CHAPTER 19
Cuba’s New Export Commodity: A Framework

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Abstract: The Cuban revolution has been as much a struggle for economic independence as it has for political sovereignty. For nearly five decades now, often times under the personal guidance of Fidel Castro, Cuba has pursued a variety of economic development strategies intended to lessen the country’s dependency on a single product or political ally and break with its history of dependent underdevelopment. In contrast to the aspirations and rhetoric of economic modernization and independence, stands Cuba’s near catastrophic past economic strategies. While some Cuba observers have concluded that the country’s political and economic alliances with Venezuela are once again leading the country down the same road of dependence and economic stagnation, this paper aims to examine the more nuanced internal social, political, and economic rationales and consequences of this relationship. Using publicly available data, our paper will present data that supports the conclusion that Cuba has a sizable reserve army of professional-service sector laborers and that the regime benefits politically and economically from exporting this labor force. However, recognizing that “policies addressing one state concern may undermine another,” the paper will conclude by presenting qualitative and quantitative data that suggest ways in which political and economic rationality may collide to undermine long-term sustainable development and key socio-political values.

The Cuban Revolution has been as much a struggle for economic independence as it has been a struggle for political sovereignty. From the start of the revolution, Castro and other revolutionary leaders called for political and economic independence from the hemispheric hegemon, the

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United States. To achieve its vision of an independent Cuba, the revolutionary regime implemented a radical domestic agenda that included the nationalization of industries and significant agricultural holdings. Although nationalistic economic policies drove U.S. industries from the island, economic prosperity, and independence did not materialize. Half-hazard and chaotic development strategies, ambitious social welfare programs, and legal and extra-legal antagonisms from its northern neighbor dampened the nation’s economic prospects. After the failure of various and at time contradictory development strategies, which vacillated from rapid industrialization to agricultural diversification, the revolutionary leadership settled upon a more secure though less independent economic development plan. With U.S. markets closed and the terms of trade disadvantaged by poor credit ratings and dwindling hard currency resources, the Cuban revolutionary regime tied the island nations’ economic fate to sugar and trade with a single partner, the Soviet Union. Although the Soviet’s very generous trade agreements subsidized the revolutionary society and shielded it from the vagaries of the world market³, the Cubans never diversified the economy and their trading partners enough to withstand the fall of the Soviet Union and the end of their aid (Eckstein, 1994; Mesa-Lago, 1998; Perez Stable, 1999). By 1994, the evidence about Cuba’s economic dependence and the risks of such dependency was undeniable.

The break-up of the Soviet Block and the Soviet Union in 1991 exposed Cuba’s weaknesses and launched the country into a near economic collapse. The unprecedented free fall of the Cuban economy threatened the social peace and ultimately the survival of the regime. To survive the crisis, the Cuban regime declared a “Special Period” of austerity and enacted capitalist-like domestic and international reforms that stopped the economic hemorrhaging. While these reforms improved the domestic economy and expanded Cuba’s international trading partners and hard currency revenues, the pace of recovery was slow and fraught with political and social perils. Cuba’s economic entanglement with western trade partners and the access of Cubans to foreign products, people, and ideas resulted in internal and external challenges to a regime that had

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³ For a summary of the Cuba’s changing economic development strategies see Susan Eckstein (1994).
come to expect absolute control and acquiescence. In 2004, as the Bush administration enacted the domestic leg of its policies to strangle Cuba’s economy and the European Union demanded that Cuba clean-up its treatment of dissidents, the revolutionary regime found a new economic survival strategy. Rather than accept defeat and crumble before the West, Castro tied the survival of Cuba to yet another oil rich and politically simpatico nation and leader. Relying upon his protégé and confidante, Hugo Chávez, Castro wagered the economic survival of his revolutionary legacy once again upon socialist solidarity.

