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Alvaro Perez Daisson April 10, 2023

Race-related Health Disparities in Cuba in the context of COVID-19

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Abstract

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To better address disparities, it is important to investigate how they take shape in different socio-political, economic, and cultural environments. Cuba, as a relatively egalitarian country in which social cohesion is encouraged and racism is considered taboo, lends itself as an interesting case study. Its unique standing in our current political context and the existing gaps in knowledge about social determinants of health in the island warrants deeper investigation. This research provides a window into the living conditions and illness experiences of women in Cuba with two main aims: 1) identifying existing health disparities and 2) gaining a deeper understanding of the social structures that contribute to this inequity.

Despite the government's intention to portray Cuba as a color-blind society, this project argues that race still plays a crucial role in Cubans' lives (whether consciously or unconsciously). Racial discrimination, it goes on to show, is a prevalent and complex social mechanism that has been built and perpetuated in Cuba since the 15th century and is still reproducible today. So how does racism and other aspects of the social world they inhabit impact Cubans' health? This project studies this question by delving into the lived realities of Cubans instead of relying on government-approved scholarship, since the latter is often disconnected from the former. The main research questions this thesis asks are 1) What is the role of race in Cuban healthcare? 2) How has COVID-19 affected this relationship? 3) What is the prevalence of racial health disparities in Cuba? 4) What are the factors behind these disparities? In order to answer these questions, it analyzes the perceptions and experiences of Cuban women diagnosed with COVID-19 in the city of Guantánamo.

The central point of this research is that both race and class affect access to quality of care in Cuba. This is explored through several facets of the social context that impacts Cubans' health. Discussion begins with nutrition and food insecurity, followed with access to vaccines, and then an explication of other important factors like quality of care at hospitals and access to prescription drugs.

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Chapter 1
Introduction

1. Research Approach to Studying Racial Health Disparities

Advancing health equity is one of the biggest challenges facing healthcare in the 21st century. The effort, which has grown exponentially in the last 20 years, requires the elimination of health disparities across race, ethnicity, class, and geographical locations. Anthropologists possess a vast disciplinary toolbox that can contribute to the understanding and alleviating of these health inequities.

The Center for Disease Control and Prevention (CDC), defines health disparities as "differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations."[1] Black Americans, for example, are 72% more likely to have diabetes than their non-Hispanic white counterparts and 9 times more likely to die from HIV.[2] Asian and Pacific Islander women are 76% more likely to develop stomach cancer and 18 times more likely to contract hepatitis B than white women of the same age and with similar social vulnerability and comorbidities. These disparities are a symptom of systemic injustice that calls for an interdisciplinary approach. Fields like public health, biomedicine, political science, sociology, and anthropology can offer different perspectives necessary to solve a problem of this magnitude. Anthropologists can be valuable in efforts to understand how social hierarchies, including those based on race, can affect the distribution of disease. By studying how these hierarchies are constructed and maintained, researchers can

[1] CDC, "Health Disparities."
[2] Schiller, Lucas, and Peregoy, "Summary Health Statistics for U.S.Adults: National Health Interview Survey, 2011."

identify underlying mechanisms by which power relations and social inequalities translate into disease. Through ethnography, we can provide an especially suitable framework for research about those affected the most, the patients, and incorporate their voice into initiatives to remedy health inequities.

To better address disparities, it is important to investigate how they take shape in different socio-political, economic, and cultural environments. Cuba, as a relatively egalitarian country in which social cohesion is encouraged and racism is considered taboo, lends itself as an interesting case study. Its unique standing in our current political context and the existing gaps in knowledge about social determinants of health in the island warrants deeper investigation. This research provides a window into the living conditions and illness experiences of women in Cuba with two main aims: 1) identifying existing health disparities and 2) gaining a deeper understanding of the social structures that contribute to this inequity. Not only can the information I gather provide more insight into the state of racial disparities in the island, but it can help recognize the mechanisms by which these disparities come to be, thereby contributing to future attempts to achieve health equity.

Despite the government's intention to portray Cuba as a color-blind society, I argue in this project that race still plays a crucial role in Cubans' lives (whether consciously or unconsciously). The things created and enriched by *Afro-Cubans* are highly praised in the island, while their lives are marginalized. Racial discrimination, I go on to show, is a prevalent and complex social mechanism that has been built and perpetuated in Cuba since the 15th century and is still reproducible today. So how does racism and other aspects of the social world they inhabit impact Cubans' health? This project studies this question by delving into the lived realities of Cubans instead of relying on government-approved scholarship, since the latter is often

disconnected from the former. The main research questions this thesis asks are *1) What is the role of race in Cuban healthcare? 2) How has COVID-19 affected this relationship? 3) What is the prevalence of racial health disparities in Cuba? 4) What are the factors behind these disparities?* In order to answer these questions, I will analyze the perceptions and experiences of Cuban women diagnosed with COVID-19 in the city of Guantánamo, the easternmost province in the island.

The central point of this research, and what I hope to emphasize, is that both race and class affect access to quality of care in Cuba. I try to do this by exploring several facets of their social context that impact their health. I begin with nutrition and food insecurity, follow this with access to vaccines, and then explicate other important factors like quality of care at hospitals and access to prescription drugs. What I have found is that there are barriers in place that disproportionally affect Afro Cubans health and are exacerbated by racist policies, racist ideas, and a progressively worse economic crisis.

2. Cuba as Setting: Social and Cultural Context

Cuba is the biggest island in the Caribbean Sea, located as a point of entry to the Gulf of Mexico, between North and South America. It is surrounded by Florida and the Bahamas to the North, Haiti to the East, Jamaica and Cayman Islands to the South, and Mexico to the left. At merely 90 miles away from the United States, it has often been the subject of political interest by various governments.

The island was inhabited by the indigenous Ciboney and other Arawak-speaking groups when it was first sighted by Cristobal Columbus in 1492. Shortly after, it was colonized by Spain until 1898, when the United States occupied it for 4 years. In 1902, the country formally gained independence, and experienced 50 years of political turmoil and changing regimes that ended

with the Cuban Revolution. As a result of this revolution, the Cuban Communist Party (PCC) was established, and the country has been under its unilateral rule since then.

Under the leadership of the PCC, several policies were enacted in the island that drastically changed Cubans' lives. All industries were de-privatized, and a planned economy was implemented. Private healthcare, for example, was replaced with a national, government-run system that offered Cubans services free of cost. Other socialist policies like full employment and provision of free social services greatly benefitted Cubans who were economically disadvantaged, especially Black people, who were historically amongst the most exploited.[3]

According to the 2012 national census, which surveyed 11.2 million Cubans, 64% of Cubans described themselves as white and 27% as Afro-Cuban or Black, while 9% considered themselves to be *mulatto* or *mestizo* [biracial (Black and white)]. Although a considerable number of Cubans claim some form of African descent, there has been much debate about the actual racial makeup of the population. Most international sources and independent studies estimate the proportion of Cubans who are Black, or possess significant African genetic heritage, to be closer to 60%.[4] Cuban experts in the topic have reported that the reluctance to identify as Black in the census are a result of Cubans' complex attitudes towards racial identification and the de facto racial hierarchy that has existed on the island.[5]

With an income per capita of under $50 USD per month, Cuba is classified as a developing country. The U.S embargo along with government corruption and mismanagement have restricted the country's economic development for decades. Numerous setbacks have also affected the island's economy in recent years. Its relationship with Venezuela since 1998 helped

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[3] Cole, "RACE TOWARD EQUALITY: THE IMPACT OF THE CUBAN REVOLUTION ON RACISM."
[4] Paúl, "'A Powder Keg about to Explode.'"
[5] Zurbano, "Opinion | For Blacks in Cuba, the Revolution Hasn't Begun"; Morales Domínguez, Prevost, and Nimtz, *Race in Cuba : Essays on the Revolution and Racial Inequality*.

the country recover from the economic crisis caused by the collapse of the Soviet Union in 1991. However, the crash of Venezuela's oil export economy has reduced its financial relationship with Cuba. Concurrently, with the rise of right-wing governments in Bolivia, Brazil, and El Salvador, Cuban medical missions in these countries have been shut down. These missions not only served as a diplomacy vehicle but a source of income for the government.

The United States embargo (or blockade, as most Cubans refer to it) has restricted Cuba's trade and established significant financial burden since its enactment in 1961 and has increasingly been strengthened since. This policy, with the purpose of putting Cuba in an economic stronghold, costs the country around $15 million a day.[6] In 2021, former President Trump further toughened restrictions and allowed Americans whose land was nationalized after 1959 to file lawsuits against the Cuban government.[7] These lawsuits cost the government money and dissuade potential investors.

Finally, the COVID-19 pandemic put a long-term pause to the tourism industry, which is one of the island's most important streams of revenue. Moreover, the travel restrictions slowed down the flow of Cuban migrants who usually return to the island with consumer goods for their families. This system helped the government when dealing with low stocks in stores and was now unavailable to soften the blow of the tourism shutdown. A s expected, poor people bear the brunt of the country's declining economy, which shrank by 11 percent in 2020 alone.[8]

Like in many other areas, the government does not release official figures on the incidence of poverty, but the steep inflation and lack of resources indicate a necessary increase in social assistance to protect the vulnerable population; however, assistance has decreased between

[6] Lederer, "UN Votes Overwhelmingly to Condemn US Embargo of Cuba."
[7] Lee and Goodman, "Trump Hits Cuba with New Terrorism Sanctions in Waning Days."
[8] Pertierra, "The Meaning of the Protests in Cuba."

2005 and 2019 from 5.3 to 1.5 beneficiaries per 1,000 inhabitants and from 2.3% to 0.4% of GDP.[9]

Reduced productivity of agriculture, livestock, and fisheries, simultaneously with the reduction of food imports due to the shortage of foreign currency, has resulted in severe food shortages. The ensured food quota for Cubans via rationing has been radically reduced. The price of food items on the ration card is now four times higher. Food in the government-owned stores that sell in foreign currencies is sold for double the price than it was before the pandemic, but due to the crisis and the reduction in imports, there is less and less food on the shelves.

