



*E*MOTION *of* SAUDADE

The embodiment of solidarity in the Cuban
medical cooperation in Mozambique



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Photo Jay Garrido

(E)motion of saudade

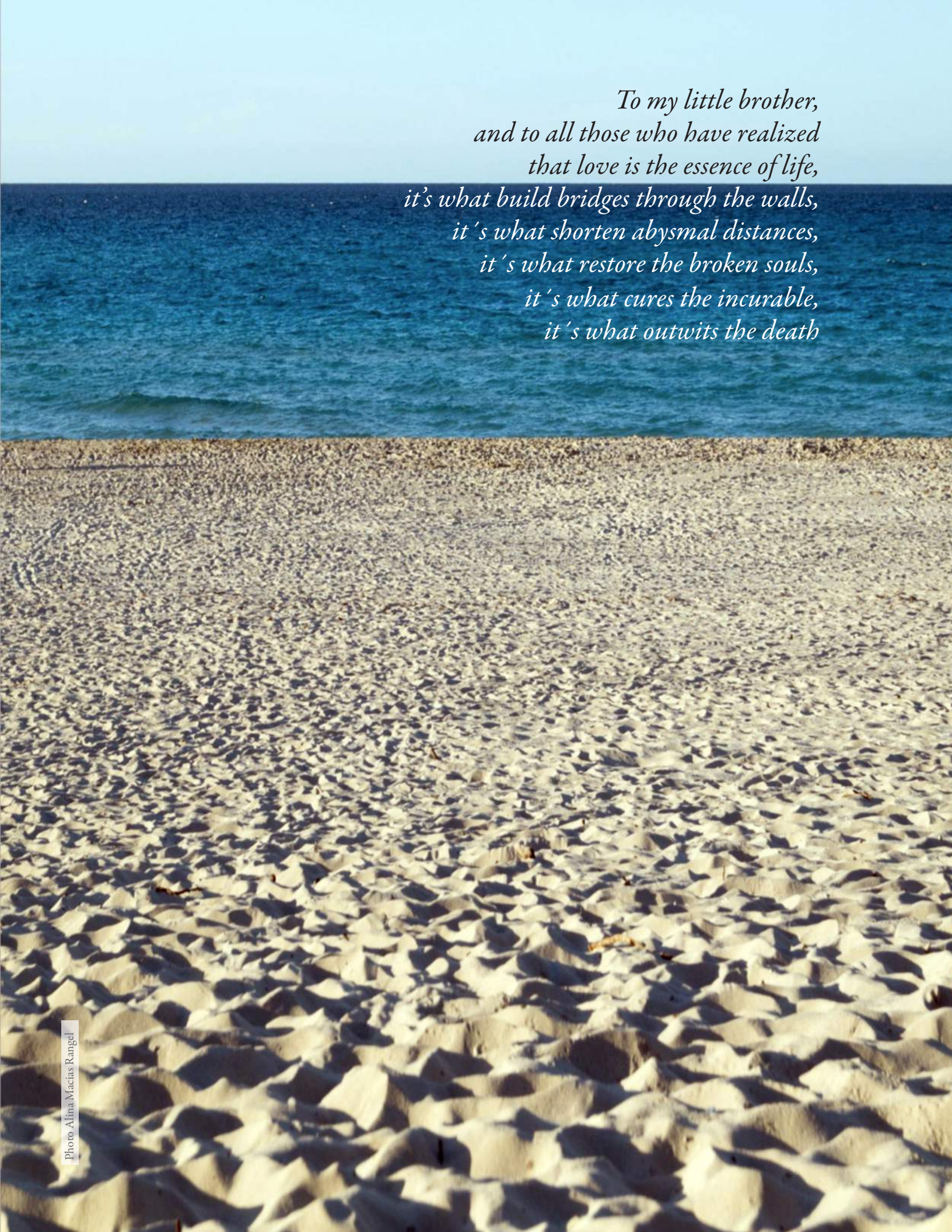
The embodiment of solidarity
in the Cuban medical cooperation
in Mozambique

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A photograph of a beach. The foreground is filled with light-colored, smooth pebbles of various sizes. The middle ground shows the ocean with gentle waves washing onto the shore. The sky is a clear, pale blue. The overall scene is bright and serene.

*To my little brother,
and to all those who have realized
that love is the essence of life,
it's what build bridges through the walls,
it's what shorten abysmal distances,
it's what restore the broken souls,
it's what cures the incurable,
it's what outwits the death*

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(or the schedule of a journey)

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Abstract:

This thesis focuses on current Cuban medical cooperation in Mozambique. It begins by placing this form of cooperation within the emergent field of South-South relations, whereby two nations from the Global South maintain an autonomous link throughout the decades. The socialist island of Cuba has long been regarded as a world leader in health, one that, in place of sending substantial revenues, delivers human resources. Its main tactic has been to place Cuban professionals at a grassroots level, in order to work within the local healthcare system. This has been the case in Mozambique, a nation with a healthcare system often described as fragmented and heavily dependent on foreign aid, and in this sense Cuba may represent a more horizontal alternative. From a macro perspective this is an interesting topic within international relations, one that adds various perspectives to the field of medical aid worldwide. However, this paper suggests a further analysis of the different layers within this phenomenon. Beyond merely being a governmental agreement, this is a particular Transatlantic route where women and men move between continents, facing tangible and intangible borders in order to collaborate within the medical field. Under these circumstances, individuals must cope with new environments, re-establishing their lives in other societies, thus modifying their lives and those of their communities. Behind such dynamics, solidarity stands as a remarkable principle to sustain the historical and contemporary mobilization of people in the Global South. Using an ethnographic perspective based on life stories collected throughout six months of fieldwork, this thesis unwraps the multiple layers that go into constructing this phenomenon in order to understand how solidarity is embodied in the daily lives of Cubans and Mozambicans. The aim is to present the “human face” of contemporary South-South mobility, especially in the field of health and medicine, in order to highlight how political discourses on solidarity are deconstructed to be personally internalized within this intercultural encounter.

Resumo:

Esta tese tem foco na cooperação médica entre Cuba e Moçambique e parte da percepção do fenômeno através do contexto emergente das relações Sul-Sul como um exemplo peculiar onde duas nações do Globo Sul desenvolveram um vínculo autônomo ao longo das décadas. Cuba, uma ilha socialista, tem sido considerada como um poder de saúde mundial que, em vez de enviar receitas substanciais, entrega recursos humanos. A principal tática do país tem sido alocar o profissional cubano em organizações que realizam ações coletivas para efetuar mudanças a níveis locais, com desdobramentos em escala regional, nacional ou internacional, no arranjo do sistema de saúde. Esse é o caso de Moçambique, uma nação que possui um sistema de saúde fragmentado e fortemente dependente de recursos estrangeiros, onde Cuba se insere como uma alternativa horizontal e ampla. Partindo de uma escala macro, esse é um tópico interessante de relações internacionais que acrescenta perspectivas diferentes ao campo de auxílio médico internacional. Porém, essa tese sugere uma análise aprofundada dos diversos níveis desse fenômeno. Além de um acordo governamental, essa é uma rota Transatlântica peculiar onde mulheres e homens realizam deslocamentos intercontinentais, enfrentando barreiras tangíveis e intangíveis em prol de contribuir e colaborar para o campo médico. Nessas circunstâncias, esses sujeitos têm que lidar com novos contextos, reestabelecendo suas vidas de uma sociedade para outra, sendo agentes transformadores de suas comunidades. Por trás dessa dinâmica, a solidariedade é um princípio notável para sustentar a mobilização histórica e atual das pessoas no Globo Sul. Partindo de uma perspectiva etnográfica baseada em histórias coletadas durante seis meses de trabalho de campo, essa tese estuda o desdobramento das múltiplas camadas que compõe esse fenômeno, a fim de promover a compreensão de como a solidariedade está incorporada no cotidiano dos cubanos e moçambicanos. O objetivo é desenhar um “rosto humano” por trás da mobilidade Sul-Sul contemporânea, especialmente no campo da saúde e da medicina, para destacar como os discursos políticos sobre a solidariedade são desconstruídos para serem internalizados pessoalmente neste encontro intercultural.

Resumen:

Esta tesis está enfocada en la actual cooperación médica cubana en Mozambique. En primera instancia, este fenómeno puede verse desde la perspectiva emergente de las relaciones Sur-Sur como un peculiar ejemplo donde dos jóvenes naciones han forjado un vínculo autónomo desde hace décadas. Cuba, una isla socialista, ha destacado como un poder médico global que, en lugar de enviar enormes sumas de dinero, se basa en el potencial de sus ciudadanos. Su mayor táctica ha sido integrar profesionistas cubanos en otros países para trabajar dentro del sistema de salud local. Éste ha sido el caso de Mozambique, una nación a menudo descrita por su contexto de salud fragmentado y dependiente de ayuda extranjera, donde Cuba emerge como una alternativa supuestamente más horizontal. Desde un punto de vista general, éste es un tema de relaciones internacionales que aporta nuevas perspectivas en el ámbito de la salud a nivel global. Sin embargo, la presente tesis sugiere analizar los diferentes niveles que se entretienen dentro de este fenómeno. Más allá de un acuerdo entre gobiernos, ésta es una divergente ruta transatlántica por la que hombres y mujeres se desplazan entre continentes, cruzando fronteras tangibles e intangibles para realizar una labor a favor de la salud. Ésto ha conllevado que los individuos enfrenten otros contextos y se restablezcan de una sociedad a otra, cambiando así sus vidas y las de sus comunidades. Detrás de tal dinámica, la solidaridad destaca como un principio de acción que sustenta la histórica y contemporánea movilización de personal en el sur global. Desde un punto de vista etnográfico, y por medio de historias de vida obtenidas durante seis meses de trabajo de campo, esta tesis va deshilando los múltiples niveles que conforman este fenómeno para entender cómo es que la solidaridad es encarnada en el día a día de cubanos y mozambiqueños. La intención es dar un “rostro humano” a los movimientos Sur-Sur, en especial en el área de la salud, para recalcar cómo discursos políticos sobre solidaridad son deconstruidos y personalmente interiorizados en este encuentro intercultural.

The following pages are the result of my effort to balance my passion for hearing and telling stories, and the labour of academic analysis. Overall, this is a thesis that follows the multidisciplinary teaching in African Studies; it is the fruit of the hours in the classrooms of Leiden University listening to prominent academics and reading a foretaste of the enormous diversity of the African continent and the world. Here, this exposure is crystallized with the aim to present an original topic through a critical and reflective analysis, highlighting the ability of academia to not just acknowledge the world that we share, but also to profoundly engage with the multidirectional flows of information to carefully construct an argument with autonomy. With this goal in mind, this text interlaces different literature with the prodigious opportunity of doing six months of fieldwork. It is the fact that I have *been* in Mozambique and Cuba what triggered a tactile project. Each word that conform this text has been inspired in the human quality to perform a journey; in the physical and spiritual movement of people from certain locations to another and the intense experiences that occur in the pre-departing, the motivation to start moving, the journey itself, the arrival, and at times, the return¹. Beyond an academic approach that aims to analyze certain phenomenon, these pages are a tribute to the profound beauty that sparkles in the nostalgic existence of the travelers. Deep in their (foot) steps to search for a better life, to somehow build a life while moving, there is a clash of excitement and sadness, the encounter with new cultures and the attachment to those daily elements of a place called home.

In this constant disjunction between the static and the dynamic, I present a narrative writing style that, without neglecting the objectives of academia, uses creative language to draw a human face of those who embarked on an odyssey in the South. In the matter of odyssey, this thesis has been largely inspired by a diversity of distinctive expressions, especially literature from Latin America and Lusophone Africa, as well as the road movies genre, as a cinematography that claims the journey to promote social critique (see Laderman 2002; Brandellero 2013). Just as cars or motorcycles lead brave outsiders to face their destiny through the desert, those who move across continents in this thesis are seduced by roads, coasts, the ocean or the sky. Just as film directors around the world have challenged the versatility of the camera to embrace the metaphor of the road, this paper makes use of life stories as abstract narratives to bring the reader through the voyage that “aim beyond the borders of cultural familiarity, seeking the unfamiliar for revelation, or at least for the thrill of the unknown” (Laderman 2002, 1). I pursue this through stylistic elements of the road movie, such as a nonlinear plot and the use of long shots to capture the power of landscapes, which here is translated through written descriptions and especially with the use of selected photos².

Foremost, the writing style of this thesis is concerned with life stories and bringing them to the spot light to manifest the tangible experience of an ambiguous issue. Thus, the project Humans (<http://www.human-themovie.org/>) from the film director Yann Arthus-Bertrand has been a source of inspiration due to his mastery in combining interviews and panoramic shots to build a multi-faceted portrait of the human diversity and complexity. It was this ode of the human condition that persuaded me to focus on women and men that perform multicultural encounters prior to my fieldwork, and to create a text that allows me to present the fluidity of their individual and collective daily life. Lastly, the idea of a human face behind theoretical frameworks was motivated by the extensive (and exhaustive) work of Javier Valdez (2011) who emphasized the reach of journalism to create awareness on those concrete, real lives affected by the war on drugs (an effort that cost him his life during the creation of this thesis). From him, I took the fierce narration of current life stories to create a visceral image of those people who has been largely voiceless. Because together with solid academic argumentation, the spaces where women and men tell their journeys unties a deeper understanding, I present a dialogue among scholarship and creative writing, literary quotes and pre-selected photos. In this thesis, the active reader will find a humanized text that appeals to critical thoughts attached to intrinsic emotional issues, that not only creates certain knowledge, but that also inspire a deeper awareness for further action.

¹This is why I have selected the title (E)motion of Saudade (a definition of this word can be found in the Epilogue), as a wordplay that links how those steps away from home are interconnected with an internal journey that makes who we are.

²The first example of this is the cover picture, (courtesy of Jay Garrido) that make use of the lights to play with the female silhouette as if it was a natural landscape. I chose this photo not only because of its outstanding beauty, but also because despite being a portrait, it captures the essence of the model with a rare subtlety. The first time I saw it I thought it was the photo of a Mozambican young lady (as the photographer is from Maputo), however, it is the portrait of one of my friends, a Brazilian student call Lais Volpe Martins. I found captivating how the elements of this photography trick my own notions of how “a Mozambican woman” is supposed to look like. And at the same time, it made me reflect on how individuals change when one admire them from different angles, different lights. This portrait, that in a way could be from many women, captures the essence of this paper: the striking human diversity that make us alike.

List of Acronyms

- AMETRAMO** Mozambican Traditional Medicine Association
- CHDP** Comprehensive Health Care Delivering Program
- ELAM** Latin American Medical School
- GDP** Gross Domestic Product
- FRELIMO** Frente de Libertação de Moçambique
- IMF** International Monetary Fund
- IR** International Relations
- LDC** Less Developing Countries
- NEPAD** New Partnership of African Development
- NHS** National Health System
- PARPA** Strategy for Reduction of Poverty
- PIS** Programs of Integral Health
- RENAMO** Resistência Nacional Moçambicana
- SAP** Structural Adjustment Program
- SSC** South-South Cooperation
- SSR** South-South Relations
- UNCTAD** United Nations Conference on Trade and Development
- WHO** World Health Organization

Introduction *Two ports*

Human faces

The day is bluish. The sound of the sea has a blue melody that gradually fuses into a horizon with the clarity of the sky. An absolutely clear sky, as blue as the sea. It is eight o'clock in Maputo, the delicate sonority of the waves doesn't reach the concrete heart of the capital, and there's just a pinch of salt in the air to add to the intensity of the sunrise over a Tuesday morning. A couple of miles away from the coast, the student residence *SELF* stands on the corner of Amilcar Cabral and Paulo Samuel Kankhomba (see appendix 2). On the left side of the first floor, Inocencia has been furiously cleaning since seven o'clock. Her slender figure sweats under the green uniform of *Clean Africa*, while her *chefe*³ stares at her, making her uncomfortable enough to rush. She has to finish two floors by lunchtime, then mop the entire stairs of the eleven storey building before she can go home. Some people say she is too thin to be an *empregada*⁴, to perform the physical labour of such a competitive and demanding job.

Still, after her daily shift, she knocks on the doors of students to wash their clothes, or sweep their bedrooms, or wash their dishes... every *metical*⁵ counts (the minimum salary of Mozambique is a joke). It doesn't matter that her bosses gossip about it; the students welcome her. After all, she is only 25, and sometimes she brings *Xeltinho*, her one year old baby with big eyes, *pegado às costas*⁶ with a shiny *capulana*⁷ while she carries buckets up and down the stairs. Her legs seem to be made from elastic obsidian,

³Portuguese for boss.

⁴Housemaid.

⁵Mozambican currency.

⁶It literally means "taken back", but it is an expression to describe how babies are worn on the backs of their mothers.

⁷Mozambican name for sarong.

which grounds her tiny body during the harsh working hours. Her face, although sweet, already shows some tenuous wrinkles under her eyes, and her small hands, broken like a minuscule puzzle, are the indelible signature of a childhood spent earning a living. (And what else could have she done? What else can she do, now?)

Inocencia can be very shy when one meets her for the first time, when she quietly announces her cleaning skills. Perhaps due to her job, her background, her gender, her status as a single mother; all of these push her towards a transparent existence around the halls of the residence. When I looked carefully that Tuesday morning, a severe tone highlighted the subtle white of her smile, a constant smile that followed a characteristic giggle. *Bom dia, tudo bem?*⁸, she offers, taking the first step in getting to know her, talking to her during coffee breaks, hearing of her child and his father, who went to South Africa to work in the mines and has not yet returned, or her own father, who died of a strange disease when she was 14, leaving her orphaned. It took time, but as the days passed following that first Tuesday, Inocencia would stand happily every morning, her colourful hairstyle juxtaposing the agitated journey from her home in *Xiquelene* (see appendix 2), to meet me and make a mockery of the expectations on her shoulders. At times, she forgets the victim role some expect of her, talking of politics, or the slow acceptance of homosexuality in Mozambique, or the doctors' strike that paralyzed the main hospitals in 2013. With such delicacy she seems effortless, such that those who know where to look can glimpse in her silhouette a mixture of original individuality, the energy of a young lady searching for more than survival, and the multiple echoes of other Mozambican women that pass shoulder to shoulder through the urban crowd.

Four months later and 13 496.91 kilometres away, on the 17th of November at three in the morning, Caridad takes the *guagua*⁹ from Pinar del Río to Havana (see appendix 2). After two hours, her 'adopted' nephew Manuel picks her up from the central station of the capital. They are tired, but their excitement keeps them chatting through to sunrise. They arrive at Manuel's place in the old part of the city and fix a thin mattress on the three square-metre kitchen floor. Caridad only has a small bag with her belongings: some dresses, make-up, and her infamous hair tubes to add volume and produce her unique hairstyle. They need sleep, and during the next two days they have to cook and buy a long list of things to celebrate the one year anniversary of Manuel's conversion to Santería¹⁰. This is not a simple birthday with a cake and some candles; every detail has to be perfect, if one does not want to upset the saints. This is why Caridad is there, to help. She has the experience, the "ovaries" (as she would say) to cook for hours and endure all the necessary rituals. It is not in vain that she has raised two children by herself, building their house with her own hands, opening her door to all who need help.

In the main street of the calm town of Pinar, everybody knows Caridad for her hilarious anecdotes and her ability to make arroz *conгри*¹¹ that survived the *período especial*¹² (it's no coincidence that her name means charity in Spanish). With God's grace she has been the pillar of the family, especially in the few years since her first grand daughter was born, and Samuel, another of her "adopted" nephews, was diagnosed with cancer. "*Fue la comida de pobre lo que me salvó, tu comida de pobre Caridad*"¹³ Samuel says when he describes their relationship. On the 18th of November, I encountered this woman as a tangle of low voice, hair tubes and a teen-like personality that charmed me within minutes; after a few seconds more, she had invited me to her place in Pinar del Río. It was the exact

⁸ "Good morning, is everything alright?"

⁹ Caribbean slang for bus.

¹⁰ Santería is a syncretic belief system in Cuba, which stems from the Yoruba heritage on the American continent. (see Brandon 1997)

¹¹ Popular Caribbean dish made with rice and black beans mixed with spices and pork fat.

¹² The "special period" is the years after the fall of the Soviet Union, when Cuba suffered a strong economic crisis, aggravated by American sanctions, causing a severe scarcity of goods (Behar 2009).

¹³ "It was the food of the poor that saved me, your food for the poor Caridad."

picture I had held in my imagination of a Caribbean home: a one floor house, with a small portico to sit with a fan and just watch life go by. There, Caridad wakes up early each morning to cook for her grown daughter and her son, clean, buy groceries, and earn some money as the neighbourhood tailor. It's a calm life, after all. And she considers herself lucky; her ex-husband sends her some earnings from Spain, the 1990s are over, and once she even visited a resort in Varadero¹⁴. An old friend of hers who lives in Miami invited her to 'feel like a yankee' for a weekend, taking in some sun on the whitest sand, gossiping to forget about politics and the problems of *el cubano*, and simply enjoy the clarity of a calm sea that surrounds the lives of the island's inhabitants as if a cerulean aura.



Caridad with her daughter Narvis in their portico. Photo Miriam Ocadiz Arriaga

Caridad and Inocencia do not know each other, even if they share the same faith, or dream the same dreams. There is an entire ocean between Cuba and Mozambique – one and a half if you count the waters of the Indian Ocean that reach to the coast of Maputo. There is also the age difference, their distinct languages, race, and cultures. Within this work there was no need to focus on their experiences, and they were not expected to capture academic attention. But somehow they became incredibly meaningful; they taught me what can hardly be expressed, what can only be taught by ties built upon emotional openness. It was this kind of meeting that highlighted the invisible bridges that link these two women within a tangled web made from thousands of lives, connected across time and space. These lives are also more connected than they might imagine: for example, Xeltinho, the son of Inocencia, was delivered by a doctor named Jesús (pers. comm.), an elderly Cuban man who has been treating Mozambican women for 10 years. If you visit his gynaecology waiting room at eight o'clock, there is a long line of ladies, from all kinds of backgrounds, waiting to be treated by him. Dr. Jesús' reputation is based on his long experience and amiable character. He began his travels in 1978, in M'banza-Kongo, Angola. Now, some kilometres south of that

¹⁴ Varadero is a coastal town near Havana that is well known as a touristic attraction due to its crystalline waters. It was a destination for holidays prior to the revolution, and became a destination for foreigners once Castro took power, who prohibited the entrance to nationals. Nowadays, locals are free to enjoy Varadero, but its all-inclusive resorts and luxury business remain virtually inaccessible for most locals (Alcázar-Campos 2010)

Northern town, Caridad's next-door neighbour and dearest friend Dr. Belquis (pers. comm.) works as a psychologist treating problematic teenagers in the Angolan province of Huambo. One can trace this sort of connection among Cuban physicians in several African countries, all of which lead to the hidden stories of the complex, charismatic characters such as Inocencia and Caridad.

The discovery of vibrant life stories is the fabric of these pages; in approaching the contemporary dynamics in Africa, the idea of deep interconnections between this continent and other latitudes of the world motivated me to look beyond the history of slavery. People have crossed the oceans for centuries, thousands of individuals transporting themselves around the planet, battling with the idea of borders, distinctions and separation. Throughout all these journeys, the transatlantic path that has placed Africa and Latin America in dialogue with each other has been a roadmap for the Cuban agenda on the African continent. It is a peculiar situation, where revolutionary movements meet in a multilayer encounter that has strengthened political and economic networks, solidified by long-term medical aid. From the end of the Cold War through to our current state of global fluctuations, each side of the Atlantic remains connected by governmental agreements that provide incentives for men and women to perform jobs related to medical practices. This thesis focuses on this dynamic from an ethnographic perspective, relating the wider political discourses of revolution and South-South cooperation (SSC) to the daily personifications of solidarity. In order to contextualize this multi-layered analysis, this chapter will present a brief introduction to the Cuban-Mozambican exchange within the frame of medical cooperation, followed by a description of the research question. Once the specific context that this thesis focuses on is presented, there is space to note the origins and relevance of this research, and how it will be structured throughout the following chapters.

Cuban medical cooperation in Mozambique



Municipal Hospital in Havana. Photo Miriam Ocaziz Arriaga

Cuban medical aid is an international plan carried out by government, where knowledge and resources, including personnel, contribute to health care issues overseas. It originated when the

Cuban revolution took power in 1959, when the national system was created in order to provide access to healthcare as a basic human right, as an obligation of the state that should be equally distributed, based on solid scientific research and with a preventive nature. In addition, Cuban health system placed international solidarity at its centre, (Miramón and Martínez 2010, 255) consolidating a unique form of SSC. The first international Cuban medical campaign was in 1960, when a small brigade collaborated with the ongoing efforts to help after a major earthquake in Chile. In 1963, a second international medical brigade, this time to Algeria, inaugurated the Cuban agenda in Africa during the Cold War. In the following decades, approximately 100 nations received some form of medical assistance, from more than 100,000 Cuban health professionals, together with over 35,000 foreign students trained at Cuban universities in degrees related to healthcare (Feinsilver 1989, 87; Dorsch 2011, 105). Indeed, the Caribbean island has surpassed the capacity of the World Health Organization and the G-8, organizations that are under the control of the wealthiest countries in the world (Kirk and Erisman 2009, 3). This intervention of Cubans into the medical field includes a wide variety of collaboration, from short-term aid in times of natural disasters, epidemics, vaccination campaigns or provisional administrative management, to long-term measures such as primary healthcare, especially in conditions of scarcity, the development of healthcare facilities, sustainable programs, scientific research and educational exchange (Feinsilver 1989, 88).

Moreover, Cuban medical internationalism is directly and entirely regulated by state institutions, predominantly the Comprehensive Health Care Delivery Program (CHDP) and the Program of Integral Health (PIS in Spanish). These national bodies are in charge of the distribution and regulation of the medical aid provided, including the negotiation of cost and magnitude of cooperation between Cuba and host countries (Kirk and Erisman 2009, 3-4). For the management of personnel, the CHDP recruits the required number of doctors, nurses and/or technicians under a two to three year contract, while at the same time offering local students a scholarship in Cuba with the aim of returning home to relieve the need for foreign expertise in their home countries. Cuban personnel mostly function as public workers in the host country, following the rules and frameworks of the local healthcare system (Anderson 2010, 80). The emphasis of the Cuban government on regulating and exporting health care is a phenomenon that has been closely attached to a political and ideological framework. It is often labelled as a form of soft power, for example to obtain UN support, or symbolic capital, for instance the oil revenues gained from collaboration with Angola or Iraq (Feinsilver 2010, 88). There is an undeniably clear political statement at the very root of Cuban internationalism. Christine Hatzky (2015) describes the birth of internationalism as an invention of Fidel Castro and Ernesto *Che* Guevara, in order to export the revolution. In this respect, Hatzky has argued that the Cubans can be compared to religious missionaries, claiming the “universality of their cause, espousing their fundamental socio-political and moral beliefs with enormous conviction and involving the population in the process” (Ibid. 56). Medical aid, as an expression of the revolution, has been consolidated by a discourse of *internationalist solidarity*, whereby revolutionary ideologies from the nineteenth and twentieth century converge. From Karl Marx’s class struggle and Mao Zedong’s emphasis on peasants, to Latin American leaders such as Jose Martí, Simon Bolivar and Antonio Mella. Three years after the fall of Batista, Guevara officially declared solidarity with every person struggling against any form of colonialism, neocolonialism or imperialism (Ibid. 67). While the aim of exporting the revolution may not be explicitly related to current medical internationalism, the discourse of solidarity remains the core value that sustains the moral importance of Cuban medical aid (Miramón and Martínez 2010, 257).

Within this framework of solidarity and medical aid, the relationship between Africa and the island represents an interesting case, where Cuban foreign policies have been clearly stipulated in relation to a historical and moral bond. Castro’s rule expressed that Cuba is indebted to Africa,

and along with the aforementioned appeal for help in their anti-colonialist struggle, this highlighted the continent as a priority region for internationalist measures (see Gonzales 2000). Initially, during the Cold War, Cuban assistance in Africa was described as a tool to encourage self-determination among independence movements in the region (Anderson 2010, 78). The Cuban Ministry of Public Health stipulates that the staff selected should offer quality service to as many people as possible, regardless of race, religion or ideology, without interfering in the political environment and while respecting the law of the host country (Miramón and Martínez 2010, 259). Although several Cuban interventions also involved themselves in military and political struggles, there are plenty of examples where Cuban medical internationalism collaborated with countries with little or no socialist inclinations, and even rather weak diplomatic relations with Cuba (Feinsilver 1989, 99; Anderson 2010, 81).

