

# ICWA LETTERS

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Four West Wheelock Street  
Hanover, New Hampshire 03755 U.S.A.

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THE AMERICAS

*Paige Evans is an Institute Fellow looking at Cuba through the lens of its performing arts.*

## Breeding with the Enemy

—Part 2—

MIAMI, Florida

May, 2000

By Paige Evans

I was already 10 weeks pregnant by early June, when I decided, definitively, to have the baby. Most of my Manhattan friends who had children had read extensively throughout their pregnancies, obsessively seeking the most updated information on prenatal health and the evolution of both the fetus' and their own bodies and minds. But WHAT TO EXPECT WHEN YOU'RE EXPECTING wasn't available in Cuba.

I phoned an American friend who was also pregnant in hopes of benefiting from her research. We started with prenatal nutrition. She warned me not to eat tuna fish, as its mercury levels can be dangerously high for a fetus. Naturally, I'd been eating vats of tuna fish, for protein, ever since discovering I was pregnant.

My friend moved on. "You *have* to take folic acid!" Folic acid? "You're almost past the point where it can do any good, though. The baby's spine forms very early on. Doctors recommend that women of childbearing age take folic acid and prenatal vitamins for two years before they even get pregnant." Two years?! Wasn't that a little excessive? "Eat leafy green vegetables," my American friend advised. "Or broccoli. Broccoli has lots of folic acid." Few leafy green vegetables grow in Cuba, especially in the hotter months. And my Cuban friends had never heard of broccoli.

In hopes of finding some native-grown source of folic acid, I asked Dr. Fernandez, the sallow OB-GYN at Cira Garcia (Havana's upscale clinic for foreigners), what I should eat during my pregnancy. He rotely replied: "A balanced diet." What's considered a balanced diet in Cuba — chicken, white rice, black beans and fried plantains, all swimming in grease — wasn't exactly the balanced diet I'd come to know and love in the States.

I pressed him for details, but he flatly repeated his original dictum: "A balanced diet." When I mentioned I don't eat red meat, though, his eyes widened and he snapped: "No red meat?!" In Cuba, anyone who can get his hands on red meat is considered lucky, and anyone who chooses not to eat it is foolish. "A pregnant woman must eat red meat!"

Then I asked Dr. Fernandez if I could continue swimming and riding my bike. He shook his head gravely. "All women — even dedicated athletes — take a break throughout their pregnancies." I countered that women in the United States are encouraged to exercise while pregnant. "And risk aborting their babies?" he asked, arching an incredulous eyebrow.

He reminisced: "When I worked in Ethiopia some years ago, I attended a funeral. Ethiopians mourn their dead by jumping up and down for a day. At

the funeral, after jumping up and down for a day, a pregnant woman lost her baby. So you see, too much activity can endanger a pregnancy." Though I had no intention of jumping up and down for a day, I decided not to argue the point.

I was 36 at the time, and I wanted have amniocentesis done to check whether the fetus suffered from Down's Syndrome or other genetic diseases. In the States, amniocentesis is routinely performed on women 35 or older; but in Cuba, Dr. Fernandez informed me, it isn't usually done until a woman turns 38. Since very few Cuban women give birth after the ripe age of 38, I didn't have much faith in a Cuban doctor's expertise with the risky procedure. I decided to have amniocentesis done when I returned to the States in July.

The doctor scrawled illegible prescriptions. He told me to take prenatal vitamins and folic acid daily, to come for blood tests the following morning, and to give "these" to the cashier. "These" were a thick stack of forms relating to the blood tests.

Before I left for Cuba, a U.S. doctor urged me not to have blood work done there, as Cuban hospitals routinely reuse syringes. When I mentioned this warning to Sandy, a scrappy New Yorker who first visited Cuba 20 years ago with the left-wing Solidarity Movement and has lived part-time in Havana ever since, she growled: "Americans love to criticize Cuba! They don't reuse needles on foreigners! They treat foreigners very well here!"

