

CHAPTER 15

Cuba's Medical Diplomacy

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Abstract: Medical diplomacy, the collaboration between countries to improve relations and simultaneously produce health benefits, is a form of soft power that has major benefits for both countries involved and should be seen as a model for international relations. Cuba has adeptly used medical diplomacy since 1960 to garner symbolic capital (prestige, good will, and influence) way beyond what would otherwise have been possible for a small, developing country. This has helped cement Cuba's role as a player on the world stage. In the twenty-first century, Cuba's medical diplomacy has provided considerable material capital (aid, credit and trade) that has been crucial to keeping its economy afloat. Cuban medical diplomacy also poses a threat to the status quo in health service delivery and forces the re-examination of societal values. This paper will discuss why and how Cuba has conducted medical diplomacy, selected examples of Cuba's external reach in the twenty-first century, medical diplomacy as the Cuban threat, and some other results such as symbolic capital accumulation and its conversion into much needed oil and other material capital.

Introduction

One might ask, what is medical diplomacy and why does Cuban medical diplomacy matter? Medical diplomacy is the collaboration between countries to improve relations and simultaneously produce health benefits. It is a form of soft power that has major benefits for both countries involved and should be seen as a model for international relations. Cuban medical diplomacy matters because it has garnered symbolic capital (prestige, good will, and influence) for this small, developing country way beyond what would otherwise have been possible and has helped cement Cuba's role as a player on the world stage. Symbolic capital can be accumulated, invested and spent, and ultimately converted into material capital (aid, credit, and trade).¹ It also matters because this is the real Cuban threat. This threat to the status quo in health service delivery also forces the re-

examination of societal values. This paper will discuss why and how Cuba has conducted medical diplomacy; selected examples of Cuba's external reach, particularly in the twenty-first century; medical diplomacy as the Cuban threat; and some other results such as symbolic capital accumulation and its conversion into much needed oil and other material capital.

Cuba's Early Launch of Medical Diplomacy

Medical diplomacy has been the cornerstone of Cuban foreign policy and foreign aid since shortly after the triumph of the 1959 revolution. 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 an earthquake. Three years later, and with the US 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 scores of developing countries throughout the world both on a long-term basis and for short-term emergencies. Not only that, Cuba has provided free medical education for tens of thousands of foreign students in an effort to contribute to the sustainability of their assistance. One must ask why a country in the straits in which Cuba found itself would engage in such far-flung ventures?

Why Do It?

Because Cuba had received so much support from other countries and individuals during the early days of the revolution, the revolutionary government's health ideology explicitly recognized this contribution. It was

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1. For a more detailed discussion, see Julie M. Feinsilver, "La diplomacia médica cubana: cuando la izquierda lo ha hecho bien [Cuban Medical Diplomacy: When the Left Has Got It Right]," *Foreign Affairs en Español: Vol. 6 No. 4* (oct.-dic. 2006): 81-94. The English version is available at <http://www.coha.org/2006/10/30/cuban-medical-diplomacy-when-the-left-has-got-it-right/>; and Julie M. Feinsilver, *Healing the Masses: Cuban Health Politics at Home and Abroad*, Berkeley: University of California Press, 1993, Chapter 6: "Cuban Medical Diplomacy," pp. 156-195. Although the statistical data in the book are dated, the overall analysis has, as Dr. Peter Bourne indicated, "withstood the test of time." Personal communication from Dr. Bourne, Executive Producer of *Salud! The Film*, November 13, 2006.

considered Cuba's duty to help other nations less fortunate in an effort to repay a debt to humanity for the assistance they received. Cuba also has utilized medical diplomacy as an instrument of soft diplomacy, a way of winning friends and influencing people, and of capturing the hearts and minds of aid recipients. This is particularly important for geopolitical reasons because Cuba lives in a hostile neighborhood. The practice of medical diplomacy is a means of gaining prestige, influence, and goodwill (symbolic capital) and therefore, material capital. It also is a way of projecting Cuba's image abroad as increasingly more developed and technologically sophisticated and this is important in Cuba's symbolic struggle as David versus the Goliath of the United States.²

How has Cuba been able to conduct medical diplomacy?

