‘Mais Médicos’: Cuba, Brazil, and International Politics in the Global South

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Abstract
This article critically analyzes the inclusion of Cuban doctors within the *Mais Médicos* program in Brazil to compare it with previous Cuban medical missions in other places, such as Venezuela and Angola. Overall, we content Cuban medical internationalism cannot be seen as a monolithic entity, but rather one that is subject to spatial and temporal influences. Secondly, our analysis demonstrates the ways in which neoliberal economic thinking has changed both Cuban and Brazilian foreign policy approaches in recent years. Based on numerous qualitative semi-structured interviews with Cuban participants in these missions, this study complicates and nuances our understanding of Cuban medical internationalism.

Key Words: Cuban Medical Internationalism, *Mais Médicos*, Foreign Policy Analysis, Cuba, Brazil

In July of 2013, what would amount to over 11,400 Cuban doctors began arriving in Brazil to work within the *Mais Médicos* program. The doctors arrived following an initiative of President Dilma Rousseff’s government to reduce public health disparities, and increase access to professional medical care in Brazil’s most underserved and remote areas. The program is one more chapter in the extensive and historic trajectory of “Cuban medical internationalism” to which we can add numerous missions to Chile, Algeria, Venezuela, and other countries since the 1960s, as well as extensive aid to Angola during its civil war. Yet, Cuban doctors were not received in Brazil as welcomed fellow Global South or thirdworldist brothers and sisters helping decrease the nation’s public health inequalities – instead they were met at airports with chants of “Slave” and having bananas thrown at them (Watts 2013). Overall, the arrival of Cuban doctors in Brazil caused an impassioned social debate about their role in Brazilian society as possible communist agents and about their qualifications to be medical professionals. Meanwhile, many in Brazil’s peripheral and underprivileged areas welcomed the Cuban doctors, along with their medical care and expertise.

Much has been written, since its inception in the 1960s, about Cuban medical internationalism, yet most has focused on its role within Cuban foreign policy or its affects on macro-public health indicators and statistics (Bustamante and Sweig 2008; Feinsilver 2008a, 2008b; Kirk 2009; Kirk and Erisman 2009; Brouwer 2011; Kirk, Kirk, and Walker 2015). When included, the voices and points of view of the numerous doctors that participate in these medical programs abroad, only reflect the positive affects their presence has on access to medical care and their extensive humanitarian efforts, despite Cuba’s own lack of resources. In other words,

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scholarly discussion on Cuban medical internationalism have never critically analyzed the power relations and internal nuances that arise from these medical missions, and what this tells us about hierarchy within the international system. This article parts from the research question: in what ways is Cuban participation in *Mais Médicos* unique, and what does this tell us about Cuban medical internationalism and international politics more broadly? We content that Cuban medical internationalism should not be viewed as a monolithic entity and that its outcomes and inner workings are rather place and time specific. Furthermore, we argue the structure and inner-workings of *Mais Médicos* reveals the turn towards neoliberal economic thinking Cuban has taken in recent decades, as a result of global capital. We base our claims on 20 qualitative interviews conducted with Cuban doctors who have completed missions in countries such as, Venezuela, Angola, and Bolivia; and many who are now participating in *Mais Médicos*. As well as 10 qualitative interviews with Brazilian doctors and civil society leaders. In the next section, we will review the academic literature produced on Cuban medical internationalism, as well as foreign policy analysis, in order to situate our project theoretically.

**Literature Review**

Since its inception, the field of international relations has been plagued with questions concerning which is the proper level of analysis – the system, state, or individual (Waltz 1959). Many realist thinkers have chosen to focus on a system-level analysis and the international dynamics that result from a perpetual state of anarchy (Waltz 1959; Mearsheimer 2001). Others scholars, such as Hudson and Vore (1995) have called for the importance of opening the “black box of the state” and understanding the internal factions and aspirations that collectively compose the “national interest,” which realists take as a given singular entity. For Hudson and Vore, one cannot ignore the role that individuals, say certain bureaucrats, thinkers, business leaders, and the groups they represent have in shaping foreign policy decision-making. Utilizing this line of reasoning, Charles Hermann has argued shifts in foreign policies can be a result of: individual leaders, bureaucratic pressure, domestic changes, and/or international factors (1990: 3). Furthermore, these foreign policy changes are wide in scope ranging from: policy adjustment changes, program or tactic shifts, goal changes, and/or redirecting one’s international alliances (Hermann 1990: 5).
Using rational choice theory, scholar Robert Putnam (1988) has posited his “two-level games” theoretical framework, whereby a country’s diplomatic corps must keep in mind both the domestic and international political arenas while undertaking international negotiations and conducting foreign affairs. In other words, domestic politics has an effect on foreign politics, and vice-versa. Thus, a leader must take into consideration key constituencies, re-election scenarios, domestic economic interests, and numerous other variables; as well as the interests of foreign states, investors, and organizations, when crafting or bargaining international agreements. The result of this simultaneous political balancing act is a more nuanced perspective on global politics, which instead of only focusing on anarchy, is also able to take into account the intricacies that exists within and between states. This research paper utilizes the foreign policy analysis framework presented by Hudson and Vore, as well as Hermann and Putnam’s theoretical insights, to analyze the inner-workings of Cuban medical internationalism and gauge not only how it differs from country to country; but also how it has evolved since the end of the Cold War.

