

JULIE M. FEINSILVER

Fifty Years of Cuba's Medical Diplomacy: From Idealism to Pragmatism

ABSTRACT

Medical diplomacy, the collaboration between countries to simultaneously produce health benefits and improve relations, has been a cornerstone of Cuban foreign policy since the outset of the revolution fifty years ago. It has helped Cuba garner symbolic capital (goodwill, influence, and prestige) well beyond what would have been possible for a small, developing country, and it has contributed to making Cuba a player on the world stage. In recent years, medical diplomacy has been instrumental in providing considerable material capital (aid, credit, and trade), as the oil-for-doctors deals with Venezuela demonstrates. This has helped keep the revolution afloat in trying economic times. What began as the implementation of the one of the core values of the revolution, namely health as a basic human right for all peoples, has continued as both an idealistic and a pragmatic pursuit. This article examines the factors that enabled Cuba to conduct medical diplomacy over the past fifty years, the rationale behind the conduct of this type of soft power politics, the results of that effort, and the mix of idealism and pragmatism that has characterized the experience. Moreover, it presents a typology of medical diplomacy that Cuba has used over the past fifty years.

RESUMEN

La diplomacia médica, la colaboración entre países para que simultáneamente se produzcan beneficios en la salud y mejoren las relaciones, ha sido la esencia de la política exterior de la revolución desde sus inicios hace cincuenta años. Esto ha ayudado a que Cuba gane capital simbólico (buena voluntad, influencia y prestigio) más allá de lo posible para un pequeño país, en vías de desarrollo, y además ha contribuido a que Cuba sea un factor en el ámbito mundial. En los años recientes, la diplomacia médica ha sido instrumental en la adquisición de capital material considerable (ayuda, créditos y comercio), como lo demuestra el arreglo con Venezuela de doctores por petróleo. Esto ha ayudado a que la revolución sobreviviera en momentos económicos muy difíciles. Lo que empezó como la ejecución de uno de los valores esenciales de la revolución, es decir, la salud como un derecho humano básico para todas las personas, ha continuado siendo objetivo tanto en términos idealistas como pragmáticos. El presente artículo analiza los factores que le han permitido a Cuba ejercer la diplomacia médica en los cincuenta años que han transcurrido, la lógica racional que subyace en la conducción de este tipo de política de poder inteligente, los resultados de este esfuerzo y la mezcla de idealismo y pragmatismo que han caracterizado esta experiencia. Además, se presenta una tipología de la diplomacia pública utilizada por Cuba en los pasados cincuenta años.

Prologue

Twenty years ago, I examined thirty years of Cuban medical diplomacy based on research that I had conducted over the previous decade.¹ In reviewing the past fifty years of Cuban medical diplomacy for this article, I revisited my earlier writings of 1989; my 1993 book, *Healing the Masses: Cuban Health Politics at Home and Abroad*; a series of articles I have written over the past four years; and new data.² At the conceptual level, the more things changed, the more they have stayed the same.

Clearly, there have been several key changes affecting Cuba over the past two decades. Since 1989, we have witnessed the collapse of the Soviet Union and the web of trade and aid relationships Cuba had with the countries in the old Soviet sphere of influence. The resulting economic crisis for Cuba made the decade of the 1990s, to a large extent, a lost decade. Then, just in the nick of time, Hugo Chávez came to power in Venezuela in 1998, ushering in a new era of preferential trade and aid agreements that provides economic largesse for Cuba. The global financial and economic crisis that began in late 2007 and three devastating hurricanes in 2008 have again thrown Cuba's economy into a tailspin. What stayed the same is the subject of this article: Cuba's commitment to and conduct of medical diplomacy.

Introduction

Medical diplomacy, the collaboration between countries to simultaneously produce health benefits and improve relations, has been a cornerstone of Cuban foreign policy since the outset of the revolution fifty years ago. It has helped Cuba garner symbolic capital—goodwill, influence, and prestige—well beyond what would have been possible for a small, developing country, and it has contributed to making Cuba a player on the world stage. In recent years, medical diplomacy has been instrumental in providing considerable material capital—aid, credit, and trade—to keep the revolution afloat. This analysis examines why and how Cuba has conducted medical diplomacy over the past fifty years, the results of that effort, and the mix of idealism and pragmatism that has characterized this experience. A revolution can be measured by its actions to implement its ideals, something the Cubans have done successfully through medical diplomacy.

The Nature of Cuban Medical Diplomacy

Enabling Factors

From the initial days of the revolutionary government, Cuba's leaders espoused free universal health care as a basic human right and responsibility of the state.

They soon took this ideological commitment to the extreme and contended that the health of the population was a metaphor for the health of the body politic. This assertion led to the establishment of a national health system that, over time and through trial and error, has evolved into a model lauded by international health experts, including the World Health Organization (WHO). The Cuban health system has produced key health indicators, such as infant mortality rate and life expectancy at birth, comparable to those of the United States, even though there is a vast difference in the resources available to Cuba to achieve them.

At the same time, Cuban health ideology always has had an international dimension. It has considered South-South cooperation to be Cuba's duty as a means of repaying its debt to humanity for support it received from others during the revolution. Therefore, the provision of medical aid to other developing countries has been a key element of Cuba's international relations despite the immediate postrevolutionary flight of nearly half of the island's doctors and the domestic hardship this aid may have caused.