It is almost impossible to buy food and medicine with the national coin. Typical items in the Cuban diet such as rice, beans, and pork are not available or are very expensive. As the official supply has deteriorated, the black market has expanded, and so have its prices. A pound of chicken imported from the United States or Brazil at the cost of one dollar sells for seven times that price; the price of a bottle of cooking oil has multiplied four times, a package of hot dogs three times, and powdered milk, which was only sold to children and the elderly, 120 times.[10] This dire situation has sparked protests by the Cuban population. On July 11, 2021, thousands of Cubans stormed the streets to oppose the government, marking one of the biggest demonstrations since the revolution. Cuba is a one-party state, with the PCC being described as the "superior driving force of the society and the state" in the Constitution of Cuba; all other political parties are illegal, and dissent is repressed. The country is a military dictatorship, and, as such, arbitrarily detained protesters and cut off internet access.

Cuba's geopolitical and social landscape distinguish it from most settings. It is an island with complex issues of racial consciousness and an authoritative regime under immense

[9] Mesa-Lago, "The Magnitude of the Economic Crisis in Cuba and the Causes of the Recent Protests."
[10] Frank, "Roaring Inflation Compounds Cubans' Economic Woes."

economic pressure which also boasts some of the best health outcomes in the world.[11] All these characteristics make it an intriguing subject of my research on racial health disparities.

3. Statement of Personal Interest

Being a student of Anthropology and an aspiring physician, I care deeply about the effects of racial health disparities and emerging solutions to eradicate them. As a Black man born and raised in Cuba, I have both seen and experienced racial discrimination firsthand in the island. I conducted this research to understand how these ideas take place in an institution like Cuba's national healthcare and its effects on those who navigate it.

Ever since I was young, I experienced a certain ambivalence when it came to my race. Being the son of a "*mulata" Cuban* woman and a white Cuban man meant being in the receiving end of contradictory and denigrating comments regarding the color of my skin and the texture of my hair. Some of my family members took pride on me having "good" hair and a lighter skin tone; at school, I would get called "negrito" and girls would reject me because I was "too dark." In my own social circles, I would often get told not to marry a Black person because it would set my race back. Growing up, I witnessed Blackness be mocked and often associated with violence, criminal activity, and lack of intelligence. The effects this had on my self-awareness I still deal with today.

The first time I asked my mom what my race was she told me I was *mestizo* – "That's what your ID says" – she added. How to make sense of that label? What does it mean? Well, according to my uncle, it means I'm Black, but not *really* Black. Not one of those Blacks that steal and kill, but a Black more intellectual and "refined" because I'm mixed with white.

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[11] Keck, "Health Equity, Cuban Style"; Iatridis, "Cuba's Health Care Policy."

I did not fully understand what racism was until I got to the United States. Sure, I had heard about it before, but according to what I was taught, this was something that did not happen in Cuba anymore. It was part of the past, back when Spaniards and Americans ruled the country. Through the more open discourse about race and racism that I engaged with in the United States, I was able to enrich my own racial consciousness and realize that what I had experienced and witness in Cuba was in fact racism. Learning about the systemic impacts of racial discrimination in the United States, I wondered if the same happened in my home country. I wondered if the things that I saw when I was younger but could not understand, were able to be explained in these terms. My interest in health particularly, led me to the question of racial health disparities in this context.

The information flow in Cuba is not particularly open. With the government controlling virtually every industry, including the press, there is little room for dissent. This also applies to research about Cuban medicine, which has often relied on state-approved statements that can be disconnected from the lived experience of Cubans. In the absence of reliable information about race-related health outcomes in the country, this investigative effort analyzes 9 open-ended interviews with women from the city of Guantánamo who were diagnosed with COVID-19. Additionally, I supplemented my knowledge with existing literature on race, health disparities, and COVID-19 in Cuba, my own experience, as well as conversations I had with my friends and family who live in the island. As Katherine Hirschfeld puts it, delving into the shared reality of health in Cuba has the power to "reveal local voices that are often at odds with, or even humorously dismissive of the health claims made by Cuban officials."[12] By hearing about the illness experience of those affected by the pandemic, I hoped to reach a better understanding of

[12] Hirschfeld, "Re-Examining the Cuban Health Care System: Towards a Qualitative Critique."

racial relations in Cuba and how social hierarchy affects health. I believe that Cuba's idiosyncrasies might result in a different healthcare experience than the one advertised by the country's government.

Chapter 2
A Literature Review on Race, Healthcare, and COVID-19 in Cuba

1. Cultural Understanding of Race in Cuba

One cannot talk about Cuban culture without talking about Afro-Cuban culture. From music to cuisine, to language, Africa threads through the very fabric of what it means to be Cuban, yet, if you spend any significant amount of time on the island you will realize how the Black people that inhabit it are constantly dehumanized and belittled.[13] This othering of Blackness is a trend that can be seen throughout Cuban society and it is of contradictory nature in a country where Afro-descendant forms of art are so venerated and so many anti-racism efforts were led early on. A growing discontent with racism in the island has been at the forefront of the recent 27N movement and civil unrest.[14] The purpose of this literary review is to explore how the most defining political eras in Cuban history gave shape to this dynamic where the Afro-Cuban identity is both lauded and rejected. Specifically, it delves into the aspects of Colonialism, Imperialism, and Socialism that powered creolization and *deracialization* through an analysis of historical and artistic texts. A good grasp of the complex racial relationships in the island is a necessary undersetting in the study of racial health disparities in its context.

The first record of slavery in Cuba dates back to 1513, when landowner Amador de Lares was granted permission to bring four slaves from Hispaniola.[15] The inflow of slave groups increased in the coming decades, due to the increased demand resulting from the horrific extermination of Cuban's indigenous inhabitants by Spaniard colonizers.[16] By the end of the 19th

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[13] Zurbano, "Cuba"; Austin, "Solidarity with the Cuban Revolution."
[14] "Cuba's 27N Movement Releases Manifesto — ARC"; Corrales, "Cuba's Racial Reckoning, and What It Means for Biden."
[15] Klein, "The Cuban Slave Trade in a Period of 1790-1843."
[16] Hagedorn, *Divine Utterances: The Performance of Afro-Cuban Santería*.

century, Cuba had received almost a million slaves, which, to put in perspective, was almost twice the number that landed in the United States.[17] Because of this, the island was the biggest slave-importing colony in the history of the Spanish empire and the hub of the nineteenth-century slave trade to the Caribbean. Dozens of generations of African descendants were born in Cuba during this period, engendering what we refer to today as the Afro-Cuban identity.

An epicenter of the formation of this identity were the Cuban *cabildos*, ethnic mutual aid societies formed by Africans and their descendants that were loosely based on Spanish religious guilds.[18] These served not only as a source of mutual aid but also of entertainment and religious solace.[19] As the only place where slaves were allowed to gather and worship their African deities, they were fundamental in the strengthening of slaves' ties to their homeland; moreover, they became the birthplace of several musical genres and traditions that would later on become a staple of *Cubanness*.

As part of the Christian Feast of Epiphany, cabildos were granted permission to parade on the city streets, bringing into existence the Cuban carnivals, which remain extremely popular today despite their controversial history.[20] These colorful celebrations, which included traditional costumes, music, and dances, were banned on and off by the government because of their association with African rites.[21] Nicolás Guillén's most widely known poem, "Sensemayá", was written as a form of rebellion to the anti-black hegemonies that prohibited them:

¡Mayombe-bombe-mayombe!

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[17] Iglesias Utset and Gonzalez, "Cuba and the United States in the Atlantic Slave Trade (1789–1820)."
[18] Ortiz, *Los Cabildos y La Fiesta Afrocubanos Del Día de Reyes*.
[19] Howard, *Changing History: Afro-Cuban Cabildos and Societies of Color in the Nineteenth Century*.
[20] Anderson, *Carnival and National Identity in the Poetry of Afrocubanismo*.
[21] Moore, "Comparsas and Carnival in the New Rupublic."

¡Mayombe-bombe-mayombe!

¡Mayombe-bombe-mayombe!

Hit him with an ax and he dies;

Hit him! Go on, hit him!

Don't hit him with your foot or he'll bite;

Don't hit him with your foot, or he'll get away.

Sensemayá, the snake, sensemayá.

Sensemayá, with his eyes, sensemayá.

Sensemayá, with his tongue, sensemayá.

Sensemayá, with his mouth, sensemayá.

In his analysis of the poem, Thomas Anderson noticed how its opening chant, "Mayombe-bombe-mayombe", evokes the Bantu-speaking cultures of central Africa and the Afro-Cuban religion Palo Monte.[22] The next stanzas describe the "Killing of the Snake", a dance and song performed by Black *comparsas* (groups of singers, musicians, and dancers) during the carnival festivities which served as an allegory for the resistance to slavery. These rituals were accompanied by conga music, which has Congolese and West African stylistic origins. Today, they attract millions of Cubans from all races, but its subversive relationship to white hegemony is barely discussed.

[22] Anderson, *Carnival and National Identity in the Poetry of Afrocubanismo*.

Another cultural behemoth that was born in cabildos was *Santería*, a syncretized religion that fused elements of Yoruba tradition and Catholicism.[23] It came to be a way of protecting the continuance of African religions under the pressures of the Roman Catholic Church, which saw cabildos as a way to evangelize the Black population and took shape by removing hundreds of Yoruba *orishas* (deities) and assigning a Catholic saint to the remaining sixteen. Similarly, Kongo religion was modified during slavery. Its collective rites and political connections were lost, relegating it to private spaces and shifting its focus to finding solutions to personal problems. This resulted in what's now known as the Palo Monte religion. Both of these religious transitions are example of the transculturation process under which most African customs underwent during the country's formation.