Turning more specifically towards Cuban foreign policy, since 1959, it could in many ways be read as an attempt to find a place and clout within the international system, where after failed attempts to spread revolution in Latin America in the 1960s, attention was turned towards Africa (Gleijeses 2002). With its large Afro-descendant population and legacy of colonialism, the Caribbean country was well suited to capitalize on African de-colonization (Valdés 1979: 109; Hatzky 2015). The biggest ventures were in Angola and Ethiopia where eventually 19,000 and 16,000 Cuban troops, respectively, aided the Marxist regimes there in coming to power (Thompson 2003: 54; Westad 2007: 235-8). Cooperation in Africa went well beyond soldiers though, as over 110,000 Cuban doctors, teachers, and other civilians would spend time in Africa by the end of the 1980s (Eckstein 2003: 175). This created a thriving network and system of South-South cooperation between Cuba and African states (Kapcia 2008; Hatzky 2015). Overall, Cuban foreign policy can be interpreted as a, “[B]alance between open ‘activism’ and more recognizable pragmatism; yet… often the seemingly ‘ideological’ made practical sense, while the pragmatic usually also had an ideological dimension (Kapcia 2008: 132).”

Beyond Cold War politics, Cuban involvement in places like Angola and Ethiopia was also strategic because it gave younger Cubans, who at that time were craving economic opportunity the ability to travel abroad, learn new skills, and improve their financial situation
(Kapcia 2008: 124-5; Visentini et al. 2013: 262). Beyond this, participants in Cuban *internationalismo* throughout Africa got to see places that were economically and politically worse off than Cuba, which probably gave them a new appreciation for the social benefits of the revolution (Kapcia 2008: 124-5). This, in many ways, reflects the ideas advanced by Putnam (1988) about how leaders play two-level games between domestic and international politics and how these two fronts influence each other. The academic literature on Cuban medical internationalism (Bustamante and Sweig 2008; Feinsilver 2008a, 2008b; Kirk and Erisman 2009; Brouwer 2011; and others) though focuses on these types of dynamics giving preference to the role of Cuban doctors within the country’s foreign policy or public health system. In this research study, we hope to contribute to the literature by focusing on the experiences of the individual doctors who participate in these programs and employing qualitative interviews.

With the fall of the Soviet Union, the island country experienced a difficult economic period, known as the “Special Period.” Cuba’s gross domestic product shrunk by 11.6% in 1992 and 14.9% in 1993, closest trading partners disappeared, and the United States (U.S.) tightened its embargo, pushing the resolve of the regime to the brink (Erisman 2006: 3; Valdés 2011: 356-7). But the regime overcame the crisis with economic reforms, such as the legalization of U.S. dollars (Kapcia 2008: 190). By the end of the 1990s, the Cuban regime was further aided by the arrival of the “Pink Tide” which brought many leftist leaders to power in Latin America (Cleary 2006). The first new alley of the Cuban regime was Venezuela, where Hugo Chavez was eager to battle U.S. imperialism and recalibrate the region’s status quo (Reid 2007; Corrales and Penfold 2011). This gave rise to a new wave of Cuban medical internationalism, as the Caribbean country began sending doctors and medical technicians to Venezuela in 1999; and currently there are over 30,000 doctors and medical staff posted there (Pentón 2016).

