

Revolutionary Medicine:
The Culture of Cuban Healthcare Abroad

Anthropology
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Introduction

Cuba is an outlier nation as it is one of the last remaining socialist states from the Cold War era. In 1962, the United States formally embargoed Cuba in response to Cuba nationalizing American enterprises on the island, isolating it from the west (Henken, 2013). Since then, the United States has cemented itself as a world superpower. In contrast, Cuba's economic development has lagged. But in spite of the country's disadvantage, as well as their scarcity of technology, materials, and funding, Cuba has developed world-renowned healthcare founded on prevention and medical equality (Limonta, 1991). Understanding Cuba's national character is key to explaining how Cuba constructed its unique medical system. Traditional values, intellectual movements, and political history allowed for the development of this distinguished international medical system.

How does Cuba—a small socialist island nation of 12 million—have an outsized reputation for international medicine? The origins of Cuba's medical culture can be traced back hundreds of years through Cuba's colonial period, and the pre- and post-revolutionary eras. Starting in the 1800s, Cuba began to develop a national identity centered on social equality. Later, this ideal was reinforced by leaders like Che Guevara and Fidel Castro who formalized international medical diplomacy as part of Cuba's strategic foreign policy. Promoting equality and lending a helping hand to those in need created a system of internationalism enshrined in their constitution. With reference to Jose Martí's essay, *Nuestra America*, and Che Guevara's famous speech, *On Revolutionary Medicine*, this paper will discuss Cuba's deep-rooted cultural values that stem from Enlightenment philosophies and intellectual rebellion. These values

ingrained strong ideas of solidarity and dignity (or *dignidad*) in Cuban culture (Cheng, 2009), which in the 21st century may be at risk.

Cuba's medical internationalism evolved over time. Since 1960, 101,000 Cuban health workers have provided aid in 110 different countries (Huish, 2014). Starting in the 1970's, Cuba has sent medical aid workers to the far reaches of the developing world, whether supporting Haitian earthquake victims in 2010, or Ebola patients in Africa. In 1985, Cuba had more doctors working abroad than the World Health Organization (Feinsilver, 1989). In 2014, Cuba had 38,000 international health workers in a total of 76 countries worldwide. Yet, in 2012, Cuba built the first Cuban hospital outside of Latin America, this time in a developed country where resources and healthcare are abundant. The hospital is staffed by over 400 Cuban medical professionals (Hamad Medical Corporation, 2016). Qatar pays Cuba considerable sums of money for the provision of healthcare and medical training (Hammond, 2012). Cuba receives much needed foreign currency and in return, Qatar has the benefit of improved healthcare that mirrors the success of Cuba's own system (Huish, 2014). Unlike Cuba's other medical projects, the deal with Qatar—an economic superpower—represents a notable departure from Cuba's solidarity-based internationalism, and could threaten the country's core socialist and traditional values.

Historical Underpinnings: Development of Cuban Values

On August 19, 1960 Che Guevara, one of Cuba's socialist founding fathers, delivered his famous speech, *On Revolutionary Medicine*. It is evident from his speech that Cuba's colonial

past and its independence movements served as strong influences on Guevara. Guevara defined a revolutionary doctor as

“a man who utilizes the technical knowledge of his profession in the service of the revolution and the people.”

In fact Cuba had a long history of prioritizing social justice and universal care. Guevara argued that in order for Cuba to thrive, the people must work together for the common good. This value was specifically implemented in Cuban healthcare, where doctors were trained to serve everyone, with an emphasis on equality.

Enlightenment philosophies—notably ideas about spreading education and nationalism—found their way to Cuba through Jose Agustin Caballero and Father Felix Varela, both born late in the 18th century (Henken & Celaya, 2013). Three hundred years after Christopher Columbus colonized Cuba for the Spanish crown, the constant spread of food, slaves, diseases, and ideas brought the European Enlightenment to the small island nation. Caballero and Varela planted the seeds of Cuba’s modern cultural values, building a national character. They longed for a Cuba with universal education, a feeling of *patria*, or “homeland,” and a culture of equality. These seeds quickly took root on the island and became the basis for further revolutionary philosophy—coming to fruition through Jose Martí.

In fact, Guevara concluded *On Revolutionary Medicine* with a reference to Martí:

“Now that we have all the elements for our march toward the future, let us remember the advice of Martí... ‘The best way of telling is doing.’ Let us march, then, toward Cuba's future.”