The medical brain drain contributed to the government's decision to reform the health sector, revamp medical education, and vastly increase the number of doctors trained. These factors combined made possible the large-scale commitment to medical diplomacy and lent credibility to Cuba's aid offers. They also demonstrated Cuba's success on the ground in reducing mortality and morbidity rates, which are primary goals of all health-care systems. By the mid-1980s, Cuba was producing large numbers of doctors beyond its own health-care-system needs specifically for its internationalist program. The latest available data from late 2008 indicate that Cuba has one doctor for every 151 inhabitants, a ratio unparalleled anywhere.³

Cuba's Initial Foray into Medical Diplomacy

Despite Cuba's own economic difficulties and the exodus of half of its doctors, Cuba began conducting medical diplomacy in 1960 by sending a medical team to Chile to provide disaster relief aid after a major earthquake. Three years later, and with the U.S. embargo in place, Cuba began its first long-term medical diplomacy initiative by sending a group of fifty-six doctors and other health workers to provide aid in Algeria on a fourteen-month assignment. Since then, Cuba has provided medical assistance to more than one hundred countries throughout the world both for short-term emergencies and on a long-term basis. Moreover, Cuba has provided free medical education for tens of thousands of foreign students in an effort to contribute to the sustainability of its medical assistance.

Perhaps as a portent of things to come, even during the 1970s and 1980s, Cuba implemented a disproportionately larger civilian aid program — particularly medical diplomacy — than its more developed trade partners: the Soviet

Union, the Eastern European countries, and China. Cuban civilian aid workers constituted 19.4 percent of the total provided by these countries, although Cuba accounted for only 2.5 percent of the population. This quickly generated considerable symbolic capital for Cuba, which translated into political backing in the UN General Assembly, as well as material benefits in the case of Angola, Iraq, and other countries that could afford to pay fees for professional services rendered, although the charges were considerably less than market rates.⁴

Typology of Cuba's Medical Diplomacy

The following typology of Cuba's medical diplomacy initiatives facilitates understanding at a glance the depth and breadth of Havana's use of this type of soft power as a major instrument of foreign policy. Cuba's aid can be divided into two major categories: short-term and long-term initiatives, although some short-term initiatives may have long-term effects. Moreover, some subcategories are not mutually exclusive as the particular initiative may be conducted on either a short-term or long-term basis.⁵

Short-term initiatives can then be subdivided into nine categories:

1. Disaster relief
2. Epidemic control and epidemiological monitoring
3. On-the-job training for health-care professionals to improve their skills
4. Direct provision of medical care in Cuba
5. Health system organizational, administrative, and planning advisory services
6. Donation of medicines, medical supplies, and equipment
7. Vaccination and health education campaigns
8. Program design for human resource development and for the provision of specific medical services
9. Exchange of research findings and knowledge transfer through the sponsorship of international conferences and the publication of medical journals

Cuba's long-term medical diplomacy initiatives can be categorized in seven areas:

1. Direct provision of primary health care in the beneficiary country, particularly in areas where local doctors will not work
2. Staffing of secondary and tertiary care hospitals in beneficiary countries
3. Establishment of health-care facilities (e.g., clinics, diagnostic laboratories, hospitals) in beneficiary countries
4. Establishment of comprehensive health programs in beneficiary countries
5. Establishment and/or staffing of medical schools in beneficiary countries and/or in-country community clinic-based medical education combined with distance learning under Cuban supervision in country

6. Provision of full scholarships to study in Cuba for medical school and allied health professional students
7. Scientific exchanges

Already by the mid-1970s, Cuba had used all but two of the foregoing instruments. Not developed until much later, the two are establishment of comprehensive health programs in country, an approach first developed in 1998, and in-country community clinic-based medical education combined with distance learning, the Virtual Health University established in 2006. A few examples of some of these initiatives over the past fifty years demonstrate that, although Cuba is a small, developing country, it has been able to conduct a world-class foreign policy from which President Barack Obama recently said the United States could learn.⁶

Disaster Relief

Cuba has been quick to mobilize well-trained disaster relief teams for many of the major disasters in the world. Among its recent activities were specially trained disaster relief medical brigades—sixty doctors—immediately dispatched to Haiti after the January 2010 earthquake to supplement the existing four-hundred-strong medical brigade and more than five hundred Haitian graduates of Cuban medical schools who worked with them. Because the Cuban doctors were already working in all ten departments in Haiti and teams of Cuban doctors had worked in country since 1998, they were the first foreigners to respond to the great earthquake. After three weeks, they had assisted over 50,000 people; conducted 3,000 surgeries, 1,500 of which were complex operations; delivered 280 babies; vaccinated 20,000 people against tetanus; established 9 rehabilitation wards; and began providing mental health care, particularly for children and youths.⁷

After Hurricane Georges devastated Haiti in 1998, Cuba also was the first country to send medical aid to Haiti. After immediate disaster-relief work, Cuba began providing free medical care to the Haitian people on a long-term basis, implementing their model Comprehensive Health Program, and providing full scholarships to Haitian medical students for study in Cuba. In response to Tropical Storm Jeanne in 2004, Cuba sent an additional team of sixty-four doctors and twelve tons of medical supplies to Haiti. Between 1998 and 2010, 6,094 Cuban medical professionals have worked in Haiti, conducting more than 14 million patient visits, 225,000 surgeries, 100,000 birth deliveries, and saving more than 230,000 lives. In addition, by 2010, with Venezuelan support, Cuba had established five of ten planned comprehensive diagnostic centers, which provide not only a range of diagnostic services but also emergency care. Cuba had also trained 570 Haitian doctors on full scholarships. Finally, since