Cuba’s alliance with Chávez, and the nation’s reliance upon aid and trade from this oil rich nation\(^4\) has prompted debate about the long term economic and political consequences of Cuba’s reliance upon a foreign power for trade and aid. While various Cuba scholars have noted the likely economic consequences and long term sustainability of trading Cuban doctors for Venezuelan oil, still to be examined are the human and social consequences of an economic development and trade policy that relies upon the export of people for oil and other forms of economic assistance. This presentation enters this debate by examining the emerging and human, economic, and sociopolitical consequences of a national economic program that exchanges human labor for resources and aid. To accomplish this goal, we focus our attention upon evidence that illuminates the likely benefits and drawbacks for Cuba of participating in agreements that dramatically alter the socially accepted arrangements of labor, emigration, and trade. Recognizing that “policies addressing one state concern may undermine another” (Eckstein, 2004: 315), we consider the political and human consequences of trading labor for oil through Bolivarian trade agreements. To consider these human and political consequences we present preliminary results of qualitative data from Cubans about their motivations for participating in and reactions to the exporting of professionals for Venezuelan aid and resources. Taken together the data presented here suggests the limits of a development strategy that has the state recruiting, managing, and ultimately benefitting from the sale of citizen’s labor to other states. We conclude this presentation by suggesting

\(^4\) Outside of the Middle East, Venezuela has the second largest reserves. Petroleum accounts for nearly eighty percent of the country’s total exports and about half of the government expenditures.
that the short term economic and political rationalities of the Venezuelan-
Cuban pacts are likely to collide with long term sustainable development
and key sociopolitical values.

**Brief Overview of the Cuba-Venezuela Alliance and their
Agreements**

The political and personal alliances between Cuba and Venezuela have
evolved into various formal trade agreements. In 2000, the two leaders
signed an accord in which Chávez agreed to provide Cuba with 53,000
barrels of oil a day at preferential prices from his country’s extensive oil
stock. In exchange, Castro pledged to supply Venezuela with 20,000 med-
ical professionals and educators. In August 2004, shortly after Chávez
easily won a referendum on his presidency, the agreement was expanded:
Venezuela now provides over 90,000 barrels a day and Cuba upped the
number of medical, public health officials and teachers to 40,000 in order
to help staff the increasing number of health care and teaching centers it
has in Venezuela. In April 2005, Castro and Chávez signed the Regional
Integration Project to further meld their countries’ respective economies
by ensuring an influx of Venezuelan capital (the Venezuelan state oil com-
pany and bank opened offices in Cuba) into the Cuban economy and pro-
viding for the Cuban purchase of US $412 million worth of heavily
subsidized goods from Venezuela that are critical to the well being of the
Cuban economy. While the evolving nature of these agreements and the
lack of public accountability practiced by each executive cloud the details
of the Cuba-Venezuela alliance, public records and scholarly sources
enable us to provide at least an overview of the economic arrangements.

The first formal negotiations between Chávez and Castro were codi-
fied on October 30, 2000, through an agreement entitled, the “*Convenio
Integral de Cooperación entre la República de Cuba y la República Boli-
variana de Venezuela,*” better known as the Integral Cooperation Accord
(CTP, 2004). For Venezuela, the primary export would be oil and petro-
leum products, while Cuba would offer doctors and health care workers,
as well as various health related supplies. Originally, Venezuela’s state oil
company would sell, at market prices, just over 50,000 bpd of crude oil
and gasoline to Cuba. These sales were made alongside three very favor-
able terms of payment made exclusive to Cuba within the Integral Cooper-
eation Accord (ICA). First, PDVSA would offer Cuba a 90 day short-
term financing on oil purchases, as opposed to the 30 day program to other buyers. Second, PDVSA allowed Cuba’s Central Bank to use IOUs when receiving petroleum shipments. Finally, long-term low interest financing plans were created and could be applied on up to 25 percent of the total value of oil shipments. In exchange, Cuba committed thousands of Cuban physicians and health care workers to live and work in disadvantaged areas of Venezuela (Barrionuevo and De Cordoba, 2004).