Mozambique is one example of Cuban medical internationalism since the 1970s, even though diplomatic relations have been unstable. As with other African nations, Mozambique was approached by Castro and Guevara at the beginning of their independence movement in order to establish military and civilian support. Here, medical aid has been a pillar of the connection between both nations since the first independent rule of Samora Machel, who had two Cubans as his personal doctors and stimulated the exchange of staff and scholarship students with Cuba (Gunn 1989, 4). This was in spite of the hardships of the Mozambican civil war, which included the strategic targeting of medical infrastructure and staff by the Resistência Nacional Moçambicana (RENAMO), the opposition party, Frente de Libertação de Moçambique (FRELIMO), and South Africa Apartheid (see Cliff 1988). These tragic events, along with a weak economy and failing political institutions, created a critical situation during the 1970s and 1980s, leading to the post-war context of the 1990s. The healthcare system in Mozambique has been heavily affected as a result, and has been highly dependent on foreign aid, especially that provided by northern NGOs, creating a fragmented healthcare system where international and national administration lack cohesion, and social inequalities are intensified (see Pfeiffer 2003). Consequently, the Cuban approach to public health and discourses of solidarity to promote more horizontal aid has been proposed as a potential alternative for Mozambican healthcare (Paixão 2012, 61).

This phenomenon has recently been placed within the field of SSC¹⁵, which is described as horizontal relations linked to a unity against power that has historically been exercised by the Global North. This has been clearly translated into Cuban revolutionary discourse in order to construct an administrative and ideological structure that fosters medical internationalism. The notion of solidarity may appeal to the emotional and moral forces present within Cuban participants, and in the case of Africa, an empathy towards ex-colonies that has been connected to a sense of moral duty. While the medical internationalism of Cuba was primarily projected towards Latin America, its strong emphasis on Africa has been directly influenced by the diaspora found in Cuba. Like most Caribbean nations, Cuba received a large number of African slaves to work on sugar plantations, whose descendants became a fundamental part of contemporary Cuban society. The historical and cultural impact of this diaspora was then included into foreign policies by the revolutionary government of Castro (Kirk and Erisman 2009, 6), who stated that the Cuban people were indebted to the African continent for their economic and social contributions during colonial times, and that it was a moral duty to support independent movements in the region. More than thirty years later, the ties between Cuba and Africa remain rooted in a historical perspective that is reinforced by a growing level of medical exchange. The nature of this aid, as an expression of the revolutionary ideals and efficient administration of minimal resources, appears to have created a peculiar frame for SSC, where the performance of a project

¹⁵ An in depth description of SSC and the Global South will be provided in chapter 3.

is clearly interwoven with a set of intimate, emotional connotations of solidarity. In the context of the deteriorated healthcare system in Mozambique, the presence of Cuban staff allows an ideological approach to the reality of those involved in the healthcare movement. Taking into consideration this background, the present research focuses on the daily lives of Cubans and Mozambicans in Maputo as a space where the complexity of this phenomenon is embodied and takes on meaning, allowing an innovative analysis of SSC in terms of medical aid.

Research question & rationale

With the aim of expanding academic attention on the subject of human connectivity between Africa and Latin America, as well as inquiring into the right for accessible health care, this research aims to present an ethnographic approach to answer the following question:

How are macro-discourses of solidarity embodied in the daily experiences of those involved in contemporary Cuban medical cooperation in Mozambique?

Inspired by Jamie Monson's (2013; 2009) research on Chinese relations in Zambia and Tanzania during the construction of the TAZARA railway, I am interested in how political ideologies from the Cold War era are experienced by individuals, and how this impacts their behaviour in the daily performance within and around healthcare projects. This research is concerned with the fact that thousands of Cubans have interacted with people from different nationalities under the umbrella of medical internationalism.

I propose to focus specifically on the mobility of Cuban people into Mozambique, firstly within a medical context, but also in the wider socio-cultural encounters between both groups. While this thesis departs from the background of Cuban medical internationalism, the dynamics in Mozambique are highlighted in order to understand how the encounter between these two parties can embody solidarity. On the one hand, local healthcare systems and socio-cultural contexts should be the yardstick for Cuban ideologies and aid performance. According to Cuban principals on medical internationalism, Cuban staff mostly adapt to local rules and peculiarities, including cultural issues. On the other hand, the way Cubans are perceived by local colleagues, patients and the community as a whole is fundamental to appreciating the scope of solidarity. I wonder how Mozambicans interact with Cubans on a daily basis, especially in terms of personal relationships, negotiating their differences and identities. Furthermore, I propose an approach involving Cuban medical staff in Mozambique, as an example of a group of labour migrants that have left their comfort zone behind in order to take a job in a new land. As with any other population in movement, Cubans must deal with the complexity of the ruptures and connections, exchanges and losses they experience while moving. I am thus interested in how the "spirit of solidarity" mentioned by Castro is translated into the reality of medical professionals in transition between their homeland and Mozambique.

In theory, it is clear what the moral and administrative guidelines of Cuban healthcare overseas are; however, it is rather difficult to quantify the exact nature of the environment surrounding medical internationalism. Cuba and Mozambique have both experienced radical changes since cooperation between both countries was established in the Cold War (see Gunn 1987), and the concept of solidarity is now experienced within a different reality. Through life stories collected during four months of fieldwork in Mozambique and two months in Cuba, this research seeks to approach contemporary interactions between Cubans and Mozambicans. Departing from the political discourse of solidarity as the foundation and core force of the Cuban-Mozambican exchange, I argue that this system has

split into a flexible narrative that deals with frames of misconception, rendezvous, and the tensions of identity of the 'other' that exist within traditions of mobility. Within my writing, I would like to make use of the life stories collected throughout the past months, together with my personal notes and anecdotes, in order to interweave the multiple layers that compose this project. The main goal is to emphasize how everyday women and men translated the essence of the South-South quest into their daily movements.

Order of the thesis

To be able to narrate the stories of Inocencia and Caridad, I first had to trace the discrete filaments that interrelate medical cooperation, as well as the political macro-discourses of solidarity within their daily realities. It is in the experiences of people involved in such phenomenon where the multiple layers of this analysis became relevant. The women and men involved not only perform the actual medical cooperation, either by supplying it or by receiving it; they also shape it, transforming the frame of the cooperation that simultaneously touches their personal and communal dynamics. Based on this core narrative, the following pages combine life stories and personal notes within a theoretical framework that approaches the research question from different angles. As mentioned in the preface, the order of this thesis resembles that of the 'road movie' genre, where the notion of travel becomes the narrative's primary focus (Laderman 2002, 13). With this in mind, I open the argumentation in the second chapter by mapping my own journey through the fieldwork, presenting the methodological steps taken to approach the life stories, and to grasp within the daily activities relevant narratives of solidarity in both countries. Here, there is also a space to explicitly reflect on my position throughout this research, stating the implications of my background in this ethnographic analysis, and how this has led to certain limitations. Once I have clarified how I am also part of this journey, I will develop the metaphor of the "road" by presenting the relevant literature on the nature of the Global South, as well as the relationship between its members, in the third chapter. As these are the principal macro concepts that inform this thesis, I propose to narrow them down to those relevant to the transatlantic connection between Latin America and Africa, specifically between Cuba and Mozambique, thus describing the settings where the life stories described take place. This depiction of the landscape led me to specifically analyse the movement of Cubans and Mozambicans. In chapter four, I will relate the topic of mobility between and among both regions as a historical process that has re-shaped the socio-cultural contexts while transforming the individual experiences of those who move, and those who stay. Linked to the activity of displacement from one place to another is the main concept of solidarity, said to be the primary motive for Cuban medical cooperation. I will thus define what solidarity means in the specific context of transcontinental movement, and how it became an embodied entity while moving.

Chapter five looks into cooperation in the medical field, and the distinctive notions of healing in Mozambique, as well as in Cuba. The differences between local healing practices and the participation of Cuban physicians is then placed within the context of the Mozambican healthcare system, before looking at and how these disconnects represent a professional challenge for both parties. In relation to their working environment, chapter six highlights the personal lives that professionals maintain prior to, during and after their cross continental movement. This is an articulated exchange, where interconnections are strengthened through cultural proximity, at the same time as different perspectives interact within intercultural encounters. It is at this point where I must stress the exchanges that occur, both professionally and personally, between Cubans, Mozambicans and other members of the Global South involved in cooperation. As this is an argumentation that challenges International Relations (IR) and political discourses, I make use of epistemologies of the South to analyse how

two groups with similar struggles and distinctive contexts have developed a multifaceted dialogue. At the end of the journey, chapter seven contains conclusions on the embodiment of solidarity and how contemporary participants in medical cooperation are able to deconstruct abstract political discourses into their daily agency. Although there is strong governmental control over this process, the project emphasizes the contemporary involvement of different societies that have transformed the lives of thousands of men and women. Returning to the essence of life stories, this thesis is also an invitation to further awareness of the remarkable diversity of other societies and the importance of following the journeys of unseen stories.

Throughout the textual analysis, this thesis embraces other forms of expression and communication to pursue a holistic portrait of life stories. Following the examples mentioned in the preface, each chapter contains a series of quotations from Latin American and African musicians, writers and activists who that have significantly contributed to the landscapes of both Cuba and Mozambique. The purpose behind these brief additions is to highlight the valuable work of locals that exists in other languages, and through other means that appeal to the emotional and intimate levels to inspire a critical awareness, similar to academia. Under this premise, I decided to incorporate some of my own personal notes, in order to stress that this thesis is my own reading of certain phenomenon and that it has involved a personal intellectual process. I will present these two forms of relevant notes in their original languages, together with an English translation. Lastly, a visual discourse can also be found in the following pages. Photographs from both sides of the ocean separate the words in order to portray the spaces where encounters occur¹⁶ with a graphical context, playing with the theme of personal and communal journeys that are bounded by both an actual and metaphorical ocean.



The coast of Sofala in Mozambique. Photo Juan Manuel Diez Tetamanti

¹⁶ A further explanation of the photos can be found in the following chapter on methodology; see the appendix for a full list of photographers. .



Train, from Maputo to Machava. Photos: Juan Manuel Díez Teramanti

Chapter 2

Methodology

Mapping nostalgia

“La vida no es la que uno vivió,
sino la que uno recuerda,
y cómo la recuerda para contarla”¹⁷

Vivir para contarla
Gabriel García Márquez

This chapter will introduce the reader to the methods and methodologies that I followed during my fieldwork, so as to confront the various opportunities and challenges that I faced travelling in new lands. The core of this thesis is the life stories collected through semi-informal interviews and participant observation, but the process of obtaining, reflecting upon and transmitting this essence has been an ongoing intellectual labour. Here, the reader can find a consistent narration of the (foot)steps that map this thesis. I will describe the qualitative scope of my research, as well as how the life stories were collected. To bring more clarity to the procedure, this chapter will present a specific depiction of the methodology I used in Mozambique and Cuba, including some significant limitations. Furthermore, the reader can find a reflection of my own position concerning the creation of this project, in addition to ethical concerns. After all, this research is about internal and external journeys.

¹⁷ “Life is not what one has lived, but what one tells, and how it is remembered to be told” (my own translation).

Mozambique is a warm image in my head, a yellow and blue picture of a Lusophone land in the middle of the Indian Ocean. It is a melodic memory, one that makes me feel nostalgic for each moment I experienced there, every person that I found in the cracked streets of the capital, in the highways to the North embellished with Baobabs, or on the windy coasts at forty degrees. Then it is Cuba, and the imminent collapse of the fake touristic image of stunning *mulatas* and classic Chevrolets in front of a *Che Guevara* mural. From the Indian Ocean to the Caribbean, a few miles from my homeland, I blurred myself into a neglected Havana that spoke my language but was constantly censured. There were also the times and spaces in between: Istanbul, the Netherlands and Mexico. This time in the field triggers feelings that can hardly be left out as I present this thesis. When, effortlessly, I recall my time in Mozambique and Cuba, I cannot help but feel it was not simply a schematic visit to collect as much 'data' as possible. Discussing the daily embodiment of political discourses, such as solidarity, placed me in a situation where each word felt was as vivid, as emotional and as significant as that which I was living in the flesh. For six months, I spoke with people from diverse backgrounds, trying to ascertain in their voices, gestures and acts just what solidarity meant to them, what their perspective was on meeting people from other latitudes, how it felt to cross oceans to find another place, to live in a new space.

Methods and methodology

When I asked what solidarity means to Dr. Machava, the Mozambican director of ophthalmology at the Central Hospital of Maputo, time flew by as he spoke of his youth in Cuba, how he met his wife, how he remembered each bus route in Havana and the *guagas* to Isla de la Juventud. A broad smile spread across his face each time the Spanish words flowed, in a flawless Cuban accent, to describe his student years, and his return to Mozambique with his wife to create a prosperous family. I had to smile too; I couldn't help it. In trying to entangle myself with the intimate stories and emotions of those involved in this "SSC project", I have needed empathy and humanity in order to place the stories in an academic text (see Gilbert 2000). This effort is already a challenging strategy when contrasting the IR perspective with that of SSC (Cesarino 2012, 4). The curiosity on the "human face" (see Favell et al. 2007) of such dynamics is what motivated a qualitative approach, one that could engage with ethnographic methodologies to "examine the ways people apply abstract cultural rules and commonsense understanding in concrete situations to make action appear routine, explicable and unambiguous" (Turney 1974 quoted in Taylor et al. 2015, 14). I was only able to experience and transmit Machava's story, with its humour and nostalgia, through an ethnographic "practice of representing the social reality of others through the analysis of one's own experience in the world of these others" (Van Maanen 1988, ix). Such a framework has allowed me to focus on women and men individually, documenting their own perspective on their social struggles while recognizing a personal approach to understanding daily life. In other words, qualitative ethnography shifted this research away from the mainstream study of SSC and towards a study of the construction and negotiation of meanings (Taylor, Bogdan and De Vault 2015, 91-93).

As I placed greater importance on the role of political discourses, such as solidarity, with their impact on emotional tissues, I required a methodology that would diverge from a collection of facts and descriptions, but would also somehow leave space for intimate narratives and the meaning people attached to them. Inspired by the work of Jamie Monson (2009 & 2013) on the Chinese collaboration with TAZARA railways, I recognized the opportunity that life stories bring to qualitative research. Consuelo Corrandi (1991) defines life stories as an interactive dialogue initiated by the researcher, who collects individual oral accounts on specific aspect of a person's life. Thus, a life

story implies “the intersubjective process of knowledge”, where both the researcher and the narrator understand and are altered by each other, implying a dialectic of identity and otherness with the question ‘who am I’ at the very centre (Ibid.,106-108). There is a Machava, a Carlos, or a Maria Elena, among many others, Cubans or Mozambicans, each person drawing a picture of themselves for me, and for the reader; at the same time, they “actively rework them, both in dialogue with others and within one’s own imagination” (Jackson 2002, 15). The stories of Cubans, Mozambicans and other individuals allow us to highlight the testimony of those who are often left out (Monson 2009, 11) in order to reconstruct a macro-cosmos rooted in the uniqueness of the stories and their attachment to specific human lives.

In order to access live stories during my fieldwork, that is to say during a limited period of time and within a specific situation, I performed open, semi-informal and informal interviews, as parameters of qualitative research that advocate for a social encounter, and where the interviewer invites the interviewee to negotiate his/her own agenda (Replay 2001, 310). Open interviews allowed me to engage in a dialogue with Cubans and Mozambicans, with as little intervention as possible, but with the clear intention of depicting how they actively create a fluid portrait of themselves, of others and of their social reality. To analyse such experiences, I accompanied the interviews with participant observation to gain a glimpse beyond their words, something that can only be sensed. I took part in the dynamics where Cubans and Mozambicans develop their encounters in relation to solidarity, walking through medical institutions and meeting places, to “describe what goes on, who or what is involved, when and where things happen, how they occur, and why — at least from the standpoint of participants — things happen as they do in particular situations” (Jorgesen 1989, 3). Participant observation has been a surprisingly important method, not just to complement the interviews, but also to challenge them, giving them another dimension due to the silences, the body language, the whole environment and aura that accompanied the lives of those who entrusted their stories to me. In this sense, De Walt views the very acts of being and participating as a form of understanding another’s reality: “What does attempting to participate in the events and lives around one mean to data collection and analysis? Living with, working with, laughing with the people that one is trying to understand provides a sense of the self and the Other that isn’t easily put into words. It is a tacit understanding that informs both the form of research, the specific techniques of data collection, the recording of information, and the subsequent interpretation of materials collected” (Dewalt et al 2011, 264). Following on from this urge to transmit the integral experience of fieldwork, this thesis develops a partnership between written text and visual elements, specifically photography, but also some recordings. Although I did not possess the optimal equipment, I have been helped by Mozambican, Brazilian, Cuban, Argentinean and Mexican friends who agreed to share their own creative perspective. Parallel to the invaluable uniqueness of life stories, photography plays with other sensorial channels to deceive the reader/spectator. Moving away from the belief that a photo is a “faithful reflection” of reality, this paper engages with the malleability that an image possesses when it is captured, how it is presented within this thesis and the personal perceptions of an active reader. The various social and individual constraints that interact with each photo is what make them more than just illustrations: they are fundamental narratives within their own terms of subjectivity (Vila 1997, 129-136). The photos, so kindly donated for this thesis, play with the depiction of a ‘human face’ of SSC. Some exhibit, while others conceal the diversity of the Global South, the vibrant textures of Cuba and Mozambique and the colourful, blurred borders from one continent to the other.

This methodological support, along with the methods chosen, gave a wide range of opportunities and limitations, especially when I had to apply them in two different contexts. Approaching two settings was a privilege; if I hadn’t collected life stories in both countries, I wouldn’t have been able

to contemplate the core of the life stories related to migratory movement. Moving myself through the spaces where Cubans and Mozambicans live their lives allowed me to recognize the multiple layers of this research, as well as placing me in a versatile position as a human doing research. The aforementioned methods and methodology were sustained throughout the entire fieldwork; however, it would be naive to think that I could conduct them in the same manner. To provide some clarity on how I conducted my fieldwork, I will present it chronologically throughout the following pages.

Mozambique

“¡Hoy estoy en Mozambique! Nunca voy a olvidar este día. No solo sobreviví el ataque terrorista en Estambul, al fin estoy en África. Amade y Felicio, mis dos primeros amigos, me recogieron en el aeropuerto y me trajeron a mi nuevo hogar, en una residencia estudiantil a 15 minutos del aeropuerto. Después de dejar mis maletas en mi nuevo cuarto, fuimos a explorar la ciudad, empezando por el techo del edificio, en el decimoprimer piso. Por primera vez admiré la vista de Maputo, y no estoy decepcionada. Esta vista supera cualquier lectura que hice antes de llegar...”¹⁸

(Fieldwork notes, 1 July 2016. Maputo)



Photo Miriam Ocaziz Arriaga

This is the first picture I took of Maputo. This is the view from the roof where Felicio, on the left, and Amade, on the right, showed me the city.

The initial landscape of this journey was Maputo, Mozambique’s capital (see appendix 2), where I lived for about four months. I was hosted by the national University of Eduardo Mondlane, thanks to Professor Patricio Langa, who not only gave me academic guidance, but also helped me to

¹⁸ “Today I am in Mozambique! I will never forget this day. I not only survived the terrorist attacks in Istanbul, I’m finally in Africa. Amade and Felicio, my first two friends, picked me up from the airport and brought me to my new home, a student residence 15 minutes from the airport. After leaving my suitcase in my new room, we went to explore the city, starting with the terrace on the eleventh floor. For the first time I saw the view of Maputo, and I was not disappointed. That view beat anything I read before arriving...”

build a network. This connection facilitated a room for me at one of the student residences in the heart of the city, meaning I was lucky enough to share my time and space with Mozambican as well as international students. This favourable situation introduced me to a vibrant yet complex metropolis that seemed the most logical departure point, as it is where the largest number of Cuban professionals work, as well as where the main health care infrastructure of Mozambique is located¹⁹. The Central Hospital, for instance, was located a few blocks away from the student residence, and is the principal (and largest) healthcare building in the country, where the most specializations can be found. It is situated next to the Ministry of Health, the headquarters that manages the entire national system, as well as organising the integration of the Cuban professionals. Upon my arrival to Maputo I could not find any documentation that gave an approximate of the number of Cuban physicians in Mozambique²⁰, but luckily the high number of Cuban professionals in the capital allowed me to establish an equal number of interviews with Mozambicans and Cubans. I performed a total of 40 semi-informal interviews with doctors, nurses, technicians and assistants from various specialties and departments. In order to select my sample, my only requirement was that he or she was working at a healthcare facility where there was constant interaction between Mozambicans and Cubans. Within this group, there was no distinction of age, gender, race, religion or social class. However, with the goal of giving equal importance to both groups, I chose to interview 20 Cubans and 20 Mozambicans. All interviews were collected in Maputo, principally at the Central Hospital and the Military Hospital, both public institutions, along with two private establishments, the Private Hospital of Maputo and a smaller Clinique called CLINICARE.



View of my street in Mozambique from the balcony. Photo Marina Costa Mascetti

My first contact was achieved thanks to my local supervisor, Professor Patricio Langa, who had worked with a Cuban neurologist. After meeting my first interviewee at a restaurant, I asked him for other contacts, creating a snowball effect. The interviews were conducted at the most convenient place for the interviewee, which was often at their workplace due to their busy agenda, but also at bars, restaurants, and my local residence (Wind 2008. 81-83). Each session lasted between

twenty minutes and two hours, some of them followed by a second meeting if there was a need to complete some information. I began by introducing my topic and asking them about their concerns over anonymity, to stimulate a degree of trust. There were basic guidelines that would remain in each conversation, but I did my best to build an relaxed environment that would allow Cubans and Mozambicans to feel they were just chatting rather than taking part in an impersonal

¹⁹ This information was provided by my interview with the managers of the Cuban cooperation in Mozambique. Unfortunately, I have not found any documentation that supports such a statement.

²⁰ There is so little information on the number of Cubans abroad, perhaps due to censorship.

interrogation²¹. Thus, it was common that the topics changed constantly, creating a kind of informal conversation with space for jokes, anecdotes and even debates over my position as a researcher. Although this procedure may sound out of protocol, it was this flexibility and natural flow that allowed me to achieve a certain closeness within a short space of time and access personal information like feelings, opinions and critiques.

During my first two months in Maputo I focused my research on Cuban professionals working in the area, as my Portuguese was not good enough to talk freely with Mozambicans²². I followed some basic guidelines by asking for general information that allowed me to create a clearer image of their community. Questions such as their job title, how long they had been in Mozambique and if they had been part of the Cuban medical aid in another country were routine inquiries to start up a conversation. On each occasion, I used these descriptions to express my authentic curiosity on their own perspective, leading to a deeper conversation on identity and values as I asked them about their personal experience of Mozambique. The issue of SSC and the specific value of solidarity was a topic that I tried to cover within the questions on their personal and professional lifestyle. Nonetheless, there were individuals who rarely mentioned the word solidarity, or any indication of an emotional or moral background. In such cases, I would ask them directly about their personal perspective on solidarity between Cuba and Mozambique, as well as in their daily lives.

In the case of Mozambicans, although there were a higher number of potential interviewees, it was actually harder to approach them. Due to bureaucratic obstacles, I was not able to simply enter a healthcare institution and talk openly with workers. In the beginning, once my Portuguese was good enough, I tried to interview any personnel I could, but they would resist, looking nervous, and request special permission. Other Mozambicans outside the medical field told me there was a widespread fear of the authorities if they were “too honest” about certain topics. Fortunately, I did meet doctors, nurses, patients and social workers in my daily activities who allowed me to interview them and helped me to contact their co-workers. Similar to my approach with Cuban physicians, I would initiate a conversation by stating my position as someone interested in the daily encounter between two cultures. The basic questions I asked Mozambicans were their first name, job title, how much contact they had with Cubans, what they thought about the abundance of Cubans at the hospital, and if they had worked with other foreigners or worked abroad. After this, I continued to their personal experiences and opinions on Latin-American relations with Africa in general, and Mozambique in particular, and how they perceived the so-called horizontal relations among Southern countries in their daily lives, for example through cultural exchange, as well as in the medical field. Furthermore, I discovered an entire branch of life stories when a Cuban physician advised me to talk to her husband, Dr. Machava, the Mozambican ophthalmologist who had studied in Cuba. Thanks to this, I obtained nine other interviews with Mozambicans who had achieved their degree in Cuba, and were happy to practice their Spanish with me and describe their experience in the Caribbean. These last interviewees were highly interesting, as they had experienced both contexts and were aware of the differences and similarities, while at the same time sharing their observations on Cuban-Mozambican medical aid.

Beyond the information collected through interviews, I had the chance to perform participant observations at hospitals, at first by exploring the hallways, waiting rooms, gardens and communal spaces of the four hospitals while I searched for interviewees. I was also a patient of a Cuban dentist at the Central Hospital of Maputo, and was subsequently invited to observe a Cuban physician

²¹ This intention made me switch from audio recordings with my phone to handwritten notes. For example, my third interviewee, a Cuban physician at the Private Hospital, started a long conversation as soon as the recording ended, adding new information and actually contradicting most of the arguments he presented during the “real” interview.

²² A more extensive reflection on language can be found later on in this chapter.

give consultations at a private institution. These experiences allowed me to see Cuban physicians developing their routines while they constantly interacted with Mozambican staff and patients. Furthermore, I should stress that the information concerning this topic was constantly emerging from my own daily experience in Mozambique. It was common to hear the words *doctor cubano* in the streets, public transport, restaurants and bars. I encountered several manifestations of what S-S relations mean, for example through discussions on race between my Afro-Brazilian and Mozambican neighbours I encountered the epistemologies of the South²³; or the high number of Mexican and Brazilian telenovelas on national TV. In addition, I entered places where Latinos and Hispanics were gathering, with little or no Mozambican intervention. One of the most interesting spaces for my research was a local grocery store, owned by a Dominican family, where several Cuban physicians met every evening to drink beer and chat. By hanging out with them, I could approach their experience as a migrant group that had to confront a new context, and how they reacted to their current challenges in an informal setting. Last but not least were the casual conversations and situations with the population of Maputo. Mozambicans, Lebanese, Colombian, Brazilian, Portuguese, American, Dutch, French and Filipino inhabitants told me and showed me their personal perceptions of the Global South. Some of them were patients of Cuban doctors and allowed me to acknowledge their patient-doctor relationship; others simply shared their own perspective on the Cuban-Mozambican exchange. These opportunities to discover multiple voices added several lights to the horizon, drawing a more diverse picture of interculturality within which I could glimpse the movement of Cubans and Mozambicans in a multidirectional encounter.



Photo: Juan Manuel Díez Tetzamanti

Across the avenue, there is the right side of the Ministry of Health; in front, the fancy restaurant 1900, frequented by physicians, and the left wing of the Central Hospital. The sun goes down in Maputo. A woman is standing at Eduardo Mondlane Avenue, probably hoping to catch one of the busy chapas to go home. It is rush hour, and the life surrounding the health care buildings gets agitated.

²³ A further analysis of this theory can be found briefly in chapter 3 and more in debt in chapter 6.



Havana at night. Copyrights photo: Alina Macias Rangel

Cuba

“Estoy exhausta, me tomó cuatro días llegar a la Habana. Fue tan triste dejar Maputo: ahí yo me sentía en casa. Pero no tuve mucho tiempo para entristecerme. Diez horas más tarde me encontré buscando mi camino en la gran ciudad de Estambul, el frío del Bósforo me dijo que ya no estaba en el hemisferio sur. Después Ámsterdam y Madrid. Y ahora, este cuartito en la Habana vieja. Me siento enferma, me he pasado todo el día tratando de entender dónde estoy, de reconocer mi propia calle, luchando por no perderme. Esta mañana Manuel me trajo al viejo puerto para admirar el mar Caribe: el profundo azul que me recuerda a las olas de Mozambique, ese azul claro donde las embarcaciones de esclavos partían para llegar a estas costas. No debería de quejarme, hay una tradición tan pesada en el peregrinaje que acabo de concluir. Me pregunto si los cubanos y los mozambiqueños se han sentido tan mal como me siento ahora, con este dolor atravesado en la garganta que grita “regresa a casa”. Donde sea que eso sea.”²⁴

(Fieldwork notes, 10 November 2016. Havana)

²⁴ “I’m exhausted, it took me four days to arrive to Havana. It was sad to leave Maputo; I really felt at home over there. But I didn’t have much time to mourn. Ten hours later I was finding my way through the great city of Istanbul; the cold wind of the Bosphorus told me that I wasn’t in the Southern Hemisphere any longer. Then Amsterdam and Madrid. And now this small room on the old side of Havana. I feel ill; I have been all day trying to understand where I am, to recognize my own street, fighting not to get lost. This morning, Manuel (my host) brought me to the old port to admire the Caribbean coast; the deep blue reminded me of the waves in Mozambique, the clear blue where slave ships departed to arrive to this coast. I shouldn’t complain, there is a heavy tradition in the pilgrimage I just concluded. I wonder if Cubans and Mozambicans have felt as ill as I feel now, with a pain in the throat that screams ‘just go back home’. Wherever that is.”

