo” (*Bohemia* 2001d, 69), “Relaciones sexuales” (*Bohemia* Decemner 2001e, 69) “Hablar de sexualidad a su hijo” (*Bohemia* 2001b, 69), and “Embarazo en la adolescencia” (*Bohemia* 2001a, 69).

By 2003, while there was a large number of articles produced on sexuality, their focus had clearly shifted. Rather than emphasizing sexual health and sexual education, they instead focused on how to enjoy one’s sexuality. By 2004, these articles appeared at least monthly and increased in quantity and in breadth when dealing with sexual issues. The major themes covered were: how to have an equal sexual relationship; the health benefits of regular intercourse; how to have good sex; and male sexual issues. In 2004

there was the first indication of interest in male sexual inadequacies, with several articles on infertility and erectile problems, which for a historically *machista* society, this was a noticeable change. In the following years, the range of these sexual topics would continue to increase.

The first comprehensive article about sexual diversity was published in May 2008, titled “Diversidad sexual: desafiando molinos” (*Bohemia* 2008, 24-28). Following this initial article, there were no further feature articles on sexual diversity as a whole, although some focused on elements of sexual diversity and prejudice, such as “Entre hombres anda el virus” (Edith and Hormilla 2009, 28-35). Despite its ongoing work on themes of sexuality, *Bohemia* did not publish significant work on diverse sexual orientations. This trend suggests the importance of 2008, as the first and only year that a significant article was produced, as well as highlighting ongoing prejudices and issues across the country. Despite 2008 being an important year in this regard, the lack of regular publication is also indicative of the continual internal debate over sexual diversity and how to address it.

Primarily from 2005, more work on sexuality was produced outside CENESEX. Gender and sexuality specialists, some working for the FMC, began a trend in research and publishing at that time. Developing the understanding of sexuality as normative, sexual diversity was incorporated by the popular published works of authors who invariably discussed sexual diversity as normal, while simultaneously problematizing prejudice and discrimination. As in earlier decades in revolutionary Cuba, this body of published work is indicative of the changes occurring throughout the country, among the leadership and population.

*Gay Politics*

Sexual diversity was not a primary theme in Cuban politics in the early 2000s, and it would be some years before it would become prominent on the national political stage. The first major indication of change came in 2006, as Cuba was among the 100 countries to participate in the “Gay Olympics” in Montreal, Canada (Rodríguez 2006). However, significant political policy change would not occur until two years later.

The first major related political shift occurred on 4 June 2008, when Public Health Minister, José Ramón Balaguer (an ex-guerrilla known for his “hard-line” views), signed Resolution 126, which authorized the creation of a centre that would provide comprehensive healthcare for transsexuals, including free gender-reassignment surgeries, medication, and therapy (Acosta 2008; Padrón Durán 2006, 11; Norandi 2009; Rodríguez 2009; Cortani 2006; Duraud 2011; González 2013; Grogg 2009). This was significant because it indicated the first time that the country had offered the surgery since 1988, when the first and only reassignment surgery had taken place (Macmillan S, et al. 2002, 12-24; Lacey 2007). Moreover, it is telling that the Minister, who earlier in the Revolution had participated in the institutionalized homophobia, was the one responsible for formally approving the decision.

This change followed CENESEX’s legal efforts from the late 1990s to achieve improved legal rights for transgender citizens, including the right to change their indicated sex on legal documentation. It followed the Centre’s other work regarding the transgender community, such as the 2005 Commission for the Integral Care of Transsexual People. Resolution 126 can be understood as the political reform that

followed the Centre's social reform campaigns, as the government steadily increased its attention to sexual diversity in the political sphere.

Another important moment came in the summer of 2010, when the by then former president, Fidel Castro, publicly assumed responsibility for much of the homophobia that had been present particularly in the early years of the Revolution. Among the issues noted by him were the UMAP camps, although he blamed much of the discrimination on the cultural influence of *machismo*, as well as on United States threats in the 1960s (*Reuters* 2010; *Globe and Mail* 2010). This assumption of responsibility was important, as it encouraged Cubans to re-think what it meant to be a revolutionary. Moreover, it provided an affirmation that changes in attitudes were ongoing. While Fidel Castro did not suggest the need for dramatic policy change, the address did provide a vital step for the respect for sexual diversity, and a criticism of what for decades had been official government policy.

Castro's public address and the 2008 Resolution 126, were thus considered achievements in demonstrating official progressive attitudes dealing with sexual diversity, although it was largely eclipsed in November 2010 by Cuba's role at the United Nations General Assembly's Social, Humanitarian and Cultural Affairs Committee. The Cuban diplomats at the Committee voted in favour of an amendment that was proposed by Mali and Morocco, which would replace any reference to "sexual orientation" by the more general expression "discriminatory reason on any basis". In other words, the specific reference to condemning homophobia was replaced by a diluted argument condemning all acts of discrimination. Cuba was one of 79 countries, and the only Latin American country, to vote in favour of the amendment (Acosta 2010a). Thus, while

changes had occurred on the island by 2010, in an important international forum, Cuba had clearly taken a step backwards in terms of supporting sexual diversity rights.

Following the vote, CENESEX and SOCUMES were among the first to publicly criticize the government's decision. Alberto Roque Guerra, a leading physician at CENESEX who also works closely with SOCUMES, stated that "Failure to specifically mention discrimination on the ground of sexual orientation gives the green light for many states and governments to continue to treat homosexuality as a crime" (Acosta 2010c). CENESEX director, Castro Espín, criticized the decision, while also noting that only two years earlier, on 18 December 2008, Cuba had been among the 66 countries to support the United Nation's General Assembly Declaration on Sexual Orientation and Gender Identity, the first statement on sexual diversity and gender identity made by the UN (Castro Espín 2010; IGLHRC 2009). This clearly highlights the ongoing internal debate throughout the island, and particularly within the political structures, and demonstrates that public dissent is not prohibited in Cuba and that CENESEX was not part of the government structures, nor Castro Espín part of the ruling Castro dynasty.

In 2011, the PCC also changed significantly, as the Party Congress officially introduced sexual diversity into its Fundamental Principles. Particularly important was Section 54 (now listed as Section 57), which covered discrimination and which noted that discrimination on the basis of race, religion, or sexual orientation would not be tolerated, particularly for those working in the public sphere, in political organizations, or, in general, "for the defence of the Revolution". In addition, Section 65 (now under Section 69), which covered the media, stated that all media outlets (written and digital), including sections of the press, were required to present the "reality" of diversity in Cuba, including

gender, skin colour, religious beliefs, and sexual orientation (*Cubadebate* 2011; *El Universal* 2011; García López-Trigo 2012; Rodríguez Cruz 2012; Castro 2012).

These changes were significant, as the Party's fundamental principles—the basic concepts on which the Party develops its ideology—changed to officially incorporate a group that it had previously condemned and against which it had previously discriminated. As former Cuban diplomat, Camilo García López-Trigo, noted, “Undoubtedly this is an historic success: for the first time the Communist Party of Cuba has assumed a clear policy against discrimination based upon sexual orientation—and this after decades of silence which have resulted in many homophobic actions, extremely painful for many” [“Sin dudas, es un éxito histórico: por primera vez el Partido Comunista de Cuba asume una política clara contra la discriminación por orientación sexual, tras décadas de silencio que condujeron a no pocas prácticas homofóbicas, dolorosas para muchos”] (García López-Trigo 2012).

The ongoing shift in Cuba's attention to sexual diversity was evident in November 2012, when the island's first transgender woman was elected at the municipal government level, to become in effect the first known transgender person in the national system of governance. The then fifty-year-old woman, Adela Hernández, was born with male sex organs, though she had identified herself as a woman since she was a child, and had been receiving hormone therapy for the previous three years. She worked as an electrocardiogram technician in a hospital in the Caibarién municipality in the province of Villa Clara, where she also served as the president of her local CDR. She had reportedly suffered levels of prejudice and discrimination throughout her life, including arrests, and considered her win in the election as an indication of the country's growing

respect for sexual diversity (Rodríguez 2012; *Associated Press* 2012a; Progreso Semanal 2012; *Fox News* 2012; González 2013).

Of particular importance to the evolutionary process and development of rights was the development of the New Family Code and its submission to the National Assembly in October 2012, outlining amendments to include gender and sexual diversity under the law. It is unclear when the idea for a New Family Code (that is, an amended version of the 1975 Code) developed. According to Castro Espín, it had been an ongoing project of the FMC since the early 1990s, as FMC members sought advice and suggestions from various specialists regarding possible improvements needed as a result of the ongoing socio-cultural and economic shifts facing families (Castro Espín 2007, 3). Indeed, as with its predecessor, the development of the New Family Code was an evolutionary process, reflecting contemporary needs.

Between 2005 and 2007, the need for an amended Code became more apparent, and official discussion began, the aim being to develop a Code that reflected the reality of Cuban families, which were no longer necessarily the heteronormative ones presented in the 1975 version. The primary organizations that were responsible for developing the new Code were the FMC and the UNJC, working in conjunction with CENESEX, which largely provided data and suggestions. Like the first version, the FMC sought various opinions about what to include and what to exclude. Several versions were written over the years, with the earlier versions including a section whereby same-sex couples could adopt, as well as enter into a lawful marriage. The negative popular feedback regarding the adoption rights of same-sex couples, as well as the specific reference to “marriage”, prompted the adoption amendment to be dropped, and the change of the term “marriage”

to that of “civil union” (Acosta 2008; Acosta 2012; Aguilera Ribeaux 2001, 28; Vásquez Sejido, 13 February 2013 [Interview]; María Ramírez, 4 February 2013 [Interview]).

Throughout all the evolutionary stages of the new Code, two central themes remained evident. The first was the inclusion of the concept of gender, rather than sex, in order to reflect the contemporary needs of men and women. While one’s “sex” refers specifically to sexual organs, “gender” is a social construct that generally reflects a male or female identity; a man could have male reproductive organs but his gender could be female. Gender as a concept was believed to be an important addition to the Code in order for it to be more inclusive of sexual diversity as a whole. The second theme was to reform the rights of non-heteronormative citizens, that is to say to provide recognition of the rights of sexually diverse persons and their families. These included civil unions, and the right for lesbian women to have access to the country’s *in vitro* treatments, among others. On the whole, the aim of the New Family Code was to make the idea of family more inclusive. As Acosta aptly noted, “The reformed Family Code would stipulate that the family has the responsibility and duty to accept and care for all of its members, regardless of their gender identity or sexual orientation” (Acosta 2008; Acosta 2012; Vásquez Sejido, 13 February 2013 [Interview]).

The New Family Code was presented to the National Assembly in October 2012 by UNJC Secretary, Yamila González Ferrer, one of the Code’s primary activists. However, the process for the amendments to be agreed upon and ratified is extensive and largely based on a series of drawn-out debates and approvals. The process involves discussion in various debates and negotiations over specific conditions, with amendments being suggested and discussed by members of the National Assembly, following which it

is then presented to the entire Assembly, largely as a summary of the Code, followed by further debates and ultimately a vote. Moreover, if the vote is carried, there is another complex process to turn it into legislation. If the vote fails, a newer version does not need to be resubmitted, as the Assembly will keep the initial proposal, and reassess it at a later date (Acosta 2012; Vásquez Sejido, 13 February 2013 [Interview]).

In late 2014, the Code was still being considered and open to debate, but beyond that little was known regarding the stage it was at in discussions. The amendments to its predecessor remained a continuous topic, as CENESEX and other organizations such as the UNJC and FMC continued their efforts to persuade the National Assembly to incorporate diverse family structures into laws. CENESEX in particular has continued to press for a change to the island's Family Code, as well as to support all legislation that supports sexual diversity. As noted by Castro Espín, if the rights of sexual diverse Cubans are not ratified, then they are in essence left unprotected by the law (Sierra 2008).

Meanwhile, with the significant advances in incorporating sexual diversity into the political sphere, the 2013 Labour Code (otherwise known as Ley 116/2013) prompted considerable debate (*Antiproyecto de Ley Código de Trabajo* 2013). The Labour Code was originally instituted in 1985, with various amendments made over the following decades. The “new” Code was produced in 2013, and published for the public a full six months after it had been fully analyzed, debated, and finally agreed upon by the National Assembly. Since it pertained to many of the new changes in Cuba's economy, it received a significant amount of international attention. What the newspaper and reports did not pick up on, however, was that, in addition to the anticipated changes regarding

employment legislation, the Code also propelled further debate over the question of sexual diversity rights, as many felt that the Code was in some ways discriminatory.

The majority of the criticisms focused on Article Two, which stated that

The fundamental principles that govern the right to work are a) every woman or man who is fit to work, without distinction of race, skin colour, sex, religion, political opinion, national or social origin, and anything else that is detrimental to human dignity, has the right to obtain employment with which they can contribute to society's goals, satisfy their needs and those of their family, and serve the demands of the economy and of their choice, as much in the state sector as in the non-state sector (*Antiproyecto de Ley Código de Trabajo* 2013; Roque Guerra 2013a).

[Los principios fundamentales que rigen el derecho de trabajo son: a) toda mujer u hombre en condiciones de trabajar, sin distinción de raza, color de la piel, sexo, religión, opinión política, origen nacional o social, y de cualquier otra lesiva a la dignidad humana, tiene derecho a obtener un empleo con el cual pueda contribuir a los fines de la sociedad y a la satisfacción de sus necesidades y las de su familia, atendiendo a las exigencias de la economía y a su elección, tanto en el sector estatal como no estatal (*Antiproyecto de Ley Código de Trabajo* 2013; Roque Guerra 2013a).]

While some considered it a victory, if only a minimal one, for the island's sexual diversity rights (García López-Trigo 2014; Labacena Romero 2014), others felt it was a discriminatory piece of legislation. The most common complaint was that this section in particular did not make reference to sexual orientation or gender identity, and rather placed them under the umbrella of “anything else that is detrimental to human dignity” [“cualquier otra lesiva a la dignidad humana”]. The lack of specific regard to non-heteronormative citizens, it was argued, also went directly against the PCC's fundamental principles regarding discrimination (Roque Guerra 2013a). Moreover, it has also been argued that it focused specifically on men and women, omitting and thus discriminating against transgender citizens (Díaz 2014). Various bloggers, activists and members of CENESEX's Networks, among others, have since continued to criticize the Labour

Code's lack of specific protection for members of diverse sexual orientations and identities (Paquito 2013; Roque Guerra 2013a; Díaz 2014). While the Code remains an area of contention, it is illustrative of the ongoing issues in the political sphere in terms of accepting and representing sexual diversity. Although significant changes have occurred in politics across the island, problems persist.

### *Contemporary Medical Training*

In Cuba the field of medicine, and specifically medical training, has steadily increased its emphasis on the importance of sexuality and sexual diversity in its curriculum. As noted in the previous chapter, largely as the result of the persistence of CENESEX, more courses have been offered throughout medical universities on the needs of sexually diverse patients, and sexual health overall has become a priority in recent years, as the medical field has increasingly considered sexuality to be an important indicator of health and well-being.

Unlike the evolution of treatment of patients with HIV/AIDS in Cuba, the incorporation of sexuality, and particularly sexual diversity, into medical training is still very new, and there is little data on it, apart from a clear increase in ProNess' efforts within the field. That said, a solid example of change in medical training is the 2013 launch of SEXSALUD. As Noides Manuel Bell Fernández, a *Red de Jóvenes* leader in the province of Santiago de Cuba and sixth-year medical student noted, "it is called SEXSALUD, a fusion of the words sexuality and health, because we want to treat sexuality from a perspective based upon health" ["se llama SEXSALUD, fusión de las palabras sexualidad y salud, porque queremos tratar la sexualidad desde un punto de vista

saludable”] (Puentes Valladares 2013a). Based in the Universidad de Ciencias Médicas de Santiago de Cuba, it is a programme whereby medical students have access to online chatrooms that cover various topics including metrosexuality, sexual violence, adolescent sexuality, sexual rights, sexual diversity, sexual health, and STIs (primarily HIV/AIDS). Within the chatrooms are specialists (such as CENESEX personnel and various medical professionals) who offer information and advice to the medical students (InfoMed 2013; *Prensa Latina* 2013b; Puentes Valladares 2013a; CENESEX 2013).

While the programme lasts only one week, with two hours in the morning and two hours in the afternoon available in two computer labs for students to participate, it is a clear indication of the means with which the government, and MINSAP in particular, are aiming to increase medical training on issues of sexuality (InfoMed 2013). Moreover, it also indicates CENESEX’s ongoing emphasis on training younger generations, including medical professionals, who will be able to better address the needs of different sexual groups, while decreasing discrimination.

Another clear indication of the incorporation of sexuality into the medical field is the changing curriculum at the Latin American School of Medicine (Escuela Latinoamericana de Medicina) (ELAM). The original aim of the school was to provide medical training to people for marginalized and underserved regions across the world (Castro 1999). MINSAP, via CENESEX, have been working to incorporate sexual diversity-into the medical training. One of the first examples of this was a 2012 debate during the fifth *Jornada Contra la Homofobia*, in which CENESEX specialists participated, along with medical students, on topics of sexual diversity and particularly homosexuality. While some students were very uncomfortable with the idea of learning

about sexuality, others noted that it was an important element of medical training. Since the initial debate, ProNess and MINSAP have continued to increase their emphasis on sexuality in medical training at the school (*IPS 2012b*).

