

PROGRESS AND REVOLUTION:
HEALTH IDEOLOGIES AMONG CUBAN DOCTORS WORKING IN
BOLIVIA

By

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Progress and Revolution: Health Ideologies among Cuban Doctors working in Bolivia

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Abstract. The purpose of the study is to examine the health ideologies of Cuban doctors working on volunteer missions in Bolivia. The Cuban government has been sending medical humanitarian aid to countries in need since the 1960's, and Cuban doctors have been providing free medical care in Bolivia since March 2006. In addition to establishing "sanitary posts" in rural areas that otherwise would have little access to care, the Cuban medical brigade has worked in Bolivian hospitals and clinics, instituted several ophthalmology centers, and funded Bolivian students to study medicine in Cuba.

I interviewed Cuban doctors working in a variety of medical settings around La Paz, El Alto, and Caranavi. My research revealed that Cuban doctors frame their health work in terms of progress and social revolution. They describe their work in Bolivia as a way to uphold the ideals of the Cuban revolution by expressing solidarity with the poor and spreading social equality. They see their mission not only as providing free healthcare, but also as transforming health practices in Bolivia. Through education campaigns, they seek to raise awareness about health issues and thereby change what they see as the poor "health culture" of Bolivians. For the Cuban doctors, health education goes hand in hand with free health care as a means to bring progress and equality to Bolivians.

"La cuestión de la salud es uno de los problemas más sensibles con el que nuestros enemigos trataron de herir a nuestro pueblo. Es muy lógico que los cubanos tengamos la aspiración de combatir contra las enfermedades, combatir contra la muerte. No puede haber aspiración más legítima que esa, y pudiera decirse que más sagrada." – Fidel Castro

In March of 2006, a team of Cuban doctors, nurses, and other health workers arrived in Bolivia to provide emergency medical care to victims of the heavy floods that were ravaging country ("Bolivia - Gobierno: Medicos Cubanos salvaron la vida de 100.000 Bolivianos a cambio de nada" 2006). Once the floods had subsided, President Evo Morales of Bolivia asked the Cubans to stay on as a permanent presence in the country. He announced in June of the same year that as long as he was president, the Cuban government would continue to send doctors to provide a variety of free medical services to Bolivians ("Médicos cubanos se quedarán mientras

sea presidente Morales” 2006). In the years since this announcement, Cuban health professionals have established free clinics and ophthalmology centers and worked alongside Bolivian doctors in hospitals. The Cuban government has also provided full scholarships to Bolivian students to study medicine in Cuba, on the condition that they return to Bolivia to work in underserved areas.

Cuba’s provision of free medical services to Bolivia is by no means a unique case. Cuba is one of the world’s largest providers of medical aid to countries in need. The Cuban government’s international aid program has been in existence since 1963, when doctors were sent to newly independent Algeria (Feinsilver 1993). Since then, the program has expanded rapidly. Between 1963 and 2005, more than 100, 000 Cuban health workers intervened in 97 countries. In March 2006, 25,000 Cuban health professionals were providing medical care in 68 nations (Ospina 2006). The Cuban government has framed its decision to send large numbers of doctors abroad in terms of social justice and solidarity with the poor around the world. Government discourse emphasizes that by providing free medical care, these doctors are combating the inequalities created by global capitalism. By framing its humanitarian medical aid programs in this way, the Cuban state is able to not only raise its prestige, but also reinforce its global image as a revolutionary nation resisting U.S. dominance (Bustamante et al. 2008; Feinsilver 1993).

While much scholarship has discussed the Cuban government’s motives for sending health workers abroad, little research focuses on how the doctors themselves perceive their internationalist work. My research takes a closer look at the attitudes and ideologies espoused by Cuban health professionals working in Bolivia. Do they adhere to the government’s official position, or do they hold a different view of their role? How does their vision shape the way they

conduct their work and interact with Bolivian communities? My preliminary findings reveals that most of the doctors saw themselves as forces of change spreading progress and equality to Bolivians. Their work, like the work of their colleagues still in Cuba, centers on health education and community participation as a means of changing the population's behavior and raising public consciousness about health. By encouraging Bolivian patients to adopt certain healthy behaviors, moreover, they encourage them to become actors in the creation of a more modern and egalitarian society.

Methods

In the summer of 2009, I interviewed and observed Cuban doctors working in the Department of La Paz in Bolivia. I spent the majority of my time with a Cuban medical team working in the town of Caranavi and the nearby rural villages of San Miguel de Huachi and Puerto Carmen. I also conducted interviews at a hospital and an ophthalmology center in the city of El Alto as well as a community clinic in Alto Llojeta, a neighborhood of La Paz. I interviewed both male and female doctors and patients covering a wide range of ages. I also talked to doctors informally and observed their work in a variety of settings.

Cuban Medical Diplomacy

In 1963, only a few years after the revolution put an end to Batista's rule, the new Cuban government under Fidel Castro sent a group of health professionals to newly independent Algeria. The team of fifty-six health workers was stationed in Algeria for fourteen months, despite the fact that half of Cuba's physicians had fled the island in the years following the revolution. Since this fledgling medical mission, the Cuban government has sent health

professionals to work in developing nations in Latin America, Asia, and Africa. While the majority of the programs initially centered on disaster relief, today the programs offer services as diverse as direct medical care, the donation of equipment, medicines and supplies, epidemic control and epidemiological monitoring, facility construction, organizational, administrative, and planning advice, and scientific research and exchanges. The government also provides scholarships for students of other countries to study medicine in Cuba, on the condition that they return to their country of origin to practice medicine. Cuba decides which services to offer based on each host country's needs. The services are provided to countries, moreover, on an ability to pay basis. While some nations in desperate conditions receive medical services free of charge, although they are required to provide lodging for the health workers. Other nations that are better off pay a small sum (Feinsilver 1993).

