

Oil-for-Doctors: Cuban Medical Diplomacy Gets a Little Help From a Venezuelan Friend

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Medical diplomacy is one of the key elements of Cuban foreign policy. In 2008, more than 30.000 doctors and other health professionals collaborated in 70 countries across the world. The strategy, based on the successes of the health system under the Revolution, has given Cuba international prestige and political capital, reflected in the annual votes against the blockage in the United Nations. In recent years, the existence of the Chávez government has enabled the island to sign an agreement exchanging doctors for oil, converting the exportation of health into the most promising economic activity for Cuba.

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■ Introduction

Most Latin Americans know that Cuba has a highly rated health system and that it provides medical assistance to other countries, most probably including their own. What they do not know is that since the outset of the Cuban Revolution almost 50 years ago, the Cuban government has engaged in this medical diplomacy. The use of medical diplomacy both for humanitarian reasons and to win the hearts and minds of the recipients over the years has been expanded from disaster and emergency relief to the provision of both direct medical care and medical education in the beneficiary

countries as well as in Cuba. This has had profound implications both for Cuba and its beneficiaries.

The collapse of the Soviet bloc and the preferential trade agreements therein led to a temporary decline in the breadth and depth of Cuba's international medical assistance programs, but not to its demise. However, the rise to power of Hugo Chavez in Venezuela and the subsequent stratospheric rise in oil revenues provided Cuba with both the financial and moral support to vastly further its medical diplomacy programs. In a unique doctors-for-oil trade agreement, Venezuela not only became the direct beneficiary of Cuban medical services, but also it supported the extension of those services to other countries. This paper will analyze the nature, costs, benefits and risks of Cuban medical diplomacy in general and the Cuban-Venezuelan connection in particular.¹ It will also raise questions for further research and debate.

■ The Nature of Cuban Medical Diplomacy

To truly understand the depth of the current oil-for-doctors relationship between Cuba and Venezuela, at least from the Cuban perspective, it is important to delve into the underlying reasons for Cuba's development of medical diplomacy in the first place as well as how Cuba was able to become a credible player in the international health arena sufficient to be able to offer Venezuela its doctors in exchange for oil. From the initial days of the revolutionary government, Cuba's leaders espoused free universal health care as a basic human right and responsibility of the state to be enshrined in a new Constitution. Moreover, they soon contended that the health of the population was a metaphor for the health of the body politic. This led to the establishment of a national health system that, over time and through trial and error, has evolved into a model lauded by international health experts, including the World Health Organization and the Pan American Health Organization. This system has produced key health indicators, such as the infant mortality rate and life expectancy at birth, comparable to those of the United States even though there is a vast difference in the resources available to Cuba to achieve them.

¹ For more detailed analysis, see Julie M. Feinsilver, «La diplomacia médica cubana: cuando la izquierda lo ha hecho bien,» *Foreign Affairs en Español*: Vol. 6 No. 4 (oct.-dic. 2006): 81-94; 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.

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

The medical brain drain contributed to the government's decision to reorganize and reform the health sector, revamp medical education to meet new and different needs, and vastly increase the number of doctors trained. These factors combined made possible the large-scale commitment to medical diplomacy and lent credibility to Cuba's aid offers by demonstrating success on the ground in providing universal free access to services, training the necessary quantity and type of human resources to staff the reformed health service delivery network, and most importantly, by reducing mortality and morbidity rates, which are primary goals of all health care systems. By the mid-1980s, Cuba was producing large numbers of doctors beyond its own health care system needs specifically for its internationalist program. This resulted in a ratio of one doctor for every 158 inhabitants in 2006, a ratio unparalleled anywhere.²

Perhaps as a portent of things to come, even during the 1970s and 1980s Cuba implemented a disproportionately larger civilian aid program per capita (particularly medical diplomacy) than its more developed trade partners: the Soviet Union, the Eastern European countries and China. This quickly generated considerable symbolic capital (prestige, influence, good will) for Cuba, which translated into political backing in the United Nations General Assembly as well as material benefits in the case of Angola, Iraq and other countries that could afford to pay fees for professional services rendered, although the charges were considerably below market rates.³

■ A Little Help From a Venezuelan Friend

It is no secret that Hugo Chávez views Fidel Castro as his revolutionary mentor and therefore would be keen to help a friend in need. What is little known, however, is that in 1959 Fidel unsuccessfully sought financial support and oil from another Venezuelan president, Rómulo Betancourt. It would take forty years and many economic

² República de Cuba. Ministerio de Salud Pública. *Anuario Estadístico 2006*, Cuadro 92.