It is telling that MINSAP has attempted to include its foreign students in its efforts to promote its comprehensive medical training on sexuality. The fact that the Ministry is investing in the promotion of international attention to sexual diversity through medicine suggests a strong belief in the link between discrimination and health. This case, as well as SEXSALUD and the other elements of ProNess, highlight well how medical training is increasingly being used to decrease prejudice, and ultimately increase respect for sexual diversity. The underlying message in this case is clear, that in Cuba discrimination is believed to be detrimental to health and well-being, and the field of medicine can be used as a vehicle to create and develop change.

#### *Ongoing Problems: Discrimination, Prejudice, and Violence*

There have undoubtedly been significant changes in attitudes towards sexual diversity in Cuba since 1990. Yet, while it is important to note the evolution, it is equally important to understand the ongoing areas of difficulty and challenges, such as enduring levels of discrimination and prejudice.

The ongoing problems with the normalization of sexual diversity are not unique to Cuba, although they are illustrative of the continuing evolutionary process on the island. Among the most significant problems is a persistent level of discrimination and prejudice. This is evident from the clear differences in levels of visibility of sexually

diverse persons throughout the country. Like most countries, Cuba's capital and other major cities has a higher level of sexually diverse citizens, largely due to the anonymity that living amongst a larger population provides. In Havana, for example, seeing gay (male or female) couples is not uncommon, and this has visibly increased in the last ten years, while in other more rural provinces, it would be very uncommon to see two men holding hands. The areas where sexual diversity is more visible reflect a higher level of acceptance and respect, whereas in other areas many same-sex couples feel uncomfortable demonstrating their sexual orientation publically (Roque Guerra 2013b; Roque Guerra 2009).

The lack of visibility of sexually diverse couples and related problems of discrimination are also apparent in national cultural productions, such as those on TV and the radio. Lesbians in particular are very rarely discussed or shown, while male homosexuals are often presented as very effeminate and infected with HIV/AIDS (Acosta 2009b; Acosta 2010e; Matos 2006). There has also been criticism of having sexually diverse people presented in the media, as some citizens believe that this perpetuates bad or dangerous sexual behaviour (Arreola 2006). It is clear overall from both the levels of visibility of sexually diverse people and responses to them, that discrimination is ongoing on the island, chiefly in less populated areas.

An additional specific problem is that of violence, and hate crimes in particular. Although the topic is slowly gaining momentum in some of the island's research circles, there has been very little data collected on hate crimes related to sexual diversity. Research on the topic mainly began in the early 2000s, with a study aimed at measuring levels of psychological and physical violence suffered by homosexual couples. The

study, conducted at the Centro Provincial de Educación para la Salud de Santiago de Cuba, and carried out by psychologist Pedro Oscar Telles, discovered that, of those studied, approximately 94% had experienced psychological violence, while 48% were reportedly victims of physical violence (Acosta 2009b). Other studies have also suggested that, of the sexually diverse groups, transgender persons suffer the most psychological and physical abuse (Chávez Negrín 2011, 206-207).

Levels of homicide as a result of sexual diversity are also indicative of ongoing prejudices. González Pagés (2014b), for example, noted that in 2013 there were over 40 reported homicides across the island as a result of hate crimes against sexually diverse persons (primarily perceived as homosexual men and transgender persons). Among those killed were significant public and cultural figures, including dancer and choreographer Alfredo Velázquez, economist Eduardo Pérez de Corcho, and director and stage designer Tony Díaz (Roque Guerra 2014; González Pagés 2014a; 2014b). Despite the problems with violence, it is important to consider that the category of “hate crime” in Cuba is relatively new, and is illustrative of the growing attention to the specific needs and problems associated with sexual diversity. It is unlikely that, before 2000, crimes against homosexual men, or transgender persons, would have received the significant levels of attention they have received in recent years. While the figures highlight a problem of violence towards these groups, equally the attention to this level of violence demonstrates the overall evolution of attitudes. In other words, despite it being a clear problem, the fact that the problem is not being ignored suggests in itself a dramatic change.

While the Cuban media, as well as the international media, focus more on the positive elements of the evolution of attention to sexual diversity rights, it is important to

consider the necessary areas for improvement. In particular, respect (rather than tolerance or acceptance) for sexual diversity could still be improved considerably (Duraud 2011; Acosta 2005). Indeed, despite significant advancements in the area, challenges remain, as the island, and CENESEX in particular, continue to work towards improving sexual diversity rights and attention to diversity as a whole.

### **Conclusion**

It is clear that, between 1990 and 2014, there were significant shifts in attitudes towards sexual diversity. An initial glance at these developments would see them as a series of positive events, beginning with the release of *Fresa y chocolate*, followed by Castro Espín's work with CENESEX from 2008. In fact, however, an analysis of the spheres of culture, politics and health, suggests it has been a significantly more involved process. From these gradual changes since 1990, three principal conclusions can be drawn.

Firstly, contrary to what has previously been posited, by the early 1990s sexual diversity was not on the whole a taboo subject that only changed following the release of *Fresa y Chocolate*. By the 1990s, attention to sexual diversity and the understanding of related discrimination as problematic was already notable and particularly evident in the political and health spheres, such as the early attention to national HIV/AIDS rates, and key revolutionary leaders' willingness to condemn discrimination. It is clear that the government and populace were engaging in an ongoing and wide-ranging public debate centring on attitudes towards sexual diversity in the early 1990s. Instead of these early events instigating the public debate over sexual diversity, as previously believed, it

should be understood that these developments simply increased discussion. Nonetheless, related political change would not occur until 2008, at which point sexual diversity became fully incorporated into the political sphere. Indeed, following the 2008 MINSAP decision on Resolution 126, discussion about sexual diversity could be found among bureaucrats and in government ministries, as well as in the media.

Secondly, when analyzing the evolution of attitudes towards sexual diversity and the work of CENESEX, as noted in the previous chapter, it becomes clear that the Centre's work *preceded* many of the national changes. The Centre has endeavoured to create change, for example, in its published work, particularly from the early 2000s, a trend that became apparent beyond the Centre from 2005. Similar trends are also apparent in the health sphere, such as the case of Resolution 126 and widespread national discussions over the New Family Code. Arguably, this trend is not always visible, although the overlap of national changes and those previously suggested or worked upon by CENESEX is evident. The Centre's work was thus critical in the ongoing national changes.

Finally, it is clear that this has all been an ongoing process. While often understood as being the result of two or more major events, it is clear from analyzing the sequence of significant events and cultural trends that increasingly incorporated sexual diversity, that the evolutionary process was more complex than previously believed. From the early 1990s to 2014, there were notable changes in official and unofficial attitudes towards sexual diversity, although these were also accompanied by considerable and ongoing problems. In other words, it should not be understood as a straightforward

series of positive events, but rather as a complex process through which change has, at times reluctantly, occurred.

## Chapter 5

### Cuban Healthcare and Global Health Governance

“The roots of ill health lie in poverty, discrimination, lack of education, misdistribution and misuse of often scarce resources”.

-Boelen 2008, 52.

Revolutionary Cuba is not unique in its belief that health and healthcare are critical to development, but the country has become known internationally for its attention to health, which has been a priority since the beginning of the Revolution. For example, in July 2014 the Director General of the World Health Organization (WHO), Margaret Chan, visited Cuba, where she noted the state’s commitment to the provision of healthcare: “Cuba is the only country I have seen which has a healthcare system closely linked to closed-loop research and development. This is the right direction to be moving in, because human health cannot improve without innovation”. She also stated, “I keep a special place in my heart for Cuba and recognize the efforts of the Cuban government to establish health as an essential pillar of development” (*Granma International* 2014). However, despite international acclaim and studies on the evolution of healthcare, few, if any, observers have offered suggestions about why it has developed. Health rates have undoubtedly been an aim of the Revolution, but thus far academics have not really offered explanations on the reasons for this. In other words, we know the *how* but not the *why*.

An additional area that has not been covered in academia, with the exception of a recent book by Huish (2013) that focuses on medical internationalism, is how Cuba’s community-based healthcare model engages within Global Health frameworks, a critical

component to understanding health governance. Exploring Global Health and its evolution, and placing the Cuban model within its trends, is important for the development of a more comprehensive view of the Cuban system as a model. The ways in which the two elements work together is also instructive of the Revolution as a whole.

The aim of this chapter is three-fold: to explore and analyze the fundamental concepts of Global Health; to trace the evolution of healthcare in Cuba, in order to posit why health has been a priority of the Revolution; and finally to analyze the Cuban model within a framework of Global Health. The purpose of this chapter is to develop a fuller understanding of health and healthcare in Cuba, by examining it in a national and global framework. While medical internationalism (Huish 2013; Kirk and Erisman 2009) and medical tourism have developed as important elements of Cuban healthcare, they will not be examined in this chapter, which will instead focus specifically on Cuba's public healthcare system, and on how it engages with the understanding which scholars have of Global Health.

### **The Evolution of Global Health**

#### *Why do people care about health?*

Health has always been of paramount importance to societies and individuals. For some countries, one of their greatest accomplishments is considered to be their healthcare systems, such as the United Kingdom and its National Health System. By contrast, other countries' governments have hit a crisis point, such as in the United States, where the government even briefly stopped functioning as a result of arguments over a national

health scheme. Indeed the virtual implosion of the United States' government in 2013 due to "Obamacare" is telling. Moreover, many global regions are characterized by their poor health statistics. Sub-Sahara Africa and Haiti, for example, are areas that have become synonymous with HIV/AIDS and low life-expectancy rates.

Analysis of the literature on health, healthcare and Global Health suggests four main reasons why health, and by extension healthcare, is valued: it is an important aspect of productivity; it is an indication of a country's level of development; it is a human right; and it is vital to well-being.

The relationship between productivity and health has not been analyzed at length in academic fora, and little literature explores the relationship at length. However, it does appear in the literature as somewhat of a truism. There is a clear understanding that, in terms of productivity (of a country or an individual), a healthy worker is a productive worker (Gauri 2003; Fogel 1993, 1994; Strauss and Thomas 1998; Gallup and Sachs 2000; Harman 2012; Lindstrans et al. 2011). While authors have suggested that various aspects of health contribute to higher levels of productivity, including nutrition, levels of disease, and fertility rates, the central concept in all the arguments is that, in order to be more productive, an individual or society must be healthy.

One such example of this can be seen in the development of the Panama Canal. Yellow fever outbreaks in the workers' camps forced the construction of the canal to stop. It was not until 1881, when Carlos Finlay, a Cuban researcher, made the connection between mosquitoes and the spread of the illness, that public health measures were taken to improve the health conditions of the workers. As a result, the number of mosquitoes

was reduced, along with infection rates. This allowed the completion of the canal, and as a result productivity increased (Lindstrans et al. 2011, 265).

In a similar vein is the understanding that epidemics are expensive, and should thus be avoided so as to maintain production rates. The financial costs of epidemics are felt across governments, private companies and societies as a whole, as every level is affected. Fidler (1998, 9-10), for example, argues that “States have long felt the economic impact of epidemics and have acted to control disease and limit the economic burden diseases impose”. This is due to a large-scale loss of labour—and the resultant impact upon everything from food production, decreased birth rates, and fewer workers. Health, then, is important for production.

Undoubtedly, this cannot be understood as a blanket understanding across all histories and cultures, and the relationship between health and productivity is complex. Nevertheless, it does provide a valuable contribution to the overall understanding of why health and healthcare are valued by both societies and individuals. The owner of a factory or the president of a country may not necessarily be interested in the health of individuals, but will be concerned with the related production rates. As Harman (2012, 1) notes, “[S]tate economies are based on the production and labor force of healthy workers. Global health is integral to the growth and spread of markets in the reproduction of consumers and producers”.

A second reason why health is valued is that it is considered an important indicator of a country’s individual level of socio-economic development, with particular emphasis on the role of the state (or in most cases the strength of the state). Health is

understood as a significant indicator of a country's profile, suggesting the level of the state's stability, infrastructure, GDP, gender equality, and quality of education. Health is used as a barometer of a country's development, and is believed to be the measurable result of a complex relationship between other development factors. It is viewed as the result of a state's ability to provide the necessary factors that contribute to improved health rates. Above all, these include education, gender rights and wealth (Harman 2012; Rainham 2005, 307; Kruk et al. 2010: 94; Learmonth and Curtis 2013: 22; Lindstrans et al. 2011; Moore et al. 2006; Gauri 2003, 469; Farmer 2001).

For example, Sen and Bonita (2000, 581) argue that education is one of the primary factors affecting a country's levels of health and economic development. A poorly educated country, they argue, will be a less healthy one. Other specialists have made similar observations about gender equality, noting and correlating the levels of women's rights with health and education (Harman 2012, 128; Tolhurst et al. 2012, 1826; Beaglehole and Magnusson 2011, 827; Magnusson 2009, 265). This suggests that the state is a significant contributor (directly and indirectly) to health, and that health is a solid indicator of a country's level of socio-economic development.

This is further supported by international bodies' use of health to measure a country's level of development. The United Nations Development Programme (UNDP), for example, employs various measuring tools, one of which is the Human Development Index (HDI). HDI measures a country's GDP per capita, life expectancy and years of education to indicate a country's development level. Similarly, the Millennium Development Goals (MDGs), among many others, incorporate health as a necessary

aspect of development (Wiseman and Brasher 2008, 360; Beaglehole and Magnusson 2011, 827).

Thus health is understood as important because it can be used as an overarching measurable indicator of development. It is the result of various aspects of a country's development profile, including the state, education and gender rights, and as such is one of the primary means of measuring a country's socio-economic development as a whole. This argument is reinforced by the use of health levels to further highlight the difference between the "North" and "South", or "First" and "Third" worlds, and their relationships with one another.

The third reason why health matters is that it is considered by the United Nations, amongst others, as a basic human right. Indeed this concept relates to Adam Smith and his contention regarding the importance of "the ability to appear in public without shame" (Smith 1776, 469-471). Rawls (1971, 60-65) adds to the discussion, presenting the right to health as being fundamentally important for one's self-respect. Health as a human right, then, is important as it provides (in theory) a basic equality for all persons, the aim being that everyone is entitled to a basic level of respect. Health is a vital element of that basic respect, so that a person can exist with the highest possible level of dignity.

The UN's Universal Declaration of Human Rights includes two articles of particular importance in terms of health. Article 25 states that "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age

or other lack of livelihood in circumstances beyond his control”. Article 27 also notes that “Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits. Everyone has the right to the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author” (United Nations 2014; Global Health Watch 2005, 5; Farmer 2005, 135). Similarly, in 1966 the UN established the International Covenant on Economic, Social and Cultural Rights (ICESCR), of which Article 12 “recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health” (Schrecker et al. 2010, 1520-1521). Other international UN treaties presenting health as a right include the International Convention on the Elimination of all forms of Racial Discrimination (1965), the Convention on the Elimination of All Forms of Discrimination Against Women (1980) and the Convention on the Rights of the Child (1990) (Schrecker et al. 2010, 1521).

The WHO also discusses the right to health. For example in both the WHO Constitution of 1946 and the Declaration of Alma Ata in 1978, there is reference made to the right of people to receive “highest attainable standard of health” (Gauri 2003, 468). Again, this illustrates a significant emphasis on the importance of health on an individual level. As it is considered a ‘universal’ right, it is clearly seen as meant for all persons—indicating that it is a basic human necessity of life and contributes to basic human dignity as a whole.

A final reason that health is cared about beyond the “live-longer” argument, which supports the idea of health as a human right, is that it is a significant contributor to one’s sense of well-being. While the definition of well-being has been contested and

developed in different disciplines, it can best be understood as a level of happiness, or contentment with conditions, vital to the way in which an individual, or a community, wishes to live. As Wiseman and Brasher (2008, 358) explain, “Community wellbeing is the combination of social, economic, environmental, cultural, and political conditions identified by individuals and their communities as essential for them to flourish and fulfill their potential”.

Well-being was introduced into discussions of international bodies in the 1950s and 1960s, since, while it was previously believed that a population’s level of happiness would increase alongside its economic development, data suggested that this was a misconception (Cummins et al. 2009, 24; Kenny 2005, 210). Since then, measuring a country’s or a region’s well-being has become increasingly important and complex, and there has been growing attention paid to it, as greater numbers of specialists and international bodies increase their interest and problematize previously held assertions. By the 1970s, Strumpel (1974) posited, for example, that well-being ought to be measured in both subjective and objective terms. In other words, there were two levels of well-being, an objective level, including obvious measurable attributes such as health or education, as well as subjective attributes, which only an individual or community could determine, based upon their own expectations.

International bodies, including the UN and the WHO, continue to monitor well-being, in the belief that it is a significant aspect of life and that it is important to monitor change. Moreover, the measurements are used to increase levels of understanding about where economic assistance should be allocated, and if or how international aid affects wellbeing. Tools for measuring wellbeing include the International Wellbeing Index

(IWB), the Personal Wellbeing Index (PWI) and the National Wellbeing Index (NWI) (Tiliouine 2006, 1-2, 29).

Health is clearly a significant contributor to individual and community well-being, and, importantly, it is measurable. It is understandable that international organizations would monitor health for production or safety reasons, but it is also telling that well-being is also measured by significant numbers of development agencies, international bodies, and governments. This suggests an international understanding that health is vital to one's happiness and the overall human experience, and is not simply an international aspect of economics.