The second part of my fieldwork consisted of two months in Cuba, where I was expecting a smooth ending to my journey while hosted by the University of Havana. Unfortunately, the lack of academic support and the peculiar political context of the country accentuated the need to perform ethnography in a different way (see Nojonen 2004). Although I followed a qualitative research with life stories as the main sources, the socialist environment forced me to perform interviews underground, with the help of local friends. Those stressful days frustrated my original idea of talking to healthcare authorities and accessing medicine faculties. Under these conditions, each interview was collected through reliable contacts. I had to create a different methodology from that which I used in Mozambique, first engaging in a casual conversation to build a more relaxed environment and then asking more specific questions concerning my research. It was more convenient to request a simple chat than an actual interview, and even then some questions went unanswered. I based my fieldwork in Havana, due to my limited time and resources, as it is host to the headquarters of the international cooperation. I also obtained two interviews in the province of Pinar del Rio (appendix 2). In total, I conducted 15 informal interviews based on my experiences in Mozambique, as well as participant observation at Havana's main hospital and educational institutions.



Photo Miriam Ocaiz Arriaga

This is the first images I captured in Cuba: you can see my host, Manuel, admiring the view at the Faculty of Medicine of the University of Havana where we were looking for academic support. 12 November 2016.

The first interview was with the family of a Cuban couple I met in Mozambique²⁵. I was lucky enough to meet them in their home in the outskirts of Havana, and talk for over three hours on their perspective on medical aid, SSC and the family's story behind this phenomenon. Later on, my host helped me to contact two local physicians, who were eager to talk about the medical education, the national health care system, the current economic struggles and the revolutionary values of their field. These doctors helped me to contact colleagues who have worked abroad, especially those who have been in Angola. While in Mozambique I was able to find Cuban doctors in each main hospital,

²⁵ Their stories will be presented in chapter 5 and 6. .

in Cuba I was unable to meet any Mozambican, nor a physician who had been there; instead, the position of Angola was unique as the main recipient of Cuban aid and a historical ally. The role of Cuba in the Angolan war was one of the major events in their relationship with Africa, and facilitated my encounter with two veterans. A second strategy I used to acknowledge other life stories was to approach student associations that could guide me through the socialist bureaucracy. This tactic led me to meet relatives of physicians working abroad, especially in Latin America, and several families formed of doctors, engineers, teachers or performance athletes who had been abroad and experienced different aspects of Cuban foreign policies.

Perhaps my fieldwork in Cuba could have been enriched, not to mention been made easier, if I had received adequate guidance to deal with the highly controlled national system and followed a more structured methodology. Nonetheless, I had a unique opportunity to witness the daily life of fellow Cubans within their contemporary situation, expanding my perspectives on the Cuban-Mozambican encounter. Although this research is mainly focused on the migration of Cuban medical professionals to Mozambique, my time in Cuba was an enriching addition to the project. The contacts that I achieved through Mexican connections hosted me, meaning that I always lived among Cuban men and women who welcomed me warmly into their routines, their job schedules, their family and friend circles. Those days when I was unable to reach a doctor or someone directly involved in medical internationalism, I would sit in the portico with my neighbours, or walk around the city finding goods, doing my best to connect the specific topic of medical aid with the larger sociocultural context that is manifested in the details of daily life. Thanks to this I was able to visualize a context that I could only imagine in Maputo, which helped to understand the topic of solidarity and intercultural exchange in a different way. This was especially true in moments that broke the routine, such as Fidel Castro's sickness and the historic mourning that only *el comandante en jefe*²⁶ could bring about. Throughout my trip to the Caribbean, I was more sensitive to the circumstances of the interviewees in Mozambique that lived on the island and had to cross physical and cultural borders. For instance, I could approach the local health care system and the rigid governmental control, while the personal struggles of those around me were attached to political dynamics, economic crises, racial discourses and a tradition of migration that gave another dimension to my research.

Reflection and ethical considerations

“No he empezado mi trabajo de campo y ya me siento desesperada.

Me han negado la visa sudafricana y aún tengo que arreglar mis papeles para Mozambique... pero me mantengo positiva. Hoy la señora que me dio las vacunas llamó a su colega (en Holandés claro) para decirle: mira, ella es una estudiante mexicana que vive aquí, pero va a estudiar en Mozambique y en Cuba, *het is mooi tocht?*²⁷

(*Personal notes, 17 June 2016. Leiden*)

In trying to uncover the sociocultural dynamics through ethnographic research, I was not only exposed to the practical content within the life stories I collected, but as I dealt with human emotions,

²⁶ Commander in Chief is the official title of Fidel Castro, but it is also used by Cubans in a paternal manner to express respect and love for his leadership.

²⁷ “I haven't started my fieldwork and already I feel overwhelmed. I have been denied the South African visa and I still have to arrange my documents for Mozambique... but I'm positive. Today the lady that provided me with my vaccinations called her colleague (in Dutch) to tell him: look, this is a Mexican student that lives here, but she's going to study in Mozambique and Cuba *het is mooi tocht?*”

my own life story was somehow a participant in this intellectual process. This does not mean that my own perspective had the principal role; it would be impossible to present this thesis without the remarkable contributions of each participant. A researcher, even one still in formation, is above all a human being, and this nature cannot simply be erased in the search for rigid objectivity. This can be related to the notion of symbolic violence, as a way of separating the humanity of one as a researcher to obtain better knowledge. This means avoiding the “interference” of emotions in order to achieve objectivity (see Bourdieu 2002).

Though my fieldwork and writing process I have constantly reflected on my place as a Mexican woman doing a master thesis in the Netherlands. I do consider myself part of the Global South, and the context in which I grew up, both intellectually and physically, heavily influenced my initiative to do this topic. This self-consciousness took on a further dimension once I could be in the fieldwork, triggering the emotional veins of identity, and recognizing that ethnography required me to reflect on my role as a researcher (Coffey 1999, 23). As soon I landed in Mozambique I encountered the quicksand limbo of being a *mulungo*²⁸, though not entirely: people would place me in different categories, from half Mozambican to Arabic, or Indian (from India), or indigenous of the Brazilian Amazonas. This meant that I was ambiguously associated with foreign origins, raising enough curiosity to provoke positive racism, but at the same time I was able to blend into the puzzle of the capital where Europeans, or at least European-looking people, receive most of the attention. My skin colour and features played a role throughout my fieldwork. Although each health care facility was open to the general public, I never had to deal with a security checkpoint, and could walk freely in practically any area. When I asked to talk to a specific person, I would pretend to be Cuban, and was never denied access. On the contrary, I noticed this was not the case for my former Mozambican neighbours. However, I had to wait until the interviewees were available, which often meant waiting for hours until they had finished their consultations. Something similar happened in Cuba, where I was considered local unless my accent betrayed me. I played with an unstable image of my own identity, at times distancing myself from the Mexican stereotype constructed by North American culture and telenovelas, while at others reinforcing pride in my indigenous roots to express another experience with Western foreigners. Every day, whether in Havana or Maputo, I wandered from the new shopping malls to the city’s outskirts without the ambition of becoming local, but to recognize the extent of malleability of a Global South where my brown skin²⁹ functioned as camouflage (see Twine 2000).

Still, as a young unmarried woman, I had to deal with several situations of sexism, not only towards myself but also to the women around me. Unfortunately, it is common to experience situations where men impose their physical, intellectual or emotional will over girls and women because they find it “easy”, “possible” or even “necessary”. This is not a new incident in my life, and is certainly not a situation exclusive to Africa or Latin America, nor within specific social or cultural groups. However, I must stress that I needed to manage my social relations towards the interviewees, both male and female, in order to maintain my own sense of safety and integrity. This can be seen as paradox, because it allowed me to smooth interactions owing to my being relegated to the unthreatening position of daughter or younger sister, while at the same time I could not be taken seriously, or was reduced to my sexuality (see Green 1993; Coffey 1999, 59-75).

²⁸ *Mulungo* or *muzungo* is a word to describe social status, also common in other part of East and Southern Africa. It is often associated to white settlers, who were the authorities during colonial rule, but it can also be extended to any person with an advantage power position despite racial notions (Thomaz 2006, 257)

²⁹ This self-gaming with my identity has had a deep impact on my personal and academic path. My fieldwork in Mozambique was the first time I was somehow regarded as a white person, which as I mentioned, became a double-edged sword that afforded me certain privileges while at the same time making me feel deeply uncomfortable to be “boxed” within a category to which I personally never felt attached, nor have ever tried to belong. On the contrary, the circumstances where I was raised marked a significant gap, even a certain opposition, between mixed-race and white Western groups. Nevertheless, by moving across borders I could acknowledge the multiple articulations within the construction of identity and recognize the privileges I have had. This complex experience is still in progress, to be understood and analysed in further projects.

In this constant negotiation, my *being* was intersected by my use of languages³⁰. The fact that I speak Mexican Spanish reinforced a sense of connection among Cuban professionals and Mozambicans who had studied in Cuba. When they heard my accent, there was a playful use of Latin American slang and colloquial phrases that added an aura of informality, yet closeness, to the conversation. For its part, Portuguese was a more difficult but also truly enjoyable issue. I had studied some Portuguese by myself prior to my arrival in Mozambique, and took daily courses at the *Centro Cultural Brasileiro* in Maputo; but it was in daily life where my Brazilian and Mozambican neighbours taught me the most. Similarly, using Portuguese added a part to my identity, especially as I chose to follow a Brazilian Portuguese model, due to its proximity to Latin American Spanish and melodic pronunciation. I am still not fully proficient in Portuguese, but its similarity to Spanish allows me to read and speak it fluently. I was able to meet all the Portuguese speaking physicians without the need of a translator, allowing for greater privacy and a smoother flow to our conversations. Of course, the use of two languages has created the challenge of translation, as well as a greater amount of work, because beyond my domain on these languages, I do not speak Spanish or Portuguese as those who I interviewed – who have different accents between themselves – do, and probably never will. Language, as Tanu (2016) eloquently notes, is a reflective topic itself, where “we become non-native speakers of particular forms of our native language. We are generally aware of our limits – from the outset there is a new vocabulary to learn, terminology and timing that must be practiced to become natural, and we are reminded of our linguistic limitations by informants”³¹(ibid., 367).

External outlooks were not the only point of articulation on which I was reflective; the cultural and ideological ground where I encountered Cubans and Mozambicans was actually the most remarkable platform to emphasize my own position when analysing encounters. Discourses of Latin America as a unity, and as a region, have developed a sense of brotherhood expressed in popular culture, beyond political discourses, which is reflected in the interactions between people. This is accentuated in situations of migration, where a notion of belonging sustains the image we have of ourselves (see Estevez et. al 2002). Life in my home country was continuously surrounded by a discourse of unity between fellow Latin Americans and other “periphery” countries. As a result, I acknowledged, but also integrated into my identity, the discourse of solidarity and equality among Southern countries. This created not only a way of understanding events, but also a feeling, a set of emotions that shaped my behaviour. While living in the Netherlands and doing fieldwork, these characteristics have been strengthened by the daily confrontation of being a foreigner, and how I am able to interact and shape the discourse of solidarity to easily connect with other migrants from the Global South. During my fieldwork, I was rapidly associated as a member of the Latin and Hispanic community, in Mozambique and especially in Cuba. This meant that I could talk easily with them, recalling topics of the Latin culture that made them feel we were somehow closer, while appealing to a notion of resistance (against colonial or imperial entities) that would facilitate my access to life stories.

This notwithstanding, there is a thin, blurred line between empathising with individuals in the field and re-interpreting their views according to my background. To what point it is valid to associate personal motifs in the field is ethically problematic, as is the question of the implications of my own ideology in the construction of supported arguments and how this thesis may be used to support the already existing discourse of global South-South solidarity. Even when I was open, sharing common

³⁰ I must mention that not all my interviewees were native speakers of Spanish and Portuguese. In Mozambique, most people have a Bantu language as their mother tongue; however, as I focused on medical professionals, all of them were perfectly fluent in Portuguese, which is the language used for interactions at medical facilities. In Cuba, I talked in French with Congolese and in English with Namibian students; I also collected some audio and recordings in Yoruba, though Cubans only use this language in religious settings.

³¹ I always had a small notebook by my side, to take notes of everything I found relevant or striking and write down all sort of words and phrases that I did not understand in Cuban Spanish as well as in Portuguese.

experiences or questioning whether they had passed through similar struggles, I did my best to allow my Cuban and Mozambican interviewees to lead the flow of the conversation, paying attention to their guidance on what I should highlight, repeat or ignore. This included the information glimpsed through participant observation, where new landscapes were revealed thanks to the guidance of their inhabitants. After all, I am aware that each story is unique, and their own particular struggles, hopes and wishes deserve the respect of not being simplified or corrupted to fit within an academic argument. I am not in their position, but I can certainly honour their trust by developing a certain balance between the different narratives I collected, with their own contradictions and similarities, through my own human side in order to approach them with the necessary sensitivity. In order to safeguard their intimacy, all participants were notified of the scope and goals of my research. They always had the opportunity to decline involvement, and to skip any question or topic. In fact, several physicians were reluctant to talk about personal issues and felt uncomfortable with the ethnographic nature of the research (see Spradley 2016; Dewalt et al 2011). Each image and story presented in this thesis was obtained with the authorization of his or her owner.



Photo Miriam Ocaidiz Arriaga

There I am, posing together with Inocencia a few days before my departure. As a gesture of gratitude, I gave her a traditional dress from the Zapotecas, the ethnic group of my father's line. In exchange, she chose for me some capulana, the typical textile used by Mozambican women to dress and wrap practically everything. Sitting in the living room as the evening passed by, I did my best to describe my paternal grandmother and the place where they handmade the outfit she was wearing. With her characteristically sharp giggle she thanked me, took her belongings and said "Mimi, isto é para matar saudades" (Mimi, this is to get through nostalgia). This left me with the imminent feeling that she was right; my time in Mozambique would always remain within the bittersweet imagination of those places where one was once happy.

(Un)Limitations

I wish to stress the utility of ethnography on the path to understanding the intimate perspectives of people (Van Maanen 1988, 19); discovering the "human face" of S-S relations has been a quest requiring a methodology that allowed me to grasp multiple narratives to answer my research questions (Jackson 2002, 15). Nevertheless, approaching intimate stories is not always an easy task. A strong motivation behind this thesis is to raise awareness on the contemporary movement of people, specifically within the poorly studied context of the Global South. This common goal

has inspired Cubans and Mozambicans, as well as those from other backgrounds, to support this research. This notwithstanding, since I tried to create a somewhat spontaneous momentum to talk about people's lives, this was sometimes seen as uncomfortable and some professionals were genuinely reluctant to contribute. The medical environment is not an easy target. It is at once a common space, related with the basic human needs and rights of life and well-being, and also the scene of delicate medical procedures that walk the thin line between life and death (see Wind 2008). Medical scholarship based on scientific analysis follows a remarkably different methodology from the ethnographic nature of this research; I was thus often dismissed as 'not serious enough' and questioned on the relevance of research in the Humanities field. Besides, the professional path of medicine is a highly hierarchical structure, which often lead me to request the permission of managers and departmental directors, while I enjoyed a great deal of freedom of movement once the principal of a certain department had demonstrated their support for me. While in Cuba, I was denied any access to high ranking medical staff or archival sources.

Although the rigidity of the healthcare environment was somehow managed with the help of local contacts, there is still the much more subtle issue of how to deal with the 'information' itself. In other words, the use of life stories implies facing the unstable nature of stories (though this is also what makes them wonderful) (see Jackson 2002). What people told me during my fieldwork was a product of their own perspectives, their own internalizations and reflections on a given reality, and these are not set in stone. On the contrary, people would often change their opinion, contradict their own words with further confessions or have little coherence in their speech. I found this to be a relevant point to reflect on the veracity of life stories and the idea of truth and objectivity in academic papers. It is important for me to note that the thesis the reader now has in her/his hands is a product of that; stories and storytelling constructed and deconstructed by individuals, creating a mosaic of narratives and discourses that I have interwoven with the filter of my own personal story (Ibid.; Van Maanen 1988). Therefore, the quest for interpretation and trust should be carefully addressed. What I present in these pages is not claimed to be a "hard" truth, nor even a strictly unique description of a reality, but rather a careful analysis of the perspectives of Cuban medical internationalism in Mozambique that adds the multiple voices, and silences, of those human beings involved in the multidirectional encounters of citizens from the Global South. This is an effort to develop platforms for those who have been, to a large extent, voiceless in the developing field of SSC. Therefore, to continue with the journey, the next chapter will present the "road" towards South where Cubans and Mozambicans meet.

In Cuba, the strong presence of the government can be seen in the large number of police officers and soldiers that walk the streets on a daily basis. This was exacerbated after the death of Fidel Castro (see chapter 7), which made my fieldwork more difficult as possible interviewees were concerned about governmental censorship.

Photo Alina Macías Rangel



Macro perspectives and background *The South also exists*

In this chapter I will present the theoretical notions relevant to a macro-analysis of Cuban medical aid to Mozambique. To begin with, I will introduce the metaphorical image of the Global South that led to the discourse of South-South relations. I then narrow this broader approach to the historical Latin American-African interrelations in terms of common colonialist experiences that have motivated similar movements of resistance. This summary of the existing literature provides a foundation to understand the political discourse of solidarity, especially in terms of communism, as well as its intrinsic connection to the realities where they are embodied in both countries. Additionally, the literature selected in this chapter is concerned with postcolonial voices in the two regions, and how these abstract ideas are still part of the landscape where medical cooperation occurs.



The road to the airport in Havana. Photo Alina Macías Rangel

“pero aquí
abajo abajo
cerca de las raíces
es donde la memoria
ningún recuerdo omite
y hay quienes se desmueren
y hay quienes se desviven
y así entre todos logran
lo que era un imposible
que todo el mundo sepa que el Sur
que el sur también existe”

El sur también existe
Mario Benedetti³³



The highway to the North of Mozambique. Photo Juan Manuel Díez Tetamanti

The South also exists, and is not precisely located below the Equator, although most who inhabit it will say it is down or under that counterpart named North. In fact, the South is a vast territory extending across oceans, mountains, deserts and mega cities. It seems almost unreal that if you live in the Caribbean, you must take a plane to Europe or the US, sometimes São Paulo, then fly to Johannesburg or Addis Ababa, before finally arriving in Mozambique. One must travel constantly for about a week in order to get from Havana to Maputo, crossing Northern and Southern borders,

³³ “But down here, down down near the roots is where memory omits no memory and there are those who un-die and there are those who live-for and thus together achieve what was impossible, that the whole world would know that the South, that the South also exists” (Benedetti 447) (my own translation).

while literally travelling in time. And I can still recall Dr. Heyner, a Cuban paediatrician at the Central Hospital, saying with a wide smile “when my friends ask me how Maputo is I simply tell them: just imagine Havana, with the sea and everything, but with new cars, newer roads, different shops...”. Most interviewees that have travelled to both regions described a latent feeling of *déjà vu*, captured in a somewhat similar aura. To illustrate this, allow me to present the following photo:



Photo: Alina Macias Rangel

A couple sitting by the sea, drinking Heineken at midday. The blue of the water combines perfectly with the light of the clear sky, and the weather is so mild, with a soft breeze that allows the lady to take off her shoes and just feel the heat on her skin. She is whispering in his ear, and the way she touches him awakens a sense of delicacy. This is a love scene accompanied by the rhythms of the coast. I enjoy looking at this picture and imagining what they are talking about, where they are from, or what they did after finishing their drinks. Perhaps the most captivating element of this photo is the beauty of an ever-present, fleeting moment of love that I saw in Mozambique and in Cuba (and other localities). Beyond the similar colonial buildings and common international brands, there is a humanity behind the daily activities in both countries that remind us – me, and the interviewees – of the overlapping space in social experiences of the South.

The Global South

Before departing for the fieldwork, the academic proposal to understand Cuban-Mozambican cooperation was framed in the words ‘South-South relations’, and an acknowledgement of solidarity within the Global South. When admiring the image above to analyse the interrelatedness of the two countries, I recall a feeling of proximity similar to Dr. Heyner description (Ibid.); a sense of community, that although ever-present, was an erratic participant in my field notes, one that raised more questions than answers. What is the “South”? The “Global South”. Where is it? How does it look? Is it far away from the North? How can we distinguish one from the other? When approaching academic literature for the sake of clarity, the notion of diversity in the world has been depicted recently in grand regional narratives, where North and South became principal actors in describing the globe and

its multidimensional realities. Again³⁴, imaginary lines have been placed by certain groups in order to divide the world, this time with an emphasis on socio-economic notions of “development” and “underdevelopment”. In a sense, this delimitation is vaguely based on geographic terms, inferring that locations situated in the northern hemisphere are more prosperous than those situated physically ‘under’ them. However, there is the case of Australia and New Zealand which, despite their position on the map, are largely considered members of the developed North. Or the cases of countries such as Chile, or South Africa, which are seen as regional examples of prosperity, despite lying at the very bottom of their respective continents. There is such a degree of ambiguity in this respect that their geographical veracity is contrasted by a constantly changing reality, one that problematises motionless divisions (Murphy 2013, 140-142).

If there is a weak geographical endorsement of the North-South division, then perhaps there is still also a metaphorical way to understand this segmentation. The idea of “a South” can be traced back to the post World War II era, when the idea of (almost intrinsic) differences between countries came to be determined by notions of “development”, namely how a country was able to follow certain markers of economic status, such as GDP, or social and political standards dictated by specific frameworks that began after the Bretton Woods structures (Motta and Gunvald 2011, 5). This resembles, although is not an exact equivalent of, 1950s and 1960s depictions of the “Third World” that were used to cluster together those nations that remained on the periphery, or semi-periphery of geopolitics (Carou and Bringel 2010, 43; Dirlik 2007, 13). While there are arguments for a certain homogeneity based on more or less similar cultural and political features, it is principally economic factors that have determined the division of the world into the categories North-South, along with the nature of their interactions. In an era where capitalism has been adopted by the countries behind the principal international institutions, like the World Bank and the International Monetary Fund, the poor performance of the capitalist system has been seen as a theoretical basis for understanding the “underdevelopment” of certain nations.

From this perspective, the Global South as a concept is used to describe what the North is not, to talk about two entities that are not at the same level. Narratives from the North about how the South “serve as a window onto more global systems of representation” (Doty 1996, 3), where Northern nations are able to re-construct what is known as the ‘first’ and ‘third’ worlds. Looking at the aforementioned historical process in academia that have been used to construct a political concept of the South, we notice how Northern scholars (though also politicians and the media) have taken the initiative to depict what the South is: an alien entity when compared to the self-described concept of the North. In doing so, the political jargon that is intended to facilitate the understanding of global dynamics, from imperialism to the drug trade, has created certain representations that not only impact policy making and theoretical analysis, but also conditions the identities of people and states. According to Doty (1996), this is “the way in which power works to constitute particular modes of subjectivity and interpretive dispositions” (ibid., 4). In other words, the relationship between the North and the South suggests an asymmetric encounter in which one entity has been able to construct “realities” – often taken at face value – which affected another entity, one that has been denied equal degrees of agency. The practice of representation in International Relations implies the privilege of certain discourses over others, which Laclau and Mouffe (112, quoted in Doty 1996, 10) call nodal points, that are seen as legitimate sources of predictions. Representation is hegemonized through nodal points, through the power of one discourse over another, creating a ‘self’ and an ‘other’. Discourses of representation naturalise, meaning they favour presuppositions of background knowledge that

³⁴ The European colonial heritage of geographic transformation can be traced since the *Tratado de Tordesillas* in 1494 dividing the New World between Spain and Portugal. Such arrangement justified the invasion of the continent by European powers, involving Christianity as a moral endorsement to proceed with colonization (Meneses and Santos 2009, 27; Galeano, *Las venas* 2004,32)

are accepted as trusted facts of how the world is, and what its inhabitants are (in terms of South and North, a powerful image has been constructed of the civilized European and the primitive Oriental). This practice is then prone to using classificatory methods whereby human beings are positioned according to their “natural” place, due to what is presumed to be their character and category. This is essentially a form of stereotype that creates a manageable image, but one that lacks accuracy. The North has been accused of using its meeting with the South to produce these representational practices, which in turn restrict the agency of the South, often through a process of negating the South’s own voice, instead depicting a kind of blank space that can, or should, be dominated by the North (Doty *ibid.*, 1-14; Escobar 1998, 29).

South-South relations and cooperation

Once the notion of a Global South is seen as a flexible construction, the quest for the interrelationship between locations that are regarded as part of the South has been to a large extent framed by theories presented within the fields of International Relations and Political Science. In the context of power imbalance, “(t)he changing usages of the term, and the different agenda they imply, offer clues to both continuities and discontinuities over last half-century in the global positioning of the “South”, as well as in the ideological and political role assigned to it in global politics” (Dirlik 2007, 13). From its initial use in the 1960s, modernist theory stresses the importance of applying an effective capitalist system – avoiding any local influence from pre-colonial management – as the answer to improving a nation’s status. At the peak of the Cold War, the interaction among the so called less developed countries (LDCs) was seen as a relatively new improvement in the economic development, one that triggered connectivity, especially through trade, beyond the hierarchical guidance of Northern countries. The international economy experienced a new division of labour, creating a multitude of ways to establish relationships. Nations such as Brazil and India, that were described as being on the semi-periphery by economists, implemented a new wave of industrialization based on technological advances, advancing their affiliation with the traditional centre, but also with less industrialized nations on the periphery of the world order. The expansion of investment and trade among Southern countries expanded the global market, moving on from the traditional flows of North-South colonial exploitation, and granting new agency to developing Southern economies in order to avoid dependency and make use of their similarities, transforming the traditional global economy (Carlsson 1982, 10-45). This encouraged lower trade barriers and strengthened diplomatic ties, which achieved a certain autonomy beyond colonial dimensions. Nonetheless, the presence of relatively new participants was viewed as a weak attempt to create a new division of power in the global order during the early 1960s and 1970s, while Northern countries that had traditionally enjoyed hegemony over the South, specifically Europe and the US, continued to see themselves as the unquestionable leaders who were unthreatened by the emergent economies (see Rosenbaum and Taylor 1975). Moreover, the economic crisis experienced during the 1980s debilitated the interest on Southern emerging powers, in addition to several internal conflicts in Latin America, Africa and Asia. With the end of the Cold War and the forceful influence of international institutions such as the World Bank, a neoliberal model of economics was seen as a sort of contract that Southern countries should put up with, despite their local circumstances (Boron and Lechini 2006, 11-13). As an answer to such impositions, there was an academic space for questions over who actually received the benefits of neoliberalism, and what the position of Southern countries should be in a world order that privileged economic growth over emancipation.

This dichotomy was soon contrasted by independentist and revolutionary movements worldwide, leading to alternatives to modernity that set themselves apart from capitalism. As a consequence,

criticisms of the dependency theory claimed that “underdevelopment” was not an inherent, passive state but rather a systematic imposition of one group over another, through colonialism and imperialism. Based on cases from Latin America, and headed by Raúl Prebisch (1962), the so-called *dependentistas* stated that while the centre exploited the periphery, the dependency of “poor” Southern countries on wealthy Northern economies would remain. There was thus a need for self-reliance and protectionism to break the oppressive cycle that overpowered the South. Later, during the 1970s, academic theories on the South took on a Marxist flavour, highlighting the dependentistas’ reliance on the southern elite. Instead, Marxist scholars stressed the importance of the working class, arguing for tackling exploitation and capitalist rigidity as the most effective way of overcoming underdevelopment issues (Fig 1992, 35-39; Krüger 2008, 2-5). It was this dialogue between different academic theories, along with the political dynamics that (de)constructed the use of “South” and “North” into a discourse of postcolonialism, that placed increasing importance on the relationships between southerners. The bipolarization of the Cold War, as well as the consolidation of neoliberalism as the main hegemonic power, both politically and ideologically, moved the ‘South’ from being an object of compassion to the target of capitalist strategies. The 1970s (when the term South-South relations became a topic of importance for International Relations scholars) saw a shift in the global order post-Second World War.

From the 1990s onwards, the connotations of globalization have blurred the distinctions between North and South. Practices such as migration and other manifestations of social inequality – especially in terms of race, class and gender³⁵ – could be found across imaginary lines that separated one region from the other (Dirlik 2007, 15). As the concepts of North and South became more flexible, perceptions of the Global South have taken on a different focus during the last few decades through the growth of new measures of economic growth. In 2001, O’Neill and Sachs created the acronym BRICS to bring international attention to growing economies (Nadkarni 2013, 1). The five nations – China, Brazil, Russia, India and South Africa – demonstrate a mixture of booming GDP along with internal and external issues such as social segregation, poverty, environmental challenges and violence. With economic variables as the main focus, the increasing attention on the BRICS countries as new potential markets adds dynamism to the international panorama, giving the sense of a different hegemonic world order. For example, the fact that these growing powers have the means to boost their economies has been translated in an increasing interest and investment in overseas ventures, such as aid.