Cuba's extensive medical diplomacy program is motivated in part by a need to make allies internationally. While the government expends a large amount of money sending health workers abroad, it has benefited from good political and economic relations with recipient nations. The need to make allies becomes increasingly important since Cuba, without Soviet support, faces the U.S. embargo alone (Bustamante et al. 2008; Feinsilver 1993; Spiegel et al. 2004). In addition, the provision of doctors to other countries raises the Cuban government's prestige not only abroad but also at home. The state-run newspaper regularly trumpets the international medical programs as a sign of the government's humanitarian nature (De la Osa 2009; Zulueta 2007). Cuba's decision to send doctors abroad, however, cannot be reduced to purely material or political motives. The policy is intricately tied up in the Cuba's vision of itself as a revolutionary state. For Cuban government officials, healthcare is one of the principal means to bring about social change.

Health Ideology and the Cuban State

Before the Cuban government began sending medical missions abroad, it sought to transform the way healthcare was delivered on the island nation itself. Prior to the revolution in 1959, people living in poor and rural areas of Cuba had little or no access to healthcare. Although the physician-to-population ratio to Cuba was better than in most Latin American countries at the time, the majority of doctors were concentrated in large cities like Habana. As a result of poor environmental conditions and lack of access to healthcare, disease and malnutrition were rampant (Feinsilver 1993). According to Che Guevara, both a guerilla commander and a doctor, the revolutionaries stationed in the countryside witnessed the extreme poverty and ill health of the rural Cubans. This experience influenced the revolutionary soldiers' decision, once they took over the government, to make healthcare a priority for the nation (Guevara 1987). The reformation of the healthcare system was part of a larger effort to transform the nation's institutions in the name of making the new Cuban society more egalitarian. In the years following the revolution, the government, among other reforms, launched massive literacy campaigns, redistributed land, and nationalized industries (Feinsilver 1993; Bravo 2001). Healthcare, however, became one of the most prominent and enduring symbols of the state's effort to reduce poverty and establish socioeconomic equality (Feinsilver 1993).

Shortly after he took power, Fidel Castro sent doctors working in the cities to work on health campaigns in underserved communities in the countryside. The government also made healthcare more accessible to the population by establishing a more decentralized system of healthcare that operated at the primary, secondary, and tertiary levels. Under this new system, each rural community housed a clinic offering basic medical services, and each town had a

hospital, so that patients would not have to go all the way to Habana for complex treatments. Treatment, subsidized by the state, was offered free of cost to patients (Offredy 2008). One challenge the Cuban government faced in enacting its new health policies was the shortage of doctors, for more than half of the nation's doctors fled the island in the years following the revolution. As a result, the government invested heavily in medical education, providing full scholarships to any Cuban who wished to study medicine (Feinsilver 1993). Today, the number of doctors is more than sufficient to meet the island's needs. Cuba's extensive efforts to make health care universal, moreover, have yielded results. The nation has managed to eliminate most major infectious diseases from within its borders, and its health indicators approach those of developed countries. Infant mortality rates are low, life expectancy is high, and the major causes of death are chronic noninfectious diseases like heart disease and cancer (Offredy 2008).

The expansion of medical services was not the only factor that contributed to the reduction of disease in Cuba, however. The reduction of socioeconomic inequality, higher literacy rates, and improved sanitation that accompanied the new government's push for a more egalitarian society all contributed to improved health indicators for Cuba. Cuba's success can also be attributed to its focus on preventative care as well as curative treatment (Feinsilver 1993; Guttermacher 1987; Whiteford et al. 2009). The Cuban Ministry of Public Health (MINSAP) has launched media campaigns with posters, billboards, newspapers, radio, and television to encourage people to adopt healthy practices. For example, billboards encourage people to save water, wash their hands, and breast-feed their babies (Whiteford et al. 2009). Because family doctors live in the neighborhood in which they work and know all the residents, they are able to encourage residents to adopt healthy behaviors outside of the clinic setting. Doctors also regularly hold educational programs, information sessions, and community focus groups.

Preventative medicine is not solely the jurisdiction of public officials and health workers, however; the MINSAP has also enlisted the help of community members in improving hygienic and environmental conditions and spreading information about risk factors. (Feinsilver 1993; Swanson et al. 1995). While the Cuban government encourages community members to become actors in the healthcare project, however, it also ensures that they act according to official policy. The government has developed community participation largely by incorporating it into existing political action groups. These political organizations range from individual blocks of residences to neighborhood brigades to national political groups founded by the government, like the Cuban Women's Federation (FMC) and the Committee for the Defense of the Revolution (CDR). On the local level, for example, trained community members inoculated children in a mass vaccination campaign against diseases like measles and chickenpox. During the dengue fever outbreak, neighborhood brigades cleaned up trash, picked up leaves, and removed host plants in an effort to reduce the breeding places for the mosquito. On the national level, organizations not only participate in prevention campaigns but also enforce public health regulations. The CDR, in particular, is responsible for informing community members if they have transgressed the rules or the ideology of the revolution. They also report transgressions to government officials. In the area of public health, CDR members monitor the health behaviors of their neighbors. During the outbreak of dengue fever, for example, members went into their neighbors' yards to see if they were complying with mosquito control ordinances. This system of community participation reveals a tension between the rights of the individual and the rights of the state. On the one hand, individuals are encouraged to actively participate in health campaigns and take responsibility for their own health behavior. On the other hand, the state reserves the right to regulate participation and monitor behavior (Whiteford et al. 2009). As Sylvia Tesh (1987)

points out, however, this system is possible in a nation where many people identify themselves with the state and see themselves as part of the official revolutionary project.

