

10-31-2011

## Cuban Medical Internationalism: A Case for International Solidarity in Foreign Policy Decision Making

Eric James Fiske  
*University of South Florida*, [efiske@mail.usf.edu](mailto:efiske@mail.usf.edu)

Follow this and additional works at: <https://digitalcommons.usf.edu/etd>



Part of the [American Studies Commons](#), [International Relations Commons](#), and the [Latin American Studies Commons](#)

---

### Scholar Commons Citation

Fiske, Eric James, "Cuban Medical Internationalism: A Case for International Solidarity in Foreign Policy Decision Making" (2011). *USF Tampa Graduate Theses and Dissertations*.  
<https://digitalcommons.usf.edu/etd/3724>

This Thesis is brought to you for free and open access by the USF Graduate Theses and Dissertations at Digital Commons @ University of South Florida. It has been accepted for inclusion in USF Tampa Graduate Theses and Dissertations by an authorized administrator of Digital Commons @ University of South Florida. For more information, please contact [digitalcommons@usf.edu](mailto:digitalcommons@usf.edu).

Cuban Medical Internationalism: A Case for International Solidarity in Foreign Policy

Decision Making

by

Eric Fiske

A thesis submitted in partial fulfillment  
of the requirements for the degree of  
Master of Arts  
Department of Government and International Affairs  
College of Arts and Sciences  
University of South Florida

Major Professor: Harry E. Vanden, Ph. D.  
M. Scott Solomon, Ph. D.  
Linda M. Whiteford, Ph. D.

Date of Approval:  
October 31st, 2011

Keywords: Political culture, international relations, proletarian internationalism,  
constructivism, foreign affairs

Copyright © 2011. Eric Fiske

## Table of Contents

List of Figures.....	iii
List of Tables.....	iv
Abstract.....	v
Chapter One: Introduction.....	1
Chapter Two: Literature Review.....	5
Chapter Three: Understanding Foreign Policy Formation.....	14
Chapter Four: National Role Conception and Identity.....	18
Chapter Five: Institutional Frameworks.....	24
Chapter Six: Envisioned and Desired Futures.....	33
Chapter Seven: Strategies and Actions for Goal Attainment.....	36
Chapter Eight: Conclusion.....	45
List of References.....	49

## List of Figures

1.1: Culture and Foreign Policy Model.....	10
5.1: Cuban Foreign Policy “Gears”.....	25
7.1: Cuban Medical Personnel Overseas.....	37

## List of Tables

7.1: Countries with Cuban Health Cooperation.....	37
7.2: Cuban Medical Aid Activities (through approximately 2007).....	38
7.3: Countries with Medical Schools Established by Cuban Cooperation.....	41

## Abstract

Since the beginning of the Revolutionary government in Cuba, a comprehensive foreign policy involving medical personal and equipment has been implemented worldwide. Known as medical internationalism, thousands of doctors have been sent to developed and less developed nations in the spirit of solidarity and humanitarian aid. Even more, thousands of students have been given free medical education in Cuba at its world renowned university, the Latin American School of Medicine (ELAM). Often, no monetary or direct political gain is made by Cuba and the doctors simply receive their normal government salary. While the success of Cuba's medical internationalism is well documented (Feinsilver 1993, Kirk & Erisman 2009), the reasons and guiding forces behind it are much less understood. Based on a Cultural/Political Foreign Policy model created by Marijke Breuning to study foreign policy, this study aims to show that the concept of proletarian internationalism is the guiding principle in Cuba's medical internationalism programs.

## **Chapter One:**

### **Introduction**

“If we have an atom of value, that atom of value will be through our service to an idea, a cause, linked to the people” (Dominguez, 1985, p. 249). These words, spoken by Fidel Castro in the early 1980s, are a succinct summary of all that guides Cuban foreign policy. It is a policy that can be extremely difficult to study and comprehend, particularly for scholars coming from backgrounds that hold ideals counter to those of Cubans. Cuba’s foreign policy must be studied with the understanding that it, like Cuba itself, is unique in a way that it is difficult to compare it even to other small nations. Cuba’s history is rife with examples of its exceptionalism, or the fact that it does not easily fit into the models or theories of modern scholars (Hoffman & Whitehead, 2007). Unique from the moment of independence, whether for good or bad, Cuba has consistently chosen its own political, economic and social path. This exceptionalism began well before the 1959 Revolution, but becomes most interesting to modern scholars since then because of the (unlikely) continuation of Castro’s regime. Since then, Castro and Cuba have survived some of the world’s most turbulent times, including the Cuban Missile Crisis and the fall of their main subsidiary and ally, the Soviet Union. It should come as no surprise then that Cuban foreign policy often falls into this category of “hard to define”.

Cuban medical internationalism or MI, coined by Michael Erisman and John Kirk, consists of the many medical aid programs that the Cuban government enacts worldwide (Kirk & Erisman, 2009). Universal healthcare is a foundation of Cuban society and has

become the shining example of the socialist model's success. Taking this expertise to the international realm, the Cuban government not only sends humanitarian aid to less developed countries (LDCs) but also offers free scholarships to local students to study at the Latin American School of Medicine (ELAM). The successes of medical internationalism have already been well documented (Feinsilver, 1993; Kirk & Erisman, 2009). However, the works on examining "why" Cuba creates and runs these programs falls short of offering any solid causal mechanisms as explanations. Putting aside some of the more bizarre and uninformed attempts by Western media and scholars to explain Cuban medical internationalism, the works by Julie Feinsilver and John Kirk/H. Michael Erisman stand out as the two most solid attempts at understanding the issue.

Feinsilver emphasizes the "symbolic capital" that Cuba gains from the goodwill of receiving countries. Kirk and Erisman disagree with her though in her conclusion that this "symbolism" can then be turned into material benefits, creating what she calls Cuban "medical diplomacy." The evidence of a strong, direct connection between MI, symbolic capital and eventually monetary and material gains is extremely weak. Kirk and Erisman incorporate the more modern International Relations (IR) theoretical trend of constructivism and attribute medical internationalism to a combination of a few factors. They cite Joseph Nye and the concept of "soft power" in IR, believing that the connection between medical internationalism and the ability to coerce/influence other states exists but in less of a direct relationship as Feinsilver. This theoretical argument is strong, as the authors point out several possible examples that tie MI to influencing other states on the international level. However, the costs and lack of material benefits that the Cuban government and Cuban people incur from these programs show that "soft power" alone



does not constitute reason enough to continue them, especially during the Special Period and the islands near economic collapse. To increase the validity of their conclusions, they also attempt to incorporate one more causal reason behind the “why” of medical internationalism; ideology. However, their explanation of Cuban ideology and its influence on foreign policy formation and decision making can be greatly expanded. It is here where I think that the key causal relationship exists. How then does one go about connecting the often vague term “ideology” and all that it entails, to the direct concept of foreign policy formation?

First, one must understand how to place Cuba in the international world. Classical IR theories, liberalism and realism, do not adequately explain the world today. Even more modern takes on these traditional models, the neo- versions, fail to take into account of the most important aspects of studying social sciences; the social construction of reality. Founded in sociology, the theories of constructivism merged into IR theories through “Anarchy is What States Make of It: The Social Construction of Power Politics” by Alexander Wendt (Wendt, 1992). Since then, constructivism has developed into a serious theoretical framework in which to study IR. It is relevant to know that this is the foundation from which I will be studying Cuban medical internationalism for several reasons. First, it allows for Cuban “exceptionalism” to hold a legitimate place in any hypothesis. Instead of attempting to force Cuban reality to fit into a rigid model, constructivism takes into consideration a state’s goals, fears, threats, culture and identity when examining their international relations. Constructivism in IR can incorporate both domestic and international factors when attempting to prove causal relationships, but trying to explain why Cuba has their medical internationalism programs requires an even

more focused framework; foreign policy analysis.

Foreign policy analysis (FPA), a subfield of International Relations, attempts to examine and define the “why” and “how” of state’s foreign policy. Many unique theories on FPA exist, but most have an actor-specific focus, or a belief that “all that occurs between nations and across nations is grounded in *human decision makers* (original emphasis) *acting singly or in groups*” (Hudson, 2005, p. 11). More specifically, the traditional theories of FPA that dealt with the psychological and social milieu of foreign policy decision making opens up an excellent avenue to study Cuban foreign policy. This framework emphasizes the fact that a foreign policy maker is not a blank slate when making decisions but rather culture, history, political institutions, ideology; among other factors influence the decisions and the social context in which those decisions are made. Drawing on the writings under this theoretical framework, the connection between Cuban socialist ideology and medical internationalism can be made. Although “soft power” and/or medical diplomacy do seem to be a reason behind Cuban MI, my research will show that the concept of proletarian internationalism is *the* major contributing factor to Cuba’s MI policy formation.

## **Chapter Two:**

### **Literature Review**

Cuba is often difficult to fit into political science models. Whether attempting to study its economics, international relations, domestic policies or even foreign policy, Cuba's exceptionalism makes it difficult to “work into” many existing theoretical frameworks. Before examining the specific fields of foreign policy analysis and the Cuban culture, I will lay out a general framework for how this study will proceed. Neo-versions of realism and liberalism attempt to understand the world of International Relations from a particular (positivist) perspective. A brief summary of these theories and their shortcomings is necessary before continuing on to the theory that I will use, constructivism.

Realism, and its modern counterpart neo-realism, posits a world that includes; 1) states are the key players in International Relations. 2) An anarchical system (meaning no higher authority to govern the states, and 3) these states act in a “self-help” motivation, in that they cannot rely on any another state for help or support. These basic tenets were put forth by some of the earliest in the field of International Relations and formed the beginning of said field (Morgenthau, 1948; Carr, 1946). By no means was this theory static however, as it developed into several subfields in the latter half of the 20<sup>th</sup> century. Broadly coined neo-realism, these theories came to include structural realism, offensive realism, defensive realism, and hegemonic stability theory to name a few. Authors such as Mearsheimer, Waltz, Walt and Gilpin all developed realism into a more complex theory. While their particular theories emphasized certain areas of international relations or variables, their core assumptions remained the same. It is within these core assumptions

that their shortcomings lay. They envision a world where non-state actors are irrelevant or minor players at best, domestic or leadership desires do not matter as the state's basic desire is survival, and cooperation among states is either not possible or couched in purely strategic measures. All of these assumptions, among others, attempt to define a world in which a true IR "reality" exists, and as with any positivist theory, can be understood if examined through the correct lens and with the proper data.

