CHAPTER 4

Good-Bye *Che*?: Scope, Identity, and Change in Cuba's South–South Cooperation

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Introduction

Since the 1960s, Cuban South–South cooperation (SSC) has been a cornerstone of the regime's revolutionary foreign policy. More than just a framework for collaboration, it has been a political strategy for the legitimacy and consolidation of the Cuban state, and a tool for shaping and promoting an endogenous "Third Worldism" ideology rooted in anti-colonialism, anti-imperialism, and international solidarity principles.

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As several scholars have suggested, Cuban internationalism is widely recognized and appreciated "from A to Z," from Antigua to Zimbabwe, and from the proximities of Haiti to distant East Timor—that is, both in Latin America and in a surprising number of African and Asian countries (Kirk and Erisman 2009, 167). Despite its small size and the limits of its demographic and socioeconomic conditions, Cuba's international cooperation includes a remarkable roster of partner countries that have benefited from its several projects and scholarships. These have been confined mainly to the areas of education and sports, as well as agriculture, military, and culture. There is no doubt, however, that the uniqueness of Cuban cooperation relies heavily on what has been called its "medical diplomacy" (Feinsilver 1993).

Based on the specialized literature on the topic, as well as on insights and results from in-depth fieldwork conducted in Venezuela, Bolivia, Ecuador, and Cuba over the period 2008–2012, this chapter provides an analysis of Cuba's SSC, with a focus on its contemporary relationship with Latin America and the Caribbean, especially with the members of the Bolivarian Alliance for the Peoples of Our America (ALBA-TCP). Employing a sociohistorical and international political economy perspective, the authors critically engage with diverse explanations of the scope and the motivations behind Cuba's cooperation over the past few decades. International and regional levels of analysis are used, as well as consideration of the main domestic factors that have influenced the orientation of Cuban international cooperation, including its peculiar political and cultural identity.

This chapter argues that Cuba's engagement in Latin America, the Caribbean, and areas around the world through its internationalism has been vital to the country on several fronts, particularly after the collapse of the Soviet bloc. In the domestic realm, it has allowed the nation to cope with economic difficulties and to strengthen the regime's hegemony, forging a positive image and a revolutionary identity for the Cuban people. In the regional and international context, Cuban cooperation has meant improvements in terms of political ties, prestige, and recognition from developing countries on the basis of solidarity and humanitarian principles. This is, in short, a well-known "soft-power" argument that facilitates understanding Cuban internationalism.[1]

Nevertheless, going beyond this approach, the chapter further argues that the transition the country is currently undergoing, and its full reinsertion into the Inter-American system, are likely to reshape Cuba's

SSC dynamics. In particular, evidence is provided that the character of Cuban medical diplomacy since the 1990s has been gradually shifting from a predominantly political and humanitarian character to a more economic and market-oriented approach, as reflected in Cuba's remarkable earnings from the export of medical services. Paradoxically enough, given that it has rhetorically revitalized Cuba's revolutionary legacy, the chapter suggests finally that a milestone in this shift has been the increased collaboration with the Bolivarian Republic of Venezuela that currently hosts more than 50% of expatriate Cuban collaborators.

Explaining Cuban Internationalism

More than 20 years ago, Susan Eckstein bluntly posed the question: "Why did Cuba offer such extensive foreign aid … when other Third World countries did not, when domestic economic problems were far from resolved, and when the government itself was a recipient of foreign aid?" (2003, 181). Countless and at times odd hypotheses have been formulated to explain Cuban internationalism: from Fidel Castro's ego to a strategy of exporting the revolution or rather pharmaceutical products. Recently, Brotherton updated Eckstein's query in these terms: "… [H]ow can we conceptualize the fact that a small, resource-poor nation such as Cuba has become a leading figure in delivering 'humanitarian biomedicine' to the world's poor?" (2013, 131).[2]

Indeed, this is the core question of an intriguing and sometimes highly ideological and subtly politicized debate. In the same vein, both at the beginning and at the end of their study, Kirk and Erisman discuss the aims and reasons behind Cuban efforts abroad. But as these authors note, "… seeking a simple and straightforward rationale for Cuba's medical internationalism is no easy matter" (2009, 178).

In the most comprehensive studies on the topic, a whole set of interpretations have been suggested. This is the case, for instance, of the works of Feinsilver, Eckstein, and Kirk and Erisman. Although these interpretations concur on many points, it is interesting to highlight the differing manner in which these authors explain the interplay among the different factors behind Cuban internationalism through time and space.

Through the lens of a realist approach, none of the scholars mentioned reject or overlook the link between the political and security concerns at stake for the Cuban regime's survival and its international cooperation strategies. Nevertheless, there is some divergence regarding the weight assigned to these concerns as a significant driver of Cuban SSC policy.

Nor do they underestimate, especially regarding the 1960s and 1970s, the ideological elements in both the background of the Cuban revolutionary elite and the Cold War and decolonisation world context.[3] But then again, political and moral value judgements, most of the time implicit, vary greatly across the literature.

Equally important, there has been a debate in Cuba and outside of it on whether its efforts of international cooperation have brought clear and tangible benefits. This debate started during the 1970s and has been much more recurrent since the 1990s. Nevertheless, no agreement has been reached among scholars. Ultimately, almost every informed researcher acknowledges that besides a "genuine humanitarianism," "revolutionary fervor," or a "moral economy" in the Cuban approach—not unlike other Northern and Southern cooperation models and practices—a truly political economy of Cuban internationalism has been present nearly since the beginning, despite not being a capitalist one until very recently. Once more, according to several authors, its functioning and evolution are rather diverse.

Although Kirk and Erisman (2009, IX, 17, 180) adopted Nye's traditional soft-power approach, since 1989 Julie Feinsilver has used Bourdieu's theory of "symbolic capital" to explain the Cuban case.[4] In either theoretical interpretation, the basic idea is that medical internationalism has helped the Cuban government improve its political and economic ties worldwide and gain substantial support inside international organizations against the United States (US) embargo and other anti-Cuban policies. Conversely, this broad and positive reputation has been widely used by the regime to strengthen and legitimate itself domestically.[5] In this sense, the studies provide a great deal of evidence.

