

HIV/AIDS in Cuba: a model for care or an ethical dilemma?

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HIV / AIDS is one of the most pressing health issues of our time. This virus affects the entire world. The presentation of a classmate focused my attention on HIV / AIDS in Cuba. This country has handled the outbreak of this virus differently from any other country, with surprising results.

This essay will discuss the framework of HIV / AIDS policies in Cuba, results of these policies, ethical issues within these policies, and finally, whether the Cuban model is applicable to other nations in the world today. How did Cuba deal with HIV/AIDS in the past? How does Cuba deal with this virus currently? Have Cuba's HIV/AIDS policies been effective? How can effectiveness be measured? What ethical issues are raised with Cuba's HIV/AIDS policies? Can Cuba's model be applied elsewhere in the world? These are the questions tackled.

Cuba's national AIDS program is the most successful in the world based solely on statistics, and this country also has what many believe is the most interesting program in the world. Cuba took drastic action in public health even before AIDS had reached the country. On the advice of Dr. Jorge Perez, the country's leading infectious disease specialist, the government set up a National AIDS Commission in 1983 and destroyed all foreign-derived blood products¹. Although this action put a strain on the country's blood supply, it enabled Cuba to escape transmission of HIV to hemophiliacs and other blood recipients.

As soon as AIDS reached Cuba, the Cuban government, through the Ministry of Public Health,

designed and implemented national program aimed at controlling the spread of disease. Cuba's strategy differed enormously from other nations and was legally founded in already existing regulations to protect citizens' health. Regulations included: Decree-Law 54 of April 1982 stating that, for the exercise of prevention and control actions for communicable diseases, one or more of the following measures will be adopted, depending on the case: isolation of individuals suspected of suffering from a communicable disease, and of possible carriers of the causal germ, if necessary, as well as the suspension or limitation of these individuals' activities when their realization poses a risk for the health of others."

Furthermore, Law 41, of July, 1983, on Public Health, whose article 20 referred to diseases that might become epidemics stated that, "the Ministry of Public Health will determine which diseases pose a risk for the community, will adopt diagnostic and preventative measures and will establish methods and procedures for mandatory treatment."²

These regulations led to the lawful creation of the Santiago de Las Vegas AIDS Sanatorium in Havana for HIV -positive individuals. Similar sanatoriums were created in other areas of Cuba.² So from 1986, when the first case of HIV appeared on the island, to 1994, the Cuban government quarantined all people found to be HIV infected. In the sanatoria, patients learn about HIV and AIDS, how the disease is transmitted, how a person can prevent transmission to others, and safe sex practices. Food, housing, medication, social services, privacy, and other services are provided in the sanatoria, as well as the intensive educational and preventative program³.

In 1994 compulsory quarantining were relaxed, but all new people who test positive for HIV still have to go to a sanatorium for eight weeks of thorough education on the disease. After the education program, patients are allowed to stay in the sanatorium (many stay because of the free services and good care), but they are also permitted to return to their communities, families, and jobs while making regular outpatient visits to their physician². All HIV positive citizens in Cuba also receive anti-retroviral drugs manufactured in Cuba!. Cuba began manufacturing generic anti-retrovirals in 2001 for all the country's AIDS

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patients. Cuba produces zidovudine, stavudine, lamivudine, didanoside, and indinavir. Combination therapy is carried out by specialists⁴.

Besides mandatory educational treatment in sanatoria, Cuba requires several other HIV/AIDS related regulations. All pregnant women must undergo an HIV test. If found to be HIV positive, mothers are given anti-retroviral drugs to prevent transmission to newborns and also must deliver via cesarean section, which is known to reduce HIV transmission. HIV infected people must provide the names of all sexual partners in the past six months, and those individuals must be tested for HIV. People found to have any sexually transmitted disease must undergo an HIV test as well. Voluntary HIV screening is encouraged.³

Although these HIV/AIDS regulations are stringent, they have been extremely effective at controlling the virus. Statistics on the incidence and prevalence of the disease and comparisons on HIV/AIDS rated with other countries demonstrate the regulations' effectiveness. Per person, there have been 35 times more deaths from AIDS in the United States than in Cuba⁵. Cuba has 3,969 HIV/AIDS cases, or 0.05 percent of the sexually active population (15-49 years) infected. Since the first case was discovered on the island in 1986, local sanitary authorities reported 5,146 HIV positive cases, and of the 2,247 who got AIDS, 1,177 have died⁶ as of December 2003. As of February 2003, the United States reported a rate about 10 times higher than that of Cuba, with about 0.3 percent of the population, or about one million American infected with HIV. On other Caribbean islands, such as Haiti, and in some African countries, infection rates are hundreds of times higher than in Cuba³. In Cuba, only 12 HIV positive babies have been born since 1986, and only five months after anti-retroviral drugs were introduced in 2001 in Cuba, the ward where seriously ill AIDS patients are hospitalized saw a drop in patients per month from about 90 to about a dozen^{3A}. Clearly Cuba's HIV/AIDS policies have been very effective at controlling and combating the virus.

While Cuba's successful HIV/AIDS strategies are virtually unmatched anywhere else in the world, many ethical issues are raised by the country's policies. The most controversial part of the program is the mandatory quarantining of every HIV positive individual for eight weeks, even if

this policy is legally founded. Patients who leave after these eight weeks and engage in unsafe sex will find themselves in permanent quarantine. This sanatoria policy along with mandatory HIV testing of pregnant women and those infected with other sexually transmitted diseases, and provision of names of all sexual partners of those infected with HIV, violate many individual rights.

In the United States, the rights of the individual come foremost, and many would likely protest the Cuban policies if transferred to American soil. However in Cuba, the collective community is protected by sacrifices made by the individual. Judging by statistics, there is little doubt that if other countries around the world had adopted Cuba's program twenty years ago, it would have saved millions of lives⁵. The central ethical ethically controversial policies as Cuba, they may be able to look to the prevention and education model Cuba has provided and attempt to control HIV / AIDS in their country.

The United States can improve on its adequate HIV/AIDS education and look to the Cuban model to attempt to provide affordable anti-retroviral drugs to all HIV / AIDS patients. The health care and drugs Cuba allocates to its HIV / AIDS victims is certainly a model to strive for in the United States and elsewhere in the world, yet it is important to keep individual rights and choices in mind when providing access to these advantages.

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