³ Feinsilver, *Healing the Masses*, Chapter 6 «Cuban Medical Diplomacy» (on comparison with the former Soviet bloc and China, see pp. 159-160).

difficulties before Cuba would receive the preferential trade, credit, aid and investment that the Cuban economy so desperately needed. This partnership is part of the Bolivarian Alternative [to the US] for the Americas (ALBA) to unite and integrate Latin America in a social justice-oriented trade and aid block under Venezuela's lead. It also has created an opportunity and the financial backing to expand Cuba's medical diplomacy reach well beyond anything previously imaginable despite Fidel's three-decade-long obsession with making Cuba into a world medical power.⁴

During the almost 50 years Cuba has practiced medical diplomacy, the medical cooperation program with Venezuela has been by far the largest and most far-reaching such program that Cuba has ever attempted. Since the establishment in Venezuela of the Barrio Adentro program in 2003, Cuban medical professionals have gone to Venezuela en masse as part of trade agreements, the first of which was signed in 2000 and the second one in 2005. These agreements allow for preferential pricing for Cuba's exportation of professional services in return for a steady supply of Venezuelan oil, joint investments in strategically important sectors for both countries, and the provision of credit. A central part of this exchange is oil-for-doctors, whereby Cuba not only provides medical services, medicines and medical equipment to un-served and underserved communities within Venezuela, but also provides similar medical services in Bolivia on a much smaller scale and at Venezuela's expense.

The 2005 agreement called for Cuba's provision of 30,000 medical professionals, 600 comprehensive health clinics, 600 rehabilitation and physical therapy centers, 35 high technology diagnostic centers, and 100,000 ophthalmologic surgeries, among other things. To contribute to the sustainability of these health programs, Cuba agreed to train 40,000 doctors and 5,000 healthcare workers in Venezuela and provide full medical scholarships to Cuban medical schools for another 10,000 Venezuelan medical and nursing students. Venezuela agreed to provide petroleum at a fixed number of barrels per day (53,000) in exchange for a fixed amount of services and goods. The exchange was calculated at world market prices for oil at a time when that price was far less than today's price. Therefore, Venezuela's subsidization of Cuba is far greater than originally anticipated.⁵

⁴ On Fidel's obsession with making Cuba a world medical power, see Feinsilver, *Healing the Masses*.

⁵ Jorge Díaz Polanco, «Salud y hegemonía regional: Las relaciones Cuba-Venezuela, 1999-2006,» *Foreign Affairs en Español*: Vol. 6 No. 4 (oct.-dic. 2006):99-101; and Feinsilver, «Cuando la izquierda lo ha hecho bien,» p. 93;

Some of the specific services to be provided are renegotiated each year and as this article is being written, Chavez is in Havana reviewing the Cuban-Venezuelan collaboration. Given the rapid increase in the world market price of oil, one can only imagine that despite the great friendship between the leaders of the two countries, there must be some reevaluation on Venezuela's part as to exactly what they are getting in the bargain. This is particularly acute because of the continued intense criticism by Chavez's opposition about high expenditures on international politics as compared with expenditures for social programs. In 2006, just one year after the renewal of the trade agreement with Cuba, it is argued that expenditures on social programs were only twenty-five percent of those for international politics.⁶ It is unclear what proportion of the Mission Barrio Adentro expenditures, which are included in social expenditures, are also included in international politics expenditures. The overall point is that more is being spent on international initiatives than attending to domestic affairs. However, Venezuela's fast rising oil wealth has allowed the government to triple spending on social programs up to 2008 and this volume of spending has resulted in improved living standards for the poorest segment of the population.⁷

More important, however, are the many recent reports about Venezuela's unmet domestic needs. One such report in the British medical journal, *The Lancet*, suggests that despite valiant efforts to provide free health care services to the poor throughout the country and great support for the program by the beneficiaries, Barrio Adentro has not achieved its projected goals. Using Ministry of Health statistics, it was found that of the planned 8500 primary health care facilities that were to be constructed before 2005, only 2708 had been built by May 2007 and another 3284 were reported to be in the process of construction. Funds for the facilities built primarily came from the state petroleum company, PDVSA and amounted to US\$126.5 million. Of the facilities that are operational, only thirty percent had doctors because of an overall shortage of doctors in the country despite the presence of the Cubans. Even though there were insufficient doctors to meet Venezuela's needs, approximately four thousand Cuban doctors were withdrawn from Venezuela by early 2006 to support similar programs in Bolivia and other countries. While this move may have been part of a larger Bolivarian initiative, it was a real setback to the Barrio Adentro Mission and the communities whose expectations had been raised.⁸ The decision-makers may have been unfamiliar with the key finding Ted Gurr demonstrated in his seminal work, *Why Men Re-*

⁶ Díaz Polanco, *ibid.* p. 105.