Realism's counter argument, liberalism (and its neo-variant) was an attempt to bring in new ideas concerning IR. Although liberalism can find its roots in classic Enlightenment thought, it was not until the unexpected fall of the Soviet Union that liberalism became a truly prominent IR theory. Liberalism does follow a few basic assumptions as realism does, including the idea that states interact in an anarchical system, states as the primary actors and the assumption that states are generally self interested. However, liberalism attempts to take into consideration other actors on the global stage (Non-governmental organizations, multinational corporations, etc.) as well as understanding that not all states operate the same way with the same interests. The conclusions that liberalism reaches are widely divergent from that of realism, seeing much more opportunity for cooperation. Since the fall of the Soviet Union, several major scholars have developed liberalism into its neo-variant in an attempt to understand the IR reality as it exists post Cold War (Fukuyama, 1992; Keohane & Nye, 1977).

Despite its different conclusions and vision for the future, liberalism holds several similar assumptions with that of realism and thus several major shortcomings. These three major shortcomings are well defined by Christian Reus-Smit in *Theories of International Relations* (Burchill et al, 2009, p. 216),

"First, political actors- be they individual or states- are assumed to be atomistic, self-

interested and rational. Second, actors' interests are assumed to be exogenous to social interaction. Individuals and states are thought to enter social relations with their interests already formed. Third, society is understood as a strategic realm, a realm in which individuals or states come together to pursue their pre-defined interests.”

This emphasis on rationalism and a positivist view on IR, limits both realism and liberalism in their attempts to understand reality as it exists today.

Only one theory has the ability to take into account Cuba's particular historical development and its unique place in the world; constructivism. From its earliest inception in Alexander Wendt's article “Anarchy is What States Make of It: The Social Construction of Power Politics” (Wendt, 1992), constructivism has sought to understand IR through a more social and less positivist approach. Rather than attempt to make states fit into a common mold and examining their actions as if they were all acting with the same goals, constructivist thought posits that at its core the IR world is created and changed through social interaction. There is no universal objective truth of IR that can be used to understand IR across time and space. States cannot be understood as all equal rational-choice actors. Instead, states (among other actors) create the rules, norms and beliefs of IR through an ever changing process of social interaction. “The structures of human association are determined primarily by shared ideas rather than material forces and the identities and interests of purposive actors are constructed by these shared ideas rather than given by nature” (Wendt, 1999)

Why constructivism? Using constructivism as an overarching theory guiding my research allows many ideas to be taken into consideration, not normally available to other positivist approaches. In the most general terms, constructivists have three main arguments when studying IR according to Christian Reus-Smit; they stress the important

of both normative and ideational structures because they have the ability to form social identities of those in politics, which in turn can inform the actions of those actors, and agents and structures are mutually constituted (as cited in Burchill et al, 2009). Today three “branches” of empirical constructivism exist; systemic, unit-level, and holistic. Wendt’s more traditional state centric model is an example of system constructivism. Unit-level constructivists tend to focus more on domestic norms and identities and their relationships to the state; Peter Katzenstein is an example of a scholar who has used this method (Katzenstein, 2003). Finally, holistic constructivism attempts to combine the two, bringing “the corporate and the social together into a unified analytical perspective that treats the domestic and the international as two faces of a single social and political order” (Burchill et al 2009) and several key authors have used this approach to perform empirical studies (Ruggie, 1993; Kratochwil, 1993). This paper will primarily focus on the unit level analysis, in particular the role of culture in foreign policy analysis.

Foreign policy analysis (FPA) is a subfield of International Relations which attempts to understand how and why governments create their foreign policies. This analysis can either be descriptive and aimed at the foreign policy decisions themselves, evaluated and focused on the consequences of foreign policy actions, or analytical and attempting to understand who and what affects foreign policy choices (Neack et al, 1995; Bruening, 2007). This paper will focus on the third, the analytical side of FPA. Even this field of FPA has many schools of thought of what and who influences foreign policy decision making. The emphasis can be placed on structures (like the international system, rational choice or domestic institutions) or agents (such as government leaders, non-governmental organizations or the public). Culture and foreign policy is a subfield of FPA

that has begun to garner more attention as social scientists move beyond actor-specific models (focusing on the states) and examine the components that make up foreign policy, culture being just such a component.

The benchmark for culture and foreign policy has been set in the past two decades by Valerie M. Hudson; her works, both edited and original, attempt to pull culture (and all that it entails) into a main focus of research on FPA. Culture can work in many ways to influence foreign policy. Hudson breaks it down into: culture as the organization of meaning, culture as shared value preferences, and culture as available templates for action (Hudson, 1997). Ideally, a study with the combination of all three foci will lead to the most detailed FPA. Regardless of the focus, understanding the role of culture on foreign policy decision making can be difficult. It becomes easy to use culture to explain variables that do not fit into other frameworks. To use culture as a factor in FPA, one must know the position of that country in a historical perspective; culture develops over time, what influences it and how it develops is key to unlocking its influence on modern day leaders (Breuning, 2007). Even more specifically, “decision making by individuals and groups cannot be fully understood apart from the broader societal background. Individuals', organizations', and groups' information processing and definitions of the situation are affected and sometimes actually dictated by their being part of a distinct societal-national environment, culture, and experience” (Vertzberger, 1990). From this framework of culture, scholars such as Marijke Breuning have created models in an attempt to empirically test culture's influence on foreign policy. Her Culture/Foreign Policy Model was first introduced in the book *Culture and Foreign Policy* (1997), edited by Valerie Hudson and was later expanded in her own published book *Foreign Policy*

*Analysis: A Comparative Introduction* (Breuning, 2007). Her model combines four areas of focus to understand how foreign policy is decided and created. Figure 1.1 depicts her model and its four components: national role conception or identity, institutional frameworks, envisioned or desired futures, and strategies (as cited in Hudson, 1997).

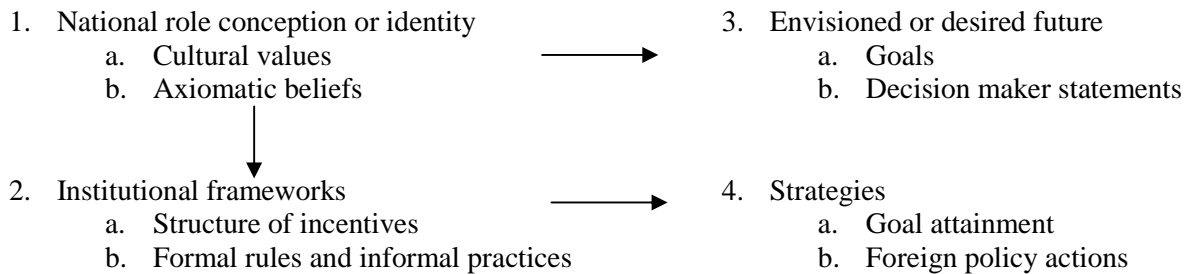


Figure 1.1 Culture and Foreign Policy Model

One final area of research must be examined before a synthesis can be created between them all. Cuba's healthcare system has become the beacon of their socialist system. Although hit with technical, resource and a variety of other troubles, the system has created high levels of health indices unseen in any other LDC. In fact, despite several key shortcomings, Cuban healthcare has created health indices that rival many Western developed nations (Feinsilver, 1993; Whiteford & Branch, 2008; Perez, 2008).

Finally, a great deal has been written in the past twenty years about Cuba's Medical Internationalism (MI) with three authors standing out as authorities on the subject (Feinsilver, 1989; Kirk & Erisman, 2009). Julie Feinsilver has written several major articles (Feinsilver, 1989; Feinsilver, 2008; Feinsilver, 2010) but her book, "Healing the Masses: Cuban Health Politics at Home and Abroad" was the first to do an in depth examination of Cuban MI. Rather than looking at Cuban health care and foreign policy as two separate entities, Feinsilver showed the strong connections between the two, "because good health is necessary for personal well-being as well as societal



development, the positive impact of Cuba's medical aid to other countries has greatly improved both its bilateral relations with those countries as well as its standing and support in a number of multilateral forums" (Feinsilver, 1993). She argues that through its MI programs, Cuba creates what she calls "symbolic capital" in the international society. However, it is important to note that Feinsilver understands there are many reasons for Cuba to devote so many resources to sending medical personnel abroad. Although her main argument cites "symbolic capital" as the primary reason, she lists several others, one of which is "a sincere concern for the betterment of people's lives" and "the repayment of its debt to humanity for the aid they received, particularly in the early days of the revolution" (Feinsilver, 1993). Her analysis proceeds to state that Cuba can then turn this "symbolic capital" into material gains via trade with other states or through aid from international organizations. Although Feinsilver offers many successful example of Cuban medical diplomacy, her research lacks a direct causation between Cuban MI and an increase in economic and political gains. Her one argument that is strong and must be taken into consideration is the economic benefit Cuba gains from its biotechnology and pharmaceuticals. After establishing a medical cooperation in a country, Cuba is often the sole distributor of medicine and equipment, for which is earns a substantial profit (Feinsilver, 1993). This conclusion was critiqued by two other authorities on Cuba, John Kirk and H. Michael Erisman.

Both John Kirk and H. Michael Erisman have written extensively on Cuban foreign policy and medical internationalism (Erisman, 1985; Kirk, 2009; Ritter & Kirk, 1995; Erisman & Kirk, 2006; Kirk & Erisman, 2009). Their research culminated in the 2009 book *Cuban Medical Internationalism: Origins, Evolution, and Goals*. In it, they

build on the research done by Feinsilver but take into account the major changes that occurred in Cuba during the “Special Period” of the 1990’s. Furthermore, they disagree with Feinsilver on Cuba’s main motivation behind its MI. Once again, it is important to note that Kirk and Erisman understand that many factors contribute to foreign policy decisions and not every case can be by a theory. Knowing this, they argue a “soft power” approach. Joseph Nye defines power and soft power as:

“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)” (Nye, 2006).