Scholars like Gastaldo (1997) have noted that community participation and health education are means of exercising biopower because they encourage people to train themselves to become healthy individuals. People internalize the norms of behavior related to health and thereby become good members of society. In Cuba, the notion of adopting good health behaviors is especially tied to the notion of being a good citizen of the country. People are encouraged to engage in healthy behaviors not only for the sake of improving themselves as individuals, but also for the sake of the nation. Cuban government discourse frames the expansion of healthcare in terms of the improvement of the country as a whole. Doctors who were sent to work in rural, underserved areas in the years following the revolution, for example, were described as “health guerillas” fighting a war against poverty. Disease, synonymous with poverty, also became associated with U.S. policies in Cuba. The Castro government painted the U.S. as an enemy that had exploited Cuba in the past and was largely responsible for Cuba’s underdevelopment. Later, the U.S. economic embargo provided more fuel for the Cuban government’s argument that the U.S. was responsible for hardship in Cuba. The fight against disease became a way to fight against U.S. dominance. During the outbreak of dengue fever, for example, government publications insinuated that the disease had been introduced artificially into the island by the U.S. They mobilized the public to fight the disease by framing it in terms of getting rid of a national infection (Feinsivler 1993). This example highlights how Cuba’s ability to achieve good health for its population became not only a means to fight poverty but also to create an identity as a nation that prospered outside of U.S. influence. Cuba has reinforced that it is combating the legacy of underdevelopment by investing heavily in modern

technologies such as biomedical research, the production of pharmaceuticals, and complex transplant procedures. Despite the nation's economic instability, Cuba is able to boast that it has a modern healthcare system that matches that of any industrialized country. This image is reinforced by the fact that Cuba's health indicators resemble those of first world nations. Healthcare has become not only a way to fight poverty but to provide the populace with the benefits of modernity (Feinsilver 1993). By adopting good health practices and participating directly in health campaigns, Cuban citizens are encouraged to feel that they are part of the state's movement toward social improvement and modernity.

Quality, universal healthcare is thus central to the Cuban nation's identity as a revolutionary and egalitarian society. The provision of health workers to other countries is in keeping with the government's vision of healthcare as a tool of social change. Just as doctors were sent to combat disease in rural Cuba, doctors are being sent to other countries to fight the legacy of poverty (Feinsilver 1993). Since the early years of the Castro government, Cuban officials have emphasized that the underdeveloped countries of the world are part of a global community of the oppressed. All underdeveloped countries, according to the Cuban government, have suffered from the same history of imperialism and capitalist exploitation. In the early years of its rule, the Castro government sought to export the socialist revolution by sending Cuban troops to nations presumably fighting off their own oppressors. The Cuban government also attempted to establish unity among third world nations by creating support organizations, such as the Organization for Solidarity with the People's of Asia, Africa, and Latin America, which provided economic, training, technical, and military assistance to nations in those regions. Medical aid played an important and symbolic role in Cuba's attempts to export revolution. Carried out in the name of solidarity with the oppressed, medical aid became

a metaphor for the fight against the “disease” of capitalism. Especially at first, medical aid often accompanied military aid, cementing the relationship between the provision of healthcare and revolution. Cuba saw itself as a leader in the worldwide movement against imperialism and capitalism and a model for other countries (Bustamante et al. 2008). An early speech by Che Guevara reveals the position of Cuba as a leader of global resistance:

“The entire underdeveloped world – as it is called – the exploited and dependent world, the world on which the imperialists have unleashed their crisis, their monopolies, and their plundering armies, extracting the last drop of wealth – that world is awakening and struggling. And that struggle means danger for us. We are singled out; we are condemned in meetings of the Ministry of Colonies. But the name of Cuba is on the lips of revolutionaries through the world. *[Applause]* The name of Cuba already transcends our borders; it has done so for several years now. And it is beginning to spread not just as an example and a hope for Latin America, but also for other regions of the world, regions that our people – submerged in exploitation and a lack of knowledge – had barely even heard of” – (Guevara “Voluntary Work is a School for Communist Consciousness”, 233)

Cuba became the de facto leader of this worldwide resistance movement in part because of the mythologizing of the Cuban revolution, which presented the possibility of change to which other countries could aspire. In addition, the continued U.S. embargo has given Cuba the status of David fighting Goliath as the island nation continues to resist U.S. demands. During the Cold War, Cuba received considerable financial support for its programs from the Soviet Bloc. After the collapse of the Bloc, however, Cuba found its resources diminished and its economy in turmoil. Although faced with increasing pressure from the United States to make economic and political changes, Cuba continued to declare itself a socialist revolutionary state. As critiques of

the inequalities and injustices of the Washington Consensus grew around the world, Cuba began framing its stance as one of anti-globalization. The government began employing the language of sustainable development and biodiversity rather than purely revolution. The goal, however, of bringing together underdeveloped nations has remained unchanged (Bustamante et al. 2008). Due to lack of military funding as well as the growing unpopularity of military intervention, Cuba has discontinued its military programs. It has, however, expanded its medical programs (Bustamante et al. 2008, Huish et al. 2008) Even when the Cuban economy was plunged into deep recession after the collapse of the Soviet Bloc, the government continued to fund medical education and send doctors abroad (Bustamante et al. 2008). These medical missions continue to be sent in the name of “internationalism” and solidarity with the poor.