In 2001, the two presidents met in Caracas and amended the ICA to include cash payments for goods and services rendered through the agreement (CTP, 2004). The revisions also created a permanent market in Venezuela for additional goods manufactured by Cuba’s state-owned companies (CTP, 2004). Behind the scenes, even the stipulated 53,000 bpd of oil that was to be the maximum sold to Cuba was increased. By 2003, the Venezuelan press reported on internal PDVSA documents which stated that this amount had reached over 80,000 bpd (CTP, 2004). To “amplify and modify the Integral Cooperation Accord” (CTP, 2004), Venezuela and Cuba co-founded what is known as the Bolivarian Alternative for the Americas (ALBA), which was drafted in December 2004. To date, Bolivia, Nicaragua and Ecuador have agreed to join ALBA.5 Cooperation between Venezuela and Cuba under the Bolivarian Alternative for the Americas (ALBA) amounted to some USD 700 million in 2006 and is expected to total USD 1 billion in 2007.6 The main focus of the agreements signed in April 2005, were infrastructure, especially in the area of transportation such as air, maritime, and rail. Six months later, the two governments came together once again and agreed on 192 joint projects worth $800 million. Among these projects was the construction of 600 health clinics, 600 rehabilitation and physical therapy facilities, and 35 fully equipped medical centers in Venezuela with the assistance of Cuban medical personnel assistance. For its part, Venezuela agreed to send about 90,000 bpd of oil to Cuba (Suárez Salazar 2006). In January 2008, at the 7th Meeting of the Joint Committee of the Cuba-Venezuela Integral

5. For a partial analysis of the origins of ALBA, see http://www.alternativabolivariana.org.
Cooperation Agreement, the two countries signed agreements for an additional 76 projects totaling USD 1.3 billion in 2008.\footnote{“Cuba and Venezuela strengthen bilateral cooperation agenda,” http://141opecmeeting.venezuela.menpet.gob.ve/, January 18, 2008.}

Today, the number of Cuban professionals in Venezuela is estimated to be between 20,000 and 22,000 (Mesa-Lago 2007). These professionals include doctors and allied health professionals, as well as teachers, athletic coaches, and according to some sources, intelligence personnel and political consultants.\footnote{Figure is an estimate based on various sources.} According to 2007 data, Venezuela accounts for about 10.6% of Cuba’s exports and is the third most important export destination for goods after the Netherlands and Canada (EIU 2007). Nonetheless between 2000 and 2007, the value of Cuban goods exported to Venezuela rose by 17% from US$4.9 to US$28.3 million constant 2006 dollars (GMID 2007). The value of oil subsidies to Cuba has reached an estimated US$3 billion (Piñón 2007). For 2006 alone, oil subsidies are estimated at US$1.8 billion. Venezuela is Cuba’s main import partner and in 2006 accounted for about 23% of the total value of imports, second only to China (EIU 2007). According to Mesa-Lago (2007), excluding service exports, Venezuela accounted for 35.4% of Cuba’s total trade, with China a distant second at 14.9%. Cuba’s oil debt is estimated at about US$2.5 billion and total debt jumped 148% to US$15.4 billion. Mesa-Lago concluded that “Venezuela is approaching the role of the great subsidizer of the Cuban economy that the USSR played from 1960-2000” (2007: 19).

**Barrio Adentro: Cuba’s Medical Mission to Venezuela**

Over the past forty-five years, Cuba’s conduct of medical diplomacy has served as one of the most important tools for enhancing Cuban interest internationally, and as a tool to compensate for economic problems domestically. By the close of 2005, Cuban medical personnel were working in 68 countries across the globe. Over 10,000 students from developing countries were studying in Cuban medical schools.\footnote{Statement by Dr. Jose Ramon Balaguer Cabrera, Minister of Health of The Republic of Cuba, at the General Debate of the 59th World Health Assembly, 23 May 2006, Permanent Mission of Cuba in Geneva, http://www3.itu.int/MISSIONS/Cuba/DiscBalaguer230506ing.htm.}
The most significant and comprehensive Cuban Medical Mission is the one in Venezuela under the auspices of the Barrio Adentro program. Barrio Adentro is a key component of the social missions—there are over half a dozen missions raging from literacy campaigns, subsidized housing and basic commodities, to rural cooperatives—implemented by the Chávez government. Barrio Adentro was initiated in 2003 in direct response to a request by the mayor of the municipality of Libertador—a poor community in metropolitan Caracas—to the Cuban Medical Mission to assist with the shortage of health professionals working in community health centers. By July 2006, Barrio Adentro had built 1,612 primary care facilities (or modules), 139 diagnostic centers and 151 rehabilitation centers (Pan American Health Organization 2006, 47). By 2006, a total of 31,439 professionals, technical personnel, and health technicians were working in the primary care network, with over half being Cubans. According to the Pan American Health Organization, since 2003, the program has performed over 150 million consultations and saved over 18,000 lives (Pan American Health Organization 2006).