⁷ Jon Lee Anderson, «Fidel's Heir: The influence of Hugo Chávez,» *The New Yorker*, June 23, 2008.

⁸ Rachel Jones, «Hugo Chavez's health-care programme misses its goals,» *The Lancet*, Vol. 371 (June 14, 2008):1988. Other reports have given the program mixed reviews.

bel, close to four decades ago: that it is the inability to meet rising expectations that leads to rebellion rather than mere want.⁹

What *The Lancet* article failed to report on was the most important issue, results in terms of improved (or declining) health statistics rather than merely reporting on inputs into the system such as construction of facilities. Moreover, anyone who has worked on the ground in the social and economic development and has tried to implement large-scale social programs (or any development program for that matter) and/or has attempted to reform social service delivery knows the difficulty in accurately determining targets to be achieved and more importantly, achieving them and on time. Data from Multilateral Development Banks demonstrate that investment projects (those that require the purchase of goods, services, and/or civil works, not just technical assistance) often take close to twice as long as originally planned and sometimes longer. Cost overruns are not uncommon where construction is concerned. Program design often changes to cope with changing circumstances, including the myriad political, economic, social, organizational, institutional, and technological changes that occur when dealing with such complex issues as social and economic development.

Lauding the success of Barrio Adentro, the Pan American Health Organization's in depth study, *Mission Barrio Adentro: The Right to Health and Social Inclusion in Venezuela*, asserts that

Mission Barrio Adentro is primary care in its essential form. It is a strategy for restructuring and transforming an entire health system.... It is the culmination of 25 years of experience in Latin America and the rest of the world in transforming health systems through the primary care strategy.... Our regional consultation on primary health care affirmed that building health systems based on this [primary health care] strategy is the essential condition for achieving equity and universality, extending social protection in health and guaranteeing Health for All. Within this framework, Mission Barrio Adentro is an innovation and a very important contribution.¹⁰

Moreover, the study found that Mission Barrio Adentro provided access to comprehensive health care for those segments of the population that previously did not have access to the health care system.¹¹

⁹ Ted Robert Gurr, *Why Men Rebel* (Princeton: Princeton University Press) 1970.

¹⁰ 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.

¹¹ *Ibid.* p. 9.

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, but also it should be viewed with regard to the effort to transform the practice of health care delivery in Venezuela as corroborated by the PAHO study. That Cuba has been seen as a capable of providing this type of technical assistance typically provided by developed countries and international institutions creates symbolic capital for Cuba, which can be translated into material capital.¹² In this case, and importantly for Cuba, that material capital is the financial lifeline Venezuela provides with the oil-for-doctors agreements.

■ The Venezuela-Cuba-Bolivia Connection: ALBA implemented

Cuba has long provided assistance to Bolivia, but as part of the South-South aid facet of ALBA or a little help from a Venezuelan friend, the magnitude and scope of that assistance has increased dramatically. In fact, Cuba's second largest medical cooperation program is with Bolivia, where by June 2006, 1,100 Cuban doctors were providing free health care, particularly in rural areas, in 188 municipalities. At the same time, as part of Operation Miracle, Cuba provided the National Ophthalmologic Institute in La Paz with modern equipment and specialized personnel and opened additional ophthalmologic centers in Cochabamba and Santa Cruz. As a result, Bolivia has the capacity to perform on a minimum of 50,000 ophthalmologic operations annually.

Additionally, Cuba offered Bolivia 5,000 more full scholarships to educate doctors and specialists as well as other health personnel at the Latin American Medical School (ELAM) in Havana. In 2006, there were some 500 young Bolivians studying at the school (about 22% of the total foreign scholarship student body) and another 2,000 had started the pre-med course there. The six-year medical school program is provided free for low-income students who commit to practice medicine in underserved communities in their home countries upon graduation. In the 2006-2007 academic year, 24,621 foreign medical students were enrolled at ELAM,¹³ which is part of Cuba's effort to make its medical diplomacy program sustainable for the beneficiary countries.