Although Feinsilver (2013, 106) stresses a mix of idealism and pragmatism, according to Kirk and Erisman (2009), there is no need for prioritizing certain motivations over others in order to explain the fundamentals of Cuban internationalism:

> In sum, pursuing and strengthening international alliances is indeed a key factor of this policy—but so too is a genuine spirit of human solidarity. As such, the analytical dynamics involved here do not revolve around making a sharp distinction between some sort of rigid hierarchical prioritization regarding state humanitarianism and status/soft power concerns. Instead, they need to be seen as complementary and mutually reinforcing; in particular, humanitarian policies tend to generate the moral authority from which soft power flows, while soft power's need for moral authority tends to

> promote and strengthen a dedication to humanitarian endeavors. These two considerations of medical internationalism do not, in other words, function as disparate policy-shaping variables but are rather inextricably intertwined as two sides of the same medical cooperation coin that can also … contribute to Cuba's interest in enhancing its effective sovereignty. (181–182)

Yet, it is argued here that in this way these authors are missing a central point. As the following makes clear, the suggestion is that the soft-power and "symbolic capital" explanations are correct but incomplete, and that they probably will be superseded in due time.

The assumption is that Cuban internationalism has undertaken a major shift in nature and scope in the last 15 or 20 years. In terms of foreign policy, it will continue to pursue political and diplomatic goals. Similarly, Cuban professionals will keep on with humanitarian actions. Nevertheless, the transformation of Cuban SSC into a medical services export, propelled by a market-driven logic, probably will change both its international status and its significance in the domestic realm. Although there is not necessarily an incompatibility between diplomatic goals, humanitarian and ideological principles, and even some economic benefits, doubts arise when considerable amounts of money are at stake.

As soon as the early 1990s, Eckstein noted that since the previous decade Cuba's medical internationalism had begun to be notably commercialized. She argued that "[a] fine line evolved between medical aid provided in a disinterested manner and profiteering from sales of Cuban medicines" (2003, 193). However, the first real divide from the past can be seen during the 1990s crisis, when the new international landscape and the harsh domestic economic situation after the Soviet Bloc collapse "… led Castro to attempt to redefine the meaning and purpose of internationalism" (Eckstein 2003, 201). Fortunately, Cuba's health sector had been developing to such an extent that both medical products and services could be used domestically and abroad to meet at least part of the hard currency needs of the regime (Eckstein 2003, 196).

As a medical anthropology perspective reveals, by capitalizing its medical know-how and personnel "… the state is making commodities (rather than gifts) out of the very things that have served as the symbols of its success" (Brotherton 2013, 131).[6] According to Brotherton, this twist is bringing considerable material and discursive changes in Cuban medical internationalism. This author notes that linkages between humanitarianism and political and economic agendas are quite diffused over the world,

and even that "[t]he commodification of humanitarianism is not a radical departure from Cuba's foreign aid policies of the past" (Brotherton 2013, 147). He also contends, however, that it would be better to consider Cuban SSC as a form of "transactional humanitarianism," that is to say, "… an assemblage of traveling actors, experts, practices, and specialized knowledge that are collectively marketed under the umbrella term 'humanitarian', yet are ostensibly embedded in market relations and shifting moral values of exchange" (2013, 131).

Accordingly, although this approach does not exclude traditional foreign policy and political considerations, it has been found to be particularly useful to highlight some important transformations that are taking place at the micro-sociological level of Cuban cooperation. The central point claimed by Brotherton (2013) is that what is drastically changing is the moral and ideological basis of Cuban internationalism; in his own words:

> … [T]*he moral economy of the gift, as creating bonds of solidarity, is increasingly being called into question*. … Physicians, traditionally understood to possess no economic value, but who impart their knowledge and expertise through a moral imperative of socialism, are now entangled in an economy of exchange. The surplus of Cuban-trained physicians who were supposed to cure the social ills of society and work to foster socialist morals and values are now luxury commodities, like those advertised in Cuba's health tourism campaigns … bartered and contracted out to foreign destinations to serve as accessible, affordable medical labor. This characterization of the revolutionary physician as a commodity for export speaks to another kind of a moral economy of exchange that warrants further consideration. (144–145)[7]

While the next section provides a short overview of Cuba's international cooperation practices from the period in which the revolutionary regime came to power to the beginning of the twenty-first century, the sections that follow it show how the Cuban reengagement in Latin America, and especially with its ALBA-TCP key ally (i.e. Venezuela) has reinforced this shift during the last decade despite humanitarian and even revolutionary claims.

Key Elements of the Cuban SSC "Miracle": Ideology, Identity, and Solidarity

The text here highlights the nature of Cuba's internationalism, identifies its scope and features, and details the reasons for its resounding success.

The starting point is that Cuba's international cooperation has been deployed since the 1960s as an integral part of the Castro regime's foreign policy and political will to forge a distinctive national revolutionary identity. The Cuban cooperative framework adopted particular facets over time to adapt to both the complex challenges of a changing international landscape and Cuban domestic needs. In this sense, as Carlos Alzugaray states, it is clear that the Cuban regime's "anti-hegemonic" foreign policy since 1959 has been inextricably linked " … to the island's national interest of maintaining its independence, sovereignty and self-determination, none of which can be achieved in an international system dominated by one or a small number of big powers" (2015, 18). Likewise, as suggested by Jorge Domínguez (1989) in the title of his milestone book, the main goal of Cuba's foreign policy has always been "to make the world safe for the revolution" in order to safeguard its own survival.

During the 1960s and part of the 1970s, Havana's policies mainly responded to a blend of revolutionary fervor and nationalism that resulted in a compelling commitment to support Third World countries in their fight towards independence. Cuba's cooperation in this period targeted revolutionary governments, guerrillas, and liberation movements in Latin America and Africa threatened by Western external aggression or attempts to overthrow Western regime allies. The main ideational factor behind Cuba's external assistance emerged from its own experience: without the support of the Soviet Union, the Cuban socialist revolution would have had minimal chances of survival against the United States.

Accordingly, Cuba sought to support Third World countries by giving them similar opportunities for resistance (Grabendorff 1980, 9). This does not mean, however, as a consistent body of literature has widely demonstrated, that Cuba acted in Africa as a USSR proxy. Moreover, it is also important to highlight that the logic behind Cuba's involvement in Africa went beyond geopolitical interests and was justified by the government, drawing on past symbolism as a means of recalling the country's historical debt to Africa and the cultural African roots of its population (Eckstein 2003, 186).