2004, slightly more than forty-seven thousand Haitians have undergone free eye surgery as part of Operation Miracle.⁸

Other recent disaster areas to which Cuba deployed its specialized medical brigades are China after the May 2008 earthquake, Indonesia after the May 2007 earthquake, Bolivia after the February 2008 floods, and Peru after the December 2007 earthquake. Cuban medical missions provided assistance as well in post-2004-tsunami Indonesia and post-2005-earthquake Pakistan. In both cases, the Cuban medical teams initially provided disaster relief but then stayed on after other disaster relief teams had left to provide preventive and curative care. Data for the medical mission to Pakistan indicate that, right after the earthquake, Cuba sent a team of highly experienced disaster-relief specialists comprising 2,564 doctors (57 percent of the team), nurses, and medical technicians.⁹ Part of the team worked in refugee camps and Pakistani hospitals. Working in thirty field hospitals located across the earthquake-stricken zone, the team brought everything it would need to establish, equip, and run those hospitals. The cost to Cuba was not insignificant. Two of the hospitals alone cost US\$500,000 each. In May 2006, Cuba augmented its aid with fifty-four emergency electrical generators.

Over the years, Cuba also has provided disaster relief aid to Armenia, Iran, Turkey, Russia, Ukraine, Belorussia, and most Latin American and Caribbean countries that have suffered either natural or man-made disasters. For example, over almost two decades, Cuba has treated free of charge almost 20,000 children — more than 16,000 Ukrainians, almost 3,000 Russians, and 671 Belorussians — mainly for post-Chernobyl radiation-related illnesses.¹⁰ This type of medical diplomacy in the affected country's time of need has garnered considerable bilateral and multilateral symbolic capital for Havana, particularly when the aid is sent to countries considered more developed than Cuba.

Direct Provision of Medical Care: Selected Examples

The Cuba-Venezuela-Bolivia Connection: Comprehensive Health Programs

It is indeed ironic that, in 1959, Fidel Castro unsuccessfully sought financial support and oil from Venezuelan president Rómulo Betancourt. It would take forty years and many economic difficulties before another Venezuelan president, Hugo Chávez, would provide the preferential trade, credit, aid, and investment that the Cuban economy desperately needed. This partnership is part of the *Alternativa Bolivariana para los Pueblos de Nuestra América* (ALBA) to unite and integrate Latin America in a social justice-oriented trade and aid block under Venezuela's lead. Despite Fidel's three-decade-long obsession with making Cuba into a world medical power, ALBA also has created an opportunity to expand the reach of Cuba's medical diplomacy well beyond anything previously imaginable.¹¹

Cuba's current medical cooperation program with Venezuela is by far the

largest it has ever attempted. These oil-for-doctors trade agreements allow for the preferential pricing of Cuba's exportation of professional services vis-à-vis a steady supply of Venezuelan oil, joint investments in strategically important sectors for both countries, and the provision of credit. In exchange, Cuba not only provides medical services to unserved and underserved communities in Venezuela — the initial agreement for massive medical services exports in 2005 was for thirty thousand medical professionals, six hundred comprehensive health clinics, six hundred rehabilitation and physical therapy centers, thirty-five high-technology diagnostic centers, one hundred thousand ophthalmologic surgeries, and so on — but also provides similar medical services in Bolivia on a smaller scale at Venezuela's expense.¹²

A later agreement included the expansion of the Venezuela-financed Cuban ophthalmologic surgery program — Operation Miracle — to perform six hundred thousand eyesight-saving and restoration operations in Latin America and the Caribbean over a ten-year period. That number was surpassed already in late 2007, when the one-millionth patient was operated on. As of February 2010, 1.8 million patients had benefited from the program.¹³ To achieve these numbers, Cuba established sixty-one small eye-surgery clinics in Venezuela, Bolivia, Ecuador, Guatemala, Haiti, Honduras, Panama, Nicaragua, Paraguay, Uruguay, Peru, St. Lucia, St. Vincent, Suriname, and Argentina; and Cuba extended the program to Africa, establishing clinics in Angola and Mali, to handle some of the demand from those and neighboring countries and to reduce the strain on facilities at home.¹⁴

The second-largest medical cooperation program is with Bolivia, where in June 2006, 1,100 Cuban doctors were providing free health care, particularly in rural areas, in 188 municipalities. By July 2008, Cuban health personnel worked in 215 of Bolivia's 327 municipalities, including remote rural villages. It was reported that over the two-year period of medical diplomacy in Bolivia, Cuban doctors had saved 14,000 lives; had conducted more than 15 million medical exams; and had performed eye surgery on approximately 266,000 Bolivians and their neighbors from Argentina, Brazil, Paraguay, and Peru, the latter as part of Operation Miracle.¹⁵ Ironically, through the Operation Miracle program in Bolivia, Cuba saved the eyesight of Mario Terán, the Bolivian man who killed Che Guevara.