As Bustamante and Sweig argue, through its foreign medical missions in Venezuela and other places, Cuba engages in “public diplomacy,” which, “traditionally refers to ways in which governments use aid, cultural, media, and exchange programs to influence the ways in which they are seen by citizens in other countries (2008: 226).” This “public diplomacy” builds Cuba’s prestige on the world stage and allows it to further its policy interests despite the U.S. embargo. Feinsilver (1989, 2008a) argues these actions are an impressive example of soft power outside of a U.S.-centric context and defines them as “medical diplomacy.” Soft power here defined as, “the ability to get what you want through attraction rather than coercion or payments (cited in
Thus, since the end of the Cold War, Cuba has been able to turn its foreign policy focus towards Latin America once again and used its healthcare professionals to acquire hard currency for the island.

In other words, Cuba constructed an international identity for itself as a Global South country of goodwill through its medical missions. As Kirk (2006: 341) writes, “Havana will continue to champion the interests of poorer and underdeveloped nations and will continue to be highly respected in that sector.” However, this view of Cuban South-South cooperation leaves out many considerations, for instance, the ways in which using these programs to increase currency reserves can affect the purely good-hearted nature of Cuban medical internationalism, as originally intended by Fidel Castro (Benzi and Zapata 2017: 83). We must critically analyze South-South cooperation and the power hierarchies that result from it, in order to better understand the internal nuances that arise from Cuban medical internationalism and other attempts to move beyond a North-South development dynamic (Chaturvedi, Fues, and Sidiropoulos 2012; Bergamaschi, Moore, and Tickner 2017). As Bustamante and Sweig (2008: 236) writes, “Clearly, symbolism is also an important component and driver of Cuba’s medical diplomacy,” yet this symbolism must be viewed within Cuba’s search for economic development and shifting domestic political dynamics with the rise of Raúl Castro to the presidency in 2008 (Sweig 2016: 258).

After noting the successes of Cuban doctors in Venezuela, the Brazilian government of Dilma Rouseff signed an accord and also began receiving Cuban doctors in 2013. Around the same time this process was unfolding, Cuba entered a new cycle in its foreign policy approach around 2009, which Alzugaray (2015) labels as “Anti-hegemonic economic pragmatism.” This new period, ushered in by Raúl Castro, has seen a shift towards a focus on economic relations and cooperation and even claims of “updating” Cuban socialist approaches and policies (Sweig 2016: 261). This new wave of Cuban foreign policy decision-making and grand strategy has focused its energies more on the pragmatic and less on the idealist side of foreign policy endeavors (Feinsilver 2010). This shift is difficult to ignore, as Cuba received approximately $8.2 billion in 2016 from its 25,000 doctors and 30,000 nurses and other medical professionals working abroad in 67 countries, $500 million from Brazil alone (Waters 2017).

The Brazilian constitution of 1988 guarantees every citizen access to doctors and healthcare free of charge, in practice though public health has been underfunded, resulting in
long waits and underserved areas (Paim et al. 2011). Specifically, the country has a shortage of public doctors in rural area, as most doctors tend to work in larger metropolitan regions and are concentrated in the Southeastern region (Póvoa and Andrade 2006). The Mais Médicos (literally “More Doctors”) program seeks to eliminate those disparities in access to public healthcare by placing doctors in underserved communities (Jennings 2015). This is a monumental challenge for a country of over 200 million people, and which on average has 1.8 doctors per thousand inhabitants (Garcia et al. 2014). To meet this demand, the Dilma government decided to include foreign doctors in the program, who would be assigned to these underserved areas for two-year periods. Participation in the program though was open to all Brazilian doctors, even those who graduated from foreign medical universities. The inclusion of Cuban doctors in Mais Médicos was negotiated through the Pan-American Health Organization, whereby both countries agreed on the pay structure and rules governing the exchange. Currently, out of the 18,240 participants in the program, approximately 11,400 are Cubans (Ventura 2016). The doctors are paid a salary of R$10,513.00 a month, of which the Cuban government keeps the majority; but also receive added bonuses, such as a housing stipend from their municipal host government. This research article will compare and contrast the experiences of Cuban doctors working in Brazil, to that of Cuban doctors completing missions in other countries, in order to see how Cuban medical internationalism varies from place to place; and what this tells us about international politics in the Global South.