Although all four of these can arguably be seen as separate reasons to explain why health matters; however, it is important to understand that they are all interconnected and interdependent. Production, development, rights, and well-being are aspects of a global socio-economic framework. Production may be principally the reason why health was historically important, but social development ideas also shifted the emphasis to rights and well-being. These four reasons work both as separate entities and as complementary ones that feed off each other, as health and healthcare have continued to reflect both moral and economic concerns.

*What is the difference between Public Health,  
International Health, and Global Health?*

There is no universal definition of Global Health. As an emerging and constantly developing field, a complete classification has not yet been produced. That said, it is clear that Global Health differs greatly from Public Health and International Health [see

Appendix C]. Each represents a stage in the development of health and healthcare, with Global Health being the most recent stage of the evolution. Although it is often referred to in literature across the humanities and sciences, it is rarely—if ever—well-defined.

Public Health focuses on populations of a specific area, either a community or a country. It emphasizes prevention and equal access to healthcare, although it does not typically incorporate global cooperative agreements. Koplan et al. (2009, 1993) quoted Winslow, who noted that

Public health is the science and art of preventing disease, prolonging life and promoting physical health and efficacy through organized community efforts for the sanitation of the environment, the control of communicable infections, the education of the individual in personal hygiene, the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and the development of social machinery which will ensure every individual in the maintenance of health: so organizing these benefits in such a fashion as to enable every citizen to realize his birthright and longevity.

International Health developed from Public Health. The term was originally used to refer to any health work abroad but has since evolved to refer to the intervention of Public Health in a foreign country, typically one that is low- or middle-income. It regularly uses a binational model, emphasizing both prevention and curative healthcare (Koplan et al. 2009, 1993). It is an extension of Public Health as it focuses on health issues of a specific foreign area, following the principles of a Public Health model.

Global Health, by contrast, as a new field and concept, has been used in various, often contradictory, ways. For example, “Global health can be thought of as a notion (the current state of global health), an objective (a world of healthy people, a condition of global health), or a mix of scholarship, research, and practice (with many questions, issues, skills, and competencies)” (Koplan et al. 2009, 1993). Despite the lack of a

concrete definition, it can best be understood as the globalization of health and healthcare, focusing on the scope of health and healthcare, and their respective problems. Its focus is broad and all-encompassing: HIV/AIDS, for instance, is as much a global health issue as discrimination and prejudice.

The complex relationship between, among others, researchers, scientists, governments, international bodies, economic policies, health professionals, coordinators and strategists should be noted. While International Health uses a binational relationship to focus on the public health issues of a specific foreign country, Global Health incorporates several countries in an attempt to resolve health issues (such as disease control) that cross national boundaries and are present in different global regions. There is a strong emphasis on both preventive and curative measures, and it is characterized by having a significant multidisciplinary and interdisciplinary approach focusing on primary healthcare (Koplan et al. 2009, 1993-1994).

Global Health governance refers to the means by which Global Health is employed as a strategy. As Harman (2012, 2) explains,

“Global health governance involves an amalgamation of various state, non-state, private, and public actors and as such has developed beyond the institutional role of the WHO and state-based ministries of health... In the most basic sense of the term global health governance refers to trans-border agreements of initiatives between states and/or non-state actors to the control of public health and infectious disease and protection of people from health risks or threats”.

A Global Health initiative, then, is one that incorporates several disciplines and international organizations in order to attempt to resolve a Global Health issue (Brugha 2008, 74; Singer and de Castro 2007, 16038).

*The Development of Global Health*

The first International Sanitary Conference occurred in Paris in 1851. With twelve European governments participating in the conference, it marked the first formal international gathering that recognized the importance of international cooperation in the field of health. The cooperation was the result of rapidly spreading epidemics, and the realization of the amorphous boundaries of illness. Following this initial Conference, and primarily as a result of growing scientific discoveries concerning infectious diseases, including tuberculosis, cholera, diphtheria and typhoid, nine others were held between 1859 and 1897 (Horton 2009, 28). The development of the need for global healthcare continued, and the Pan-American Sanitary Bureau was established in 1902, and others soon followed in Paris and Geneva. The goal of these organizations was the prevention and treatment of disease (Horton 2009, 28). Since then, the concept of Global Health has continued to develop. World War II led to the establishment of the World Health Organization, and belief in health as a human right. However, despite altruistic intentions, health and healthcare became increasingly affected by neoliberal policies, creating growing divides in international health rates [to be discussed in more depth later in the chapter].

Tropical medicine was a precursor to Global Health. In the early 20<sup>th</sup> century, it was not viewed as a legitimate field of study, and it was not until Patrick Manson, in 1908, argued that it should be understood differently and instead developed as an important aspect of medicine that ideas began to shift. He argued that “tropical medicine was tropical...not because of where human beings with tropical diseases lived. Tropical Medicine’s uniqueness came from the effect of local climatic conditions on the disease

‘germ’ while it was outside the human body” (Horton 2009, 26-27). Thus tropical medicine should focus on the diseases that pass easily as a result of the area in which people live. Furthermore, this contention posits that other diseases which were previously understood as “tropical diseases” were in fact not so, as they existed in various climates. These included leprosy, cholera and plague, which can occur in any climate.

It took a significant amount of effort and time for Tropical Medicine to be recognized as legitimate and important discipline for medicine and health. As has happened with the trends in the growth of Global Health today, Tropical Medicine had to legitimate itself. Manson was later proved correct, as European medical and educational institutions were established to specifically focus on the issues of health and healthcare related to tropical medicine. His understanding of the importance of international health issues proved fundamental in the development of healthcare as a whole. Britain in particular established several university programmes, and the trend continues, with Britain being a current leader in the study of Global Health.

A particularly important element of Global Health was the establishment and evolution of the WHO. The WHO represented a tremendous international effort to improve health and healthcare globally. Yet, from the 1980s and 1990s, the role of the organization changed, as neoliberal market policies caused International Health and Global Health practices to shift dramatically. An understanding of the evolution of the WHO is instructive, and sheds considerable light on contemporary Global Health issues.

The WHO was the result of the international health conferences’ call for an overarching body to assist in resolving international arguments related to health by

establishing a collective of experts who could advise on the optimal solutions to health problems affecting the international community (Horton 2009, 28; Davies 2010, 33; Fidler 1999, 47). In particular, the WHO's work focused primarily on disease control (Kickbush 2000, 981; Gauri 2003, 468). The organization was officially created in 1946 with the formation of its Constitution, which was signed in 1948 by 61 member states (currently 192) at the first World Health Assembly (Davies 2010, 33). At the time, the central goal of the WHO was the "attainment by all peoples of the highest possible level of health, defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organization 2006, 1). This largely translated to the WHO being heavily involved in international disease control (MacFarlane et al. 2008, 388).

The WHO employed a vertical approach to disease control from 1946 to 1977. For example, there was initially a WHO department for each significant disease with which it worked, including smallpox, tuberculosis and malaria. The specialists in each department would monitor international diseases and make recommendations to other specialists in any given member country's Ministry of Health (Lindstrans et al. 2011, 266). This form of health management constituted its role, as a guiding body using established European techniques. Each disease was treated as a separate entity, and interdisciplinary or multidisciplinary programmes were not established.

In 1978, the WHO changed its central focus to Primary Health Care (PHC). The change was marked with the development of an international and national health policy. While previously there were some international health rules, this health policy represented the first time that comprehensive regulations were established (Kickbusch

2000, 981). Kickbusch (2000, 981), quoting Finnemore (1996, 35), explains that “states were socialized to accept new norms, values and perceptions of interest”. Of particular importance was the International Conference on Primary Health Care in what was then known as Alma Ata (now Almaty), in Kazakhstan. The Conference stressed the importance of the primary health care model, altering their previously linear models to focus on integral multi-sectoral comprehensive care, with an emphasis on the role of the state (Usdin 2007, 19). It proposed the Alma Ata Declaration, which sought the “attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life” (Davies 2010, 36).

The Alma Ata Declaration (known simply in the related literature as Alma Ata), was developed as a response to the obvious failings of many individual member states’ healthcare systems, while others had succeeded (significantly, Cuba was included in the list of successful models). Primary Health Care was the model suggested by Alma Ata, as it emphasized a comprehensive multi-sectoral model, incorporating themes of community development, equity, comprehensive care, and the importance of the role of the state, and was rooted in human rights (Global Health Watch 2005, 54-56; MacFarlane et al. 2008, 388). As Usdin (2007, 19) explains, “[A]ddressing the socio-economic determinants of health would be part of the PHC equation. Communities would be active participants in the entire process. At Alma Ata, governments committed to achieving ‘Health For All by the Year 2000’ with PHC as a central strategy. It was a time of great optimism and ‘another world’ seemed possible”.

The most significant aspect of Alma Ata was the importance of the role of the state, as well as community development. The WHO had previously focused on using

vertical strategies for disease prevention and treatment. The new phase in the WHO, however, clearly identified the state and the community as important factors for the development of PHC. Indeed the move away from vertical intervention to PHC shows a significant paradigm shift in the international understanding of health, since the new approach was based upon the need to follow an integral multi-sectoral model that is to be led by the state. As Kickbusch (2000, 981) aptly notes, “WHO both defined the problem and provided the solution”. Perhaps more importantly, throughout the process, WHO evolved from an organization specializing in diseases to a world leader in healthcare.

It is also telling that the Alma Ata PHC strategy did not incorporate any version of, or reference to, private healthcare (Lindstrans et al. 2011, 283). Rather, it focused entirely on the role of states as healthcare providers. This suggests that health was not yet valued as a commodity, and was still based on human rights. This would soon change, however, with the debt crisis of the 1980s, and the shift to neoliberal policies. Many governments failed to provide the necessary changes, or adapt to the changing economic climate, and the World Bank soon became involved in healthcare and eventually developed to be more powerful in many respects than the WHO.

By the mid-1980s, it was clear that the WHO was being dramatically affected by the international debt crisis. The organization’s budget was decreasing, along with that of its member states. As a result its weight as a leader in international health was in decline, as it could not support the breadth of projects that it once had (Davies 2010, 36). The WHO struggled to provide the level of healthcare it had aimed for at Alma Ata.

The WHO had to adapt to the neoliberal model, as privatization increased—particularly in the field of healthcare. The neoliberal argument was that health should be privatized in order to develop a competitive market for healthcare, while increasing advances in the field. Simultaneously, privatization would allow the state to reallocate the money previously designated for public healthcare to debt repayment schemes and promote economic growth in other areas. It was argued that, by creating a competitive economic atmosphere for the health market, prices would eventually decrease. In sum, the neoliberal model promoted market-run healthcare, while the state reallocated funds to stimulate other economic ventures (Navarro 1999, 216, 222; Davies 2010, 37; Global Health Watch 2005, 41).

By the late 1980s, the World Bank began working with the WHO, as its budget could no longer support its efforts. The World Bank worked with the International Monetary Fund (IMF), incorporating health and healthcare into its neoliberal debt and debt repayment schemes (Davies 2010, 37-38). It is believed that this neoliberal model is what propelled the inequality in international health rates, as the countries working within the World Bank's and IMF's Structural Adjustment Programmes (SAPs) could no longer afford to maintain or develop public health, largely leaving healthcare to be privatized. This was principally an issue in low- and middle-income countries that were crippled by debt (so the government could not provide sufficient basic healthcare needs, or any multi-sectoral programmes), and the majority of the population could not afford the competitive market prices for healthcare. It has often been argued that this debt crisis and the resulting restrictions compounded international health issues (Horton 2003, 323-324; Lee 2003, 143-144; Davies 2010: 38-39).

Criticisms erupted over the role of the World Bank in international health politics, and particularly over the World Bank being the leading international institution dealing with health. It was argued that the World Bank was implementing economic policies, rather than non-market-based health programmes. Nonetheless, in 1993 it published the World Development Report (WDR), alongside the WHO. Although critiques of both organizations' programmes have been ongoing, they have continued their partnership (Davies 2010, 45; Brugha 2008, 75; Simon 1997, 183).

The WHO reclaimed its prominence as a leader in global healthcare throughout the 1990s, as it promoted the importance of intelligent, pragmatic investment in healthcare. In other words, it posited that investments should be made in healthcare, but that this should be done while analyzing the investments in possible health gains (Davies 2010, 38-39). Moreover, the organization began working alongside other foundations and NGOs. While the organization was not working separately, it was able to continue its leadership role, and promotion of improved healthcare. Funding and collaborative projects were developed with the Gates Foundation, UNICEF, UNAIDS, and donor states, as well as other NGOs (Lee 2003, 143-144; Horton 2003, 323-324; Davies 2010, 39; Brugha 2008, 77). The WHO changed from being a political organization that advised states to a technical organization based on the implementation of successful health programmes and research. It is clear that the organization has had to adapt to the challenges of Global Health paradigm shifts, but it continues today as a leader in health, while constantly negotiating between political and economic issues.

A focus on Global Health in literature began to emerge in the 1990s (MacFarlane et al. 2008, 387-389; Simon 1997, 183). Although still poorly defined, the term was used

to develop the concept of Global Health issues and governance. HIV/AIDS propelled the importance of Global Health governance, but most solutions remained firmly vertical. However, what did become apparent was the increasing need for a Global Health framework. It became clear that diseases and illnesses, and the way they affected populations, were global issues rather than national or regional ones.

Since 2000, the issue of health has developed from a question of world health to one dealing with the overarching concept of Global Health (Brown 2011, 319). The roles of the WHO and other major international organizations have continued to develop, redefining goals and strategies (Mackey and Liang 2013, 12). Global Health has also developed, within the confines of neoliberalism, to employ humanitarian assistance, while continually developing what the field of Global Health as a whole will, or should, entail. Public-private partnerships (PPPs), for example, have emerged as a means of providing Global Health programmes, and have arguably been successful in some areas (Mackey and Liang 2013, 14), although the general consensus in many international bodies is that the WHO should maintain responsibility for health programmes and collaborative efforts (Dussault 2013,17; London and Schneider 2012, 11).

In 2004 the World Health Assembly promoted a “Global strategy on diet, physical activity and health” (Brown and Bell 2008, 1571); this was notable because it was one of the first times that an international health organization overtly promoted a Global Health policy, over an international or regional one. The approach clearly indicated the shift from “international” to “global” health strategy. The following year, international discussions continued regarding the best means of providing global healthcare. Efforts by multilateral agencies (such as the UN) were largely replaced by Global Health

Partnerships (GHP), which involved various levels of participation and debates by member organizations over who should be responsible for Global Health governance, and how they should carry out their aims (Brugha 2008, 75-77). By 2008, on the 30<sup>th</sup> anniversary of Alma-Ata, the WHO reaffirmed the importance of PHC, stressing the importance of Global Health, and strategies for Global Health governance (Global Health Watch 2011, 45). As a result, in recent years there have been arguably fewer vertical strategies, and instead an increasing number of comprehensive approaches implemented in low- and middle-income countries (Brugha 2008, 80).

The importance of this goes beyond the taxonomy of “Global Health”, and instead suggests a clear departure from classic understandings of healthcare, placing it in a global context. It is clear that Global Health has evolved from the original emphasis on Tropical Medicine that focused on regions, to now develop a global consciousness of diseases, illness, healthcare, and the factors that dictate them. As a result of contemporary health issues and divisive neoliberal economic policies, Global Health has undoubtedly become a significant aspect of the world’s health and healthcare.

#### *Trends in Global Health: The Rich and the Poor*

In recent years clear trends have emerged in the field of Global Health. Of particular note is the ongoing debate about the ‘wealth before health’ contention. The argument suggests that, in accordance with neoliberal market economics, a country must first achieve economic wealth or industrialization before it can support a healthy population. The argument is based on the premise that health is the result of various

factors linking education, infrastructure and gender equality, as well as health services—which are the results of a solid economy and development. If a country is in debt, or has a low GDP, it has fewer resources, and by extension is therefore not able to support sufficient investments in healthcare or related services. Thus, it is argued that a country requires a sufficient level of wealth before it can develop and support a healthy population (Rainham and McDowell 2005, 307; Boncs 2006, 4; Lindstrans et al. 2011, 47; Wilkinson and Pickett 2006, 1778; Browne-Yung et al. 2013, 20; Jen et al. 2009, 643; Bradford and Bradford 2009, 1166; Kenny 2005, 200; Global Health Watch 2005, 81-82; Beaglehole and Magnusson 2011, 828; Orbinski 2009).

Researchers studying national and international health disparities have applied this argument, and produced similar results. They found the ‘wealth before health’ argument consistent for wealthy countries, as well as for wealthy individuals in a community or country—concluding that wealthier individuals or countries are healthier than poorer ones. This contention has become a popular understanding of divisions in Global Health and is regularly presented as a truism in related literature (Guillen-Royo 2008, 535; Wiseman and Brasher 2008, 354; Perenboom et al. 2004, 241-242; Schrecker et al. 2010, 1520; Seckinelgin 2012, 453; London and Schneider 2012, 6; Cooper et al. 2008, 340; Castells et al. 2008, 78; Curry et al. 2010, 82; Walton et al. 2004, 127; Black 1991, 117; Nixon and Ulmann 2006, 7; Mozes et al. 1999, 272; Primarolo et al. 2009; Ravishankar et al. 2009).