Other Latin American and Caribbean Examples Cuban medical teams had worked in Guyana and Nicaragua in the 1970s, but by 2005, they were implementing the Comprehensive Health Program in Belize, Bolivia, Dominica, Guatemala, Haiti, Honduras, Nicaragua, and Paraguay. They also had established two comprehensive diagnostic centers, one on the island of Dominica and one on Antigua and Barbuda. Both Jamaica and Suriname's health systems are being bolstered by the presence of Cuban medical personnel, and the latter is implementing the Comprehensive Health Program.¹⁶ Throughout the years,

Cuba also has provided free medical care in its hospitals for individuals from all over Latin America and not just for the Latin American left.

Medical Diplomacy beyond the Western Hemisphere Cuba dispatched large civilian aid programs in Africa to complement its military support to Angola and the Horn of Africa in the 1970s and early 1980s. With the withdrawal of troops and the later geopolitical and economic changes of the late 1980s and the 1990s, Cuba's program remained but was scaled back.¹⁷ Having suffered a postapartheid brain drain — white flight — South Africa began importing Cuban doctors in 1996. Already in 1998, 400 Cuban doctors practiced medicine in townships and rural areas, and in 2008, their number had increased slightly to 435. Cuban doctors began working in the Gambia in 1996, and since then and through 2009, 1,034 doctors, nurses, and medical technicians have served there.¹⁸ By 2004, there were about 1,200 Cuban doctors working in other African countries, such as Angola, Botswana, Cape Verde, Côte d'Ivoire, Equatorial Guinea, Gambia, Ghana, Guinea, Guinea-Bissau, Mozambique, Namibia, Seychelles, Zambia, Zimbabwe, and areas in the Sahara. By December 2005, Cuba was implementing its Comprehensive Health Program in Botswana, Burkina Faso, Burundi, Chad, Equatorial Guinea, Eritrea, Gabon, Gambia, Ghana, Guinea-Bissau, Guinea-Conakry, Mali, Namibia, Niger, Rwanda, Sierra Leone, Swaziland, and Zimbabwe.

On the African continent, South Africa is the financier of some Cuban medical missions in third countries. This South African–Cuban alliance has been much more limited in scope than the Venezuelan–Cuban deal. An agreement to extend Cuban medical aid into the rest of the African continent and a trilateral agreement to deploy more than one hundred Cuban doctors in Mali with US\$1 million of South African financing were concluded in 2004. In January 2010, another South-South cooperation agreement was concluded for South African financing, also totaling \$1 million, to support thirty-one Cuban medical specialists who already had been working in Rwanda for a year and had treated 461,000 patients.¹⁹

Cuban medical teams also have worked and are working in such far-flung places as Timor-Leste (East Timor) in Southeast Asia and the Pacific island countries of Nauru, Vanuatu, Kiribati, Tuvalu, and the Solomon Islands, none of which might be considered in Cuba's strategic areas of interest. However, with one nation, one vote in the UN General Assembly, even these small islands are important where voting is concerned. The medical cooperation program in Timor-Leste began in December 2003 with the objective of creating a sustainable health-care system by establishing the Cuban-model Comprehensive Health Program. In 2008, 177 medical professionals were providing a variety of services in Cuba's Comprehensive Health Program there.²⁰

Although the actual numbers of Cuban doctors working in the Pacific islands is small, their impact is great. For example, when Cuba sent eleven

doctors to the island of Nauru in September 2004, it provided 78 percent of all doctors in Nauru, an increase of 367 percent.²¹ Two Cuban doctors were working in the Solomon Islands in 2008, and the remaining seven arrived in early 2009.²² Three Cuban doctors currently work in Tuvalu, the first of whom arrived in October 2008. As of February 2009, they had attended 3,496 patients and saved fifty-three lives.²³ Vanuatu and Cuba signed an agreement in 2008 for six Cuban doctors to work in provincial hospitals. Vanuatu's Director of Public Health Len Tarivonda indicated that his country would pay for return airfare and provide accommodations and a small local allowance, whereas the Cuban government paid the doctors' salaries. At that rate, he said: "Cuban doctors cost less than those from Australia and New Zealand."²⁴

Medical Education

To contribute to the sustainability of other countries' health programs, Cuba has long provided full scholarships for foreign students to study medicine, nursing, dentistry, and medical technicians' courses in Cuba and has provided on-the-job training abroad. Likewise, Cuba has assisted other countries in establishing and staffing their own medical schools. However, it was not until 1999, the year after Hurricanes Mitch and Georges struck Central America and Haiti, that Cuba created the *Escuela Latinoamericana de Medicina* (ELAM) to provide personnel for the rehabilitation of those countries' health systems. Enrollment, however, was not limited to the affected countries. The six-year medical school program is provided free for low-income students who commit to practice medicine in underserved communities in their home countries on graduation. As part of the Cuba-Venezuela cooperation accords, Cuba agreed to train forty thousand doctors and five thousand health-care workers in Venezuela and provide full medical scholarships to Cuban medical schools for ten thousand Venezuelan medical and nursing students. In addition, Cuba offered Bolivia five thousand more full scholarships to educate doctors and specialists as well as other health personnel at the ELAM in Havana. In 2006, there were some five hundred young Bolivians studying at the school — about 22 percent of the total foreign scholarship student body — and another two thousand had started the premed course there.