Martí, Cuba’s George Washington, was the father of Cuban nationalism, and played an important role in solidifying Caballero and Varela’s ideas of equality. When Martí was born in 1853, Cuba was under the rule of imperialistic Spain. Slavery was ubiquitous and Spain

controlled the economy and the daily life of Cubans (Henken, 2013). From a young age, Martí began to formulate ideas of social equality. His realization of the injustices that slaves faced became a spark that catalyzed change in Cuba (Stokes, 2013).

But Martí took it a step further, seeing the necessity of a diverse culture without discrimination: “There is no racial hatred, because there are no races.” He began to formulate ideas of an integrated Cuba, a place where people of any race or ethnicity are accepted. Martí coined the phrase “Our Mestizo America” (Chanady, 2000). *Mestizo*, an important aspect of Latin American culture, refers to someone of mixed race. Martí believed that races were insignificant in Cuba’s future and that everyone should be treated as an equal. Martí’s ideas not only sparked an independence movement, but they also perpetuated the basic Cuban values envisioned by previous Cuban thinkers: equality, social inclusion, and compassion.

In the 1880s, after serving six years in prison for opposing Spanish rule, Martí left Cuba for New York City. Compared to his colonized homeland, America was wealthy and prosperous. Rather than idolizing the United States’ economic success, Martí saw greed and inequality. He described America in later writings as a place where “there is not sufficient soul or spirit” and “everything is bound to collapse.” He vowed to make Cuba different. Martí made the important distinction between the Americas and the United States of America. In his 1892 essay, *Nuestra America*, or “Our America,” he identified the United States as the adversary of his political theory (Stokes, 2013).

Martí contrasted Cuban traditional values with those of the United States. He pointed out that although both nations were diverse, the social and racial character of the two nations were polar opposites. While development in the United States had been built on the shoulders of the

African slave ranks, Cuban culture depended on the work of all races and classes of individuals. Martí went on to promote an idea of healing worldwide inequalities by providing aid abroad. He encouraged his countrymen to become “New American Men” by “bending down to the unfortunate ones and lifting them up in our arms.” With this call to action, Martí began Cuba’s move toward domestic and international humanitarianism. These ideas are critical precursors to future medical internationalism, which would later flourish when Castro and Guevara dreamt of an army of “Revolutionary Doctors.”

Conflicting Visions: Struggle Over Core Ideals

The independence and equality Martí so passionately believed in remained an integral part of Cuban society, culture, and politics. However, Cuba also struggled with oppressive government regimes, most famously under Fulgencio Batista. Unlike Guevara, Castro, and Martí, Batista was not driven by ideals of social equality and *dignidad*. Instead, from a very young age, he developed a hunger for power. In 1940, after becoming a national hero for overthrowing the dictatorship of Gerardo Machado, Batista was elected president. During his first term, he enacted the Constitution of 1940, which was inspired by Karl Marx and Friedrich Engels, encouraging government regulation of the economy and advocating for a social safety net. Often considered a very progressive move, the constitution outlined two major topics: public education and the importance of fraternity and solidarity through internationalism. However, while the Constitution was passed under Batista’s supervision, the potential of internationalism went unrealized during his regime.

Ultimately, Batista's regime would set the stage for Castro's takeover and a return to Martí's core ideals. After a four-year term, Batista moved to Florida. In 1952, as the new Cuban election rolled around, Batista saw his chance to reenter Cuban politics. Realizing democracy was not going to win him the election, Batista took the government by force (Whiteford, 2009). However, in contrast to his first term, Batista's second round in office was not progressive. He prioritized his personal interests over the well-being of the people, focusing instead on acceptance into Cuba's elite. He opened casinos, hotels, and welcomed the American Mafia in an attempt to build his fortune (Whiteford, 2009). In fact, his transgression from traditional Cuban values of equality catalyzed Castro and Guevara's revolution and ended his regime. By 1958, the Batista administration began to collapse. In 1959, Fidel Castro and Che Guevara successfully led a successful revolution against the Batista regime.

Che Guevara, an enthusiastic and idealistic student of Marx, Lenin, and Martí, was born in Argentina in 1928. After graduating with a medical degree in Argentina, he moved to Mexico City where he met Fidel Castro. While there, Guevara became a member of the Cuban revolutionary movement. He believed that the liberation of Cuba was the first step in freeing all of Latin America from the imperialist and capitalist intentions of the United States (Harris, 2009). Guevara was strongly influenced by Martí. In fact, many credit Martí's resistance during Spanish imperialism with inspiring Guevara's rebellion against Batista and his ideas of turning social equality into revolutionary action. Guevara especially admired one of his quotes, which he cited in *On Revolutionary Medicine*:

"A real man should feel on his own cheek the blow inflicted on any other man's."