Four key factors enable Cuba's medical diplomacy program. The first is political will and vision to focus on health as a basic human right and responsibility of the state. Taking this to the extreme, Fidel made the health of the individual a metaphor for the health of the body politic. Therefore, and the second factor, he made the achievement of developed country health indicators a national priority. Rather than compare Cuban health indicators with those of other countries at a similar level of development, he began to compare them to those of the United States. This is particularly true for the infant mortality rate and life expectancy at birth, which are considered to be proxy indicators for socioeconomic development because they include a number of other indicators as inputs. Among the most important are sanitation, nutrition, medical services, education, housing, employment, equitable distribution of resources, and economic growth. With this focus and intent, Cuba long since achieved health indicators comparable to those of the United States.

A third factor, and one that facilitated the achievement of developed country health indicators, is the establishment of a free, universal health care system that is widely respected in international health circles. It is even considered a model primary care based system that embodies the ideals and principles of the World Health Organization's Health for All declaration (Alma Ata, 1977).³ Although the Cuban model is far from per-

2. On the symbolic issues, see Feinsilver, *Healing the Masses*, particularly Chapter 1.

fect and there have always been certain deficiencies and shortages, its focus is on disease prevention and health promotion. Moreover, it has contributed to the production of good results. A fourth factor without which the conduct of medical diplomacy would be impossible is the overproduction of medical personnel, particularly doctors specifically for export. This was not just the creation of the sheer volume of doctors, but also it was a change in the type of practitioner. About twenty-five years ago medical education was changed to create specialists in Comprehensive General Medicine, a kind of specialized family doctor. These were precisely the type of physicians that could be sent out to the hinterlands of far-flung developing countries and work without all of the high-tech paraphernalia developed countries' doctors require.

From the beneficiary countries' side, some key factors are an insufficient number of doctors to meet their populations' needs, the mal-distribution of medical staff within the country both in terms of geographic location and specialization, the unwillingness of local physicians to practice where the Cubans are willing to serve, and the relatively low cost for solving their health care delivery problems by contracting the Cubans.

What does Cuba have to offer? Selected recent examples of Cuban medical diplomacy

At the dawn of the twenty-first century, Cuba already had a well-honed medical diplomacy menu of activities of great relevance to its beneficiaries. This was based on four decades of disaster relief activities, direct provision of medical care both in the host country and in Cuba, and training efforts at home and overseas to contribute to the sustainability of host country health systems. In more recent times, a key element in Cuba's medical diplomacy program was the establishment abroad of adaptations of the Cuban Comprehensive Health Program. What changed in Cuba's fifth decade of medical diplomacy was the scope of its program due to third-party financial support specifically for this purpose. This support

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3. Reference to an adaptation of the Cuban model to Venezuela in Pan American Health Organization, *Mission Barrio Adentro: The Right to Health and Social Inclusion in Venezuela* (Caracas, Venezuela: PAHO), 2006, quotation from the Foreword by Dr. Mirta Roses Periago, Director of PAHO in Washington, DC, pp. 5-6 passim.; see also, pp. 22-27 on Cuba's involvement in assisting Venezuela in the development of this program.

was either from Hugo Chavez' government in Venezuela in the large oil-for-doctors trade agreements, the South Africans for aid to some of their neighbors, or international organizations, the World Health Organization in particular, and bilateral aid agencies. Moreover, close to one hundred NGOs also provided support to further extend the Cuban programs' reach.⁴ What follows are a few selected recent examples of these phenomena. Historical data are available in my earlier work (See footnote 1).