**Methods and Procedures**

There are many pre-existing studies outlining the empirical affects of Cuban medical internationalism, ranging from revenue for the Cuban government to its affects on various health statistics (Bustamante and Sweig 2008; Feinsilver 2008a, 2008b; Kirk 2009; Kirk and Erisman 2009; Brouwer 2011; Kirk, Kirk, and Walker 2015). Our objective here is to add color and context to those pre-existing studies through a non-empirical methodology (della Porta and Keating 2008). We base our data on 20 anonymous in-depth semi-structured interviews conducted with Cuban doctors (13 females and 7 males) who have participated, or are participating, in these medical missions. We utilized a set of 25 open-ended questions, which we asked interviewees to answer as they saw fit. The interviews typically lasted between 30-60 minutes, and were either recorded or copious notes were taken in order to capture quotes as close
as possible to their original words. The 20 doctors reflect Cuba’s racial and regional diversity, and also range in: age, martial status, and places where they complete(d) medical missions. Cuban doctors working in Mais Médicos, for instance, were stationed in various states, such as: Rio Grande do Sul, São Paulo, Maranhão, etc. Besides Brazil, our sample group also completed medical missions in countries such as: Honduras, Venezuela, Ghana, etc.

To account for the possible bias of the Cuban state we interviewed both doctors who are currently participating in these missions, and many who have participated and since immigrated to other countries and no longer have ties to the Cuban government. To our surprise, the responses of every participant appeared to correlate rather well, regardless of their location or status within or outside of a mission. Asides from Cuban doctors, we also interviewed 10 Brazilian civil society members about their views on Mais Médicos. The researchers did not experience much hesitancy from any of the doctors in participating and most seemed to enjoy sharing their experiences. Contacts were made through mutual acquaintances, where doctors who participated then suggested other doctors they knew. The interviews were conducted in Spanish or Portuguese, and the research project was reviewed and approved by the Research Ethics Committee of the researcher’s home university.

After collecting the interviews we embarked on the arduous task of analyzing our data to discern patterns, contrasts, and reach conclusions. This process entailed not only analyzing the given responses, but also meta-data responses, and both the researchers and participants’ positionality. By meta-data we mean Fujii’s (2010: 232) definition of spoken and non-spoken responses that must be analyzed beyond literal value, and can include: rumours, silences, denials, evasions, and so forth. My positionality as a white Cuban male who was educated in the U.S., conducting interviews with numerous Afro-descendent and female research participants was constantly reflected upon in order to minimize the effects it could have on the research, due to the resultant power relations it created. The researcher strove to gain as much rapport as possible with the participants through informal conversations and by also sharing his personal experiences of travel and work abroad, in order to ease any worries and make them more comfortable opening up about their experiences.

Furthermore, we acknowledge our participants represent an elite portion of Cuban society, considering they have been given the opportunity to travel abroad, earn foreign currency, and are part of an elite profession. Therefore, these results may not be applicable to the
experiences of say rural Cuban farmers or urban industrial workers. In order to enhance our argument, we attempted to triangulate our findings, wherever possible, with either empirical data or the findings of previous scholars. This research project is not the end of a discussion, but rather the beginning of a conversation that invites self-reflection and asks many new research questions. We have striven to make our claims and findings as robust as possible by engaging in critical reflection of both researcher and participants, as well as dialogue with previous scholarship. To use Wedeen’s (2010: 264) words, “By navigating between concrete details and conceptual abstractions, we can refine and undermine, negate and create novel explanations about politics.”

Cuban Medical Internationalism (Re)Examined

As discussed above, academic literature has tended to treat Cuban medical internationalism as a monolithic entity, devoid of geopolitical and temporal considerations. In this section, we will problematize that notion by exploring the nuances and complexities that exist among and within every Cuban medical program abroad. In fact, one of the first observations made during our fieldwork was the striking diversity of experiences afforded to Cuban doctors depending on their host country. We cannot view “Cuban medical internationalism” as a single entity or tool of Cuban foreign policy that simply provides medical care across the Global South and countries ravaged by natural disasters – instead we must delve into the contours that arise from these encounters. Or as Miranda, who previously completed a mission in Venezuela and is now completing Mais Médicos in Brazil explains:

Interviewer: How is your experience in Brazil different from your time in Venezuela?
Miranda: Venezuela is a very different experience. You have to work 24 hour shifts and you work 7 days a week. You can’t leave the clinic after 7 p.m. and you live behind the clinic. Even the medications that you give to the patients are from Cuba. You only work with other Cubans. It was very “Cubanized.” It was Cuba in Venezuela.

Many of our research participants within Mais Médicos have previously completed missions in countries such as: Angola, Ghana, and Venezuela so they were able to delineate well the differences between the programs. It would seem that completing a medical mission currently in Brazil is probably the ideal scenario for Cuban doctors because it offers the highest pay, access

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2 All of the participants’ names have been altered in order to protect their identity to another name that is not similar to their original one. The author has translated all of the responses from the original Spanish or Portuguese.
to material goods, and safest society. Over the past few decades the Brazilian government under the Worker’s Party (PT) made considerable investments in social welfare and poverty reduction (Kingston and Ponce 2010), which has made Brazil more attractive to international investors and to Cuban doctors who participate in these programs.