This kind of interaction between peripheral nations has been called South-South cooperation (SSC) within the International Relations field and its often use as a synonym of SSR. Parallel to descriptions of the South in terms of (under)development, SSC is seen as fundamentally different to Northern aid, which is described as support needed in times of poverty, natural disasters, weak infrastructure, and in general all forms of lesser development, that are experienced by the Global South. However, the economic advances seen in countries such as the BRICS have transformed the ideas attached to cooperation, making them more flexible within the frame of a multipolar world order (Modi 2011, 1-6). Thus, SSC is defined as “a broad framework for collaboration among the countries of the South, in the political, economic, social, environmental and technical domains” (UNDP 2006, quoted in Schläger 2007, 2). Related to North-South dynamics, relations between countries in the Global South have been framed by international institutions (such as the UN and the OECD) to group them into clusters such as the Group of 77 (G77), founded in 1964 at the United Nations Conference on Trade and Development (UNCTAD). There have been several attempts to give coherence to the various agendas of Southern nations. This was a characteristic

³⁵ This three issues are discussed in chapter 6.

of the Cold War period, where global polarization determined the foreign policies of Southern countries, either by encouraged cooperation or by 'clearly' separating allies from enemies. In more recent decades, the understanding of SSC has shifted to a focus on emerging partners and the further legitimization of 'non-traditional donors' (de Renzo & Seifert 2014, 1861).

Scholarship and diplomacy from Africa, Latin America and Asia have used the concept SSC to obtain a higher interference in the global dynamics and challenge the idea of a hegemonic world order. Meanwhile, decolonization approaches have taken advantage of the terminology of the South to claim the similarities of the periphery as an opportunity to create horizontal and empathic relationships that dispute the centric position of the North (see Lechini 2006; Inoue 2012). Nevertheless, these enthusiastic perspectives have been strongly criticized by remarks on the simplification of this friendly exchange. A relevant perspective on the policy of increasing aid is that such measures are part of soft power strategies, rather than just acts of kindness. I use soft power here in the sense defined by Joseph S. Nye (2008), as "the ability to shape the preferences of others... (it) tends to be associated with intangible assets such as an attractive personality, culture and political values" (ibid., 95), and further readings of Nye by Vuving (2009, 3) that describe soft power as a synonym of "non-military power and includes both cultural power and economic strength" based on culture, political values and foreign policy. From this angle soft power, as opposed to the hard power performed through military force, uses diplomacy as a tool to leverage affairs within and outside borders according to certain interests and beliefs (Nye 2008, 95-102). In a sense, diplomatic efforts are directed at enticing other countries to embrace mutual benefits and understanding. To this end, Vuving (2009, 18-19) adds the "currencies" of soft power: "benignity, or the kindness of behaviour and attitude; brilliance, or the shine of capabilities and successes; and beauty, or the resonance of shared norms and goals" to describe the utility of making a country a desirable product that others can rely on, including its citizens, while embracing its values. According to both Nye and Vuving, soft power has its roots in creating a desirable and legitimate image of a nation, which in the first stage is related to domestic prosperity. For Vuving (ibid.), policies such as multilateral projects, educational exchange, cultural promotion, humanitarian assistance and economic aid are described as part of the benignity, policies that do not directly build soft power, but "promote understanding, nurture positive images, and propagate myths in favour of the source country" (ibid., 13 & 14).

This analysis of cooperation among Southerners stresses the political and economic advantages of such relations, implying that this phenomenon is not so different to the North-South relations. These debates have raised a further analysis to this division of the world, questioning its utility and relevance in contemporary affairs. In such a framework, scholarship expands the flexibility of the terminology in order to highlight the socio-cultural dynamics that have been underrated within the economic and political distinctions drawn. Academics and institutions of southern origin have stressed that behind the practice of describing a distinction, there is also a counter effect that builds unity. In practice, Global South and SSC are concepts that serve to claim certain coherence (Fig 1992, 36), encompassing the characteristics of oppression, and of similar struggles that, beyond the label of underdevelopment, expresses a unity of resistance within shared experiences of exploitation, alienation and marginalization (Nicola Bullard, quoted in Juergensmeyer et al. 2012, 726) grounded in a directionality unrelated to that of the vertical, North-South approach. Within the academic terminology of the Global South and studies on the nature of its relationships, there is a particular species of ambiguity over its most prominent and permanent characteristic. The integration of SSC into various policy agendas worldwide demonstrates that this terminology is not just ambiguous and complex, but also that its obscurity is what makes it flexible.

A transatlantic South

Eu sou carvão!
 E tu arrancas-me brutalmente do chão
 e fazes-me tua mina, patrão.
 Eu sou carvão!
 E tu acendes-me, patrão,
 para te servir eternamente como força motriz
 mas eternamente não, patrão.
 Eu sou carvão
 e tenho que arder sim;
 queimar tudo com a força da minha combustão.
 Eu sou carvão;
 tenho que arder na exploração
 arder até às cinzas da maldição
 arder vivo como alcatrão, meu irmão,
 até não ser mais a tua mina, patrão.
 Eu sou carvão.
 Tenho que arder
 queimar tudo com o fogo da minha combustão.
 Sim!
 Eu sou o teu carvão, patrão.

Grito Negro

José Craveirinha (1982)³⁶

While the concepts North-South have been predominantly conceived and regulated by those who self-define as being part of the North (primarily Europe and the US), those from the so-called South have developed a variety of alternatives in the use of this term in their own agendas, adding new levels of meaning. For example, Boaventura de Sousa Santos (Meneses & Santos 2009, Santos 2007; Santos 2015) has recently discussed the power relations behind the concept of North and South to reflect on contemporary dynamics of social inequality and segregation. Santos re-examines the historical concepts of “development” and “underdevelopment” to highlight how this is not only a form of economic or political domination, but also a much deeper influence on the way we think about and acknowledge the world. Thus, he introduces the academic project of epistemologies of the South as an invitation to cognitive justice, to recognise and valorise different perspectives and experiences across human diversity, beyond a purely Eurocentric analysis. This academic proposal borders on activism, as it concerns the emancipation of groups that have been systematically suppressed, inviting a critical reflection of our own position within contemporary social inequalities. This approach allows a creative analysis of the contemporary dynamics between Cuba and Mozambique, especially as they are often depicted as being a part of the Global South³⁷.

During my fieldwork, the aforementioned International Relations discourses became more than a background theory when Mozambicans and Cubans expressed their own perspective on these

³⁶ “I am coal! / Brutally you wrench me from the ground / And you make me your mine Boss! / I am coal! / And you ignite me, boss / To serve you always as your driving force / But not for ever Boss! / I am coal! / I have to burn, yes / And scorch all with my burning strength. / I am coal! / I have to burn while I’m exploited / Burn down to cursed ashes / Burn alive like my Brother the tar / Until I’m your mine no longer Boss! / I am coal! / I have to burn / And scorch all with the burning of my fire. / Yes! / I will be your coal Boss! *Black Outcry* Jose Craiverinha (translated by Grey and Magalhães 2011)

³⁷ A more detailed description of epistemologies of the South can be found in chapter 6.

imaginary divisions. I can recall the first relevant time this occurred, on 10th July 2016, when Portugal defeated France in the Euro Cup and Cristiano Ronaldo was the star of the night, carrying the trophy with pride, while thousands of miles away Maputo celebrated with him through fireworks and car horns around the cheerful city. I watched the game at the apartment of Maka, a young Mozambican medical student doing his internship at the Military Hospital, together with other national and international students. I must say that I was not particularly interested in the match, but I do vividly remember the enormous joy of my Mozambican neighbours, and the reproach expressed by their Brazilian counterparts. It did not matter that the Brazilians rejected their worship of the team of their ex-colonisers: the Mozambican students celebrated the victory of Portugal as if it were their own. Maka was the leader of the celebrations, awakening my curiosity to talk with a future doctor and fan of Ronaldo. After several encounters, a few weeks later I arranged to an informal interview to hear more about his own view of relationships in the Lusophone world. “*It is not the same to talk with a Brazilian as with a Portuguese*” he began, and I perked up my ears, remembering his passion for the Portuguese football team, “...but it is also different to talk with a Brazilian than with a Tanzanian”. We were driving to a restaurant next to the beach to continue the interview, speaking of the multiculturalism of our group of friends. “*I think it is a more natural relation*” he added on the encounter between Mozambicans and non-westerners. “*People are more comfortable when they feel closer to a culture. Some of us are naturally closer.*” Maka was expressing degrees of closeness to certain groups, but at the same time he was able (and eager) to adopt and transform different elements, despite their origin: here was a terrain to explore on the fluidity of the world’s diversity, and how can one dive into its with playfulness. Fuelled by the *naturality* of relations between certain groups, specifically among other Africans and Latin Americans, my fieldwork emphasized a different analysis of North-South concepts where – in contrast to theories of International Relations – local narratives take the initiative.

While being labelled as ‘the South’ may be just another way of softening negative connotations of “underdevelopment”, conversations such as that which I had with Maka stressed that these constructions have also been shaped by those in the South. Paradoxically, the distinction of a centre placed in Western Europe, or in those locations where Western Europeans emigrated, is rooted in the colonial processes of the 15th and 16th centuries and how slavery became a form of transcontinental exploitation. Focusing on the sensation of *déjà vu* among Cubans and Mozambicans, within the broader context of Latin America and Africa (and Asia), there is a significant regional consolidation rooted in colonial historical processes. Mudimbe (1988), in his memorable essay *The invention of Africa*, eloquently points out the process of making non-European territories and inhabitants a European construction (ibid., 6). This creation of an other by explorers, settlers and scholars designated an intrinsic inferiority of a “primitive” nature. In radical contrast to the European world, “(t)he African has become not only the Other who is everyone else except me, but rather the key which, in its abnormal difference, specifies the identity of the Same... traces of something else whisper, slips of colour reveal the meanings, and treads of secret stair indicate the magnitude of a new order.” (Ibid. 21). Thus, the “discovery” of Africa in colonial centuries left a legacy of European discourses and disciplines that justify processes of mental, physical and spiritual conquer (Ibid. 31). This rupture from colonial times served as a double edge sword that, while implying a complex historical process of division, also encourages the adoption and further transformation of such processes into an autonomous image capable of embodying resistance (Escobar 1998, 28). It is not a coincidence that, parallel to colonial processes, a “movement of ideas and emotions” (Legum 1962, 14) placed emphasis on African culture as a way of challenging hostile impositions, such as Eurocentrism, morphing into what is known as Pan-Africanism (Morikawa 2013, 44). This movement offers a complexity that has impacted various layers of the academic, cultural and political dynamics

of the continent throughout the process of its construction. For the purposes of my analysis of SSC and the Global South, Pan-Africanism represents the self-determination of a region, appealing to unity, to a feeling of community among all Africans to contrast “a western-dominated international community” (Edozie 2014, xii). This reaction to foreign imposition not only consciously criticised the label imposed upon Africans, but also reshaped such a dichotomy, deconstructing notions of “savage” and “civilized”, to raise alternative perspectives on collective resistance. To a certain extent, European slave trade has been recognized within Pan-Africanism due to an intensity “that stretches from Mauritania down to the Atlantic coast of southern Angola, stretching widely inland – particularly along the Congo River – then looping its way around the Cape into Madagascar and Mozambique” (Horne in Edozie 2014, vii). The experience of alienation felt by those of African origin, specifically racial discrimination, turned Pan-Africanism into a form of protest as well as a mode of empowerment (Nsong’o in Falola and Sanchez 2016, 21-23).

This initiative went on to not only affect the African continent, but was also an essential part in the anti-colonial struggle on the other side of the Atlantic. Remarkable voices of Pan-Africanism can also be found in the Caribbean, promoting resistance movements on both continents. Although such intellectuals are mainly found among the Francophone, and especially Anglophone, scholarship (Valdés 2005, 191), these ideas have a remarkable echo in the parallel struggles among the Hispanic and Lusophone areas of the continent. Four hundred years before the scramble for Africa, the Spanish treasure fleet arrived in the Caribbean to inaugurate the European colonial domination that would change the power balance of the world, funded by the wealth of the New World. Indigenous communities from the American continent were profoundly and violently suppressed, at times to the point of extinction. Forced into the hierarchical structure where Europeans placed themselves at the peak, the “indigenous” of America, similar to those from Africa, Asia and Oceania, were positioned as “primitives” and therefore *naturally* inferior (see Quijano 2007). It was in this context of systematic segregation and intense exploitation, where regions were forged to support the claims of others’ superiority in the world, where natural wealth is a source of poverty and where self-identification is constructed by foreign elements.

As a kind of broken mirror held up to the African continent, the territory from Rio Bravo to Tierra de Fuego came to be known as Latin America. This term was developed after the independence movements of the 19th century; an America below the Anglo-Saxon territory. Since then, this region has been defined in response to the other; whether it is the Spanish realm, British companies or US interventions. Latin identity has been constructed around the tension between a label imposed from the outside, such as Spanish or Portuguese colonialism, and a sense of unity against oppressors (Campra 1987, 16-18; Galeano 2009, 15-23). Contemporary understandings and approaches to “development” and “underdevelopment” remain, to a large extent, entrenched in the historical burden of colonization, where assumptions of “civilized” and “savage” endorsed the dehumanization of peoples from Africa, Asia and America. Ironically, is it in such a context of opposition where the connectivity among the South is conceived, in the physical and ontological domination of the West, in the proclamations of racial and social class segregation that injured vast territories, spreading an ever-present agony (see Alingué and Andebeng 2004) that connect the ideals of Pan-Africanism with the African diaspora in the Americas and the Latin American struggle against Europe, and especially against the US.

By the beginning of the 20th century, anti-colonial movements were approaching political turning points in a world where capitalism was rapidly taking a leading role. Colonial factions, affected by industrialization, turned into process of globalization where trade and international ties increased dramatically. This new interconnectivity not only added a different scope of oppression, but also

spread the anti-colonial and anti-imperialist struggles across continents. In the first decades of the century, Bolshevism introduced one such attempt, positing Marxism as an alternative to colonial and capitalist systems (Hirsch and Van der Walt 2010, xxxiii-xxxvi). The Russian revolution had a vast impact on the colonies and ex-colonies in Africa, Asia and Latin America, offering a political platform where liberation movements could be directed and interrelated towards anti-capitalist notions of resistance (Tlostanova 2012, 130-132). Within these discourses on communism, Latin America and Africa met once again, this time in a face to face encounter that inverted centuries of slavery ties. The historic processes of the 16th century, through to the borders of the 'hot' and Cold Wars, represent how "Cuba and Mozambique are windows through which people can be viewed in constant interaction with their past. On one side Cuba, a symbol of defiant struggle and on the other side Mozambique, a tragedy of broken dreams" (Luchembe 1995, 48).



Plaza de la revolución, Havana. Photo Alina Macías Rangel

An island

Nanne Timmer (2014), in her analysis on the subject of the archipelago in *Desde Los Blancos Manicomios*, by Margarita Mateo, focuses on the main character Gelsomina, and her unstable mental condition that makes her believe she is an island. Situated in the coastal city of Havana, the novel narrates how "(t)he island in question is not a representation of the nation but rather a national, regional, and even universal — as in "singular" — experience lived through the self with no boundaries." (ibid., 63). Here, Timmer develops the notion of an *island* within the Cuban identity as a nation, as part of the Caribbean, of Latin America, of a communist bloc. She depicts a constant, well-formed entity, overly framed within such strong ideals, to the point where an identity

is not only constructed over the image of a country, but has also fragmented the intuitive distinction between community and individuality. The intensity of this blurred self-awareness is such that it leads to the madness of becoming an island, as free and isolated as that mythical spot of land upon the water. Cuba, the larger Caribbean nation, has been to a large extent a land of speculation, either by Spain or the US, and remain a symbolic place of resistance in the global imagination.

The group of islands known as Cuba are located above the Bahamas, bordering the Gulf of Mexico. They entered the consciousness of the Western world when Columbus spotted them in 1492, closely followed by the conqueror Diego de Velazquez, who landed on the Caribbean coast in 1510. The Spanish expedition rapidly took over the lives and resources of the indigenous inhabitants of the island, known as Tainos or Ciboneys, forcing them into slavery to obtain gold, a practice that practically eradicated most of the population in months (De las Casas 1974, 13³⁸), with “(a) combination of new diseases to which the Indians had no acquired immunity, the brutal exploitation, and the resulting social disorganization and the loss of will to live” (Keen 2012, 57). For over three centuries, Cuba was the key to the Americas; it was the main point of transport for the precious metals and goods exploited from the continent, which were then exported to the metropolis on the Iberian Peninsula, or markets farther away in the distant lands of Asia and Oceania. In between, the labour of African men and women was the essential force for producing “white gold”, after Haiti took the first step towards independence from the colonial yoke. As Cuba became a prosperous sugar producer, it also became a principal recipient of slaves, who usually came from Portuguese colonies in Africa, in order to cover the world’s sugar demand (Luchembe 1995, 51). This large number of Africans, while not seen as Cubans by the Spanish rule, soon became an essential part of the local culture and society (Tornero 2005, 31), especially when Spanish settlements started to crumble, allowing Anglo-imperialists to take over the economic output of Cuba. In the second half of the 19th century, after the independence of the British colonies in the New World, ambitious North American entrepreneurs began to invest in their Southern neighbours, inaugurating a complicated relationship between Cuba and the US.

By the mid-1800s, a group of Cuban elites (plantation owners) led the initiative to join the US in order to maintain the slavery system that ran their sugar and tobacco farms (Thomas 1993, 5). However, Cuba’s independence from the Spanish realm lasted for some decades more. The failing diplomatic negotiations, supported by the US, increased the feeling of resistance against the privileged windmill owners to lower social status, who fought forcefully for their sovereignty. By the end of the century, characters such as Maximo Gomez, who was actually Dominican, mulatto Antonio Maceo, General Calixto García and especially the poet José Martí³⁹, headed the Second War of Independence, this time fought as a heavily armed encounter, and with stronger ideological arguments for a “just and necessary” war. After decades of fighting against Spanish political domination and American economic control, Cuba was no longer a former colony, but soon was occupied by US troops. Although the Republic of Cuba was formed under elected president Tomás Estrada Palma, the new nation was born into a fragile world, as the fall in the price of sugar and the Great Depression of 1929 led to a non-democratic structure that was strongly influenced by the American agenda. This facilitated the dictatorship of Gerardo Machado during the 1930s, followed by Fulgencio Batista in the 1940s and 50s, marking a period of strong oppression, censorship and fear (Aguilar 1993, 25-30).

³⁸ The Spanish occupation in Cuba was part of a colonial campaign over the entire continent, which led to devastating consequences for local groups. Bartolomé de las Casas, a Spanish religious man and scholar, who testified the genocide narrates: “La causa por que han muerto y destruido tantas y tales e tan infinito número de ánimas los cristianos ha sido solamente por tener por su fin último el oro y henchirse de riquezas en muy breves días e subir a estados muy altos e sin proporción de sus personas.” [The cause of the death and destruction of such infinite number of souls, is the ambition to those Christians that have as ultimate aim the gold and swell for wealth in just a few days, to upgrade their status beyond their beings” (my own translation) (De las Casas 1974, 25)

³⁹ During my fieldwork, I recognized how this three characters are national symbols of unity against colonialism and imperialism, they form an essential part of the revolutionary discourse of the contemporary communist party and are well known among Cuban citizens.

The bourgeois rule in Cuba, manipulated by the invisible hand of colonial or imperial powers, came to an end on 1st January 1959 with the emblematic Cuban revolution. This movement crystallised a face of resistance and thirst for change latent in Latin America and the Global South that had been building for centuries (again, we find an *embodiment* of broader narratives within discourses of Cuban identity). This was one of the most critical moments in the contemporary history of the region, perhaps even global narratives, and there is a consequentially extensive body of literature to describe and analyse a phenomenon that remains in flux to this day (Guerra 2009, 9). The Cuban revolution, headed by Fidel Castro and Ernesto Che Guevara, was brought to fruition by guerrilla warfare supported by a Cuban population that, tired of deep inequality, joined the militant initiative in the 1950s to overthrow Batista and establish a communist system. To the surprise of a rapidly polarised world, this small and poorly industrialized country became the first place in the Americas to follow a socialist path, demonstrating an inspirational alternative to fellow “Third World” nations that hegemonic power could, and should, be overthrown (Carciofi 1983, 194).



Photo Alina Mácias Rangel

This mural in Havana illustrates the Cuban history of resistance. On the left, we can find the struggle for independence in colonial times, when the production of sugar and its economic revenues fortified slavery. In the middle, there is the portrait of José Martí, father of *Cuba libre*. On the right, the Cuban people of all backgrounds march against the American imperialism.

This was a point of no return, a moment that, beyond being historic, came to mark history: the Cuba *before* and the Cuba *after* the revolution. The profound transformation into a socialist system implied a restructuring of Cuban society from the ground up. While it was achieved through political means, the Cuban revolution was forged by the peculiar strength of those wishing for change, with the pride of the fight, with the sense of bravery born in resistance. It was these emotional tissues that sustained the violent measures, raising the leaders of the revolution, Castro and Guevara, to the status of living legends among the masses in Cuba, Latin America and beyond (Diaz-Infante 2012, 1-7). Whether loved or hated, the profound transformation of Cuba led to an indisputable change in its relationship to the world order, through its affiliation with the USSR and other socialist nations (such as Mozambique). The feelings enveloped in the revolutionary dogma came to mould the approaches Cuba would take towards fellow nations in their own struggles for change. As the revolution was taking hold on the island, other attempts for mobilization bloomed across Latin America, Asia and Africa, the latter being of great note to Cuban politics. Along with anti-imperialist resentments in the Americas, independence movements were shaking the African continent. Ghana, headed by Nkrumah, achieved its freedom two years before the fall of Batista, while the likes of Nyerere, Lumumba and Ben Bella encouraged the fall of colonial

rule in their own nations. Since 1961, Cuba has maintained a strong presence in Africa, Algeria being its first venture (Glejjeses 1996, 159-195). Their participation involved diplomatic relationships including military aid, trade and humanitarian support in fields such as healthcare and education, all in the name of “international solidarity” that was fundamentally different to Western involvement in other liberation movements (Domínguez 1978, 93-95)⁴⁰. This solid Cuban political stance on the neighbouring continent became the highway to the Indian Ocean, tracing an ongoing exchange with Mozambique.



Photo Minam Okediz Arriaga

The way to the port where most slaves departed during colonial times. It is situated in the Island of Mozambique, in today's UNESCO Jardim da memória de escravatura to remember the impact of such phenomenon in Africa.

A corner

Despite how similar these two trajectories may seem, this was rather a tense moment at the outset. The first autonomous interaction between Cuba and Mozambique was through their common political affiliation to the socialist bloc. The lusophone nation of Southern Africa was led by Samora Machel when Castro and Guevara first developed official ties with an eye to future exchanges. Machel was a man of a similar lineage to Fidel Castro, and his predecessor Eduardo Mondlane; figures of leadership that gave a face to the anti-colonial and anti-imperialist movements, dressed in military outfits. These similarities should not be considered random coincidences: after all, Mozambique has its own history of resistance. If Cuba can be seen as the key to the Americas, where Europeans and Africans filled the spaces left by the genocide of indigenous Ciboneys, Mozambique was a country where foreign forces landed to be absorbed into a mosaic of ancient encounters. This vibrant land located on the corner of the African continent, surrounded by the Indian Ocean and Anglophone South Africa, Swaziland, Zimbabwe, Malawi and Tanzania, received the Portuguese competitors of Columbus on its coast in 1498 (Luchembe 1995, 49). As their Iberian counterpart, the explorer Vasco da Gama rounded the Cape of Good Hope to encounter the local inhabitants of what would become known as Mozambique.

⁴⁰ A further description of internationalist solidarity will be presented in the following chapter

This coast was far more connected to other regions than the archipelagos of the Caribbean. The different Bantu groups of mainland Mozambique had well-developed ties across Eastern, Central and even North Africa, as well as an intense contact with the Arabs (Luchembe 1995, 57-58), who controlled trade in the Indian Ocean and were established on an island in the North, ruled by *Mussa ibn Bique*, whose name would later evolve into *Musambidi*, and later *Moçambique*. Following da Gama's expedition, the Portuguese intensified their presence on the coast of Eastern and Southern Africa, often through violence, taking control of the trade in highly valuable goods such as ivory, gold or spices, that contributed a great deal to the flourishing Portuguese economy (Newitt 1995, 1-30). Exploratory trips to the Americas, Asia and the West Coast of Africa connected the coast of Mozambique to a vast maritime network that extended from the coast of Brazil to Gao, making the Island of Mozambique a key point of connection, where Portuguese rulers settled. Nevertheless, throughout most of the 15th century, the Iberian nation was not able to entirely take control of the Zambezian area, where they principally served as participants in the growing system of trade. It wasn't until 1620 that the crown introduced the so-called *Prazos da Coroa*. This was a colonial system designed to take control of the land, its inhabitants and production, but was badly administered, leading to a period of chaotic rule where power was held by families in charge of the *prazos*. While this was a weak method of gaining control, it did favour trading goods, and slaves. By the mid-1700s through to most of the 19th century, slavery was a core part of the Portuguese realm. This dynamic had a deep impact on Mozambican societies; adding the departure of approximately 5,400 people per year (who were mainly sent to Brazil and the Caribbean) to the existing melting pot of Afro-Guyanese, Afro-Portuguese, Arabic, Portuguese and Swahili peoples. This inhuman business was related to the European quest for control of the growing world trade system, with Britain, France, the Arabic countries and the Netherlands playing a leading role in commanding this flow of people and goods across the oceans. The commerce of human beings continued to almost the middle of the 19th century due to its importance to the structure of Portuguese colonization (Luchembe 1995, 58-60; Zamparoni 2012, 25-34).

Compared to other systems of colonial rule, the Iberian monarchies are often referred to as ineffective; however, this did not mean they were lacking in oppression or violence. Nonetheless, Portugal in Mozambique, as with Spain in Cuba, was often a more symbolic power, while the British empire went in pursuit of expansion. At the bottom of the continent, the South African mining industry became the principal source of economic – and to a large extent political – power. The Anglo-Germanic enterprises in the region shadowed the Portuguese rule in Mozambique and Angola from the 19th century to the first decades of the 20th. Copper from Mozambique, together with other sources of revenues like sugar and transport services, passed into foreign hands, adding another colonial layer over the diverse Bantu groups (Luchembe 1995, 60). Meanwhile, in the metropolis, a dictatorship began to take form under the leadership of Antonio de Oliveira Salazar.

In 1926 a fascist military coup occurred in Portugal, installing the *Estado Novo* and fundamentally changing the colonies. Salazar wished to have greater control over Lusophone Africa, and to regain control of the British and South African companies. He introduced a more capitalist system, with greater control over producing the same goods exploited in Cuba: cotton, tobacco, and especially sugar. The Second World War helped this process by weakening the British presence on the continent, allowing the stronger Portuguese forces in Mozambique to dominate after they landed on the Indian coast. Through companies like Sena Sugar Estate, Salazar's government maximized imports to Portugal, using all the labour possible to conceal the weak economy of the metropolis. This involved a harsh system of unjust contracts, where Mozambican men were practically forced into strong physical labour for miserable payments, shifting the responsibility of sustaining the household to women, and without the possibility to resign without facing violence, or unpayable debts. This slave-like treatment created a clear rift between the Portuguese and locals, while they excused their actions by citing missions of 'civilization' or 'Christianization'. With the

involvement of the Roman Catholic church, the life of most Mozambicans transitioned without the most basic of services, with a remarkable level of undernourishment and little education. Even Portuguese settlers in the country experienced difficulties, as they were predominantly peasant farmers in comparison to the wealthy colonizers of neighbouring areas. By the 1950s, only three decades after the end of actual colonial rule, “Mozambique [was] one of the poorest countries in Africa not because it lacks of natural resources, nor because Portugal left it underdeveloped, but rather because Portugal actively underdeveloped it” (Hanlon 1984, 22) This desolate landscape, chained to a fascist ruler unwilling to release the colonies, became the wrenching momentum that gave rise to the movement for independence (Ibid. 15- 22).

In the context of the post Second World War period and a weakened Europe, the African continent looked for a chance at liberation. At the Northern border of Mozambique, Tanganyika achieved its independence in December 1962, headed by Julius Nyerere, a leader who openly encouraged a similar process for Mozambique (Ibid. 23-25). This sort of uprising had a correlation with the Portuguese rule since the 1920s, but only crystallised during the late 1940s through students and workers, most of them exiled in neighbouring countries. Among these was Eduardo Mondlane, the first Mozambican to earn a doctorate degree, and Samora Machel, who by that time was a young nurse. Their discontent with the oppressive yet poorly managed Portuguese colonialism led them to derive various strategies for social change, such



Statue of Samora Machel in Maputo. Photo: Juan Manuel Diaz Tetamanti

as the doctor’s strike of 1963, advocating for the formation of a national party in free Tanzania. There, the *Frente de Libertação de Moçambique* (FRELIMO) was created as an organized political expression of change. During the 1960s, this new party advanced its calls for independence across Mozambique, attracting the support of peasants and the working class, a sector that was indispensable to their victory. Nevertheless, as the Portuguese dictatorship eroded and the end of colonial presence in Africa and the *Estado Novo* drew closer, FRELIMO experimented internal conflict on its policies and scope to such a degree between 1966 to 1970, that Mondlane and his Vice-President Uria Simango were murdered. But the anti-colonialist struggle had begun, and FRELIMO remained as a representative group, taking advantage of a coup d’état against Salazar on 25th April 1974 in Portugal, and signed the Lusaka Accords that officially gave independence to Mozambique (Wield 1983, 75-84; Hanlon 1984, 27-28).