Direct Provision of Medical Care and the Establishment of Cuban-model Comprehensive Health Programs Abroad

Cuban medical teams have worked in Africa and Latin America for decades. In April 2008 more than 30,000 Cuban medical personnel were working in 70 countries across the globe. More important, by 2005 they were making major changes in the practice and organization of health service delivery in a large number of countries by implementing Cuba's Comprehensive Health Program. The beneficiary countries are as follows: Botswana, Burkina Faso, Burundi, Chad, Eritrea, Gabon, Gambia, Ghana, Guinea-Bissau, Guinea-Conkary, Equatorial Guinea, Mali, Namibia, Niger, Rwanda, Sierra Leone, Swaziland, Zimbabwe, East Timor, Belize, Bolivia, Dominica, Guatemala, Haiti, Honduras, Nicaragua, Paraguay, and Venezuela. The Cubans also established Comprehensive Diagnostic Centers on the island of Dominica and on Antigua and Barbuda. Agreements also were reached between Cuba and Suriname as well as Cuba and Jamaica to bolster their health systems with Cuban medical personnel.⁵ And, in the Pacific Ocean, both the Solomon Islands and Kiribati have benefited from medical diplomacy programs with Cuba. In fact, since 2006 Cuba has supplied one third of the thirty doctors on Kiribati and the majority of doctors in East Timor.⁶ Although the actual numbers of Cuban doctors and allied health personnel working in these countries are small by comparison with those in Venezuela, their impact may be as great. This

4. See Feinsilver, "La diplomacia médica cubana." *Foreign Affairs en Español*.

5. <http://www.cubacoopera.com> and "Cubans to Help Boost Local Health Sector." *Jamaica Observer*, May 10, 2008. http://www.jamaicaobserver.com/news/html/20080510T0000000-500_135451_OBS_CUBANS_TO_HELP_BOOST_LOCAL_HEALTH_SECTOR_.asp.

6. Peter Boyle, "Solomon Islands: Cuban Doctors a 'Blessing'" 22 June 2008. <http://www.greenleft.org.au/2008/756/39090>

is particularly true where they comprise a large proportion of the total medical professionals population. It is also the case where they have considerable influence over the type of overall health care programs and system the countries adopt.

In a narrower form of direct provision of health care and with a little help from a Venezuelan friend through Operation Miracle, Cuba also has provided vision-saving and restoring surgery for tens of thousands of Latin Americans and Caribbean nationals, including among others, Argentines, Uruguayans, Panamanians, Peruvians, Jamaicans, Bolivians, Venezuelans, and Ecuadorans. For obvious reasons, this program has been extremely popular among the disadvantaged populations of beneficiary countries. Anecdotal reports abound from various countries on the joy of renewed eyesight, including from people previously opposed to the Cuban government, including the Bolivian soldier who killed Che Guevara. That is quite an irony.

Throughout the years, Cuba also has provided free medical care in its hospitals for individuals from all over Latin America (and the world) and not just for the Latin American left. For example, over a ten-year period, 18,000 Russians and Ukrainians were also treated free of charge in Cuba, many for post-Chernobyl radiation-related illnesses.⁷ That a developing country like Cuba has been providing health care for citizens of a former superpower is symbolically important.

The Venezuelan Connection: Barrio Adentro⁸

Clearly, Cuba's largest and most far-reaching medical cooperation program ever is with Hugo Chávez's Venezuela. The two countries signed an oil-for-doctors trade agreement in 2000 and renewed it in 2005. These accords allow for preferential pricing for Cuba's professional services

7. Aleksei Aleksandrov, "Health Care: The Secrets of Cuban Medicine," *Argumenty i Fakty* (mass-circulation weekly), Moscow, Russia, Sept. 17, 2003 reprinted in December 2003 issue of *World Press Review* (VOL. 50, No. 12). <http://www.worldpress.org/Americas/1659.cfm#down>