At some point, thanks to the massive import of enslaved Africans inro the island, Black people constituted over half of the Cuban population, and, with the fears of slave insurrections that proliferated after the Haitian and Venezuelan revolutions and reappeared after the abolition of slavery in 1886, the creolization of Cubans became of main interest for the nationalist movements that sought to liberate the island from colonialism.[24] White Cubans knew that they needed Black people to rally behind them if they wanted a real chance to win the war against Spain. One of their major strategies was to unite the nation under the idea of one race: the Cuban race, whose utmost model was neither Black nor white, but creole.[25] It is not my point that white nationalists were responsible for creolization, since this process was a natural byproduct of colonialism that had already started by the time the first rebellions ensued, but they amplified its reach to the point of de-racialization. One of the most notable nationalist intellectuals in Cuban

[23] Lefever, "When the Saints Go Riding in : Santeria in Cuba and the United States."
[24] Jansen, "Aliens in a Revolutionary World: Refugees, Migration Control and Subjecthood in the British Atlantic, 1790s–1820s*."
[25] Kutzinski, *Sugar's Secrets*.

history, Jose Martí, was among the forces behind the popularization of the "mestiza" [hybrid] America. In his famous essay, "Nuestra America" ["Our America"], he stated, "the native-born half-breed has replaced the exotic creole...There can be no racial hate, because there are no races."[26] Although problematic at some points, Martí expressed anti-racist sentiments several times throughout his writings, yet his clear political motives cast doubt on the Cuba he envisioned.

Slavery was not abolished until 1886, a decade before the end of Colonialism in the island.[27] Reinaldo Arenas' re-imagining of Cirilo Villaverde's widely acclaimed novel *Cecilia Valdés, Graveyard of the Angels*, showcases a great picture of racial relations in Colonial Cuba after this landmark event. The story unfolds the vision of a world controlled by chaos, the carnivalesque, and the absurd while providing an incisive social commentary on XIX century Cuba. In the first chapter, the narrator introduces us to Rosario, a Cuban *mulata*:

> [She] doesn't speak. She closes her eyes and seems to sleep. With her eyes closed she is better able to contemplate the entire course of her life: granddaughter of a slave grandmother and an unknown white man; daughter of a dark mulatta and an unknown white man; mulatta herself, lover of a white man who is abandoning her, and mother of a baby girl who will also never know her father. Now she understands that she was only an object of pleasure for the man who is taking her child away from her, and that misery, disdain, and helplessness are her only worldly possessions. And she understands more: she understands that in the world which she inhabits there is no place for her, not even in oblivion.[28]

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[26] Martí, "Our America."
[27] Gates, *Black in Latin America*.
[28] Arenas, *Graveyard of the Angels*. p.13

This excerpt beautifully captures several layers of womanhood in the Afro-Cuban experience. It displays the generational curses that marked women's lives, plagued by their constant fetishization and mistreatment by the hegemonic demographic: the white man, that resulted in the constant creolization of their offspring to a point where phenotypic Blackness was lost, and in some cases, its cultural identity as well.

During the Spanish-American War, the Cuban army was racially integrated; in fact, most of the army was Black and Afro-Cuban generals like Antonio Maceo were ingrained in the pantheon of liberation heroes.[29] After winning the war, however, they were shut down from participating in the political process. The War of 1912 saw the slaughter of thousands of Black Cubans in response to their political uprising.[30]

When the United States took control of the island's trade and government, they brought with them their own flavor of racist attitudes and policies, including segregation and the banning of Afro-Cuban genres like the *son* and conga.[31] This took a turn when the imperial power over several consecutive puppet governments brought about an economic crisis that angered the white Cuban middle class and brought back the nationalist feelings of colonial times.[32] As a result, the island's intellectual elite pushed for more uniquely Cuban cultural forms, which gave way to a new valorization of Afro-Cuban arts and their recognition as the inheritance of the entire nation.[33] The usually neglected and rejected cultural elements of the socially disadvantaged Blacks became the foundation of the island's culture.

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[29] Masud-Piloto, Smith, and Fernandez, "Afro-Cubans in Cuban Society."
[30] Castellanos García, *Panorama histórico*.
[31] Gil, "The Origins of Cuban Music and Its Cultural and Spiritual Importance Within the Cuban Diaspora Community"; Cole, "Race Toward Equality: The Impact of the Cuban Revolution on Racism."
[32] Moore, *Nationalizing Blackness*.
[33] Carpentier, *Crónicas*.

Unfortunately, having the white elites as gatekeepers of nationalist symbols meant having these art forms modified and whitewashed. Popular forms of *son*, for example, were always interpretations by white artists. They were the only ones allowed to perform it in touristic spaces where they had access to the foreign audiences that gave the genre worldwide recognition, and even still, this did not mean social improvement for the Black population. Black people were still segregated and violently discriminated against, proving that the mainstreaming of Afro-Cuban arts was nothing more than a tactic to obscure social division in an effort to push anti-imperialistic ideals.

Wanting to conceal the fragmentation of Cuban society to advance independence from external governments is also the reason why there was little information about racial relationships during this era. According to Alejandro de la Fuente in *A Nation for All,* "This lack of scholarship corresponds with a dominant, long-term interpretation of Cuban nationalism that posits the divisiveness and dangers involved in the discussion of a subject that might threaten national unity and Cuba's racial fraternity."[34] In other words, conversations surrounding race were considered dangerous and anti-patriotic by nationalist scholars. As a result, racism is now a taboo topic in the island.

This trend towards *de-racialization* continued after the Cuban revolution, as evidenced by the denial by its leaders of the existence of racial (and sexual) discrimination in the island.[35] However, these claims were, at best, ignorant; although the revolutionary period made great strides towards the elimination of systemic racism, this phenomenon remains rampant in Cuban society.[36] Stories of racism in social circles are frequent. From family members to friends, anti-

[34] de la Fuente, *A Nation for All*.
[35] Fernández Robaina, "Cuba."
[36] Cole, "Race Toward Equality: The Impact of the Cuban Revolution on Racism."

Black comments about “advancing” the race by marrying white and being an “evolved mulatto” are common in reference to phenotype. Moreover, Black people are still concentrated in marginal neighborhoods, shut out of tourism jobs, and underrepresented in TV, movies, and the government.[37] In the mid-1990s, polls conducted in Havana and Santiago indicated that a significant proportion of the Cuban population held prejudiced views. Specifically, 85 percent of all Cubans surveyed expressed that they believed prejudice was prevalent, while 58 percent of white respondents held the belief that black individuals were less intelligent. Additionally, 69 percent of whites believed that black individuals did not share the same "values" or "decency" as whites, and 68 percent opposed interracial marriage.[38]

Not only was the attempt to make Cuba color-blind unsuccessful, but it silenced organizations, institutions, and Black scholars who previously acted as channels to voice Black opinions and complaints because the press, owned and run by the government, refused to publish any ideas that directly contradicted its platform.[39] By the same token, the Cuban government discouraged highly Afro-Cuban expressions like Santeria and Palo Monte, despite this, these religions continued to thrive and develop trans-national links that not only kept them alive but made them grow internationally. Due to the country’s history, most Cubans today will accept that they have some form of African descent, but not many will identify as Black. In fact, as Afro-Cuban scholar Roberto Zurbano explains, “a drop of white blood can — if only on paper — make a mestizo, or white person, out of someone who in social reality falls into neither of those categories.”[40] This happens because although Blackness has been a fundamental part of the national identity, the cultural capital it carries is merely symbolic, and does not translate into

[37] Boobbyer, *Frommer’s Cuba*; Fernández Robaina, “Cuba.”
[38] de la Fuente, *A Nation for All*.
[39] Moore, “Comparsas and Carnival in the New Rupublic.”
[40] “Opinion | For Blacks in Cuba, the Revolution Hasn’t Begun - The New York Times.”

social capital. Any effort to understand race-related health inequities in the context of Cuba must take this into account.

2. Healthcare Infrastructure in Cuba

2.1 Before the Revolution

Prior to the Revolution, Cuba had, at least in terms of aggregate measures, rather decent results in terms of public health. In Latin America and the Caribbean, Cuba was the first country to establish a Ministry of Health, doing so in 1902. In the years before the Revolution, Cuba's health outcomes were among the best in Latin America, as researcher Carmelo Mesa-Lago has noted.[41] In 1959, the average life expectancy in Cuba was 64 years, which was at the time higher than that of most poor countries but lower than that of the industrialized world. Before the Revolution, infant mortality in Cuba was 36 per 1,000 live births, one of the lowest rates in Latin America, and about on pace with the best rates at the time in Western Europe and Japan.[42]

However, despite these positive health indices, the public health sector was highly dysfunctional and clinical healthcare was still mostly provided in metropolitan areas to the white middle class and the aristocracy. The medical system was very segregated, as private doctors served the wealthy elite and mutualist health care associations refused to see Afro-Cuban patients. The urban poor only had access to the underfunded public hospitals and the rural poor

[41] Mesa-Lago, “Economic and Social Balance of 50 Years of Cuban Revolution.”
[42] McGuire and Frankel, “Mortality Decline in Cuba, 1900-1959: Patterns, Comparisons, and Causes.”

would have to travel to the cities to be seen.[43] As a result, eighty to ninety percent of rural children were infected with intestinal parasites.[44]

2.2 After the Revolution

The government-run healthcare system in Cuba is unusual among developing countries. A nation with a GPD per capita one-tenth that of the United States has a higher life expectancy and a lower infant mortality rate. It took a while to achieve this, however, after many doctors fled the country due to disagreement with the communist government. With time, Cuba gradually started to create a new corps of medical professionals from the Revolutionary phase, and the doctor-to-patient ratio increased. Today, Cuba has a doctor for every 150 people, which is almost double the ratio observed in wealthy countries.

The United States embargo against Cuba has seriously harmed Cuba's health by preventing the importation of food, medication, and medical supplies into the island. The embargo's rules, as updated in 1963, prohibited the importation of medication and medical supplies. Even while a lot of medications can now, at least theoretically, be imported from the US, the regulations are still so convoluted that very few US prescription medicines ever make it to Cuba. One major barrier is the need that all sales be made in cash and not on credit, as is typically the case in most of other foreign transactions. As a partial remedy, Cuba had developed a robust industry that produced the bulk of its pharmaceuticals by the 1980s.[45]

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[43] McGuire and Frankel, “Mortality Decline in Cuba, 1900-1959: Patterns, Comparisons, and Causes.”
[44] Hickman, “International Bank for Reconstruction and Development. Report on Cuba. Findings and Recommendations of an Economic and Technical Mission Organized by the International Bank for Reconstruction and Development in Col Laboration with the Government of Cuba in 1950, Francis Adams Truslow, Chief of Mission. Pp. Xxiv, 1052. Washing Ton, 1951. $7.50.”
[45] Drain and Barry, “Global Health. Fifty Years of U.S. Embargo.”