Kirk and Erisman see this concept as the core behind Cuban MI, partially because it allows them to take more than one motivation into consideration when examining foreign policy decisions and actions. However, as is the case with Feinsilver’s research, Kirk and Erisman offer many examples of successful medical programs but very few examples of a direct link between MI programs and the acquisition of soft power. Rather, they base their research on the assumption that MI creates soft power simply from the fact that they are successful in increasing health indices in host countries. They do cite a few foreign leaders praising Cuba and a renewed sense of cooperation between their country and Cuba (Kirk & Erisman, 2009), however this falls far short from proving a main causal or motivation force.

The world in which we live is defined by the social construction of reality. Cuba’s place in global politics is no different. Before one can understand why the Cuban government makes the choices it does, a thorough understanding of its history and

development must be done to see how it has come to the place it is today. The modern culture of Cuba can be traced back from the beginning of the Revolution (and even further) which in turn can help to trace the development of Cuban foreign policy. By examining Cuban culture, both in politics and healthcare, and applying that information to Breuning's model one can paint a vivid picture of how and why Cuban foreign policy works the way it does.

## Chapter Three:

### Understanding Foreign Policy Formation

The formulation and implementation of any state's foreign policy is influenced by a myriad of factors; current events world, political ideology of the citizens and leaders, institutions of the state, just to name a few that have been researched by scholars. To claim that a foreign policy is implemented for a sole reason would be incorrect at any level. Rather, the goal of foreign policy analysis is to attempt to break it down to the *most important* contributing factors.

Culture is one contributing variable to foreign policy analysis that has received a great deal of scholarly attention (Hudson, 1997; Brown & Gray, 1979; Vertzberger, 1990). Although critics sometimes charge that culture is a "catch all" causal factor, these recent works have more clearly defined culture's role in foreign policy analysis and given it a place as a legitimate causal force. In her book titled *Foreign Policy Analysis: a Comparative Introduction*, Marijke Breuning states, "decision makers...are products of their societies as well as representatives of their societies. Both citizens and decision makers have been shaped by their upbringing and education." In an attempt to more clearly define culture in foreign policy analysis, Marijke Breuning has expanded on the topic both theoretically and methodologically by creating her Culture/Foreign Policy model. This method will be the basis for my thesis.

The word "culture" is one of the trickier words to define in political science. In the hands of poor scholars, its definition can be molded to fit whatever type of research is being done at the time. In an attempt to identify "culture" in a more clear fashion, many

scholars use one of three approaches to study culture in FPA; “the organization of meaning”, “value preferences” or “templates of human strategy” (Hudson, 1997). No one definition is necessarily better than the other. But as John Gerring says, the best definition is one that fits the research question and attempts to include as many segments of all other definitions. From this, Marijke Breuning uses a definition from Sonja Sackmann in *Culture Knowledge in Organizations: Exploring the Collective Mind*; culture is “a social construction of rules that guide perceptions and thinking” which “emerge in a process of social interaction that is primarily oriented toward problem solving. Over time a body of cultural knowledge is being created that is passed on to other generations” (as cited in Hudson, 1997). This definition is general enough to taking into consideration political and social attributes but cedes special attention to the social construction of culture.

The first area that must be understood when incorporating culture into FPA as determined by Breuning is “national role conception.” Here the researcher attempts to break down a culture into more narrow and defined terms in an attempt to not only understand the culture itself but also to create variables that can be measured (both quantitatively and qualitatively). She uses the terms “cultural values” as well as “axiomatic beliefs” to describe those building blocks of a state’s national role conception/identity. An axiomatic belief can be defined as: “when the [beliefs] cannot be further reduced, but instead constitute the basic premises that organize all other knowledge” (as cited in Hudson, 1997). It is important to note here that culture is not *the* explanation for individuals or society’s actions but rather a part of it and the argument in this paper that it is the most important part. Neither is axiomatic beliefs binding in the

sense that actions or thoughts cannot be made outside of them. As is the case with culture in general (Elkins & Simon, 1979), different conclusions and strategies can be reached from individuals sharing the same axiomatic beliefs. To understand Cuba's foreign policy of medical internationalism, I will break down both their cultural values and axiomatic beliefs. Of key importance (discussed later) are the concepts of proletariat internationalism and universal healthcare as a human right.

The national role conception or identity directly influences the institutional frameworks of foreign policy formation. The object of examination here would be the "structure of incentives" and the "formal and informal practices" of political struggles (as cited in Hudson, 1997). Just as no individual foreign policy maker resides in a theoretical "bubble", no institution escapes that influence of being social constructed to some degree. Instead of pushing institutional frameworks aside as a separate realm of study, Bruening's Culture/Foreign Policy model takes into account the cultural aspect while incorporating it into the methodology. Here I will examine the "who" and "where" questions of Cuban foreign policy. Who (individuals, government officials) influences, creates and implements Cuba's foreign policy both officially and unofficially? Where do they come from (organizations, branches of government)? The examination here will pull from the previous chapter on cultural values and axiomatic beliefs to understand the "who" and "where". A brief investigation into the foreign policy making process in Cuba will be followed up by more extensive research in the final chapter; "Strategies".

The third part of Bruening's model, "envisioned or desired futures", is one of the most important to a real world of understanding of Cuba's foreign policy. Although the understanding of Cuba's national role conception/identity is key to knowing why Cuba

pursues any foreign policy objective, this third part attempts to understand what it is they are actually trying to achieve. The foreign policy goals or vision of a future world vary dramatically between states. Again I would like to clarify that although culture may have a constraining effect on what goals or future can be pursued by any government, it does not necessarily imply that all individuals or organizations will hold the same outlook for foreign policy goals. In this section I will attempt to describe the goals of Cuban MI and the type of future it hopes to create for the world community. This section will tie in both the axiomatic beliefs as well as the institutional frameworks of Cuban culture and foreign policy, as both have a direct influence on the goals of the foreign policy. Specific evidence will be cited from the documents and public statements of those involved in Cuban foreign policy.

Finally, Bruening's model examines the actual strategies that a state uses to bring about "goal attainment." Here a "variety of strategies might be consistent with any set of axiomatic beliefs. Thus, observed foreign policy behavior Y does not straightforwardly entail axiomatic belief X, or vice versa (as cited in Hudson, 1997). Basically, a state can choose to move its foreign policy actions in one of many ways while still attempting to reach a particular goal, all the time being influenced and directed by the culture. In this chapter, I will build upon the already extensive research of Cuban MI to see what is being done and more importantly how it represents Cuban culture at its most basic level.

## **Chapter Four:**

### **National Role Conception and Identity: Healthcare and International Proletarianism**

The cultural foundation of foreign policy can be broken down into two main aspects; its cultural values and axiomatic beliefs. To understand a group's national role conception, a brief but important historical examination must be undertaken. Cuban foreign policy would not be what it is today if it were not for the path that has led it there. But where should one start on this journey through history and what should be included? Since the goal of this research is to tie culture to foreign policy, these two areas will be studied intently with particular attention paid to areas concerning healthcare and proletarian internationalism.

Arguably, the beginning of modern Cuban culture can be traced to the independence movement and José Martí. Few other events, nor heroic figures, are cited as often by the Cuban government as representations of Cuban culture and spirit. But how does this fit into Cuba's cultural values concerning internationalism?

José Martí's actions attempting to bring independence to Cuba have been well documented and discussed (Montero, 2004; Gleiter, 1991). Although he failed to live to see the day of Cuban independence from Spain, his principles and theories continued to influence and guide Cuban culture well into the 20<sup>th</sup> century. In fact, Castro often used Martí in speeches and documents as a symbol of Cuban culture and willpower. But what were Martí's goals and visions for Cuba? How are they relevant to Cuba today? Martí's main political concerns during his life were those of independence, freedom and



democracy in Cuba. However, with the history of the United States/Cuban relations and imperialism, several of his writings were concerned with anti-imperialism as he saw this as a real and current threat to Cuba. Martí envisioned Cuba and other Latin American states free from overseas rule, politically and economically independent and self sufficient. He was also concerned with issues of race and equality on the island, understanding that a united Cuban people would be necessary for any strong political future. These ideas strongly influenced a young Fidel Castro and revolutionary Cuban leaders leading up to the 1959 revolution and helped to guide their theory and rhetoric since then.

These beliefs became institutionalized by the Revolution in their first new Constitution since taking power in 1976. In the Preamble of said Constitution it states that the Cuban national identity is based partially upon “proletarian internationalism, on the fraternal friendship, aid, cooperation and solidarity of the people of the world, especially those of Latin America and the Caribbean” (Cuban Constitution, 1976). The Cuban government was attempting to create a new mentality of internationalism in Cuba and giving it a prominent role in the new Constitution was just one way of constructing this new reality.

When Castro assumed power after the 1959 revolution, his goals for social equality were strongly represented in his push for universal healthcare (Whiteford & Branch, 2008). This belief was represented in the Constitution of 1976. Healthcare became a strong symbol of moving away from the oppressive past and into a more equitable future. In the years just before the Cuban Revolution, the quality of healthcare was strongly divided between urban/rural and upper/lower classes. The middle and upper

class Cubans, generally located in and near Havana and other cities, had access to state of the art medical facilities and most had the ability to pay for such care (Pérez, 2008). However, in the more rural areas, adequate healthcare facilities were few and far between. Even if there had been more of a medical presence, few poor Cubans could afford the cost of medical care at the time. When Castro and his supporters took control of Cuba in 1959, this disparity was one of the key areas for change. Thus began the process to revolutionize Cuban healthcare from the ground up.

The process to revolutionize Cuban healthcare was not centered completely around access and cost, although these were two of the main obstacles to overcome. In addition, the new Cuban government hoped to change the way medicine was practiced and the way doctors viewed their practice. Newly trained doctors were instilled with a sense of solidarity with other Cubans. The prestige of being a doctor remained but not because of wealth or power, but rather because of their ability to heal their Cuban brothers and sister. Because healthcare was such an important symbol of the Cuban Revolution's desire for change, it is worthwhile to take a closer look at this process of change. The values and beliefs instilled in doctors and nurses would later become strong examples of Cuba's foreign policy of medical internationalism, reflecting their belief in proletariats internationalism (Kirk & Erisman, 2009; Feinsilver, 1993).