Although Cuban cooperation in Africa essentially took the form of military assistance, including the provision of training, funds, volunteers, and arms to guerrilla movements or revolutionary regimes, it also consisted of post-conflict assistance for internal stabilisation in the fields of education, health, and national infrastructure. An emblematic example of this kind of support was the assistance provided in 1961 and 1962 to the

National Liberation Front (FLN) in Algeria in its war for independence from France and in the context of a border conflict with Morocco in 1963. Besides military aid, Cuba sent its first medical brigade with doctors, nurses, dentists, and health technicians who set up a health plan system in Algeria (Kirk 2015, 21).

This mission represented the first significant medical cooperation involvement for Cuba during the Cold War. This would then be replicated in other African countries such as Mali (1965), the Congo (1965), and Guinea Bissau (1966), among others (Kirk and Erisman 2009, 70–76). During the same period, Chile benefited from Cuba's medical expertise after the earthquake that took place in the southern region of the country in 1960, despite Chile's right-wing government of the period (Kirk 2015, 19).

Since its involvement in Africa, Cuba's international collaboration has projected a positive image in most Third World countries and with new leftist movements. As Grabendorff argued, "… most African states view Cuban intervention in Africa as help in achieving independence through self-help rather than as a step toward the type of dependence which would result from a similar commitment by the super-powers" (1980, 5). Thus, in the wake of its revolutionary internationalism, Cuba's government, particularly the persona of Fidel Castro, became relevant actors in Third World politics. The city of Havana hosted several important meetings during this period, including the Tricontinental Conference (1966) and the Sixth Summit of the Non-Aligned Movement (1979). Additionally, it was over this period that the operational foundations of Cuban medical missions were developed. This marked the beginning of a long record of internationalism that witnessed an impressive expansion in the decades that followed.

After Che Guevara's death in 1967, Castro's government decided to abandon its initial broad strategy of supporting Latin American guerrilla movements. Nevertheless, Cuba continued to assist liberation movements in Africa and elsewhere during the 1970s and 1980s, and it supported Nicaragua's *sandinistas* (members of the Sandinista National Liberation Front party) when they came to power in 1979. Cuba's internationalist approach, however, adopted new features during this period, considered the "golden age" of the country's foreign policy. Its close ties to and economic support from the Soviet Union allowed the island to develop welfare programmes mainly in the fields of public health and education (Alzugaray 2015, 186). As a consequence, military assistance was slightly

reduced or complemented with civilian cooperation, which eventually became one of the central aspects of Cuba's external collaboration.

In this way, Cuban medical cooperation greatly expanded in the 1970s and 1980s and broadened to other fields to include full scholarships for studies in medicine, training of university teachers and sports specialists, construction of infrastructures, cultural cooperation, and technical assistance in establishing faculties of medicine in Third World countries.[8] Cuba's foreign policy strategy in Latin America sought to improve its diplomatic relations with the many countries of the region with which it had broken ties in the early 1960s.

The most reliable empirical data shows the following figures that summarize Cuban's international cooperation success, according to Domínguez (1989), during this period:

> By the end of 1986 more than 250,000 Cubans had served in Africa on a military and civilian basis. … By mid-1987, 24,000 scholarship students were in Cuba from 82 countries (up from 21,000 from 69 countries in 1980). … There were 4500 Cuban teachers abroad in 20 countries in 1983. … By early 1987 more than 20,000 Cuban teachers had served overseas. … In 1983, 3044 Cuban health workers … were posted in 27 countries. … In all, about 8 percent of Cuba's doctors and 2 percent of its nurses and health technicians were overseas. (171–172)

It is also worth noting that although most of Cuba's collaboration abroad was free of charge for the recipient countries, from the end of the 1970s a relevant initial shift in the logic of its internationalist practices took place. With an important drop in world sugar prices, an increasing debt with the West, and significant hard currency needs, Cuba took into account economic considerations in its international relationships and began charging for its services according to the countries' ability to pay (Eckstein 2003, 189). This was especially evident in the case of construction and health contracts (Domínguez 1989, 175).

It is estimated that internationalism generated US$50 million in hard currency for Cuba in 1977, which represented approximately 9% of the value of its commodity exports. As for oil-rich Arab nations such as Libya and Iraq, Cuba charged them in hard currency. For instance, in 1981 the island would have received some US$250 million from Angola as part of its military and civilian aid and about US$100 million from Algeria, Libya, and Iraq from construction and technical aid contracts the same year (Eckstein 2003, 189).

Economic benefits derived from Cuba's assistance abroad also helped the country set the basis for the development of closer trade ties and exchanges with countries to which it provided aid, and as a result, its trade balance with Third World nations became positive (Eckstein 2003, 191). In addition, what is known as "tied aid practices" were occasionally part of Cuba's internationalism, particularly concerning educational missions—with the exportation of textbooks to Nicaragua and Angola, for instance—and construction contracts tied to cement acquisitions on the part of the recipients (Eckstein 2003, 192).

In sum, according to some analysts, Cuba's foreign policy until 1990 resembled that of powerful countries in the international system. However, with the collapse of its key economic and political ally, the Soviet Union, the Cuban government was forced to adjust to a new international scenario and to reconsider its orientation in a capitalist world economy, given its need to establish austerity measures against economic collapse. It became increasingly difficult for the country to maintain such an active international solidarity policy. Military operations ceased and teachers, physicians, and construction workers who had volunteered abroad gradually returned (Pérez 2006, 381–387). More relevant, as Andaya notes, were the economic difficulties faced by Cuba during the "Special Period in Time of Peace"—as Castro called the early post-Soviet era—that forced the state, as well as doctors and individuals, to operate in a global market economy and to be open to "… new significations that highlight the shifting material and moral economies of post-Soviet Cuba" (2009, 359).

The "Special Period" brought challenges in terms of the new economic significance of the interplay among *internacionalistas* (i.e. individuals directly performing international cooperation practices), the state, and the Cuban population, similar to those found in contemporary internationalism dynamics. Because the incentives promised by the government to *internacionalistas* (e.g. wage rises, pension benefits, housing priority access) could not be totally met during this period, volunteering for missions abroad was less attractive for Cuban professionals. Also, "[o]rdinary Cubans came to see internationalism as conflicting with their own basic needs" (Eckstein 2003, 198–200). In this, also playing an important role, was the relationship between the generation who lived during the beginning of the socialist revolution and the new generations.