The Helms-Burton Act of 1996 signed into law the embargo, imposing fines and even jail time for those individuals or companies that traded with Cuba.[46] For instance, the U.S Office of Foreign Assets Control fined Philips Electronics with over $100,000 dollars for selling medical equipment to Cuba and unauthorized travel by one of their employees for the purpose of that sale.[47] Every year since 1992, except 2020, the United Nations has overwhelmingly condemned the embargo and its violation of international law.[48] It restricts the import of all sorts of supplies, including those for safe drinking water, which contributes to higher mortality rates from water-borne disease. According to a report from the American Association of World Health, the embargo has "dramatically harmed the health and nutrition of large numbers of ordinary Cuban citizens."[49]

Even with the embargo in place, Cuba was able to stay afloat thanks to the help of the Soviet Union. Once the Union was dissolved, the young Cuban republic faced its worst economic crisis, known in the island as the "special period." This period hindered the entire economy, including the import of medical supplies, equipment, and medications.[50] Before, the Soviet Union supplied 94 percent of Cuba's medical equipment. However, with the significant decrease in Soviet oil imports, ambulances were idle, and hospitals lacked electricity for operating rooms and clinics. This situation was exacerbated by the US tightening its economic embargo during this time. As a result, the special period resulted in a severe decline in access to clean water and sewage services. 50,000 Cubans temporarily lost their eyesight due to vitamin

[46] 104th Congress (1995-1996), "H.R.927: Cuban Liberty and Democratic Solidarity (LIBERTAD) Act of 1996."
[47] McClellan, "OFAC Announces Some Big and Little Fines."
[48] "UN General Assembly Calls for US to End Cuba Embargo for 29th Consecutive Year."
[49] American Association for World Health, "Denial of Food and Medicine: The Impact Of The U.S. Embargo On The Health And Nutrition In Cuba."
[50] Sixto, "An Evaluation of Four Decades of Cuban Healthcare."

deficiency, medical staff was absent because of transportation problems, and most hospitals lacked anesthetics and bandages.[51]

During the crisis, Fidel Castro's government prioritized public health and kept all hospitals and medical schools open despite a lack of supplies for maintenance and repair. He saved money by cutting military spending instead. This resulted in a surprising improvement in public health during the special period.[52] During these years, there was an increase in healthcare workers per population and a decrease in infant, perinatal, and neonatal mortality.[53]

In Cuba, healthcare, education, housing, transportation, and necessities are either free or low-cost. The focus of the Cuban medical system is on patient consultation, disease prevention, and prioritizing resources for those in need, particularly expectant mothers, infants, children, and elderly. The country prioritizes social medicine, addressing underlying health conditions like nutrition, clean water, sanitation, vaccination, and mosquito control, rather than just treating illnesses. This commitment is enshrined in the 1976 constitution and reinforced by collaboration with the World Health Organization (WHO) and the Pan American Health Organization (PAHO).[54] Cuba's philosophy is that healthcare as a human right, not a commodity.

Cuba's government-owned healthcare system remains an anomaly among underdeveloped nations. A country with a GDP ten times smaller than the US has longer life expectancy and lower child mortality, which is usually credited to the state's efforts to reduce poverty and inequality. However, the lack of freedom of the press and strict research restrictions silence dissenting voices. Critics of the system have pointed at ethical issues concerning

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[51] Brenner et al., *A Contemporary Cuba Reader : The Revolution under Raúl Castro*.
[52] Huish, "Against the Garden Path That Justifies Health Inequity: Making the Case for Health Care as a Human Right."
[53] Thomas, "Historical Reflections on the Post-Soviet Cuban Health-Care System, 1992–2009."
[54] Thomas.

compulsory treatment and quarantining of patients and lack of independent medical associations to protect healthcare workers' rights.[55]

3. The COVID-19 Pandemic in Cuba

The first cases of COVID-19 were reported by the Cuban press on March 11th, 2020, when three Italian tourists tested positive while vacationing in the island.[56] Two months before, in late January, the council of ministers demonstrated their commitment to a fast response by approving a plan with prevention and control measures, which was then updated days before the first cases were confirmed.[57] The plan included sanitation measures in points of entry, training medical students, educating tourism workers and the population at large, and encouraging biomedical research.

Before reaching 25 confirmed cases, the country's textile industry had already produced over 20 thousand masks, which were free for healthcare workers and available to the population in retail centers. Two days later, President Diaz Canel announced the closing of the island to non-citizens in order to prevent the spread. People who were diagnosed were forced to quarantine in one of the nation's designated isolation centers. This swift preventive approach also characterized the country's response to the HIV/AIDS crisis in the late nineties.

A year after the first cases, Cuban researchers had developed 4 different vaccine candidates. By March of 2022, state-sponsored media reported an estimate of 69,000 cases and 381 deaths. For much of the pandemic, the total cases per 1 million population were better than many developed nations (Figure 1) and neighboring countries of similar racial/ethnic

[55] Hoffman, "HIV/AIDS in Cuba"; Fernández Robaina, "Cuba."
[56] Canik, "Cuba Confirms First COVID-19 Cases."
[57] Chaviano, "COVID-19."

composition (Figure 2).[58] At the time this research was conducted, COVID-19 was mainly under control, except for some isolated cases in urban centers.

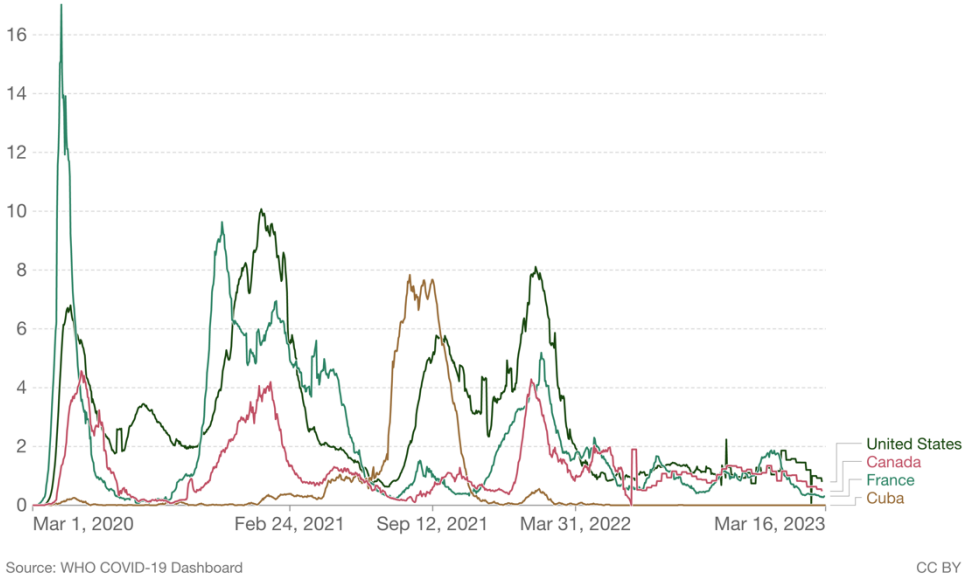

Figure 1. Comparative graph of COVID-19 deaths per 1 million people in United States, Canada, France, and Cuba.

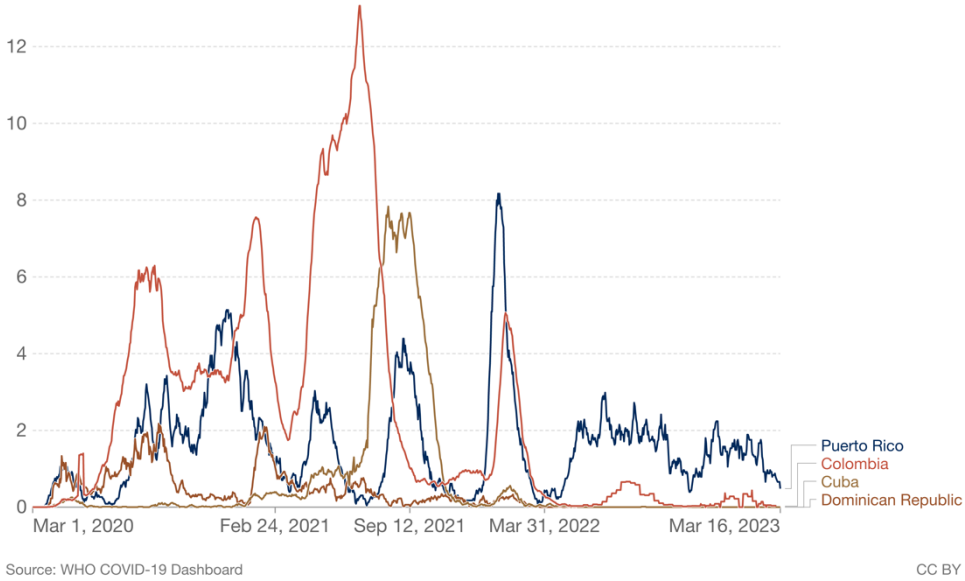

Figure 2. Comparative graph of COVID-19 deaths per million people in Puerto Rico, Colombia, Dominican Republic, and Cuba.

[58] "COVID Live - Coronavirus Statistics - Worldometer."

Chapter 3
Methodology

1. Narrative Statement on Research Project

My initial plan was to travel to Guantánamo in the summer of 2022 for the purpose of this research project. Once there, I would conduct an ethnography including women previously diagnosed with COVID-19. I chose to focus on women because of their known role as cultural storytellers, and in Guantánamo because that's where most of my social network is located in the island. Unfortunately, the Emory Institutional Review Board (IRB) approval process turned out to be longer than expected, and my lack of internet access in the island made it impossible to advance through the process in a timely manner. Despite not being able to conduct my interviews while there, those few weeks in Cuba informed the scope of my research. My observation and informal conversations during the visit pointed me to the questions that were important to ask in the current sociological context.

When I came back to the United States, I knew I had to redirect my research approach. At first, I considered a media analysis including social media, government newspapers, and independent journalists. However, the complexity of the Cuban media environment brought reliability concerns. I decided, instead, to keep the interviewing method, but to move to virtual interviews.