For Guevara, this embodied an important facet of Cuban culture: solidarity. Guevara, like Martí, wanted to live in a country that promoted social equality and justice, both within Cuba and abroad. Like earlier leaders, Guevara promoted ideals of *dignidad*. (Cheng, 2009).

Medical Internationalism: Cuban Culture in Post-Revolutionary Years

The nationalistic movement that Martí had started in his exploration of social equality and national pride became Guevara's plan to create an army of doctors. After the revolution of 1959, the Cuban people had high expectations. Castro and Guevara built on Martí's idea of a "New Cuban Man" and united it with their internationalist plans. They prioritized health care, education, and aid. The marriage of these ideas resulted in a fledgling system of socialized, internationalist medicine that was founded on goodwill, aid, and prestige, in hopes of receiving influence, credit, and more trade options (Feinsilver, 2008).

Healthcare inside Cuba follows *Medicina General Integral*, or "General Medicine," an approach that focuses on universal preventative healthcare. Using small teams known as *consultorios*, one doctor and one nurse are assigned to different regions across the country (Johnson, 2006). The teams make regular visits to homes and communities with an emphasis on equalizing medical access and increasing overall health (Brouwer, 2009). In 2004, the Cuban National Assembly passed a resolution that promised all citizens the right to access medical care (Johnson, 2006). By the end of that year, *Medicina General Integral* was providing health services to 99 percent of the Cuban population, approaching Castro, Guevara, and Martí's goal of social and medical equality for all Cubans.

The tradition of Cuban medical internationalism began in 1963, with Cuba sending medical aid to Algeria during their revolt against French colonialism. Cuban health professionals provided the only medical aid to the rebel fighters, and were thus a significant support in the Algerian independence struggle (Huish & Spiegel, 2008). Later that year, the United States embargoed Cuba during the height of the Cold War. In spite of this, Cuba began to use medical internationalism as a means to form and strengthen ties with other nations. As Fidel Castro stated on Cuba's medical presence after the Haitian earthquake of 2010, "we send doctors, not soldiers" (E. Kirk & J. Kirk, 2010). Scholars describe Cuba's burgeoning international "medical diplomacy initiative" as a form of foreign policy (Feinsilver, 2008).

Cuban medical internationalism is structured around the concept of solidarity, defined as "an intentional act of cooperation between two nations in order to produce benefits for both." The Cuban government has described their system of internationalism as a repayment of their debt to the international allies who provided assistance in the early years of the Revolution. (Feinsilver, 1989).

While Cuba's internationalism varies from country to country, it can be categorized into three forms of solidarity: remuneration, bartering, and investment. In the first, remuneration, countries directly pay the Cuban government and its medical professionals, thus providing Cuba with desperately needed foreign currency. This set up can be seen in countries such as Qatar, to be further explored later in this paper. The second category is solidarity bartering, in which Cuba receives preferred trading privileges for certain resources. This model is utilized by Venezuela, as well as Bolivia, Guatemala, and the Gambia. The third category is solidarity investment, in which the host countries offer no payment or trade to Cuba, but still receive Cuban medical

assistance. This category is utilized in economically devastated countries, such as Haiti after their 2010 earthquake. In these circumstances, outreach is paid for by the Cuban government, or by a third party country, such as Norway, which provides medical equipment to Cuban doctors in Haiti and Taiwan. (Huish, 2014). Cuba's system of solidarity isn't altruism, nor is it imperialism. These arrangements are an alternative to charity or aid missions, as it benefits both the donor and the recipient nation.

Exporting Medical Culture: The Venezuela Model

Cuba's culture-based healthcare falls directly in line with Cuban values of solidarity and the repayment of debt through humanitarian work. For example, Cuba has a large medical presence in Venezuela. Starting in 1999, Cuban-Venezuelan relations grew following a series of mudslides that put Venezuela in need of medical personnel. Their cooperative program solidified in 2003 with the goal of providing resources to both countries (Blue, 2010). Under this agreement, Cuba provides Venezuela with medical professionals in exchange for oil at preferred credit rates (Huish, 2014). Cuba receives 90,000 barrels of discounted petroleum daily (Yanez, 2005). In exchange, 20,000 Cuban health personnel have been sent to work in primarily poor, rural areas of Venezuela. Venezuelans have access to over 7,000 offices and clinics where they are provided with Cuban medical services for free (Berlatsky, 2013).