Other researchers, by contrast, have debated this assertion. It is argued by some that there is not enough data to accurately determine if wealth is a significant determinant of health, at either a national or international level. The work of Sen and Bonita (2000),

for example, critiques the ‘wealth before health’ argument, noting that more factors need to be reviewed within the studies. They also argue that regional health-surveillance systems are often inaccurate in poorer regions, so the data cannot be compared in an effective manner. Others suggest similar problems, though the primary concern within the criticisms is clearly a general lack of data (Bradford and Bradford 2009, 1166; Gauri 2003, 469; Hegyvary et al. 2008: 319).

An additional trend in Global Health is the dissimilar representation of what are considered to be rich and poor countries. A clear division is made in Global Health and development literature between two concepts of those countries or regions that have significant financial resources, and those that do not. However there is little, if any, analysis in the literature that discusses varying countries or regions beyond the rather simplistic ‘rich’ or ‘poor’ understanding. Indeed the discussion is highly polemical, with little mention of any middle-income areas.

Moreover, the vocabulary used to discuss Global Health is also telling. The descriptions divide the subject of discussion into groups, based on economies. These divisions include ‘industrialized’ and ‘developing’; ‘north’ and ‘south’; ‘rich’ and ‘poor’; ‘developed’ and ‘underdeveloped’; ‘haves’ and ‘have-nots’; ‘first world’ and ‘third world’; ‘high-income’, ‘middle-income’ and ‘low income’. Other terms applied include ‘industrialized countries’, ‘newly industrialized countries’, ‘developing countries’ and ‘least developed countries’ (Lindstrans et al. 2011, 47; Muntner et al. 2009, 165; Global Health Watch 2005, 2-3; Global Health Watch 2008; World Health Organization 2005; Pallas et al. 2012; Farmer 201; Siddiqi et al. 2009; Serafin 2010, 180; Shiffman and Smith 2007).

Regardless of the vocabulary associated with a given country or region, it is clear that there is a divide between nations considered wealthy and those that are not. The problem with this in terms of Global Health, as an emerging field, is twofold. First, it disregards the countries that are classified as middle-income. Overlooking the accomplishments of some countries because their income disparities are not as severe as others is problematic, since it could mean overlooking successful models with pertinent data that could be analyzed (and indeed extrapolated or applied elsewhere). While this vocabulary offers a simplistic understanding, it is also working against a principal element of Global Health, namely the need to look at disease and illness as global issues rather than as issues affecting very poor areas.

The second major problem resulting from the rich/poor divide is that it promotes an international elitism in which the wealthy are responsible for helping the poor. This is particularly problematic in terms of development, as this global North belief promotes a rather simplistic form of vertical aid, rather than meaningful community development. Moreover, it proposes that there is a “correct” way for countries and societies to develop. For Global Health, this creates tremendous challenges, as the principles of Global Health (multi-disciplinary, state-run, community-based development) directly contradict the vertical programmes propelled by the rich/poor divide. This simplistic form of categorizing, of applying labels, serves to highlight problem areas, promotes charity rather than development, glorifies foreign intervention, and may ignore other successful models. By contrast it is clear that diverse health challenges necessitate comprehensive programmes rather than those focused on simply helping the poor, or a single specific health concern of a region. As Doyle and Patel (2008, 1934) explain, “Using the example

of HIV/AIDS programs, the pressure to survive in this market environment is creating short-term, unsustainable interventions, which create distrust in communities. Each country has a unique set of complex social, economic and psychological determinants of diseases like HIV/AIDS”.

In sum, the central theme throughout Global Health is a consistent reference to a rich/poor divide. From the vocabulary to the development strategies, it is clear that care under Global Health has been steered by the global West. This is clearly problematic, and acts directly contrary to the fundamental principles of Global Health as a whole. Yet Cuban healthcare has developed independently from many of the assertions associated with the experiences of Global Health. The island’s system evolved outside the suggested norms of health development, and the Revolution’s strategies often preceded those outlined as important by Global Health bodies. But how did the Cuban healthcare system evolve, and what does it tell us about health in Cuba and where it fits within a Global Health strategy?

### **Evolution of the Cuban Healthcare System**

Global Health maintains clear development trends, but Cuba challenges many of these currents. The Revolution’s healthcare system developed from 1959 to provide universal healthcare to the population at no cost to patients, while dramatically increasing the numbers of medical professionals, and has (for several decades) boasted some of the best health data in the world—with very little help from international bodies. Indeed, Cuba, particularly as a developing country, is largely atypical of Global Health trends. Its

model has worked outside the confines of traditional healthcare systems, generating international interest and research.

Some authors, particularly from the United States, have criticized the system, suggesting that it significantly diminishes personal agency, and does not support human rights (Powell 2004, 92-92; Hirschfeld 2007). Moreover, as Huish (2013, 33) has argued, a common perspective among critics is the belief that an economically weak country could have nothing to teach the larger, more affluent countries. Yet the majority of academic research lauds the country and system for their efforts in developing and maintaining a strong healthcare system and health rates. The healthcare system has been studied at length, with writers such as Feinsilver (1993), MacDonald (1993), Mason et al. (2010), Pérez (2008), Huish (2013), Kirk and Erisman (2009), Whiteford and Branch (2008), Chomsky (2000, 331-357), Navarro (1972, 397-423) and Gorry (2005) largely focusing on the system's evolution, or key components of its fundamental make-up, and notable health rates. Even former World Bank president James Wolfensohn noted, "Cuba has done a great job on education and health care... They have done a good job, and it does not embarrass me to admit it" (Kirk and Erisman 2009, 46).

### *Revolutionary Healthcare in Cuba: General Principals*

Cuba's revolutionary healthcare system can best be described as following a community-based participatory model. The emphasis began by stressing curative measures, but soon evolved to incorporate the importance of prevention. Yet throughout the development of the healthcare system, the implementation of community medicine as

the vehicle for health improvements has been consistent. Health and healthcare were viewed by the population, as well as the state, as being a national responsibility—requiring the active participation of all members and levels of society. From the outset, the understanding of health in Cuba went well beyond the view of being simply a lack of illness, and rather promoted well-being based on bio-psycho-social determinants.

In terms of understanding the island's complex healthcare system and view of health as a whole, it is instructive to understand the three complementary pillars on which it was built and developed. The first is that healthcare is a human right (Kirk and Erisman 2009, 29; Whiteford and Branch 2008). The revolutionary system has emphasized this from 1959, and it is even outlined in the 1976 socialist Constitution of the Republic of Cuba, which noted that

Everyone has the right to the care and protection of their health. The State guarantees this right: By offering free hospital and medical services...By offering dental treatment; By developing plans for sanitary efforts, health education, periodic medical exams, general vaccination, and other preventive medical means. In these plans and activities the entire population participates through the social and mass organizations (Asamblea de Poder Popular 1995, 23-24).

[Todos tienen derecho a que se atiendan y se proteja su salud. El Estado garantiza este derecho: con la prestación de la asistencia médica y hospitalaria gratuita...con la prestación de asistencia estomatológica gratuita; con el desarrollo de los planes de divulgación sanitaria y de educación para la salud, exámenes médicos periódicos, vacunación general y otras medidas preventivas de las enfermedades. En estos planes y actividades coopera toda la población a través de las organizaciones de masas y sociales (Asamblea Nacional de Poder Popular 1995, 23-24).]

This view has been central to the system's development, and the state's commitment to its provision. The second pillar is that healthcare should be free and accessible. A clear understanding, and latter expectation, of the provision of healthcare is that this should be provided at no cost to patients, and should be accessible regardless of geography. This

has been a consistent principle concerning the provision of healthcare throughout the Revolution (Kirk and Erisman 2009, 30-31; Feinsilver 1993; Pérez 2008, 1).

Finally, the third pillar is that health and healthcare are the responsibility of the state and general population, and must emphasize prevention and participation (Rojas Ochoa 2003; Pérez 2008, 2). Ernesto “Che” Guevara, himself a doctor suffering from considerable health problems, discussed at length this view of healthcare as well. He stated, for example, that

One day medicine will have to become a science that serves to prevent diseases, or orient the entire public toward their medical obligations, and that only has to intervene in cases of extreme urgency to perform some surgical operation or to deal with something uncharacteristic of that new society we are creating (Guevara, 1997, 127).

By this he was referring to the belief that health is not an individual phenomenon, but rather based on society as a whole. This understanding has been translated into an emphasis on community health and participation, particularly in regards to prevention, as being critical to developing and maintaining a healthy population. This principle is rooted in the view that health is the product of competing bio-psycho-social issues, and must thus be promoted and treated through various channels.

In essence, the three pillars suggest that health is complex, and healthcare must be strategic. In other words, that it must focus on the particular problems of a given area, and continue to develop multi-faceted and multi-sectoral means of improving it, with the ultimate aim of improving health rates as a whole. Moreover this insistence on the provision of free, accessible healthcare for all is illustrative of the importance placed by the Revolution on participation, community, and prevention.

*Pre-Revolutionary Cuba*

While much of the literature presents a positive view of healthcare in Cuba after 1959, it is important to consider that, before the Revolution, the island also had one of the most advanced healthcare services in the Americas. The island had a long history of healthcare options and medical training, from 1726 when medicine was first taught in Cuba, and 1728, when the University of Havana was founded, with a Faculty of Medicine (Morales Suárez et al. 2008, 5). The faculty maintained a reputation for excellence in medical training, following much of the syllabi of American medical schools, and in addition required students to take the United States medical board exams (Kirk and Erisman 2009, 27).

Despite the high quality of medical training and care (available at the island's only medical faculty, at the University of Havana), it was almost completely unavailable to the vast majority of the country, geographically and financially, as it was almost exclusively private and centred in urban areas (primarily Havana and Santiago), and largely serviced the wealthy (MacDonald 1993, 16; Hirschfeld 2007, 204-205; Waller 2000, 3). Thus, while the services offered were comparable to developed countries, they were very poorly distributed, even among the few who could afford them. MacDonald (1993, 25) describes pre-revolutionary medical services well as an "urban business enterprise". He continued to state (1993, 101) that "Medical services represented yet another business to which the poorest sectors of the population had no access, and if they did, the services were of the worst quality". The health-related disparities were particularly bad in the 1950s, as Cuba had one of the highest doctor-to-patient ratios in the Americas (approximately 1,078 patients per doctor in 1958), although fully 65% of

medics and 62% of hospital beds were in Havana. This figure is more staggering when one considers that half the population lived outside the city, and only one rural hospital (with ten beds) existed throughout the country (Navarro 1972, 413; Huish 2013, 36; Kirk and Erisman 2009, 27).

Overall, the health of the population was very poor—particularly for those who lived far from the capital. Some data are instructive in illustrating the poor quality of health that many Cubans suffered. For example, only 4% of Cubans living in rural areas regularly ate meat, 1% ate fish, 3% ate bread, 11% cent consumed milk after weaning, and fewer than 2% ate eggs (MacDonald 1993, 49). There were significant differences between Cubans living in urban and rural areas, since “54.1 percent of rural dwellings were without a toilet or privy, while only 5.0 percent of urban dwellings lacked them” (Kirk and Erisman 2009, 28). Furthermore, life expectancy was 58.8 years, the maternal mortality rate was 125.3 per 100,000 live births and infant mortality was 64 per 1,000 live births (Whiteford and Branch 2008, 26).

The country’s health and healthcare were central to Fidel Castro’s 1953 defense speech, which became known as “History Will Absolve Me”. Used to defend the rebels’ actions in attacking the Moncada Barracks as being justified by the Cuban Constitution, it cited various areas of Cuban governance that were in a desperate shape. Among the problems were the country’s health problems and distribution of medical care. He stated that

Ninety per cent of the children in the countryside are consumed by parasites which filter through their bare feet from the ground they walk on. Society is moved to compassion when it hears of the kidnapping or murder of one child, but it is indifferent to the mass murder of so many thousands of children who die every year from lack of facilities, agonizing with pain (Editorial de Ciencias Sociales 1975).

In the speech he repeatedly made reference to the need for improved healthcare, and noted that it would be among the principal revolutionary changes. It was thus evident from the outset that health would be a focus of the Revolution.

### *Stage One: Transition, 1959-1969*

In 1959 the delivery of healthcare began to change dramatically across the island, resulting in improved health statistics. Fidel Castro appointed Julio Martínez Paéz as Minister of Health, who had been a revolutionary throughout the struggle against Batista, and the government set out to improve the delivery of healthcare (MacDonald 1993, 55; *MEDICC Review* 2013, 3). A new medical system and a new form of doctor based on empathy and *humanismo* [to be discussed in further detail later in the chapter] began to emerge almost immediately. It was believed that a new system required a new type of doctor, who was dedicated to providing healthcare at no cost to patients, rather than providing it for profit [to be discussed in greater detail later in the chapter].

The provision of doctors and infrastructure became priorities, resulting in the re-opening of the University of Havana in 1959 after it had been closed by the Batista government three years earlier. The medical school resumed courses, despite having only 23 of its 161 teachers remaining on staff. The others had either emigrated or refused to teach (Morales Suárez et al. 2008, 5). Moreover, there was a mass exodus of nearly half

of the country's doctors and surgeons in the following years, as only 3,000 of the country's 6,000 remained on the island (MacDonald 1993, 25-26, 29; Navarro 1972, 413; *MEDICC Review* 2013, 3). The courses at the university also changed to fit Cuban health needs. For example, the government discovered that the Department of Pediatrics had never researched, and thus was not instructing on, the three highest causes of child mortality in Cuba (parasitic infestation, usually intestinal; gross malnutrition (in Cuba's case this typically meant starvation); and diarrhea caused by enteric infections, leading to death by dehydration) (Kirk and Erisman 2009, 37; MacDonald 1993, 52). While physicians were being trained, doctors from other countries volunteered to practice temporarily in Cuba, and medical students in their last two years of training were used also (MacDonald 1993, 26).

Training also shifted in the early years of the Revolution towards community medicine, rather than individualized care. For example, the 1960 Law 723 outlined the necessity of training health workers in social welfare issues (MacDonald 1993, 136). Moreover, since the 1960s, medical graduates were required to pledge their commitment to practicing in the public health system, and to provide care to anyone who required it, at no cost to patients. This suggests an early and clear emphasis on the importance of community medicine, as various psycho-bio-social factors were being considered.

The increase in human resources also contributed to the establishment and expansion of medical care in rural areas. Act 723, established in 1960, of the Revolutionary Government, created rural medical services based on recently graduated medical students who were required to work in rural areas (designated by the government) for one year (originally six months), a period that was later increased to two

years (MacDonald 1993, 103; Pérez 2008, 42). This was also known as the Rural Social Medical Service (RSMS), which employed increasing numbers of recently graduated medical students in rural and underserved areas (Huish 2013, 37; Morales Suárez et al. 2008, 5).

The initial role of the rural doctors was to treat communicable diseases and major health issues such as tuberculosis, leprosy, venereal diseases, pregnancy, children's acute diarrhea and malnutrition (Huish 2013, 37-38; Pérez 2008, 42; Navarro 1972, 403). The emphasis on treating the symptoms of patients gradually changed, as the medical personnel became fixtures, and often leaders, of communities. An undated mimeographed MINSAP report titled "Folleto del Servicio Médico Rural", presumably from the early 1960s (because it discusses the work of the initial waves of rural doctors), noted that:

The doctors lived in people's huts, where they also saw patients... At first, their role was purely to care for the sick, given the huge numbers of people who came to see them daily. With time, as doctor-patients relationship developed and as doctors became more integrated into the communities, their social and educational role came into its own.

The report concluded that "the doctor has become an important figure in these rural communities, establishing a relationship never seen before with local people" (Morales Suárez et al. 2008, 6).

In addition to the RSMS, one of the most significant changes in terms of health provision in the early years of the Revolution was the development of polyclinics. Originally established in 1962, the polyclinics were critical in developing comprehensive public healthcare. Staffed by a doctor, nurse, OB/GYN, pediatrician and social worker, they were used to provide public healthcare, while participating fully in local health

initiatives (such as campaigns, and specific drives focusing on vector control) (Whiteford and Branch 2008, 20; Navarro 1972, 403). They also provided disposal instruction and health condition inspections within the community. Moreover, they also worked with other participating community-based organizations and groups, such as the FMC, CDRs, National Service to Eradicate Malaria (Servicio Nacional de Erradicación de la Malaria) (NSAP), and social workers (Huish 2013, 38; Navarro 1972, 415-116).

During the first decade of the Revolution, the objective was primarily to control and treat disease. Yet the role of the new medical personnel and infrastructure was clearly in the process of increasingly shifting focus to primary care through a participative community medicine strategy. Through 1959-1969, the aim of healthcare shifted—although maintaining a community medicine strategy—from treatment to primary care.

#### *Stage Two: Structure Public Health, 1970-1989*

In the 1970s, the transition stage that sought to develop the previous medical system into a sweeping public healthcare system began to focus primarily on structuring the new medical system. In other words, while until 1970 the government worked to implement a new public system, the second stage of development was the specific structuring of the system. Once the understanding of a public system was established, the nuts and bolts of that system also had to be developed. Between 1970 and 1989, the government and population developed a comprehensive structure for the public healthcare system, providing primary, secondary and tertiary care.