During the ELAM'S first graduation in August 2005, Venezuelan President Hugo Chávez announced that his country would establish a second Latin American Medical

¹² For a further discussion of symbolic capital, see Pierre Bourdieu, *Outline of a Theory of Practice* (Cambridge: Cambridge University Press, 1987), pp. 177. 180; and Feinsilver, *Healing the Masses*, pp. 24-25.

¹³ Cuban Cooperation. Website of the Cuban Governmental Cooperation in the Health Sector. www.cubacoop.com.

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.¹⁴

■ Selected Examples of Cuban Medical Diplomacy in Other Latin American and Caribbean Countries

Cuban medical teams had worked in Guyana and Nicaragua in the 1970s, but by 2005 they were implementing Cuba's Comprehensive Health Program in Belize, Bolivia, Dominica, Guatemala, Haiti, Honduras, Nicaragua, and Paraguay. They also had established two Comprehensive Diagnostic Centers, one the island of Dominica and one on Antigua and Barbuda. Agreements are in place between Cuba and Suriname as well as Cuba and Jamaica to bolster their health systems with Cuban medical personnel.¹⁵ With a little help from a Venezuelan friend and through Operation Miracle, Cuba provided vision-saving and restoring surgery for tens of thousands of Latin Americans and Caribbean nationals, including Argentines, Uruguayans, Panamanians, Peruvians, Jamaicans, among others. 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.

Medical Diplomacy in Africa and Beyond. Cuba dispatched very large civilian aid programs in Africa to complement its military support to Angola and the Horn of Africa in the 1970s and early 1980s. With the withdrawal of troops and the later geopolitical and economic changes of the late 1980s and the 1990s, Cuba's program was scaled back, but remained. Having suffered a post-apartheid brain drain (white flight), South Africa began importing Cuban doctors in 1996. Already in 1998 there were 400 Cuban doctors practicing medicine in townships and rural areas and in 2008 their number had increased to 435. By 2004, there were about 1200 Cuban doctors

¹⁴ *Prensa Latina*, April 11, 2008.

¹⁵ <http://www.cubacoopera.com> and «Cubans to help boost local health sector.» *Jamaica Observer*, May 10, 2008. http://www.jamaicaobserver.com/news/html/20080510T000000-0500_135451_OBS_CU-BANS_TO_HELP_BOOST_LOCAL_HEALTH_SECTOR_.asp.

working in African countries, including in Angola, Botswana, Cape Verde, Côte d'Ivoire, Equatorial Guinea, Gambia, Ghana, Guinea, Guinea-Bissau, Mozambique, Namibia, Seychelles, Zambia, Zimbabwe, and areas in the Sahara.

On the African continent, South Africa is the financier of some Cuban medical missions in third countries. This South African-Cuban alliance has been much more limited in scope than the Venezuelan-Cuban connection. Discussions on the extension of Cuban medical aid into the rest of the African continent and a trilateral agreement to deploy over 100 Cuban doctors in Mali with US\$1 million in South African financing, were concluded in 2004. Rwanda was to be next in a similar agreement. Cuba also had deployed 400 medical doctors to Gambia. As of December 2005, Cuba was implementing its Comprehensive Health Program in Botswana, Burkina Faso, Burundi, Chad, Eritrea, Gabon, Gambia, Ghana, Guinea-Bissau, Guinea-Conkary, Equatorial Guinea, Mali, Namibia, Niger, Rwanda, Sierra Leone, Swaziland, and Zimbabwe.

Cuban medical teams also have worked in East Timor since 2004 to create a sustainable health system. In 2008, 177 medical professionals were providing a variety of services in Cuba's Comprehensive Health Program.¹⁶ At the same time, Cuba offered full medical school scholarships for 800 East Timorese students to begin work on the sustainability of their program. Also far from home are two Cuban doctors working in the Solomon Islands as part of a contingent of eight, the rest of whom will arrive later in 2008. Fifty medical students from the Solomon Islands will be educated in Cuba on scholarships as well.¹⁷

Disaster relief. Cuba has been quick to mobilize well-trained disaster relief teams for many of the major disasters in the world. Among Its recent activities were medical brigades dispatched to China after the May 2008 earthquake, Indonesia after the May 2007 earthquake, Bolivia after the February 2008 floods, and Peru after the December 2007 earthquake.¹⁸ Cuban disaster relief medical missions are still providing assistance in post-2004-tsunami Indonesia and post-2005-earthquake Pakistan. In both cases, initially the Cuban medical teams provided disaster relief, but then began to provide preventive and curative care as well. Data for the medical mission to Indonesia state that Cuba had sent 135 medical personnel to assist after the May 2007 earthquake as well. Of that number, fifty-eight percent were doctors. Data for Pakistan indicate that right after the earthquake Cuba sent a team of highly experienced disaster relief spe-

¹⁶ *Cuba Cooperera* website, March 11, 2008.