Kirk and Erisman (Kirk & Erisman, 2009) break down the Cuban healthcare system into three main pillars: universality, access to all and that it is a right for all to enjoy. Christina Pérez, assistant professor of sociology at Dominican University, has broken it down even further and identifies seven distinct tenets of Cuban healthcare after the 1959 Revolution. These beliefs permeate the entire healthcare system, from education

of new doctors to the actual practice of medicine. First and foremost is that healthcare is universal. Second, healthcare is a right of all Cuban citizens and it is on the government to fulfill this right. Third, healthcare needs to be accessible to everyone regardless of economic means, geographic location, legal status or cultural values. Fourth, it “should be comprehensive and preventative in nature.” Fifth, the entirety of the healthcare system should be based on scientific data and planned in a way to maximize effectiveness. Sixth, the community needs to be involved in the planning and promotion of healthcare activities. As a whole, these beliefs support the main goal of promoting humanity, what the Cubans call *ser humano* (to be human). Finally (and very relevant to this study), internationalism is a core principle of healthcare (Pérez, 2008). All of these pillars point towards a belief in health care that is inclusive, universal and without borders. Each pillar could have an entire paper written about it, but the key underlying beliefs and values are apparent: internationalism and universality. While the new Cuban government was busy constructing new social, political and economic norms domestically, these same factors included an internationalist degree not seen in Cuba before and created the base for Cuba’s future medical internationalism programs. Why were these beliefs so important to the new Revolutionary government in 1959? One key factor was the condition of healthcare in Cuba before the Revolution took power.

Although Cuba had one of the highest levels of socioeconomic indices in the Caribbean and Latin America in 1958 (Pérez, 2008), these numbers did not reflect the poverty and poor health of the rural and poor. The main causes of death were those of a poor nation, primarily communicable diseases like malaria, poliomyelitis, diphtheria, typhoid fever, tuberculosis, parasitism, and diarrheas; basic health indices also indicated

extreme poverty as maternal mortality rates nationwide were around 125 per 100,000 (Whiteford & Branch, 2008). Fidel, Raul, Che and the other revolutionaries encountered these and other stark reminders of the urban/rural divide and the inequalities in Cuba. Some attribute this as the most important influencing factor on post-revolutionary health ideology (Feinsilver, 1993). While the rich and urban had access to some of the best health care in Latin America, the rural areas painted a much more dismal picture: “75 percent of rural housing consisted of one-room dwellings, with no power or water. Only 4 percent of rural people regularly ate meat, 1 percent ate fish, 3 percent ate bread, 11 percent had milk, and less than 2 percent ate eggs (MacDonald, 1999). Clearly the economic, social and political inequalities that existed in Cuba were the main priorities of new Cuban government in 1959, with health care being one of the top.

The initial changes to the Cuban healthcare system developed in three distinct phases. The first phase, between January 1959 and October 1960, attempted to remedy the first problem of healthcare in Cuba: access. To do so, the new Cuban government worked from the idea that healthcare should be universal to all Cuban citizens and began a comprehensive program to expand the coverage of doctors, nationalize healthcare sectors like laboratories, pharmacies and drug stores, and completing rural clinics and hospitals long left dormant (Pérez, 2008).

The second phase, from 1960 to 1969, was exemplified by “massive campaigns against disease and illiteracy, the construction of new health care facilities, and the founding of the Cuban style of socialist medical care (Pérez, 2008). The final phase, from 1970 to 1989, saw the creating of more specialized areas of medical care in Cuba. A three tiered system was created, and a new Family Doctor Program implemented to further

expand the relationship between doctors and their patients.

The practical applications of this new healthcare system were difficult to achieve, but equally as difficult was the attempt to mold a new mentality of healthcare in Cuba. With these new beliefs, a new morality and ethical standard was created for doctors; “...solidarity and internationalism that were based on the example of José Martí and Simón Bolívar and embodied by Che Guevara” (Pérez, 2008, p. 13). Doctors no longer competed against one another for patients in a free market system, but rather became part of the community, living and working with their neighbors 24 hours a day (Kirk & Erisman, 2009). Furthermore, the relationship between government, doctors and patients was redefined. The new model of Cuban healthcare “depends on both government and citizen participation, an extensive network of family medicine practitioners, widespread preventative services and epidemiological surveillance” (Whiteford & Brand, 2008, p. 38).

From this understanding of the Cuban healthcare system, we can extrapolate several key axiomatic beliefs and cultural values about the Cuban government, its doctors and the people. Most importantly are the beliefs that healthcare is a universal right for all people, regardless of who and where they are. This had a profound impact on the reasoning and implementation for Cuban medical internationalism. The other important axiomatic belief is that it is the duty of the state to supply this healthcare to the people. Doctors do not perform their practice for fees but rather are extensions of the government and its goals. But most importantly is the concept of proletarian internationalism.

Proletarian internationalism, in its most general terms, is seen as a counter to the idea that bourgeoisie capitalism is global in nature. If that is true according to Marxist

theory, then the logical response from socialism would be to reach globally as well. From the perspective of Cubans, proletarian internationalism is,

“a commitment to help one’s ideological brethren in other countries to seize power and to consolidate their regimes...as dedicated Marxist-Leninists, Cuba’s leaders have sought to make proletarian internationalism a central norm in their society” (Erisman, 1985, p. 8).

Reforming Cuba into a socialist state and attempting to spread economic and social equality was and has not been limited to actions on the island. This idea of helping others beyond borders, simply as an ideological principle, combines with several other axiomatic beliefs and cultural values to guide and influence Cuban foreign policy. Now that Cuba’s culture is broken down to its core principles with relation to foreign policy formation, I will examine the people and organizations that create the framework for Cuban foreign policy.

## **Chapter Five:**

### **Institutional Frameworks: The People and Organizations of Cuban Foreign Policy**

It would be easy to assume that Fidel Castro was the sole decision maker of all economic, political and social legislation that happened in Cuba during his reign. It is sometimes quite easy to envision the charismatic and often verbose leader as Cuba itself. At times throughout his reign, he has appeared as a concerned worker meeting with farmers and factory workers in an attempt to personally solve some injustice or deficiency. Other times, Castro appears larger than life, giving hour's long speeches in front of tens of thousands of Cubans. While it is true that Fidel, and more recently his brother Raúl, have often kept final say to themselves on several issues, to assume that they are the only influence in policy decisions would be naïve at best. Even a one party state has government institutions that create and implement policies, organizations that attempt to sway government officials concerning issue areas, and even a public that they must remain accountable to in some basic (if sometimes convoluted) way. Furthermore, all of these people involved have come from somewhere; they were raised in a particular social setting, educated a specific way, engrained with certain ideals and beliefs unique to their country and their own situation.

Many scholars have attempted to map out how Cuban foreign policy is made and who is involved in the process. Edward Gonzalez was one of the first, and identified intra-elite debates that emerged from separate groups within the top Cuban officials (Gonzalez, 1974). Jorge Domínguez distinguished between the variety of actors involved in negotiating foreign policy decisions (Domínguez, 1989). Then it was Damian

Fernández who developed a model of overlapping circles of influence, with Castro at the center of power and several other people and groups working outwards from there (Fernández, 1988). He saw Cuban foreign policy making as a two tiered system, with Fidel as the first tier and technocrats and other members of the elite comprising the second tier. Within this second tier, “different options are developed...bureaucratic actors and individuals support one option or another according to individual or institutional preferences. Groups and individuals within the party and the state agencies defend those policy alternatives which best fulfill their goals (be they personal ambition or an ideologically based interpretation of the common good)” (Fernández, 1988).

Fernandez’s concept of a tiered system is a strong starting point for understanding Cuban foreign policy making. Where his model falls short though is taking into consideration those auxiliary organizations and institutions that have varying degrees of influence. I see Cuban foreign policy making as a series of gears all working together, but

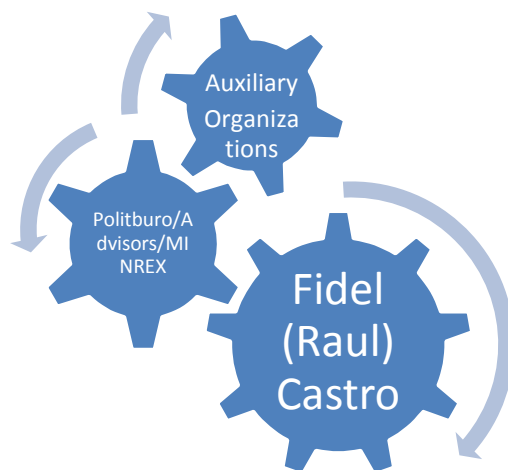


Figure 5.1: Cuban Foreign Policy "Gears"

with some taking a greater role than others (see Figure 5.1).

Fidel, and later his brother Raul, remained the biggest gear in the system, retaining the most power and authority. The second gear includes the closes advisors to the Castros and the primary organizations

involved in foreign policy making; the Political Bureau of the Communist Party and the



Ministry of Foreign Affairs (MINREX). The smallest gear consists of auxiliary organizations and institutions, ones that train and influence foreign policy makers such as the Centro de Estudios sobre America, Centro de Estudios de la Europa Occidental, and Centro de Estudios de al Economic Mundial (Erisman & Kirk, 2006; Dominguez, 1989).

It is important to remember here that Cuban foreign policy is, as are many other political topics, extremely fluid. Those institutions or people that may have been influential in the early years of the Revolution may not even be alive today (or even hold the same positions, such as Fidel). But Cuba's medical internationalism was started early on and has continued since then, during the country's greatest times and its worst. By combining the pieces through history can we truly comprehend the big picture and attempt to answer the question of why Cuba has these programs. But first, I would like to start with Fidel Castro.

Volumes have been written about the life of Fidel Castro; from his childhood to his first entry into leftist politics as a law student to his subsequent rise as Cuba's greatest icon (arguably). What I am most concerned with in this study is his influences, beliefs concerning healthcare and international relations. His actions will be examined in a later section. Where did he learn the things he knows and what does he believe about the international realm and medicine?