Taking inspiration from the Cuban healthcare model, the former Venezuelan president Hugo Chávez developed a second Latin American School of Medicine in Caracas, Venezuela, in 2005 with the intention of doubling the number of medical graduates. (Kirk, 2007). Indeed, Cuba and Venezuela together intend to train 100,000 doctors—at no cost to the students—to be

sent to the developing world. In 2011 alone, nearly 50,000 doctors were trained in the two countries, all of whom are encouraged to continue Che Guevara's theme of revolutionary medicine and serve their community. Students are taught with an emphasis on preventive medicine, and placing community needs before individual ones (Kirk, 2012).

Venezuela has provided additional funding to sponsor Cuban medical professionals abroad. This funding has led to a major increase of Cuban medical international presence, thus providing Cuban health workers opportunities to earn hard currency while working abroad (Blue, 2010). In addition, "Operation Miracle," a joint project of Venezuela and Cuba, restores sight to poor Latin Americans at no cost. The effort is funded by Venezuela's petroleum capital, and utilizes medical professionals from Cuba to perform eye surgeries and provide eye care to the poorest communities in the Caribbean and South America. (Kirk, 2007). This project has restored sight to over two million people since it began in 2005 (Kirk, 2012).

The comprehensive health care system set up in Venezuela mirrors its equivalent in Cuba. In 2006, a study by the Pan American Health Organization (PAHO) showed that of the 171.7 million medical visits Cuban doctors held in Venezuela, 67.9 million were in community locations such as schools. Of those 67.9 million, another 24.1 million were held in homes (Feinsilver, 2008). This approach embodies a Cuban value of healthcare revolving around the patient.

The core values that support Cuba's own health system are reflected in their foreign projects. As seen in the Cuba-Venezuela doctors-for-oil deal, Cuba does not merely export thousands of doctors to foreign countries without any plan or structure. The unseen deal in this negotiation is the export of Cuban values into the Venezuelan healthcare system. Cuban doctors

are not being sent to only provide aid—their main job is to train Venezuelan doctors—40,000 to be exact (Feinsilver, 2008). While Cuba’s work in Venezuela is emblematic of Cuban aid abroad, it is by no means the only example. Cuba has healthcare projects set up in more than 100 nations abroad, serving mostly developing nations.

Qatar: A New Model?

Why are more affluent countries with an abundance of resources seeking medical help from Cuba? Most of the beneficiary countries are struggling from economic or political detriments, leaving their doctor-to-citizen ratio much smaller than Cuba’s, which happens to be the highest in the world (Garrett, 2010). Because of Castro and Guevara’s revolutionary initiative, Cuba has an excess of doctors. So much so that Cuba’s advantage in today’s globalized economy is health care professionals. For this reason, they are able to ship doctors in the thousands for a relatively low price. But the Cuban medical aid package isn’t merely cheap, it comes with the post-revolutionary *Medicina General Integral*, the patient-centered model of health care. This system, driven by the forces of Cuban culture, is not only efficient, but also meets the needs of the countries Cuba serves (Johnson, 2006).

Between 1984 and 1985, Cuban doctors traveled to the Gulf States and treated more than a million patients, performing over 1,500 operations. In 1989, Cuba officially formed diplomatic ties with Qatar in the fields of healthcare and tourism, which make up Cuba’s booming international businesses today. Cuba’s presence in the oil rich Muslim nation of Qatar reflects Cuba’s return to an Arab state under a very different context. Qatar, a capitalist nation with no history of socialism, has the highest GDP per capita in the world (World Bank, 2016). Qatar’s

abundant oil reserves guarantee the few Qatari citizens a high standard of living. They are provided with privileges including free housing grants, education, and health care, and the country's expenditure per student in 2010 was one of the highest globally (De Bel-Air, 2014).