¹⁷ «Cuban doctors arrival a blessing, says Solomons Health Dept,» Radio New Zealand International, June 10, 2008. <http://www.rnzi.com/pages/news.php?op=read&id=40275>.

¹⁸ *Cuba Cooperera* website op.cit.

cialists comprised of 2564 doctors (57%), nurses and medical technicians.¹⁹ Part of the team worked in refugee camps and Pakistani hospitals. The rest worked in 30 field hospitals located across the earthquake-stricken zone. The team brought everything they would need to establish, equip, and run those hospitals. The cost to Cuba was not insignificant. Two of the hospitals alone cost half a million dollars each.

In the past Cuba has also provided aid to Armenia, Iran, Turkey, Russia, and the Ukraine, as well as to most Latin American countries that have suffered either natural or man-made disasters. 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.²⁰ This type of medical diplomacy in the affected country's time of need has garnered considerable bilateral and multilateral symbolic capital for Cuba, particularly when the aid is sent to countries considered more developed.

■ The Costs and Risks of Medical Diplomacy

Costs and Risks For Beneficiary Countries. The direct cost to beneficiaries of Cuba's medical assistance is relatively low. In most cases, the Cuban government pays the doctors' salaries and the host country pays for airfare and stipends of approximately US\$250 to \$375 per month and room and board. This is far below the costs of recruitment in the international marketplace, although it still can be a strain on cash-strapped economies such as Haiti's. Perhaps more important are the non-monetary costs and the risks which are significant. 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. This is changing the nature of doctor-patient relations in the host countries. As a result, they have 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 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.

Costs For Cuba. Although Cuba pays the doctors salaries, the pay scale is low by both relative and absolute standards. At home, Cuban doctors earn about US\$23 per

¹⁹ Ibid.

²⁰ 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>.

month, while abroad that amount ascends to approximately US\$183 a month. A significant amount of the costs for Cuba since the Venezuelan agreement began is, in fact, covered by Venezuela both for medical services and education for and in Venezuela and that provided to third countries. Previously, these were fully funded by Cuba, although money is fungible and any aid received could be channeled to this area.

A recent added cost for Cuba has been that of the state's investment in the education and development of professionals who defect from medical diplomacy programs in third countries. Material conditions of life in Cuba are very difficult and salaries are but a small a fraction of those that can be earned abroad. This has enticed over 700 doctors to defect in recent years, particularly with a little stimulus from Uncle Sam. In August 2006, the U.S. Government announced the Cuban Medical Professional Parole Program, which grants Cuban doctors serving abroad fast track asylum processing and almost guaranteed entry into the United States. Although this program has encouraged more defections and even has provided a reason for some Cuban doctors to go abroad in the first place, 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.²¹

A further issue for Cuba is increased dissatisfaction on the part of its own population as medical staff go abroad, leaving some local health facilities and programs with insufficient staff despite the impressive ratio of doctors to population. This is particularly acute because of the massive deployment of family doctors to Venezuela as well as other countries. It is exemplified by the current Cuba joke about two Cubans talking to each other. One says, «I am going to Venezuela.» The other asks, «Why? What internationalist mission are you going on?» The first one replies, «I am not going on an internationalist mission. I am going to see my family doctor!» Discontent about this has reached a point where Raúl Castro announced in March 2008 that the Family Doctor Program at home would be reorganized to create greater efficiency. This would mean closing some family doctors' offices, consolidating others, and reducing the hours their offices are open to mornings.

Also as a result of the increase in medical diplomacy, a population accustomed to having a doctor on every block is finding that now waiting times are longer for some procedures and that in some cases where doctors are over-worked, the quality of care declines. This, however, is a global phenomenon. Nonetheless, if insufficient attention is paid to the domestic health system, this could contribute to a de-legitimization of

²¹ Mike Ceasar, «Cuban Doctors Abroad Helped to Defect by New U.S. Visa Policy,» *World Politics Review* (August 1, 2007).

the regime. This is particularly true because the leadership has long suggested that the health of the individual is a metaphor for the health of the body politic.

