

# Women, Policy Development, and the Evolving Health Frame in Cuba

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*Cet article examine comment l'Organisation nationale des femmes de Cuba (La Federación de Mujeres Cubanas (FMC) a fait pression sur le gouvernement pour changer les politiques. Alors que la FMC est une agence gouvernementale, ses priorités et son programme ont été souvent différents de ceux de l'Etat central. La FMC a pu développer des positions persuasives en encadrant ses initiatives sous le couvert de la santé et d'autres valeurs fondamentales du régime.*

*Este artículo analiza las formas en que la Federación de Mujeres Cubanas (FMC) ha forzado cambios en las políticas del gobierno. A pesar de que la FMC haya operado como una agencia del gobierno, a menudo sus prioridades y agendas han sido diferentes de las autoridades del estado cubano. La FMC ha sido capaz de desarrollar convincentes posiciones políticas a través de enmarcar sus iniciativas como importantes para la salud y otros objetivos y valores del régimen.*

The question of women's political participation in Cuba tends to raise serious doubts about the possibility of any genuine opportunities for influence or agency. Recent scholarship on Cuban women's organizations has come to the conclusion that there is no "feminist" movement in Cuba, and no autonomous women's organization (Fernandes;

Luciak 2007; 2005). However, such a conclusion falls into the analytical trap of denying agency to women in developing countries, where their political participation does not necessarily fit into liberal democratic models. This has often rendered certain matters or possibilities to be *culturalmente ajena* (culturally foreign and inaccessible) to the South (Pereira 2). Further, to say that women's political action is only relevant if it is not formally connected to the state is to fail to recognize the countless examples of state-directed "feminism," or gender-based activity, which are common even among developed nations (Molyneux; Dobrowolsky; Findlay; Pal). It also fails to recognize that while there are more expressions of political conformity in an authoritarian regime (for everyone), there are, in the case of Cuba, fewer expressions of social role conformity for women (concerning religion, marriage, workforce participation, and so on). The most basic definitions of politics indicate distributions of power, not just in formal political institutions but in the home, the workplace, and virtually everywhere else. Therefore, politics happen at all socio-political levels, and through various means.

In this article, I will demonstrate that women's political agency is evident in the work of the Federación de Mujeres Cubanas (FMC) (the

Federation of Cuban Women). The FMC is effectively an agency of the state, which was created by Fidel Castro in the immediate post-Revolutionary period. However, the FMC considers itself to be a non-governmental, grassroots organization that has maintained a "positive distance" from the central state authorities (interview with FMC official in Havana, Cuba, February 2007). A significant amount of the political influence and persuasion wielded by this organization has been expressed through evolving "health frames." Issues of concern for women have been described, presented, or coded as related to or determinative of health, which is a definitive nationalistic goal of the regime. For example, abortion, family violence, reproduction, and GLBT rights have been framed (meaning defined and presented) as health issues in order to align them with existing state priorities. "Feminist" or gender-based strategies are created and employed in ways that are consistent with nationalistic goals yet challenge both the status quo and the direction of the government. In the pages that follow, I will examine four frames that are various iterations of the larger, evolving health frame: the Revolutionary frame; the post-colonial frame; the human rights frame; and the intersectional frame. In each case, the frame was not created by the FMC, but has been tapped-into

or manipulated in order to pressure for change.

### **Health Indicators and the Importance of Health to Cuban Nationalism**

In the context of extreme resource scarcity, Cuba has achieved remarkable success in health care and public health. Concerning the former, there are approximately 58.2 physicians per 10,000 population (PAHO 2002: 209). Every individual has access to physician and hospital care on (mostly) equal terms and conditions (Johnson). Concerning the latter, many diseases common to developing countries (such as Dengue and Malaria) have been eradicated, as has morbidity as a result of poor sanitation or community health infrastructure. Cuba's health indicators are superior to other developing countries in the region, and many indicators parallel or surpass those of developed nations. Life expectancy is 77 years; the infant mortality rate is 6.2 per 1000 live births (PAHO 2007: 263-64); maternal mortality is 39.5 per 100 000 live births (PAHO 2004). These figures are well above regional averages. By way of contrast, in the United States, Cuba's primary political opponent, life expectancy is 77.5 years; infant mortality is 6.84 (PAHO 2007: 688-89); and maternal mortality is 9.9 (PAHO 2004). These achievements are of great symbolic importance; they demonstrate the efficacy and legitimacy of the controversial regime.

### **The Revolutionary Frame**

The value of the levels of reproductive and maternal health attained in Cuba goes beyond overcoming difficulties in order to provide service to vulnerable populations and expand national (human) capacity. Women reproduce for the nation not just future generations of workers, soldiers or revolutionaries, but national values that support internal

dynamics of states and demonstrate culture abroad. When nationalist goals produce pro-natalist policies, as they often do when dominant or desired ethnic populations are in decline, control tends to be exercised over women's sexual behavior and reproductive choices (Miranda and Yamin; Freedman). Despite serious challenges to Cuba's population in the revolutionary period, especially in regard to professional capacity and economic viability, the government has not responded with such restrictions. There is a considerable degree of contradiction in policy and practice related to sexuality and reproduction, but ideas are oriented in the direction of increased freedom and agency (which refers to individual and collective capacities to propose, negotiate and resist policy directions or other state activities through a variety of formal and/or informal means) for women. Abortion was legalized with some trepidation, but apprehension on the part of the government did not result in the *doble discurso* (separate discursive and practical domains for private and public life) that is observed in countries like Mexico, Chile and Colombia (Shepard; Ortiz-Ortega). This exceptionalism can be attributed to both practical necessity and national value projection (in contradistinction to colonial and U.S. patterns).