Notwithstanding, as discussed in more detail in the next sections, it was not until 2008 with Raúl Castro's ascent to power that this "pragmatic shift" in its medical internationalism became officially embedded in Cuba's

international cooperation practices abroad, gaining priority over political and ideological issues (Alzugaray 2015, 181). Likewise, this period was characterized by a renewed focus of Cuban medical internationalism in Latin America and the Caribbean, particularly towards its neighbours, although the country did continue to provide noteworthy cooperation in the Sub-Saharan region.

To sum up, internationalism has represented a defining element of Cuba's foreign policy, though cooperation strategies have displayed changing features over various periods. Nevertheless, the self-defensive character of Cuban cooperation has remained constant over time. The country's internationalism, as stated previously, has been successful not only in terms of its global reach, its multiple dimensions, and its highly positive reception in Third World countries but also as a critical device for the regime's survival and legitimation in a permanently hostile global environment and in the face of domestic hardship.

The factors that explain such a resounding accomplishment can be summarized as follows. First and foremost, leadership, ambition, and conviction in revolutionary international solidarity on the part of the regime was combined with the solid commitment to develop medical services both domestically and abroad. Fidel Castro's "obsession" to turn Cuba into a "world medical power," as described by Feinsilver (1993), was undoubtedly a key ideational element of its international policies. Large investment in health, research, and education over the last few decades has allowed the country to reach high levels of health standards that resemble or even surpass those of developed countries.[9]

It is important to note that economic factors also have formed part of its international projection. Cuba's anti-hegemonic orientation has not kept the government from procuring economic gains from its medical services. Beginning in the 1980s, the idea that medical services might generate income was strengthened, both abroad and within the country, in a dynamic known as "health tourism" (Álvarez and De la Osa 2002).

Second, Cuba's international cooperation success also can be explained by the state's capacity to predicate not only a socialist heath ideology, which recognized universal free healthcare as a basic human right, but also the care of human bodies as a metaphor for social and political well-being. Its success in terms of practice and acceptance consequently led to the formation of a vast body of *internacionalistas,* personnel willing—not forced, albeit widely encouraged by the state in material and symbolic terms—to serve on missions abroad in diverse areas. The most recent data shows

that the number of physicians trained in Cuba has exceeded the needs of Cuba's own health system: there were 6.7 physicians per 1000 inhabitants in 2010, a figure that is triple that of the US (2.4) and Canada (2.07) in that year (*CIA World Factbook* 2014).

Third, part of the Cuban success rests not only on the levels of excellence achieved by its national health system and international cooperation programmes but also on the conditions in recipient countries—that is, the chronic lack of doctors and their inefficient geographical distribution caused by the unwillingness of national doctors to serve in certain areas and communities (Feinsilver 2009, 276). Another important factor is the minimal cost, or at least well under market rates, of the services provided and the wide range of expertise of the Cuban professionals.

Finally, with regard to the ideational factors of Cuba's assistance, the regime's ability to diffuse socialist values of solidarity as part of its international cooperation practices is another element worthy of note. Behind the work performed in the *internacionalistas*' missions lies a whole set of ideas, norms, and values that have been carefully developed throughout the years of the Revolution. In this sense, doctors are trained not only as technical experts but also as social workers, "guardians of health and life," and "revolutionary doctors"; they are an "army in white lab coats" whose values—distinguished from those of the market-driven healthcare models of the developed world—allow them to work in any country and in rural or urban areas where their services are most needed (Kirk and Erisman 2009, 31–32, 53).

Such solidarity characterizing Cuban internationalism, however, is increasingly at odds with the growing importance of the economic dimension of its international cooperation assistance. This potential tension no doubt will pose a challenge both to the *internacionalistas'* rationale and to the nature of Cuba's external collaboration itself.

Cuba's SSC Reengaging with Latin America

To understand Cuba's position in today's Latin American and Caribbean context, it is necessary to bear in mind the economic, political, and social transformations that have occurred there since 1989.

In January 1990, Castro used the expression "Special Period in Time of Peace" to announce, for the first time in public, the regime of sacrifices and hardships that the nation would have to face because of the collapse of the Soviet Union and the Eastern European socialist bloc. The importance

of this relationship for Cuba is fully highlighted by a single fact: Cuban economic exchange with the Council for Mutual Economic Assistance (COMECON) reached 87.5% of total trade in the second half of the 1980s. Moreover, as mentioned in the previous section, this relation was modeled on a system of preferential tariffs, easy loans for development, compensation of trade imbalances, technical assistance, and military aid. Thanks to this, a high level of investment and social spending was guaranteed for at least two decades (Carranza 1995, 13–17). A progressive Sovietization of the Cuban economic model and the country's internal policy, as well as the reliance on a primary export economy based on sugar, may be considered a consequence of these privileged and probably necessary ties during the Cold War.

When the Soviet bloc collapsed, almost overnight the Cuban regime had to urgently address three related issues: (1) the adjustment of its economy to the drastically decreasing availability of material and financial resources, (2) the introduction of substantial reforms in economic organization, and (3) a rethinking of its international relations and the establishment of new ways of insertion into the world economy (Carranza 1995, 15). As Kirk and Erisman vividly put it, "Cuba was now on its own, an ideological orphan in a cruel capitalist world" (2009, 122). Accordingly, "[t]he logic of everyday life in post-Soviet Cuba was thus radically transformed under the rubric of 'war time measures in times of peace'" (Brotherton 2013, 137). What is more, these changes had to take place in a context in which "… the effects of the end of the Cold War were given [to Cuba] in the opposite direction to the rest of the world" (Ayerbe 2011, 5). That is to say, US policies towards Cuba were tightened in order to bring down the Castro regime.[10]

To manage this new international scenario, the Cuban regime drew on some significant preexisting resources. As Alzugaray notes, Cuba "… was not lacking in options [among other reasons because] it had accumulated an important political capital as paladin of some of the most popular causes in the Third World international forums" (2015, 188–189). Since the 1990s, its foreign policymakers had shown a great "… ability to navigate the world of international organizations [as well as to strengthen ties] with what may be called [the] 'progressive international civil society'" (Alzugaray 2015, 188–189).