Analyses of Barrio Adentro, however, have noted some of the program’s deficiencies and shortcomings. Only about 20% of the proposed modules had been built by August 2007—2,708 of the 8,573 proposed in 2004. In addition, a substantial number of modules in Metropolitan Caracas have been closed due to faulty construction and breakdown of their sewer and drainage systems. Moreover, the Venezuelan Medical Federation (FMV) has repeatedly complained about the qualifications of the Cuban health professionals, and others have argued that Cuban doctors are used by the Chávez government as ideological tools to indoctrinate the Venezuelan people (Forero 2007a). Critics say Barrio Adentro has grown at the expense of the former health-care system and has yet to

10. For a description of each mission and their basic function, see http://www.misionesbolivarianas.gob.ve/. For critical analyses see, (Corrales and Penfold 2007; Muntaner, Guerra Salazar, Benach and Armada 2006; and Rodriguez 2008).
11. Modules are the basic Primary Care Units of the Barrio Adentro program. These simple structures are built of brick with two floors and a hexagonal shape. Each are normally manned by a single Cuban doctor, and a nurse, and in theory are to provide services to 250-350 families.
The attention the government gives to Barrio Adentro has also been an issue with Venezuelan public-health workers, who complain of low wages, shortages of basic supplies, and poor working conditions.

The Emerging Consequences of Cuban-Venezuelan Trade

There is no doubt that the Cuban economy has been boosted by Venezuelan oil subsidies and direct and indirect cash payments. Venezuela provides nearly all of the 61 percent of imported oil needed for the country’s domestic use (EIU 2007; Mesa-Lago 2007; Piñón 2007). Aside from very generous credit arrangements and reduced prices for oil (Cuba is estimated to pay between 34% to 66% of market value), the Cubans have received an estimated payment of between $10,000 to $14,000 per Cuban professional on temporary foreign contracts that are part of ALBA. Between 2004 and 2005, Venezuelan allowances and payments boosted Cuba’s tourism and service exports by 56% to about $4.2 billion (Mesa-Lago 2007). The Economic Intelligence Unit estimated that in 2006, Cuba earned as much $3 billion from professional services and that this revenue came almost exclusively from Venezuela. Other estimates have placed Venezuela payments to Cuba for trade and services somewhere between $550 and $600 million (CTP 2004).

The data from Cuba’s National Office of Statistics confirms the economic pay-off for Cuba of their participation in the Bolivarian trade accords. In 2006, the Cuban economy experienced the largest growth rate since the 1994 economic crash. While economist question the validity and degree of growth, it is clear that 2006 was an economically vibrant year for the Cuban economy and that much of this good news was due to Venezuelan trade and aid. Between 2004 and 2006, the value of domestic personal consumption increased by 16 percent (ONE 2007). During the same time period, revenues from the export of goods and services increased by 33 percent.

On the down side, generous credit allowances and direct and indirect payments for services from Venezuela have increased the country’s debt, foreign dependency, and fueled domestic inflation. Increased revenues in the hands of the population resulted in inflation that reached a high of nearly 6 percent in 2006 and spurred shortages of goods at retail markets (EIU 2007; Mesa-Lago 2007). Further, the generous trade credits from
Venezuela have increased Cuba’s foreign debt. Mesa-Lago (2007) estimated that Cuba’s external long term debt rose by 73 percent and that in 2005, Cuba’s debt to Venezuela reached over $2.5 billion. Cuban national statistics place the growth of their external debt at 26 percent.