During the ELAM'S first graduation in August 2005, Hugo Chávez announced that Venezuela would establish a second Latin American Medical School so that, jointly with Cuba, the two countries would be able to provide free medical training to at least one hundred thousand physicians for developing countries over the next ten years. This led Cuba to implement the tutorial method of training medical personnel, whereby as of mid-2005, twelve thousand Cuban doctors serving in the Barrio Adentro program in Venezuela became tutors for some ten thousand Venezuelan medical students. In March

2009, approximately twenty-six thousand Venezuelan medical students were studying in the first four years of medical training as part of this new program to train comprehensive community doctors (*médicos integrales comunitarios*). This educational modality has been extended to six other countries in Asia, Africa, and Latin America, and another fourteen thousand students from thirty-six countries are studying under this modality in Cuba itself. Furthermore, in the 2008–2009 academic year, more than 24,000 foreign medical students were studying medicine at the ELAM (more than 7,900) and other Cuban institutions (more than 14,000).²⁵

In 2008, Cuba offered full medical school scholarships for 800 East Timorese students to begin work on the sustainability of their health system, of which 697 were studying in medical schools in Cuba and another 105 were studying under Cuban medical professors in East Timor.²⁶ In 2009, in one medical faculty alone in the town of Sandino in western Cuba, there were a number of students from various South Pacific Islands and Timor-Leste studying medicine with full Cuban government scholarships: 199 from Timor-Leste, 50 from the Solomon Islands, 20 from Kiribati, 10 from Tuvalu, 7 from Nauru, and 17 from Vanuatu.²⁷ Also in 2009, more than three hundred nursing students from the English-speaking Caribbean, and two from China, participated in the Cuba–Caribbean Community (CARICOM) training program for the provision of services to HIV/AIDS patients.²⁸ During the 2009–2010 academic year, Cuba was training 51,648 medical students either in Cuba or in their own countries under the tutelage of Cuban professors. Of that number, 8,170 are enrolled in ELAM, 12,017 in the new program to train doctors (polyclinic based), 29,171 are being trained by Cuban medical brigades abroad, 1,118 are matriculated under other projects, and 1,172 are studying medical technician careers.²⁹

The humanitarian benefits of this effort are enormous but so are the symbolic ones—prestige, influence, and goodwill—created. Moreover, the political benefits could be reaped for years to come as students trained by Cuba, with Venezuelan support, become health officials and opinion leaders in their own countries. Today, some of the 50,000 foreign scholarship students who trained in Cuban universities since 1961 (11,811 as doctors) are now in positions of authority and increasing responsibility.³⁰

The Costs and Risks of Medical Diplomacy

The costs for beneficiary countries are relatively low. In most cases, the Cuban government pays doctors' salaries and the host country pays for airfare, room and board, and stipends of approximately \$150–\$375 per month depending on the country. This is far less than the costs of recruitment in the international marketplace, although it can still be a strain for cash-strapped economies. Perhaps more significant are the nonmonetary costs and risks involved. Cuban

doctors serve the poor in areas in which no local doctor would work, make house calls a routine part of their medical practice, live in the neighborhood, and are available free of charge 24/7. This is changing the nature of doctor-patient relations and patients' expectations in the host countries. As a result, the presence of Cuban doctors has forced the reexamination of societal values and, in some cases, the structure and functioning of the health systems and the medical profession within the countries to which they were sent and where they continue to practice.

In countries such as Bolivia and Venezuela, although Cuban doctors generally are employed in areas where there are no local doctors, this different way of doing business has resulted in strikes and other protest actions by the local medical associations, as they are threatened by these changes and by what they perceive to be competition for their jobs. In the English-speaking Caribbean and in some Latin American countries, most particularly in Trinidad and Tobago, local medical associations have protested the different registration or accreditation standards applied to them and those applied or not applied to the Cuban doctors. Moreover, in Trinidad and Tobago, unlike other places where Cuban doctors serve, they pose a very real threat to local physicians' jobs because they were brought in by the government to fill vacancies left by both striking doctors and an overall insufficient number of local physicians to meet the country's health needs.³¹

The costs for Cuba, however, are more complicated partly because of the government's long-term investment in the education of medical personnel. Although Cuba pays the doctors' salaries, the pay scale is low by relative and absolute standards. In Cuba, doctors earn the equivalent in Cuban pesos of about US\$25 per month. When they are abroad, that amount ascends to around US\$185 per month. Since the Venezuelan agreement began, a significant amount of the costs for Cuba are, in fact, covered by Venezuela both for medical services and education for and in Venezuela and that provided to third countries. Previously, Cuba had fully funded these. However, money is fungible, and any aid Cuba receives could be channeled to this area.