One of the earliest recorded statements by Fidel concerning healthcare (and worth quoting at length) in Cuba was from his defense of himself against the Batista government, later published in *History Will Absolve Me*;

“Only death can liberate one from so much misery...Ninety percent of rural children are consumed by parasites which filter through their bare feet from the earth. Society is moved to compassion upon hearing of the kidnapping or murder

of one child, but they are criminally indifferent to the mass of so many thousands of children who die every year from lack of facilities, agonizing with pain...They will grow up with rickets, with not a single good tooth in their mouths by the time they reach thirty;...and will finally die of misery and deception. Public hospitals, which are always full, accept only patients recommended by some powerful politician who, in turn, demands the electoral votes of the unfortunate one and his family so that Cuba may continue forever in the same or worse condition.” (as cited in Feinsilver, 1993, p. 27)

Interviews with Fidel and his own personal writings in his autobiography reveal even more insight into his personal beliefs and values (Elliot & Dymally, 1986; Fuentes, 2010). One of the most basic ideals that Castro has hoped to instill in the people of Cuba is that of international solidarity. In fact, he equates it with progress in the Revolution. In an interview with Jeffrey Elliot and Mervyn Dymally in 1985, Castro is quoted saying “...powerful moral factors must be added: patriotism, a sense of justice, equality, solidarity, and fraternity among human beings. There’s a recognition of the dignity inherent in all the men and women who constitute the people the revolution embodies. They possess future dreams, new ideas and values, an internationalist spirit, and the universal and historical sense of transformation. ‘Man cannot live by bread alone,’ and neither can material and social progress justify the power of a revolution” (as cited in Elliotts & Dymally, 1986).

Castro’s closest advisors and confidants have changed dramatically since January 1<sup>st</sup>, 1959. Although he no longer holds the positions of power he once did, it is important to know who these people were and how they influenced Cuban politics in the formative years of the Revolution. Today, it is equally important to know which individuals have

the most sway on medical and foreign policy issues. Even more significant though are the beliefs of these individuals. At times, these individuals have played personal roles in developing and implementing Cuban foreign policy; Raúl Castro, Raúl Roa, Osvaldo Dorticos, and a host of acting Foreign Ministers. One of the most important advisors in the formative years of the Revolution was undoubtedly Ernesto “Che” Guevara.

Not only was Che one of the strongest ideologues in the 26<sup>th</sup> of July Movement but his primary profession was as a physician. He was one of the few true Marxist and socialist in the early group of revolutionaries and thus, any discussion about ideology, healthcare and internationalism must undoubtedly include him. Here, a brief examination of Ernesto “Che” Guevara’s ideology and medical beliefs are important because of their direct influence on the theoretical framework which guided the Revolution after it took control of Cuba.

It is important to note that Guevara was a doctor before he was a revolutionary. It was not until his famous trip through Latin America and his first hand experiences there and in the overthrow of Arbenz in Guatemala that Guevara molded his medical beliefs to fit his newly emerged Marxist ideology. Thousands of pages have been dedicated to examining Guevara’s ideological beliefs and their relation to Marxism and Leninism, but for the purposes of this study those concerning proletarian internationalism and healthcare are key. One of the most fundamental changes that both the Revolution and Guevara hoped to achieve was a total transformation of “man” into a socialist or communist person. The new “Communist man must necessarily be a man of greater inner resources and a great sense of responsibility, bound to others by a relationship of real solidarity, of concrete universal brotherhood, he must be a man of recognizes himself in

his work and who, once the chains of alienation have been broken, ‘will achieve total awareness of his social being which is equivalent to his full realization as a human creature’” (Guevara as cited in Bonchea & Valdes, 1970, p. 74). In a speech given to medical students and health workers in August 1960, Guevara outlined the deficiencies of the old way of doing medicine, the hurdles they would face, and what it meant to be a revolutionary doctor in the new Cuba (Deutschmann, 1997). He would often use the example of a group of young medical students refusing to go out into the rural areas to work, unless given special compensation. The old ideas of healthcare were being replaced on a deep psychological level and replaced with new ideas of solidarity and universal access.

Guevara was not solely concerned with the domestic spread of healthcare and new socialistic values. He was a strong advocate for the international spread of revolution and hoped to spark “many more Vietnams” in order to break down the traditional global order. His readings on Marx and proletarian internationalism formed the basis for these beliefs. His general beliefs on soldiery and internationalism are summed up as:

“It is in this sense that Che speaks of love for people, love for mankind, generous feelings without which ‘it is impossible to think of an authentic revolutionary,’ and the essence of which is clearly expressed in the requirement he formulated for the young Communists: always to feel as one’s own the great problems of humanity. This experience does not relate to an abstract, vague ‘philanthropy,’ but finds its concrete, political expression in international solidarity among peoples, in proletarian internationalism, which, so long as classes continue to exist, is the only true countenance of ‘love for mankind.’” (as cited in Lowy, 1973, p. 88)

Guevara’s beliefs on proletarian internationalism and solidarity transcended the general

ideas of theory and were put into practice. His desire to put these theories into action may have contributed to his ultimately demise in Bolivia, but his beliefs and theories lived on in Cuban culture and principles well beyond his death.

Next, it is important to note the second and third “tiers” or gears of organizations that nonetheless have influence over Cuban foreign policy. From the state and bureaucratic level, the most influential organizations are the Ministry of Foreign Relations and the Fuerzas Armadas Revolucionarias (Revolutionary Armed Forces or FAR). At times, these two groups have attempted to reach out diplomatically to their counterparts in foreign countries such in South Yemen in the 1970s (Fernandez 1988). At first glance, one would assume that the main legislative body of the Cuban government would hold some sway in foreign policy making. However that is not the case. Technically, “the Constitution gives the National Assembly the right to set the general framework for foreign policy, to declare war, and to approve peace treaties. Since its first meeting in December 1976, it has yet to have a substantive discussion of foreign policy, military, or security affairs” (Dominguez, 1989).

From a party level perspective, the Department of Foreign Relations of the Central Committee has offices that deal with foreign affairs according to geographic region. Indeed, the Central Committee itself “has had a role in decisions on every major foreign policy issue with actual or potential domestic repercussions” (Dominguez, 1989). This committee at one time consisted of around 200 members, though today it is slightly smaller, around 150. The Central Committee is the branch of the Communist Party that has authority between Party Congresses. The Political Bureau, or Politburo, is the other branch of the Communist Party in Cuba that has substantial influence on foreign policy.

The Politburo includes only the most high level and important officials from the Communist Party and has enacted several major foreign policy projects, including sending troops to Ethiopia in 1977 and a significant policy debate from 1984-1985 (*Granma* as cited in Dominguez, 1989). Although Cuban foreign policy is a highly centralized system, the fact remains that many people and organizations are involved in the process, each bringing his/her own perspective and ideas yet all coming from the same Cuban culture of axiomatic beliefs and values.

The Interior Ministry, normally associated with domestic order and security, has made significant contributions to foreign affairs. In fact, its actions taken on the global field are quite extensive:

“It gathers intelligence and counterintelligence information in Cuba and abroad; it cooperates with the domestic security agencies of Cuba’s allies; it deploys elite troops to foreign countries for special missions; it performs cover operations abroad; and it guards Cuba’s frontiers” (Dominguez, 1989, p. 264).

Castro has even gone as far as to say “there is practically no glorious page of [Cuba’s] international history in which Interior Ministry fighters are not present.”

The smallest gear, which includes other institutions not directly linked to the core of Cuban government (but obviously still under the guidance of), round out the remaining actors in creating, developing and implementing Cuban foreign policy. The most obvious of these are the education centers that train the foreign policy specialists. The goals, curriculum and professors of these institutions have the ability to mold the next generation of politicians and ambassadors. The Casa de las Americas, founded in 1959, has helped to maintain cultural and academic links between Cuba and the rest of Latin America even during times of severe diplomatic stress. Furthermore, Prensa Latina

(Cuba's official international wire service), the Cuban Institute for Friendship with Peoples, the Organization for Solidarity with the Peoples of Africa, Asia, and Latin America (OSPAAL), the Continental Organization of Latin American Students (OCLAE) were all created to foster cooperation and international relations between Cuba and the rest of the world. Many of these institutions were either established by the Revolution since 1959 or have been reformed by the government.

The ability of these organizations and institutions to directly impact foreign policy decisions is definitely limited, as they would be considered in the "outer circles" of foreign policy models. Nevertheless, they cannot be written off as inconsequential because without them, Cuban foreign policy would not be what it is.

A society's axiomatic beliefs and cultural values directly influence the creation of institutions and the framework from which foreign policy is fashioned. The people that make up these parts of society are part of a continuous back and forth social creation of ideals. The people are instilled with beliefs from the institutions, and the institutions are created and reformed by the people. Although extremely fluid, by examining the individual organizations and people that are key to Cuban foreign policy, one gains a deeper insight into the structures of foreign policy making in Cuba. Before examining the actual actions and policy making decisions of these people and organizations, it is important for a constructivist scholar to study the social construction of reality. The reality in Cuba is in part created by the continuous dialogue, domestically and internationally, by the people and institutions. What they say and what is published are vital to understanding the complete reasoning behind Cuba's foreign policy making process





## **Chapter Six:**

### **Envisioned and Desired Futures: Proletariat Internationalism**

Now that Cuba's institutions and political framework are understood in the context of its core cultural values and axiomatic beliefs, what does it hope to achieve with them? More specifically, what are the goals of Cuban medical internationalism and how would one go about determining this? This can be determined by examining the ideological and theoretical goals laid out by the Revolutionary government. Evidence, as seen by government documents, speeches and actions, all support the argument that Cuba envisions a unique international order.

The First Congress of the Cuban Communist party in 1975 stated: "The starting point of Cuba's foreign policy...is the subordination of Cuban positions to the international needs of the struggle for the national liberation of the peoples...In this historic period our people have honored and will continue to honor, firmly and without any hesitation, the principles of proletarian internationalism and our duties to the world revolutionary movement" (Erisman, 1985, p. 8). During this same Congress, several other key documents were published, outlining Cuba's foreign policy objectives including "to supply, to the extent of our possibilities, economic cooperation and technological assistance to other underdeveloped countries of the world whose governments struggle sincerely to find adequate and fair solutions to socioeconomic problems" (Fernández, 1988).

Fidel Castro himself is a key source of understanding Cuban cultural values, axiomatic beliefs, and even foreign policy. Although he holds final say on many foreign

policy issues and has so since early in the Revolution, as I have pointed out in the previous chapter he is just part of a very complex system of social construction. Nevertheless, there are many examples of Fidel's public speeches and documents exemplifying his commitment to universal healthcare and proletarian internationalism. Fidel, whether consciously or not, knew that to push Cuba in a new direction after the Revolution, he would have to help create a new social construction of the ideals of Cuban society. As he said in a speech to the graduating class of students from the Ruben Martinez Villena Technological Institute and the Ilya Ivanov School (1968) "...the great task of the Revolution is basically the task of forming the new man of whom we spoke here, the new man of whom Che spoke, the man of a truly revolutionary conscience, the man of a truly socialist conscience, the man of a truly communist conscience" (as cited in Gallagher, 1970). Understanding that new ideals would have to be encouraged in a new society, universality of some of the most basic services were extremely important.