Part of the new strategy was aimed at restoring and improving political and economic relations with Latin American and the Caribbean countries. Although the 1976 Constitution declared Cuba's commitment to

proletarian internationalism, its 1992 reform went further and positioned its ties with Latin America and the Caribbean at a higher level of importance within international solidarity practices (Eckstein 2003, 186).

In economic terms, the region represented less than 6% of the island's trade in 1989, while in 1993 this figure already exceeded 20%. Between 1990 and 1993, Cuban exports to Latin America and the Caribbean doubled from 7% to 14%, while imports grew from 7% to 47%, creating a significant disproportion in its trade balance (Carranza 1995, 15). Above all, as Carranza claimed, the bulk of Cuba's exports were not complementary but competitive with the rest of the region, whereas Latin American markets for biotechnology-based medicines and medical equipment—the only high-tech sector developed by the Cuban economy in those years—were dominated by multinationals, particularly from the US. As stated before, during this period awareness of the potential of services abroad steadily increased, given the high quality and quantitative skills achieved by Cuban professionals. Nonetheless, trade diversification and economic complementarity with Latin American nations would have been removed or greatly reduced with the entry into force of the US-driven Free Trade Area of the Americas (FTAA).

In the political realm, since the mid-1970s the Cuban government has attempted to normalize diplomatic relations with Latin American countries and, particularly during the 1990s, it pursued gradual participation as an observer or a full member in regional integration schemes by joining the Caribbean Community (CARICOM), the Association of Caribbean States (AEC), the Latin American Integration Association (ALADI), and the Rio Group, among others.

With few exceptions, well before the so-called "pink tide" brought to power various leftist governments, Cuba had already improved its relations with its neighbours. Certainly, as Kirk and Erisman argue: "It is no coincidence that diplomatic relations with [Central American and Caribbean] countries have improved significantly since the arrival of Cuban medical aid" (2009, 131). Actually, after the decrease in cooperation activities during the early 1990s, new and more ambitious projects were developed alongside traditional aid programmes, as well as in the second half of the decade. In some cases, these programmes were financed by triangular cooperation with various members of the Development Assistance Committee (DAC), international nongovernmental organizations (NGOs), agencies of the United Nations (UN), and more recently with some countries of the South (e.g. mainly Venezuela and, in the case of Sub-Saharan countries, South Africa).

Two major natural disasters that occurred in 1998 represented the beginning of the reengagement of Cuban medical cooperation with Latin America and the Caribbean. After Hurricane Mitch severely affected Honduras, Guatemala, and Nicaragua and Hurricane Georges devastated Haiti, thousands of Cuban physicians were sent to the most damaged and underserved areas of these countries to provide assistance and medical support. This prompted the Cuban government to develop a nationwide contingent (i.e. the Henry Reeve Contingent) to respond to natural emergencies, adding one more service to its international cooperation package (Kirk 2015, 32).

As in the case of its African partners, in addition to supplying emergency relief, Cuban doctors offered free medical training and support to develop sustainable public health policies with a dedicated emphasis on preventive medicine and local involvement in public health issues (Kirk and Erisman 2009, 128–135). Despite usually serving in poor rural areas—that is, in places where "no doctor has gone before"—the presence of Cuban physicians caused discomfort among local medical associations and private health sectors of some recipient countries. This is the case in Honduras where the College of Physicians widely criticized the country's health preventive approach (as opposed to curative approach) and rejected their presence because of the supposed competition they bring to their jobs by charging no fees to the patients (Kirk and Erisman 2009, 135). However, popular acceptance from direct cooperation beneficiaries always has been quite high.

One of the most important contributions of Cuban internationalism in Latin America and the Caribbean has been the medical scholarships programme offered to students with low-income backgrounds who came from marginalized areas of the region. The creation of the famous Latin American Medical School (ELAM) in 1998, as Kirk and Erisman note, was initially inspired by the need to bring health professionals into the countries (i.e. Nicaragua, Guatemala, and Honduras) devastated by Hurricane Mitch, and to train more locals than the medical schools already established in those countries with Cuba's assistance (Huish and Kirk 2007, 83).

Since then, the programme has been expanded to the whole region and Africa, and as a consequence, thousands of medical students from around the world have graduated from the ELAM. According to the World Health Organization (WHO), 7248 students from 45 countries have obtained ELAM degrees since 1999 and by 2010, there were 9362 students enrolled who came from 100 countries from the Americas, Africa, Asia, the Middle East, and the Pacific Islands (WHO 2010).

In operational terms, the basic idea behind Cuba's most recent assistance approach in the region can be properly summarised as a two-stage strategy: " … [F]irst dispatching large numbers of doctors to deal with the immediate emergency and subsequently working to train doctors (mainly from underserved areas), so that eventually they can return and work in their home communities" (Kirk and Erisman 2009, 132). Moreover, according to Kirk and Erisman, Cuban authorities have developed distinctive models to organise and deploy the cooperation programmes the country offers:

> One deals with those countries receiving support under the *Programa Integral de Salud* (PIS, Comprehensive Medical Program) which is set up by Cuban officials at the request of home countries. The recipient country provides housing, covers local living expenses, and pays a modest honorarium to the Cuban medical staff. … The other model, encompassing some 36 countries, is a patchwork of arrangements all worked out in a bilateral framework with each country. (2009, 134)

As the next section describes, the latter approach has been adopted in Venezuela and other Latin American countries such as Bolivia or Ecuador. What is very different in the first case is the size of the programmes put in practice, and in the second, the triangulation made possible by Venezuela's financing.

At the beginning of the twenty-first century, the Latin American political scenario could not have been better for Cuba to reengage with the region. As Lambie states, the failure of neoliberal experiments, the growing power of popular movements, and the leftist turn in the region provided a fertile ground to link Cuba's long revolutionary heritage and international solidarity tradition with the forces that began to share its values (2010, 220).

Nonetheless, since Raúl Castro formally took power, the shift towards an economic approach in Cuba's international cooperation practices has been widely accentuated. This was reflected in the document *Lineamientos de la Política Económica y Social del Partido y la Revolución* (i.e. Guidelines of the Economic and Social Policy of the Party and the Revolution)—the most outstanding project of economic reform publicly released since the triumph of the 1959 revolution—which was the result of the discussions held in the Sixth Congress of the Communist Party of Cuba. The document has a specific section in which it addresses issues regarding its internationalism practices. It highlights the need to keep "… financial and statistical records, as required for assessment purposes; in particular, cost analyses" (Cuba.

cu 2011). What is more, along with the statement that internationalism deployed by Cuba would consider a payment that covers the costs incurred in its cooperation projects with third countries, the document calls for a strategy to secure new markets for the export of both healthcare services and Cuban medical and pharmaceutical products as a foreign trade guideline.