So far, I have highlighted the centrality of healthcare to Cuban national identity and explained how Cuban government discourse associates the fight against global capitalism with the fight against disease. I have also discussed how the adoption of healthy practices allows many Cubans to identify with the state and its revolutionary project. While the social and political processes of the Cuban healthcare system have been well researched, little research has been conducted on how the Cuban model is applied abroad. The Cuban government claims that its medical missions are fighting underdevelopment and global capitalism abroad, but how do the health professionals sent to work abroad see their role? What ideas about health and healthcare do they import from Cuba? In turn, how do these ideas affect their medical work, their expectations of their patients, and their relations with the host community? To understand how Cuban ideas about healthcare are applied in a foreign context, I will examine the work of Cuban doctors in Bolivia.

Cuban Medical Aid to Bolivia

In recent years, Cuba has found new supporters for its program of social change through health. The rise of leftist leaders in Latin America like Hugo Chavez in Venezuela and Evo Morales in Bolivia has provided Cuba with staunch allies against U.S. influence. In an effort to take a stand against U.S. influence in Latin America, Cuba and Venezuela established the Bolivarian Alternative for the Americas (ALBA), a trade organization alternative to the U.S.-sponsored Free Trade Area of the Americas. The organization proposes to focus on social justice and solidarity rather than free trade (ALBA: Alianza Bolivariana para los Pueblos de Nuestra América 2009; Feinsilver 2008). Bolivia joined the organization shortly after it was formed, and six other Latin American nations have joined since. Under ALBA, Cuba has been able to expand its medical programs. Venezuela, for example, provides Cuba with oil in return for medical services. Venezuela has also funded the extension of Cuban medical services to other countries, including Bolivia (Feinsilver 2008). Both the Venezuelan and the Bolivian governments are echoing Cuba's discourse that health is an important tool for social justice. President Evo Morales of Bolivia, for example, has emphasized the need for medical care for marginalized populations, claiming that the Cuban doctors are filling a gap that Bolivian doctors are unwilling to fill:

“I cannot understand how some medical professionals that studied with the support of our people's tax money could become so egotistical, saying, ‘Get out, Cuban doctors!’ I say egotistical because they do not want the poor to be treated in Bolivia, because they [the doctors] never treat for free” (“Médicos cubanos se quedarán mientras sea presidente Morales” 2006, *my translation*).

The Cuban medical mission in Bolivia presents an interesting case study because, while both the Bolivian and Venezuelan governments are presenting the mission as a progressive

change, the program in Bolivia is much more recent than the program in Venezuela. Cuban doctors are having to learn to work in new conditions, often with little infrastructural support. How the Cuban doctors adapt their work to these conditions sheds light on their approach to healthcare delivery.

The Cuban government has provided medical aid to Bolivia at various points in time, although never has direct, long-term medical care been a major component until now. After Bolivia's return to democracy in 1982, newly elected president Hernán Siles Suazo reestablished diplomatic ties with Cuba. The Cuban government donated three fully equipped pediatric intensive care units to the Bolivian government in 1985, 1987, and 1989. After the inauguration of the first ICU in La Paz, the Cuban medical team stayed for one year to direct the ICU. The nation also offered technical assistance in creating an international relations office within the ministry of health (Feinsilver 1993). More recently, the Cuban government sent a disaster relief team to Bolivia in March 2006 to help victims of the floods. President Evo Morales of Bolivia asked the Cuban medical brigade to stay on permanently and provide medical care to underprivileged communities ("Médicos cubanos se quedarán mientras sea presidente Morales" 2006). According to Feinsilver (2008), 1,100 Cuban doctors were providing free care in Bolivia by June 2006. Cuba also offers scholarships to Bolivian students to study medicine in Cuba on the condition that they return after their studies to work in Bolivia. In conjunction with its medical care program, Cuba also sponsors a separate literacy program in Bolivia. Under this program, Cuban teachers instruct illiterate Bolivians how to read and write Spanish. The Cuban government claims to have virtually eliminated illiteracy in Bolivia and is now conducting a follow-up program to improve people's level of proficiency in reading and writing. During my

fieldwork, however, I did not observe any Cuban doctors and teachers collaborating in their efforts or working in the same geographical area.

Cuban doctors in Bolivia work at the primary, secondary, and tertiary levels of healthcare, based on the model of healthcare delivery in Cuba. A main office in each region, or *departamento*, coordinates the efforts of Cuban doctors in the department and decides where medical teams should work. Coordinators from the office also periodically evaluate the work of Cuban doctors and require them to pass competency tests regularly. At the tertiary level, Cuban doctors work in hospitals located in major towns and cities, sometimes alongside Bolivian doctors. They offer free services in areas as diverse as pediatrics, gynecology, and cardiology. A pharmacy staffed by Cuban health workers and located inside the hospital provides free medications to Bolivian patients. Occasionally the pharmacy does not have the necessary medications, so the Cuban doctors are obliged to send the patient to a Bolivian pharmacy, where medication costs money. Several Cuban doctors I interviewed explained that they sometimes had a shortage of medication because the shipment from Cuba had not yet arrived. The Cuban pharmacy also does not stock every type of medication, although it does cover a wide range. The equipment in some of the hospitals where the Cubans work is also shipped from Cuba. I conducted interviews in two hospitals, one run entirely by Cuban doctors in the city of El Alto and the other staffed by both Cubans and Bolivians in the town of Caranavi.