Although pragmatism would often rule the day for Cuban foreign policy (survival being the most basic goal of the Revolution), internationalism is a cornerstone of that directs many actions, flowing directly from the people and institutions in foreign policy. In a report to the first Congress of the Communist Party of Cuba, Castro stated that "the starting point of Cuba's foreign policy...is the subordination of Cuban positions to the international needs of the struggle for socialism and for the national liberation of peoples (Domínguez, 1989).

Healthcare, so long a symbol of the class and income divisions in Cuba, underwent drastic change in Cuba after the Revolution took power. Rather than a commodity to be bought and sold, Fidel hoped for a day when the health of one Cuban

was the responsibility of the society as a whole. "...in a communist society health is conceived of as a sacred right of all citizens, a right which society-with all its resources-must make a reality" (as cited in Gallagher, 1970). It is worth mentioning at this point that Cuba's vision for proletarian internationalism and its desire to spread universal healthcare was and is not limited to just "Third World", LDCs, Communist or similar states. Truly global in scope, the future that Cuba envisions includes nations from all "walks of life" so to speak, poignantly displayed in their efforts in the Middle East, Oceania and even Europe (Fernández, 1988; Kirk & Erisman, 2009).

From a constructivist perspective and using the Culture/Foreign Policy Model outlined by Breuning, it is extremely important to understand the goals of a state's foreign policy. What government officials and organizations say and publish is important to comprehending the social reality they are constructing. This dialogue is rooted in a society's axiomatic beliefs and cultural values, influence the creation of institutions and a foreign policy framework, and manifest themselves in the speeches, reports and conversations of people. No less important however, are the actions taken by these people and institutions. How they choose to realize their goals, which policies to implement, is the final branch in Breuning's model that must be explored.

## **Chapter Seven:**

### **Strategies and Actions for Goal Attainment: Cuban Medical Internationalism**

The core of a nation's identity, or its axiomatic beliefs and cultural values, work in conjuncture with the institutions of the state to create the envisioned future of a state's foreign policy. Once these pieces are in place, the actual strategies and policies are formed and implemented. From a constructivist perspective, what a state says and hopes for is just as important as what it actually does. Applying Bruening's model to Cuban Medical Internationalism, one sees a direct flow from the first three aspects to the actual MI policies and actions. Although Cuba's medical programs have changed over the years, both domestically and internationally, the core beliefs and goals have remained the same and these are reflected in its actions.

From the previous section, I have shown the goals of Cuban foreign policy in relation to medical internationalism. These goals, broken down to the basic idea of giving both short term medical relief and long term assistance, are rooted in the Cuban people's cultural values and axiomatic beliefs. Most poignantly, the concept of proletarian internationalism is the foundation of Cuban medical internationalism. Communist theory has waned in practice since the fall of the Soviet Union, but the basic concept of solidarity that transcends political borders still exists. In Cuba, it exists in both the beliefs of the people and the actions of the government. Combined with the healthcare beliefs of prevention, universality, full access, these form the basis for Cuban foreign policy. Theory, beliefs and words are all important to understanding why foreign policy actions are taken. However, just as important is to examine what is actually being done to attempt to fulfill

the goals of a nation.

Cuba’s medical internationalism programs can be divided into two branches; short term emergency medical relief and long term healthcare assistance. At times the two are difficult to distinguish and both are not necessarily used with all countries. With this understanding, the implementation of Cuba’s MI flows directly from its core, following Breuning’s culture/foreign policy model. A few important charts can demonstrate the breadth and scope of Cuban MI extremely well. Figure 7.1 shows the total amount of medical personnel that Cuba has had abroad since 1999.

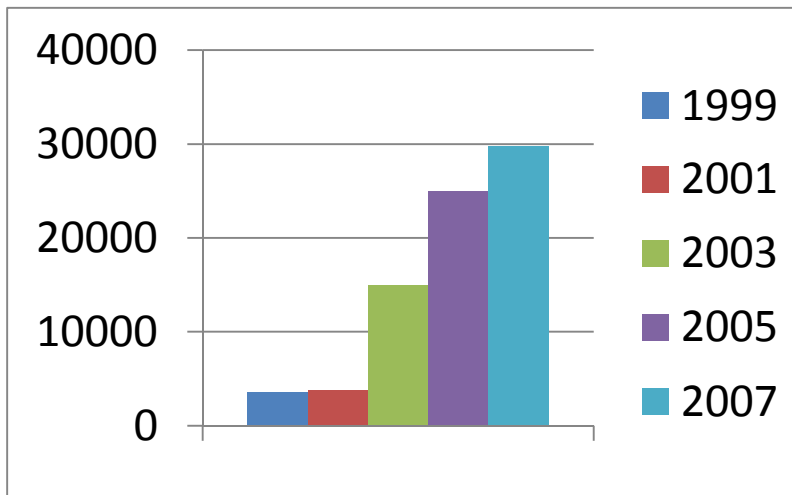


Figure 7.1 Cuban Medical Personnel Overseas

Source: (Kirk & Erisman, 2009)

Even more impressive are the total number of countries that Cuba has medical cooperation in as well as the total number of medical actions taken since the very beginning of the MI programs, both of which

can be seen in Tables 7.1 and 7.2.

Table 7.1: Countries with Cuban Health Cooperation

Americas	Africa
Antigua & Barbuda	Algeria
Argentina	Angola

Aruba	Botswana
Bahamas	Burkina Faso
Belize	Burundi
Bolivia	Cape Verde
Brazil	Chad
Colombia	Congo
Costa Rica	Djibouti
Dominica	Equatorial Guinea
Dominican Republica	Eritrea
Ecuador	Ethiopia
Grenada	Gabon
Guatemala	Gambia
Guyana	Ghana
Haiti	Guinea-Bissau
Honduras	Guinea Conakry
Jamaica	Lesotho
Mexico	Mali
Panama	Mozambique
Paraguay	Namibia
Peru	Niger
St. Kitts & Nevis	Nigeria
St. Vincent & the Grenadines	Sahrawi Arab Democratic Republic
St. Lucia	Rwanda
Suriname	Sao Tome & Principe
Trinidad & Tobago	Seychelles
United States	Sierra Leone
Venezuela	South Africa
<b><u>Middle East</u></b>	Swaziland
Qatar	Tanzania
Yemen	Uganda
<b><u>Europe</u></b>	Zimbabwe
Italy	<b><u>Asia</u></b>
Switzerland	East Timor
Ukraine	Laos

Source: Registros estadísticos de la Unidad Central de Cooperación Médica, 2006. As cited in Kirk & Erisman, 2009.

Table 7.2: Summary of Cuban Medical Aid Activities (through approximately 2007)

Visits to doctor	House calls	Childbirths	Surgical activities	Dose of vaccines	Lives Saved
---------------------	-------------	-------------	------------------------	---------------------	-------------

96,454,586	22,401,258	834,634	2,407,647	9,424,262	1,720,301
------------	------------	---------	-----------	-----------	-----------

Source: Public data from the Cuban Foreign Ministry at [www.cubacoop.com/CubaCoop/Cooperation\\_ProgramaIntegralSalud.html](http://www.cubacoop.com/CubaCoop/Cooperation_ProgramaIntegralSalud.html).

Short term emergency relief was the first actions taken by the Revolutionary government, well before a stable foreign policy system was developed or comprehensive domestic healthcare reform. The first record of this type of MI was the assistance sent to Chile after the 1960 earthquake. Since then, there have been many emergency relief missions undertaken by Cuban healthcare professionals around the world; from Algeria, to Nicaragua, to Iran, and many others (Kirk & Erisman, 2009). It wasn't until two devastating hurricanes swept through the Caribbean in the late 1990s that Fidel Castro decided to a more formal Comprehensive Medicine Program and the Latin American School of Medicine (De la Osa, 2011). However, these short and medium term endeavors do not necessarily follow a natural disaster. Cuban medical internationalism has also responded to medical ailments that affect a particular nation or target a specific disease/ailment. Operation Miracle and the response to the Chernobyl accident are two excellent examples.

Started roughly in 2004, the Operation Miracle attempted to cure vision problems in people around the world and since July 2004, 1.31 million patients from thirty-three countries had received eye surgery, completely free of cost (Kirk, 2009). This program grew out of another aid program rooted in proletarian internationalism. The “Yo, si puedo” campaign was an attempt by Cuban educators to teach people around the world to read. However, many aid workers noticed that their students were unable to read not for lack of intelligence but because of different medical problems with their vision. Thus, a new

program in Cuban MI was born.

In 1986, the explosion of the nuclear reactor in Chernobyl, Ukraine was one an extremely devastating disaster. Not only did Cuba offer immediate aid to the Soviet Union, but over the course of the next several years, patients exposed to radiation were transported to Cuba to undergo medical treatment (Kirk, 2009). In all, approximately 24,000 people have been treated free of charge in response to this disaster.

One of the most dramatic recent relief efforts by Cuban medical personnel was after the earthquake in Pakistan on October 8, 2005. The numbers are staggering: approximately 75,000 people were killed with 100,000 were injured and more than 3 million were homeless. Between October 2005 and January 2006, 2,378 medical personnel from Cuba participated in the relief effort, working in 44 locations, 30 field hospitals, saving 1,315 lives, consulting 601,369, performing 5,925 surgeries, attending to 625 births (Ospina, 2006). During this disaster, Cuban medical personnel were the most active out of any country that sent aid.

Cuba's actions to help LDCs in the long term development of their healthcare are what truly separate it from traditional humanitarian aid. Again, the principles of it flow directly from Cuba's belief that primary healthcare is a human right and should be accessible to everyone, everywhere, regardless of socioeconomic standing. In its most basic form, these programs follow the adage "give a man a fish and you feed him for a day. Teach him how to fish, and you feed him for life." Although Cuba lacks an abundance of resources or money to assist in the development of healthcare in LDCs, it does possess world renowned medical education centers and an abundance of skilled medical practitioners. These form the backbone of Cuba's assistance to developing other



LDCs healthcare sectors.