Although the Portuguese empire had collapsed, the introduction of a new, autonomous nation was not easy. In Europe, the months either side of Mozambique’s coup and proclamation of independence were plagued by strikes and massive mobilizations, often leading to violence and the destruction of the lifestyle of both settlers and local inhabitants. Thus, modes of production such as agriculture, along with trade routes, were severely damaged. In this chaotic context Samora Machel, as the president of FRELIMO, applied a broad nationalization of the principal services such as healthcare, as part of a new Marxist-Leninist agenda. Gradually, the independent government developed a series of policies designed to regulate and stabilise, especially as the weakened national conditions increased their dependency on foreign forces, specifically South Africa. As a legacy of the mining industry, an important portion of human labour continued to emigrate in search of better job opportunities, leaving a population insufficient for continued economic growth (Wield 1983, 93-94). This debilitated FRELIMO’s intent of a nation-

building project under socialist principles. Moreover, the implementation of Marxism-Leninism in Mozambique is regarded as a more accidental process than that performed in Cuba. FRELIMO shied away from restructuring the social classes, instead suppressing the so called *asimilados*⁴¹, aiming for Mozambican men to be inspired by rationality and a newly emerging nation.

In practice, the party had its root in a closed group of elites that gained popularity through ideology. A few years after achieving independence, the power controlled by FRELIMO's elite was unable to reach most social groups to control their vast national territory, especially in the rural areas, where most Mozambicans lived. The government failed to implement an efficient system of collective national production, leading to a mixture of negligence and military intervention that forced the population into urban areas. In addition, neighbouring Rhodesia and apartheid South Africa saw this emerging socialist state as a clear threat to their capitalist governments as FRELIMO supported independence movements in Zimbabwe. As a consequence of internal and external difficulties, a new party, the *Resistência Nacional Moçambicana* (RENAMO), emerged with the support of Rhodesia and South Africa, which destabilised FRELIMO through violence and domination. From the 1970s through to the 1990s, Mozambique became a battlefield between not only FRELIMO and RENAMO, but also within a Cold War context where South Africa, the US and the Soviet Bloc interfered in a devastated landscape (Sumich 2010, 15-22).

During this last period of independence and civil war, Cuba became a significant influence in Mozambique. As FRELIMO and the revolutionary party followed a Marxist-Leninist ideology, the rule of Mondlane (and later Samora Machel) met the internationalist agenda of Ernesto Guevara and Fidel Castro for the first time in Dar es Salaam, where they disagreed on the importance of the working class to social movements. This discrepancy on how to proceed with their own struggle created a distance between the governments, although Cuba subsequently offered military and diplomatic support, as they did for several other African nations. Once FRELIMO took power under the difficult conditions mentioned above, Machel accepted the Cuban offer for military aid, along with other communist support from China, socialist Germany and the USSR, inaugurating official diplomatic ties with Cuba. From the 1970s onwards, the political interrelations of these two countries have changed, at times around serious disagreements, but have nonetheless survived throughout the shifting global dynamics (Gunn 1987, 1-10). Within this political process, Cuban cooperation in the military and social sphere of Mozambique remained an essential element in the construction of connections that Fidel Castro described sharply during his first visit to Mozambique in 1977: "(t)his meeting between slaves, the slaves of Mozambique and the slaves of Cuba, worries imperialism. And imperialism has a reason to be worried..." (qtd. in Ibid. 3).



Bridge from mainland Namputa to the Island of Mozambique. Photo Miriam Ocadiz Arriaga

⁴¹ This terms, literally translated as "assimilated", refers to those few Mozambicans who received education and were closer to the Portuguese elites.



The Fortaleza de São Sebastião in the Island of Mozambique at noon. Photo Miriam Ocadiz Arriaga

A bridge

Thirty-nine years later, I landed in these countries to find that a latent feeling of *déjà vu* can be slightly overwhelming. The Island of Mozambique is one example of this, an Arab source of commerce and the first settlement of the Portuguese; an island and meeting point on the edge of the Indian Ocean. There is also the Havana Harbor, the classic gateway to the Americas, and now holiday cruise ships, where the antique fortresses that guarded the Caribbean still stand. The foremost among them, San Carlos de las cabañas, was built in the same period as the Fortaleza de *São Sebastião* on the Island of Mozambique. They shine effortlessly, their tall walls pounded by waves, faded white paint eaten by the sun. Its round structure surrounds the coast, its thickness a formidable barrier to protect Iberian business. Even the areas bordering these two constructions are somehow a similar mixture of colonial buildings and locals living on the spoils of tourism.

There, sat by the seashore, I noticed that aside from their affinity, there was a chameleonic presence in the emptiness of the Fortaleza de São Sebastião, where just a few people live in its surroundings. The island, as an allegory of the whole country, is unofficially divided into two sections: that of the old colonial houses, with its church and souvenir shops, buildings inhabited by those who can afford the renovation costs; and the part where running water is scarce, aggravating the lack of a drainage system in the collection of tiny, overpopulated houses. While people here often frequent the green mosque to pray, or practice Bantu rituals, to improve their situation, a significant number end up migrating to Nampula, the closest city, or Maputo, or Beira. Anywhere where there is a job in this current time of crisis, even if it means passing through the central states where the war (which still rages with RENAMO) seems infinite. Some of those who have stayed are positive. *Sua ilha*, the island of the spirits⁴², with its warm land and crystalline waters, provides them with the strength to go on through harshness, a support that neither socialism nor modern-day capitalism have been unable to construct or properly nourish.

Later, during one of the times when I walk through Havana at sunset, I stopped to notice the contradictory feeling of *déjà vu* attached to the Fortaleza de San Carlos de las cañas. There it was, the colonial structure that symbolizes the rich history of the capital. But this time, the weight of an antique space was disrupted by a multitude of foreign tourists and rushing cars, most of them offering an “authentic” Cuban experience for dollars, and teenagers eager to replace *Buena Vista Social Club* with the latest reggaeton hits. Distanced by the deceptive mask of authenticity for tourism, these two groups move in parallel directions. The foreigners go to their temporary accommodation to rest, and the Cubans wait in long lines for their inefficient transport to go home. Through the fragmented streets of the non-touristic areas, they continue with their crafty games to earn a living. Even those who hold dear to their hearts the pride of the revolution – *hasta la victoria siempre* – need to breathe deeply now and then, to remember that the shortages, the weak infrastructure, the poor

⁴² A unique documentary on the Island of Mozambique that describes its history and current reach culture is *Island of the Spirits* by Licinio Azevedo (2007).

salaries and the virtual impossibility of going abroad is all the fault of the American sanctions. Some have looked to the intangible forces for guidance. Like the lady sitting in the picture.



View of the Fortaleza de San Carlos de las cabañas from the pier at sunset. Photo Miriam Ocadiz Arriaga

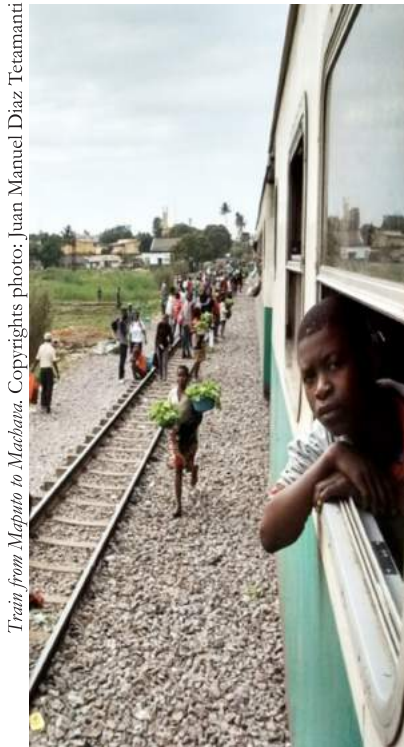
Sadly, I was unable to capture her more precisely, but in one of her hands she was shaking a maraca, while in the other she held a blue and white beaded necklace. When I walked closer, I realised she was worshipping *Yemaya*, the Yoruba owner of the waters, who guides the natural power of women and those who dare to navigate the oceans. Suddenly, I remembered how inside the fortresses there are enormous chambers, often used to host the colonial military powers, or to imprison rebels, or as the last place where slaves would touch mainland before boarding the caravels to be absorbed by the immensity of the sea. Then, the abstract theories that divide the contemporary perception of the world, and the particular struggles of the two countries I visited, clashed into a more emotive understanding. Listening to a prayer, I was again touched by the type of rare nostalgic sensation created when one imagines the subtle filaments of an omnipresent faith that interweave with the immensity of a human connection across time and space.

The route between Cuba and Mozambique has more than four hundred years of history, as yet unfinished. The colonial times ended by tumultuous revolutions did not “end history”, nor the ties between these two locations. Returning to the beginning of this chapter and the discourse of the Global South and SSC, the images of these countries, especially in terms of their respective approaches to resistance and sovereignty, has an almost mythical quality. The “slaves meeting the slaves” encounter that Castro described draws a contemporary bridge that plays with these ancestral narratives of trade routes during the Renaissance, the painful violence attached to the identity of blackness, or the resilient power of the guerrilla. Even more, what *el comandante en jefe* refers to is the meeting between people, and this peculiar element is rarely found among the academic theories on SSC. Beyond the concept of horizontal relations, the translucent bridge between Latin America and Africa, and more concretely between Cuba and Mozambique, has been carried and shaped by the slaves, soldiers, politicians and participants in humanitarian projects. Therefore, I propose to take into consideration the theoretical approach of the Global South and SSC as a background, in order to focus on the humans involved in these phenomena, because it is in their lives where one can gradually trace the age of a bridge that is constantly transforming through their movement. This is a topic I will explore in the following chapter.

Varadero, Cuba, at sunset. Photo Alina Macías Rangel



Approaches of mobility, solidarity and embodiment *A moving encounter*



Train from Maputo to Matiana. Copyrights photo: Juan Manuel Diaz Tetamanti



Street of Havana. Copyrights photo: Alina Macias Rangel



Mozambican highway. Copyrights photo: Juan Manuel Diaz Tetamanti

In this chapter, I will focus on the movements of Cubans and Mozambicans. Following on from the substantial history covered in previous chapters, the following pages will track the theories of movement, mobility and migration as both individual and collective phenomena. I will thus present here a concrete approach to these topics and their particular relevance to the context of Southern Africa and the Caribbean. By unwrapping the complexity of these three types of mobility within the sphere of medical cooperation, I will highlight the intangible substance of those who travel, and those who remain. Here, the notion of solidarity stands out as a specific element of the Cuban-Mozambican exchange during the last decades, and as an essential part of the political discourses that connect both countries. Nevertheless, I will approach this concept from the perspective of personal experience, as a feeling embodied in the active sensitivity of the people I interviewed.

I'm going away Kidzu!

His announcement tore me apart. The trader had always reassured me he would stay. "We do business, we always adapt," was his justification. Whether there's a war or not, an Indian is always in the thick of it", he would joke, imitating the other Indian's speech. Now his decision left me in utter despair. So much unhappiness had

crippled me: my brother's disappearance, my father's death, my family's madness. But nothing affected me as much as the Indian's departure. I tried to convince the man to stay. In vain. Surendra had deep-seated reason:

"You have forebears, Kindzu. They're here, they live with you. I have none, I don't know who they were, I don't know where they are. Did you see what happened now? Who came to comfort me? Only you, no one else."

I didn't want to understand the shopkeeper. For his words were killing the mirage of an ocean that had united us in the past. After all, Surendra was alone, without ties to his neighbours, without roots in the land. He had no one to say goodbye to. Only me. I was still insistent, suddenly humbled, delivering ideas that my heart could no longer render convincing. That this land was his too, that there was room for everyone. My words alone were enough to make me taste my salty tears: I was weeping, and fear was stifling my voice

What country, Kindzu? I have no place at all. Having a country is something like what you are doing now, knowing that it's worth crying for?

Antoninho, the assistant, listened with deaf ears. As far as he was concerned, I was a traitor to the race, a black who had fled from African traditions. He passed between us, indelicately provocative, just to display his scorn. As he moved, he cackled loudly and stridently. He reminded me of a hyena. Then Surendra said:

"I don't like blacks, Kindzu"

"What do you mean? Who do you like, then? Whites?"

"I don't like them either"

"Ah! I know: you like Indians. You like your own race."

"No. I like men who have no race. That's why I like you, Kindzu."

I left the shop under a shadow of distress. I had now been orphaned by both family and friends. Without family, who are we? Less than a speck of dust. Without family or friends, what was there left for me to do? One solution was to go off by myself, on my own account, before I got pushed into the fire out there that was consuming everything.

But I was beset by doubt: could I get away from that infernal place? I recalled Surendra's words: "Stay here, you don't know what it's like to move around, on the run through lands that belong to others." He spoke as if he himself had been forced to abandon his native land. I never know the truth of his story. Nor would I ever know.

(Couto, *Sleepwalking Land*, 21-22)⁴³

⁴³ — Vou-me embora, Kindzu!

Aquele anúncio me rasgou. O comerciante sempre me dera certeza de ficar. Nós fazemos negócio, sempre adaptamos, justificava. Faça guerra tanto como não: monhé está sempre na meio, brincava ele imitando as falas dos outros indianos. Agora a decisão dele me deixava em total angústia. Tantas infelicidades me tinham aleijado: o desaparecimento de meu irmão, a morte de meu pai, a loucura de minha família. Mas nada me afectou tanto como a partida do indiano. Tentei convencer o homem a deixar-se por ali. Em vão. Surendra possuía fundas razões:

— Tu tens antepassados, Kindzu. Estão aqui, moram contigo. Eu não tenho, não sei quem foram, não sei onde estão. Vês, agora, o que aconteceu? Quem é que me veio consolar? Só tu, mais ninguém.

Eu não queria entender o lojeiro. Porque suas palavras matavam a miragem de um oceano que nos unira no passado. Afinal, Surendra estava sozinho, sem laço com vizinhas gentes, sem raiz na terra. Não tinha ninguém de quem despedir. Só eu. Ainda insisti, subitamente pequenito, entregando ideias que meu peito não autenticava. Que aquela terra também era a dele, que todos cabiam nela. Só no falar senti o sabor salgado da água dos olhos: eu chorava, o medo me afogava a voz.

— Que pátria, Kindzu? Eu não tenho lugar nenhum. Ter pátria é assim como você está fazer agora, saber que vale a pena chorar.

Antoninho, o ajudante, escutava com absurdez. Para ele eu era um traidor da raça, negro fugido das tradições africanas. Passou por entre nós dois, desdelicado provocador, só para mostrar seus desdêns. No passeio, gargalhou-se alto e mau som. Me vieram à lembrança as hienas. Surendra disse, então:

— Não gosto de pretos, Kindzu.

— Como? Então gosta de quem? Dos brancos?

— Também não.

— Já sei: gosta de indianos, gosta da sua raça.

— Não. Eu gosto de homens que não tem raça. É por isso que eu gosto de si, Kindzu.

Abandonei a loja sombreado pela angústia. Eu agora estava órfão da família e da amizade. Sem família o que somos? Menos que poeira de um grão. Sem família, sem amigos: o que me restava fazer? Única saída era sozinhar-me, por minha conta, antes que me empurrassem para esse fogo que, lá fora, consumia tudo.

Mas as dúvidas me ocuparam: poderia eu fugir daquele lugar malditoado? Recordei as palavras de Surendra: fica, tu não sabes o que é andar, fugista, por terras que são de outros. Falava como se ele próprio tivesse sido forçado a abandonar sua terra natal. Nunca soube o certo da sua estória. Nem nunca viria a saber.

(Couto, *Terra sonâmbula* 28-29)

Movement, mobility and migration

Muidinga, a child, read these words to Tuhair, an elderly man who accompanied him along the bleak highway of Mozambique's civil war. They were sheltered inside a burning bus when they discovered Kindzu's diary, and their stories met in the limbo between dreams and reality, where characters from every layer of Mozambican society roamed in search of survival and revival. This is the plot of Mia Couto's *Terra Sonâmbula*, one of the most iconic novels of contemporary Mozambican and Lusophone literature, one that finds the inexhaustible charm of the journey within the deep wound left by a conflict that broke the young nation. It is a book about travel, a *road novel*, that by depicting two stories, is capable of narrating the horrors of a war that created a massive wave of refugee migration, as well as the personal struggles experienced in the loneliness of each character, struggles that mirror the movement along the road in internalized voyage. There is such mastery in the words of Couto that the active reader can even recognize the centenary tradition of displacement, as in the passage above, within and outside of Mozambique. There is also a careful insinuation that movement will remain as a future act of reconstruction, as an almost inevitable path along the coast of the Indian Ocean (Tutikian and da Silva 2003, 84-88).

As an artistic expression, this novel reflects on the historical legacy of transcontinental trade, along with the contemporary dynamics of movement that affect the core of society. Perhaps one of the most appealing elements of the narrative is the idea that movement is an essential part of the lives of Mozambicans, and of humanity as a whole. Within this unique prose, one notices that human movement is not simply a linear displacement from one point to another, but rather an experience where people expand their own notions of time and space, connection and disconnection. During my fieldwork, I was able to witness the intrinsic relationship between this prose and the life stories I encountered in Maputo, more than twenty years after the publication of *Terra sonâmbula*. This is also true for Havana, where similar paths of movement are found. The stories that ground this paper stand in contrast to the classical approach to social sciences, which grants little attention to the movement of people; when this attention is given, it has mainly been used to describe migration movements as a form of abnormal disruption. More recent analyses in fields such as cultural studies, anthropology, migration studies or human geography have expanded the academic understanding of movement, referring to "new paradigms of mobility" as a concept of capturing people, ideas, information or objects in motion to help us understand these contemporary dynamics (Sheller and Urry 2006, 208). The introduction of this terminology broadens the concept to include "[m]obility as an umbrella term encompasses all types of movement including travel, exploration, migration, tourism, refugeeism, pastoralism, nomadism, pilgrimage and trade." (De Bruijn et. al. 2001, 1). Departing from this broad notion of mobility, more recent approaches have aimed at moving beyond the fixed geographical dichotomies and static structures of North-South in order to understand the dynamics of mobility beyond generalizations like local and global. Today's world offers a diversity of ways to be in motion, new technologies to communicate and mobile systems in constant flux; in response, academic efforts are building theoretical and methodological alternatives to capture both the static and the dynamic energy of tangible and intangible entities (Sheller and Urry 2006, 210). Within the broad scope of the term mobility, migration represents a resourceful concept for unfolding the contemporary fluctuations between Cuba and Mozambique. Although the term is rather hard to define, an analysis by Van Dijk et. al. (2001) stretches the 'simple' notion of migration as a "change of residence" or a "crossing a political or administrative boundary" (Bilsborrow & United Nations Secretariat 1 qtd. in Van Dijk et. al. 2001,3) to highlight the different criteria where migration may apply. The places

people move towards, the mode of their movement, the choices that drive their steps, and the consequences; all of these shape migration characteristics in particular contexts, leading to an analysis where “[m]igration is today often a combination of interests and motivations, such as the interrelation of pilgrimage with mobile trading patterns or labour migration connected to visits to kinsmen” (Grätz 2010, 2). Considering these flexible, broad concepts, a careful analysis of the Cuban-Mozambican exchange can highlight the use of mobility in creating these forms of SSC, based on the migration of Cuban and Mozambican individuals who manoeuvre within the national, as well as regional dynamics of mobility.

On the African continent (Van Dijk et. al. 2001, 1-18), as well as in Latin America and the Caribbean (Pellegrino 2003, 11-19), motion has been a primal part of people’s daily lives, within both national and international boundaries. Just like Surendra and Kindzu, the Indian shopkeeper and the young Mozambican man, the post-independence context has added new catalysts for mobility due to war, a lack of opportunities, or severe droughts. This has encouraged the displacement of Mozambicans between rural areas, from impoverished rural landscapes to urban cities (especially the capital Maputo), and to neighbouring South Africa or destinations further afield like the US and Europe (Gonçalves 2016, 79-91). Remembering Inocencia’s story as she awaits her partner’s return from the mines in South Africa, we are reminded that the movement of individuals (especially males) in search of opportunities is still a common practice to cope with socioeconomic instability in a nation built by travellers; and travellers still arrive to Mozambique. It is important to recognize the multidirectional nature of mobility, as the lusophone country has been a home to political activists from Zimbabwe, Timor-Leste, South Africa and others, all of whom have found shelter under FRELIMO’s rule. More recently, Mozambique has hosted a diversity of foreigners from every continent – Indians and Chinese, Portuguese and Brazilians, but also those from other African nations, especially Malawi, Zimbabwe, Tanzania and Cape Verde (Ibid. 93-95).

On the other side of the Atlantic, Cuba’s parallel history with Mozambique can also be related in terms of mobility. Founded by foreign settlers and enriched by African slaves, the island shares the Latin American and Caribbean tendency for movement, mainly to Spain and neighbouring countries like Mexico and the US. Nonetheless, the socialist shift on the island has been a deep disruptor, one that has impacted flows of human movement. The way that Castro applied Marxism-Leninism in Cuba, along with its geographical location, has placed the country in a more polarized position than Mozambique under FRELIMO’s rule. The imposition of US imperialist power on the rest of the American continent, and specifically on Cuba, has triggered mass mobilization towards the northern borders. The case of Cuba is a peculiar one, where two general incentives stimulate international mobility. On the one hand, the nature of the socialist system, in addition to the American blockade, creates a specific context where movement itself is limited. Due to both economic and bureaucratic reasons, Cubans have had to endure a somewhat static condition that virtually precludes its citizens from moving within national territory, and especially away from the island (Fresneda 2014, 114). As a consequence, thousands of Cubans have opted for illegal paths, challenging the strong governmental control. On the other hand, measures outside of the law have come up against US anti-communist policies. A major tactic to reject Castro’s rule by the US has been the acceptance of Cubans onto American territory, offering them not only the chance to enter, but to achieve legal citizenship with the help of the government. This option became an incentive for Cubans to embark on the dangerous journey across the sea and desert to achieve the “American dream”, even if it cost them their Cuban citizenship, and thus the right to re-enter their homeland (Urrutia 1997,50-52);

this led to a migration crisis in the 1990s. While these policies have changed in more recent years, the substantial Cuban diaspora and the routes of immigration traced are part of today's mobility patterns in Cuba.

Following the dimensions of human movement present in both countries, the contemporary transatlantic route that this thesis follows is concerned with the structured form of international mobility, where actual legal borders are traversed in order to change residence to a new country and continent. Under the umbrella of medical cooperation within a socialist framework, Cuban professionals travel to other countries to work in predetermined locations for a certain period of time, meaning that some of them have inhabited several nations under highly controlled circumstances. In addition, the life stories collected during my fieldwork revealed other cases where Cubans did not return to their homeland, and cases of Mozambicans who have studied in Cuba in the medical field. This approach challenges the "simplistic" vision of migration as a unilateral disruption; rather, it is an articulated phenomenon built and shaped by humans in motion. It is in the voyage of those who crossed the oceans where these three types of mobility become meaningful points of articulation between the two countries, and their personal experiences of being on the move have built a chameleonic bridge. To further elaborate on this subject, I will illustrate these flows of mobility in the following section through life stories. Although a more detailed analysis on the meaning and content of these journeys will be presented in the next section and chapter, here I wish to emphasize the inextricable junction of macro discourses that encourage movement, as well as the indelible footprint of movement that is left on the trajectories of the interviewees.



Photo Alina Macías Rangel

It is ironic how this research is focused on people who move across continents, while at the same time it is rather complicated to move within Cuba and Mozambique. It costs the same to fly from Maputo to the North of Mozambique than to go from Havana to Miami. Three hundred euros is not an affordable price for most locals, who have to find creative ways to move within and outside borders. Although in Cuba locals have their own exclusive transport with lower tariffs, it is hard to save enough money to travel from one province to the other, or even to find effective transport within each city. For instance, an alternative to the overcrowded busses in Havana are the *bicitaxis*, which are taken by locals sporadically due to their high prices, but are mainly loved by tourists in Havana who want to have a "more local" experience by rejecting the classic Chevrolets.

Educational mobility: those who returned to stay



Photos Miriam Ocaziz Armaga

“I began to travel throughout America...First as a student, and later as a doctor, I came into close contact with poverty, hunger, and disease; with the inability to treat a child because of lack of money; with the stupefaction provoked by continual hunger and punishment, to the point that a father accepts the loss of a son as an unimportant accident, as occurs often in the downtrodden classes of our American homeland. And I began to realize at that time that there were things that were almost as important to me as becoming famous or making a significant contribution to medical science: I wanted to help those people.”

(Che Guevara *“On Revolutionary Medicine”* 1960 speech, qtd in Brouwer 2011, 22)

In 1951, Ernesto Guevara de la Sierra embarked on a road trip with Alberto Granados. From Buenos Aires, all the way up to northern Venezuela, the young Argentinean travelled on a Norton motorcycle across the diversity of South America. At that time, he was not yet *Che*, nor a revolutionary; but he was already a Latin American⁴⁴ and a medical student who encountered a painful injustice throughout the landscape in which he travelled, on a journey that revealed a side to him that would change the course of Latin America’s history (see Salles 2004). Ten years later, Guevara was one of the founders of a form of internationalism that emphasized the importance of moving people, not only resources and ideologies. Professionals, students, assistants and volunteers across fields like medicine, education and sports became the core of Cuban internationalism movement (Harris 2009, 26-29). From this prelude in the 1970s through to the 2000s, young Mozambicans arrived, along with a wide variety of international migrants, to receive primary, secondary and tertiary education. Approximately 35 to 40,000 students

⁴⁴ As mentioned in the last chapter, Latin American identity has a strong sense of individual and collective identity that was further developed by the socialist revolutions, not only in Cuba but all around the region as an essential element of resistance (see Campra 1987).

from 120 countries were part of this program; of these, around 30,000 were Africans, and 3,764 of those were Mozambican students who obtained a degree in Cuba, as part of this agreement (Dorsch 2011, 295; Fiddian 2010, 137). In a nutshell, this was a form of educational exchange where students travelled at an early age to pursue secondary and tertiary education in Cuba, before returning to their home countries to reintegrate into the labour force. This was an ambitious part of the foreign agenda of the revolutionary government, following socialist internationalism among “Third World” countries in order to find alternative ways to help each other overcome their handicapped relations with the North (Dorsh 2011, 294). As a result of the governmental agreements between FRELIMO and the Cuban communist party, thousands of Mozambicans were selected during their youth to live on the island in order to become high level professionals. During their formative years, both governments would regulate and control their academic/professional progress, and to a certain degree their personal⁴⁵ development. This means they would attend primary and secondary boarding schools located on the *Isla de la Juventud*⁴⁶ (Isle of Youth), taught by Mozambican and Cuban professors in order to retain ties with their homeland while at the same time becoming involved in the Cuban world (fieldwork notes; Dorsh 2011, 298). Later on, they had to pass tests to be able to enter higher education. This was also controlled by both governments, who agreed on the careers the foreign students could choose, in accordance with the needs of the partner country, and even where they would work on their return to Mozambique to re-integrate.

These educational journeys were a kind of “discovery” during my fieldwork, as there is not a great deal of literature on the subject (see Dorsch 2011, and Fiddian 2010 for some examples), and they remain a poorly studied phenomenon. As I mentioned during the methodology chapter, I found this group through one of my Cuban interviewees, who advised me to talk to her husband Dr. Machava, who had studied in Havana. Following this, I highlighted what I call “a branch of background mobility⁴⁷” as a fundamental part of movement within the umbrella of medical cooperation, a part that has had a profound impact on the lives of those who crossed the Atlantic. The men and women who participated in this kind of student exchange are not really perceived as tourists, nor as immigrants, but rather they identify with a different cultural space. In their analysis on the mobility of students, they stress how even relatively small movements have a profound effect on youngsters (ibid.). While this research was focused on more recent student exchanges in terms of globalization, the case of Mozambicans who studied in Cuba permits an alternative approach to a mobility that led to intercontinental networks, while simultaneously affecting the identities of its alumni (Dolby and Rizvi 2008, qtd. in Brooks and Waters 2011, 8-9).

Thinking on my first encounter with this form of mobility, I recall Dr. Machava’s personal narration:

“I had such a wonderful time there” he told me, with a wide smile.

He was in Cuba for nineteen years, from 1977 to 1996, where he studied secondary and tertiary school, followed by university, before specializing in ophthalmology. In his flawless Spanish, decorated by his Cuban accent and slang, he remembered that period of his life.

⁴⁵ Their lifestyle in Cuba was highly dependent on governmental scholarships and permits, which restricted their movement within Cuba and their return to Mozambique. Thus, their personal decisions and interactions were somehow conditioned by the structure that economically and bureaucratically supported their ventures abroad.