Conversely, being stationed in Venezuela has become increasingly less attractive to Cuban doctors over the past few years, especially with the death of Hugo Chávez and rise of Nicolás Maduro to power. The Venezuelan economy has come under particular strain in recent times due to falling oil prices, which has curtailed the government’s ability to spend on social welfare programs, and led to subsequent rises in inflation (Pentón 2016; Sweig 2016: 295). Furthermore, the political situation in Venezuela has become more and more polarized since Chávez’s illness and even led to sanctions against the South American state, worsening the domestic economic panorama. These variables not only affect the Venezuelan people but also the numerous Cuban doctors that are currently in the country working to provide medical care within its most underprivileged communities, or as Ana Clara a young Cuban doctor, currently in Venezuela, shared:

I have seen things that I was never going to see in Cuba, from bullet wounds to dead people. The police arrive with 1, 2, 3, 4, sometimes 5 corpses, and they arrive dead, without vital signs and we say, “They are dead!” And the police, speaking with I don’t know who on the phone saying, “They are giving him first aid.” And you are there saying, “No, look they’re dead!” Because those are some of the malandros [bandits] that the police kill and the police make sure that they are dead by the time they arrive here, but then they write [in the death certificate] and make it seem like they arrived alive and died at the health clinic. In other words, they say that it was the Cubans who let them die – and this never happened with me personally – but there have been cases of then family members coming and complaining to the Cuban doctor, but the person arrived here dead.

Cuban doctors participating in these foreign medical cooperation programs find themselves not only at a cultural and medical cross-roads, but also often at the nexus of international political discussions, as the doctors who arrived at Brazilian airports to chants of “Slave” and having bananas thrown at them well understand. Yet, while the political controversy around Cuban doctors in Brazil seemed to wan after their arrival, their position within Venezuelan politics continues as contested as ever. From our interviews, we were able to gauge that pay structures, working hours, obligations, access to resources, and so forth vary drastically between every country Cuban doctors are sent.
Asides from spatial differences, it also appears Cuban medical missions have radically evolved over time from haphazardly put together aid programs, to an important and methodically planned source of foreign power projection and capital. As historian Piero Gleijeses (2002: 36) recounts about one of Cuba’s earliest medical missions to Algeria in 1963:

“We didn’t even know how long we were going to stay,” adds [Doctor Sara] Parelló, “or where [in Algeria] we were going, or anything at all.” Cuban officials knew little more. The two countries had not yet signed an agreement, and many important points (such as the duration of the mission) had yet to be decided.

The confusion and lack of details within Cuba’s earliest missions, as described above, contrasts greatly to the level of bureaucratic oversight and institutionalization that exists within its modern programs, especially *Mais Médicos*. Since the Cold War, Cuban medical internationalism has also evolved into an important source of revenue for the Cuban state, as will be further analyzed in the next section. Moreover, medical missions are closely scrutinized, whereby Cuban doctors must pass certain exams in Brazil to revalidate their medical degrees; and the parameters of their stay and payment are arranged well-before arrival in-country. Details regarding visas and the conditions under which doctors may stay in Brazil past their tours are also greatly monitored and negotiated to ensure the majority of them return to Cuba.

In other words, one could think of Cuban medical internationalism as a spectrum, on one-end is Brazil, a country which has seen relative economic prosperity until a recent recession and which has strong labor laws and judicial processes, in comparison to its neighbors. Intermediately, one could place Venezuela, Bolivia, and other countries which give Cuban doctors access to certain material goods and capital but whose own economic and social disparities can even leave Cuba doctors feeling as, “agents of a culturally superior civilization and superior social system (Hatzky 2015: 247).” At the other end of the spectrum one could place Angola and many of Cuba’s earliest South-South cooperation programs throughout Africa during the 1960s-80s where doctors were sent into dangerous conflict zones. Or as doctor Gonzalo, who completed a medical mission in Angola during the 1980s and is now working in *Mais Médicos* said:

In Angola I arrived and everything shocks you, even the smell. Everything is different, well everything was different in those times. I remember that when I arrived there were rumors about a doctor [Angolan] who was with the *contras* and every patient who went to see him he would cut off a leg or an arm, regardless of how insignificant [their illness] to handicap them. I don’t know if that’s true, but they told me that story and I remember being impressed by the number of people with crutches in the hospital. I saw people die, my comrades, and I saw poverty…
Doctor Gonzalo’s reflection on Angola illustrates well that when examined from the point of view of the individual doctors, the differences that exist between and within each mission become strikingly clear. A Cuban doctor in Brazil can buy a car, re-marry, and travel to other cities in Brazil. Luxuries probably out of reach to Cuban doctors in Venezuela or those who participated in the earliest missions. Medical missions, from their start were not intended to be cozy trips abroad, and we are not trying to exoticize Brazil as an ideal place to work as a Cuban doctor, rather we are presenting the differences that exist between these programs.