Generally the first action taken by the Cuban government to assist a country in need of medical assistance is to send medical personnel. Both doctors and nurses arrive and are sent to the neediest areas, usually rural and/or poor sectors of society. Here they bring their unique style of medicine, incorporating themselves into the society to better understand the needs of the people. Although they may lack state of the art equipment on such medical missions, preventative medicine is still the focal point, which attempts to stop ailments before they require the need of expensive medicine or technology. However, another cultural value that developed from Cuba’s strong anti-colonial history is its desire for self sufficiency. This too is displayed in its medical internationalism programs. One such example is the establishment of medical schools in foreign countries that Cuban medical personnel are in. Table 1.3 lists the countries with medical schools established by Cuban cooperation.

Table 7.3 Countries with Medical Schools  
Established by Cuban Cooperation

<u>Country</u>	<u>Year Established</u>
Yemen	1976
Guyana	1984
Ethiopia	1984
Uganda	1986
Ghana	1991
The Gambia	2000
Equatorial Guinea	2000
Haiti	2001
Guinea Bissau	2004

Local students from the host country are given the opportunity to travel back to Cuba and attend one of the well established medical universities, the Latin American Medical School (ELAM) being the most notable. This four-five

Source: Vice Ministry for Education & Research, Cuban Ministry of Public Health (MINSAP), 2005

year program is offered on a completely free basis, with no tuition fees. At its inauguration in 1999, ELAM’s first class was comprised of 1,929 students from 18 countries (Kirk & Erisman 2009).

Their education is not limited to purely medical studies either. Students of the Cuban medical system take courses on history and politics, attempting to understand “not just the ABCs of medicine but in the need for health care for the struggling masses (Lacey, 2006). Rather than charge the Western equivalent for the education, Cuban officials ask that once the student graduates, they return back to their home nation to practice. A cross section of the first graduating class is truly insightful to this: “the average age was 26, 45.9 percent were women, there were students from fully 33 indigenous groups, 71.9 percent were from working class or rural backgrounds, and 84.6 percent of the students who were enrolled six years early graduated (Kirk & Erisman, 2009). Thus begins the cycle of phasing out the already existing Cuban medical personnel that are in the host nation, and phasing in the newly trained doctors and nurses. Furthermore, the doctors are trained as Cuban doctors are trained. They are taught the principles, values and beliefs that Cubans hold with regards to universal healthcare and internationalism. The purpose is more than just long term help to LDCs healthcare, but also to further the ideals of proletarian internationalism in general.

This portion of the entire foreign policy process of Cuban MI provides one of the stronger pieces of evidence for proletarian internationalism. Since the fall of the Soviet Union, Cuba has struggled to redefine its economy and regain stability. Its surplus of well trained doctors and well established medical universities could possibly provide the country serious sources of income were Cuba to charge for their services. And at times they have turned to this, the Venezuelan oil for doctors program a recent example. If a nation has something to offer Cuba in exchange for medicine and doctors or the ability to pay the standard \$1,100/month per physician, Cuba has and will likely continue to

negotiate an exchange rather than simply sending both for free. However, the key point here is *if* the nation actually has the ability and resources to exchange something with Cuba or pay for the physicians. Julie Feinsilver did a more in depth look at the loss of potential income, were Cuba to charge every country the standard \$1,100 per month per 8 year experienced doctor (Feinsilver, 1989). Over the course entire medical internationalism programs, the loss of hard currency is potentially in the millions of dollars. And yet in most cases, the fee and monthly stipend that Cuba charges the host nation are waived and doctors work in the host nation simply earning their Cuban government salary of around \$30 a month (Kirk & Erisman, 2009).

The breadth and scope of Cuba's MI has constantly shifted since the beginning of the Revolutionary government. From its peak during the Cold War to its lowest points during the crisis of the Special Period, Cuba has continually assisted countries in need of short and long term medical assistance. The low points, the valleys in Cuban stability are the most interesting to this paper's argument. Even at times when Cuba teetered on the edge of economic collapse, during the Special Period, Cuban doctors continued to be sent around the world and the core principles of free universal healthcare remained. Today, Cuba has around thirty thousand aid personnel overseas or the equivalent to 1 out of every 374 citizens (Kirk & Erisman, 2009). Their primary areas of concern are African nations and nearby Haiti ("Noticeable International," 2011).

The breadth and scope of Cuba's medical internationalism is one of the most ambitious in the world. The number of countries that they assist, people's lives they save and students that they train are all a testament to their commitment to proletarian internationalism. The axiomatic beliefs and cultural values that are socially constructed at

home are portrayed in these programs worldwide. Not every mission undertaken by these programs can be explained by a desire for international solidarity. At times, pragmatism or economic gain, take precedence. All foreign policy actions are influenced by a myriad of factors, some domestic and some international. But the examples that I have described are the majority of Cuba's actions and are most easily explained by their desire for universal health care to all those in need.

It would be presumptuous though to think that other nations could follow suit and enact similar programs, as most countries that have the ability to mimic these programs are Western nations whose core cultural values and axiomatic beliefs are widely divergent from Cuba's. However, some European systems may be similar enough for something comparable to be started. Tailored to fit that particular nation's culture and combined with Western resources, the possibilities are indeed impressive.

## **Chapter Eight:**

### **Conclusion**

Cuba's leaders have sought to make proletarian internationalism a central norm of their society (Erisman, 1985). Norms are not laws but rather guidelines (sometimes conscious and sometimes unconscious) that influence how a person or society thinks and acts. At times, these norms can be extremely powerful and coercive; focusing an entire population to truly believe one way or another. Other times, they are less obvious, with greater room for differences. But the fact remains that these norms are socially constructed by the society from which they come, constantly evolving and yet constantly influencing. While it may be methodologically convenient to push aside culture from political science or on the flip side have it explain all political questions, nothing is that simple. Particularly when dealing with foreign affairs and international relations, many outside factors (e.g., unique world events) may influence domestic decision makers. But culture is what defines those that run the government and the government apparatus itself. By breaking down a society's culture into its axiomatic beliefs and cultural values, one can gain a truly strong sense of the institutions, foundation and goals of foreign policy.

It is interesting to point out the costs that Cuba incurs from its MI programs and the loss of income associate with them as well. Even during times of economic duress, Cuba continued to promote its ideals of proletarian internationalism through construction projects and medical aid. Castro has stated, "in Cuba...there is a need to build schools, but we are, nevertheless, building schools in Jamaica and Tanzania...We still have a shortage of hospitals, but we are, nevertheless, building a hospital in Vietnam...still short

of roads...[but we are] building roads and highways in Guinea and Vietnam (Castro, 1979). Pragmatism and survival may be central to Cuba's foreign policy, but through its actions one can see that these become less important than international solidarity at particular times throughout the Revolutions history.

Cuba's medical internationalism programs are one such example. Cuba's culture, more specifically its emphasis on proletarian internationalism, is the key ingredient in how its foreign medical policy is created and implemented. Is it the only ingredient? Author's like Feinsilver, Kirk and Erisman have shown that is not the case. But while their research stresses ideas like symbolic capital (Feinsilver) or soft power (Kirk & Erisman), these explanations have too many shortcomings to be the main causal mechanism behind Cuba's MI programs. Something stronger and more profound affects the reasoning behind Cuba's foreign policy and its medical aid programs. Using the Political/Culture Model developed by Marijke Breuning, I have attempted to show in this paper the link between Cuba's axiomatic beliefs and cultural values to its institutional framework, envisioned future and goals, and finally the strategies and actions of its foreign policy.

Most mainstream International Relations scholars and Foreign Policy analysts begin from a more realist perspective on the actions of small countries. In the Cuba's case, they would most likely argue that its MI programs are simply part of a larger strategic action that attempts to increase their power globally over other small countries. Indeed it is probably the case that several of the medical program that Cuba has started have had strong economic or political motivations behind them. The "doctors for oil" program with Venezuela is an excellent example of a time when economic gain is most likely the

primary motivating factor. Cuba has often had difficulties acquiring fossil fuels and the opportunity to trade doctors for such oil is extremely important to the country's survival.

Realists often see foreign policy actions in terms of strategic maneuvers, sometimes offensive and sometimes defensive. Again, several of Cuba's MI programs may have a strong ulterior political motive behind them. Sending doctors to well developed countries like Italy, Switzerland, and Qatar no doubt garner it at least marginal leverage with those countries, who in turn have a stronger influence on world affairs than LDCs. Even offering to send doctors to New Orleans after Hurricane Katrina may have had some ulterior motive against Cuba's long time nemesis the United States. However, despite these examples where a more realist view may be applicable, they are the exceptions rather than the rule.

Cuban medical internationalism is a key example of ways in which smaller nations can have a strong influence on international affairs. Although Cuba lacks the economic or military capacity to reach all corners of the globe, they chose to develop a specific sector (healthcare) of their society and use that as a model to bring about change worldwide. It is general unwise to attempt to push one countries model of development onto another as a plan for success (as Cuba is an excellent example itself), but the fact remains that it offers an alternative way of thinking for developing nations as opposed to mainstream, Western, neo-liberal thinking. Perhaps a new form of market specialization, with the foundation of global solidarity, may offer a new route for the future.

Solidarity and universal healthcare were engrained in Cuban society from the beginning of the Revolution and continue to play a key role in defining Cuban culture and politics. They will continue to support Cuba's role as an exception to the rule,

showing that even small nations with limited resources possess the capacity to influence world events and make an impact on thousands of lives around the world. Ernesto “Che” Guevara summed up the work that must be done to achieve this goal in his speech to the medical students in 1960; “...if we all use that new weapon of solidarity, if we know the goals, if we know the enemy, and If we know the direction in which we have to travel, then the only thing left for us is to know the daily stretch of the road and to take it. Nobody can point out that stretch; that stretch is the personal road of each individual; it is what he will do every day, what he will gain from his individual experience, and what he will give of himself in practicing his profession, dedicated to the people’s well-being” (as cited in Deutschmann, 1997, p. 104).