8. Julie M. Feinsilver, "Médicos por petróleo. La diplomacia médica cubana recibe una pequeña ayuda de sus amigos [Oil-for Doctors: Cuban Medical Diplomacy Gets a Little Help From a Venezuelan Friend]," *Nueva Sociedad* (Buenos Aires): Núm. 216 (Julio-Agosto 2008): 107-122. The English version is available at www.nuso.org/revista.php?n=216.

exports 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 un-served and underserved communities within Venezuela (30,000 medical professionals, 600 comprehensive health clinics, 600 rehabilitation and physical therapy centers, and 35 high technology diagnostic centers, 100,000 ophthalmologic surgeries, etc.), but also provides similar medical services in Bolivia on a smaller scale at Venezuela's expense as part of the Bolivarian Alternative for Latin America, a Venezuela originated trade and mutual aid grouping that, as the name implies, is an alternative to the United States' backed free trade agreements. An additional recent agreement includes the expansion of the Latin American and Caribbean region-wide ophthalmologic surgery program (Operation Miracle) to perform 600,000 eye operations over a ten-year period.

The main medical aid programs through which Cuban assistance in the provision of integral health services throughout Venezuela is channeled are the Barrio Adentro programs (Barrio Adentro I and Barrio Adentro II). The 2006 PAHO study estimates that as a result of Barrio Adentro, close to one hundred percent of the population had access to primary health care services in 2006. Inputs to the program as of March 25, 2006 included a total of 31,390 medical personal (mostly doctors) providing services through Barrio Adentro I, the comprehensive primary care program. Of that number, 23,382 were Cubans (of which 15,356 were doctors) and the 8008 were Venezuelan (of which 1234 were doctors). Among the outputs of these Cuban "medical diplomats" were 171.7 million medical consultations conducted, of which 67.9 million were carried out in the communities (schools, workplaces, and homes). They also visited 24.1 million families at home, something previously unheard of on that scale and in those locales. Moreover, these personnel provided 103.1 million health educational activities as well. Key childhood mortality and morbidity trends tracked by PAHO indicate net declines in rates during the period of Barrio Adentro, attributing some portion of those declines to the Barrio Adentro program.⁹

9. PAHO, *Mission Barrio Adentro*, p. 92-94, and 116-121.

During the same period, under Barrio Adentro II, which provides medical diagnostics and physical therapy and rehabilitation, 10,856 histological exams were conducted, 84.4 million clinical laboratory exams were done, 808,153 CAT scans and 47,454 nuclear magnetic resonance exams were performed, among others activities. The newly established Integrated Diagnostic Centers (CDI) had handled 886,609 emergency room visits and performed 7.2 million diagnostic exams; and the Integrated Rehabilitation Centers also established under Barrio Adentro II handled 520,401 rehabilitation consultations and applied 1.6 million rehab treatments. Although these outputs do not indicate what the health impact is on the population, they suggest improvements in the health of the population attended through disease detection and physical rehabilitation.

The magnitude of Cuba's contribution to Barrio Adentro should not be measured just in the sheer number of doctors and other medical personnel deployed, health establishments created, medical interventions performed. More importantly, it should be viewed with regard to the effort to transform the practice of health care delivery, the role of community participation, and the role of the state in Venezuela as corroborated by the PAHO study.¹⁰

Medical Training

Since the 1960s, Cuba has provided free education, including medical education, to students from other developing countries. However, this effort increased dramatically after Hurricane Mitch in Central America in 1998. The support Cuba provided to the affected Central American countries highlighted the need to increase the medical training opportunities for the local populations. This would contribute to the sustainability of any support Cuba provided. Therefore, the following year Cuba opened the Latin American Medical School (ELAM) in Havana. In the 2006-2007 academic year, 24,621 foreign medical students were enrolled at ELAM.¹¹ The six-year medical school program is provided free for low-

10. *Ibid.*, pp. 27-29 and 127-130.

11. *Cuban Cooperation*. Website of the Cuban Governmental Cooperation in the Health Sector. www.cubacoop.com.

income students who commit to practice medicine in underserved communities in their home countries upon graduation.