Cuba's venture in Qatar, unlike their first international project in 1963 Algeria, does not support a revolutionary country in need of medical assistance. Rather, Qatar pays Cuba large sums of money in exchange for healthcare and medical training. In 2005, Fidel Castro met with the Emir of Qatar to strengthen Cuban-Qatari relations. This agreement resulted in the construction of the 2012 Cuban Hospital. Located in Dukhan, the western municipality of Al Rayyan, Qatar, it is the first Cuban hospital outside Latin America. It is staffed by over 400 Cuban medical professionals and serves the western oil field regions of Qatar, home to mostly Southeast Asian expatriates (Garcell, 2014). The deal that exists between the Cuban government and the Qatari government entails direct cash payments to Cuba for their doctors. In this arrangement, Cuba reaps the benefit of much needed foreign currency, whereas Qatar has the benefit of improved medical systems that mirror the success of Cuba's own systems (Huish, 2014).

The hospital in Dukhan demonstrates a new way for Cuba to maintain aspects of its socialist medical system while earning cash for the Cuban state and providing Cuban doctors with work. However, the deal also gives individual Cuban doctors the opportunity to earn foreign money outside the Cuban economy (Blue, 2010). Whether this will benefit a select Cuban elite or the population as a whole is yet to be determined, but it is clear that it is tilting the scales of equality in favor of some Cuban doctors. In addition to a large money transfer,

representatives from Qatar have also expressed interest in investing in Cuba's own medical tourism business (Gulf Daily New, 2015).

Additionally, Qatar is planning on privatizing their medical services prior to the 2022 World Cup. Under this free-market system new system, The Cuban Hospital will receive payments based on treatments provided to Qatar's guest-workers. Phil Lowen, the Cuban hospital's chief operating officer, believes that the hospital will be competitive under the new system. However, this for-profit exchange contrasts Cuba's own emphasis on community health care and medical equality (Hammond, 2012).

Medical Tourism: Cuban Equality at Risk?

Cuba's newly established medical tourism industry demonstrates the foundation of Cuba's potentially greatest market success in an era of globalization (Hammond, 2012). This industry consists of private hospitals across the island that are inaccessible to the majority of the Cuban population. These hospitals have access to more technology and more advanced healthcare. However, the biggest difference in these hospitals is that the profits they make don't go directly towards the national healthcare system, but flow into general government monetary accounts. This has caused some outrage in Cuba because it contrasts Cuba's core values: equality and the sharing of national resources (Schwab, 1999).

In 2014, the U.S. government began loosening restrictions, which may result in an exodus of doctors and other medical workers. They stand to earn more money in the U.S. than in Cuba, and some are resentful of their government contracts that often require work in remote villages or slums in Cuba after they return from years of medical work abroad (Garrett, 2010).

While working abroad, physicians are paid a regular salary in Cuban pesos, as well as a bonus. Additionally, their food, accommodation, and other necessities are covered by the host country. Upon return to Cuba, the doctors no longer receive these benefits, which, with the lifting of the embargo, may persuade many doctors to leave the Cuban health care system in favor of a better paid international job (Huish & Spiegel, 2008).

This emigration of doctors would result in the creation of a dual domestic health system, with both private and public health institutions. To keep Cuban medical professionals from leaving, and to encourage work in the public tier of health, the Cuban government would have to boost compensation of medical workers. In order to fund such enhanced compensation, Cuba would be forced to find external funding, perhaps from additional deals such as the one with Qatar. Additionally, the remaining health care system in Cuba may transform into a destination for medical tourism, altering the social program that has been built into Cuba's medical culture (Garrett, 2010). In this way, the Cuban effort to ensure medical equality may be threatened by the impact of globalization (Johnson, 2006). With the easing of the embargo expected take place over the next few years, Cuba's medical system may be greatly altered, and the Cuban government's ability to adapt to the new systems will determine the fate of their prominent health care system (Garrett, 2010).

Conclusion: The Future of Cuban Solidarity Culture

Cuba's international medical culture has changed so profoundly that it could undermine the ideals that formed it, threatening the country's core socialist and traditional values. Since the revolution, Cuba's medical internationalism has expanded to cover over 100 nations, but Qatar is

the wealthiest nation Cuba has served. With Cuba's struggling economy, the Qatar deal seems mutually beneficial. However, what does this exchange with a heavily capitalist state mean for the ideals that built modern Cuban society? The building of the Qatar hospital creates the opportunity for some Cuban doctors to earn foreign money. Perhaps at stake is Cuba's integral value that every citizen should have equal access to resources and money. But most importantly, Cuban medical internationalism was founded with the goals of helping needy nations. Cuba's sudden shift in medical diplomacy might ironically undermine the very ideology that founded their renowned medical internationalist system. Or, this new development might just be Cuba trying to survive as a socialist nation in a capitalist world.

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