A recent added cost has been the state's investment in the education and development of professionals who defect from medical diplomacy programs in third countries. Material conditions of life in Cuba are very difficult, and salaries are a fraction of those that can be earned abroad. These, as well as other factors, have enticed an estimated nine hundred to two thousand medical professionals, not all doctors, to defect to the United States with a little stimulus from Uncle Sam.³² In August 2006, the U.S. government announced the Cuban Medical Professional Parole Program, which grants Cuban doctors serving abroad fast-track asylum processing and almost-guaranteed entry into the United States. Although this program has encouraged more defections and even has provided a reason for some Cuban doctors to go abroad in the first

place, some have found that they are held in limbo in Colombia or other points of arrival without the promised fast-track visa approval and with little or no money.³³ Others have made their way to the United States only to find that they cannot practice their profession because they must first pass the same four exams taken by U.S. medical graduates, but with the handicap of doing so in a foreign language in which they did not study medicine. And the focus of their medical education, primary care, and access to the latest technology differs from that of the United States. Cuban doctors also are older when they come to the United States and, thus, may have family responsibilities that could preclude their taking preparatory courses and studying for the exams instead of working in whatever jobs they might find.³⁴

A further risk for Cuba is increased dissatisfaction on the part of its own population as medical staff goes abroad, leaving some local health facilities and programs with insufficient staff despite the impressive ratio of doctors to population. As a result, a population accustomed to having a doctor on every block is finding that waiting times are now longer; medicines and supplies are scarcer; and where doctors are overworked, the quality of care declines.³⁵ Recognizing this problem in April 2008, Raúl Castro announced a reorganization of the Family Doctor Program at home to create greater efficiency by rationalizing the number and dispersion of family doctor offices but increasing the hours of operation for those outside of Havana until sufficient staff would become available. A year later, he announced further rationalization and cost containment with definite declines in both health care and education spending. Given the government's own proclamations that the health of the individual is a metaphor for the health of the body politic and that health indicators are a measure of government efficacy,³⁶ this situation could contribute to a delegitimization of the regime if insufficient attention is paid to the domestic health system.

Benefits of Medical Diplomacy

The value of Cuban medical diplomacy for the beneficiaries is clear. Over the past fifty years, Cuba's conduct of medical diplomacy has improved the health of the less privileged in developing countries while improving relations with their governments. Since 1961, Cuba has conducted medical diplomacy with 107 countries, deploying 134,849 medical professionals abroad, the large majority of whom were doctors.³⁷ In April 2008, more than thirty thousand Cuban medical personnel were collaborating in seventy-four countries around the globe.³⁸ Data as of October 2009 indicate that more than thirty-seven thousand Cuban medical professionals were deployed in ninety-eight countries and four overseas territories.³⁹ Overall, Cuban data show that, as of February 2009, Cuba's medical personnel abroad have saved more than 1.97 million lives, treated more than 130 million patients (of whom more than 39 million were

seen on “house calls” at the patients’ homes, schools, jobs, and so on), performed more than 2.97 million surgeries, and vaccinated with complete dosages more than 9.8 million people.⁴⁰ Added to this are the previously mentioned 1.8 million sight-restoring and preserving eye surgeries conducted under Operation Miracle. Consequently, Cuban medical aid has affected the lives of millions of people in developing countries each year.

To make this effort more sustainable, over the years, more than twelve thousand developing-country medical personnel have received free education and training in Cuba, and many more have benefited from education by Cuban specialists engaged in on-the-job training courses and/or medical schools in their own countries. In the largest enrollment ever, more than fifty thousand developing-country scholarship students — and a small number of less-privileged Americans — were studying either in Cuban medical schools or under Cuban professors in their home countries during the 2009–2010 academic year. Furthermore, Cuba has not missed a single opportunity to offer and supply disaster-relief assistance irrespective of whether Cuba had good relations with that government. In fact, when Cuba established ELAM to help hurricane-ravaged Central American and Caribbean countries strengthen their health systems, none of the beneficiary governments was particularly friendly toward Cuba. In a more astonishing example, Cuba offered to send more than one thousand doctors trained in disaster relief as well as medical supplies to the United States in the immediate aftermath of Hurricane Katrina. Although the Bush administration chose not to accept the offer, the symbolism of this offer of help by a small, developing country that has suffered fifty years of U.S. hostilities, including an economic embargo, is remarkable.⁴¹

Since Cuba first sent a medical brigade to Chile in 1960, it has used medical diplomacy both to improve the health and win the hearts and minds of aid recipients and to improve relations with their governments.⁴² Medical diplomacy has been a critical means of gaining symbolic capital — prestige, influence, and goodwill — which can translate into diplomatic support and material capital, such as trade or aid. It has been a way to project Cuba’s image abroad as increasingly more developed and technologically sophisticated. More important, the practice of medical diplomacy also projects an image of Cuba as righteous, just, and morally superior because it is sending doctors rather than soldiers to far-flung places around the world. This latter comparison is important in Cuba’s symbolic struggle as David versus the Goliath of the United States.

Cuba’s success in this endeavor has been recognized by the WHO and other UN bodies, as well as by numerous governments, 107 of which have been direct beneficiaries of Cuba’s medical largesse. It also has contributed to support for Cuba and rebuke of the United States in the UN General Assembly, where for the past eighteen consecutive years members voted overwhelmingly

in favor of lifting the U.S. embargo of Cuba. In fact, only Israel and Palau have supported the U.S. position, and the Marshall Islands and Micronesia abstained.⁴³ With equal voting rights for all members of the UN General Assembly, Cuba's medical diplomacy with such a large number of member states is a rational endeavor, however humanitarian the impetus may be.