⁴⁶ The *Isla de la Juventud* (Isle of Youth), previously known as *Isla de los Pinos*, is an island located in the Southeast of Cuba that hosted 61 boarding schools for international students during the student exchange agreements, before Cuba entered a deep economic crisis in 1994. By 2000, about “35,000 students from thirty-seven Third World countries had been schooled on la Isla” (Dorsh 2011, 295). Nowadays, it is a route for immigrants who want to arrive to Mexico by boat (see Miroff, 2015).

⁴⁷ Here, I refer to Mozambican students in Cuba as a background to mobility because it is not my main focus to explore the educational movements between both countries. This is a topic of its own that requires further analysis of solidarity and personal encounters. Moreover, as this form of mobility has ended, it works as a contextual notion to my analysis on the current migration of Cuban medical staff to Mozambique.

“Those were the years of my youth. There I met my wife, and thanks to that I have this job.”

Nowadays, he is the director of the ophthalmology section in the Central Hospital, which meant that he was too busy to give me a long interview. However, the words of this charismatic person highlighted how studying abroad remains a link between both countries. Dr. Machava stressed that there are a remarkable number of Mozambican professionals that still vividly recall this experience⁴⁸. He soon put me in contact with Raquel (pers. comm.), his colleague, who agreed to narrate her memories to me:

“I arrived there when I was 12, to do the last year of elementary school on the Isla. I’m from Inhambane (see appendix 2), so they sent me first to Maputo, and from there to Cuba. The government looked for the best students. They would go class by class, selecting those who could study abroad. Actually most of those were males... I was there for 13 years; I grew up there. First I was on the Isla, and then in Havana.”

She told me in her flexible *Portunho*⁴⁹, while we took tea in her consulting room where she works as a dentist at the Central Hospital of Maputo:

“It was a new experience, from Africa, from rural Inhambane, to Cuba. We were without our parents... free. In the beginning it was hard, I cried the first few months, but after that we got used to it. And we all came from different provinces (in Mozambique), but we had Mozambican professors, so they worked hard to make us feel like we were a united country.⁵⁰ This was during primary school. And there were others, from Angola, Namibia... one school per country. I remember in the 11th grade we had class with Ghanaians and Sudanese, and we all spoke Spanish, because we learned in the first year.”

It was a quiet evening, after the patients had just left the building, and my attention was captivated by her enthusiasm.

“Did you know anything about Cuba before you arrived there?”

I asked her, thinking about how young she was when she left, and for the many years she was away.

“Did you want to go?”

“I didn’t know anything about Cuba, but because my dad had died of cancer when I was little... When he was at the hospital during the last years... he had so many children. But he chose me. He told me ‘my girl, I want you to work in something related to health.’ I guess he always wanted a boy to become a doctor” she continued, with a smile. “He thought I could be one of the assistants, like those ladies who clean and help around. Then, he said if I could go abroad I should, but I should graduate as a doctor, a nurse or something related... so I took the chance.”

⁴⁸ Just in Dr. Machava’s department there were three other alumni, two of whom I interviewed, who shared the same working space with a Cuban maxillofacial surgeon, who I met when I had problems with my wisdom teeth, but unfortunately refused to give me an interview.

⁴⁹ Mixture of Spanish and Portuguese

⁵⁰ As Dorsch (2011) notes, this socialist structure of education and lifestyle reinforced national unification by constraining buildings per country and making national embassies the principal point of contact for help, at the same time as Cuban national pride was infused with the nationalism of foreign groups as a tactic of coping with new circumstances at a young age and in a different country (Ibid., 300).

She arrived there in the 1983, when the USSR supported Castro's ambitious internationalist policies. Those years of formation were a fundamental part of their integration into the Cuban system and culture, reinforced by a rigorous daily routine.

"I use to go to the fields in the mornings, before school, to cultivate coffee or grapefruit. It was a way to give something back. Because we didn't pay for anything.⁵¹"

She said when I asked her to describe her experience on the Isle of Youth.

"Wasn't that hard?"

"Not hard, but it was kind of a military life, well thought out and regulated. If we wanted to go out, to party Friday night or so, we had to write a letter to the director... everything was so regulated. After the fields, we showered, then the classes and we had to study in the evenings. There was such a silence during the study time! Ah, I still remember. We were there to study. You didn't have any excuse, people help each other, especially from your own country; and if nobody knew, then we would call the teacher. But it was our duty to study."

Despite the military-like discipline, Raquel continued spoke with joyful cadence, common of the storytelling moments when elderly people speak of their youth.

"But we didn't just study. During the holidays we travelled to other provinces in Cuba, we went in guaguas to almost all the provinces of Cuba. And I met so many people, from different countries. At the weekend I could go to visit my Cuban friends, but also from Burundi... before there were phones."

She laughed before continuing.

"Then, at the university it was different, there we had to create a group of study, to help each other even more, and not only from your own country but from everywhere: Congo, Colombia... We were preparing for the exams by studying in groups, and Cubans are so social, they like to give... although sometimes they weren't nice, sometimes they could be racist, but they were the least so... I really don't regret having gone there, Cubans are very kind, very welcoming."

Reflecting on her optimism about the Cuban educational exchange, I asked her how it was to return, after having spent more time abroad than at home.

"It was a bit hard. I arrived to work in a hospital in Niassa (see appendix 2). The Ministry of Health sent me there; it is a really poor province where people were not clean, and I thought: I have to work here! The other two nurses who came back from Cuba early told me: Raquel, you must accept this, this is your new reality. And I had to deal with abscesses!"

She continued with her story, gesticulating vividly to make sure I understood how hard it was to work in the North.

⁵¹ According to the alumni and the records (Ministerio de Educación Cubano qtd. in Fiddian 2010, 140), the Cuban state covered the students' housing and maintenance, such as clothing, food, healthcare and travel expenses.

“But I really think it’s worth studying odontology, even if I went three months without eating well due to the smell. I showered so much, I really suffered... Cuba was so orderly in comparison. Everything was organized so you didn’t encounter that kind of smell. But now I’m here in the South, with a more stable life, and I like it...”

Raquel’s story demonstrates that educational migration was not only a significant international dynamic, but that it also represents a valuable part of her memories; thanks to her time abroad, her character changed in the process of obtaining a professional degree that has helped her to reach a profitable career. While she did point out that it was not an easy process, nor a perfect destination, her words gave new confidence to the process of meaningful migration, which refocused Cuban-Mozambican interactions away from the painful weight of the transatlantic slavery route. She even made a mockery of this historical image when describing her return home (Dorsch 2011, 291, 296).

“They thought we were going there to cut sugar cane, they thought my older sister sold me, as a slave to work in the sugar cane field.”

She laughs.

“When I returned she brought me to my family to show them that I went to study. Ah, what ignorance! But I can imagine, I wouldn’t allow my kids to go away when they are 12 years old... so young.”

Our pleasant conversation reflected similar patterns in the life stories of other Mozambicans who had spent time in Cuba. Their stories shared the path of this controlled form of mobility, which framed their experience from departure through to their return to Mozambique. This system secured the formation of highly skilled labour where it was most needed in Mozambique, as was the case with Raquel, to the benefit of a nation weakened by civil war. Nonetheless, despite the clear guidelines of this socialist exchange, the story of Raquel, Dr. Machava and all those involved, casts a unique light on this migratory experience. In their words, we notice the multiple layers that this movement entailed then, and now. It was not just a strict boarding program – they physically moved to a new country, on the other side of the ocean, learned a new language, encountered other cultures (aside from Cubans), all the while building professional skills and personalities that grew full with youthful memories. In doing so, they had to face new challenges that pushed them to forge autonomy, while balancing their own background with a nationalistic environment that was not free from racism or prejudice. They then had to adapt to post-war Mozambique in transition to capitalism, and thus a system where Western education was preferred (Dorsch 2011, 306). The alumni I talked to now occupy high-ranking jobs that ensure them a “stable life”, as Raquel puts it, achieved partly due to their foreign education and the skills learned in Cuba (especially those in the medical sciences), as well as the Cuban approach to these fields.

As the interview came to an end, I asked Raquel if she was glad to have been part of this educational mobility, to which she answered emotively:

“Being there helped me to understand. I’m different from those who stayed. Those who studied here aren’t patient, they do not have a minute to talk, they aren’t empathic... But I understand that I need to leave my problems somewhere else and smile at them (the patients), to just be nice. Because sometimes it isn’t the pain that brought them here; maybe there are other problems,

perhaps social or psychological. So if I talk to them they trust me and they feel more comfortable. I learned this over there, here the patients are afraid of the doctors. They do not properly explain the medication, about their diseases... what they have, what they need to take and in which amount. Here they are afraid... doctors can be very arrogant. It really changed my life, taught me to be more tolerant. That with little we can be in peace, we don't need to fight with life."

Despite the generally positive feel of Raquel's story, this form of mobility is over. There are still some shorter forms of academic exchange, though mainly focused on tertiary education, and with fewer vacancies. Since the fall of the soviet bloc, the economic crisis in Cuba has had a direct impact on the aforementioned forms of mobility. Although the Isle of Youth is now in ruins, and the years of socialist internationalism are no longer focused on young internationals, the legacy of this educational exchange is still found in the number of healthcare professionals educated in the Caribbean that interact with local staff, often trained by Cuban professors (fieldwork notes), as well as with the Cubans that currently work in the private and public sector of medicine. This last group has shown a strong connection with the "cubanitos" (Dorsh 2011, 303), a term referring to those who studied on the island that are capable of coping with their working style and able to create a cultural boundary based on nostalgia.

Photo Miriam Ocádiz Arraga



This is Arleti, together with her husband, in front of the paediatric section of the Central Hospital of Maputo.

Labour mobility: those who left to return

The primary form of mobility within Cuban medical cooperation has been the shipping of national medical staff to fulfil temporary aid worldwide. After a brigade of 58 doctors travelled to Algeria in 1963, Cuban participation in Africa's healthcare has been mainly through the exchange of personnel (Kirk and Erisman 2009, 6). This mobility is a restricted flow, whereby the Cuban government agrees to send a certain number of physicians, nurses, assistants and techniques to cover the needs of the partner country, be it Mozambique or elsewhere (Dahrendorf 2015, 8). In this sense, Cuban medical staff can be included within the UN's definition of an international migrant worker as "a person who is to be engaged, is engaged or has been engaged in remunerated activity in a State of which he or she is not a national" (qtd. in Bach 2003, 2). While there is an increasing mobilization of medical staff worldwide (ibid.), Cubans are more likely to be sent abroad for crisis situations, professional exchange or for 2 to 3 years contracts, with the opportunity of extending their stay for a couple of years by request, to work in predetermined hospitals and locations. They arrive with a diplomatic passport, entitling them to full

support from the Cuban embassy within a predetermined destination, working schedule and regulated progress. Their objective is to collaborate on public medical healthcare, adapting to local professional regulations under a code of non-intervention; a common framework in the health industry (ibid., 3). Under these conditions, Cuban women and men have been to various countries to fulfil international contracts, from the coast of Timor-Least to the jungles of Venezuela and the crowded streets of Rome, professionals collaborating in a remarkable number of countries (Kirk and Erisman 2009, 1-15; Anderson 2010, 55). Most of my interviewees are physicians with experience in other countries besides Mozambique, particularly Angola and Venezuela, but also other African countries like Mali, Nigeria or Equatorial Guinea.

With such a large number of participants in this type of mobility, it is not difficult to find people with a variety of experiences, even in the most remote places. For instance, during my visit to Caridad (the lady I described in the introduction) I met Ricardo, whose father (persn. comm.) of the same name worked abroad for several years and had now returned, living on the outskirts of Pinar del Rio. After scheduling a meeting, Ricardo junior brought me on his bike, a cheap and fast mode of transport in rural Cuba, through the fields as the night fell, to find an elderly men sitting outside a renovated colonial house. After a classic Cuban welcome (consisting of an espresso, or *cafesito*, and some snacks) he asked me about my research, and said without hesitation:

“I was in the war for two years... In Angola.”

Dr. Ricardo was a military doctor with a brigade in the Southern border with Namibia. During this period, he lived in a bunker, and travelled together with the Cuban and MPLA troops against UNITA.

“I couldn’t travel then, the war had devastated the country and there were mines in the fields... I came back six years ago (2010) and there were still some mortars, those that make a huge boom! But still, this last time I travelled around...”

He told me this as the night found us, sitting with his wife and son; we were all looking at him, like the spectators of an adventure radio show. He continued his story, moving on to the next chapter, after his return to Angola. Dr. Ricardo completed another two missions, in Guatemala and in Venezuela, the main ally of Cuba in Latin America.

“Venezuela was the hardest for sure!⁵² The situation there is so harsh, and people identify you. I was in an anti-Cuban hospital. There is a huge conflict between Cuban doctors and Venezuelans.” he told me, alarmed by my poor knowledge on the issue. “Let me tell you, Friday nights are the worse. There is so much violence all the time, but on Fridays people are shot, there are accidents, and usually people die... it’s the worst day to work, and the Cubans always had to cover the night shifts. They would even hide the instruments or the beds... just to get to us, even if the patient was a local, just because we were Cubans.”

His family nodded, highlighting the delicate condition of a country that has been so controversial in the political arena. Interested in the difficult – not to mention dangerous – nature of his stories, I went on, asking him why he had decided to go on a fourth mission, this time to Angola.

⁵² Since Hugo Chavez achieved the presidency of Venezuela in 1999, Cuba has been a strong supporter of the socialist shift of the country. As a consequence, SSC between both governments has increased rapidly, with oil revenues coming to Cuba while physicians travelled to several regions in Venezuela (Romero 2010, 107-113). Nonetheless, the economic crisis, attached to severe political instability, has propitiated a critical situation in Venezuela. (For more on the matter see Levine 2015.)

“It wasn’t my choice” he objected. “I wanted to go to Barbados, not back to Angola. I had already been there, during the war, then Guatemala and Venezuela. All I wanted was a peaceful mission, on a small island, with a nice beach and touristic places... but then an emergency call arrived, looking for somebody with the documents ready, and preferably with experience in Angola. So I ended up there again... but now I’m done, I don’t want to leave ever again. I got what I wanted⁵³, now I’m fine here.”

Most participants in Cuban medical cooperation have a similar path to Dr. Ricardo, though not all sound so adventurous. The governmental project was designed to be a form of temporary residence, and any longer duration without the proper bureaucratic permission was viewed as an act of treason and punished with exile (fieldwork notes). This form of mobility challenges static perceptions of movement, as it is not entirely clear whether this is a form of temporary migration or a hybrid flow. Bell and Ward (2000, 88-89) describe temporary migration, in relation to permanent migration, “as any form of territorial movement which does not represent a permanent, or lasting, change of usual residence.” This was the case for the Cubans who came to medical cooperation based on contracts. Arleti (pers. comm.), a Cuban microbiologist in the Central Hospital, expressed this clearly:

“I’m not here to take the place of anybody. In Cuba I have a space, which is my place. I’m just here for a while to develop a specific project... to collaborate, but that’s it.”

I met her three months after she arrived in Mozambique to begin a three years contract, together with her husband, who works as an administrative staffer at the Ministry of Health. This is not her first mission. Ten years ago, she worked in Namibia for three years, after which she went back to Cuba to take care of her children. Now that they have grown up, she was eager to complete another project in Africa. Nevertheless, she is conscious that this is not a permanent change. This may be different to other, better recognised forms of temporary migration, such as seasonal workers or tourists, who travel for shorter periods and rarely have a stable location abroad (Bell and Ward 2000, 91). In comparison, those involved in medical cooperation share elements with this shorter form of migration, as they visualize a return home and may have great variety in their destinations, often without complete certainty. At the same time, this is a mobility that may take years, often more than the time stipulated in their contracts, and offers the opportunity to become a permanent migrant in the long run.

In any case, being part of the Cuban medical cooperation involves a high degree of mobility, firstly within Cuba, shifting professionals from the provinces to the main cities, before flying to other countries around the world. This experience is in sharp contrast to the static circumstances of most of their fellow Cubans; those who work abroad have reinforced the vast Cuban foreign network of movement across a wide variety of landscapes. Although they must face professional and personal challenges in a highly regulated environment (I will describe in detail this process of adaptation in the following chapter), this kind of internationalism offers the opportunity to travel abroad and further develop professional skills. Such goals may not always be easy, and are different to the conditions of other international medical staff⁵⁴. Nevertheless, it represents a popular option for Cubans to get better job opportunities, while encouraging them to cross borders in the name of humanitarian internationalism.

⁵³ Dr. Ricardo means the goods and revenues he needs to have a more comfortable life for himself and his family. This will be further developed in the next section and the next two chapters.

⁵⁴ In comparison with Cuban medical aid, Pfeiffer (2003, 731) describes the so-called “aid cowboys” as those employers who would temporarily work abroad in different foreign aid projects worldwide. These highly educated migrants, mainly from Western countries, arrived to Mozambique with higher salaries and specific living conditions that contrasted with the local lifestyles. This discrepancy will be further analysed in the next chapter.

Long term mobility: those who leave for a fresh start

Prior to my fieldwork, the literature on Cuban medical cooperation (see Kirk and Erisman 2009; Miramón and Martínez 2010) described the mobility of personnel within the internationalist project, and to a certain extent the educational exchange, within a historical context of contemporary Cuban aid. Nevertheless, the first encounter I had with Cuban personnel in Maputo was with Dr. Antonio, a cardiologist who had taken Mozambican citizenship and was now well established in the capital. As my first point of contact, he made a clear distinction in the migration experience of Cubans: those who are part of the governmental missions, and those who are not. This last group is composed of professionals who live in Mozambique outside the control of the Cuban government, and have built a life as permanent migrants in the country. Dr. Carlos is one of those who has adopted Mozambican nationality, and works at the private hospital of Maputo, as the general director. He is now 52, and is well established. I met him through my Brazilian teacher of Portuguese, who described him as a wise doctor, and a good friend “with a Mozambican heart.” He was my third interviewee, and the first one I talked to living within the neat private infrastructure located in the fancy neighborhoods near the coast, distant from my student residence. After walking for an hour, on one of those days when summer is really beginning in the southern hemisphere, I arrived to his consulting room to find him calm and more than eager to tell me his story during his lunch break.



Photo: Miramón Ocaidiz Arriaga

This is Dr. Lourenzo, a neurologist at the Central Hospital and one of the Cubans who have achieved an individual contract.

“I left, and I came back because I fell in love with a young lady. I was 29 years old at that time. It was in the 1990s, ‘95 or ‘97. We met when I was working here and I decided to come back.”

“Was it easy? To move back to Mozambique?”

I asked him, curious to hear for the first time the word love as a motive to move.

In line with Cuban ideology, physicians must follow a bureaucratic process to leave the Cuban healthcare system. They can then start to process the required documents to work overseas, as they have the flexibility of expats from non-socialist countries. Once established away from their homeland, there is the option to adopt a different nationality, though these procedures do not conceal

their Cuban citizenship (fieldwork notes).⁵⁵ In a way, this long term alternative is a remarkably strong draw to the internationalist missions regulated by government, and has become a popular path for several men and women.

“It wasn’t easy at that time. It was the 1990s and at that time there were not many doctors who migrated outside Cuba. But I couldn’t just leave, it was a process that took around six months. I hear now it is even harder. In my time we had to ask for something call “liberation”, Cuba had to release you to go out; they gave a “permit to live abroad”. In my country there are many migration categories... nobody really understands it” he told me, laughing. “And one of those is a document to live abroad. You are still a Cuban, and you can go back to visit your family, for holidays... but if you want to go back to live there, you need to do more paperwork to be repatriated.”

Comparing this derivative form of mobility to that mentioned above, the individuals now living in Mozambique without restrictive regulations can be seen as permanent migrants, with a stable residence in a foreign country, often with the adoption of a second nationality, and without the obligation or will to move to different destinations, nor return to their homeland (Bell and Waard 2000, 90).

“And life here in Mozambique... has it been easy? Is it worth it?”

“Now it’s easier because I have citizenship. And being a doctor has helped a lot! When I arrived in the 1990s, there were about six surgeons in the country, including foreigners. Now it has changed, there are more Mozambican professionals, and there are more Cubans who also stayed here. But I found a good job in no time! Cuban doctors have a good reputation, you know. Still, life here isn’t easy, everything is expensive. You cannot arrive here thinking you can live from nothing, one must put ‘the feet on the ground’ and work hard every single day. You cannot be crying, complaining about what you don’t have, what you left in Cuba... no. If you decide to leave Cuba, you need to leave that behind and accept your reality here.”

While all medical staff that wish to leave Cuba legally must join the government system of international cooperation, their time abroad can be an important step towards longer or even permanent residences with private contracts. Internationalist missions, although created for temporary contracts, encourage the exposure to other contexts, acknowledging other lifestyles, as well as introducing Cubans to an international network that facilitates consolidating a life abroad (Vertovec 2002, 2-3). Cuban professionals, whether they go for longer or shorter periods, are part of a highly skilled group, which like any other group in motion is motivated by their individual circumstances and choices.

“And what is the main purpose to all this? To go abroad...”

“The main motive is economic” he told me, without pause. “The experience I have had is that other colleagues who have been here have other expectations. Like one of my friends who was in Spain before, when he arrived here he just couldn’t adapt, he couldn’t integrate. He left Cuba with an illusion, thinking that once outside everything would be solved, and that’s not how things work. Once you move outside, you have nothing, you must start from zero by your own means, there is no government supporting you, no structure.”

⁵⁵ Although they do lose some of their healthcare and schooling benefits, which are available only for national residents.

“But you decided to stay here...” I asked him, doing my best to understand the forces that make these men pass through such difficulties.

“Each country has its own legislations, so when you arrive to a new place you have to follow their rules, you may be able to work illegally, or end up exploited... there is a risk of being humiliated; and still there are some who rather go through all this, due to the economic benefits of working outside the Cuban system. When I was here (in Mozambique) the first time, I had the chance to simply stay, my girlfriend wanted that... but if you stay illegally you cannot return to Cuba for eight years. And I thought: no way, eight years! Without my father and my mother! All the money in Mozambique was not worth such a punishment. So I decided to go back and do all the legal procedures. And I would do the same if I had to do it again.”

In the story of Dr. Carlos, one can glimpse how mobility is a fundamental part of the socio-cultural life of Mozambicans and Cubans, those who move, those who stay on the other side of the ocean, and those who welcome them. Within this human network, migrants are “transborder citizens, often simultaneously incorporated in various societies, moving between moral fields as well as spheres of exchange” (Glick-Schiller qtd. in Grätz 2010, 2). Dr. Carlos, Arileti and her husband, nurse Olga, Dr. Ricardo, Raquel, Dr. Machava... each of the people I interviewed narrated fragmented stories, scattered through memories of two coasts, and interwoven with nostalgic reunions, loneliness, curiosity. In their movement across continents, their lives have been built through a fluid self-awareness, where political discourses of socialism have not just been absorbed, but also reshaped within each personal story for the sake of a better life for themselves and their loved ones.

Solidarity

Photo Miriam Ocaiz Arriaga



I took this photo in the Cuban consulate in Maputo. On the left, the first photo shows the brothers Fidel and Raúl Castro; on the right, Fidel and Samora are sitting together in their first encounter.

What is behind the constant motion of Cubans and Mozambicans? What is the foundation of such a concise and regulated form of cooperation? Do they move just for money, as Carlos said, or because of emotional sensations, like the love that he described for his Mozambican wife? In the search for understanding, I noticed that while the different variants of mobility mentioned have their own processes, all of which occur within governmental measures. At the root of this phenomenon was the first medical cooperation project in socialist Cuba was actually an emotive

and appealing inauguration. On the 17th October, 1962, when Fidel Castro made a request for 50 Cuban volunteers to support a medical mission to Algeria. He spoke at the opening of the Institute of Science, the most recent achievement of the intellectual faction of the revolution at that time, in his characteristically impassioned tone:

“...talking to the students, we have need of fifty volunteer doctors to go to Algeria, to go to Algeria to help the Algerians. And we are sure that those volunteers will not be lacking. Only fifty! We are sure there will be more who sign up, as an expression of the spirit of solidarity of our people towards other people who are friends of ours, who are in a worse condition... Of course we can send fifty, in eight or ten years who knows, we can help our brothers, because each year that passes we will have more doctors, and as each year passes we will have more students graduating from Medical School; because the Revolution has the right to plant seeds and it has the right to harvest the fruits that are planted...” (my own translation) (Castro Ruz F. quoted in Marimón and Martínez 2010, 258)⁵⁶

Seven month later, 55 physicians embarked to Algeria to initiate a form of medical internationalism that, as prophesied by Castro, spread throughout Angola, South Africa, Ethiopia and elsewhere in Africa. A careful analysis of this invitation to join a venture in a faraway (although “friendly”) land reveals an emotional connotation, appealing for a unification of the Cuban people to help others inspired by a force that is not grounded in logic, but is spiritual in nature. Solidarity is constantly mentioned within analyses of SSC, and particularly with reference to Cuban medical aid. The latest official documents continue to place solidarity at the core of each medical campaign that Cuba supplies to the continent (see Dahrendorf 2015). However, there is little research on how the written Cuban policy papers or the passionate words of Castro and Guevara were digested by actual physicians, nurses, technicians and their relatives.

By connecting macro discourses of cooperation to micro realities within the daily lives of Cubans and Mozambicans, notions of solidarity demand a high degree of comprehension in order to visualize the conceptual as well as emotional layers of the term. Aside from the relatively concrete concept, solidarity has been broadly described by Kurt Bayertz (1999) as an ancient word originating from Roman law that referred to an obligatory payment. Later on, the word evolved in relation to a sense of morality linked to emotional characteristics. Especially after the French Revolution, solidarity became a concept associated with fraternity. Despite Durkheim and Comte making use of solidarity as a sociological concept, its common use is often related to ideas of “social cooperation” or even “love for humankind”. Bayertz highlights the close connection between solidarity and a notion of universal morality, whereby all human beings are connected, either by biological ties such as blood or sexuality (as in Ancient kinship organizations), or by religious connotations (as in Christianity, where all men are brothers as they are sons of God). Furthermore, Bayertz’s article challenges the unrealistic simplification of solidarity and fraternity as an innate feeling of humankind. He stresses the rise of solidarity in terms of conflict, as well as the complex nature of humanity, pointing to the diverse uses and contexts of the term. His conclusion describes solidarity in relation to communities, from nation and social class to sports

⁵⁶ “...conversando hoy con los estudiantes, les planteamos que hacen falta 50 médicos voluntarios para ir a Argelia, para ir a Argelia a ayudar a los argelinos. Y estamos seguros de que esos voluntarios no faltarán. ¡Cincuenta nada más! Estamos seguros que se van a ofrecer más, como expresión del espíritu de solidaridad de nuestro pueblo con un pueblo amigo que está, peor que nosotros...Claro hoy podemos mandar 50, dentro de 8 o 10 años no se sabe cuántos, y a nuestros pueblos hermanos podremos darle ayuda; porque cada año que pase tendremos más médicos, y cada año que pase más estudiantes ingresarán en la Escuela de Medicina; porque la Revolución tiene derecho a recoger lo que siembra y recoger los frutos que ha sembrado...”

clubs, where solidarity plays a cohesive force, often through feelings of duty and a sense of moral action (Ibid.).

In this aspect of cohesion, Sally Scholz (2015) agrees with Bayertz on her philosophical approach to solidarity. However, she adds other perspectives to describe different accounts: “Social Solidarity of Humanity”, “Civic Solidarity” and “Political Solidarity”. Social solidarity, in the words of Scholtz, can be understood in two forms: “an assertion, [which] describes the cohesive force among and between humans; as an aspiration, it delineates a goal of universal connection that requires moral response to the needs of others” (ibid., 728). Further on, she adds the notion of social solidarity of all humanity, which appeals to a more general feeling of community despite individual differences. This type of solidarity is based on the idea of dignity towards each human being and a claim for universal rights, such as those included in the UN Universal Declaration of Human Rights. Moreover, Scholtz notes a scepticism towards a “human essence” of universal equality. She quotes Richard Rorty (qtd. in ibid. 730) on human differences and the need to meet similarities, in order to play with the notion of ‘us’ and ‘the other’ to facilitate solidarity. She also doubts that social solidarity in humanity as a whole is linked to empathy as a capacity to recognize similarities. This account is at the same time based on civil solidarity, which was first described by Rousseau in *The Social Contract*, where equality is translated into individual dependence on society as a whole. According to Scholtz (ibid., 731), this can be observed in the contemporary welfare state, where entire societies, on a national or international level, protect vulnerable sectors in order to allow their fulfilment in civic life. A third account of solidarity is what is known as political solidarity, where a moral sense unites people or groups, even those from different backgrounds, towards social change, often with the goal of overcoming injustice or oppression, although this approach to solidarity is contested by the distinction between shared actions and shared ends or goals. While there are different forms of civil or social solidarity, political versions tend to be framed in relation to struggle and opposition, raising issues such as the use of violence as an embodiment of solidarity (Ibid. 732).