Medical education was also part of the Cuban-Venezuela cooperation agreements whereby Cuba agreed to train 40,000 doctors and 5,000 healthcare workers in Venezuela and provide full medical scholarships to Cuban medical schools for 10,000 Venezuelan medical and nursing students. During ELAM'S first graduation in August 2005, Venezuelan President Hugo Chávez announced that his country would establish a second Latin American Medical School, so that jointly with Cuba, the two countries will be able to provide free medical training to at least 100,000 physicians for developing countries over the next 10 years. The humanitarian benefits are enormous, but so are the symbolic ones. Moreover, the political benefits could be reaped for years to come as students trained by Cuba and Venezuela become health officials and opinion leaders in their own countries. Today, some of the 50,000 foreign scholarship students who trained in Cuban universities as doctors and nurses in various medical disciplines since 1961 are now in positions of authority and increasing responsibility.¹²

Disaster Relief Activities

Some recent examples of disaster relief efforts include a 35 member medical team and 4.5 tons of medical aid sent to Chengdu, China after the May 2008 earthquake and subsequent floods.¹³ Shortly after the May 2007 earthquake in Java, Cuba dispatched a 135 person medical team and all the necessary supplies to establish two field hospitals. The Javanese asked the Cubans to remain another six months to provide primary care since the Indonesian government provided little. Regional Health Coordinator Dr Ronny Rockito told the BBC that “the Cuban hospitals are fully complete and it's free, with no financial support from our government. We give our special thanks to Fidel Castro..... We felt very surprised about doctors coming from a poor country, a country so far away that we know little about.”¹⁴

12. *Prensa Latina*, April 11, 2008.

13. “Cuban Medical Aid Arrives in China,” *Mathaba.Net*, May 28, 2008. <http://mathaba.net/news/x=593555>.

Cuba also sent approximately 2500 medical personnel, supplies, medicines, and fully equipped field hospitals to Pakistan after the October 2005 earthquake. That medical mission remained in country providing both disaster relief as well as routine medical care. After the tsunami in December 2004, Cuba sent medical assistance to Indonesia and Sri Lanka, where again the team remained well beyond the immediate disaster relief stage to provide routine health care. A number of doctors who had served in the post-tsunami medical brigades also went to Pakistan and Java thereafter. In what might be seen as the most symbolically significant case of Cuban medical diplomacy in recent years was an offer to send 1500 doctors trained in disaster relief work to the United States after Hurricane Katrina. The Bush administration refused the offer, which could have led to joint efforts of Cuban and US doctors working side by side. Who knows what potential diplomatic good might have come from that type of collaboration? In any event, the symbolism of a poor, developing country offering assistance to the world's superpower and its arch-enemy of almost half a century, was truly striking.

Concluding Remarks

Over the past half century, Cuba's conduct of medical diplomacy has improved the health of the less privileged in developing countries while improving relations with their governments. Currently Cuban medical personnel are collaborating in 70 countries across the globe. Consequently, Cuban medical aid has affected the lives of millions of people in developing countries each year. And to make this effort more sustainable, tens of thousands of developing country medical personnel have received free education and training either in Cuba or by Cuban specialists engaged in on-the-job training courses and/or medical schools in their own countries. Today, with over 10,000 developing country scholarship students studying in Cuban medical schools, Cuba's influence over future generations of health officials will increase considerably. Furthermore, Cuba has not missed a single opportunity to offer and supply disaster relief assistance irrespective of whether or not Cuba had good relations with that government.¹⁵ This is a remarkable use of soft power by a devel-

14. Tom Fawthrop (in Java), "Cuba Doctors Popular in Quake-Stricken Java," *BBC News*, 18 August 2006, <http://news.bbc.co.uk/2/hi/americas/4792071.stm>.

oping country and a civilian aid program more befitting a highly developed country. Indeed, it should be emulated.