Virtual interviews came with their own set of drawbacks. First, not all Cubans have access to a reliable internet connection, which significantly reduced my sample pool. To combat this, I included phone interviews. Second, I could not guarantee that my subjects were alone and without distractions during our call; the best I could do was ask and tell them I could call at a better time. Third, I had to deal with poor video and audio quality, and sometimes disconnects,

which could cause frustration and cut interviews short. As an anthropology student, I was also concerned about creating an inaccurate portrayal of the situation in Cuba from my distanced position in the United States. Participant observation allows researchers to establish a rapport with their subjects and build trust, which is essential for gaining access to information that might not be readily shared otherwise. It also enables researchers to pick up on nonverbal cues and other nuances of communication. By doing virtual interviews, I ran the risk of missing out on these benefits. Regardless, it was the best available approach for my research goals, and I believe that my lifelong knowledge of the larger context will ensure some ethnographic validity.

2. Preparation, Data Collection, and Data Analysis

Before commencing the research, the required Emory IRB authorizations were obtained. The Emory IRB determined that this study was exempt from review. Despite the study being conducted entirely through virtual means, the research site of interest is Guantánamo, Cuba. The majority of the interviews provide insight into the illness experience of individuals within and in close proximity to Guantánamo City, although some interviews touched on experiences in Baracoa, a small town in Guantánamo province, and Havana City, the capital of the country. In the months prior to the first interview, I conducted a wide-ranging literature review that included books, journals, and Cuban newspapers. This, along with my observations during my visit to the island, allowed me to focus my interview questions.

2.1 Semi-structured Interviews

Between October and December 2022, semi-structured interviews were conducted with nine Cuban women via telephone calls and the videoconference app WhatsApp. This app is widely used among Cubans because of its free services and reliability even with slow internet

connections. The inclusion criteria were 18-64 year old women-identifying individuals living in Cuba while they were diagnosed with COVID-19. All the interviews were conducted in Spanish. For this paper, all direct quotations from participants have been translated into English.

Due to political and technological restrictions in the island, snowball sampling was the method by which potential subjects were selected. I made sure to not interview any of my acquaintances in Cuba, but the subjects they referred me to. After interviewing a subject, I would ask them if they knew someone else who fit the study's requirements. Subjects were contacted via telephone and asked if they were willing to participate in the study. When affirmative, I asked them to choose a preferred time out of the time slots available. The interviews were conducted via telephone calls and video conference on WhatsApp. They usually lasted from 30 to 90 minutes.

Consent was obtained verbally, as per the IRB and the prevailing cultural codes, and I only interviewed individuals who did not feel like they were being exposed to an unreasonable level of risk were interviewed. Similarly, no interviews or names were recorded in order to protect participants' confidentiality. An interview guide was also created to guide the interviews and provide space for notetaking.

Semi-structured interviews allowed for in-depth, rich, and detailed data about the culture, beliefs, values, and experiences of the participants. Unlike structured interviews, the semi-structured interview format provided some flexibility for both sides. I was able explore topics that stood out in greater depth and participants were able to elaborate on topics that they found most relevant. Additionally, the semi-structured interviews enabled me to build rapport with the participants by engaging in a more conversational style of interviewing. This was favorable to

get participants to feel more at ease during our interviews and reveal details they would not share if exposed to a strict serious of questions.

Table 1. Research Participants by Name, Age, and Self-Reported Race

Pseudonym	**Age**	**Self-Reported Race**
Maritza	20	Black
Yadira	42	Black
Olga Lidia	42	Black
Maria del Carmen	36	Mestiza
Niurka	71	Mestiza
Odalys	22	White
Caridad	28	White
Yanet	31	White
Maria Elena	54	White

2.2 Interview Data Analysis

A thematic content analysis using the qualitative data software MAXQDA was performed with the interview notes to find common denominators across the data set. The notes were uploaded to MAXQDA on a Microsoft Word format. Specific excerpts of the notes were then auto-coded according to pre-determined categories like "drugs", "discrimination", and "hospital." This allowed me to find patterns and quickly locate relevant topics within the interviews. The entire data set was manually reviewed for code accuracy.

3. Positionality

I migrated from Cuba to the United States when I was 15 years old to reunite with my mother and to look for economic and social freedom. At that point, I had a good grasp of the politico-socio-economic functioning of the island, and I could recognize how it was failing both me and my family. Although I am critical of the government's authoritarian tactics, I can also recognize its strides towards achieving equity, and I resolved, as any good-willed anthropologist, to carry my analysis keeping in mind my own subjectivity. I tried to do this by finding new ways of evaluating and academically framing the things I was already familiar with. I am nevertheless too sensible of the powers of bias not to think it probable that it permeates through this effort, and intended, as Rosalie Wax explained in *Doing Fieldwork,* "to maintain a consciousness and respect" for what I am and what my subjects are.[59] I ask the reader to bear this in mind.

I believe my positionality as someone who has lived within the social and geographical context of the island facilitated my research efforts. Knowing the language and cultural customs aided me in my interviews and my critical analysis of the current literature. Most of my family

[59] Wax, *Doing Fieldwork*.

remains in the island, and I have traveled to Cuba almost every year since I moved to the United States in 2015, so I have maintained my social connections throughout the years. I am also aware that my higher social position as someone who emigrated and my academic training might situate me as a relative outsider to Cubans who currently live in the island, and their knowledge of the possible circulation of my research to a United States audience could have skewed their chosen representation of Cuban society.

4. A Note on Translation

Direct quotes are presented in both Spanish and English to avoid any potential misrepresentations. Translations can never completely capture the nuance of the original language, and multiple interpretations of the same Spanish text can exist. I have left the Spanish quotes for Spanish speakers to see them in their raw form and interpret as they wish. I have added my own English translations for non-Spanish speakers, hoping to do so with the highest accuracy possible and retaining the speakers' voices.

Chapter 4
Racial Differences in COVID-19 Health Outcomes

In this chapter, I discuss differences in COVID-19 health outcomes between white and Black/Mestizo Cubans. I begin by discussing health outcome patterns that emerged across the interview data set and dedicate the rest of the chapter to exploring factors that might contribute to these patterns. I explore preventive factors like healthy diet and vaccines and continue with curative elements like quality of care at hospitals and prescription drugs. I investigate subjects' perspectives of access to these resources, socioeconomic barriers, and cultural factors.

A clear pattern emerged during interviews. Out of nine women, the top three with the longest reported recovery time were Black or Mestizas. Likewise, out of the five who were hospitalized, four were Black or Mestiza (Table 2). Black and Mestiza women were also more likely to complain about their hospital stay and interaction with public health practitioners. Although my sample was too small to reach any overarching conclusions, my interviews with these women illuminated some factors that could be behind these differences.

Table 2. Self-reported race, hospitalization rates, and recovery time of participants.

Pseudonym	Self-Identified Race	Hospitalized	Recovery Time (In Weeks)
Maritza	Black	Yes	5
Yadira	Black	Yes	4
Niurka	Mestiza	Yes	4
Yanet	White	Yes	3

Maria del Carmen	Mestiza	Yes	2
Caridad	White	No	2.5
Maria Elena	White	No	2
Olga Lidia	Black	No	2
Odalys	White	No	1

1. Nutrition

Our immune system is influenced by optimal nutrition and dietary nutrient intake, which can modify gene expression, activate cells, and modify signaling molecules. Furthermore, the composition of gut microbiome is also affected by various dietary ingredients, which can also shape the body's immune responses. A balanced diet helps withstand viral attacks, and this is no different with COVID-19. Such a diet includes zinc, iron, vitamin A, B, B6, 12, C, and E. Dietary guidelines for COVID-19 protection include fresh fruits, vegetables, whole grains, nuts, and meats[60]. With the recent economic crisis, most Cubans cannot afford a diet like this.

Following the Revolution, the implementation of food rationing resulted in improved access to basic necessities for individuals, particularly those who previously experienced food insecurity. However, in present times, the majority of salaries are insufficient to meet basic food

[60] Aman and Masood, "How Nutrition Can Help to Fight against COVID-19 Pandemic."

requirements. The food rations provided by the government, which consist of items such as five eggs and a small portion of rice and sugar, is inadequate. Consequently, Cubans get most of their food from public markets or the black market, where the cost of eggs can take up half of a monthly salary.

Across the board, interviewees expressed dissatisfaction with the economic situation in the island, and the most used example was the difficulty of obtaining food. Yadira talked about the food available in *bodegas* not being enough for more than a week. These stores, part of the food rationing system, offer basic groceries at subsidized costs. Caridad complained about the high prices of everything, *"desde la sal hasta los huevos"* [from salt to the eggs]. Even, Maria del Carmen, a lawyer, said she would have to travel halfway across the city to buy meat, "*si había*" [if there was any].

When the rationed foods ran out, Cubans would usually opt for the public markets and grocery stores ran by the government. However, since the pandemic, the shelves remain empty. As Niurka humorously describes, "Lo único que tu puedes encontrar en las tiendas del pueblo es disgusto [The only thing you can find in the town stores is disgust]."

When asked about how they dealt with this precarious situation, white interviewees seemed to have more options available. One option they turned to is the MLC stores, in which you can only pay with MLC. MLC stands for *moneda libremente convertible* [freely convertible coin]. This coin was established by the Cuban government during the COVID-19 pandemic. It is completely digital, meaning you can only access it with an MLC card. These cards can only be requested and funded from outside of the country, which means, only Cubans with family or friends outside of the country have access to one. This policy was meant to take advantage of family remittances, one of the primary sources of income for the island. In 2018, they amounted

to $3.7 billion. In the national economy, remittances have surpassed the significance of sugar, which has been Cuba's primary crop since the time of slavery. On certain occasions, they have even exceeded the revenue generated by tourism[61].

Let's look into the demographics of Cubans who receive remittances, which is inherently tied to who has family abroad, since most remittances come from family members in the United States. After the 1959 communist revolution led by Fidel Castro, a significant number of Cubans migrated to the United States. Initially, the political refugees and supporters of the regime that Castro's revolution had overthrown, mostly belonging to the elite white class, were the first to arrive. This was the first wave of four distinct ones. The second wave, which took place from about 1965 to 1974, was characterized by orderly departure programs managed by both the U.S. and Cuban governments. The "freedom flights" brought middle and working-class Cubans to the United States. The third wave started in 1980 with the Mariel boatlift, a chaotic exodus that differed significantly from previous migrations. The Marielitos, as they are called, came from nearly every segment of Cuban society, including the poor. The fourth wave, which is ongoing, began after the collapse of Communism in 1989 and the tightening of the U.S. embargo in 1992. It includes balseros, or rafters, who float to Florida aboard improvised vessels, as well as those who benefit from a special visa lottery system that the two governments agreed to implement in 1994. As the revolution became more radical, the migration of middle- and lower-class Cubans also increased, but the numbers never really caught up. In the 2004 Census data, about 86% of Cubans in the United States said they were white[62]. With this in mind, it is not surprising that white interviewees had more access to the food in MLC stores.