The goal of gender equity, and the inclusion of women in all segments of society had much to do with the early, practical requirements of the nation. In the years immediately following the revolution, many professionals fled the country, which created a great need for human capital. Virginia Olesen explains that

the exodus in the early years of substantial numbers of physicians, estimated at 3,000, plus the nationalization of health care, resulted in a shortage of physicians and consequent alterations in the course of medical education and admissions

policies to both the old and new medical schools which made medical education a possibility for women, many of whom chose this rather than the traditional female professions of nursing or teaching. (404)

Therefore, even the most reluctant reformers were compelled to create institutions that included women as professionals and key contributors to the new society. This progression out of necessity also created space for the development of the FMC, which became a well-organized and influential pressure point in an overwhelmingly authoritarian political structure.

### **The Post-Colonial Frame**

In addition, Cuba's gender-based policy development is explained by its oppositional nationalism to the United States. Nationalism and the construction and maintenance of national identities are aligned with many forces. At their foundation, these forces are oppositional, which is to say that they oppose or contradict something (another regime, country, culture, or ethnic group). For example, the American nation was created as a rejection of the British Empire. Political and social ideals, and the institutions that they generated, arose and were developed in contradistinction to those of the colonizer (Fanon; Puri 62-63). Contemporary expressions of American nationalism reflect this origin (resistance to government intervention in society and the economy, suspicion of concentrations of governmental authority, as well as affirmations of the primacy of individual liberty). They also demonstrate new oppositional targets for the continued practice of nationalism: terrorism, Al-Qaeda, non-democratic regimes. In order for the United States to define itself as a world power, it must perform those roles that signify its national identity. Its identity is affirmed in global responses to that performance.

Cuba's sense of nationalism has been developed in accordance with commitments to international socialism as well as in opposition to its colonial adversary, the United States. With regard to the former, religion and tradition are precluded as justifications for denying women reproductive rights, as the internationalist socialist agenda formally erases them. Reproductive rights

### **The Human Rights Frame**

In the early 1970s, the FMC began to employ human rights language in order to frame their appeals for change. The watershed moment was the first world conference on women in 1975, which provided women in developing countries with additional political resources (Espín 1995). It was the same year that abortion

February 2007). They are global examples of Cuba's understanding of "real liberty" and "real human rights" (Mayoral).

### **The Intersectional Frame**

Cuban nationalism is also demonstrative of a "feminist" or gender-based politics that is very different from American varieties. Cuban

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and women's liberation are a means to enable women's productive labour and thereby improve the well-being of society. The premise was that women were bound tightly by familial roles and obligations and that this condition inhibited their participation in social production (Castro 1981a; 1981b). The creation of childcare centres, workers' dining halls, and other "supportive" facilities would free women of traditional household duties so that they could work (in agriculture, the military, or the professions, for example), and thereby help to ensure the success of the revolution. However, the lengths to which the state has gone in order to offer and deliver these rights seem to extend beyond the goals of socialism to include strategic nationalist goals. Sheryl Lutjens asserts that,

the experiences of Cuban women cannot be deduced from claims about an archetypical socialist state and its relation to a generic socialist woman. Indeed, the disturbing facts of the postsocialist transition underscore the measurable advances made by Cuban women, as well as the particularities of a Cuban strategy defined by both policies and problems. (101)

was made widely available; prior to 1975 abortion was permitted only to save the life of the mother, in cases of rape, and to avoid birth defects (Smith and Padula 73). It is a source of great national pride that Cuba was the first country to sign and the second country to ratify the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) (United Nations High Commissioner for Human Rights 2003; Interview with FMC official, Havana, Cuba, February 2007).

According to FMC officials, international human rights documents have enabled more persuasive framing of their concerns. Documents such as the Focus on Women in Development, the CEDAW, and the Convention on the Rights of the Child, as well as subsequent world conferences on women, and other United Nations declarations, provide the basis for the official documentation of the role of the FMC in improving health policy and legal rights for women (Marrero, Ramírez and Rodríguez; Garrudo et al.). They have been useful to the organization, largely because the guarantees included in these documents are consistent with revolutionary philosophy (Interview with FMC official, Havana, Cuba,

women, despite their progressive and insistent activism, have tended to resist the feminist label:

Fidel Castro described the changes that were taking place in women's private and public lives as "a revolution within the revolution," and it was very much within the revolution that contemplations of "the woman question" in Cuba were to occur. Cuba had adopted the standard Marxist position that true sexual equality can be established only through socialist revolution, that socialism and women's liberation were one—that "one" being socialism. Feminism was roundly denounced by the revolution for being a bourgeois indulgence and an imperialist tool to divert women from the more important class struggle by tricking them into rejecting men. (Smith and Padula 4)

Women's commitments to equality and fairness focus on inclusivity and intersectionality rather than individual rights (the main currency of liberal feminism). Chapter VI of the Cuban constitution, entitled "Equality" (article 41) indicates that

all citizens possess the same duties and article 42 provides that discrimination based on race, skin color, sex, national origin, religious beliefs and any other affront to human dignity is proscribed and sanctioned by law (Garrudo et al. 22. *author's translation*). The work of the FMC is consistent with this constitutional guarantee in that the goal of gender equality is considered to be correspondent with the broader

and social structure, women are not routinely dependent on men for economic well-being (see Safa; Pertierra). They are dependent on their families and the state, which makes marriage a somewhat unstable and relatively unimportant institution. It is perhaps for this reason that feminism seeks not to secure a woman's independence from her male partner, but emancipation from inequality generated by social

the adoption of the United Nations's framework concerning development and wellbeing, which focuses on both economic growth and the redistribution of the benefits that are produced by that growth (Marrero et al. 6).

The National Centre for Sexual Education (CENESEX) has also been active on this front. As an agency of the state, CENESEX is clearly not a civil society organization. However, like

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goals of social justice and equality (pertaining to race, religion and nationality) (interview with FMC official, Havana, February 2005). At present, the constitution does not recognize equal rights for gays and lesbians although there is some progress being made toward this end (the FMC is active in this campaign and there is evidence of changing state attitudes concerning sexual orientation) (see Cuba 20; Macdonald 162; Johnson 109-110).

"Feminism," then, exists in Cuba only to the extent that it recognizes the intersectionality of women's struggles with other social and economic problems. Progress for women is currently hindered by severe limitations on availability of housing and transportation, the same limitations that affect men. The FMC emphasizes, however, that women and men have very different social and familial roles, and that equality promises results in the form of dignity and respect, not necessarily material gains. Equality emerges as tightly scripted social roles begin to change: in 2003 parental benefits were extended to men, and when a couple marries, both parties are required to read and understand the Family Code, which outlines rights and responsibilities within a union. For reasons related to education

dynamics. That is to say that Cuban "feminism," or gender-based social and political action, is not directed at individual marginalization and realization. It follows patterns of socialist feminism, black feminism, and trends in the (primarily North American) literature that focus on the intersectionality of sources of disadvantage (see for example, hooks; Young 1997, 1990). FMC-directed and other gender-based action follow patterns established by scholars such as Iris Marion Young in that they are properly conceived as distributional projects. They are aimed at achieving distributional fairness, which in the context of socialism means full social and economic equality. Human rights strategies are also directed toward this goal, rather than to enable autonomous individual action (such as freedoms of speech, association, and expression). Disadvantages are experienced by individuals, but the sources of disadvantage are often group-based. As noted, the FMC is currently seeking constitutional protection and inclusion for gays and lesbians. Such recognition would grant rights and legitimacy to those populations, which have been marginalized (although they have gained greater social acceptance in recent decades). Social change is facilitated by

the FMC it has been able to exert pressure on the central government and advocate for significant, directional changes. In recent years CENESEX and the FMC have advocated for greater human rights guarantees (such as protection from discrimination and improved access to sexual reassignment surgery for transgendered individuals) for GLBT persons in Cuba. Pereira, who has links to both agencies, declares the lack of formal protection for this vulnerable group to be "incompatible with the ethical principles of equality, social justice, and the humanity of the Cuban socialist project" (Pereira 3). Appeals for GLBT rights are framed in ways that recognize the intersections of various forms of marginality: gender, sexual orientation, health status.

### **Conclusion**

The centrality of health to Cuban nationalism is a well-documented phenomenon (Feinsilver; Johnson). Recent analyses have explored Cuban medical diplomacy as a means for the export of socialist values (Huish and Kirk; Huish). But much less is said about the ways in which nationalist goals shape Cuban domestic policy development. The importance of excellent health indi-

catators in the context of poverty has created political avenues for policy changes that can be linked to that goal. The FMC and CENESEX have been able to use this nationalistic preoccupation to frame initiatives for gender-based change. In the immediate post-Revolutionary period, the practical requirements of the revolution created opportunities for women; their participation was essential for the development of human capital. The post-colonial dimensions of the regime have allowed for the resonance of projects (such as campaigns to improve infant and maternal health, and to expand rights and liberties for women) that would position Cuba as superior to its colonial rival. The compatibility of nationalistic goals with certain human rights documents have provided increased opportunities for the persuasive framing of women's and gender-based concerns as human rights. Finally, the current focus on intersections of various sources of disadvantage (race, gender, sexual orientation, health status), have made the disentangling of particular "interests" very difficult. Such a strategy provides for more inclusive social change and comports with the professed communal nature of the regime. These frames are neither historically nor analytically distinct; they are overlapping, mutually reinforcing and continuously evolving.

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