Cuba’s trade of professionals for Venezuelan oil and aid has affected the supply of professionals on the island. On the positive end of the scale, Cuba’s export of doctors and other professionals has reduced what arguably has been a surplus of workers in this occupational sector. In 2006, the service and white collar workers comprised 61% of Cuba’s labor force (ONE 2007). According to the most recent labor force data, Cuba has the highest proportion of workers classified as professional, managerial, sales, or service workers in Latin American (ILO 2006). Even countries with a more developed economy and a larger service sector, such as Argentina, Panama, and Uruguay have fewer service and white collar workers. In Argentina, Panama, and Uruguay white collar and service workers comprise between 43 and 49 percent of the labor force. Only Venezuela comes close to having as high a proportion of workers in white collar or service occupations (61%). By contrast, about 76 percent of the U.S. labor force, a post industrial nation, is classified in the service or white collar categories.

Data on Cuba’s public health system suggests that the export of doctors to Venezuela has eroded Cuban citizens’ ready access to their neighborhood doctors. Between 2001 and 2003, the national statistics office reported a decline in the number of emergency room visits from 19,777 to 18,847. Starting in 2004, the number of emergency room visits started to rise again, and by 2006, the Cuban statistical office reported 22,247 emergency room consultations (ONE 2007). This 15 percent increase between 2004 and 2006 was most likely the result of decreased access to neighborhood doctors. A more detailed examination of Cuban government data about medical visits shows that between 2004 and 2006 emergency visits to policlinics increased 22 percent, from 10,446 to 13,394. In contrast during the same time period, annual private medical and dental consultation per inhabitant declined from 5.2 to 3.5 and from 3.5 to 1.6 respectively. During this time, visits to doctors on duty at hospitals increased from 1.8 to 2.0 (ONE 2007). This data supports reports from the media and our informants that Cubans’ easy access to their doctors has been eroded (Dorschner 2007; Lakshmanan 2005). Cuba watchers and Cuban
citizens have voiced concerns that one of the major achievements of the revolution, accessible public healthcare, is being eroded by the government’s export of Cuban medical professionals.

**Contracts and Consequences**

Interviews with Cuban doctors and their families provided details about the material and nonmaterial benefits and the conditions of their foreign employment contracts. Cuban informants on the island told us that doctors working in Venezuela were paid $160 per month. According to these sources, the employee’s family in Cuba received an additional $50 per month on a debit card. We further learned that every month, the Cuban government deposited 200 pesos in a Cuban bank account for the contracted professional. However, this bank account was frozen and the workers were told that they would have access to this fund only after they had successfully completed all the terms of their foreign employment contract. According to our informants, the foreign employment contracts were typically for three years and family members were only rarely allowed to have foreign assignments together. The contracted employee’s air travel was covered by the government, and every six months the worker was entitled to receive free air travel to Cuba to visit family on the island. We were also told by our informants that during their time in Cuba, the government stopped all payments to the foreign contract employee and their families.

Most informants told us that they did not pay for their food or lodging, but some said that they knew of some doctors in Venezuela who had to pay for their own food. As for their work and living arrangements while on foreign assignments, Cuban doctors were usually assigned in teams of at least two per location and could be placed with a family or in a neighborhood apartment near a clinic. These Cuban medical teams or household were allotted a computer and a 13 inch television with a built-in VCR. We were told by one source that at the end of their 3 year employment contracts, the team would divide-up and keep the allotted equipment. Nearly all informants talked to us about other job perks and inducements given to foreign workers as one of their motivations for joining the program. They noted that they were allowed to bring back to Cuba energy efficient non-communication electronic equipment and home appliances. While we were unable to see the “list” of specific items that
workers were permitted to purchase abroad for shipment home, Cuban workers who were or had been on foreign assignments told us that they could bring back to Cuba small capacity refrigerators, computers without internet connections, and televisions without antennas or satellite dishes. We were told that the workers could purchase these items in Venezuela with their own money and that during specified visits home, the government allowed them to bring the purchases back to Cuba for no charge. In addition, informants on foreign missions as part of ALBA and other programs told us that they could receive special rewards or prizes from the government for successfully completing their missions. We know of Cubans that after returning from their foreign missions received permits to buy a car or to *permutar* or trade-up to a better home.