[61] Ferrer, "For Families, Sending Money Home to Cuba Shouldn't Be a Political Football."
[62] Pew Hispanic Center, "Cubans in the United States."

When asked about how they afford food products, those with family abroad referred to remittances. Maria Elena's mother lives in the United States, so does Odalys' husband and Yanet's aunt, and Caridad's sister lives in Panama. They all get remittances from them. Out of 5 Black and Mestiza interviewees, only Niurka had family abroad to send her money. She explained that even though MLC stores have more options, they do not last long:

> Cuando llega un poquito de algo, se desaparace immediatamente [When a little bit of something arrives, it disappears immediately.] Es que no alcanza para todo el mundo [There's not enough for everybody]. Y ni me recuerdes de las colas, que son largisimas y dan dolor de cabeza [And do not even remind me of the lines, they are super long and give you headaches).

The other place where people get their food from is the black market. There, the prices are astronomical. To put into perspective, the minimum monthly salary is 2100 pesos[63]. In the black market, 30 eggs cost around 1000 pesos, a pound of meat 350 pesos, and a pound of rice 150 pesos. In an economy where 5 pounds of meat can cost you 80% of your monthly pay, it is no surprise that only the richest have access to a healthy and varied diet.

Most Black subjects reported recent shifts in their eating habits due to economic hardships. Yadira, who does not have any family abroad, laments that most days that she can only afford one meal per day for her family, "*lo demás lo reemplazo con un cafecito o un pan con aceite"* ["Everything else I replace with a little coffee or bread with oil"]. Maritza resorts to smaller, cheaper meals throughout the day,

> La poca comida que hay tiene precios tan altos que la mayoría no puede acceder los alimentos primarios como la leche y la carne [The little food there is has

[63] www.ETHRWorld.com, "Cuba to Increase Minimum Salary Fivefold - ETHRWorld."

prices so high that most cannot access primary foods like milk and meat.] Yo trato de comer lo que aparesca, si hay frijoles, como frijoles, si hay viandas, entonces viandas… lo que pueda resolver en el momento [I try to eat what I find, if there are beans, I eat beans, if there are tubes, then tubes… whatever I can find in the moment.] Puede que hoy tenga 200 pesos, pero la carne está a 250 [Today I might have 200 pesos, but meat is 250.] Si pasan por la casa vendiendo habichuelas que son más baratas, me como eso con un poquito de arroz, o con calabasa, pero no plato fuerte. [If today someone passes by my house selling green beans, which are cheaper, then I can eat that with a little bit of rice, or some squash, but no main course].

White Cubans in the island also who receive remittances have utilized their resources to participate in the country's emerging market-oriented economy and enjoy the advantages of a purportedly more liberal socialism. They typically live in upscale residences that can readily be transformed into private businesses, such as bed-and-breakfasts or restaurants, which are among the prevalent types of private enterprises in Cuba. Along with tourism workers, business owners are among the highest earners.

Food insecurity disproportionally affects Black and Mestizo Cubans. White Cubans not only get access to more funds, but they also get access to special stores that are restocked more often than public stores. Between MLC stores' policy of only accepting remittance money and the black market's steep prices, Cubans who do not get help from family members out of the country are left out, and a lot of the time they are Black Cubans. This could have serious implications for their health.

The scarcity and resulting inequality of access extends to dietary supplements. In the midst of the pandemic, when there was no cure or vaccine in sight, many Cubans resorted to vitamin C to protect themselves. Vitamin C's role in immune system functioning is widely reported,[64] as such, it may be an especially important component of a diet intended for fast recovery. Unfortunately, it is virtually absent from Cuban shelves. The only way to obtain it is through the black market or someone who brings it from outside of the country.

Many of the white respondents listed Vitamin C as part of the treatment regimen they used to recover from COVID-19, only two of the Black and Mestiza respondents did. This is expected, considering the demographics of who has ties abroad. When I asked Yadira, a Black interviewee, how she got her small bottle of Vitamin C, knowing that she did not have family outside of the country, she smiled and replied: "*una amistad"* [a friend].

It is important to note that all the respondents live in urban areas. The situation might be different for rural Cubans, most of whom can grow their own produce and do not have to depend on the black market and infrequent store restocks. In Cuban cities, more capital means more access to nutrients. This puts the economically and socially disadvantaged at risk of starvation, disease, and ultimately, death, especially at the beginning of a novel pandemic with no defense other than their immune systems.

2. Vaccines

Another important preventive factor is, of course, vaccine availability. In 2020, Cuban authorities were concerned about their ability to obtain COVID-19 vaccines from global suppliers. As a result, they decided to launch an entirely independent vaccine development

[64] Bae and Kim, "The Role of Vitamin C, Vitamin D, and Selenium in Immune System against COVID-19."

program, which carried its own set of risks. Cuba's biotech sector took charge of this endeavor and developed two vaccine candidates, SOBERANA and Abdala, that went through phase 3 clinical trials and received emergency use authorization by the Center for State Control of Medicines and Medical Devices (CECMED).[65]

The Abdala and SOBERANA vaccines produce immunity by utilizing the "spike" protein found in the SARS-CoV-2 virus, which is responsible for the virus's ability to enter human cells. This approach is also used in many vaccines currently being administered worldwide, including those available in the United States and Europe.[66]

The vaccines developed by Cuba's biotech sector were then distributed through the country's health system, leading to one of the most impressive COVID-19 vaccination rates globally. This success was particularly notable for pediatric coverage, with 97 percent of Cubans aged 2-18 years receiving the vaccine - the highest pediatric coverage rate globally.[67] Along with the Cuban vaccines, a Chinese vaccine called Sinopharm was introduced into the country's vaccination program.

All nine of the interviewees were vaccinated, but some of them expressed confusion regarding the use of the Sinopharm vaccine because "no hubo ningún ensayo clínico combinando la vacuna china y la cubana [there was no clinical trial combining the Chinese vaccine and the Cuban one]" and "no fue el CECMED quién lo anunció [it was not announced by the CECMED]" said Caridad. Odalys added that the government had claimed that they would not need foreign vaccines because the ones they had were enough to immunize the whole population. The vagueness of Cuba's biotechnology protocols is potentially problematic. With no clinical

[65] Gorry, "SOBERANA, Cuba's COVID-19 Vaccine Candidates."
[66] Osterholm et al., "EXECUTIVE SUMMARY Insights from Cuba's COVID-19 Vaccine Enterprise."
[67] "US-Led Panel Exploring Cuba's Solo Development and Deployment of COVID-19 Vaccines Calls for Lowering Barriers Blocking Global Access to the Country's Biotech Innovations."

trials done outside of the country to test the vaccines' safety and efficacy, it is hard to be confident that negative outcomes were accurately reported by the government.

Dr. Dagmar García, director of Research at the Finlay Vaccine Institute announced on Facebook that the purpose of the incorporation of the Sinopharm vaccine was to "sincronizar la máxima inmunidad en la población e impactar en la salud de la gente [synchronize maximum immunity within the population and have an impact on the people's health]." Subjects revealed that not everyone can get the Sinopharm vaccine, however. "Nada más la gente que tienen papeles de salida [Only people with exit papers]" – said Niurka. Interviewees corroborated that such vaccine was only currently being given to people who had some type of document indicating they were in the process of leaving the country, like a passport, visa interview date, or plane ticket.

This government-imposed barrier is both legal and economical. Besides the physical obstacles, it is extremely hard to emigrate from the island. Cuban passport holders are among the ones with the most travel restrictions, as they require a visa to travel even to their neighboring countries in Latin America.[68] Moreover, Cubans who leave the island also risk getting their property and financial resources confiscated by the state, as reported by some interviewees. The money for the legalization of documents, red tape, plane tickets, and lodging is much more than the average Cuban can earn. So big is the financial cost that many must sell their house, vehicle, and other property to be able to afford it. Only those who have the money to go abroad are allowed to get the Sinopharm vaccine, creating another possible factor for health disparities.

If a person does not have the papers to prove they are traveling, they can get the vaccines on the illicit market. As expected, a vaccine that is "free" through official means is four thousand

[68] Rhodes, "Los cubanos enfrentan dificultades especiales para viajar y emigrar en América Latina."

pesos "en la calle [on the street]", as Maritza puts it. This is higher than the average monthly salary in the island. Even if we remove the state-imposed barriers, only Cubans with the highest income (remittance receivers, tourist workers, business owners) are able to afford this vaccine. This is the case of Maria Elena, Yanet, Caridad, and Niurka, the only non-white person in this group. They have the money to buy a dose in the black market and the necessary papers to receive it at a clinic. If the purpose of incorporating Sinopharm is to maximize immunization efficacy and the population's health, as the public health officials have insisted, then it stands to question how a subset of the Cuban people are excluded. This subset of the population being mainly Black does not bode well for health disparities in a country that claims to live in a post-racial utopia.

3. Hospital Care

Cuba managed to keep cases low during the first year of the pandemic, but the arrival of the Delta variant pushed the health sector to its limits. Soon after the first cases of the strain were confirmed by health officials, the island became the country with the highest infection rate in Latin America.[69] The government reported 5,867 weekly cases per million people in August of 2021, beating the world average (573.81 cases per million) by ten. At the same time, the number of confirmed deaths per million people surpassed the world average by six.[70] The reality was even worse than the numbers let on, as many patients died of COVID before they got a positive test result, due to low availability of tests.[71]

[69] Marsh, "Cuba, Gripped by Unrest, Battles Highest COVID Caseload in the Americas"; OnCuba Staff, "Coronavirus."
[70] Dong, Du, and Gardner, "An Interactive Web-Based Dashboard to Track COVID-19 in Real Time."
[71] Oppmann, "Cuban Doctors Voice Rare Criticism of Government's Covid-19 Handling."