The Cuba–Venezuela Connection

Bilateral relations between Cuba and Venezuela stand out in Latin America and the Caribbean for the close connections established in the past 15 years. These relations have developed quickly over time, being reflected and articulated in a wide range of areas including cooperation, credit, investment and trade, traditional aid, joint international diplomacy, and military and security assistance.[11] Accordingly, as one of this chapter's authors has argued elsewhere, trying to isolate a "proper" or dominant area of SSC in these bilateral relationships is pointless (Benzi and Lo Brutto 2014, 405–443). Notwithstanding, as shown in the following, there is little doubt that a central part of these ties is the so-called "oil for doctors" arrangement, which usually (and quite simplistically sometimes) has been studied within a SSC framework.

The Cuba–Venezuela alliance plays a fundamental role in Central America and in the Caribbean basin through the integration project named Bolivarian Alliance for the Peoples of Our America (ALBA-TCP) and particularly through the Petrocaribe oil agreements.[12] This alliance should not be seen as just a South–South Triangular Cooperation partnership.

Particularly between 2005 and 2010, it also had a noteworthy impact on the political and diplomatic nature of inter-American relations. According to some authors it has weakened, at least to a certain degree, the US foreign policy agenda for the region.[13] Conversely, Cuba's progressive reinsertion into the Latin American community and its multilateral institutions prospered to such an extent that the US government finally resolved to change its traditional standpoint regarding the "Cuban problem."

The aim of this final section is to provide a basic picture of the Cuban–Venezuelan relationship both domestically and abroad in order to underpin the main argument of this chapter: the ongoing transition of Cuban internationalism into a medical services export. The contention is that while this alliance has rhetorically and symbolically revitalized a revolutionary discourse—"Cuba and Venezuela, two flags, one revolution" was the official slogan—it instead has boosted, perhaps irreversibly, the commodification process of Cuban SSC.

As is well known, "Cuba's current medical cooperation program with Venezuela is by far the largest it has ever attempted" (Feinsilver 2013, 111). It started in 1999 as a humanitarian and disaster relief support programme, when a Cuban brigade arrived at the Vargas state in Venezuela to provide assistance to the population affected by a vast mudslide—later named the "Vargas tragedy." The following year, the first Integral Cooperation Agreement between the two countries was signed. The agreement ratified the exchange of goods (basically oil) and services (mostly medical) on a highly preferential and cooperative, or fair conditions, basis.

According to various analysts, at the outset it resembled a sort of barter or some kind of compensation trade. However, it took the form of regular payments for professional services as soon as Venezuela's political turmoil calmed after an attempted coup in 2002 and a strike in the state oil company and a lockout between 2002 and 2003 (Benzi and Lo Brutto 2014). It should be noted that Cuban support was crucial during the destabilization attempts against Chavez's government. Meanwhile, oil prices began to increase rapidly. The strategic alliance was strengthened at the end of 2004 through the formal birth of the ALBA that aimed, on one hand, to deepen and widen existing cooperation towards a true integration project and, on the other hand, to make public a proposal to attract new allies.

Regarding bilateral ties, an ambitious programme was launched in 2004 consisting of export of massive medical and other professional services to support the Venezuelan social programmes called *Misiones* (Missions). According to Monedero, the idea of the *Misiones* was suggested to Hugo Chávez by Fidel Castro in order to stabilise the Bolivarian government (Monedero 2009, 13).

Under the *Barrio Adentro* (Inside the Neighbourhood) and *Misión Milagro* (Mission Miracle) programmes, more than 30,000 Cuban health professionals—among them physicians, nurses, dentists, ophthalmologists, and technicians—were to be sent to both urban and poor rural areas of Venezuela to provide primary and secondary medical care. A great number of Cuban professionals also have been working in educational, sports, and cultural programmes. To a lesser extent, some have been involved in agriculture and administrative and logistical areas. Medication, medical equipment, and other facilities produced in Cuba or commercialized by the Cuban government were supplied.[14]

Additionally, the Bolivarian government granted thousands of scholarships to study medicine in Cuba, and a branch of the ELAM was opened in Caracas. Likewise, as a part of the Cuban–Venezuelan

agreements, Cuba arranged to provide full training to 5000 healthcare workers and 40,000 doctors in Venezuela, and it offered medical scholarships for 10,000 Venezuelan medical and nursing students to attend Cuban medical schools (Feinsilver 2013, 114).

Even though numerous conflicts occurred with local medical unions and some sectors of Venezuela's population fearing the "Cubanization" and the loss of jobs, nonetheless the communities served by Cuban doctors have been in general or overall very grateful for the attention given to them. Initially, the Missions were a great success for the Bolivarian government both in political and social terms. Notwithstanding this, over time several problems arose concerning Cuban cooperation in Venezuelan social programmes. Although a good deal of books and academic articles have been published celebrating the positive aspects of this cooperation,[15] to the best of the authors' knowledge no systematic study has been published so far addressing its critical facets.[16]

Although Cuban medical assistance was supplied initially for emergency and humanitarian purposes, it soon morphed into a much more ambitious goal—that is, reform of the whole Venezuelan health system. However, a diverse array of sources have suggested that its progress and institutionalization has been anything but effective. Furthermore, problems also arose concerning the participation of Venezuelans who were supposed to progressively replace Cuban personnel. In both cases, it seems that a lack of planning and coordination between the Cuban Medical Mission and local authorities has been responsible, at least in part, for these problems (Benzi and Lo Brutto 2014, 430–435).

The economic benefits of such agreements have been enormous for Cuba. By 2008, Feinsilver (2008, 121) had already noted that the export of medical services was the most prosperous prospect on the economic horizon for Cuba:

> 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 Venezuelan trade, aid, investments, and subsidies to Cuba for 2008 was US$9.4 billion. (Feinsilver 2013, 120)

Although an overall estimation of Venezuelan aid to Cuba is almost impossible since the available figures include oil provided for joint ventures, concessional financing for oil purchased, payment for professional services, and other items, Piccone and Trinkunas reported a level of

subsidy estimated at US$9.97 billion in 2008 and US$7 billion in 2010, accounting for 16% and 11% of Cuba's Gross Domestic Product (GDP), respectively (Piccone and Trikunas 2014, 3). It should be noted that the word "subsidy" or even "aid" is carefully avoided by Venezuelan and Cuban officials, preference instead being given to expressions such as "solidary contributions," "cooperative advantages," or simply "fair trade."