The employment condition for Cuban professionals on foreign missions can be arduous and stressful. One informant noted that while the team she participated in had manageable responsibilities and workloads, other professionals had very long days in very dangerous areas. She noted that many doctors were given responsibilities for several hundred families in a neighborhood and had very poor facilities. She stated that her two person team looked after several families in the rural area that she was assigned to and that they attended to all of the families’ medical and health needs. She said that they worked six days per week. An informant who knew of several health care providers assigned to one of the slums on the outskirts of Caracas stated that these professionals had several hundred patients in a neighborhood as part of their regular load and that they had to work seven days a week under very difficult conditions. Still others who were observers at a clinic with Cuban doctors working as part of “*Operación Milagros*,” the program to perform pro-bono cataract surgeries for indigent patients in Cuba and throughout parts of Latin America, told us that Cuban eye surgeons performed on average about 35 operations per day and that “they seemed weary.”

Other sources substantiate the strenuousness of the workloads and responsibilities Cuban health workers on foreign contracts. A study of Cuban doctors on assignment in South Africa reported that doctors’ case-loads were heavy and ranged as high as 75 cases per day (Baez 2004). A recent Washington Post story (Forero 2007a) detailed the plight of a number of Cuban doctors in Venezuela and the rate of desertions among them. The article noted that 63 Cuban health professionals sought asylum in
Colombia in 2006, and an estimated 500 Cuban doctors worldwide have applied to a U.S. sponsored program to help medical personnel seek asylum in the United States. The article went on to state that although Cuban doctors received an average of $200 a month for their services, far more than the $15-20 they would receive in Cuba, a number of those who defected complained about the harsh working conditions. Some pointed to sharing crowded substandard housing with a dozen or more other health professionals. Others complained about facilities that were so understaffed that they would have to remain in the modules for 3-4 days without going home, working 15-17 hour days and treating hundreds of patients (Cesar 2007).

The Cuban doctors and other professionals on foreign employment contracts have been able to greatly improve their and their family’s quality of life. We know of Cuban workers on foreign assignments that received permits to purchase used cars with their earnings. These vehicles enabled these ex-foreign workers to resolve transportation problems and to earn some additional cash transporting other Cubans. We were also shown how some foreign contract employees improved the quality of their homes and apartments. We saw the home of one doctor on a foreign assignment that had been able to purchase new furniture and several new domestic appliances because of their earnings. Yet, another family told us about using their earnings to repair the roof of their home that had been leaking for years. We were also able to observe that the family of professionals with foreign employment assignments had access to better quality goods and products than the families of other Cuban professionals. We were told by several Cuban informants that securing a foreign assignment was a real financial asset for the family.

Regardless of migrant professional workers’ material motivations, many of these professionals expressed pride in their work abroad and in their service to other countries and people. Most Cuban professionals spoke with pride of the many people they helped and the families they served on their foreign assignments. Although it was not the prime factor, dedication to their work and to serving others was an intrinsic reward of foreign employment contracts. In addition to these motivations, professionals also said they were seeking or went on foreign assignments because they wanted to travel and know other parts of the world. One informant said that he intended to use his foreign assignments as an
opportunity to permanently leave the country. Media reports have confirmed that Cuban health workers use their assignment in Venezuela as stepping stones to defect to the United States (Forero 2007b).

Conclusions

In this paper, we reviewed Cuba’s trade agreements with Venezuela and presented a variety of data that examined the economic, sociopolitical, and real human consequences of Cuba’s trade agreements and arrangements with Venezuela. The socioeconomic data indicates that the Cuban economy and individual Cuban households have benefitted materially from the “oil for doctors trade.” Equally important, the macroeconomic indicators confirm that at least for the moment, the Cuban regime has been able to not just survive but improve the country’s economic prospects without having to acquiesce or even respond to western demands for domestic reforms that could ultimately challenge the existing political and economic system. As in the past, Cuba’s revolutionary government opted for an economic trade and development policy that tightly linked the country’s future to a politically simpatico oil rich nation. As in the past, the macro level indicators confirm that at least in the short term there is an economic pay-off to the regime’s increasing alliance and economic dependency upon Venezuela. At the same time, we presented macroeconomic and social indicators that specified why the export of Cuban professionals is not a sustainable development policy.