Cuba's success in this endeavor has been recognized by the World Health Organization and other United Nations bodies, as well as by numerous governments, at least 70 of which have been direct beneficiaries of Cuba's largesse. It also has contributed to support for Cuba and rebuke of the United States in the United Nations General Assembly where for 16 consecutive years Members voted overwhelmingly in favor of lifting the US embargo of Cuba. In fact, only Israel, Palau and the Marshall Islands have supported the US position in recent years.¹⁶ Since the rise of Hugo Chavez in Venezuela, Cuba's medical diplomacy has been bolstered by trade with and aid from Venezuela in a large-scale oil for doctors exchange that is reported to have transferred around US\$2.3 billion dollars to Cuba in 2007. The rise of medical diplomacy as a technical assistance or services export business is considered the real bright spot on Cuba's economic horizon.¹⁷

Recognizing the political and economic benefit to Cuba of its medical diplomacy program, in August 2006 the U.S. government formalized efforts to thwart it by offering fast-track asylum to Cuban doctors providing medical aid in third countries. The Cuban Medical Professional Parole Program has encouraged more defections and even has provided a reason for some Cuban doctors to go abroad in the first place, many 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.¹⁸

Cuba's own population, however, has expressed increasing dissatisfaction about the quantity of medical staff that go abroad and leave their health facilities and programs with insufficient staff despite the impres-

15. Feinsilver, "La diplomacia médica cubana," *Foreign Affairs*.

16. http://secap480.un.org/search?ie=utf8&site=un_org&output=xml_no_dtd&client=UN_Website_English&num=10&proxy_stylesheet=UN_Website&oe=utf8&q=vote+on+US+embargo+of+Cuba&Submit=Search.

17. Remarks by Carmelo Mesa-Lago at the CUNY Conference, "A Changing Cuba in a Changing World."

18. Mike Ceasar, "Cuban Doctors Abroad Helped to Defect by New U.S. Visa Policy," *World Politics Review* (August 1, 2007).

sive ratio of doctors to population. This is particularly acute because of the massive deployment of family doctors to Venezuela as well as other countries. Ironically, Venezuelans also began to complain about the same issue when a number of Cuban doctors were redeployed to Bolivia. Populations that quickly grow accustomed to having easily accessible doctors on their blocks or at least in their communities have had rising expectations about their access to health services. Their unfulfilled expectations could lead to de-legitimization of the state. For this reason as well as more altruistic health concerns, Raúl Castro announced in April a revamping of Cuba's family doctor program to make it more efficient and effective.

Cuban medical diplomacy is a great benefit to the recipient countries, but also a threat. The threat lies in the fact that Cuban doctors serve the poor in areas in which no local doctor would work, make house calls a routine part of their medical practice, and are available free of charge 24/7. Because they do a diagnosis of the community and treat patients as a whole person living and working in a specific environment rather than just clinically and as a specific problem or a body part, they get to know their patients better. This more familiar approach is changing expectations as well as the nature of doctor-patient relations in the host countries. As a result, Cuban medical diplomacy has forced the re-examination of societal values and 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 some cases, such as in Bolivia and Venezuela, this threat has resulted in strikes and other protest actions by the local medical associations as they are threatened by these changes as well as what they perceive to be competition for their jobs. As Cuba's assistance concentrates more on the implementation of some adaptation of their own health service delivery model, the threat will become more widespread.

Since the outset of the Cuban revolution, the government has skillfully utilized medical diplomacy to capture the hearts and minds of aid recipients. Medical diplomacy has been a critical means of projecting Cuba's image abroad as an increasingly more developed and technologically sophisticated country. It thereby gained prestige and goodwill (symbolic capital), which has been translated into diplomatic support at United Nations agencies and elsewhere. This symbolic capital has been parlayed into a very lucrative trade deal with Venezuela (material capital), among

others, including various oil-producing Middle Eastern countries. Moreover, this use of soft power has allowed Cuba to maintain a presence on the world stage much greater than its socioeconomic status would suggest.