Unfolding this philosophical analysis of solidarity, the first case of Cuban medical cooperation, Mozambique, can be directly related to this last political perspective, that which unites diverse groups. As mentioned in previous chapters, the first autonomous interrelation between Cuba and Mozambique was sparked by the Marxist-Leninist similarities that joined both nations within the context of the Cold War. It is through this ideology that solidarity can be traced in the utopian discourses, mixed with political and economic ideologies centered around the proletariat. The focus on this sector of society would foster a sense of the “Chosen People” in order to achieve international revolutions, together with the political party, to bring about global human emancipation, and thus liberate the world. (Waterman 1993, 259). In the search to construct women and men who could perform such an odyssey, the Cuban revolutionary party and FRELIMO (as well as other socialist nations) aimed for the ‘*homem novo*’ or ‘*hombre nuevo*’ who was “free forever from ignorance, obscurantism, superstition [and] preconceptions [with a propensity towards being] conscious of the obligation of solidarity and cooperation” (Müller 2014, 3). Following the political discourses that not only founded but have also framed the structure of Cuban-Mozambican exchanges, the very concept of revolution was intrinsically attached to solidarity by Fidel Castro thirty-eight years after its foundation:

“Revolution is the sense of a historic moment; it is the changing of everything that must be changed; it is complete equality and freedom; it is being treated and treating others as humans beings; it is emancipating

ourselves, with our own efforts; it is challenging powerful forces within and outside the social and national realm; it is the deft values that we believe, at the cost of any sacrifice; it is modesty, disinterest, altruism, solidarity and heroism; it is fighting with audacity, intelligence and realism; it is to never lie, nor violate ethical principles; it is the profound conviction that there is a force in the world with the capability to break the strength of truth and ideas. Revolution is unity, is independence, is a fight for our dreams of justice for Cuba and the world, which is the base of our patriotism, our socialism and our internationalism.”⁵⁷

(Fidel Castro: *Qué Es Revolución*) (My own translation)

This kind of speech is in line with the Cold War initiative to “build a communal socialist fatherland to the best of everybody’s abilities grounded in shared values of solidarity and belonging” (Müller 2014, 3). Thus, such emotional and political articulations can also be found in the countries who adopted socialist trends at some point. This can be seen in the relationship between China, Tanzania and Zambia during the construction of the TAZARA railway. Jamie Monson (2009) has made an extensive study on how this construction was undertaken and what kind of dynamics were embodied through and after this massive project. One of her key points is the ideological influence of the Chinese revolutionary discourse, and the sense of solidarity found in the planning, performance and remembrance of the TAZARA. Similar to Cuban internationalism, Chinese participation in the infrastructure industry was developed within the context of the Cold War and the dichotomy of socialist and capitalist ideologies. Thus, Monson’s approach highlights the different layers of emotions and concepts attached to the hard physical and intellectual work of one of the largest infrastructures projects in the first years of post-colonial Africa. TAZARA was simultaneously a manifestation of rising Chinese power in terms of faster development, and an embodiment of the Chinese revolutionary frame of teaching by example and “the poor helping the poor” (Monson 2009, 3).

Monson’s analysis not only acknowledges the socialist ties among African nations (and others) who place themselves within the horizontal discourse of SSC, but also focuses on the lives of those who participate in the projects born of such ideologies. When visualizing the role of Cuba, it is remarkable how, despite the passing years and the changes that have occurred, this definition of the revolution as a manifestation of solidarity resembles the visceral words said by a younger Castro prior to the first medical brigade being shipped. It is within this apparently constant fervor where political discourses tend to locate the fundamental essence of the Cuban medical cooperation (Miramón and Martínez 2010, 256). Furthermore, these political discourses on socialist solidarity have been associated with the historical correlation between the Caribbean and Southern Africa, uniting FRELIMO’s political similarities with concepts such as diaspora and resistance (Dorsh 2011, 305). Focusing on the field of healthcare, where the ‘spirit’ of solidarity meets the physical bodies seeking treatment, I approached men and women from Cuba and Mozambique who move within and between the multiple emotional veins that circulate around political speeches and macro-discourses of International Relations.

⁵⁷ “Revolución es sentido del momento histórico; es cambiar todo lo que debe ser cambiado; es igualdad y libertad plenas; es ser tratado y tratar a los demás como seres humanos; es emanciparnos por nosotros mismos y con nuestros propios esfuerzos; es desafiar poderosas fuerzas dominantes dentro y fuera del ámbito social y nacional; es defender valores en los que se cree al precio de cualquier sacrificio; es modestia, desinterés, altruismo, solidaridad y heroísmo; es luchar con audacia, inteligencia y realismo; es no mentir jamás ni violar principios éticos; es convicción profunda de que no existe fuerza en el mundo capaz de aplastar la fuerza de la verdad y las ideas. Revolución es unidad, es independencia, es luchar por nuestros sueños de justicia para Cuba y para el mundo, que es la base de nuestro patriotismo, nuestro socialismo y nuestro internacionalismo.”

Embodiment



Photo: Alina Macías Rangel

Mural in Havana with the image of the Che and the iconic phrase "¡Hasta la Victoria siempre!", "to victory, always!".

In my approach to Cuban medical internationalism, I refer to the discourse of solidarity as a phenomenon that relates on an intimate, emotional level for Cubans and Mozambicans. Solidarity, beyond being constructed by socio-cultural processes, is experienced by individuals within their own personal context as a malleable entity. Thus, I refer to the word 'embodiment' as a useful term to illustrate how an intangible force can affect and be affected by tangible human actions and bodies. Thomas Csordas (1994) aptly highlights the metaphor of the human body and cultural activity. He refers to various examples of scholarship that use the term body to understand the world, from the body as a self and a symbol of nature (Nancy Scheper-Hughes and Margater Lock, 1987 quoted in Csordas 1994, 5) to a comparison with political structures, and even the cosmos (John O'Neill 1985 quoted Ibid.). For Csordas (Ibid.) the analogy of human embodiment can represent a fertile perspective for the growth of cultural dynamics.

This research directs the metaphor of embodiment as a physical, intimate notion towards the discourse of solidarity, and its appeal to human characteristics. A useful study where this connection has been established is an article by Natalie Havlin (2015) on the Third World Feminism movement in the US during the 1970s. Here, Chicana's feminist activists Elizabeth "Betita" Sutherland Martínez, Dolores Varela and Enriqueta Vasquez, inspired by the discourses of Che Guevara, travelled to various destinations to promote alternative creative writing. Their work not only reflected their understanding and acknowledgement of Guevara's words, it also claimed, at the same time as it invited, an embodiment of certain discourses. For instance,

through their poetry Martinez and Velazquez portrayed a visceral expression of Guevara's speech on love for humanity, but framed it according to their own specific life experiences⁵⁸. In other words, Chicano woman are an example of how discourses, such as solidarity, can literally be internalized on several levels of existence, to become part of their physical experiences and become the root of their intimate and creative expression. Havlin (ibid., 94) highlights this notion of embodiment with another Chicana writer, Cherríe Moraga (*This Bridge Called My Back: Writings by Radical Women of Color*, 1981), to explain that "a theory in the flesh means one where the physical realities of our lives—our skin color, the land or concrete where we grew up on, our sexual longings—all fuse to create a politic born of necessity." Although such examples differ from the topic of medical aid, I would like to point out this understanding of the embodiment of discourses and ideas in people's personal lives as a unique means of acknowledging the interaction between Cuban and Mozambicans.

Embodying solidarity

I arrived to my fieldwork searching for something ambiguous, perhaps invisible, but actually present on many levels of cognition. I landed in Mozambique, trying to entangle the human essence of international cooperation, and as is the case with human nature, I found a diversity of angles. Two of the initial interviews in Maputo were with the principal authorities of Cuban medical cooperation in Mozambique. They were performed at the Ministry of Health, taking up some of interviewee's time during office hours. I was glad to be able to talk to the representatives of a community; however, as with most first attempts, they were not the smoothest. At first, I did my best to focus on the concept of solidarity and made it the centre of the interviews, until I noticed that asking direct questions gave me direct answers. This was especially the case as I was questioning them inside the higher institution of health care of Mozambique, which influenced the tone and duration of our talks.

Moreover, it was easy to notice a pattern in the descriptions of Cuban internationalism and its values. Most Cuban interviewees used the same framework to sketch an answer that fit the aforementioned governmental discourse. Often, Cuban physicians would mention the historical processes of their nation, and how solidarity was inspired by foreigners during the independence. Nevertheless, the format of these answers seemed a memorized narrative rather than a personal analysis.

When I asked what solidarity meant for Dr. Alexis, the vice president of Cuban cooperation in Mozambique, he answered without hesitation:

"Just as the commander in chief, Fidel, says: fulfilling internationalism is to fulfil a debt of gratitude to the world. If you analyse the Cuban revolution throughout its different periods, there has been support from many countries. For example, Henry Reeve, a North American who fought for the liberation of Cuba. Narciso López, a Venezuelan who joined the Army, or Máximo Gómez, another general who fought for Cuba and had Dominican origins. More recently, Che Guevara, the

⁵⁸ "The poem quoted by Havlin (94) is the following:

To see and speak with these women of the third world was to see oneself.

There were blacks who looked like me,

There were Indians who looked like me,

There were Asians with traces of me.

All were pieces of struggles;

pieces of reality;

pieces of flesh

All were pieces of me

(1974, 333 qtd. In Havlin 2015)

Argentinean that gave everything for our revolution. He went from the Congo to Bolivia, and died for it. See, it is a historical process...”

Dr. Alexis, a friendly man in his late forties, completed medical missions in Venezuela and Mali, and is still working as an adviser for the Mozambican Ministry of Health, so it was not surprising that he knows the details of these Cuban missions by heart. Talking with him reminded me of Fidel Castro’s speech about the first medical mission to Algeria.

“For me solidarity is very important... right now, here at the Ministry, I do my best as an adviser to improve it, I do what is possible at the work area where I belong. And the same goes for my (Cuban) colleagues in every area of assistance at the hospital... everywhere. In other words, (solidarity) is a principle of action”.

The similarities between political speeches and my interviewee’s answer awakened a suspicious sense of how I would achieve coherence. My next interview with Dr. Marcela followed this pattern of describing solidarity as a core value in the medical mission. She mentioned internationalism and solidarity as the most important components of her personality as a professional working abroad, despite political changes in the international arena.

“So, actually medical cooperation has increased after the Cold War?”

I asked Dr. Marcela, trying to be as concise as possible.

“This kind of exchange has actually increased since the 70s, in that time there were no more than 100 doctors here... and now with the changes in the Cuban-US relations, that doesn’t change our ideals and principles.”

“And what are those [principals]?”

I inquired, hoping to hear the word solidarity.

“I mean helping out, solidarity, internationalism”

“And you personally feel those values? How come?”

“Look, I got those values ‘desde la cuna’⁵⁹, from my family. Then through our school system, which by the way is completely free. And when I started to know the world, to travel, those values became more and more rooted inside me.”

In her words, the notion of “helping others” has been part of her life, strengthened through her family dynamics and free education. Dr. Marcela was in Nigeria for one year, and spent three years in Venezuela as a physician; at the moment of the interview she was in her tenth month as the president of Cuban cooperation in Mozambique. Her movement across different landscapes highlights the aforementioned values in new contexts. Even when I questioned the low salaries

⁵⁹ An expression in Spanish that literally means “from the cradle” and can be translated as an emphasis on the origins of person; in this case, it refers not only to where she was born but also emphasizes an innate quality.

she received compared to physicians working for international NGOs, she sharply contradicted my doubts, expressing that “We came here under the premise of helping Mozambican people. We receive a wage, like everybody else, but our principal foundation is solidarity” (Ibid.). This was a parallel argument to the descriptions of Miramón and Martínez (2010, 254-256) on the history of Cuban medical aid⁶⁰ where solidarity is the principal motive of SSC.

“And those values that you mention, are part of the Cuban culture?”

“In a way, but they are part of the formation we have over there, that has helped us a lot when we go abroad, to know and see the world. That is very important for us, because each day it makes us love our country even more, at least that’s my case.”

“So, those values like solidarity, are present in the professional ethics as well as in the social life...”

“Yes of course, these kind of feelings cannot be separated. Once they are rooted in a person, it shapes your relationships and your personality under certain values, in your work and in your social life.”

“And here, in Mozambique, has this been the case? Has it guided you through the differences...”

“Let me explain to you, we respect their traditions. That’s also part of our formation: respect. So we respect their culture, their traditions; as long as they respect our principles, our culture. In this way we have had a good exchange, pretty convenient for both sides. Either with the population or with the authorities, it has been a good exchange, without any problems. “

A few days after these meetings, another doctor took me to a Dominican owned establishment where Cuban physicians, including Dr. Alexis and Dr. Marcela, used to meet after their work. It is a small business, a grocery store with a few tables on the terrace, located in the middle of a residential compound two streets away from the Central Hospital of Maputo and a few blocks from the student residence where I was staying. During one of my visits, Dr. Alexis, Dr. Marcela and two other Cubans were sitting inside the shop, talking with the owners about the funeral of a neighbour. Outside, the family of the deceased was chanting in Shangana; inside, the Cuban and the Dominicans expressed their disapproval for how the funeral was being conducted, as several men entered to purchase beer and wine. “*This is hypocrisy*”, Dr. Marcela said. It was a cold Saturday, and *doña* Christy, the owner, decided to close earlier “*before the crowd got drunk*”. As the conversation moved on to other topics, I remained thinking on how the statements presented during the interviews, about non-intervention and solidarity with the people of this “friendly and brother-like country” that the interviewees expressed contrasted with these gestures of judgment and sparse empathy.

Reflecting on this brief experience during the following months, I pursued a different way of approaching notions of solidarity by asking about the daily routines and perception of the interviews in order to elicit a more personal understanding. As a result, solidarity turned into a more dense entity,

⁶⁰ An article written by the Cuban Ministry of Health.

placed beyond any of the categorizations within my previous literature review. The Cubans who are part of the government medical cooperation, without being in administrative or management ranks, did recognize the notion of solidarity presented in political discourses and by authorities as an intrinsic element of Cuba's society. For example Dr. Henyer, depicted a more critical acknowledgement of political discourses and personal circumstances:

"In Cuba, the economic situation is really harsh, and you have to be Cuban to understand it. But there is something else, something that makes you forget all the bad stuff. In Cuba the issue is economic, and the chance to work abroad represents an opportunity to get some help. One must leave family and friends behind, it's a big sacrifice. Especially for us, those who work for the government, because we aren't allowed to bring our families. So it isn't easy, but it's a way to improve."

"And in this decision the values are an important part..." I asked, thinking on how this answer compared with the clear cut speech given by his bosses.

"Yeah... well, look; the medical cooperation has its political part and its humanitarian part. On the political side you have a chance to highlight your values, your ethics... but in the humanitarian part... let me give you an example. I know Cubans who have been in Bolivia to help, really to help, the Cuban government pays for everything. This is something politically right, and you can say that it is very altruistic. But I can tell you, for me it is both things; there is the economic part, which is fundamental, but isn't everything. I wouldn't have come here if I didn't enjoy what I do. For me, this is like being back in school, I have learned a lot, and I feel more prepared to do my job than before."

The adaptation of solidarity to personal character and circumstances, plays with this notion across time and space. For instance, Doctor Jesús, the popular gynaecologist at the Military Hospital that treated Inocencia, told me about this characteristic of Cubans⁶¹ without pretences:

"In Cuba there is a need for solidarity, because at a time when you need something, food, electricity... at a time when there was no money, people could only help in exchange... I remember once in Angola an administrative staff, Ignacio was his name, he wanted to characterize us: 'you are kind of weird. You are a doctor, and that one (other Cuban) your colleague is a simple worker, but if he comes here with a note asking for something, and you as a doctor, you would break any rule to help your friend.' In Cuba, before, if you were a doctor, a lawyer, a carpenter... whatever, no matter your range or degree, we had to help each other to survive. Then, solidarity becomes a need."

Nevertheless, this recognition of values and principles to help one's neighbour was constantly clashing with a clear emphasis on economic opportunities. This was strongly emphasised by the Cubans who are out of the system, as they do not depend on the governmental structure any longer. Taking into consideration my past observations with the leaders of the Cuban cooperation project, those who are under an individual contract gave a different perspective. Revisiting Dr. Carlos, who is the only Cuban among my interviewees who has lived for a longer time in Mozambique (more than twenty years) than Cuba, told me clearly that:

⁶¹ The tendency to talk of "*el cubano*" as a means of encompassing the identity of the entire society was a prominent characteristic that I noticed when trying to uncover the emotional tissues of the medical cooperation. Cubans abroad and in their homeland constantly referred to a crystallized image of what a Cuban is, should be and will be; often resembling the *hombre nuevo* described by socialist ideologies.

“The main reason (to move to Mozambique) is economic. I have no doubt that this is the main reason for Cubans to go abroad. It doesn’t matter if they work with the government or if they have individual contracts, the main goal is to have better salaries, a better lifestyle”.

Through these stories, where every individual narrated solidarity on common ground, to then break it into flexible pieces that could fit their agendas, the emotional appeal of medical cooperation becomes a mobile essence in itself, constantly leaving an ambiguous aura.

For their part, Mozambican co-workers also stressed this last perspective. There was an awareness of what solidarity is and how Cuba stands in the case of Mozambique, but it was seen as a background factor that was left behind once the Cold War ended. Once again, there were certain differences among those Mozambicans who had studied in Cuba, and were thus exposed to Cuban internationalism at first hand. Their time on the island, which as I mentioned before in this chapter, involved an educational and personal development that left a deep impression on today’s professionals. Dr. Machava summarized this during our brief meeting:

“Oh yes, those were the best years of my life! Coming back to Mozambique wasn’t easy, I had to start from the beginning, but I had to keep going. Now it is better, and I had to travel back to Cuba sometimes. I feel really grateful to Cuba, for what they did for us. That’s the real story, that Cuba has done so much for Africa. Just look at their support against Apartheid and how they were the first country to establish an embassy in post-Apartheid South Africa.”

Their experience in the Caribbean included political influence, promptly transmitted through their educational programs as well as their daily activities. Bernabé, another of the alumni from Cuba, remembers how “*they talk about it all the time. I saw politics everywhere... we wouldn’t go to church, but we had to study politics*”. This experience abroad has led to a strong bond between Mozambicans who studied on the island and Cubans who now work in the local hospitals. Nevertheless, Mozambicans who are now settled in their homeland, as well as other Cuban colleagues, are aware of the changes around the macro-discourses of SSC in the medical field, and how “*the changes in politics have affected the relationships between Cuba and the continent, it isn’t the same as it used to be.*” (Dr. Machava, pers. comm.).

In modern day Mozambique, where capitalism has been adopted while socialist links remain through SSC, local professionals reflect on how “*the Cubans that are now arriving are different, they aren’t the revolutionaries that they used to be*” (Bernabé. pers. comm.). They have to cope with a national medical environment, still in the process of being strengthened after the civil war (see Pfeiffer 2003), embedded in a capitalist system where healthcare is being privatized, where healthcare is not seen as a human right per se, and the wages of medical staff reflect a hierarchy of a deeply unequal Mozambique. Although Cubans pointed out the economic benefits of working in a medical mission, the fact that they are not allowed to work in the private sector and that the government takes a part of their wages places them in a disadvantaged position. In this matter, their Mozambican colleagues differ in their interpretations. On the one hand, there is an understanding that such agreement is a business like contract, where Mozambique gets medical aid in the form of human capital, and Cuba gets revenues, while physicians have a higher salary compared to their Cuban wages. This perspective was clearly presented by Dr. Sergio, a general doctor at a private clinic, when I asked him his opinion on the restrictions of his Cuban counterparts:

“I don’t think it is harsh, if I was in their place I would do the same to get out. When you see how much they earn, it isn’t harsh. If they have an agreement with the state, they should respect it

completely. I don't think it would be fair if they went to other sectors to earn more, they signed a contract and we pay taxes for such an agreement, I don't think it would be fair if they went to look for more money. When Mozambicans went to Germany they had similar conditions."

However, there are those who have even experienced Cuban socialist doubt about such measures. Raquel, who as I mentioned lived on the island for thirteen years, told me openly:

"Those Cubans, the ones that work here... are them, it's the people that work day and night... I don't like that the government takes half of their income. Why?"

While most interviewees agreed on the important role Cubans play in assisting public and private hospitals, there was an ambiguous perception of the working conditions of Cubans in relation to socialist solidarity and the changing dynamics in Mozambique. On this matter, I can recall my visit to Teresa, a social worker at the paediatric section of the Central Hospital. Perhaps because of her profession, she was a very eloquent speaker, able to express empathy towards her Cuban co-workers. Teresa placed solidarity as a secondary motivation, while stressing that:

"The interest of Cubans is to get out of that poverty, to know how other people live and behave, to also develop their own dignity, their own personality".

Tracing this ambiguous part of humanity across the Atlantic, every time I briefly described my research topic in Cuba, there was a spontaneous affirmation: "Ah, I see. I know a lady who has been..." "My father was in..." "My mother is right now working somewhere..." The export of medical professionals is probably the best recognized part of contemporary Cuban foreign policy, which means it is a widely known phenomenon. This was not a surprising reaction; nevertheless, the manner in which Cubans relate to medical cooperation was focused on the opportunities that working abroad represents, instead of an emphasis on solidarity as a manifestation of the revolution. The emigrational tendencies in Cuba include the physicians, nurses, technicians and other professionals who are part of the medical aid project in Mozambique and elsewhere. When I collected information on the roots of this phenomenon, there was an emphasis on feelings of solidarity, tolerance and bravery; but all my interviewees made it clear that, nowadays, it is the economic motive that sustains medical collaboration. This was the case with Dr. Ricardo, the veteran of the Angolan war, who told me while sat in his rocking chair laughing:

"Solidarity... yeah, that's the theory, but in practice it's another thing. Look, I don't say that's never the case. There are people, like Che Guevara, that die for nothing, I don't know... for an ideal, but I can tell you they are the few."

He paused to think and then told me:

"Do you know what's there, on the other side of the road? It is the bus station for this province, there are some big white buses. The last director, he is now in the US. So everything that he said, about the (political) party, about this and that... it was all a lie. When things got worse they fired him; his kids left, he left. And everything he said to be the director? He didn't feel it, he didn't believe anything he said; it was just a way to get that job. Then, you can find people like this everywhere. They go there saying that this, that Lenin, then the other... but when time passes by, you find out

who they really are. They say: I toast for solidary aid! I'm not saying that there aren't people who think that and help. But everybody who gets behind 'solidarity aid' to go abroad, they want to go back with a car, buy a house, or a TV. They want to improve their lives. Do you know how much a doctor earns in Cuba? 1500 national currency. That's about 60 dollars, and that should cover everything: food, electricity, housing... that's the standard salary for a physician... and have you seen the prices here? ”

Analyzing Dr. Ricardo's words, in parallel to the aforementioned testimonies, there is a remarkable perception of solidarity as part of a political discourse that has not been unaffected by the passage of time. Both Cuban and Mozambican physicians are aware of what political solidarity means to their international connection; but they often placed it within a contextual entity, constructed during Cold War conditions. Nowadays, the realities in Cuba and Mozambique frame solidarity as a more ambiguous entity than when it was spread in the 1970s. Despite governmental discourses that portray a more linear and coherent moral foundation to medical aid, the interviewees' life stories concerning their daily realities in contemporary Cuba and Mozambique did not fit into such a static depiction of solidarity. There is still an important emphasis on ethics and values in the field of medicine (Luisito “*padrino*”, pers. comm.), and there are special brigades of volunteers that travel around the globe to bring medical services in times of crisis. Nevertheless, a doctor or nurse in Maputo would earn more in one month than in almost a year in Cuba, even if the Cuban government takes half of their salaries (fieldwork notes). Thus, medical professionals, their families and relatives described medical aid as an important opportunity to send revenues, bring commodities (such as televisions, washing machines, computers or construction materials) that they could not purchase otherwise. Once these needs were fulfilled, the interviewees showed little interest in continuing with internationalist missions, as they represented a strong professional and personal challenge.

Reflecting on the aforementioned theories, the fieldwork experiences gave rise to a notable discrepancy between the literature I reviewed prior to my arrival and the dynamic on the ground in modern day Mozambique and Cuba. The most significant result was the perspective of solidarity as a historical emotion rather than a current motivation, which transformed my philosophical perspective on the term. Theories on solidarity in the Cuban-Mozambican encounters tended to focus on so-called political solidarity, as a cohesive force that unites those who face the same injustices, and its historical use in revolutionary discourse on the Cuban socialist state. However, the men and women I met in both countries, together with the reality I observed on both sides of the ocean, are contemporary connections in a post-Cold War era. It is hard to tell how solidarity was perceived in the past, when the Soviet bloc supported its credibility. During my fieldwork in 2016, interviewees who grew up witnessing the peak and decline of the socialist spirit were conscious of the propagandistic use of solidarity, describing this concept as an ambiguous part of the political context that frames medical aid. This so-called emotion that drives them to help, to somehow create a sense of unity, is recalled by Cubans and Mozambicans as an ongoing, shifting sensation, and while it may have been clearer during the first few decades of socialist solidarity, it is still present in contemporary medical exchanges. The Berlin wall fell almost thirty years ago, and the political connotations of this change have become a fluid current that stresses principles of solidarity, and through which people are able to wade, adopting various notions of solidarity that are distinct from socialist schemes. A closer reading of Cuban and Mozambican life stories concerning solidarity uncovers a multilayer encounter, where narratives of “us” and “them” shed light on a series of interconnections and tensions that surround medical practices. In the following chapter, I will focus on the medical setting, and how solidarity is embodied in the treatment of Mozambican bodies.



Port of the Island of Mozambique. Photo Miriam Ocadiz Arraga

The healthcare setting *Transatlantic healing*

This chapter focuses on the field of healthcare, where Cubans and Mozambicans meet. I begin by questioning the notions of curing, healing and health in relation to their socio-cultural implications, especially in terms of mobility. This is based on the example of Mozambique, where different means of pursuing well-being interact within the field of healthcare. Here, there is space to describe the socialist medical aid provided by Cuba, and how it makes up a specific part of the national Mozambican healthcare system. Furthermore, I present a picture of contemporary Cuban medical cooperation in Mozambique based on my fieldwork, analysing the principal positive outcomes, as well as the major challenges in the performance of biomedical treatments where solidarity is expected to be embodied.



View of the Maputo Central Hospital at midday.



View of the Hospital Salvador Allende in Havana at midday.

The medical environment

Most of my days in Mozambique were spent in the Central Hospital of Maputo. A few streets from my student residence, I would enter the East wing of an institution that differs a great deal from the last hospital I visited in the Netherlands, which is a tall, self-contained building. This, however, is an entire block of different sized clinics, buildings and compounds, each focused on a different medical speciality. In between there are parking lots, cafeterias and green areas that allow some fresh air during the hot summer days; which is greatly needed, as most of the hospital smells like formaldehyde and humidity, especially in the oldest parts, which clash with the shiniest

departments that have just been renovated by foreign donations. These spaces became familiar territory to me. I made my way through the halls, learning the location of each department, how they were mainly crowded in the mornings and empty in the evenings. This hospital in particular represented an entire ecosystem for my fieldwork. A microcosm of Mozambican society: a deeply hierarchical, highly unequal melting pot of Bantu culture and Western-like inventions, where Cuban and Indian professionals greet Mozambican and Portuguese colleagues. Together with uniformed personnel, medical machinery, and technical terminology, women and men wearing flip flops and *capulana*⁶¹ pass by. There was no rule, no direct sign, but their prowls around the striped walls, the dusty corners and the broken furniture created a landscape that contrasted thoroughly with the private institutions; this was a place where people from all around the country arrived to seek medical treatment

Being in a space where illnesses are present and medical procedures are performed means witnessing the transformation of bodies; often, on an uneasy path. At the Central Hospital, the jewel of national public healthcare, I experienced the hardest part of my fieldwork while visiting the paediatric wing. I walked among the beds, faced with the crowded waiting rooms of parents clinging to their children; it was painful to see their small bodies wracked with disease, or weak from the treatments. There is something deeply disturbing and unnatural about unhealthy children, in seeing them suffering, dying. Despite the emotional challenges that this sector created for me, it also revealed the relevance of the topic this thesis focuses on with vivid clarity. The life stories I collected in the paediatric section were attached to a reality where the fragility and tenderness of each child hospitalized evoked an urgency of access to well-being; for themselves, but also for their families, their communities, for the spiritual and emotional bonds that have been disturbed by the outrageous decline of the youngest.