In particular, we presented indicators that showed how Cuban sources of revenue declined as the regime focused its attention on meeting the terms of Bolivarian trade agreement. Starting in 2004, Cuba reported a decline in tourism revenues and a decrease in industrial and agricultural production that have fueled a rise in imports. This is during the same time period in which Cuba focused its attention on trade with Venezuela and China, and reduced foreign joint ventures and direct investment in the country. This data suggests that as in the past, Cuba is emphasizing a single cash commodity and political solidarity at the expense of domestic economic diversity, development, and national independence. As suggested by other scholars this may prove to be a perilous gamble that links the country’s economic survival to the survival of Chávez as President of Venezuela and rising oil revenues.
Recent events in Venezuela should raise questions as to the sustainability of the relationship with Cuba. While Chávez remains in full control of the regime, the failure of constitutional reforms in December 2007 that would have allowed Chávez to run for office indefinitely means that unless changes are made to the Venezuelan constitution Chávez will be forced to relinquish power in 2013. The failures of the constitutional reforms and other political events have emboldened the opposition in Venezuela, which is expected to do well in municipal and gubernatorial elections to be held in November 2008. The revival of the opposition will put further pressure on Chávez to revise his foreign policy, including the subsidies it provides to Cuba. Additionally, there is growing opposition among Venezuelans to the give-a-ways to Cuba. At a time of growing inflation—ranging from 20-25 percent annually—and scarcity of basic goods such as milk, bread and rice, Venezuelans are questioning their government’s generosity abroad. Venezuelans also are questioning ties to the Caribbean Island. An editorial in the *El Nacional* newspaper said “Venezuela is being colonized by Cuba. For everything, the government looks to Cuba, consults with Cuba and tries to read the signs coming from Cuba. We cannot do anything without approval from Havana” (quoted in Robles 2003). While little to no change in Cuba-Venezuela relations is expected in the near future, the Cuban government must be concerned about the long-term implications of political and economic rumblings in their patron state. Just as the Soviet Union did not last forever, Chávez’s regime may not either, thus inflicting on Cuba another significant blow as the one experienced in the early 1990s.

Equally if not more important, labor and human rights organizations have already raised serious concerns about the export of human labor and the responsibilities of host nations to protect and assure the safety, security, and liberty of migrant workers (American Friends Service Committee 2008; United Nations 2008). As the presence of Cuban migrant workers has expanded throughout Latin American and other parts of the developing world, reports about the harsh working conditions and the restrictions of the contracted Cuban professionals’ individual liberties have mounted. Unlike the migrant labor force of other countries, the Cuban government recruits, organizes, controls, exports, and directly receives economic benefits from the export of these laborers. As such, it is likely to come under increasing international scrutiny for the arrange-
ments and treatment of this migrant labor force. Additionally, host countries are likely to be expected to protect and enforce the rights of these migrant laborers. In accordance with international declarations of human rights, countries that host Cuban workers should be expected to manage the requests of Cuban asylum seekers and the complaints of organizations seeking to protect these migrant laborers.

Finally, although Cuba has benefitted economically from exporting its reserve labor army of health and service professionals, this export has undermined key revolutionary programs and values. The data we presented suggested that the export of Cuban doctors and allied health professionals has decreased Cubans’ access to their neighborhood doctors. As media reports have already shown, the increasing export of Cuban doctors is undermining what many Cuban citizens point to as the shining achievement of the revolution. Eroding this revolutionary accomplishment, at the same time that migrant Cuban laborers and their families are exposed to the alternative lifestyles and ideas of their host countries is likely to further threatens citizens’ confidence in and support of the revolutionary regime. Cuban foreign workers witness and experience the daily material existence of professionals in other countries. These migrant workers recognize and openly discuss the material hardships and the limits placed upon their individual liberties in Cuba are unique to the island. At a time when the government is undergoing a transition in leadership, maintaining citizens’ trust is imperative to Cuban citizens’ support of and acquiescence to the ruling regime. It seems that Cuba’s economic policy that trades doctors for Venezuelan oil and aid, is undermining the support of the most educated citizens in the island.
Bibliography