Sandy said this without even a tinge of irony. Though otherwise sharply intelligent and liberal-minded, she's grown so used to the privileges garnered from years of supporting Castro's regime that she can't acknowledge

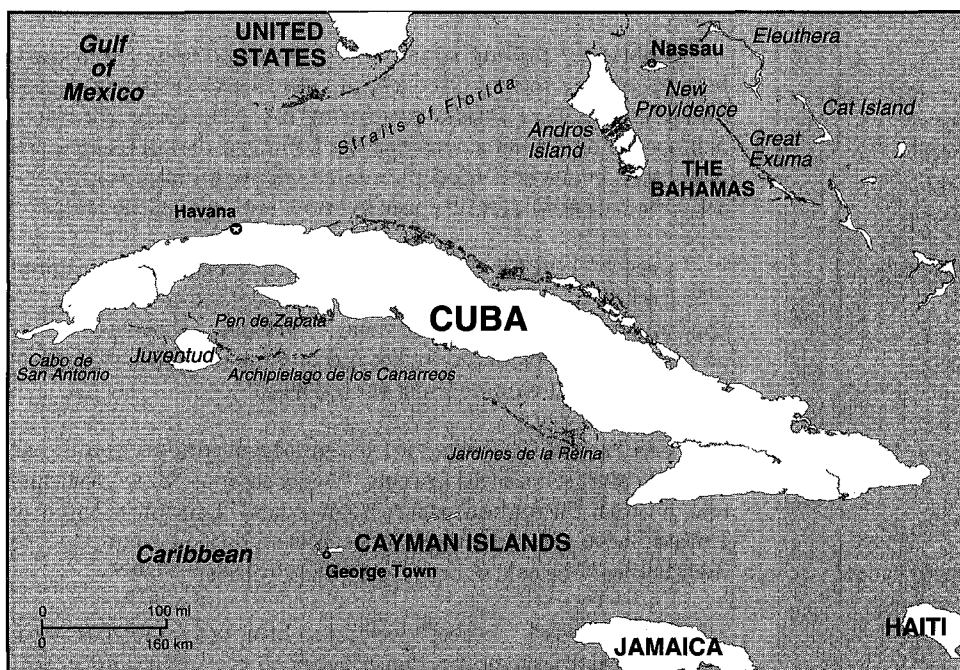
how far that regime has strayed from its original ideals — ideals like supporting the rights of Cubans above those of foreigners.

Cuban hospitals do, indeed, reuse "sterilized" syringes on Cuban patients; a practice that could prove increasingly hazardous, given Cuba's burgeoning tourism and prostitution.

After my appointment with Dr. Fernandez, I visited Cira Garcia's pharmacy, where only foreigners can shop. The pharmacist placed a container of tiny, electric pink prenatal vitamins on the counter; but she couldn't find folic acid. "No folic acid?!" I was convinced my poor baby would be born with some terrible spinal deformity. The pharmacist shrugged, nonplussed, and wrote up the cost of the prenatal vitamins on a yellow slip. She told me to give the yellow slip, together with my passport, to the cashier seated on her right. The pharmacy cashier added a green slip to the yellow slip and told me to go to the lobby cashier.

The lobby cashier was away from her desk. I waited an hour for her to come back, handed her the yellow and green slips, the forms Dr. Fernandez gave me, my passport and 300 dollars cash for the vitamins, blood tests and doctor's appointment (because of the economic embargo, U.S. credit cards can't be used in Cuba). The cashier printed out more forms and copies of those forms, stamped them, as well as Dr. Fernandez' forms, with "PAID" and signed each stamp. Only then could I return to the pharmacy to pick up my prenatal vitamins. In Cuba, financial transactions — at least the legal ones — inevitably involve elaborate bureaucracy.

Next, I went to the "international pharmacy" across



the street to look for folic acid. A large, hand-written sign on its door warned: "FOR TOURISM AND DIPLOMATIC CORPS ONLY." A guard posted inside made sure no wayward Cubans slipped past. The pharmacy was sparsely stocked with otherwise hard-to-find items like cotton balls and tampons. A lackadaisical young man behind the counter shook his head when I asked him about folic acid. My spirits sank. I knew that if neither of these pharmacies had folic acid, no place else in Cuba would, either. My poor, deformed baby.

Early the next morning, I handed the full ream of stamped, signed forms to Cira Garcia's laboratory technician, a small, pockmarked man. He scanned them, flashed a ready grin and informed me he couldn't do two of the 10 tests Dr. Fernandez had recommended (and that I'd already paid for), because they didn't have the necessary chemicals in the lab. I shrugged — what could I do? — and hoped the two missing tests weren't important ones.