Furthermore, the success of Cuba's medical diplomacy was made evident once again at the Summit of the Americas in Trinidad in April 2009. The Latin American heads of state frequently mentioned it in their discussions with President Obama. Cuba's medical diplomacy underpins their support for lifting the U.S. trade embargo on Cuba and normalizing relations, including the reinstatement of Cuba into the Organization of American States (OAS), agreed to in the June 2009 OAS meeting in Honduras, although Raúl Castro indicated that Cuba was disinterested. In turn, Obama mentioned this fact in his own remarks, even indicating that the United States could learn from Cuba. He has been widely quoted as later saying, "We have to use our diplomatic and our development aid in more intelligent ways so that people can see the very practical, concrete improvements in the lives of ordinary persons as a consequence of U.S. foreign policy."⁴⁴

Economic benefits have been very significant since the rise of Chávez in Venezuela. Trade with and aid from Venezuela in a large-scale oil-for-doctors exchange have bolstered Cuba's ability to conduct medical diplomacy and, importantly, have helped keep its economy afloat. Earnings from medical services, including the export of doctors, equaled 28 percent of total export receipts and net capital payments in 2006. This amounted to US\$2.312 billion, a figure greater than that for both nickel and cobalt exports and tourism.⁴⁵ In fact, the export of medical services is thought to be the brightest spot on Cuba's economic horizon.⁴⁶ Data for 2008 demonstrates that Cuba earned about US\$5.6 billion for the provision of all services to Venezuela, most of which were medical, although the figure includes teachers and other professionals. The total value of the Venezuelan trade, aid, investments, and subsidies to Cuba for 2008 was US\$9.4 billion.⁴⁷

Medical diplomacy also paves the way for Cuba's export of a range of medical products. In this context, for example, Cuban exports of medicines to ALBA countries increased by 22 percent from 2008 to 2009.⁴⁸ It is quite likely that other countries receiving Cuban doctors will also purchase Cuban vaccines, medicines, medical supplies, and equipment. Cuba's biotech industry holds 1,200 international patents and earned US\$350 million in product sales in 2008.⁴⁹ Potential for growth in the export of vaccines is good, particularly in joint ventures with other countries, such as Cuba has already with Brazil and China, and with big pharmaceutical companies, like GlaxoSmithKline.⁵⁰

Symbolic capital garnered from both the success of the domestic health system and medical diplomacy made possible Cuba's establishment of a medi-

cal tourism industry. Although begun as a small program in 1980, medical tourism became important by 1990, with the collapse of the Soviet Union and after Cuba had vastly increased its production of doctors for medical diplomacy programs. The number of patients participating in medical tourism in Cuba for the first eight years of the program was equal to 55 percent of medical tourists in 1990 alone. Revenue from health tourism in 1990 was US\$2 million.⁵¹ This program received renewed impetus during the mid-1990s as the government sought to increase its foreign exchange earnings through a variety of methods, including limited foreign investment. By 1997, revenue had increased to US\$20 million, 98.5 percent of which was plowed back into the domestic health system.⁵²

On the domestic front, medical diplomacy has provided an escape valve for disgruntled medical professionals who earn much less at home than less skilled workers in the tourism sector. Their earning potential is much greater abroad, both in the confines of the medical diplomacy program and even more so beyond it. This constant lure of defection has led the Ministry of Public Health to establish a coefficient for possible defections — 2–3 percent of the total number of international medical collaborators — as part of precise human-resources-planning exercises.⁵³ Moreover, medical diplomacy has given Cuban doctors and other medical personnel an opportunity to bring home from their deployment station consumer goods unavailable in Cuba. In this way, it has helped defuse the tension between the moral incentives of socialist ideology and the material needs of Cuba's decidedly hardworking and no-less-dedicated medical personnel.⁵⁴

Conclusion

Medical diplomacy has been a cornerstone of Cuban foreign policy since the outset of the revolution fifty years ago. It has been an integral part of almost all bilateral relations agreements that Cuba has made with other developing countries. As a result, Cuba has positively affected the lives of millions of people per year through the provision of medical aid, as well as tens of thousands of foreign students who receive full scholarships to study medicine either in Cuba or in their own countries under Cuban professors. At the same time, Cuba's conduct of medical diplomacy with countries whose governments had not been sympathetic to the revolution, such as Pakistan, Guatemala, Honduras, and El Salvador, to name only a few, has led to improved relations with those countries.

Medical diplomacy has helped Cuba garner symbolic capital (goodwill, influence, and prestige) well beyond what would have been possible for a small, developing country, and it has contributed to making Cuba a player on the world stage. In recent years, medical diplomacy has been instrumental in providing considerable material capital (aid, credit, and trade), as the oil-for-

doctors deals with Venezuela demonstrates. This has helped keep the revolution afloat in trying economic times.

What began as the implementation of one of the core values of the revolution, namely health as a basic human right for all peoples, has continued as both an idealistic and a pragmatic pursuit. As early as 1978, Fidel Castro argued that there were insufficient doctors to meet demand in the developing world, despite the requesting countries' ability to pay hard currency for their services.⁵⁵ Because Cuba charged less than other countries, with the exception at that time of China, it appeared that it would win contracts on a competitive basis. In fact, during the following decade (1980s), Cuba's medical contracts and grant aid increased. In most cases, aid led to trade, if not to considerable income. With the debt crises and the International Monetary Fund's structural adjustment programs of the 1980s, grant aid predominated. In 1990, Cuban medical aid began to dwindle as neither the host countries nor Cuba could afford the costs, the former because of structural adjustment-mandated cuts in social expenditures and the latter because of the collapse of its preferential trade relationships following the demise of the Soviet Union. As Cuba's ability to provide bilateral medical aid diminished, its provision of medical aid through multilateral sources (contracts) increased.⁵⁶ Cuba's medical diplomacy continued, albeit on a smaller scale during the 1990s, until the rise of Hugo Chávez in Venezuela.