As previously noted, one of the early and significant elements for the revolutionary healthcare system was the establishment of municipal polyclinics. In 1974 an extensive analysis of the polyclinics was carried out, with a view to identifying problems and proposing solutions (Gardner 1981, 16-17). A main problem was that they had failed in some ways to integrate medical specializations, as each team of specialists worked separately instead of working as one complementary team. An additional problem that was identified was that they were not working principally within a community-medicine framework, and were instead prioritizing curative-based medical practices over preventive care (Whiteford and Branch 2008, 20-21; Danielson 1985, 50-51; Morales Suárez et al. 2008, 5; *MEDICC Review* 2013, 3; Gardner 1981, 16).

As a result of these critiques, the polyclinics increased their role within the community, as well as their lists of primary care services. As Danielson (1985, 50-51) explains,

The polyclinic was designed to provide, integrate, or otherwise be responsible for the provision of clinical services, environmental services, community health services, and related social services to a specifically defined area of population. With an average population of 25,000 (ranging from 60,000 in one urban area to as few as 7,500 in some rural areas), the health areas were intended to be small enough to be accessible and large enough to efficiently provide a substantial range of primary services.

The clinics' directors also worked with various other health officials, to review health initiatives and maintain communication channels (for example regarding new policies, programmes or results) (Danielson 1985, 52; Bravo 1998, 19-20). In essence, they can be understood as a means for MINSAP to have a significant and direct role in

the community. These polyclinics became a critical component of the primary care model, and continued to develop over time, as needs and strategies progressed.

By 1975, significant progress and a dramatic increase in attention to healthcare were evident, and were reflected in health statistics. For example, between 1958 and 1975, the National Health budget increased from \$22,000,000 to \$400,000,000; the number of blood banks from one to 22; medical schools from one to four; nursing schools from one to 34; and doctors from 6,000 (although approximately 3,000 left) to 10,000. Moreover, the number of annual diagnosed cases of polio decreased from 300 to zero, malaria from 3,000 to zero, diphtheria from 600 to zero, and gastroenteritis from 4,000 to 761. Furthermore, infant mortality decreased from 60 per 1,000 live births to 28.9, while life expectancy increased from 55 years to 70 (MacDonald 1993, 29; Pérez 2008, 15).

In an effort to continue to develop the healthcare system, in 1976 a five-year comprehensive plan was introduced to continue integrating medicine and medical professionals into the community, with an emphasis on preventive rather than curative care (MacDonald 1993, 137). The aim was to increase community medicine, with an emphasis on primary healthcare. There were, however, ongoing problems regarding the accessibility of medical professionals, particularly outside the polyclinics.

In the 1980s, the community medicine strategy was expanded to incorporate the innovative Family Doctor Programme. Launched in 1984, the programme sought to place a doctor and nurse team in every neighbourhood—one team serving approximately 150 families. They worked in their *consultorio* in the morning, and spent the afternoon visiting patients in their homes in order to better understand the lives (and lifestyles) of the community members. This allowed the doctors to analyze possible health risk factors

(diet, exercise, smoking, sanitation), while becoming familiar with the members of the neighbourhood. The goal was to “break down barriers between doctors and patients, by making the doctors members of the communities they served”, as well as increase the accessibility to medical professionals and care (Hirschfeld 2007, 214; Huish 2013, 39-40; *MEDICC Review* 2013, 3; Bravo 1998, 20-21; Gardner 1981, 16).

In essence, the programme served to enhance community participation in health, making it a collaborative responsibility of individuals, communities, and medical professionals. Although the Family Doctor Programme worked outside the polyclinics, it is important to consider that they worked to complement the services offered there. The programme worked well, and by 1986 “each Cuban medical school was offering a postgraduate degree to qualify as a family doctor” (Kirk and Erisman 2009, 43; Instituto Superior de Ciencias Médicas de la Habana). The Programme fitted well into the island’s three-tier medical strategy: the Family Doctor programme provided primary care, the polyclinics secondary, and hospitals focused almost exclusively on tertiary care.

### *Stage Three: Emphasis on Community Medicine, 1990-2006*

By the 1990s, significant success had been achieved in the provision of, and access to, healthcare. The number of polyclinics had increased from zero (in 1958) to 391, and the number of hospitals from 97 (in 1958) to 264 (MacDonald 1993, 63) [see Appendix E for further data]. However, the country faced significant challenges following the collapse of the Soviet Union, which spilled over into its Public Health system. In terms of health and healthcare, what happened over the next ten years was revealing of the island’s commitment to healthcare provision.

Some major problems in health and healthcare provision became apparent, particularly in the early years of the Special Period. For example, as a result of the considerable decrease in calorific intake, between 1992 and 1993, Cuban males lost on average 30 pounds; between 1992 and 2001 60,000 people suffered from optical neuropathy, due mainly to vitamin deficiency; and between 1990 and 1993 the rate of low birth weight in newborns increased from 7.6% to 9% (Huish 2013, 41; Kirk and Erisman 2009, 46). Moreover, materials and medication were scarce, as pharmacies had very little to offer patients, medical personnel often had to wash and recycle gloves and syringes, and hospital patients were often required to bring their own food and bedding (Kirk and Erisman 2009, 46; Huish 2013, 41). An additional problem was the decision of medical staff to leave their positions either for economic reasons (often seeking employment in the tourist sector) or for lack of motivation, as they had to practice medicine with few or no resources (Huish 2013, 41).

Yet, while economic challenges, and as a result health problems were ongoing and at times increasing, the government maintained its focus on the importance of public health. As Fidel Castro stated in 1992 at a Santa Clara University graduation ceremony for medical personnel, “Even if we stop building hospitals and health care centres until 1997, Cuba will retain its privileged position as having by far the most successful public health system of any other third world country” (MacDonald 1993, 15).

In particular, two complementary strategies were implemented in order to maintain good health rates and universal healthcare: the continued training of medical professionals to increase their numbers, and an emphasis on community medicine. As Iñiguez (2013, 45) explained,

In the mid-1990s, the MINSAP began a new period of transformations in the sector, its goal to define main strategic lines and programs that would lead to system consolidation and modernization, including new methods and styles of work. Since that time, increasing health expenditures have limited spending in other public sectors.

In terms of the numbers of medical professionals, it is clear that these continued to increase throughout the period. Indeed it is important to consider that, during the economic crisis, the government did not close a single hospital or university, and even increased enrolments on medical training courses (Huish 2013, 43). For example, in the 1990s, nearly 38,000 doctors graduated, approximately four times the number that graduated two decades earlier (Morales Suárez et al. 2008, 7). By 1999, there were 66,000 practicing doctors, and 2,200 medical school graduates entering the system each year, and, with one doctor for every 169 people, Cuba had the best doctor-to-patient ratio in the world (Huish 2013, 43). This suggests an ongoing belief in the value of trained professionals, and of access to them by the general population.

The second, and complementary, strategy that was implemented was an emphasis on community medicine. While it had been a significant element of earlier decades, as a result of the economic tension and absence of resources, it became the focal point of the public health system (Neusy and Plasdottir 2008, 20-24). The belief was that an increase in community medicine would translate into an increase in prevention of disease, and thus enable the struggling healthcare system to sustain and even improve health rates. One of the primary ways that community medicine was emphasized was through concentrated medical training, focusing on the prevention of disease. As had happened in previous years, medical training shifted to promote this new view. A MINSAP commission, for example, outlined 286 common health problems, which graduates would

be required to identify and treat at the primary care level. Basic health problems became central to teaching, as prevention was again emphasized over curative measures (Morales Suárez et al. 2008, 6; Neusy and Plasdottir 2008, 20-24). Doctors were, in essence, being trained to participate in a new community-based medical system, in which clinical medicine and population healthcare were integrated.

Other areas of the healthcare system also shifted to participate in community medicine, as MINSAP continued to assess problems and “outline strategies for sectoral recovery centered on improving service quality, efficiency and effectiveness and on maintaining equity” (Iñiguez 2013, 45). Among the list of the areas given priority were the reorganization of the health system toward primary care, and the development of the Natural and Traditional Medicine Programme (Iñiguez 2013, 45). One of the community medicine strategies was the polyclinic Reconstruction and Modernization Programme, which aimed to bring more medical services into the community, and specifically from hospitals to neighbourhoods (Iñiguez 2013, 45). Polyclinics eventually offered an average of 20 services, including family planning, vaccinations, clinical laboratories, care for diabetics and older adults, emergency and trauma care, rehabilitation, radiology, ultrasound, optometry, and vector disease analysis (Iñiguez 2013, 45-46; Huish 2013, 45). The polyclinics have continued to be central to MINSAP’s healthcare strategy, alleviating pressure on family doctors and hospitals. Throughout the economic crisis, and into the early 2000s and despite some issues with healthcare, major health rates continued to improve, such as infant mortality, which by 2003 was down to 6 per 1,000 live births, while life expectancy increased to approximately 78 years (Kirk and Erisman 2009, 45).

*Stage Four: Expanding Community Medicine, 2006-2014*

While writers such as Whiteford and Branch (2008), Bravo (1998) and Danielson (1985) have posited that the healthcare system has followed three stages of development, similar to those outlined in this chapter, more recent data suggests that there is a fourth. While it could still be considered as a continuation of the third stage's emphasis on community medicine and accessibility, an argument could be made that it should be categorized as a different and new stage altogether.

The development stage from 1990 to 2006 emphasized community development, as well as accessibility of medical services. Since then, however, it is important to consider that the understanding and provision of this medicine in the community has broadened considerably, and has fully incorporated an understanding of well-being. To explain, the same strategies have continued to be implemented (such as increased technologies, polyclinics, medical training), although other elements of citizens' well-being have been considered. This includes an increased emphasis on other areas of health, such as nutrition, social policy, communication, and psychiatry, as well as a greater emphasis on other areas of studies such as sociology and psychology (Pérez 2009, 6; Boelen 2008, 52; *MEDICC Review* 2008, 3-4; *MEDICC Review* 2011, 3; *MEDICC Review* 2013, 3; Gorry 2010, 5; Neusy and Plasdottir 2008, 20-24; Miyar 2001; Rojas Ochoa 2003).

In a 2006 interview with *Temas*, Francisco Rojas Ochoa, one of Cuba's most well-known and respected doctors, articulated a hypothesis of what future changes could occur in the healthcare system:

I would hope for—I don't know if this is what will happen or not—something closely tied to training a physician who pays more attention to the social dynamics of health and disease. More health promotion... greater attention to social problems that affect human health (Iñiguez 2013, 50).

Several significant changes have occurred in recent years in the delivery of healthcare in Cuba. Among these are medical professionals learning about the psychological and mental health issues associated with sexual diversity due to prejudice; the effects of nutrition on mental health; and the various contributing factors to one's well-being. In other words, healthcare seems to embrace more fully the view that health is not simply the absence of illness or disease.

Moreover, in 2010, the government instituted the “reorganization, consolidation and regionalization of health services”. The central goal of this was to re-emphasize the importance of community medicine and the prevention of health-related issues on all fronts, while decreasing reliance on tertiary care, and thus high-tech treatments (Iñiguez 2013, 45; *MEDICC Review* 2013, 3). This example again supports the contention that the concept of community medicine has been gradually expanded since 2006. The government continues to reorganize healthcare based on the needs, or perceived needs, of the population, resulting in a greater understanding of health, and how to achieve it.

Today Cuba's healthcare rates and system are considered by many scholars and specialists as comparable, if not better, than those of developed countries. For example, 99.4% of Cubans have regular access to healthcare, and Cuba's doctor-to-patient ratio is one to 170, which is better than the United States' one to 188, and better than any G8 country (Huish 2013, 45; Kirk and Erisman 2009, 45). Furthermore, as a 2009 study by Kirk and Erisman (2009, 45) discovered, “Cuba allocated 23 percent of its central

government expenditure to health and 10 percent to education, while the United States allocated 22 percent to health, and 2 percent to education". Moreover, Cuba spends approximately \$251 annually per person on healthcare, while the United States spends \$5,711 annually per person, and Canada spends \$2,989 (Pérez 2008, 5). These disparate data are suggestive of the Cuban government's and populace's commitment to their healthcare system, and its effective strategy on prevention and provision.

### **Analysis: Comparable Aims, Disparate Measures**

#### *Why the Cuban System Evolved*

Significant attention in academia has been placed on how the Cuban system evolved, as authors have outlined stages and provided supporting data. Yet, as previously noted in this chapter, no study has offered an understanding of *why* health and healthcare were, and remain, a focus of the Revolution. Why did the government emphasize free and accessible healthcare? Why did doctors work in underserved areas? Why did the number of doctors increase throughout the Special Period? And, beyond that, what was the role of health as a priority for the Revolution in the *imaginario* of the political system?

Analysis of Global Health as a whole, and the particular evolution of the Cuban healthcare system, are instructive in this regard. As noted earlier in the chapter, there are four principal reasons why health is viewed as important (productivity, indication of development, human rights, and well-being). Yet it is important to consider that for revolutionary Cuba, it was a somewhat different experience.

The evolution of the provision of healthcare in Cuba suggests five main complementary reasons as to *why* health and healthcare were emphasized strongly by the Revolution. This section offers five main reasons for this, including the personal commitment of Fidel Castro, morality, production, equality, and *humanismo*. These reasons should be understood not as competing, but rather, like the reasons suggested within the Global Health framework, as complementary. They have been corresponding elements behind the evolution of Cuba's healthcare system, and offer greater insight into *why* the system evolved as it did.

The first of these was the personal commitment of Fidel Castro to the universal provision of healthcare, at no cost to patients. Although it can be argued that an individual could not be responsible for a country's commitment to the provision of healthcare over a span of several decades, in the case of revolutionary Cuba, the former president's personal commitment was significant.

It is clear from his speeches that he maintained a profound personal belief in the importance of healthcare. As previously noted, it was among the changes he wished to institute in his 1953 defense speech, and remained a theme of his speeches from the beginning of the Revolution (Castro 1963a; 1963b; 1964; 1969). For example, as he stated in a speech in 1978, (Castro 1978),

And in the world, according to statistics, there is a lack of doctors, a tremendous lack. In theory there are some countries that have thousands of doctors, but not a single one of them is prepared to go the countryside—as was the case here. There are even some developed countries that need doctors because they don't have doctors to send to some [marginalized] areas. And in the situation of those countries exploited by the colonial powers, the situation is truly tragic. Tragic!

[Y en el mundo, según estadísticas, hay no solo déficit de médicos —déficit real; en teoría hay países que tienen tantos miles de médicos, pero ni uno solo es capaz de ir al campo, como pasaba aquí. Hay países desarrollados incluso que necesitan médicos, porque no tienen médicos para enviar a determinados lugares. Y en el caso de los países que fueron explotados por el colonialismo, la situación es verdaderamente trágica, ¡trágica!]

His commitment to the provision of healthcare at no cost to patients was undoubtedly a main reason for Cuba's overall commitment to it as well. His role must be understood as a driving force behind the island's development of healthcare.

The second reason that can be drawn from the evolution of the island's emphasis on health and healthcare was a fundamental belief in morality, and the moral imperative to provide healthcare to the population. This moral belief began at the beginning of the Revolution, and continued to develop throughout. In pre-revolutionary Cuba, health and healthcare were freedoms extended only to those who could afford them. For instance, while there was a comparatively large number of doctors at that time, most worked within a strictly monitored private framework. In addition, there was a clear division between the provision of medical care in urban and rural settings, with the latter being at a serious disadvantage. For many, healthcare existed but was inaccessible, and, as was the case with so many other difficult conditions, was the result of ongoing structural violence. For this reason, in the early years of the Revolution, the provision of universal, accessible healthcare made available at no charge by the state can largely be attributed to an emphasis on basic morality.

This revolutionary view of morality was rooted in the belief in human dignity, that is, the idea that every human being deserved a basic and universal level of dignity. Many poor Cubans had not been afforded their dignity, due to economic conditions; thus

it became the moral imperative of the Revolution to provide its citizens with a basic level of quality of life and dignity. The provision of healthcare was understood as a means of providing this basic level, so that Cubans could live and work without the shame caused by illness. For many, who had been living in very difficult conditions and dying young, this was a considerable moral coup.

It thus began as the view of the government, that universal health was a moral imperative and fundamental human right, one that should be made available to all Cubans, regardless of their social standing or location. While it began with the leadership (among them, this was an evident belief of Guevara, who wrote extensively about morality and health, as well as Fidel Castro, who often discussed health in a moral framework), it also influenced the views and actions of doctors and graduate students. Healthcare in fact as a moral imperative was a clear reason behind the initial push for improved health rates on the island.

This also occurred during the period when many Cubans felt, and eventually affirmed, that they were creating a socialist society. It was understood by the government and much of the population that the Revolution was working within a socialist framework, as Fidel Castro professed on April 16, 1961. This also strengthened the government position on curative medicine, as a result of the sweeping medical issues that were prominent in the early 1960s, mainly among the poor and marginalized. Morality was undoubtedly the primary reason for the Revolution's focus on health in the beginning. Yet as curative measures improved the health profile of the general public, and universal healthcare was increasing across the island, a shift in the reasoning also occurred.

The third reason why the Revolution focused extensively on health and the provision of healthcare was the need for greater productivity. This is not meant in the clinical way that the word may imply, but instead reflected an understanding that the Revolution could not advance if the population was not healthy. In other words, health was a priority because it would allow the Revolution to consolidate and expand; an unhealthy population could not contribute to, or participate in, this process. Healthcare was thus a logical step in the advancement of the revolutionary aims, which ultimately sought to promote equality.