At the secondary level, Cuban doctors have established *consultorios*, or medium-sized clinics. Usually staffed by several doctors, these clinics also provide a variety of services, although surgical procedures and complex treatments require that the patient go to the hospital. *Consultorios* are located in underserved neighborhoods of large cities as well as in smaller towns. In Caranavi, a doctor who worked in a *consultorio* showed me a map the Cuban medical

team had made to which areas of the town were within walking distance of medical services and which were not. The brigade had plans to establish *consultorios* in areas that did not have access to services. The *consultorio* where I conducted interviews in Caranavi was staffed by both Cuban and Bolivian doctors and offered services in general medicine, psychiatry, special education, disability services, and legal services for women.

At the primary care level, Cuban medical teams have established *postas sanitarias*, small clinics staffed by one or two doctors specializing in general medicine who live in the same building. These clinics offer basic medical services and free medications. They are usually located in rural communities, often in ones that have never had access to medical care previously. The Cuban medical brigade establishes a *posta sanitaria* in any community that asks for one. Two examples show how this process works. The village of Puerto Carmen, at about a three hour drive and a ferry ride across the river from Caranavi, had an empty clinic built several years ago by another aid organization. They did not have a doctor to staff the clinic, however, so upon hearing that Cuban doctors provided free medical services, they sent representatives to the Cuban embassy in La Paz to petition for a doctor. The brigade located at Caranavi promptly sent two of its doctors to work in the empty clinic. Not long afterwards, people in the nearby village of San Miguel de Huachi heard about the Cuban doctors working in Puerto Carmen. A Bolivian doctor and nurse ran a small clinic in San Miguel de Huachi, but villagers complained that they were unhappy with the fact that the doctor charged money and only provided medical care during limited hours. As a result, the village council decided to petition the Cuban embassy for a doctor. Since the village had no dedicated clinic building, the Cuban medical brigade asked the villagers to provide a house where the doctor could stay and set up a clinic. The Cuban doctors also occasionally visit villages that are lacking a doctor and ask the local leadership if they would

like to have a doctor stationed there. I accompanied two Cuban doctors as they made such a proposal to a nearby village council. The community leaders were enthusiastic about the idea of having a doctor live in their village. As one of the doctors explained to me, however, village leaders are not always so receptive. Occasionally, the village council will refuse a doctor because they disagree with the politics of the Cuban government.

Cuban doctors in Bolivia also provide ophthalmological services as part of a program funded by Venezuela called *Operación Milagro*, or Operation Miracle. The program was started by Cuban doctors working in Venezuela who realized that many locals had lost their sight due to easily treatable eye conditions. They launched a project to provide ophthalmological exams and treatments at no cost to the patients. The program, largely funded by the Venezuelan government, has since expanded to other countries, including Bolivia. Under Operation Miracle, the Cubans have established ophthalmology centers in major Bolivian cities that provide diagnosis and treatment for problems like glaucoma, cataracts, and pterygium. Medications and eyeglasses are provided for free. Doctors who work in smaller towns and villages regularly bring people who are in need of treatment to the clinic. The brigade has also created an ambulatory eye clinic that travels from town to town.

Ideologies of Cuban Doctors Working in Bolivia

The main office of the Cuban Medical Brigade in La Paz is plastered with posters of Cuban and Bolivian flags and pictures of Castro, Morales, and Chavez standing together. A paper pinned to a bulletin board advertises the principles of the Cuban doctors, claiming that the doctors, among other things, swear to “defend the dignity and the principles of the Cuban revolution,” “complete with honesty, disinterestedness, altruism, solidarity, and heroism the

medical mission in Bolivia,” and “live up to the example of the martyrs of the fatherland, of socialism, and of our comrades in health providing medical services in our country.” The Cuban state is present everywhere in the room, advertising its medical mission as altruistic and revolutionary. But do the doctors working for the state follow these same ideals?

When I asked the Cuban doctors what had motivated them to work on an international medical mission, every single one replied that he had been inspired by a desire to help those in need. In part, their desire to help reveals that they consider themselves to be giving to those less fortunate. As several doctors insisted, Cuba may not be economically wealthy, but it is rich in health and education. “We share what we have,” one doctor explained to me. At the same time, however, the doctors did not frame their work not in terms of charity but in terms of “solidarity with the poor.” Their emphasis on solidarity echoes the state discourse that places Cuba among other nations that have suffered from underdevelopment as a result of globalization and imperialism. Further echoing government discourse, the doctors also describe their show of solidarity as part of a global revolutionary movement. One doctor I interviewed described the revolutionary principles guiding his work as follows:

“Look, one of the principles that characterizes all Cuban revolutionaries is proletarian internationalism. As our commander Fidel Castro said, it is a way of paying the debt that we owe to humanity, because during our independence war many internationalists, like Che Guevara, came to Cuba to help us fight, right? And so we – one of the principles that characterizes our country and every revolutionary is internationalism. For this reason, we collaborate with other countries that also need support and the like.” (*author’s translation*)

Even though the Cuban revolution occurred half a century ago, Cubans continue to be “revolutionaries” in the doctor’s eyes. He implies that by providing medical services to other

countries, Cubans are continuing the military struggle carried out by people like Che Guevara against capitalist domination. He was not the only one to frame his work in terms of the revolution, however. Many of the doctors I interviewed described themselves as partaking in an internationalist project. Many doctors also described their work as a “duty,” implying that they were fulfilling a revolutionary obligation. Yet while the doctors described Cuba as spreading the revolution to other countries, they also framed the revolution as an international collaborative effort. The idea of a “debt to humanity” puts Cuba on an equal footing with the countries it is aiding and reinforces the idea of “solidarity” with the global community.