Asides being treated by the academic literature as a monolithic entity across time and place, scholarly works on Cuban medical missions are also devoid of critical analyses of hierarchy and variables such as, gender, race, and class. Cuban South-South cooperation is treated as if Cuban society is inherently free of racism and sexism without pondering the ways Cuba’s – and by extension Cubans’ – preconceived notions of gender, race, and other factors could affect the tone and outcome of these missions and vice-versa. Or as historian Christine Hatzky argues:

I also use the word “cooperation” to distance myself from the term “mission,” which is frequently found in the Cuban context to refer to an engagement abroad. My choice of terms has not only to with the fact that “mission” is ideologically tendentious. The word also has the paternalistic connotation of one-sided activity on the part of Cuba…(2015: 27).

Even the use of the word “mission” to describe Cuban solidarity efforts abroad implies a certain unequal power relationship whereby Cuban agents, whether doctors or other technicians, deliver superior knowledge and understanding to their host countries. Certainly, this critique is not limited to Angola during the Cold War, but remains in many Cuban doctors’ implicit thinking about their time abroad, or as doctor Ines who completed missions in Ghana, Venezuela, and Brazil reflects upon her experiences:

Interviewer: How was your experience in Ghana?
Interviewee: It was very different. Food, languages, they had different dialects, the way they dresses, the way people interact with each other, there were people from different tribes who could not communicate with each other because they did not speak the same dialect. Religion also, they were very creyente [faithful], very Muslim.

What we see here, subtly, is the way in which racial, religious, gendered, and other hierarchies affect the ways in which Cubans read their host communities and are read by them. In other words, Cuban doctors participating in Mais Médicos are not only providing medical care; they are also navigating Brazil’s domestic political and cultural landscapes. The outcomes
of this encounter will vary greatly depending on the Cuban doctor’s: gender, race, age, sexuality, and other factors. This observation is reminiscent of Brah’s claim that, “Structures of class, racism, gender and sexuality cannot be treated as ‘independent variables’ because the oppression of each is inscribed within the other – in constituted by and is constitutive of the other (1996: 109).” Secondly, these encounters also differ greatly across time and place as we have outlined in this section by comparing and contrasting the experiences of Cuban doctors working within Mais Médicos and those who are (or have been) stationed in other countries and settings. Overall, this shows us the complexity within Cuban medical internationalism and how it has evolved since its first incursions in Africa and Latin America into a complex web of medical care. This web though is entangled in local, post-Cold War, and Global South political processes and hierarchies. Despite its overt efforts to present itself as an apolitical tool for human solidarity, Cuban medical internationalism cannot escape the apparatus of international politics.

**Capital and its Affects on South-South Cooperation**

The “Special Period” that ensued in Cuba with the fall of the Soviet Union and its economic hardships drastically altered the domestic political landscape, as the government legalized the circulation of U.S. dollars, condoned small businesses, and enacted other neoliberal reforms (Kapcia 2008: 190). The extent of the economic crisis, with gross domestic product shrinking by 11.6% in 1992 and 14.9% in 1993, and gross internal investment falling by 58.3% in 1992 and 39.7% in 1993, pushed the resolve and psyche of the Cuban people to the brink (Erisman 2006: 3; Valdés 2011: 357-8). The neoliberal reforms that followed radically altered interpersonal and power dynamics among the island’s residents as capital induced thinking seeped into the communist island (see Brotherton 2012; Hamilton 2012; Stout 2014). With an influx of tourists and dollars as part of the government’s plan to overcome the crisis, Cubans began looking at their lives and economic prospects “differently,” placing access to foreign capital towards the top of their priorities list. As argued by Putnam (1988) domestic political processes and variables affect a country’s foreign political negotiation and projection strategy. In this section, we content that the Special Period and introduction of capital into post-Soviet Cuban society have not only essentially altered domestic politics, but also foreign policy, specifically medical internationalism programs.
When asked about their reasons for participating in foreign medical missions our interviewees always listed financial reasons first, followed by getting to travel, new experiences, helping people, changing lives, and so forth. This makes it very clear that although the primary purpose of medical internationalism is to deliver health care services in another country, it does not necessary mean that the individual medical staff have that as their foremost motivation. This does not imply that their resulting performance is lackluster, as these are all trained medical professions who follow ethical standards when treating their patients; but rather that they have complex motives and desires that affect these foreign policy programs. As Miranda phrased it:

Interviewer: Why do you think that Cuban doctors participate in these medical missions abroad?
Miranda: A house, a car, a business back in Cuba, everyone has a different project in mind, either buying something or starting a business. Of course, you can’t spend it all here in parties and merrymaking [fiestas y pachanga], as we say.

This quote captures the essence of the very real financial considerations that drives people to participate in these programs and which they must keep in mind while “completing the mission.”

Economic considerations have also come to the forefront of Cuban domestic politicians’ thinking in terms of these missions, not just in the minds of the doctors. In 2016, Cuba received $8.2 billion from its medical missions abroad, meaning that the approximately 55,000 medical professionals it currently has stationed in Brazil, Venezuela, and numerous other countries are a lucrative and important source of income for the government (Waters 2017). This trend has led some to quip that doctors are now Cuba’s largest export. But their percentage as a total of foreign earnings should fall in 2017-18, considering the economic crisis in Venezuela only continues to grow, and Brazil’s new President Michel Temer has made cuts to the Mais Médicos program. Whether they are the country’s largest source of foreign revenue or not – we still have individual humans with personal aspirations and dreams that are contributing a considerable sum of money back to Cuba for the island’s social spending and economic development. On the other hand, the deployment of a sizable amount of doctors abroad is not a solely positive opportunity for the Cuban state, since sending doctors abroad could eventually create a shortage of medical experts for the Cuban people, especially in the more remote rural provinces (Feinsilver 2008b). Even though Cuba has an impressive number of doctors, about 90,000 for a population of 11.2

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3 In fact, Cuban doctors participating in Mais Médicos have generally been praised for there competency and patient satisfaction (Kirk at al. 2015).
million, making it the highest per capita in the world (Waters 2017), sending so many trained medical specialists abroad could one day cause a possible deterioration of the island’s own healthcare system (Huish and Kirk 2007).

From this analysis, we can see how political identity in Cuba has moved away from idealism and more towards pragmatic matters (Kapcia 2008: 132). The Cuban government, it seems, is now less preoccupied then before in spreading quality care throughout the Global South, and more with how much hard cash it will bring into the state’s coffers. The economic and pragmatic rationale that has come to characterize Cuban medical internationalism is best represented through the experiences of doctors that deserted from *Mais Médicos* or from *Barrio Adentro*. As part of our fieldwork, we interviewed seven doctors that deserted, some of them now living in the U.S. These individuals who are not directly tied to the Cuban government in any way, when asked their motives for deserting always listed a financial reason first. In other words, none of them listed ideological disagreements with the Cuban state or political reasons, all simply felt they could make more income and live more prosperous lives by deserting from the program than by staying in the international mission. As Antonio who deserted, and is now married to a Brazilian woman put it:

Interviewer: Do you think that the majority of people who desert, the majority of them do it for economic motives or because of some ideological/political disagreement with the Cuban government?
Interviewee: No, no, no. The majority do it because of economics, because all of us grow up inside of the system over there [in Cuba] and there are a lot of things there that are worthy of defending, some not; but there are good things... The majority that leaves are for economic reasons, of course there are some that leave for political reasons, but not the majority. But also because of the Cuban government itself that sometimes forces us to desert, for example, I know a man that lives about 40 kilometers from here, and he got married [to a Brazilian] and he was close to finishing his mission. He asked to change his flight back to Cuba for a latter one so he could do some paperwork here, and the leadership of the mission they said, “No!” They said that or either he went back in that flight or he deserted, and well he deserted.

In this recollection we clearly see the convoluted dynamics and forces at play in Cuban medical internationalism and that have been evolving for some time, as we have an individual who allegedly wanted to complete his tour in *Mais Médicos* but was obligated to desert due to bureaucratic issues. Our fieldwork and interview results all seem to support Alzugaray’s (2015) point that Cuba has entered a new phase in its foreign policy with an extreme focus on economic

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4 By comparison Brazil before *Mais Médicos* only had about 1.8 doctors per 1,000 inhabitants (Garcia et al. 2014). Cuba has more doctors than Canada, a country with a population three times as large (Kirk et al. 2015).
matters. Our results suggest that at both the domestic and international level various forces have come together to shift Cuban society towards a stronger focus on practical matters of economic development. As Benzi and Zapata write:

[A]n important economic shift in Cuba’s approach to cooperation that is challenging the very humanitarian and ideological foundation 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 (2017: 101).