The importance of productivity is particularly evident when considering Cuba's experience in reproductive health, and especially abortion rights. This strategy is evident throughout the 1970s, as the various institutions of the Revolution, including the mass organizations and ministries, worked to dramatically improve conditions across the island, and industrialize the economy as much as possible. Health was directly linked to these developments, and thus productivity as a whole. The healthcare system developed at this time to incorporate community medicine and emphasize prevention, in an effort to develop and maintain a healthy population, able to fully participate in all aspects of the development of the Revolution as a whole.

In addition, the Revolution needed to develop the capacity to focus on specific aspects of healthcare delivery, such as the need for improved infrastructure and trained specialists in order to change attitudes regarding the country's health (such as the importance of community participation in prevention). It took several years to establish the means and capacity to educate people on health. The emphasis on a strong national

healthcare strategy was thus linked to the production needs of the country—mainly a population that could participate in and advance the Revolution.

The fourth reason for the prominence of health within revolutionary Cuba was from the start, and still is, equality, which is not on the whole surprising given the socialist nature of the revolutionary process. In other words, the inequality of being ill resulted in a healthcare system rooted in equality—health was used as a means of creating basic equality.

Although it could be argued that it was simply a result of, or possibly the continuation of, the morality that has been instilled in the early years of the Revolution, it is the contention of this thesis that the government's insistence on accessible healthcare goes well beyond that. The belief in the importance of equality was thus one of the primary reasons for attention to, and development of, healthcare.

The understanding of the essential nature of equality in health evolved, from practical equality (such as basic goods and services) in the initial stages of the Revolution to a view of health as being a means of maintaining a basic level of equality within the Revolution's population (such as during periods of economic challenges and advancement, including the Special Period, and more recent national economic opportunities). In other words, health developed from the provision of a service to the maintenance of a basic level of equality throughout the revolutionary system. During the various challenges that Cuba has faced, both national and international, health and healthcare have been constant throughout. It was one of the elements that was distributed

equally amongst the different socio-economic strata—the Minister of Education, for example, was to receive treatment comparable to that of a rice farmer.

Health equity is also an important means of Cuba competing in international standings, as the island's expertise in healthcare has often been used to promote the country as equal or comparable to industrial ones, at least in this regard. Health has been used as a means of maintaining Cuba's identity as an equal to other countries, despite its considerably fewer financial resources, and of fostering relationships (economic and diplomatic) with other countries. The emphasis on health and healthcare is thus used to maintain the island's international standing as being equal to some of the wealthiest and most powerful nations.

The importance placed on equality in health also extends to well-being, particularly since the early 2000s. Returning to the earlier view at the beginning of the Revolution regarding morality and human dignity, in contemporary Cuba well-being and one's right to live with dignity have re-emerged as important facets of healthcare. It is the view of MINSAP that healthcare must provide an environment conducive to one's well-being. While basic services were once provided, the system has evolved to provide a variety of services that support health as a whole, as well as to promote the importance of the role of the community in the provision and maintenance of well-being.

Probably the clearest example of this approach, and one directly pertinent to the subject of this thesis, is the way in which health is used to promote respect for sexual diversity. Indeed, while in the 1960s doctors were providing immunizations, today they are running awareness-building training, and working to fully incorporate sexual

diversity into the healthcare system in an effort to improve health rates and decrease levels of discrimination. Respect for sexual diversity has clearly been understood as being important to well-being and one's individual self-dignity, and as a result has been gradually (albeit at times reluctantly) incorporated into the healthcare field.

Therefore, the idea of the equal application of healthcare as a main factor in the evolution of healthcare in Cuba since the 1970s is indeed a complex one. It cannot be reduced to the maintenance of revolutionary influence, nor should it be understood romantically as a simple act of empathy, or an act based on moral imperatives. Instead, it is a combination of such factors, as well as of other competing factors, such as the personal emphasis placed on health by revolutionary leaders.

Equality is a theme present within the Revolution as a whole, and is presented in various ways and areas, and in this case it has been used to promote health within the revolutionary framework. It is malleable and significant, and will continue to be employed within the field of healthcare. The importance of equality in health can be seen and felt across the island, as no matter what economic changes occur, healthcare promotes a basic equality between all citizens.

The final reason that health and healthcare occupy such an elevated position within the Revolution is the core belief in solidarity, and in particular, an understanding of *humanismo*. For revolutionary Cuba, *humanismo*—the belief in the importance of humanity, the value of human life, and by extension the responsibility to both respect and protect it—forms the cornerstone of its medical practices and ethos.

The term *humanismo* has been used in Cuba in various senses throughout the

Revolution's history. It is another means of explaining human “force” or “willpower” (Castro 1964), yet it invariably refers to the basic belief in the human condition's need for a good quality of life. While the power of the term is somewhat lost in translation, the word is distinguished by what revolutionary Cubans understand as the essence of being “human”—solidarity.

However, the belief in *humanismo* as a reason for Cuba's sustained emphasis on healthcare has not been articulated in any of the literature on the subject. Nor is this concept necessarily qualitative or quantitative, and so it does not lend itself to sustained rigorous analysis. Wider academic research has yet to offer any reasons why the revolutionary system has focused so intently on health and healthcare. However, while I am aware of the difficulties of trying to define something as nebulous as *humanismo*, I offer this explanation as the result of extensive research and experience, and as an attempt to put a name to the seemingly impossible phenomenon that is Cuba's healthcare system, and the many who participate within it.

#### *How Cuban Healthcare Engages with Global Health Governance*

From a study of Global Health, and particularly from the breadth of literature produced about it, five consistent themes of global and national health governance have emerged. They represent basic components or understandings of and within Global Health as a field. Moreover, these themes should not necessarily be understood as truisms, but rather as characteristics of the basic make-up of the Global Health framework. Yet the revolutionary Cuban system has developed outside many of the

previously understood means of healthcare development that are suggested by Global Health governance.

The first theme is that there are significant differences in levels of provision of healthcare between low- and middle-income countries and high-income countries. This is largely the result of neo-liberal economic policies, which include commercialization, market-based economies (including trade agreements), and debt. In essence this is the 'wealth' before 'health' contention.

Cuba, by contrast, does not follow this tendency. The island's health rates are comparable to developed and industrialized countries, despite its having a considerably lower GDP. Moreover, when other developing countries have faced economic crises, one of the primary solutions has been to seek loans from the World Bank or IMF. In particular, strategies to provide healthcare often come in the form of a shift from public healthcare to market-based healthcare, characterized by sweeping privatization. This is one of the primary strategies instituted by the IMF's SAPs, and are often a condition of their loans. Yet in Cuba, despite economic devastation, the state has not implemented any privatization or liberal market reforms in general for the healthcare of its citizens. And, while medical supplies were at times limited, the number of doctors was consistent, and universal access to the healthcare system was invariably available. In fact, the government increased its health data surveillance in order to monitor possible areas of difficulty and address them. Moreover, as Cuba is not a member of many of the trade agreements regarding pharmaceuticals, the country has been able to produce and widely distribute its own generic versions of medication (such as in the case of the HIV/AIDS

antiretroviral) at low costs. This suggests that a neoliberal market-based medical care is not as effective as one that maintains universal accessibility.

The second theme present in Global Health governance is that poor countries are unhealthier than industrialized countries, largely due to economic inequality, which in turn either leads to, or is the result of, a lack of education and gender equality. Indeed, it is understood that wealthier countries are able to invest in education, which is the primary contributing factor to health. Moreover, a by-product of educated populations is increased gender equality, again a vital aspect of health.

The Cuban case sheds light on this assumption, supporting its basic emphasis on the importance of education and gender equality, as well as the minimization of economic stratification. The Cuban model has consistently followed and supported this form of health governance, although it did so before it was internationally linked to health. Indeed, in international analysis of health governance this understanding is a contemporary one (largely from the early 2000s), while in Cuba it was emphasized from the beginning of the Revolution. The FMC, for example, has consistently been an influential organization and vehicle for change, while education has equally been a focal point of the Revolution. The Cuban government did not follow the advice outlined by the ideas of Global Health governance in this regard, but in fact preceded them by several decades. This suggests that Cuba has consistently followed a unique model, outside the standard development channels of Global Health governance, and has done so with relatively little outside help.

The third theme asserted by Global Health is that poor countries require assistance from wealthy countries and funding agencies to improve their health rates and healthcare strategies, developing policies and frameworks comparable to those in the West. In other words, countries with lower GDPs do not have the expertise or knowledge to develop the provision of healthcare, or direct it towards the necessary areas, and thus require assistance from other (developed) governments or international bodies. These almost always come in the form of vertical strategies, employing a strict top-down approach.

Cuba's healthcare philosophy, by contrast, was developed almost exclusively through Cuban initiatives and participation. International NGOs, or international groups or governments, undoubtedly provided some necessary assistance at times, although the expertise was Cuban. No significant vertical strategies were employed by outside elements, and everything from HIV/AIDS prevention, sexual education strategies, and the three-tier healthcare structure, were developed by Cuban specialists. This suggests that, while at times international influences can be valuable, governments of developing countries, and their populations, have the capacity to develop and govern their healthcare systems. Moreover, this autonomous approach promotes the need for diverse medical structures, depending on countries' individual needs and strengths—that 'west' is not necessarily 'best'.

The fourth point to bear in mind is that Global Health asserts that a strong state is required to implement primary healthcare strategies, as well as to monitor any changes. In particular, this includes the promotion of gender equality and universal access to education. However, in the case of Cuba, it can be argued that, while the state was once strong, it has not on the whole been strong and that the Cuban government system is

more representative of a negotiative structure than a monolithic one (Kapcia 2008, 179; Kapcia 2009; Ludlam 2012; Kirk 2011, 158). Instead of the application of changes via a strong state, and a top-down approach, the commitment of the population to health and healthcare worked in conjunction with the state to provide healthcare.

This interpretation goes against the positions of many Global Health specialists for two reasons. Many (such as Paul Farmer 2001; 2005) would argue, first, that Cuba has a strong state, and, secondly, that health must be a priority of the state. As for the first point, this thesis has demonstrated the existence of a negotiative process rather than a monolithic structure. What we can deduce from the evolution of healthcare is that it has been an evolutionary process developed by a cycle of identifying problems and attempting to fix them. This is evident in the development of polyclinics and the family doctor programme for example.

As for the second point, analysis also suggests instead that participation at all levels—from government structures to the individual—in health and healthcare is perhaps more important than the need for a strong state. While the Cuban state was largely responsible for improved access and quality of healthcare in the early years of the Revolution, it did not take long for the system to become entirely dependent on participation between elements of the state and the general population. Undoubtedly, the Cuban system would not have been as successful without the commitment and full participation of much of the population. Thus, in contrast to simply a strong state, the Cuban model illustrates the necessity of a collaborative and participatory model that works between the state and population to develop and maintain a country's or a region's healthcare and health.

Finally, the fifth Global Health theme contends that, in order for Global Health to be effective, a collaborative and comprehensive community-based model must be employed, involving an international body to oversee developments and provide assistance (including the UNAIDS, WTO, WHO, UNDP, or UNICEF). In essence this means that health is strongly correlated to community development.

The Cuban model supports this contention, but, unlike other developing countries that are beginning, or struggling, to develop a community-based participatory model, the Cuban system has been employing this approach since the early years of the Revolution. Again this highlights the independence of the Cuban system, which, unlike other developing countries, has formulated and applied much of what later constituted the advice of Global Health strategies, and not merely followed it. This is apparent in the development of the healthcare system as a whole, as well as the emphasis that the Revolution has placed on gender equality and education, and in more recent times, sexual diversity. Cuba's healthcare model continues to evolve outside the confines of Global Health theory, working with the population to meet changing needs.

### **Conclusion**

The Cuban healthcare system has clearly developed separately, and in many ways differently, from others. In particular, the Cuban system has developed in a way that is significantly different from that of other developing countries. This in itself is not necessarily new information, as researchers have frequently noted the impressive difference in health rates between Cuba and other developing countries. That said,

placing the national system in a Global Health framework, something that has not hitherto been done in academia, is instructive. It supports the contention that Cuba has a good healthcare system, while also suggesting new dimensions to our understanding of the system as a whole.

Above all, what becomes apparent is that the practices of the Cuban healthcare system often *preceded* Global Health trends, or worked entirely outside of its framework. Indeed, analysis of the Cuban system illustrates that development is not necessarily linear, and necessitates the commitment and participation of both the state and the population. Cuban problems were fixed with Cuban means.

The Cuban system has worked almost entirely outside the influence of neoliberal governing bodies that have consistently directed Global Health governance since the 1960s. When the island was in the midst of the economic crisis of the 1990s, the problems were not dealt with by seeking World Bank or IMF loans that ultimately resulted elsewhere in the privatization of health and in the increase of market forces. The healthcare system in Cuba was able to develop organically, without Global Health governance directing and implementing development strategies.

While Global Health understands the reasons for the importance of health and healthcare in terms of production, development, human rights and well-being, the Cuban system promotes a different reasoning. For people in Cuba, in addition to the personal commitment of Fidel Castro, the population was an overall determining factor, as they, and the government, viewed the reasons for an emphasis on healthcare as productivity, morality, equality and *humanismo*. The reasons differed in much the same way as the

development strategy of Cuban healthcare, which was primarily based on community medicine.

This suggests that for Cuba, on the whole, solidarity was and remains more important to development strategies than strictly financial incentives. The country's belief in the importance of health and healthcare has been rooted in human dignity above all.

## Conclusion: (R)evolution

The change in attitudes towards sexual diversity in Cuba is not unique, as many countries have normalized sexual diversity to varying degrees, particularly since 1990 when homosexuality was removed from the WHO's list of mental illnesses. What *is* unique is the way in which attitudes changed in Cuba, as until now there has been almost no explanation about **why** this considerable change occurred. The reasons behind the island's significant changes in attitudes towards sexual diversity have never been clearly evaluated, let alone accurately described with contemporary evidence to accurately represent these changes.

The process of the normalization of sexual diversity in revolutionary Cuba is as interesting as it is complex. Scholars have recognized the island's particular version of homophobia in the early years of the Revolution, and have attempted to trace its progress. The volume of work that was produced in the 1990s on homosexuality in Cuba is illustrative of the wide interest about this small Caribbean country's experience with homophobia and sexual diversity as a whole. Most of that work was largely completed in the early 1990s, while the more positive media reports began around 2008, and have increased dramatically since 2012—yet there has been no indication of what happened in the almost twenty years in between. What is clear, however, is that the attitudes towards sexual diversity in contemporary Cuba are very different from those from the intensely homophobic 1960s and 1970s. Indeed, as we have seen, the island was once notoriously homophobic, but has in recent years been lauded for its attention to sexual diversity rights, with no explanation of how this change occurred. We thus began this thesis by asking how attitudes towards sexual diversity had evolved in Cuba, and what this

evolutionary process might tell us about the Revolution as whole. This thesis has hopefully provided a comprehensive narrative of these events and analyzed the forces behind them.

In order to illuminate these questions, this thesis has therefore examined the country's revolutionary history of anti-homosexual attitudes, and also explored the role of the FMC and the early development of sexual education and sexual health. It has demonstrated that the FMC was critical in this regard, since attitudes towards sexual diversity began to change as a result of the organization's early efforts to promote reproductive health and sexual education. Since the 1960s, one of the organization's primary aims was to develop sexual education to improve health and well-being. Due to the Revolution's early emphasis on health and healthcare, the organization was able to normalize sex and reproduction through the distribution of pertinent information. In effect, sex and sexuality were demystified in the early years of the Revolution due to the FMC's efforts, particularly through GNTES.

The evolution of CENESEX, the missing element in earlier studies, was also explored. The fact that the Centre has been working under the auspices of MINSAP implied clearly that sexuality was important to national health. CENESEX thus increasingly developed sexual education, and later specifically began emphasizing sexual diversity in 2004, as by then the topic had become fully incorporated into public debate, and it was clear that further information and attention were needed. The contemporary changes in Cuba regarding sexual diversity were also explored, illustrating links between the work of CENESEX and national developments of attitudes towards sexual diversity.

Finally, the thesis has explored the importance of health and healthcare in Cuba, and in particular traced the development of the healthcare system, and thereby answered the question of why health and healthcare were, and remain, so important in revolutionary Cuba. Between the analysis of the island's homophobia, of the FMC's work in sexual education and sexual health, of the role of CENESEX, and of the island's emphasis on healthcare, some clearer answers to the *why* and *how* have emerged.

Until now, it was widely believed that the changes in attitudes could largely be attributed to the 1993 release of *Fresa y Chocolate*, which functioned as a catalyst for change. It was believed that, as a result of the film, the Cuban government and population gradually began accepting homosexuality, and incorporating related anti-discrimination into official policy. From around 2008, it was also suggested that Castro Espín, as the daughter of Raúl Castro and the niece of Fidel Castro, had the power and influence to establish considerable change. It has been further posited that, through CENESEX, she pushed sexual diversity rights forward into the national agenda. These have been commonly held views to explain why attitudes towards sexual diversity have changed. Although this understanding is not entirely incorrect, as both the film and the Centre, led by Castro Espín, have been powerful influences on the development of sexual attitudes, the interpretation is far from accurate. What has become clear throughout this thesis is that this evolution has been far more complex. Change was not the result of a film, an organization, or the work of an individual; it was a far more involved process, spanning the length of the Revolution.