In most cases, the doctors’ characterization of their work closely follows government discourse. The invocation of the revolution and of international solidarity are in keeping with official explanations for sending doctors abroad. The possibility remains that the doctors were repeating official lines about their work because of the presence of a foreign anthropologist. They may have been trying to shed their project in a positive light for the interview, or they may have been wary of censorship from their own government. In their interactions with each other and with Bolivians, however, the doctors also discussed their view of health as a universal right and their desire to better the health of Bolivians. The fact that their stated views on healthcare are apparent even in the casual interactions suggests that most of the doctors, at least to a certain extent, adhere to official ideology. It is important to note, however, that Cuban health professionals who wish to work abroad must first be approved by the Cuban state. Doctors explained to me that only the most qualified would be sent to work abroad. However, because the Cuban government is concerned with its international image and because it closely monitors dissidence, it might favor health workers who are supportive of the government to work abroad. If this indeed the case, it is not surprising that the majority of doctors I interviewed expressed

their support for the Cuban revolution. This being said, some doctors have been known to defect and escape to another country while working on medical missions. While the Cuban American Association estimates the number is high, the Cuban government claims that only about 2% of doctors have defected (Bustamante et al. 2008). None of the doctors with whom I spoke expressed any desire to avoid return to Cuba, although they may have been wary of openly admitting plans to defect. On the other hand, several doctors I interviewed confessed to me their homesickness and their desire to return to Cuba as soon as possible.

In deciphering why the doctors' language aligns so closely with government discourse, one must keep in mind the highly politicized nature of Cuban daily life. I have already shown how, in Cuba, the adoption of healthy behaviors is associated with the prosperity of the nation-state. Similarly, the fight against disease by both medical professionals and ordinary citizens is painted as a fight against imperialism and its legacy of underdevelopment. The identity of the individual is thus wrapped up in the identity of the state. The doctors I interviewed expressed great personal pride in their work, but they framed it in terms of national pride. One doctor, for example, explained to me that Cubans are always ready to help in any part of the world. Another succinctly described helping others as "an act that we do." The doctors would often talk at length about all the programs they had initiated and would take me to see Bolivian patients so that the patients could tell me about the treatment they had received at the hands of the Cuban doctors. They also contrasted themselves with Bolivian doctors, criticizing the Bolivian doctors for charging money and being inattentive to patients. The Cuban doctors' words and actions reveal that they gain prestige and a moral identity by associating themselves with the larger national project. As one doctor explained to me, all Cuban doctors are educated according to the

principle that working on international missions is a way to ennoble the self. For these reasons, the Cuban doctors are able to understand their medical work as a revolutionary act.

The doctors' decision to work abroad cannot be reduced to deep ideological conviction, however, for they varied in the intensity of their political fervor. While all brought up the importance of solidarity and their desire to help others, not all brought up the name of Fidel Castro or Che Guevara. Some also mentioned secondary motives, like the desire to travel and know another country. Because the government restricts travel outside of Cuba, international medical missions are one of the few opportunities for Cuban citizens to travel abroad for an extended period of time. Some may also have been motivated by financial incentives. The pay to work abroad is slightly higher, and doctors have access to products that are either inaccessible or more expensive in Cuba due to restrictions imposed by the trade embargo. Many nights, the doctors would stay up late to wrap man-sized packages of televisions, computers, bicycles, and other goods to ship back to their families in Cuba. For most doctors, a combination of incentives inspired them to work abroad. The added benefit of travel or economic gain does not, however, nullify ideological reasons for wishing to work abroad.

Ideology in Action

The Cuban doctors working in Bolivia generally follow the Cuban model of medical care, focusing not only on free treatment but also on preventative medicine and health education. They have been obliged, however, to adapt their model to the context of Bolivia, a nation that lacks some of the medical resources and infrastructure found in Cuba. In Bolivia, clinics are few and far between in rural areas. Even where clinics exist, doctors are not always available to staff them. Cuban doctors currently work in many villages that have never had a doctor before, and

they often bring in their own supplies and equipment. Bolivia, moreover, does not have the political resources at its disposal to launch health campaigns to the extent that the Cuban government does. While the Bolivian government promotes healthy behavior by means of billboards, flyers, radio spots and the like, it does not have the centralized control to set up information sessions in every neighborhood or the far-reaching support of mass organizations to aid in health promotion activities. Unlike the more authoritarian Cuban government, moreover, it lacks the political resources to enforce certain health rules and regulations. The Cuban doctors thus face the challenge of incorporating their model into a different context. How they integrate this model is often informed by their vision of themselves as revolutionaries.

I have already discussed how in Cuba, public health officials, doctors, and members of political organizations all play a role in preventing disease and educating the public. In Cuba, the state has presented the adoption of healthy behaviors as necessary to being both a good individual and a good citizen of the nation. In Bolivia, the doctors cannot draw on the same nationalist sentiment. They do, however, present the adoption of healthy behaviors as necessary to becoming an actor in a more modern and a more egalitarian society. As “revolutionary doctors,” their goal is not only to provide treatment but also to transform patient attitudes and thereby transform Bolivian society. A frequent complaint I heard from Cuban doctors was that Bolivians do not have a “health culture” or a “health consciousness.” As one doctor explained, Cuba has had much success in reducing the incidence of disease “because of the populations’ culture of knowledge about diseases.” In Bolivia, on the other hand, the doctors found that locals had little knowledge on disease prevention. For example, a doctor who worked in a small village criticized the fact that mothers let their children play in the dirt. Another lamented that Bolivians rarely went to the doctor because they placed their work before their health. As

several doctors suggested to me, if Bolivia wants to reduce the incidence of disease, it will have to focus more on health promotion and disease prevention education. While several doctors pointed out structural reasons why patients might not be able to adopt healthy behaviors – for example, not having the money to take a day off of work and go to the doctor – most emphasized the importance of individual awareness and responsibility.