At any rate, using data from the Cuban trade balance, Mesa-Lago calculated a substantial overpayment for professional services.[17] In this sense, Piccone and Trinkunas (2014) correctly assert that Cuban professionals:

> … are paid much less than their government receives from Venezuela in payment for their services. As of 2010, Venezuela paid Cuba approximately $11,317 per month on average for each professional it provided. By contrast, Cuban doctors reportedly receive $425 per month, although this is more than double what they received six years ago. … Cuban doctors would be [paid] only up to $64 a month back home. (4)

Whether or not these figures are accurate, they provide sufficient evidence to conclude that "… these services are both a major item in the Cuban-Venezuelan trade balance, as well as a significant source of revenue for the Cuban government and for Cuban workers abroad" (Piccone and Trinkunas 2014, 4).

At the micro-sociological level, while Venezuelan people learned directly from their doctors that Cuban society was not the paradise on earth portrayed in the official discourse, " … 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" (Feinsilver 2013, 120). They could bring home several cargo boxes of various kinds of goods unavailable in Cuba such as televisions, DVD players, stereos, brand-name clothes, and many other products for personal use, gift giving, or merchandising (Feinsilver 2013, 120–121; Brotherton 2013, 141) In this way, Feinsilver notes, "… it is 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" (Feinsilver 2013, 121).

Nevertheless, the massive deployment of doctors on foreign missions and the consequent deterioration of domestic healthcare programs caused various problems on an island where the socialist regime's legitimacy, at least in part, relies on a universal and accessible healthcare system (Brotherton 2013, 143) As Brotherton emphatically puts it:

> *As more Cuban physicians participate in strategic aid programs such as Barrio Adentro or Operación Milagro, many Cuban citizens are starting to ask why Venezuelans are more deserving of the gifts of Cuba's medical aid programs than Cubans themselves. Why is it so hard to find a family physician in a country with an apparent surplus?*[18] (135–136)

Consequently, in 2008 the well-known Cuban Family Doctor Programme was reorganized, taking into account not only people's complaints but also the medical services export commitments.

Furthermore, the same author noted: " … a palpable shift in the popular discourse among every day citizens on the rationale behind the increasing departure of physicians, nurses, pharmacists, and even teachers, to go on medical missions." He further adds: "The discourse of humanitarianism was no longer at the forefront of many of these discussions. Rather, the focus was now, without fail, on *los venezolanos* (the Venezuelans)" (Brotherton 2013, 133–134). Indeed, for those who for whatever reason have become familiar in recent years with Cuban *internacionalistas*, it is not surprising to find that their humanitarian ethic is "… merged with a personal desire not only to travel, but also to acquire material goods."

This seems especially true for the younger generations of Cuban professionals. Since everybody knows how difficult life is for Cuban physicians in Caracas and other places, as is the case of all seasonal migrants (albeit Cubans are strictly controlled by their government), many of them seem to consider the Mission "a sacrifice … [they are] willing to undertake to be able to save enough money to return to Cuba and live well" (Brotherton 2013, 142). On the regional level, some of the programmes carried out by Cuban cooperation in Venezuela have been replicated by other members of ALBA and Petrocaribe on a smaller scale. The primary literacy campaigns and Operation Miracle were the most visible and effective in Bolivia, Nicaragua, and Ecuador. Later, under the evocative name of "national heroes," medical and social campaigns were deployed in order to assist disabled persons.[19]

This chapter argues that ALBA should be considered a counterhegemonic project aimed at reviving the legacies of both Simón Bolívar and José Marti, as well as the national-revolutionary and Third-Worldist tradition.[20] As Feinsilver notes, however, "ALBA also has created an opportunity to expand the reach of Cuba's medical diplomacy well beyond anything previously imaginable" (2013, 111). Venezuela's financial support has been the key to several initiatives for the expansion of Cuban cooperation.

In this context, conditions also were given for Cuba's export of a range of medical products. According to Feinsilver, "Cuban exports of medicine to ALBA countries increased by 22% from 2008 to 2009. … It is quite likely that other countries receiving Cuban doctors will also purchase Cuban vaccines, medicine, medical supplies, and equipment" (2013, 120).

This may be about to change, though. According to available data and current political trends, a sudden or progressive decoupling of the Cuban–Venezuelan alliance is likely to occur. Since Raúl Castro came to power in 2008, it has been clear that the close alliance established by ex-presidents Hugo Chávez and Fidel Castro has not been part of the new president's agenda. Nevertheless, Cuba was already immersed in a solid reciprocal dependence with Venezuela. At present, because of the fall in international oil prices and political instability, Venezuelan President Nicolás Maduro is no longer able to subsidise Cuba's economy, which still largely relies on Venezuelan aid. Yet, the Bolivarian government even so requires the medical services and the political and security counseling that it receives in return for the aid provided to Cuba. This potentially disruptive dependence has been examined already by various scholars, mainly focusing on the consequences for the Cuban people and its economy.[21]

As seen, however, already in 2009 Raúl Castro pointed out that Cuba's socialism "update" would need, along with new economic policies and the diversification of commercial partners, to increase the production of those services that produce hard currency. Since then, thousands of Cuban physicians have been sent to Brazil to support the programme known as *Más Médicos* ("More Doctors"). This often called "pragmatism," even though it is "imbued with strong revolutionary idealism about humanitarian assistance" (Feinsilver 2013, 122), clearly reminds one of what some authors have termed the "commodification of humanitarianism" (Brotherton 2013, 147).

Conclusion

Since the Cuban revolutionary regime came to power in 1959, SSC has been a fundamental component of the country's foreign policy and one of the most outstanding mechanisms of rapprochement with developing countries from all over the world. From any perspective, Cuba's internationalism has undoubtedly represented a success for the country on multiple dimensions. At the international level, it has acted as a protective shield in a permanently hostile environment, significantly contributing to

the regime's survival and legitimation on the world stage. At the domestic level, internationalism, and especially its medical diplomacy, have provided the country with material capital including economic gains from contracts, credit, and trade, which have helped the island sort out some of its economic difficulties. Likewise, a large number of countries have benefited from the wide range of services offered by Cuba in several areas of expertise such as health, sports, construction, education, humanitarian and disaster assistance, among others.