The significance of establishing a more comprehensive understanding of the normalization process goes far beyond the demystification of previously held assertions,

or challenging the work of other scholars. Instead, it is important to consider the question of why the strategy itself is unique. It is not uncommon for countries, even those with a *machista* reputation, to promote respect for sexual diversity; Uruguay and Spain for example have legalized marriage for same-sex couples. So why is the Cuban case important? What is it that makes it special?

We can now conclude that changes occurred in Cuba as a result of the discrimination-health link. Unlike in other countries or strategies, the normalization of sexual diversity in Cuba was not achieved on the basis of human rights, but rather employed a strategy rooted in health and well-being. Although rights for sexually diverse groups were among the ultimate aims, the strategy focused on health and well-being to normalize sexual diversity. The central theme of this strategy was the fundamental understanding that discrimination was detrimental to individual and national health. The Cuban approach is the first time that this strategy has been employed, as the health-discrimination link has not been used previously for sexual diversity.

The preceding chapters have demonstrated that the link between health and discrimination began early in the Revolution. The FMC argued that discriminating against the sexuality of lesbians, viewing it as taboo or inappropriate, was detrimental to their health, as they would be less likely to seek medical attention, or follow medical advice as a result of the possible ramifications of related prejudice. Like many other countries, the view of discrimination as problematic to health and healthcare was also used to legalize abortion in the 1960s, as until then women were having unsafe abortions, putting their lives at risk, as well those of future children, because of the medical complications. However in Cuba the argument was taken much further. Although the link

between health and discrimination was initially employed to advance sexual and reproductive health, it soon evolved to incorporate sexuality as a whole, specifically sexual diversity.

By the late 1970s and early 1980s, this strategy was also highlighted throughout much of the literature that was produced on sexuality, and began to incorporate sexual diversity. Schnabl's *El hombre y la mujer en la intimidad* had an entire chapter dedicated to sexual diversity, and the principal argument used there was that of health. Schnabl suggested that, as a result of discrimination and prejudice, mental illness, such as depression, was more common in people with different sexual orientations. Similarly, although the books written by him that were published in Cuba suggested that homosexuality was deviant behaviour, Brückner's underlying message throughout was that safe and respectful sexual relationships were important to one's well-being.

The spread of HIV/AIDS in the early and mid-1990s also reinforced the discrimination-health link, as it was believed that those who were infected, particularly men, would be less likely to seek medical treatment, or follow medical advice, because of prejudice against their sexual orientation. This view was not unlike the position concerning sexual health for women that was promoted in the 1960s. While the infection initially affected homosexual men particularly negatively, including increased levels of homophobia, in effect it functioned as a catalyst to incorporate education about sexual diversity more fully into the medical field.

Throughout the Revolution, sexual education increasingly became a model and a device to promote healthcare, reflecting the belief that safe and positive sexual

relationships, of whatever gender, were important markers of both individual and societal well-being. In particular, it was viewed as the vehicle through which individual and national sexual health would be achieved. It is clear from the evolution of the FMC's role, as seen in the establishment of GNTES, that from the early years of the Revolution, sexual education was viewed as being critical to the country's overall development. In fact, almost immediately after GNTES was established, sexuality was re-defined as being important to one's health and well-being, and safe, responsible sex was viewed as being only achievable through education.

It is also important to consider how the understanding of sexual education differs in Cuba. Unlike many developed countries, such as Canada or the United Kingdom that view sexual education as what one learns in school classrooms, in Cuba it is understood as a broader concept. Sexual education is an integrated form of education that one receives on sex and sexuality from school, doctors, family, friends and the media. ProNes, now ProNess, developed and implemented by CENESEX, along with ministries such as MINED and MINSAP, sought to develop sexual education from various approaches in both the formal and informal spheres. This was translated into a strategy that was able to permeate almost any level or area of society. In sum, rather than being restricted to school classrooms, sexual education became a constant, pervading all layers of Cuban society.

These different avenues of sexual education invariably promoted health and well-being, and increasingly incorporated sexual diversity. From the 1990s, CENESEX's work has been significant in this regard. The Centre's campaigns, networks, awareness-building, books, pamphlets, debates and work with other ministries and organizations

have employed a strategy of sexual education that focuses on two themes: firstly, that sexuality is important to well-being; and secondly that sexual diversity should not be discriminated against. The importance of these themes is that they both promote the normalization of sexual diversity on the basis of health. Instead of being viewed as an independent entity, sexual education has been consistently understood as a critical way of contributing to individual and national health.

As a result of CENESEX efforts, the medical field has been promoting the normalization of sexual diversity, albeit at times unintentionally, or even reluctantly. As the discrimination-health link was cemented during the 1990s as a result of the threat of the spread of HIV/AIDS, medical professionals produced booklets that depicted sexual diversity as normal, training has incorporated courses on the specific health needs of non-heterogeneous sexual groups, and ProNess is in the process of fully incorporating sexual diversity into its curricula. Finally, it is telling that CENESEX, the critical element in the evolutionary process, is itself a respected MINSAP centre.

As the thesis has demonstrated, the central theme throughout the normalization of sexual diversity in revolutionary Cuba is undoubtedly health and well-being. The fundamental belief that discrimination is detrimental to both, on an individual and a national level was the critical component of this process and of the development strategy as a whole. *Health* was thus the strategy through which Cuba was able to overcome its rooted prejudice and homophobia, and fully incorporate sexual diversity into the Revolution. Health was the strategy through which human rights were obtained and promoted, rather than *vice versa*.

This particular strategy was developed and employed as a result of the country's relationship with, and understanding of, health and healthcare. Although, in the early years of the Revolution, both health and healthcare were developed largely out of the necessity to support production efforts, they soon evolved considerably and were viewed as important, for reasons of morality, equality and *humanismo*. The importance that the Cuban government and population have placed on health and healthcare therefore allowed a space in which respect for sexual diversity could develop. In effect, placing sexual diversity within a health framework, whereby sexuality was correlated with well-being and national health rates, allowed it to engage with the specific qualities of the Cuban healthcare system and its understanding of health. Morality, equality and *humanismo*, values produced and maintained by the population and government, ultimately initiated and later encouraged the normalization of sexual diversity.

The thesis has illustrated that this strategy was also successful because Cuba's healthcare system operated outside Global Health governance trends and influences. In particular, the role of gender equity and education was significant. Well before Global Health governance norms formally outlined the importance of equality and education, revolutionary Cuba had made considerable advancements in both areas. This allowed the population and government to focus on the development of health and healthcare, forming their own vision of what a revolutionary healthcare structure should be, before Global Health governance forces began contributing to the formation and direction of international healthcare strategies.

For political reasons, the Cuban government did not receive any World Bank or IMF loans and thus was not required to institute SAPs; nor would the revolutionary

government ever agree to do so. This made revolutionary Cuba one of the few developing countries that were not required by international loan stipulations to privatize education and healthcare, as well as institute other market-based reforms. As a result, education and healthcare were consistently provided by the state. Healthcare in particular was not altered to fit liberal market-forces, and specifically privatization. In a similar vein, the influence on the Cuban healthcare system of international NGOs or governments was very limited. While the Cuban system received information and financial assistance from other governments and NGOs, such as the IPPF, it was largely under Cuban direction. The revolutionary medical system maintained its independence from significant external influences. The Cuban government and populace's views on health and healthcare were thus able to evolve more organically, resistant to the external pressures often experienced elsewhere.

Moreover, a change in attitudes towards sexual diversity in Cuba was not directed by a "strong state", but rather by the implementation of a community-based participatory model, engaging with elements of both a top-down and bottom-up approach. While Global Health governance supports the need for a strong state to conduct and monitor social change that affected health, the Cuban model worked very differently. Elements of the state and general population worked together to develop sexual education and sexual health. The product of their respective efforts was an ongoing normalization process. It is thus important to consider that the Cuban approach was not specifically a state initiative, as recommended by Global Health governance and strategists, nor was it based entirely on the efforts of the general population, but was instead a complex strategy involving both entities.

As we have seen, Cuba's interpretation of health and healthcare, and of how they should engage, or in this case how they should not engage, with Global Health governance forces, fostered the development of the island's unique normalization strategy. Attitudes towards sexual diversity in revolutionary Cuba thus evolved through a series of specific Cuban circumstances. This resulted in the founding of CENESEX—a Cuban solution to a Cuban problem.

That said, although this is a uniquely Cuban strategy, it has significant value as an international development model. The specific strategy itself cannot be copied and transplanted anywhere, yet elements of it could be used to develop sexual diversity rights elsewhere. What can be gained is a greater understanding of some of the limitations of taking a strictly human rights-based approach, as well as the value of other viable options. While interpretations of human rights are malleable and often subjective, by contrast health is important to all individuals and governments. Specifically in terms of development models, a health-based strategy can be used to achieve enhanced human rights, while also improving health conditions. Based on Cuba's success, health can be used to alter opinions, as well as implement and direct change. Outside Cuba, this development strategy is unique, but it provides an opportunity for a new and effective approach that can undoubtedly be used to create meaningful change elsewhere.

From this thesis, it can also be concluded that the development of CENESEX and the normalization of sexual diversity are also revealing of the Revolution as a whole. The Centre's evolution and the changes in attitudes towards sexual diversity challenge the widely understood contention that revolutionary Cuba and its government is an unmovable and unalterable monolithic structure that employs a strictly top-down

approach. While scholars have often employed the expression “Castro’s Cuba”, or similar comparable terminology, to discuss the Revolution, CENESEX’s development suggests the precise opposite. Rather than employing a top-down approach, change was implemented through a complex process of negotiation, reflecting a very different understanding of a previously held view of institutionalized immoveability.

In particular, what this complex evolution illustrates is the importance of the bottom-up approach within the process of negotiation. Analysis of the evolution of attitudes towards sexual diversity as a whole illustrates the importance of the involvement of individuals, groups, and organizations in the implementation of change as well as highlighting areas of desired change. For, as we have seen, the normalization of sexual diversity began as a result of needs expressed by women to the FMC regarding sexual education. The FMC independently developed GNTES in 1972, five years before the state formally recognized and (re)established the group. GNTES and the FMC worked with various other elements of the Revolution’s structure, such as the UJC, ICAIC, and various ministries, such as MINED, MINCULT, MINSAP to develop ProNes and institute change. ProNes as a comprehensive system was developed by various elements, but also implemented by them as well. The government and population’s understanding of sexual education as a broad concept was paramount in this, as everyone from family doctors and teachers to community development specialists participated in its implementation, and are currently responsible for the implementation of ProNes throughout the island. The recent changes that have occurred as a result of CENESEX, such as celebrations for the International Day Against Homophobia, have also resulted due to considerable effort by the state as well as the general population.

The importance of the bottom-up approach within the evolutionary process is also highlighted by the role of public debate, which has remained a considerable factor throughout each area and level of change. It was present in the FMC's Congresses from the early 1960s, when they demanded improved sexual education, to discussions over the first popular-science book that incorporated discussion of homosexuality as "normal". Public debate was responsible for incorporating sexuality, a previously taboo subject particularly for women, into public discourse, which in turn allowed a space for discussion of sexual diversity. These debates were a considerable factor in the normalization process, as the consistent discussions were translated into a greater understanding, bringing the topic from outside the Revolution, to become an issue within the Revolution. These public debates are ongoing, as illustrated by the New Family Code, which in 2014 remains on the table in the National Assembly discussions. This view is further supported by Castro Espín's 2013 election into the National Assembly. It was well-known that her work focused on sexual diversity rights, a continually controversial topic, yet she was voted in to a significant position of leadership with the understanding that she would continue efforts to normalize sexual diversity within the political structure.

As the thesis demonstrates, the normalization of sexual diversity did not occur as a result of the government's explicit work in the area. The revolutionary leaders did not decide at some stage that, due to national health, it was important to integrate non-heterogeneous citizens into the national identity. Although Castro Espín would be discussed as one of the "Castros" in "Castro's Cuba", it is clear from the evolution of CENESEX in particular that this classic interpretation must be revisited and updated. The

Centre and its specialists undoubtedly pushed the boundaries of what was, or should be, considered “revolutionary”, and did so by working through a negotiative process.

Indeed an analysis of sexual diversity forces an examination that has been overlooked by others. This process suggests that a new understanding of the Cuban Revolution is needed. It should perhaps no longer be understood as a closed political system, but should instead be viewed as a complex process of negotiations. We have seen that it is not an unmovable, restrictive structure; rather it is a multifaceted and dynamic system that is consistently in a stage of evolution directed by an internal negotiative process that employs a bottom-up approach, and with changes brought about often by mutual problem solving. The process called “the Revolution” works and continues to evolve because of people and debate. It is consistently changing, adapting to fit contemporary needs. Change resulted from an evolutionary process of adjusting to needs and restrictions; it was a series of “push and pull” factors employed by various competing revolutionary elements and structures. These included political, cultural, and societal factors that collaborated to develop the necessary modifications to meet the demands of a given period.

We have seen that, while homosexuality was once considered anathema to the Revolution, today it is incorporated into the political structure. The development of attitudes towards sexual diversity illuminates the complexity of the process of change within the Revolution, as it is an ongoing evolutionary process that is constantly in flux. It is consistently changing, progressing, and at times regressing, in different ways in an attempt to meet the given needs of the population. In essence, the Revolution is

evolution. CENESEX is crucial to this new understanding of the Revolution, as it illustrates the complexity of the Revolution's structure.

The United Nations Secretary-General Ban Ki-moon described the work of CENESEX as “magnificent”. Following a visit to the Centre in January 2014, he noted that, “to solve any problem, we must recognize that there is a problem—not hide or minimize it” (UN News 2014). The Cuban government and population identified homophobia as detrimental to well-being, and sought to correct it. It was not minimized, but instead recognized as a considerable problem within the Revolution, and corresponding efforts were made through various channels to change it.

Beyond the Revolution, the role of CENESEX is pivotal as it highlights the possibility of improving attitudes towards sexual diversity globally. If a country with a strong history of homophobia can change to receive international accolades for its efforts to promote rights, surely there is some significant value in its approach? Yet while considerable achievements have been made, it remains an ongoing process, as CENESEX continues to work to improve the lives of many of the island's citizens who still suffer from discrimination and prejudice because of their sexual orientation. Some problems persist, such as the legalization of the New Family Code, an increase in reported hate-crimes, and criticism over ongoing discrimination. Nonetheless, one suspects, based on past evidence, that CENESEX will continue to try to meet these challenges, as its central aim of normalizing sexual diversity is pushed forward. As a cab driver in Havana explained on a recent trip, the work of CENESEX is important because it is “muy humano”.

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### Interviews

Aguilar Ayerra, Carolina. (18 February 2013). [Interview with Emily J. Kirk]. Havana.

Carolina Aguilar Ayerra is one of the initial founders of the FMC, working closely with Yolanda Ferrer and Vilma Espín, among others. As a trained journalist, she worked for the FMC in publishing, editing dozens of books and hundreds of magazines, and remains heavily involved in the organization.

Alfonso Rodríguez, Ada Caridad. (29 January 2013). [Interview with Emily Kirk]. Havana.

Ada Caridad Alfonso Rodríguez has served as interim director of CENESEX, as well as sub-director. She has been working at the Centre in various capacities as a psychiatrist, and is the coordinator of the Women's Network. She has published extensively on the impact of issues related to sexual diversity, sexual violence, and STIs on mental health and well-being.

Castro Espín, Mariela. (30 January 2013). [Interview with Emily J. Kirk]. Havana.

Mariela Castro Espín is a trained child psychologist, with a Masters in Sexology and recently received a PhD in Sociology (with her thesis focusing on transgender citizens). She is the director of CENESEX and SOCUMES, as well as a member of the National Assembly, and is involved with various national and international organizations that focus on themes regarding gender, sexuality, sexual education and sexual health. She has published extensively, primarily on sexual diversity rights and sexual education in Cuba.

Díaz Figueroa, Yasmany. (28 January 2013). [Interview with Emily J. Kirk]. Havana.

A psychologist with a Masters in Sexology, Díaz Figueroa works at CENESEX in various capacities, particularly as the coordinator of the Youth Network. He has also published sexual educational material for young people.

Ramírez, Marta María. (4 February 2013). [Interview with Emily Kirk]. Havana.

Marta María Ramírez is a social communications representative and reporter who has been working for CENESEX for some years. She has worked extensively on the Centre's website, participated in public engagements, and has reported on many of the Centre's activities.

Rodríguez Lauzurique, Rosa Mayra. (20 February 2013) [Interview with Emily Kirk]. Havana.

Rosa Mayra Rodríguez Lauzurique is a psychologist with a Masters in Sexology, and works at CENESEX in many capacities such as sub-director. She is the coordinator of the Transgender Network, and has published widely on themes of sexual education and sexual health, particularly regarding transgender persons.

Vásquez Seijido, Manuel. (13 February 2013). [Interview with Emily J. Kirk]. Havana.

Manuel Vásquez Seijido works as the Head of the Legal Advice at CENESEX. In addition to his legal work at the Centre and involvement in legal organizations throughout the country that focus on sexual diversity rights, he is also the coordinator of the CENESEX's Jurist Network.

Valle Artiz, Pedro Pablo. (29 January 2013). [Interview with Emily Kirk]. Havana.

Pedro Pablo Valle Artiz is a renowned doctor, who has been working at CENESEX for several years. He practices medicine at the Centre, as well as participates in many of the Centre's academic aspects, such as debates and panels. He is also the coordinator of the Men's Network, and works closely with the Centre on the *Jornada Contra la Homofobia*.