That evening, my husband Ariel Diaz and I visited my friend Osvaldo, who's like a surrogate father to me. We sat together on Osvaldo's front patio while his wife, Elsa, cooked dinner. (Elsa had been steeped in depression for months but was now laughing and sociable, thanks to a supply of Prozac sent via Mexico by an American friend.)

Osvaldo's face turned grave. "You cannot continue living as you usually do, Paige, now that you are pregnant. You must stop swimming and riding your bike. You must go out as little as possible. And you must — you MUST — eat meat." Then he turned to Ariel and told him: "You must make sure Paige does these things. Do not let her leave the house. Do not let her out of your sight."

Spending the next seven months cooped up inside, physically inert and under Ariel's watchful eye, was my idea of a nightmare. But that's how many Cuban women spend their pregnancies. And, like Osvaldo, Cubans tend to consider any other behavior a threat to the unborn child. So when I ignored Osvaldo's advice and went swimming or rode an exercycle at the gym, I was inevitably confronted by someone who took it upon him- or herself to criticize my behavior. (Cubans are only reserved in voicing their opinions when they're criticizing the government and might be overheard.)

Cubans also believe pregnant women shouldn't carry groceries, work, have sex after the first five months, bathe in the ocean, or indulge in strong emotion. They believe feelings like anger, sadness, frustration, worry and disgust can harm an unborn child and should be avoided whenever possible during pregnancy. The detrimental effects of cigarette smoke and an occasional glass of rum, though, don't seem of much concern.

Too, a Cuban friend suggested that having a gynecologist I didn't like could adversely affect my baby. Since I was beginning to loathe Dr. Fernandez, I decided to seek out another OB-GYN. Sandy told me about a program for foreigners at Cuba's premiere maternity hospital, Gonzalez Coro. She mentioned American friends who had given birth there on a special floor for foreigners (like many things in Cuba, health care is strictly segregated between Cubans and foreigners) and said its facilities were top-notch.

The receptionist in Gonzalez Coro's crumbling lobby seemed to know nothing about the foreigners' floor. Instead, she directed me to a windowless office deep in the hospital's bowels, where listless administrators worked under decades-old photographs of Che Guevara and Fidel and Raul Castro — Cuba's ubiquitous Revolutionaries. The office was stuffed with yellowed papers, rickety desks and folding metal chairs; two of the desks bore bulky old personal computers with blown-up photos of bikini-clad girls as their screen savers.

The receptionist introduced me to Nilda, a young woman in an antiquated neck brace. "What sort of services are you interested in?" Nilda peered at me. "Are you pregnant? Do you plan to have the child?" A roomful of heads swiveled in our direction. Living in Cuba, I'd grown more used to a lack of anonymity: I stood out as an American; Cubans were curious about me; most Cubans had scant sense of privacy and personal space. But just now, I found the attention unsettling.

I mumbled that I was looking for a communicative doctor, preferably a woman. (Several Cuban women told me they prefer male gynecologists, whom they find more attentive. I generally opt for women myself.) Nilda didn't react; I couldn't tell if she'd registered my requests. When I came back on Friday, though, she introduced me to Dr. Aguarro, a 50ish woman with an Indian-print skirt and kind, vaguely Chinese features. (Tens of thousands of Cantonese were brought to Cuba as laborers in the 1860s and 1920s, and there remains a small group of Chinese-Cubans today. Many of them are nicknamed "*Chino*," meaning "Chinese.")

Dr. Aguarro led me up a darkened staircase to the maternity ward, down a hallway where a klatsch of nurses sat chatting and smoking cigarettes; past overcrowded rooms where pregnant women lay on sheetless beds, fanning themselves against the heat. After discovering the consultation room was full, the doctor sat me on a worn stretcher near the smoking nurses and took my blood pressure. Then she weighed me on an old-fashioned scale in the ward's kitchen.

The rest of our consultation took place there in the kitchen, beside a rumbling 1950s Frigidaire.

Cuba is internationally renowned for its strong prenatal care and exceptionally low infant-mortality rate; the

Revolutionary government touts the country's public-health system as one of its crowning achievements. And Castro's Communist government has, indeed, built hundreds of hospitals and polyclinics and trained tens of thousands of doctors to replace those who fled after the Revolution. Contemporary Cuba has one of the highest ratios of doctors per capita in the world. And over the past 20 years, even during the "special period" of economic hardship in the early 1990s, the government has invested vast resources in biotechnology and pharmaceutical research.