## List of References

- Bonachea, Rolando and Nelson Valdes. (1970). *Che: Selected Works of Ernesto Guevara*. Cambridge, England: M.I.T. Press.
- Brown, Archie and Jack Gray eds. (1979). *Political Culture and Political Change in Communist States*. New York, NY: Holmes & Meier Publishers, Inc.
- Bruening, Marijke. (2007). *Foreign Policy Analysis: A Comparative Introduction*. New York, NY: Palgrave Macmillian.
- Burchill, Scott, Andrew Linklater, Richard Devetak, Jack Donnelly, Terry Nardin, Matthew Paterson, Christian Reus-Smit, Jacqui True. (2009). *Theories of International Relations*. New York, NY: Palgrave Macmillian.
- Carr, E.H. (1946). *The Twenty Years' Crisis: 1919-1939*. London, England: Macmillan.
- Castro, Fidel. (1979). Marxism-Leninism and the Cuban Revolution. *World Marxist Review* 22(1).
- Cuban Constitution. (1976). [http://www.cubaverdad.net/cuban\\_constitution\\_english.htm](http://www.cubaverdad.net/cuban_constitution_english.htm)
- De La Osa, Jose A. (2011, October). Humanism and Solidarity: Almost 22,00 Doctors Trained by Cuba. *Granma Internacional*. <http://www.granma.cu/ingles/cuba-i/20oct-43medicos.html>
- Deutschmann, David ed. (1997). *Che Guevara Reader: Writings on Guerilla Strategy, Politics and Revolution*. New York, NY: Ocean Press.
- Elliot, Jeffrey and Mervyn Dymally. (1986). *Fidel Castro: Nothing Can Stop the Course of History*. New York, NY: Pathfinder Press.
- Erisman, H. Michael. (1985). *Cuba's International Relations: The Anatomy of a Nationalistic Foreign Policy*. Boulder, Colorado: Westview Press.
- Erisman, H. Michael and John M. Kirk (Eds.) (2006). *Redefining Cuban Foreign Policy: The Impact of the Special Period*. Gainesville, FL: University Press of Florida.
- Feinsilver, Julie M. (1989). Cuba as a "World Medical Power": The Politics of Symbolism. *Latin American Research Review*, (24)2: 1-34.
- Feinsilver, Julie M. (2010). Cuban Medical Diplomacy: When the Left Has Got It Right. *Foreign Affairs* Vol. 6, No. 4: 81-94.

- Feinsilver, Julie M. (2008). Oil-For-Doctors: Cuban Medical Diplomacy Gets a Little Help from a Venezuelan Friend. *Nueva Sociedad* No. 216 July-August.
- Feinsilver, Julie M. (1993). *Healing the Masses: Cuban Health Politics at Home and Abroad*. Los Angeles, CA: University of California Press.
- Fernandez, Damian. (1988). *Cuba's Foreign Policy in the Middle East*. Boulder, Colorado: Westview Press.
- Finnemore, Martha and Kathryn Sikkink. (1998). International Norm Dynamics and Political Change. *International Organization* 52, 4, Autumn: 887-917.
- Finnemore, Martha. (1996). Norms, Culture, and World Politics: Insights from Sociology's Institutionalism. *International Organization* Vol. 50, No. 2: 325-347.
- Finnemore, Martha and Kathryn Sikkink. (2001). Taking Stock: The Constructivist Research Program in International Relations and Comparative Politics. *Annual Reviews Political Science* 4:391-416.
- Fuentes, Norberto. (2010). *The Autobiography of Fidel Castro*. New York, NY: W. W. Norton & Company.
- Fukuyama, Francis. (1992). *The End of History and the Last Man*. London, England: Hamish Hamilton.
- Gallagher, Mary Brigid. (1970). *The Public Address of Fidel Castro Ruz: Charismatic Leader of a Modern Revolution*. Pittsburgh, PA: University of Pittsburgh.
- Gleiter, Jan. (1991). *Jose Marti*. Austin, Texas: Raintree Steck-Vaughn.
- Gonzalez, Edward. (1974). *Cuba under Castro: The Limits of Charisma*. Boston, MA: Houghton Mifflin Company.
- Gorry, Conner. (2008). Cuban Medical Cooperation Turns 45. *MEDICC Review* Summer, (10)3, 44-47.
- Holland, HM. (1984). *Managing Diplomacy*. Stanford: Hoover Institution Press.
- Hudson, Valerie M. (Ed.). (1997). *Culture and Foreign Policy*. Boulder, CO: Lynne Rienner Publishers.
- Hudson, Valerie M. (2005). Foreign Policy Analysis: Actor-Specific Theory and the Ground of International Relations. *Foreign Policy Analysis*, 1, 1-30.
- Katzenstein, Peter J., Robert O. Keohane, and Stephen D. Krasner. (1998). International Organization and the Study of World Politics. *International Organization* 52, 4, Autumn:

645-685.

Katzenstein, Peter J. (2003). Small States and Small States Revisited. *New Political Economy* Vol. 8, No. 1: 9-30

Keohane, Robert and Joseph Nye. (1977). *Power and Interdependence: World Politics in Transition*. Boston, Massachusetts: Little.

Kirk, John M. (2009). Cuban Medical Internationalism and its Role in Cuban Foreign Policy. *Diplomacy & Statecraft* 20, 2: 275-290.

Kirk, John M. (2009). Cuba's Medical Internationalism: Development and Rationale. *Bulletin of Latin American Research* Vol. 28, No. 4: 497-511.

Kirk, John M. (2009). Reflections on Medical Internationalism. *Latin American Perspectives* Issue 164, Vol. 36, No. 1: 139-140.

Kirk, John M and H. Michael Erisman. (2009). *Cuban Medical Internationalism: Origins, Evolutions, and Goals*. New York, NY: Palgrave Macmillan.

Kratochwil, Friedrich. (1993). The Embarrassment of Changes: Neo-Realism as the Science of Realpolitik Without Politics. *Review of International Studies*, 19.

Lacey, Marc. (2006, December 8). Americans Study Medicine in Castro's Cuba. *The New York Times*.

Lowy, Michael. (1973). *The Marxism of Che Guevara: Philosophy, economics, and revolutionary warfare*. New York, NY: Monthly Review Press.

Morganthau, Hans. (1948). *Politics Among Nations: The Struggle for Power and Peace*. New York, NY: Alfred Knopf.

Montero, Oscar. (2004). *Jose Marti: An Introduction*. New York, NY: Palgrave Macmillan.

Noticeable International Reach of Cuban Medical University. (2011, October). *Prensa Latina News Agency*.  
[www.plenglish.com//index.php?option=com\\_content&task=view&id=384115&Itemid=73](http://www.plenglish.com//index.php?option=com_content&task=view&id=384115&Itemid=73)

Nye, Joseph. (2006). Think Again: Soft Power. *Foreign Policy*, March 2006.

Onuf, Nicholas and Frank F. Klink. (1989). Anarchy, Authority, Rule. *International Studies Quarterly* Vol. 33, No. 2: 149-173.

Onuf, Nicholas. (2009). Motivation. *International Relations* Vol. 23(1): 143-148.

- Onuf, Nicholas. (2009). Structure? What Structure? *International Relations* Vol. 23(2): 183-199.
- Ruggie, John Gerard. (1998). *Constructing The World Polity*. New York, NY: Routledge.
- Ruggie, John Gerard. (1998). What Makes the World Hang Together? Neo-Utilitarianism and the Social Constructivist Challenge. *International Organization* Vol. 52, No. 4: 855-885.
- Huish, Robert and John M. Kirk. (2007). Cuban Medical Internationalism and the Development of the Latin American School of Medicine. *Latin American Perspectives* Issue 157, Vol. 34, No. 6: 77-92.
- Legro, Jeffrey W. (1997). Which Norms Matter? Revisiting the “Failure” of Internationalism. *International Organization* Vol. 52, No. 1: 31-63.
- MacDonald, Theodore. (1999). *A Developmental Analysis of Cuba’s Health Care System Since 1959*. Ceredigion, Wales: Edwin Mellen Press.
- Merelman, RM. (1969). The Development of Political Ideology: A Framework for the Analysis of Political Socialization. *American Political Science Review* Vol. 69: 21-31.
- Merelman, RM. (1986). Revitalizing Political Socialization. In Hermann, MG (Ed.), *Political Psychology* (pp. 279-319). San Francisco: Jossey-Bass.
- Neack, Laura, Jeanne A.K. Hey, Patrick J. Haney (Eds.) (1995). *Foreign Policy Analysis: Continuity and Change in Its Second Generation*. Englewood Cliffs, NJ. Prentice-Hall, Inc.
- Neumann, Iver B. (1996). Self and Other in International Relations. *European Journal of International Relations* Vol. 2(2): 139-174.
- Ospina, Hernando Calvo. (2006, August 11). Havana’s Medics Work around the World, Cuba Exports Health. *Le Monde Diplomatique-English Edition*.
- Perez, Christina. (2008). *Caring For Them From Birth to Death: The Practice of Community-Based Cuban Medicine*. Plymouth, United Kingdom: Lexington Books.
- Putnam, R. (1988). Diplomacy and Domestic Politics: The Logic of Two-Level Games. *International Organization*, 42, 427-460.
- Ritter, Archibald R.M. and John Kirk (Eds.) (1995). *Cuba in the International System*. New York, NY: St. Martin’s Press.
- Ruggie, John. (1993). Territoriality and Beyond: Problematizing Modernity in

International Relations. *International Organization*, 47.

Steger, Manfred. (2009). *The Rise of the Global Imaginary*. New York, NY: Oxford University Press.

Sampson, M. (1987). Cultural Influences on Foreign Policy. *New Directions in the Study of Foreign Policy*. Boston: Allen & Unwin.

Sampson, M. and VM Hudson, (Eds.) (1999). *Culture and Foreign Policy*. Special Issue of *Political Psychology* 20:4.

Vertzberger, Yaacov Y. (1990). *The World in Their Minds: Information Processing, Cognition, and Perception in Foreign Policy Decisionmaking*. Stanford, CA: Stanford University Press.

Wendt, Alexander E. (1987). The agent-structure problem in international relations theory. *International Organization* 41, 3: 335-370.

Wendt, Alexander E. (1992). Anarchy is What States Make of it: The Social Construction of Power Politics. *International Organization* Vol. 36, Issue 2: 391-425.

Wendt, Alexander E. (1995). Constructing International Politics. *International Security* Vol. 20, No. 1: 71-81.

Wendt, Alexander E. (1999). *Social Theory of International Politics*. New York, NY: Cambridge University Press.

Whiteford, Linda M. and Laurence G. Branch. (2008). *Primary Health Care in Cuba: The Other Revolution*. Lanham, Maryland: Rowman & Littlefield Publishers, Inc.