## Appendices

### Appendix A:

#### Significant Events in the Normalization of Sexual Diversity: Time Line

Year	Event
1882	One of the earliest known court cases of discrimination against sexual diversity, a case entitled “Criminal proceedings against Mrs Enriqueta Favez for disguising herself as a man by wearing a suit in order to trick Mrs Juana de León whom she legally married”.
1888	One of the earliest known examples of discrimination against sexual diversity in the Cuban press, an article titled “Los maricones”, published on the first page of the newspaper <i>La Cebolla</i> .
1960	The FMC was established.
1961	The “Night of the Three Ps”, the round-up of “pederasts, prostitutes and pimps”.
1962	The FMC’s 1 <sup>st</sup> National Congresses emphasized the need for comprehensive sexual education.
1965	MINSAP report noted that there is no known biological cause of homosexuality and theorized that homosexuality was a learned behaviour.
1965	Research began on how to correct homosexuality.
1965-1968	The UMAP camps used for “re-education”.
1966	UNEAC held emergency meeting to defend and support their colleagues, demanding that they not be sent to UMAP camps.
1969	Deputy Minister of Education Abel Prieto Morales published article entitled “Homosexualismo” in <i>Bohemia</i> .
1971-1976	The <i>Quinquenio Gris</i> cultural repression
1971	First National Congress on Education, which banned homosexuals from participating in the educational process and promoted the need for comprehensive sexual education.
1972	The National Group for Work on Sexual Education (GNTES) established by Vilma Espín and Celestino Álvarez.
1974	Law 1267 established, which outlined the restrictions on homosexuals, including prohibiting them from working in any position in which they could influence children or young people.
1975	The Family Code was introduced, which challenged previously held views of gender roles.
1975	The PCC’s 1 <sup>st</sup> Congress, at which the Commission with the principal aim of publishing sexual education material was formally established (referred to as either la Comisión Permanente de la Asamblea Nacional del Poder Popular “Sobre la atención a la infancia y la igualdad de derechos de la mujer”, or the Comisión Permanente para la Atención a la Infancia, la Juventud, y la Igualdad de Derechos de la Mujer).
1977	The government formally recognized and legitimated the FMC’s GNTES.
1979	GNTES published East German sexologist Siegfried Schnabl’s <i>El hombre y la mujer en la intimidad</i> , the last chapter of which centred on

	the need to respect sexual diversity (reprinted in 1985 and a second edition was published in 1989).
1979	Homosexual acts between adults in private is de-criminalized in an amendment to the Penal Code
1979	Following requests from the FMC, MINSAP authorized the establishment of a specialized multidisciplinary team led by GNTES, which would provide comprehensive assistance to transgender citizens.
1980	Mariel boatlift, in which many Cubans pretended to be homosexual in order to be more undesirable by the revolutionary government and thus more likely to be able to leave for the United States.
1980	The 2 <sup>nd</sup> PCC Congress re-emphasized the need for improved sexual education, and GNTES is noted as being the representative group of the Comisión Permanente de la Asamblea Nacional del Poder Popular “Sobre la atención a la infancia y la igualdad de derechos de la mujer”.
1980	3 <sup>rd</sup> FMC Congress, which further emphasized the need for improved sexual education.
1981	Vilma Espín became the president of the Comisión Permanente de la Asamblea Nacional del Poder Popular “Sobre la atención a la infancia y la igualdad de derechos de la mujer”, and the FMC assumed further control over the development of sexual education.
1981	Siegfried Schnabl’s book entitled <i>En defensa de amor</i> was published (and re-printed in 1985), which also supported the need to respect sexual diversity.
1981	Heinrich Brückner’s book entitled <i>¿Piensas ya en el amor?</i> , which discussed homosexuality as deviant behavior, was published (reprinted in 1985).
1985	GNTES formed the Cuban Multidisciplinary Society for the Study of Sexuality (SOCUMES).
1985	GNTES coordinator Monika Krause’s book entitled <i>Algunos temas fundamentales sobre educación sexual</i> , which discussed the importance of sexual education and respect for sexuality, was published (reprinted in 1987 and 1988).
1987	GNTES coordinator Monika Krause’s book entitled <i>Educación sexual. Selección de lecturas</i> , in which significant members of GNTES noted the importance of sexual education, was published (reprinted in 1988).
1988	MINSAP minister signed resolution to change GNTES into the National Centre of Sexual Education (CENESEX).
1989	CENESEX is officially established under the auspices of MINASP.
1990	The World Health Organization removes homosexuality from the list of known mental illnesses.
1992	In an interview with Tomás Borge, Fidel Castro noted that he was opposed to all forms of discrimination, including that related to homosexuality.
1993	The film <i>Fresa y chocolate</i> is released.
1994	CENESEX began publishing the research journal <i>Sexología y Sociedad</i>
2003-2004	CENESEX shifted its focus on emphasize respect for sexual diversity

2003	CENESEX's Women's Network was established, focusing on health needs of sexually diverse women.
2005	CENESEX, with the support of MINSAP, re-established GNTES' Multidisciplinary Commission that sought to assist transgender people as the National Commission for the Integral Care of Transsexuals.
2006	Cuba participated in the "Gay Olympics" in Montreal, Canada.
2007	CENESEX participated for the first time in the International Day Against Homophobia.
2008	CENESEX, along with other Cuban elements, such as the Ministry of Culture, celebrated the International Day Against Homophobia in Havana (known as the <i>Jornada contra la homophobia</i> ).
2008	<i>Bohemia</i> published an article that focuses on the importance of respecting sexual diversity for the first time.
2008	Public Health Minister signed Resolution 126, which authorized the creation of a centre that would provide comprehensive healthcare for transsexuals, including free gender-reassignment surgeries, medication and therapy.
2010	At the United Nations General Assembly's Social, Humanitarian and Cultural Affairs Committee, Cuban diplomats voted in favour of an amendment that would replace any reference to "sexual orientation" with the more general expression "discriminatory reason on any basis".
2010	Fidel Castro personally apologized for the UMAP camps, assuming full responsibility.
2011	CENESEX's Men's Network (Men for Diversity) was founded, focusing on normalizing sexual diversity through awareness-building.
2011	The PCCC changes its Fundamental Principals to incorporate sexual diversity.
2012	CENESEX's Youth Network was established, focusing on normalizing sexual diversity through consciousness-raising among young people.
2012	CENESEX's Transgender Network was established, focusing on normalizing sexual diversity through awareness-building, and proving support for the transgender community.
2012	Cuba's first transgender woman was elected at the municipal government level.
2012	The New Family Code is formally presented to the National Assembly.
2013	CENESEX's Jurist Network was established, focusing on promoting respect for sexual diversity through changes in legislation.
2013	The new Labour Code was released to the public and prompts debate, as it does not make specific mention to discrimination on the basis of sexual orientation or gender identity.
2013	SEXSALUD is launched at the Universidad de Ciencias Médicas de Santiago de Cuba.
2014	The celebrations for the International Day Against Homophobia occurred in seven of Cuba's fifteen provinces, and incorporated international and national specialists from multidisciplinary backgrounds.

## Appendix B

Tesis: “Algunos aspectos de la lucha ideológica. Papel de la Mujer. Tareas ideológicas encaminadas al ejercicio de la plena igualdad”. Sección 8: “La educación de la familia” (FMC 1984, 38, 64-67).

Section 8: La educación de la familia:

Desde antes de nuestro II Congreso, habíamos estado analizando muchos aspectos del trabajo educativo que debíamos profundizar, temas que era necesario abordar con los jóvenes y también con los padres y maestros. Por esa razón las tesis sobre la familia y su papel en la formación de las nuevas generaciones, así como la de la mujer joven, trataron con mucha profundidad todas estas inquietudes.

Posteriormente, en el Primer Congreso del Partido se debatió el tema con gran amplitud y se adoptó una resolución que orienta desarrollar un plan de educación de la familia.

La finalidad del plan de educación de la familia es brindar suficientes argumentos científicamente fundamentados para preparar a padres, maestros y especialistas de diferentes disciplinas y ayudarles a la delicada misión educativa que les corresponde cumplir. Al mismo tiempo dirigir una labor especial para orientar y educar a niños y jóvenes desde más tempranas edades, a través del círculo, la escuela, los medios de difusión masiva, publicaciones especializadas, charlas, conferencias, consultas y diversas vías sobre las concepciones ideológicas del marxismo que sustenta la moral socialista, entre ellas la igualdad de la mujer, eliminando la ignorancia y los tabúes que han existido por siglos, sobre todo en el campo de la sexualidad.

Cuando hablemos de educación de la familia nos referimos a la capacitación de los padres para construir la formación integral de las nuevas generaciones, a su preparación para constituir una pareja estable, duradera y feliz, basada en el amor, la igualdad, el respeto mutuo y la solidaridad.

Esto implica el desarrollo de conceptos y principios acordes a la moral socialista y una sólida preparación científica que incluya todos los aspectos sociales y biológicos de la sexualidad humana.

Para llevar a la práctica el plan orientado en la tesis del Primer Congreso de nuestro Partido se he creado el Grupo de Trabajo de Educación Sexual, de carácter multidisciplinario e integrado por representantes de la FMC, la UJC, el Ministerio de Educación, el Ministerio de Salud Pública, el Instituto de la Infancia y la Organización de Pioneros “José Martí”. El Grupo cumple funciones de asesoría a la Comisión de Atención a la Infancia y a la Igualdad de Derechos de la Mujer, de la Asamblea Nacional del Poder Popular. En la actualidad está llevando a cabo un trabajo sistemático que abarca la elaboración de materiales básicos de información y orientación, así como la elaboración de la metodología para formar especialistas del campo de la medicina, psicología y educación, principalmente con miras a la preparación adecuada del personal que en un futuro tendrá a su cargo la puesta en práctica de la educación sexual, así como de la

profilaxis y terapia de los problemas sexuales. En el transcurso de este año han publicado los primeros libros que tratan estos temas.

Evidentemente es necesario enfatizar mucho en la educación sexual precisamente porque es poco lo que se conoce sobre esto y en este terreno es donde existen los más fuertes prejuicios, criterios erróneos, concepciones obsoletas, que debemos de ir erradicando.

Es necesario estar preparadas para responder en forma adecuada a cada edad las preguntas que niños y jóvenes hacen sobre estos aspectos. Pero hasta ahora la mayoría de las veces, tanto los padres, como los maestros desconocen qué es lo adecuado a cada edad, no cuentan con información ni bibliografía para consultar.

La educación sexual tiene que irse impartiendo desde las edades más tempranas. En el círculo infantil se logra a través de las actividades educativas, de las acciones pedagógicas de las educadoras y la posibilidad que ofrece el juego de roles. En la escuela, a través de asignaturas tales como Ciencias Naturales, en los primeros grados, y más adelante Biología, Historia, Educación Laboral y otras.

La educación sexual no debe estar desvinculada de la formación general del individuo, de su formación ideológica; creemos que es imprescindible para la formación integral de un joven dentro de la sociedad socialista, el conocer profundamente el papel que corresponde al hombre y la mujer en la pareja, la familia, la enorme responsabilidad que implica a relación sexual, lo que significa para el futuro de ambos, porque además de tener un fuerte peso individual, personal, las relaciones sexuales tienen una proyección social, al ser gestora de la creación de una tercera persona: un hijo.

Éste es otro de los objetivos centrales que persigue el plan de educación de la familia; crear una verdadera conciencia acerca de las responsabilidades sociales que tienen los jóvenes de una y otro sexo, para que en el momento en que decidan establecer relaciones en el terreno sexual, cuenten con la información necesaria y estén conscientes de las implicaciones que este importante paso lleva aparejado.

Consideramos que para lograr un nivel de información adecuado sobre la educación sexual, un paso muy importante será la introducción de esta temática en programas docentes de las escuelas pedagógicas de educadoras para círculos infantiles, así como en los programas de estudiantes de medicina, enfermería y otros técnicos de salud. También en Psicología, Sociología y Ciencias Jurídicas.

Al mismo tiempo, se prevén las condiciones necesarias mediante la capacitación de médicos, psicólogos, enfermeras, trabajadoras sociales para iniciar en el futuro consultas sobre problemas sexuales a la pareja y a la familia, al igual que para un amplio trabajo informativo y formativo con la mujer joven, con vista a evitar el embarazo precoz, tener conocimientos correctos sobre la sexualidad, contribuir a que nuestros jóvenes estén formados y adecuadamente preparados para constituir matrimonios sólidamente unidos y familias armoniosas y estables.

Se ha tratado de mejorar la información a la población sobre diversos temas de Educación de la Familia a través de los medios de difusión, entre ellos la revista *Mujeres*

ha publicado distintos materiales que han sido estudiados por las federadas en los debates de salud que se efectúan mensualmente. Esta publicación también dedica su sección Educación de Padres a este tipo de temas psicopedagógicos.

A partir de este año impartiremos muchos de los temas de Educación de Padres a través de las Escuelas Populares de Padres, en la tarea que realizamos en coordinación con los CDR.

En meses alternos, nuestras dos organizaciones estudian materiales especialmente elaborados para ese fin. Esto abre una gran fuente de conocimientos para la educación de toda la familia, puesto que se invita a todos los vecinos a participar en las sesiones de estudio.

Por estas consideraciones generales, el III Congreso recomienda:

-Intensificar la labor de orientación e información por todos los medios y vías de que se dispone, dirigido a crear una verdadera conciencia sobre la importancia que tiene para las nuevas generaciones la educación formal y social, así como la educación sexual acorde a cada edad. En ese sentido aumentar los programas de información y orientación dirigidos a padres educadores y a la población en general.

-Intensificar el trabajo de preparación de materiales y publicaciones de folletos, libros y todo tipo de material impreso, sobre los temas analizados.

-Crear condiciones para iniciar el trabajo de consultas sobre problemas sexuales a la pareja y la familia, así como organizar y realizar cursos de preparación dirigidos a médicos, trabajadoras sociales, técnicos medios, personal de enfermería, etc.

## Appendix C

Statistical Analysis of Themes Examined in *Sexología y Sociedad* articles, 1994-2012.

	Young People	Abortions	Male sexuality	female sexuality	Mature Gen.	Com. Dev.	Sex. Violence	Mention LGBT	LGBT
1994	27.27%	27.3%	9.09%			27.3%			
1995	20%		7.5%	10%	7.5%	20%		2.5%	
1996	20%	10%	20%	15%	10%	10%		10%	
1997	13.6%	9.1%	9.1%	9.1%		13.6%	13.6%	4.5%	4.5%
1998	15.2%	6.1%	9.1%	24.2%	3%	3%	6.1%		
1999	27.3%	9.1%		27.3%	18.2%	9.1%			
2000	16.7%		5.6%	16.7%	5.6	22.2%	5.6%		5.6%
2001	14.3%		14.3%	14.3%				14.3%	14.3%
2002	13.3%		20%	20%		13.3%	13.3%		6.7%
2003	10.5%		5.3%	15.6%	5.3%	10.5%	10.5%	21.1%	5.3%
2004	19%		4.8%	14.3%	4.8%	14.3%	9.5%	4.8%	19%
2005	25%			31.3%			6.3%	18.8%	6.3%
2006	12.5%		12.5%	20%	6.3%				6.3%
2007	7.7%	7.7%		38.5%		15.4%	7.7%		7.7%
2008	11.1%			22.2%		11.1%	11.1%		33.3%
2009	7.7%			23.1%	7.7%			23.1%	7.7%
2010			12.5%	12.5%	12.5%		12.5%	12.5%	12.5%
2011				14.3%		7.1%	7.1%	35.7%	14.3%
2012			60%			10%		20%	30%

## Appendix D

Comparison of global, international, and public health produced by specialists at the Consortium of Universities for Global Health Executive Board (Koplan et al. 2009, 1994).

	<b>Global Health</b>	<b>International Health</b>	<b>Public Health</b>
<b>Geographical reach</b>	Focuses on issues that directly or indirectly affect health but that can transcend national boundaries	Focuses on issues of countries other than one's own, especially those of low-income and middle-income	Focuses on issues that affect the health of the population of a particular community or country
<b>Level of cooperation</b>	Development and implementation of solutions often requires global cooperation	Development and implementation of solution usually requires binational cooperation	Development and implementation of solutions does not usually require global cooperation
<b>Individuals or populations</b>	Embraces both prevention in populations and clinical care of individuals	Embraces both prevention in populations and clinical care of individuals	Mainly focused on prevention programmes for populations
<b>Access to health</b>	Health equity among nations and for all people is a major objective	Seeks to help people of other nations	Health equity within a nation or community is a major objective
<b>Range of disciplines</b>	Highly interdisciplinary and multidisciplinary within and beyond health sciences	Embraces a few disciplines but has not emphasized multidisciplinary	Encourages multidisciplinary approaches, particularly within sciences and with social sciences.

## Appendix E

Increase in Medical Facilities, 1958-1990 (MacDonald 1993, 63)

Medical Facilities in Cuba	1958	1984	1990
Polyclinics	0	370	391
Hospitals	97	263	264
Rural Hospitals	1	54	60
Children's Hospitals	3	27	27
Dental Clinics	0	143	152
Blood Banks	1	24	24
Medical Schools	1	15	16
Dental Schools	1	4	7
Nursing Schools	7	58	72
Teaching Schools	4	99	100