But most Cuban doctors earn the equivalent of about 18 dollars per month, and many are forbidden access to cutting-edge information via the internet and international medical journals. And while it's true that ordinary Cubans receive free medical care, they're denied access to the country's best doctors, facilities and medicine. Superior medical care is reserved for Communist Party higher-ups and foreigners, who are treated in specially designated hospitals. Ordinary Cubans don't often benefit from the country's advanced pharmaceutical industry, either; the government exports its pharmaceuticals and medical high technology to make money and bolster its international reputation.

After my consultation with Dr. Aguarro, I went back to Nilda's office to pay and schedule my next visit. Nilda handed me a receipt without the usual stamp saying "PAID" — probably because she planned to pocket my money herself, instead of officially registering it. The hospital's Syndicate Chief, a burly woman with wild, frizzy hair, hovered around Nilda's desk and seemed involved in the scheme, too.

All Cuban workplaces have Syndicate Chiefs, who, like union heads in the United States, are supposed to defend workers' rights. All Cuban "work centers" also have representatives from Revolutionary organizations, such as the Federation of Cuban Women and the Young Communists' Union. Though Communists, most of these functionaries, like other Cubans, steal from the State in order to get by.

Nilda disappeared for a moment, then returned holding a bottle the size of a thimble. "Come Friday at nine for a consultation." She extended the tiny bottle towards me; beads of liquid still clung to its insides. "Bring a urine sample with you." I blurted: "You want me to urinate in *that*?" I couldn't imagine having good-enough aim. The entire roomful of people laughed. Only Nilda didn't: she just shrugged and gave me the bottle.

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When I returned to the States in July, I borrowed friends' copies of WHAT TO EXPECT WHEN YOU'RE EXPECTING and several other pregnancy books. I pored over them and, while informing myself, became increas-

ingly anxious about the myriad dangers to which I'd exposed my unborn child: the wine I drank before I knew I was pregnant, which could cause fetal alcohol syndrome; the potent antibiotic I unwittingly took, which could cause cancer and birth defects; the lead in Cuban auto exhaust and paint, which could cause brain damage; the carcinogens in second-hand smoke; and so on.

From a special step-stool used to relieve backache while cooking, to pregnancy-support hose to relieve those weary pregnant legs, WHAT TO EXPECT advocated buying a plethora of products over the course of a pregnancy. In addition to breeding anxiety and hypochondria, it sang a paen to consumerism.

When I went to have amniocentesis done in New York, the specialist who performed the procedure scanned my Cuban medical records and exclaimed: "They don't test for *anything* in Cuba, do they?! I guess in Cuba, you just have a baby, and nobody worries about it, huh?" It seemed to me like they'd tested for lots of things. What tests, exactly, had I missed? Were they important? I began to worry about not having had enough tests. And then, keeping in mind the Cuban theory about negative emotions, I worried about the effects of worrying. "Don't worry about it," the specialist told me dismissively as he hurried off to the next patient. "You're healthy."

A few months before the baby was due, I began reading about different methods of delivery and the inherent risks in what's now standard procedure in U.S. hospitals: unnecessary Cesarean sections; misleading data from heart monitors; complications due to anesthesia.

While deciding where to give birth, I visited both a midwifery center and an OB-GYN associated with a major hospital. The doctor urged me to induce labor, so the baby would be born in 1999 rather than the start of 2000. This, he argued, would save me money on taxes and health insurance. (He also mentioned his party plans for New Year's Eve; scheduling induction for December 27th would, of course, safeguard his millennial celebrations.) Though common practice in the States today, induction can lead to a range of complications for both mother and child. The doctor's suggestion of using induction to save money struck me as out-of-whack, and I decided to go the midwifery route at that point.

I found the midwives to be the most human, responsive, knowledgeable and thorough of any of the many medical professionals I'd seen over the course of my pregnancy. So I decided to deliver my son the old-fashioned way: in the tiny midwifery center, without anesthesia or machinery. I'm sure most Cuban women would think me crazy, refusing the possibility of drugs and high technology for the pain and risk of natural, low-tech childbirth. Many American women would, too. And it really was excruciatingly painful. But for this low-tech gal from a high-tech world, it was also the best choice. □