Although the motivations behind Cuba's internationalism have been sustained on a basis of genuine solidarity since the very beginning, its contemporary practices on the ground evidently show an important economic shift in Cuba's approach to cooperation that is challenging the very humanitarian and ideological foundations on which it was initially conceived. The "revolutionary fervor" in Cuba's orientation to internationalism has been gradually fading since the collapse of the Soviet Union, and nowadays, in a context of the urgent economic reforms needed by it, a truly market-oriented approach is taking its place.

Going beyond traditional approaches to foreign policy, which no doubt have been able to explain many Cuban SSC dynamics, the understanding of its complex character has been complemented here by taking a look at the micro-sociological level of these practices, as well as sharing those perspectives that have shown a progression towards the commodification of humanitarianism in Cuban internationalism. These dynamics take place within Cuba's SSC in Latin America, particularly the one promoted by Cuba's connection with Venezuela under the framework of the ALBA. Indeed, as has been shown, the Cuban connection with Venezuela and the cooperation programmes deployed in the region have reinforced, paradoxically and perhaps irreversibly, the commodification process of Cuban internationalism.

Notes

1. Joseph Nye coined the concept of "soft power" in the 1990s. In an article published in 2006 he referred to it in these terms:
   Power is the ability to alter the behavior of others to get what you want. There are basically three ways to do that: coercion (sticks), payments (carrots), and attraction (soft power). …A country's soft power can come from three resources: its culture (in places where it is attractive to others), its political values (when it lives up to them at home and abroad), and its foreign policies (when they are seen as legitimate and having moral authority).

While Nye basically conceived it as a great traditional powers' source of power, Kirk and Erisman (2009) convincingly argued that

> . . . from its very inception, the Cuban Revolution has in various ways served as a beacon and an inspiration to Third World governments and political movements, thereby suggesting that soft power is not necessarily synonymous with the traditional great powers. Within this context, Havana's medical assistance programs can be seen as an intriguing effort to exercise the LDC soft power proposition. (18)

2. The author explains the concept of "humanitarian biomedicine" as follows: Most contemporary humanitarian efforts in the field of global health address what anthropologist Andrew Lakoff (2010) identifies as two regimes of intervention: global health security and humanitarian biomedicine. While not mutually exclusive, global heath security, he argues, is more concerned with global disease surveillance and targeting national public health infrastructure. Humanitarian biomedicine (e.g., MSF), on the other hand, is concerned with addressing the lack of adequate access to basic health care needs. (Brotherton 2013, 151).
3. This includes not only broad anti-imperialist, internationalist, and socialist principles but also a peculiar conception on the revolutionary power of health and medicine. Both the personality of Fidel Castro and the figure and legacy of Ernesto Che Guevara have played a very important role in this regard.
4. See cites in References: Feinsilver (1993) and Feinsilver (1989).
5. Even though the two approaches seem to complement each other, it is worth noting that Kirk and Erisman somewhat disagree with Feinsilver in the following terms: "Where we disagree with her analysis is the importance that she attributes to the by-products of this Cuban approach—the conversion of symbolic capital into material credit. While this may be true in some cases, we believe that in fact the explanation for Cuba's extraordinary medical internationalism is rather more complex, with a variety of important factors at play" (Kirk and Erisman 2009, 171–172).
6. For a similar approach. see also Andaya (2009), cited in References.
7. *Emphasis* in original.
8. According to Kirk (2015, 37), faculties of medicine that employ Cuban professors have been established in Yemen (1976), Guyana (1984), Ethiopia (1984), Uganda (1986), Ghana (1991), Gambia (1999), Equatorial Guinea (2000), Haiti (2001), Guinea Bissau (2004), Venezuela (2005), and Timor-Leste (2010).
9. According to the *CIA World Factbook*, in 2015 life expectancy in Cuba, for instance, reached 78.39 compared to the US (79.68) and the UK (80.54); the infant mortality rate in Cuba was 4.63 per 1000 births in 2015, while in the US and Canada it reached 5.87 and 4.65, respectively.

10. As Alzugaray (2015, 188) notes:
    In this context, a 'new policy' toward Cuba took shape starting with the George H. W. Bush administration and was essentially followed by William J. Clinton's, and reinforced by George W. Bush's. Marked by the Baker Memorandum of March 19, 1989 (Mujica Cantelar 1991, 67–68; Smith 1991, 77–89) and the Torricelli (1992) and Helms–Burton (1996) acts of Congress, this policy renewed with vindictiveness the effort to overthrow the Cuban government and produce the reversion of the revolution, starting from the widespread premise that without Soviet support Cuban socialism could not survive. According to this reasoning, the only thing necessary to bring about that outcome was to reinforce the coercive pressures, mainly economic.
    See also LeoGrande and Kornbluh (2014), cited in References.
11. See cites in References: Romero (2010, 107–114); Romero (2011, 159–202); Romero (2015); Chap. 7 in Kirk (2015); and Piccone and Trinkunas (2014, 1–12).
12. See cites in References: Benzi (2016, 77–91); Muhr (2012); Aponte (2014); Benzi and Zapata (2013, 65–89); and Benzi, Zapata, and Vergara (2015, 163–203).
13. See cites in References: Piccone and Trinkunas (2014, 1–12); and Corrales and Penfold (2011).
14. See cites in References: Benzi and Lo Brutto (2014, 417–428); Kirk and Erisman (2009, 154–162); and Kirk (2015, 96–117).
15. See cites in References: Kirk (2015); Brouwer (2011); Sánchez (2006); and Ubieta (2006).
16. But see cites in References: D'Elia and Quiroz (2010); D'Elia and Maigon (2009); D'Elia and Cabezas (2008); and D'Elia (2006).
17. See cites in References: Mesa-Lago (2015, 1–43); Mesa-Lago (2012); Mesa-Lago (2011, 4–18); and Mesa-Lago (2008, 45–74).
18. *Emphasis* in original.
19. For a detailed description of these programmes, see Kirk (2015), cited in References.
20. See the footnote 63.
21. See cites in References: Vidal (2014, 1–8); and Mesa-Lago (2015, 1–43).

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