The situation in some Cuban hospitals during this time was alarming. There were nationwide shortages of essential supplies, medical personnel, and medications to effectively treat the rapidly growing number of patients. The island's main oxygen factory broke down, which further strained the already overwhelmed healthcare system.[72] Both the Cuban population and, surprisingly, healthcare workers expressed dissatisfaction with the unsanitary conditions in hospitals, so did my interviewees.[73]

*"*Falta de calmante, falta de capacidad en los hospitales para ingresar a las personas, falta de jeringuilla, falta de mascarilla, falta de personal médico, falta de todo. [lack of pain relievers, lack of capacity in hospitals to admit people, lack of needles, lack of facemasks, lack of medical personal, lack of everything.]" That was how Niurka, who identifies as mestiza, recounted what she saw during her stay at the hospital. Caridad, a white interviewee, also asserted that *"El gobierno no tenía nada [the government did not have anything]"*, later adding that "*pocos donativos llegaban de Rusia y China pero no alcanzaban* [little donations arrived from Rusia and China, but they were not enough].

Most of the subjects complained about their interactions with the healthcare system, but the non-white respondents did it more frequently and at more length. Maria del Carmen, a mestiza interviewee, shared that hospitals "colapsaron" [collapsed]" and that people were dying because there were not enough doctors to treat all of them. Maritza, one of the Black interviewees, also complained they put her children who were only suspected but not confirmed positive in a hospital "sin condiciones para assistencia médica" [without the proper conditions for medical assistance]" and that this "los puso a riesgo de infección [put them at risk of infection.]" Yadira, who is also Black, was hospitalized for two weeks at the beginning of the

[72] Reuters, "Cuba Struggles to Get Oxygen to the Sick, Vaccines to the Healthy."
[73] Morris, "Cuba's Mass Protests Are Driven by the Misery of COVID and Economic Sanctions."

pandemic, but most of her complaints came from her experience when her daughter was hospitalized a year later:

> Tuvimos que esperar cuatro horas debajo del calor tremendo por la ambulancia para ser transladadas al hospital [We had to wait for four hours under tremendous heat for the ambulance to be transported to the hospital.] Cuando llegamos, la hora de comer ya había pasado, pero no apetecia tampoco ya que los pacientes que habian estado ahí por dias se quejaban de lo dificil que era de digerir. [By the time we got there, dinner time had passed, but it was not appetizing either since patients who had been there for days were complaining about how hard it was to digest.] Lo peor de todo es que me mintieron and me dijeron que en el hospital solo habían niños sin vacunar de 0 a 2 años de edad [The worst thing about everything is that they lied to me and told me in the hospital there were only unvaccinated kids from 0 to 2 years old.] Estaba en una habitación con mi hija y tres personas adultas. [I was in a room with my daughter and 3 adults, one of which died right in front of me]. En que cabeza cabe eso!? [Who can wrap their head around that!?]"

These anecdotes illuminate the many ways in which scarcity affected the patient experience at these medical centers; however, not every patient lived the same version of this nightmare. Yanet, who identifies as white, shared that she was able to use her own water heater for showers, Niurka, who is mestiza and receives remittances, confessed that she paid a doctor to room her with a family member who was admitted at the same time as her, and Odalys, another white interviewee, gave the doctor "un regalito" [a little gift] so he would prioritize her grandmother when deciding which patients to give medical oxygen to.

Indeed, Cuba's healthcare is not as free as it was envisioned. Some researchers and journalists have noted that patients often are required to bring to the hospital their own soap, sheets, and even syringes.[74] I experienced this myself when I was younger and did not bring my own towel when visiting the hospital dentist, which meant I had to let all the water used during my dental cleaning fall onto my clothes. They did not have any tissues or towels to shield patients from liquids.

Many people feel obligated to offer gifts or favors to doctors in exchange for better medical treatment or medication. These gestures are welcome a lot of the time. Niurka insisted that you *"hay"* [have] to bribe doctors so they treat you right. She then added that "se hacían como que no querían el dinero, pero se quedaban con el cuando tu se lo ponía en el bolsillo" [they would pretend that they did not want the money, but they would keep it when you put them in their pocket]." Maritza asserted that because of the lack of medical personnel, doctors would only go see half of their patients. It's not hard to see how those patients who gave gifts and money could end up in the list of patients who were prioritized.

Just like Odalys gave her doctor a *regalito* to give special attention to her grandmother, many other Cubans do it too. This has ethical considerations. When doctors have to decide who to give the little available medical oxygen or medications to, these people are at the top of the list. A *regalito* can be what stands behind a patient living or dying.

Corruption, long wait times, lack of transparency, and unsanitary locales have long characterized Cuban hospitals, but the pandemic worsened these conditions. Some interviewees cited the embargo and others blamed the government. Yadira expressed her dissatisfaction with the conditions during her stay and the government's handling of the crisis:

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[74] Garrett, "Castrocare in Crisis: Will Lifting the Embargo Make Things Worse?"; Kath, "Father Knows Best?"

> "Todos los dias destruyen más y tratan de cubrir el sol con un dedo [Every day they destroy more and try to cover the sun with one finger.] Ellos dan bochorno y asco [They're shameful and disgusting.] Los baños llevaban meses sin limpiarse, y, para colmo, quitaban la corriente. [The restrooms were so dirty it seemed like they had not been cleaned in months, and on top of that, the power would go out.]"

The compounded effects of conjoining health and economic crises set the country ablaze. On July 11, 2021, thousands of Cubans took the streets in dozens of cities to protest government's restrictions and mishandling of the pandemic. This was the biggest demonstration since the Revolution in 1959, with young and Black Cubans making up a big portion of the crowds. The government response was brutal. They detained hundreds of people, sprayed protestors with tear gas, blocked access to the internet, and placed activists and independent journalists under heavy surveillance. These tactics effectively repressed public opinion.

Maritza, a Black interviewee who is also the youngest in the cohort, was also the only one who was part of the protests. Perhaps pointing to a generational shift of political attitudes. She explained her motivations during our conversation:

> "Yo estaba tan cansada y triste por este país [I was so tired and sad from this country,] por tener que tragarme mis palabras cuando no hay comida, cuando no hay luz, porque a los de arriba no les gusta [from having to swallow my words when there's no food, when there's no light because the ones on top do not like it.] No es que no ame a mi país, no es política, y no es que seamos antirrevolucionarios cuando nos expresamos y demandamos nuestros derechos a ser tratados como seres humanos, no como animales. [It's not that that I do not

> love my country, it's not politics, and it's not that we are anti-revolutionaries when we express ourselves and demand our right to be treated like human beings, not like animals]."

Afro Cubans being at the forefront of these unprecedented protests highlight their discontent with their current living situation and their status as the biggest neglected racial group in the island.

Usually, the government blames the US embargo for deficiencies in healthcare. In a change of course, Prime Minister Manuel Marrero Cruz pointed to medical staff for patients' complaints, claiming that most complaints were of doctor neglect. Yadira objected,

> "Yo no tengo nada en contra de los doctors de guardia [I do not have any hard feelings towards the overnight doctors.] A pezar de mi mala forma y quejas, me trataron y me dijeron la verdad, que no había camas y que verdad que no debería haber niños de dos meses con adultos en esas condiciones pésimas [Despite my bad attitude and complaints, they treated me and told me the truth, that there are no beds and that they agree there should not be toddlers with adults in those deteriorating conditions]."

The doctors themselves also pushed back on these claims. In social media posts, they slammed the government for investing in new hotels while medical personnel had to buy their own gear and tell patients that they did not have the medicines to treat them. According to CNN, at least 39 doctors posted videos online criticizing the conditions in hospitals from the city of Holguin.[75] Healthcare workers and Cubans all around the island came out in support.

[75] Oppmann, "Cuban Doctors Voice Rare Criticism of Government's Covid-19 Handling."

4. Prescription drugs

The pandemic ushered in a period of incredible biotechnical discovery. All around the world, governments, organizations, and scientists joined forces to "flatten the curve." While Cuban researchers focused their efforts in finding a treatment, Cubans at home did the same.

"El cubano se medica solo" [The Cuban self-medicates], affirmed Caridad, reminding me of the many times I saw my Cuban grandmother taking pills for all sorts of ailments without ever consulting a single medical professional. She then added that "*La gente nada más se sentía un catarro y ya tomaban antibioticos"* [People only felt like they were getting a cold and they would already take antibiotics], which revealed the commonality of these drugs during COVID-19. Yanet was not as quick to act, however, *"Yo me tomé la azitromicina cuando llevaba una semana con dolor en los pulmones [I took the azithromycin when I already had a week with pain in my lungs]* – she recovered. These conflicting statements hint at the lack of uniformity caused by desperation and scientific misinformation in the population.

During the interviews, respondents mentioned three main antibiotics that people used in their own home as treatment methods: Azithromycin, Rocephin, and Amoxicillin. Azithromycin is used to treat bacterial pneumonia and it is the most studied antibiotic for the treatment of COVID-19; yet there is no evidence that it improves any important outcomes.[76] In fact, no antibiotic is currently recommended for the treatment of COVID-19, but they do benefit COVID-19 patients with a bacterial co-infection and were part of the Cuban doctors' treatment protocol.[77]

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[76] Crawford-Faucher, "Antibiotics for the Treatment of COVID-19."
[77] Iglesias Utset and Gonzalez, "Cuba and the United States in the Atlantic Slave Trade (1789–1820)"; Rizvi and Ahammad, "COVID-19 and Antimicrobial Resistance."

Whether helpful or not, the self-administration of antibiotics to treat COVID-19 was commonplace throughout Cuban homes. All the respondents were familiar with it. But like food and supplements, these drugs were scarce and expensive. Maria del Carmen gave a comprehensive explanation of this situation:

> "En la farmacia no habia nada, ni duralgina, ni nada para la fiebre. [There was nothing in the pharmacy, not even duralgina (acetaminophen) nor anything for the fever] La gente tomaba Rocephin, Amoxicilina…el q apareciera en bolsa negra [People used to take Rocephin, Amoxicillin… whatever appeared in the black market.] Muchas gentes se murieron porque no tenían dinero para comprar [A lot of people died because they did not have the money to buy]."