■ Benefits of medical diplomacy

What Do the Beneficiaries Get? For almost fifty years Cuba's conduct of medical diplomacy has improved the health of the less privileged in developing countries while improving relations with their governments. Since 1961, Cuba has sent a total of 113,585 health professionals abroad on medical diplomacy missions to one hundred and three countries. By April 2008, more than 30,000 Cuban medical personnel were 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, over the years, fifty thousand 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.²²

Today, over 10,000 developing country scholarship students are studying in Cuban medical schools alongside a handful of less privileged American students. 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. This includes an offer to send over 1000 doctors trained in disaster relief as well as medical supplies to the United States in the immediate aftermath of Hurricane Katrina. Although the Bush administration chose not to accept the offer, the symbolism of this offer of help by a small, developing country that has suffered forty-seven years of US hostilities, including an economic embargo, is remarkable.²³

Benefits For Cuba. Since Cuba first sent a medical brigade to Chile in 1960 to provide disaster relief after an earthquake, it has utilized medical diplomacy to capture the hearts and minds of aid recipients. Medical diplomacy has been a critical means of gaining prestige and goodwill (symbolic capital), which can be translated into diplomatic support and trade or aid (material capital). It has been 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. 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,

²² *Cuba Coopera* op.cit. and *Prensa Latina*, April 11, 2008.

²³ Feinsilver, «La diplomacia médica cubana,» *Foreign Affairs*.

at least seventy-four 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 the past 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.²⁴

Economic benefits have been very significant since the rise of Hugo Chavez in Venezuela. Trade with and aid from Venezuela in the oil-for-doctors exchange, have bolstered Cuba's ability to conduct medical diplomacy, and importantly, have helped keep its economy afloat. Earnings from medical services (which include the export of doctors) equaled 28 percent of total export receipts and net capital payments in 2006. This amounted to US\$2,312 million, a figure greater than that for both nickel and cobalt exports and tourism.²⁵ In fact, the export of medical services currently is seen as the brightest spot on Cuba's economic horizon.²⁶

On the domestic front, medical diplomacy has provided a escape valve for disgruntled medical professionals who have sacrificed their time, studied and worked hard, but earn much less at home than much less skilled workers in the tourism sector. Their earning potential is much greater abroad, both within the confines of the medical diplomacy program and even more so beyond it.


■ Concluding remarks

Cuba has been very adept at using medical diplomacy to garner symbolic capital as well as material capital in the form of aid and trade. The early investment in the development of a national health care system that has produced impressive results and the mass production of physicians has paid off handsomely. With medical services leading economic growth due to the oil-for-doctors agreement with Venezuela, it seems unlikely that even the more pragmatic Raúl Castro will change direction now. On the other hand, dependency on a major benefactor/trade partner can be perilous, as the Cubans have seen more than once before. Any major change in Venezuela could slow Cuba's engine of economic growth.

²⁴http://secap480.un.org/search?ie=utf8&site=un_org&output=xml_no_dtd&client=UN_Website_English&num=10&proxystylesheet=UN_Website&oe=utf8&q=vote+on+US+embargo+of+Cuba&Submit=Search.

²⁵ Embassy of India (Havana), «Annual Commercial & Economic Report-2006», No.Hav/Comm/2007, April 13, 2007.

²⁶ Remarks by both Carmelo Mesa-Lago and Archibald Ritter at CUNY Bildner Center Conference, «A Changing Cuba in a Changing World», March 13-15, 2008.

Some questions for further research and debate are: 1) Is spending more on international initiatives than domestic social services that unusual when the leadership of a country has international pretensions? Is it just? Will it lead to de-legitimation of the government in Venezuela and/or Cuba? 2) How would Cuba cope if Venezuela requires a major adjustment in the terms of trade to reflect the exponential increase in oil prices since the signing of their last agreement? Since Cuba's human resources are already stretched thin at home, can they deliver? If not, what are their options? 3) Will the implementation of ALBA commitments undermine Barrio Adentro or are sufficient local physicians being trained to meet the demand from rising expectations? 4) Will defections undermine Cuba's medical diplomacy programs or are they just a nuisance and cost of doing business? 

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Venezuela was the prime destination alongside Brazil for Cuban doctors and other professionals whose salaries go directly to the Cuban government, providing another vital source of hard currency believed to be slackening in recent years. ^ a b c d e Julie M. Feinsilver (2008), "Oil-for-Doctors: Cuban Medical Diplomacy Gets a Little Help From a Venezuelan Friend", Nueva Sociedad 216 July–August 2008. ^ "Cuba, SA health deal is in good shape". Business Day (28 May 2012).