In their work, the Cuban doctors focus on strategies to encourage people to adopt healthy behavior. As one doctor put it, “We are like teachers in the classroom. We focus on the education of the patient, but this means raising his mental awareness [about health issues].” The doctors have several methods, adapted from their work in Cuba, to promote healthy behavior among Bolivians. As doctors explained to me, mostly community doctors who work in *postas sanitarias* or sometimes *consultorios* engage in active preventative education. Doctors who work in hospitals give their patients advice, but are less involved in community activities of health promotion. Cuban doctors working in small towns or villages often go from door to door to discover the major risk factors in the community and encourage community members to adopt certain preventative practices, like boiling water and throwing out the garbage frequently. For example, a doctor that worked in a *consultorio* in Caranavi showed me the census he was creating of the neighborhood. In addition to collecting information about name and date of birth, he had written down each community member’s level of education, profession, risk factors, and illnesses. He had posted on his wall the major risk factors in the area and what the Cuban doctors were planning to do to ameliorate conditions. For instance, he had written that to change the bad quality of drinking water, the doctors should visit homes and explain proper hygienic conditions and place educational posters on every street to inform people about boiling and adding chlorine to drinking water. I also observed that besides visiting people in their homes,

doctors visited local schools. One doctor went to various classrooms to check children for lice and inform the teacher to tell the students' parents to send their sick children to him. He emphasized that treatment and medications were free of charge. After visiting the classrooms, he dropped in on the principal of the school to discuss starting a more comprehensive lice-screening program come spring. Because Cuban doctors live in the community in which they work, moreover, they have the opportunity to get to know their patients outside the context of formal health visits. Doctors I worked with in Caranavi, for example, regularly socialized with the owners of a nearby food stand, the owner of a restaurant, and the owners of the corner grocery store. A doctor working in a small village regularly went out for dinner or a beer with his neighbors. Even in these informal settings, the doctors would on occasion give health advice to their Bolivian friends. Sometimes the patients solicited this advice. Other times, however, the doctors offered this advice spontaneously, especially if they knew the patient had a chronic health condition. For example, a doctor warned a patient friend of hers who had diabetes about eating certain foods. When considering the efforts of the doctors, however, one should keep in mind that the doctors varied in the extent of their programs and their integration in the community. While some doctors consistently conducted household visits and implemented community programs, others did so irregularly. Moreover, while some doctors became good friends with community members, others maintained more of a distance.

The doctors thus see themselves as improving the health culture of Bolivians by focusing on preventative education both in and out of the clinic. Their stated emphasis, moreover, on “consciousness” and “mental awareness,” moreover, suggests that they want to transform not only their patients' behavior but also their thinking. Just as citizens of Cuba learn to internalize ideas about health, the Bolivian patients are being asked to do the same. While the Cuban

doctors do not associate health with national identity as they might back home in Cuba, they do associate it with progress and modernity. By asking their Bolivian patients to internalize “modern” health behaviors, they are asking them to become “modern” people. The Cuban doctors see themselves as bringing revolution through education, as empowering Bolivians through knowledge.

In line with the concept of empowerment, the Cuban doctors often ask the Bolivian patients to step beyond the role of passive recipients of knowledge and take an active role in the health promotion process. While Bolivia may not have the widespread mass organizations that Cuba does, the Cubans find other, smaller-scale ways to mobilize community members. Two doctors working in a small neighborhood clinic described how they had formed a health committee that included local community leaders. The committee members were to disseminate the information they had learned during their meetings to the rest of the community. The committee also helped the doctors come up with solutions to help prevent the spread of disease in the community. The doctors had also formed focus groups for grandparents, mothers, adolescents, and pregnant women. Group members are also supposed to relate what they learned during meetings to the rest of the community. By giving community members an active role in health promotion activities, the Cuban doctors, in name at least, empower people to transform their communities for the better. Like their counterparts Cuba, they frame health as a question of individual and community responsibility. By handing over responsibility, moreover, the Cuban doctors are asking Bolivians not only to become more “modern” people but also to help in the creation of a more progressive society. Although Bolivia does not have the same history of socialist revolution that Cuba does, the Cuban doctors are encouraging their patients to become “revolutionary citizens” by using healthy behaviors to fight off underdevelopment and become

members of a modern society. But how do the Bolivian patients react to the Cuban doctors' efforts? Do they see themselves as modernizing themselves and their communities?

The Bolivian Experience

During interviews, the majority of Bolivian patients expressed positive views of Cuban doctors. Almost every patient I interviewed claimed to be grateful to the Cuban doctors for providing free, accessible care. Several also criticized the Bolivian doctors, saying that their care was expensive and inefficient. Others, more modest in their praise of Cuban doctors, claimed that while they had some bad experiences, the care overall had been good. Especially in smaller towns and villages, the Cuban doctors appeared to have considerable prestige. When I went for walks around Caranavi and San Miguel de Huachi with Cuban doctors, Bolivians would often wave from afar and walk up to greet the doctors. When I accompanied doctors to visit the school in San Miguel de Huachi, the principal immediately interrupted his meeting to come talk to them when he heard who they were. Because I was unable to spend long periods of time with the patients outside of the clinic setting, however, I found it difficult to gauge whether Bolivian patients consistently changed their behaviors to follow the advice of the Cubans. More research will need to be conducted concerning the extent to which the locals took up the doctors' recommendations. While Bolivians readily offered me their opinions about the Cuban doctors, it was unclear whether they embodied the Cubans' ideas about healthy behavior and disease prevention: Although the Bolivian patients offer praise and respect for the Cuban doctors, do they necessarily take the doctors' recommendations seriously? And if they do follow the doctors' advice, do they see the adoption of healthy behaviors as key to personal and societal modernization?