Indeed, many people could not afford antibiotics, which they considered to be lifesaving. Yadira, a Black interviewee, was one of those people:

> Los antibióticos se conseguian en el mercado negro [The antibiotics you would find in the black market.] Esos venian de afuera y de adentro del pais porque la gente se lo robaban de los hospitals y lo vendian en la calle [Those used to come from outside and inside the country because people used to steal it from the hospitals and sell it in the street]. Imaginate que en la pandemia eran 1500 pesos por 3 pastillas de Azitromicina [Imagine that in the pandemic they used to charge 1500 pesos for 3 Azithromycin pills.] Yo tuve que pedir ayuda por Facebook para que alguien se amparara de mi, y un muchaco al fin me lo vendió a 500 pesos [I had to ask for help on Facebook so someone would take pity on me, and a guy finally sold it to me for 500 pesos]."

When discussing who was able to afford these extreme prices despite the low wages, subjects explained that only those who have family "afuera [outside (the country)]", work in tourism, or own a business of "cuentra propia [private]" have access to such amount of capital. It is hard to imagine the anguish of such a situation, but this was the reality of millions of Cubans. Those respondents who could not find or afford pills, which were all Black Cubans, would resort to alternative methods like herbal medicine. Maritza would do "*sopa de pata de gallina*" [chicken feet soup], Olga Lidia "*cogía guayaba con ají verde y hacía un té*" [would take guava with green pepper and make tea out of it]", and Yadira would make tea with the leaves of guava and mango trees.

Gelatine's anti-inflammatory properties have long been used by Cubans in the treatment of ailments like dengue, and they were also used during the pandemic to "*elevar las defensas*" [elevate the (immune) defenses], as Maria del Carmen puts it.[78] Unfortunately, gelatin is also absent from stores, which means that the only way to obtain it is through the black market or someone who brings it from outside of the country. Most of the white respondents kept a stash at home with several packets; among them was Maria Elena, who shared:

> "Mi hijo siempre se incomoda conmigo porque no le dejo comerse la gelatina, pero eso es lo que yo llamo comida medicinaria [My son gets upset with me because I do not let him eat the gelatin, but that's what I call medical food.] Hay que guardarla por si alguien se enferma [It has to be saved in case someone gets sick]."

This contrasts the response from Black interviewees, of which only two kept a cabinet of this sort. Niurka's got hers through a *"paquete"* [package] of medicine her daughter sent her

[78] Xing et al., "The Anti-Inflammatory Effect of Bovine Bone-Gelatin-Derived Peptides in LPS-Induced RAW264.7 Macrophages Cells and Dextran Sulfate Sodium-Induced C57BL/6 Mice."

from the United States, and Yadira got her hands on some thanks to the same friend who gave her the small bottle of Vitamin C.

Subjects often admitted to preferring self-medication over going to isolation centers or hospitals. The almost unanimous answer every time I asked one of them that they would tell a family member who was going to the hospital was, “mejor no” [best not to]. Cubans did not mistrust doctors, but they knew the facilities and lack of resources were impossible to work with and could risk exacerbating their medical condition. Self-medication and herbal medicines were then preferred alternatives to dying in a hospital uncomfortable and alone.

Chapter 4
Discussion

This research effort sought to investigate race-related health disparities in Cuba. In doing so, it showcased the great economic disadvantage at which virtually all Cubans stand next to their counterparts in developed countries, established a potential difference in the health outcomes of Black and white Cubans, and delineated the possible reasons why access to care is differentiated along racial lines in the island. A review of existing literature on this topic, knowledge from personal experiences growing up in Cuba, and semi-structured interviews with nine Cuban women from the city of Guantánamo, some of whom spent time during the COVID-19 pandemic in other places like Havana City and Baracoa, unveiled how the Cuban healthcare experience is more complex and self-contradictory than Cuban authorities portray.

The data reveals that despite healthcare being free for all Cubans, there were differences in COVID-19 health outcomes. Interviews illuminated some of the potential reasons for this dichotomy:

- Extreme food scarcity and restricted access to supplements forces Black Cubans to decrease the amounts they eat and the variety of their diet.
- Unequal access to preventive measures like vaccines in official and illicit venues put Black Cubans at higher risk of disease.
- Differential care in hospitals and clinics exacerbates existing health inequities and leads to worse health outcomes for Black Cubans.
- Disparities in access to prescription drugs in the black market puts Black Cubans at disadvantage.

One of the problems underlying all the factors listed above, and the one which this research examines at length, is economic inequality. This inequality is powered by racist

policies, which both produce and sustain it via laws and regulations, and racial discrimination. It aligns with racial markers due to three main phenomena: remittances, tourism job access, and private businesses.

1. Remittances

A cycle of family-based immigration allows Cubans to move to the United States. Starting with the first mass exile at the dawn of the Revolution, white Cubans have been overrepresented in the population that has been able to exit the country. Their family members in the island have been able to count on their support, whether it be with migration processes or financial resources. The latter, usually in the form of remittances, was a recurrent theme in how white interviewees were able to afford things in the black market. The black market is an omnipresence in daily life that more Cubans increasingly depend on. Black Cubans, on the other hand, with no family members in the *Yuma* [United States], resort to alternative methods of medicine or reducing consumption. This dichotomy is exacerbated by a steep inflation and economic crisis starting in 2020 with COVID-19 and by the unification of the country's dual currency system in 2021.

The government, mostly white, also prioritizes remittance receivers, an overwhelmingly white population, and neglects Afro-Cubans. By only offering services and goods like MLC stores to those who have outside money, it heightens the social inequity that already exists. This is a systematic exclusion of Black Cubans, making MLC stores restricted regions where they can work but are not allowed to purchase.

2. Tourism

The service sector, along with retail, is dominated by tourism which has played a crucial role in preventing the economy from complete collapse for a considerable time. In fact, during the mid-1990s, tourism generated more foreign exchange for Cuba than sugar. By the same token, the closing of tourism during the COVID-19 pandemic ushered in one of the biggest economic crises since the Revolution. People who work in tourism have access to higher wages and, more importantly, tips in dollars, which is way more valuable than the continually decreasing Cuban pesos. Unfortunately, as reported by the interview subjects and scholars in Cuba, white Cubans have historically had preferential access to tourism jobs. This overt racial discrimination is prohibited by law yet often goes unchecked.

3. Private sector

Since 2010, a sequence of reforms has enabled Cubans to operate as "self-employed individuals" in the private sector, however, their employment opportunities were limited to a mere 127 narrowly defined categories until recently. In 2021, under pressure from the collapsing economy, the government lifted most bans in private businesses[79]. White Cubans, who own bigger property and funds that they can turn into restaurants and lodges for tourists, have taken advantage of this ban lift to further their economic situation. Like most tourism sector workers, they often earn more than doctors and lawyers. Black Cubans who live in marginal neighborhoods and do not get money from abroad to start up their businesses are once again left out. Racially segregationist policies, made explicit during the 17th century, not only affect urban

[79] Nugent, “Cuba Lifts Its Private Business Ban. Here’s What That Means for Communism.”

housing today and have ramifications that continue to exclude Afro-Cubans. It is in the hands of the government to enact remedial policies that can get rid of this inequality.

Chapter 5
Conclusion

1. Statement of Conclusion

Systemic racism in Cuba has contributed to race-based economic inequality. The prioritization of remittance receivers, the private sector, and racialized access to tourism jobs results in the exclusion of Black Cubans, which are forced to navigate a socioeconomic context in which they have compete for the most basic products against richer white Cubans. Even though Cuban economy is meant to act as a transition towards communism, it is still governed by the powers of the market. Incredibly low supply and high demand drive up prices. In the competition for scarce products, the poor Black Cuban cannot keep up. And so, this process takes form. Those in urban centers who do not have access to dollars, cannot access a healthy diet, the medicines they need, or the healthcare they deserve. Some can afford some of these things, but others cannot afford any at all.

Even when Black Cubans are at the same economic level as their white counterparts, they are still at risk of being racially discriminated against. These conditions go much further than economic factors. They are a result of a pervasive culture that has been recreated for centuries, and that is bound to affect the same health professionals who take care of Black Cubans. The lack of research freedom and available statistics concerning the topic impedes us from contributing effectively to that project. Although the findings cannot speak for the experiences of all white Cubans and all Black Cubans, the information shared by interviewees along with the data collected through literature reviews all point to race-related disparities to health care in the island.

2. Implications, Limitations, and Future Research

Identifying the health disparities that exist in Cuba is important because they can have a significant impact on the health and well-being of people and communities. By addressing the root factors, researchers, policymakers, and healthcare providers can work to improve health outcomes and promote equity and justice in healthcare. Moreover, understanding how the lived reality of healthcare in Cuba can be different than government-sanctioned statements, can guide researchers to uncover the dichotomies of Cuban life and create more accurate assessments of what it means to live there. It is important to be cautious of utopian notions of what it's like to live in Cuba, as this can be misleading.

The study's possible limitations may have contributed to an incomplete or narrow understanding of health disparities in Cuba. The small sample size of only nine participants and the snowball sampling methodology may have restricted the diversity of participants included, hindering the capture of a broad range of perspectives, backgrounds, professions, and beliefs. A larger and more representative sample selected randomly could have minimized potential biases and captured a more comprehensive understanding of the issue.

Moreover, the study analyzed attitudes towards racialized health care access in a country where discussions of racism have long been pushed aside as "contra-revolutionary." This contextual factor may have influenced the interpretation and perceived importance of race as a pressing issue in Cuban healthcare. This has also affected the amount of reliable research available on this topic, making it almost nonexistent. By the same token, the low availability of COVID-19 public health statistics that included racial markers made it hard to get an accurate picture of differing health outcomes. Finally, the use of virtual research may have limited the

ability to engage a broader range of interviewees and restricted the opportunity for participant observation and in-person ethnography with Cuban women.

Further studies in this topic should aim to correct these limitations in order to present a more precise representation of discussions related to race-related health inequities and healthcare access for people in Cuba. The specific health consequences of these inequalities also deserve more in-depth investigation, along with possible solutions to these problems. With the government-imposed restrictions on researchers and the lack of transparency in public health data, this will be a daunting task, but one that deserve attention regardless.

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