Once again this is not to say that Cuban doctors who participate in these programs, only care about the money; but that economic motives (unlike in previous generations) seem to factor heavily in the decision to leave one’s family behind and go work in uncertain conditions abroad. This shift poses an interesting question about the possible long-term affects that the introduction of this pragmatic economic thinking could have for the Cuban regime as thousands of doctors who worked abroad in capitalist countries return home, and considering capital and capitalism’s universalizing tendencies (Chibber 2013).

In other words, following scholar Charles Hermann’s model of foreign policy changes (1990: 5), Cuba has not enact any radically shifts in its international alliances or forfeited the original publicly stated goals of its international medical missions. What our fieldwork reveals when corroborated with the work of other scholars, is what Hermann calls “adjustment” or “program” changes, whereby foreign policy objectives remains the same but the methods and tactics used to achieve them are modified for some unknown purpose (1990: 5). Within Cuban medical internationalism, and Cuban foreign policy more broadly, when we consider Raúl Castro’s effort to negotiate with Barack Obama a rapprochement with the U.S., the purpose becomes rather apparent: fulfilling the capital and investment needs that neoliberal economic thinking has brought to the communist island country since the fall of the Soviet Union. This shows the extent to which capital (although working subtly) affects foreign policy in the twenty-first century as the rationale and thinking behind Cuban medical missions has greatly shifted, but the public presentation of it goals and intentions remains humanitarian goodwill. Furthermore, when we consider that both the PT and Chavista leftist governments of Brazil and Venezuela, respectively, engaged in these programs with a strikingly neoliberal and market-oriented economic thinking at their foundation, one realizes it is not only Cuba; but rather a greater shift towards economic-based thinking which has spread throughout the Global South. Put blatantly,
there exists a complex and polymorphous relationship between capital and politics in the post-Soviet world, both within Cuba and beyond, whereby “Geo-economics impinges upon geopolitics as much as economics impinges upon politics (Baru 2012: 9).”

**Conclusion**

As stated previously, Cuban medical internationalism has a long-standing history since the 1960s of providing medical care and aid to numerous countries and peoples in need. What we have done in this paper is problematize and critically examine Cuban medical internationalism across different spatial and temporal arenas in order to gauge its development, nuances, and shifts. When compared to the employment of Cuban doctors in Angola during the 1970s, or Venezuela in the early 2000s, one notices that Cuban doctors in Brazil working through *Mais Médicos* have had a considerably different experience. In other words, Cuban medical internationalism cannot be viewed as a monolithic entity, but rather one that is affected (and affects) by changes in local and international political contexts, such as the end of the Cold War, or resistance to the “Pink Tide” governments that have come to power across Latin America since the late 1990s. Furthermore, we cannot treat the delivery of medical care as if it were a neutral and powerless relation within the social sphere; on the contrary, one must account for the nuanced ways in which race, historical legacies, gender, and relations of power work to complicate the expected or desired outcomes of these medical missions.

Furthermore, using various analytical and theoretical approaches, we have outlined the shifts that *Mais Médicos* is indicative of within Cuban foreign policy thinking during the past few years. This discussion reveals the complex ways in which global capital and neoliberal thinking regiment and permeate the international system through various hierarchies, which complicate both national and international discourses of leftist political stances and goodwill internationalism advanced by both of these governments in recent years. Secondly, when examined at the level of the individual, analyzing the rise of neoliberal thinking within Post-Soviet Cuban medical internationalism reveals the surprising ways in which the doctors themselves can wield power and agency by participating in these programs that further not only the interests of the Cuban and Brazilian governments, but also their personal long-term financial goals. This analysis would seem to suggest that Cuban medical missions, such as *Mais Médicos*, are the meeting point of countless and at times conflicting interests of various agents, not just a
simple stream of healthcare delivery. These recent shifts in foreign policy thinking, and how individual doctors position themselves within this neoliberal paradigm is also telling of the ways in which future medical care in Cuba could be more market thinking oriented. Our analysis suggests that despite official rhetoric and stances, economic considerations play a role in the thinking of both government and individual within medical internationalism and how they position themselves to take advantage of its outcomes.

Works Cited


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