To what degree Cuban doctors succeed in their goals is to a certain extent a product of their symbolic capital in the community. While they appear to be respected and well liked by most, community-members might be hesitant to follow their advice if they see them as outsiders. While the Cuban doctors live in the community, they are not permanent members since they work there for a period of two years or less. Patients could be resentful of outsiders dictating their actions. While Cuban doctors claim to be empowering individuals, the doctors are the ones who dictate the standards of “healthy” and “unhealthy” behaviors. Even when community discussion is encouraged, the doctors establish the framework of the discussion. Alternatively, the Cuban doctors’ foreignness could lend them prestige. As a *New York Times* article points out, the fact that they come from Cuba, another economically poor Latin American nation, often makes them more welcome than doctors who come from Europe and America (Forero 2006). At the same time, one must also take into account how the Cuban doctors have managed to increase their prestige in the community through their interactions with locals. Charles Briggs (2009) describes in his study of Cuban doctors in Venezuela how Venezuelan patients were accepting of the doctors because the doctors did not create any social distance between themselves and the patients. The egalitarian clinical interactions between Cuban physicians and Venezuelan patients lead to new forms of cooperation between the doctors and the community. Similarly, in Bolivia, the Cuban doctors put themselves on an equal footing with the patients they serve. They live in the same type of housing as most of the community members, and are good friends with many of the locals. Because the power differential between doctor and patient appears to be minimal, patients might be more open to taking into account the doctors’ ideas about appropriate health behaviors.

Another question that arises is the medical authority of the doctors. Despite the fact that the regions of the Andes where I worked have a tradition of herbal medicine, most of the patients expressed respect for biomedical doctors like the Cubans. The reason some patients had rarely been to the doctor before visiting the Cuba facilities was the high cost or the lack of access rather than disinterest in biomedical treatment. While patients may accept the legitimacy of biomedicine, however, they might not see the necessity of changing their everyday behavior. People may not see the adoption of healthy behaviors as a moral question or a question of personal responsibility. In a society that does not have the history of communist revolution and nationalism that Cuba does, moreover, the idea of health as a gateway to social transformation may be a hard sell.

These lines of questioning highlight the variety of factors that influence the way Bolivian patients think about the presence of the Cuban doctors. Further research will need to examine how these variables shape the Bolivian reaction to the doctors' recommendations. One should keep in mind, however, that even if the Cuban doctors are successful in raising "health consciousness," Bolivian patients might be unable to comply due to the constraints of poverty. For example, patients may not be able to take a day off of work, travel long-distance to see a doctor, or afford chlorine to put their water.

Concluding Thoughts

The Cuban government's decision to send doctors on internationalist missions is a product of the nation's revolutionary history. Just as the government cast doctors in the years following the revolution as soldiers in the war on disease and poverty, it has painted the doctors it sends abroad as forces against global capitalist domination. As my fieldwork revealed, the

majority of Cuban doctors embody the state's vision. Perhaps as a result of the politicization of individual behavior in Cuba, the doctors, too, see themselves as forces of progress and social change. They attempt to bring about this change not only by providing free medical care, but also by transforming the way Bolivians think about health and disease. Inspired by their native Cuban society, they politicize the individual behaviors of Bolivians. They associate the adoption of healthy behaviors with being not only a modern individual but also a member of modern society. They see themselves as transforming Bolivians into "revolutionary citizens" who are fighting poverty and underdevelopment by adopting these healthy, modern behaviors. Research will need to be conducted, however, concerning whether the Bolivian patients have taken on the idea of health as an individual and a societal responsibility.

Although the question of Bolivian reactions to the doctors' recommendations remains uncertain, the Cuban doctors have made significant impact on the way many Bolivians talk about healthcare. The presence of the doctors has sparked a debate among Bolivians about the role of healthcare as a national project. Many of the patients with whom I spoke argued that their own government should subsidize Bolivian doctors and expand infrastructural support. Some added that President Evo Morales had already taken many steps forward in increasing access to healthcare, and that one day Bolivia might be able to have a healthcare system like Cuba's. Some Bolivians, however, oppose the idea that healthcare should be a state project. Some Bolivian doctors have vehemently protested the presence of their Cuban counterparts, claiming that the Cubans are providing unfair competition ("Protestan contra medicos cubanos" 2006). The Cubans, in turn, argue that Bolivian doctors should also offer care free of charge. Many Bolivian doctors, however, find themselves unable to provide free care because, unlike the Cubans, they are not subsidized by the state. Some Bolivian doctors, however, work in

collaboration with Cuban doctors in settings like hospitals and *consultorios* and praise their Cuban colleagues for helping them. In this respect, the Cuban doctors have already had a significant impact on the way Bolivians talk about health and healthcare. These debates among Bolivian citizens also come at a time when the national government is attempting to reform the nation in a more socialist direction. It will be interesting to see if Bolivia will adopt a more “Cuban” healthcare system, and how it will adapt this system to fit Bolivian needs.

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