With medical services leading economic growth in the twenty-first century, it seems unlikely that even the more pragmatic Raúl Castro will change direction now. In contrast, dependency on one major benefactor and/or trade partner can be perilous, as the Cubans have seen more than once. If Chávez either loses power or drastically reduces foreign aid in an effort to cope with Venezuela's own deteriorating economic conditions and political opposition, Cuba could experience an economic collapse similar to that of the Special Period in the early 1990s. In fact, the global financial and economic crisis has compounded existing problems. In an effort to avert that type of collapse, Raúl Castro has been trying to further diversify Cuba's commercial partners.⁵⁷ In July 2009, Cuba received a new US\$150 million credit line from Russia to facilitate technical assistance from that country, and companies from both countries signed various agreements, including four related to oil exploration.⁵⁸ Furthermore, Raúl Castro made clear in his August 1, 2009, speech before the National Assembly of People's Power, that Cuba could not spend more than it made.⁵⁹ He asserted that it was imperative to prioritize activities and expenditures to achieve results, overall greater efficiency, and to rationalize state subsidies to the population.

Despite a little help from its Venezuelan friend, the Cuban government has had to embark on austerity measures that hark back to the worst of times right after the collapse of the former Soviet Union.⁶⁰ With two budget cuts already this year, restrictions on electricity distribution, and a 20 percent decrease in

imports,⁶¹ it is likely that the Cuban government will attempt to increase its medical exports to countries that can afford to pay for them. In fact, in August 2009, Raúl Castro indicated that Cuba would need to increase the production of services that earn hard currency.⁶² Pragmatism clearly dictates this course of action even if it also is imbued with strong revolutionary idealism about humanitarian assistance.

Economic and political benefits of medical diplomacy aside, Fidel, both when he was president and today as an elder statesman and blogger, most sincerely cares about health for all, not just for Cubans. His long-term constant involvement in the evolution both of the domestic health system and of medical diplomacy has been clear through both his public pronouncements and actions, and the observations and commentary of his subordinates and external observers.⁶³ Today, this concern for health is part of the social agenda of ALBA, through which, for example, additional Cuban medical aid to Haiti post-2010 earthquake is being conducted.

Unable to offer financial support, Cuba provides what it excels at and what is easily available, its medical human resources. International recognition for Cuba's health expertise has made medical diplomacy an important foreign policy tool that other, richer countries would do well to emulate. After all, what country could refuse humanitarian aid that for all intents and purposes appears to be truly altruistic?

NOTES

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Contributors

Mervyn J. Bain is a lecturer in the Department of Politics and International Relations at the University of Aberdeen. His research interests are Russian foreign policy and modern-day Latin America, but more specifically Cuba. He is the author of *Soviet-Cuban Relations 1985 to 1991: Changing Perceptions in Moscow and Havana* (2007) and *Russian-Cuban Relations since 1992: Continuing Camaraderie in a Post-Soviet World* (2008). He has published articles on Cuba's relationship with the former Soviet Union in a variety of journals, including *Journal of Latin American Studies*, and his chapter "Gorbachev's Legacy for Russian/Cuban Relations Post 1991" was included in *Redefining Cuban Foreign Policy: The Political Impact of the "Special Period"* (2006). In conjunction with Andrea Oelsner he coauthored a chapter in *Democratization* (2009). He has held research grants from the British Academy and Carnegie Trust.

Mayra P. Espina Prieto is a researcher at the Centro de Investigaciones Psicológicas y Sociológicas of Cuba (CIPS) and professor at the University of Havana. She is a member of the research council at CIPS and the Centro de Antropología, as well as a member of the editorial board for the magazine *Temas*. Espina Prieto is president of the National Liaison Committee for MOST/UNESCO in Cuba. Among her recent publications are "Cuba: Reforma Económica y Reestratificación Social," in *Cuba: Sociedad y trabajo* (2000), and "Transición y dinámica de los procesos socioculturales," in *Cuba: Construyendo futuro* (2000).

Julie Feinsilver is currently a visiting researcher at Georgetown University and an independent consultant. She previously taught Latin American politics and development at Oberlin College, Bard College, Colgate University, and Wesleyan University. Since leaving academia in 1993, she has worked for the Pan American Health Organization in Research and Technological Development and, more recently, for twelve years at the Inter-American Development Bank. She has conducted research on Cuban medical diplomacy since 1979 and is the author of the book *Healing the Masses: Cuban Health Politics at Home and Abroad* (1993), as well as numerous articles and book chapters since 1989 dealing with Cuba's medical diplomacy, biotechnology development, foreign relations, nontraditional exports, and politics of health. She was the scientific editor of and contributor to the book *Biodiversity, Biotechnology and Sustainable Development in Health and Agriculture: Emerging Connections* (1996) and is currently writing a book tentatively titled *Medical Diplomacy: Fifty Years of Cuba's Soft Power Politics*.

Emily J. Kirk received her BA (honors) in international development studies and Spanish from Dalhousie University in 2009. She studied at the University of Havana in the winter of 2008 and has presented her research on both HIV/AIDS in Cuba and Cuba's