I visited the Central Hospital to focus on collecting as many interviews as possible, and to gather data on the lifestyle of the personnel. However, this form of participant observation awoke a sensation similar to the sadness I just mentioned, transforming my analysis of the healthcare environment. *“Sometimes you see kids that arrived healthy, chubby, beautiful; then they discover a chronic disease and you see them falling apart gradually. But somehow you are prepared for the worst. Then, you also have those kids that arrive looking pretty well, and then they die suddenly. It’s very painful”* nurse Sonia told me, when I expressed my feelings of discomfort during my first visit to the paediatric section. *“It’s hard. You need to be flexible, and work hard at the same time. But especially, you need emotional balance; you need to make a physiological and physical effort. You cannot cry all the time...”* At just twenty five years old, she is the youngest medical professional I talked to, who had just got married, and laughs very



I took this photo at the pediatric hallway. The girl with the blue uniform is Sonia, posing together with one of her colleagues during their coffee break.

Photo Miriam Ocádiz Arriaga

often. I remember how she made jokes among her colleagues, and agreed to talk to me with a broad smile, before describing the hard emotional challenges of her profession. Sonia's open conversation reminded me of Raquel (see chapter 4), the dentist who studied in Cuba and emphasized the empathy, the social and emotional skills needed to treat each patient. These testimonies raise the question of how to approach health, and how to perform technical procedures in an environment where life and death feature in the daily lives of patients and practitioners.

Medicine for the soul

Photo Miriam Ocañiz Arriaga



Young lady waiting to be treated at Maputo the Central Hospital.

The fact that the Cuban-Mozambican cooperation in this thesis is restricted to the medical field directs the quest for solidarity towards another form of embodiment, where bodies are placed relative to health problems and the application of measures to solve these concerns, often referred to as healing (Igreja 2007, 75). From a medical and anthropological point of view, any form of “[h]ealing involves a basic logic of transformation from sickness to wellness that is enacted through culturally salient metaphorical actions.... At the heart of any healing practice are metaphorical transformations of the quality of experience (from feeling ill to wellness) and the identity of the person (from afflicted to healed)” (Kirmayer 2004, 34). This analysis of solving a health problem was written by Michael Taussig (1980), who displays the material manipulation present in healthcare alongside further notions of the self and social relations. Within the patient – doctor relationship, the sensorial impact that a physician exercises over a sick person is not

limited to corporeal things like blood, bodily fluids and vital organs; it implies a social interaction surrounding the blurred borders of life and death. Aside from the technical perspective, the performance of biomedicine entails significant power, on a personal as well as a communal level, to convey how “illness... bears precisely on what makes life meaningful and worthwhile, compelling one to examine the social and moral causes of sickness, and that those causes lie in communal and reciprocal interhuman consideration” (Taussig 1980, 13).

However, Feerman (1985) believes Taussig's work to be overly simplistic, suggesting a more concrete understanding of the act of healing and medicine, in the context of Africa. Although he agrees on the processes of medicine as being deeply embedded in wider social realities, he stresses the diversity of treatments that are available for patients within communal-oriented societies. This is the case in most parts of the continent, where “[an] entire group of relatives works out a shared view of clinical reality” (Ibid., 78). This level of analysis in medical anthropology takes into account the peculiarities of each socio-cultural landscape where illness and health are defined. Wandering among the main medical institutions of Maputo, I found a rich field where Western scientific knowledge

coexists with diverse modes of healing from Christianity, especially Pentecostalism, to Islam, Southern African healers, and Asian traditions from China and India (West 2006, 7; see also Pfeiffer 2006)⁶². Mozambique, on the edge of the Indian Ocean, has been a junction where the movement of people implies that “as medicinal substances, therapeutic practices, and healing practitioners (as well as the institutions, technologies, politics, and ethical frameworks to which they adhere) circulate, they shape myriad aspects of social, political and economic life” (Dilger 2012, 1). While the borders of “modern” and “traditional” are blurred by syncretism and hybridization (West 2006, 7-8), the options for pursuing health and wellbeing in this Lusophone nation have been greatly affected by a post-war context where trauma and reconciliation face the contemporary flows of neoliberalism and globalization.



Maputo Central Hospital. Photo Juan Manuel Diez Tetamanti

⁶² Just in front of my local residence, one would encounter about seven or eight Mozambican ladies, sitting outside a big green house offering flyers that guaranteed a body-scan with a professional practitioner of Chinese medicine. Without spending a cent, you could enter and discover all the imbalances and solutions to your health, then purchase the requested herbs and treatments. On another occasion, Inocencia and some of my Mozambican neighbours described monthly or seasonal events at churches and mosques, highlighting the importance of these events to their overall mental, physical and spiritual health. Although I was concerned with Cuban-Mozambican connections in the institutionalized healthcare field, I could not help noticing how these kinds of offers exist all around Maputo, in an expanding market that promises a better lifestyle to locals and expats.

Curing across fragmentation

The history of Mozambique mentioned in chapter 3 – from being a Portuguese colony, to a battlefield during the Cold War, and a state under FRELIMO's rule within a capitalist framework – displays a landscape of healthcare where different practices converged on the construction of a society embedded within a new sovereign state. The mixture of knowledge on health and healing was previously framed when Samora Machel took power in 1975, installing a socialist approach to biomedicine. This led to a rapid nationalization of all healthcares, mainly composed of poor colonial facilities whose staff had little training. This weak foundation was taken as an opportunity to fortify the image of FRELIMO by providing accessible, affordable or free healthcare to all citizens, including those in remote areas. However, this ambition did not match the economic conditions and resources to build an efficient system (Hanlon 1984, 55-71). Subsequently, the war between FRELIMO and RENAMO undermined the humble beginnings of a national healthcare structure when hospitals, clinics and medical staff became targets for violence. In a reality where thousands of Mozambicans felt the atrocities of war in the flesh, there was little or no access to regular medical facilities, especially in the rural areas where the war devastated all levels of society. By 1987, the structural adjustment programme (SAP), put in place by the IMF, worsened the critical condition of Mozambique by reducing the national budget for health care to just 2%, resulting in a remarkably fragile post-war context where there was a severe lack of infrastructure and human capital to create an autonomous healthcare network (Pfeiffer 2003, 728; Hanlon 1996, 46-47).

Post-war Mozambique became a principal recipient of international development aid, especially from Europe and North America, followed by the economic and political adjustments already initiated in the 1980s, bringing about a war of foreign influence for the further configuration of the nation (see Hanlon 1996; Whitfield 2008, 1). The legacy of Portuguese colonialism and civil war became fused into a neglected reality where hunger and poverty created a paradigm of having “nothing to lose”. In such a scenario, outside support was widely received from the 1980s onwards in order to pursue “development”⁶³ within what was, at the time, one of the poorest countries in the world. This urge to develop at all costs displaced the socialist tendencies of the imbalanced Mozambican government, who brought in neo-liberal policies attached to international health agencies to target the high level of contagious disease such as malaria and HIV/AIDS (Paixão 2012, 50-53). The growth of international NGOs exploded to ameliorate the wrecked healthcare system, claiming the efficacy and sensitivity necessary to “help the poor”. Such promises translated to the appearance of highly educated foreign workers to create a more ‘sustainable’ solution. Nonetheless, their arrival had an impact beyond the hospital's walls. Pfeiffer (2003) refers to these “aid cowboys” as a characteristic expat group that created a demand for certain goods, housing, and leisure activities – a lifestyle that was dramatically at odds with the reality of a population recovering from the traumas of war. NGOs would attract foreign medical staff with three year contracts that guaranteed competitive salaries, at the same time as the National Health System (NHS) was experiencing a severe crisis. A drop in wages⁶⁴ and a scarcity of resources led to a black market for pharmaceuticals, often dispensed by the medical staff themselves, and an underground supply of biomedical treatments. This demoralized context had the effect of a ‘brain drain’ of Mozambican staff, either within national borders, where some fortunate ones left the national system to be absorbed by international aid, or those who

⁶³ As mentioned in chapter 3, the influence of Northern nations and international institutions has been closely based on a certain understanding of development according to political, economic and social standards that resemble those of the donors, and has had a direct impact on the current configuration of the global health environment (Dilger 2012, 3).

⁶⁴ According to Hanlon, “(f)rom 1991 to 1996, nurses' monthly salaries dropped from US\$110 to US\$40, doctors' salaries dropped from US\$350 to US\$100”, while NGO staff earned approximately US\$500 to US\$1500 per month (Pfeiffer 2003, 732).

looked for opportunities abroad (ibid. 731-732). Pfeiffer's (ibid.) critical analysis of foreign medical aid within a weakened, post-war Mozambique pointed to a fragmentation of the national healthcare network, questioning whether direct support by local staff and infrastructure could achieve better results than the short-term projects carried out by foreign agencies.

The Cuban way

Paradoxically, ten years earlier, Cuban diplomats had approached Samora to offer their support within the military and humanitarian dynamics of Mozambique (Gunn 1989, 1-10). This was not a proposal like that of the international agents led by the IMF; it was said to be an action of solidarity, a gesture from one "underdeveloped" nation to another in order to overcome underdevelopment (Huish 2013,3). As mentioned in the previous chapters, Cuban medical aid is strongly framed within the emotive political discourses of revolution that prioritize health as a basic human right that should be accessible to everyone, no matter their gender, race, religion, origin, social class, or nationality (Miramón and Martínez 2010, 256; Kirk and Erisman 2009, 29). "*Once the revolution took power, healthcare and education became a priority...*" Dr. Jesús explained to me at the beginning of our interview session, without me having to ask, as a starting point to understand his current situation in the Military Hospital of Maputo.

There are various opinions on the Cuban approach to healthcare; nevertheless, it is a fact that their postrevolutionary performance has attracted international attention due to its outstanding nature. Before the guerrillas took Sierra Maestra, colonial Cuba's biomedicine was characterized by deep inequality, although there existed a broader system of infrastructure than in colonial Mozambique. The services and education were of high quality, following the US pattern, but were strongly centralized in urban locations, especially in Havana, and primarily performed by elite white males. This neglected the vast rural areas, largely inhabited by black Cubans and mulattos, exacerbating the lack of education, running water and electricity into widespread poverty. The systemic disruptions caused by the revolution brought about a healthcare agenda committed to following Article 49 of the new constitution, which stipulated the right to receive quality healthcare. This entitled free facilities, hospitals, medicines and all sorts of medical services, together with "sanitary efforts, health education, periodic medical exams, general vaccinations, and other preventive medical means" (Kirk and Erisman 2009, 31). Such measurements required an intense restructuring of the national system, especially a reconsideration of the medical profession itself. Guided by the socialist principles of the *nuevo hombre* (or women), revolutionary doctors in the new Cuba had to understand their profession as a privilege and a great responsibility to serve to as many people as possible. Instead of teaching the elitist sentiments attached to the medical environment, revolutionary doctors were trained to be selfless, ready to work in any environment, regardless of the financial advantages⁶⁵ (as privatization of healthcare became illegal and morally unacceptable). Indeed, this regulation demotivated a large number of professionals who opted for migrate, and for the first years, the biomedical landscape became an arduous ballast for the Castro regime (Ibid. 30)

It took around a decade to see substantial improvements, and in the coming years, socialist Cuba improved their rural medical facilities, from 1 in 1958 to 65 in 1999, creating a broad network of professionals covering the governmental system all around the island, deploying a 1:300 doctor/

⁶⁵ Actually, the revolutionary medical environment lowered physician's wages, following equality principles of socialism. Doctors and other medical professionals should not have a significantly higher income in comparison to other Cubans. Moreover, after the fall of the Soviet Union and the financial crisis, doctors have a lower income than those involved in the tourist field. This topic on low wages was briefly mentioned by Ricardo in the last chapter, and will be mentioned further on in this chapter.

patient ratio by 1999, higher than other “developed” countries like the UK or the US (MacDonald, 1999 qtd. in Warman 2001, 317). Along with upgrading infrastructure and human resources, Cuba has opted for a preventive approach to health, focusing on neonatal control and childcare as standard, which dramatically reduced infant mortality from 10.9 percent in pre-revolutionary times, to 2.9 percent by 1999 (Riverón and Henríquez 2001, 147), accompanied by nationwide vaccination campaigns, educational programs to maintain integral health, and a large network of family doctors in collaboration with communitarian polyclinics to serve as many people as possible (Kirk and Erisman 2009, 37-41). Since 1984, the idea behind these strategies has been to have ‘a doctor on every block’, including remote rural areas. There are physicians throughout Cuba, often working and living under the same roof, serving together with nurses in order to ensure the health of communities. Their responsibilities include “antenatal care, doing developmental checks on pre-school children and monitoring the progress of adults with chronic health problems. However, the doctors are also expected to give general advice and even to ‘set an example’ as they are embedded in the daily routines of their patients/neighbours.” (Warman 2000, 314). It has been this carefully regulated scheme to manage minimal resources⁶⁶ that has given a good name to the Cuban healthcare system and biomedicine for decades, even during the period when the Soviet Union fell and the Special Period deeply weakened Cuban society (Kirk and Erisman 2009, 46-50). Alongside an interest in improving the health of locals, the socialist government of Cuba reinforced the idea of healthcare as a human right that must be extended outside national borders. Medical internationalism has thus been a pillar of the physical and moral structure of this unconventional medical system, which closely follows the methodological techniques applied at home while undertaking foreign ventures in the name of solidarity.

While Cuba has lacked the financial means to donate significant amounts of money, the core of their cooperation is the mobilization of people to carry knowledge and apply it. This emphasis on preparing medical professionals “has been the most important factor. Human capital development today, in all spheres of the country, is notable; but it is most notable in the health sector” (Rojas Ochoa 2003 qtd in Anderson 2010, 80). This is in addition to the thousands of foreign students who obtained medicine-related education thanks to institutions such as the Latin American Medical School (ELAM in Spanish)⁶⁷ and the Medical Sciences Institute, who receive French-speaking students from Mali, Haiti and Djibouti (Kirk and Erisman 2009, 52; Huish 2013, 79). This constant focus on preparing medical professionals has reinforced Castro’s ambition to make Cuba a “health power”, one that is not only able to construct an effective national healthcare system, but is also capable of having an impact abroad (Feinsilver 1989, 4). Similar to the “aid cowboys”, Cuba sent qualified personnel for temporary contracts; however, this was made under three conditions: a) doctors, nurses and other professionals stay for two/three year contracts, to then be replaced; b) Cuban professionals have to fulfil their commitment to the local population as well as develop human resources by means of teaching, training and educational exchange; c) there should be no interference in the local dynamics and medical practice (Brower 2011, 27). A far cry from large-scale campaigns against contagious diseases, the Cuban support on biomedics is focused around “a belief that health cannot be compartmentalized into specific diseases. In order to improve global health, resources – notably human resources – must be directed at meeting primary care demands at the community level” (Huish 2013, 4). Under this premise, Cuban staff managed by governmental agreements are placed

⁶⁶ According to Kirk and Erisman (2009, 45) Cuba spends \$251 per person annually, while the US spends \$5,711 per person with similar, or even lower results.

⁶⁷ The ELAM is considered the largest medical school in the world, hosting approximately 20,000 students from over 100 different countries, from Latin America but also from other developed countries in Africa and Asia, as well as from marginalised areas in countries like the US. (*Where to Train the World's Doctors?*, 2014)

in public facilities, and thus subject to local regulations, limitations and requirements. Furthermore, as Cubans are utilised to fill employment gaps within the host country, they tend to cover vacancies at remote or even dangerous locations (Anderson 2010, 80). The logic behind such modes of cooperation is a horizontal exchange, taking into consideration the conditions of the host country, respecting its culture and context, and targeting the local public institutions to reach as many people as possible with the aim of sustainability (Miramón and Martínez 2010, 256).

The *Cuban way* of performing medical cooperation has often been used as an example of SSC to highlight how a small country, unattached to the mainstream international agenda and with little economic leverage, has been able to reach every continent through an ongoing system based on a humanitarian approach to health care. There is, however, notable criticism to this altruistic and optimistic narrative, which notes the diplomatic advantages Cuba has gained thanks to these missions, not to mention the revenues and material profits obtained through the labour of doctors in countries such as Venezuela and Angola. Additionally, Castro's biomedical cooperation has been strongly supported by countries such as Norway, Germany, Japan and the US, as well as from international parties like the WHO and UNICEF (Dahrendorf 2015, 12). The fact that Cuba, as with other countries and institutions, have accomplished their medical achievements while ensuring political or economic gains does not completely eclipse the altruistic nature of their internationalist missions. This thesis is concerned with the coherence between the moral discourse that is said to be fundamental to this governmental cooperation, but it is still important to recognize the authentic alternatives that this branch of aid offers, especially when compared to other, traditionally vertical, modes of support in Mozambique. The clear, even rigid guidelines that frame the Cuban way of conducting and managing biomedical services have predominantly been analysed in terms of quantitative results through medical statistics (see Kirk and Erisman 2009, Dahrendorf 2015; Anderson 2010; Huish 2013), and on a smaller scale, as a more communitarian alternative that creates an alliance through the socioeconomic and cultural characteristics shared between Cuba and Mozambique (Paixão 2012, 57). Nevertheless, there is little ethnographic research on how Cuban professionals are coping with medical cooperation at a grassroots level, and within a contemporary context where global healthcare has rapidly evolved to cross the political and social bridges that join Cubans and Mozambicans on a daily basis.

The life stories collected during my fieldwork have contributed to an analysis of how the socialist approach of Cuban policies is translated into everyday working practises within the principal public and private medical institutions of Maputo. This ethnographic study allows a more holistic understanding of contemporary multicultural encounters in the healthcare environment, as it includes the experiences of Mozambicans and Cubans, whose voices reveal the constant interconnection between personal and professional dynamics; while also reflecting on the interconnections of socialist and capitalist policies within an increasingly globalized health care system.

Facing the revolutionary doctors

“When they, foreigners, come here (to Mozambique), they come for a specific period of time. For example, there were some Europeans here to supply technical support, but they rarely go to rural places or “difficult” places. And there are also some Vietnamese doctors. But Cubans... they go anywhere, because they have to follow their agreement.”

(Dr. Sergio, Mozambican physician. pers. comm., 15 October 2016.
Maputo, Mozambique)



Maria Elena and Marcos were the first couple I interviewed. They both work as nurses in the paediatric section of the Central Hospital of Maputo. Marcos had worked in Mozambique for almost one year, but Maria Elena had just arrived one week before I met her, and was still struggling with the time difference. It was a brief interview, adapted to their busy schedules, but they invited me to their place the following weekend. They share an apartment a few blocks from the Central Hospital (see appendix 2); it is a nice place, with two rooms, a large living room and an illuminated kitchen. *“We are happy with this home”* Marcos said, while the latest reggaetón played on his LG flatscreen TV, *“and now that Elena is here, it’s even better”*. It was a grey Sunday afternoon, a very quiet evening, and we were talking about their lives in Maputo, about food, tattoos, latin music... their dreams for the future. While I was sitting in their living room drinking beer and watching TV, I noticed how they had created a life in that apartment; a routine. Marie Elena told me that this was her third mission: *“first I was in Venezuela... but the best one was in Italy”*, she said with a nostalgic smile, *“and now I am here”*. It was a significant conversation, one I really appreciated and enjoyed; it made realize how their working

conditions have shaped (and reshaped) their existence during the past year, how it has transformed their family. This couple, as part of the governmental exchange between Cuba and Mozambique, have moulded their lives according to the structured guidelines of a cooperation that is said to be such an important alternative in the global healthcare system that it has turned those involved into “weapons of solidarity” (Brouwer 2011, 16).

In spite of searching for information on a phenomenon that tangibly affects the lives of individuals such as Marcos and Maria Elena, there are virtually no official sources available to corroborate it. Prior to my departure, I was concerned whether there were a significant number of Cuban physicians in Maputo; however, I then encountered such a well-known community, its participants themselves became my primary source of information, revealing Cuba’s influence on Mozambique’s healthcare system. One of the aforementioned representatives of the Cuban-Mozambican agreement, Dr. Alexis, pointed out that the Cubans working for the government amount to 37.4% of all specialist physicians in the nation. Although there has been an increase in local professionals (Dr. Sergio, pers. comm.), Cuba’s main goal is to export those high-profile specialists to areas that lack experienced professionals⁶⁸. Alexis’ boss, Dr. Marcela, expanded on this notion, emphasizing the local necessity for more specialized staff: *“there are 297 Cuban professionals working with the Mozambican Ministry*

⁶⁸ This means that all Cuban physicians in Mozambique must have solid experience in their field, preferably including medical missions in other countries (Ricardo, pers. comm. Pinar del Río, Cuba).

of Health, and another 21 Cuban physicians were hired by the Ministry of Education to support the education of future specialists in Mozambique in 2016. The central hospital of Maputo is the main recipient of Cuban staff, followed by the central hospitals of Beira and Nampula. But there are Cuban professionals in all the provinces, including in rural areas” – and this is excluding those who are outside the Cuban governmental control.

The contributions from Cuban personnel can be traced through their Mozambican colleagues within both sectors, who have had contact with these foreign groups prior to their medical education, as well as throughout their working experience. Dr. Arsenio, one of the *cubanitos* who received education in the Caribbean and now works in the radiology section of the Central Hospital, described in his own words, how *“they are in each department. In each section, there is one Cuban specialist; there is one in pathology, there is a Cuban lady here, in radiology. There, in hemodialysis, you have 4 or 5, in oncology 2 or 3, in internal medicine you also have 2 or 3 doctors. They are everywhere.”* This continued participation of Cuban personnel was well-known not only due to political ties over time, but was often also referred to as a remarkable addition to the biomedical system, which requires human resources⁶⁹. Even if the amount of local staff has increased since the war ended, Dr. Sergio (from a private clinic) and Dr. Teresa (from the Central Hospital) were both clear that, in their personal opinion of Cubans working in Maputo, *“somehow we need them. They are mainly specialists, they give services that we don’t have here. Even if Mozambique has more and more professionals, we still don’t have enough.”* (Teresa pers. comm.)

Indeed, Mozambique remains a prominent case of high infant mortality and low life expectancy, largely due to contagious diseases in relation to the constant poverty linked to a lack of water, proper housing, salubrity, quality nutrition and safety, especially in rural areas (Mitano et. al. 2016, 909). This rural-urban division remains a major distinction in contemporary Mozambique. Even if we focus only on Maputo, the large number of rural inhabitants who enter public hospitals in the capital demonstrates their need to leave their communities to seek healthcare they would otherwise not receive.

To better understand this issue, I volunteered for an event with a South Korean NGO in the region of Namaacha (see appendix 2). They help rural communities in need of goods (oil, rice, drinking water, soap, sugar, salt, etc.), which are brought by the well-organized (and strongly centralized) South Korean community in Mozambique. I agreed to join them as they mentioned medical check-ups and vaccinations as being part of their work, but unfortunately this was cancelled due to a lack of local support. Instead, I joined South Korean⁷⁰ men, women, and children in handing goods directly to Mozambicans who were enrolled in the system. It is not my intention to explain or critique in detail the work of this NGO, or the South Korean community; still, I do wish to describe the situation, which was deeply disturbing. Firstly, one could not avoid noticing the differences within a rural setting. Standing in this dry area, where rain had not been seen in several months, a red dust impregnated every inch of my body, leaving me with a blurred vision of the surreal landscape, with a lack of water and a few abandoned colonial buildings, surrounded by Mozambicans waiting for food. This is not the scene for a charity commercial; it was a messy encounter, where Mozambicans who could not speak Portuguese made long lines to encounter the South Korean volunteers who could not speak Portuguese either. I must say that I felt out of place, unable to translate the uncomfortable fears of the South Korean community, who were nonetheless enthusiastic and keen to talk with those *“who needed help”*. There was also a cheerful attitude in the Mozambicans who received their rice packages, singing and smiling at the chain of foreign hands that handed them products to “erase

⁶⁹ By 2014, the WHO noted that “approximately 550 doctors served Mozambique’s population of over 18 million, a ratio of 3 physicians per 100,000 people” (qtd. in Faldacker et. al 2014, 1).

⁷⁰ I was concerned with how most of the volunteers were wearing caps, long sleeved t-shirts, sunglasses, and even gloves to prevent physical contact with the recipients of the goods.

poverty”. When the registration list ended, the South Koreans refused to hand over the plentiful leftovers to the remaining population; “they have to be in the system”, they told me, while a man in line pulled on my arm to ask in broken Portuguese why they could not give them the rest of the goods. I did not dare to answer (what could I say?), as if I were between two worlds that literally could not coexist, unable to touch one another through the disinfection gel, gloves and dusty *capulanas*.



Photo Miriam Ocádiz Arriaga

Some South Korean volunteers preparing the goods to be handed over, while the community of Namaacha watch them

Cubans know how to dance

Back within the urban rush of the capital, I needed to focus on distinguishing the Cuban staff from the Mozambicans working at public and private institutions. “*Ah, Cubans! There are a lot, in education and at hospitals... everywhere*” said Pascoa, a Mozambican surgical nurse at the Central Hospital, while nodding energetically. “They are really good, they have experience and they are likeable, they are less stressed.” She had been working in the surgical department for ten years, and even though she did not have any Cuban colleagues at the time, she had collaborated with them in the past, and was perfectly able to summarize the principal positive qualities that I heard often from Mozambican personnel. Cubans were commonly regarded as highly professional staff members, mainly because they are well prepared specialists, often with experience in other countries, who are able to explain and augment their decisions, and ready to teach by example⁷¹ (fieldwork notes). This did not amount to Cubans having authority or superiority over their local counterparts; instead, their collaboration was appreciated due to their adaptability and their willingness to follow the house rules – “*to dance to the same beat*”, as Dr. Sergio would say. This is often associated with their socialist background, as those who studied in Cuba pointed this out as a characteristic of the professional standards imbued during their medical tuition.

The adaptability of Cuban staff was predominantly perceived in two ways: how they followed the local working rhythms and dynamics, and their social abilities to work in a team and interact

⁷¹ Teaching by example has been a common principle within the socialist framework of cooperation. As described by Jamie Monson in the Chinese partnership to build the TAZARA railway, this implies working hand in hand with local staff during fieldwork, demonstrating certain skills before encouraging their African colleagues to do it themselves. In addition, this mode of assistance also included formal training within Africa and abroad, for example in schools within China, or in this case Cuba (Monson 2009, 44).

with patients. In a sense, it was confusing how both groups agreed on this positive conclusion of adaptability, though they ascribed different reasons for it. Mozambicans referred to how swiftly their foreign colleagues would comprehend situations and cope with the stress and amount of work, highlighting the difficulties that Cubans are able to overcome.

“It is different for them, another dynamic I guess, because we receive children at any moment, and sometimes everything is full, but there are just a few people working. Sometimes there is one nurse for several children, five, then, so we have to run all day long. You have to overcome these difficulties, but with time, they always adapt very well”

(*Nurse Sonia, pers. comm.*)

For their part, Cubans referred to the Mozambican working atmosphere as similar or even easier than their previous experiences in their homeland or abroad, considering that some of them had been present during crises like the war in Angola, or the earthquakes in Haiti. Similar to their Mozambican colleagues, they depict their daily working dynamic as highly demanding, where one needs precision and emotional flexibility to be able to reach the level of professionalism required.

“I would say intensive care is harder in Cuba, because there they are very strict. But that doesn't mean that I don't need to do my best over here. You have a level of preparation, an ethical code that forces you to do things well. Even though in Cuba it may be more demanding, in my personal view, in this profession one must leave everything for a patient, do it right, it doesn't matter where you are.”

(*Dr. Daniel, pers. com.*)

This ability to “adapt easily” went beyond the scientific knowledge Cuban professionals may have; it was also related to their personal additions to the national health system. Mozambican colleagues portrayed their Latin colleagues as a humorous and easy-going group, who participated in outside activities and constantly cooperated to finish the work. Their open character is also appreciated by the patients, who recognize the path of this community in Mozambique and appreciate the warm character of the personnel⁷². The fact that Spanish and Portuguese are similar languages, that the Caribbean shares a tropical climate with Southern Africa, or that the economic and political conditions of both nations are comparable, have all been highlighted as common ground where foreigners and locals interrelate with a certain ease. This is especially true when compared with other exchange personnel, for example Chinese, North Koreans and Vietnamese who also arrived due to their socialist background.



Assistant lady in the Central Hospital of Maputo. Photo Miriam Ocadiz Arriaga

⁷² Cubans described how patients “expressed their gratitude often, saying that they like the way they are treated”, based on the ethics of the Cuban school of medicine (Dr. Salazar, pers. comm.). Mozambican colleagues tended to reinforce this perspective, but they also linked this to issues of race and colonial thinking that gave Cubans a certain advantage over them. This socio-cultural perspective on race within hospitals will be developed in the next chapter.



Patients waiting for their medical consults at the Central Hospital. Photo Miriam Ocadiz Arriaga

“Cubans are very open, but Chinese are kind of closed, it’s hard to communicate with them, while with Cubans it is easier. You can meet a nurse working downstairs and you can just start talking with him... with the (Chinese) it isn’t the same, it’s hard to even greet them. I found them cold.” Silvia, a young Mozambican lady working at the laboratory of the Central Hospital told me in her office. *“And what about the patients?”* I asked her, eager to acknowledge her perspective on foreign colleagues. *“Once we had a Chinese otolaryngologist to treat a child with uncommon symptoms, we asked him ‘please come to see this child’. He just arrived, without saying anything, treated him and then left. He did what he had to do, without even talking to the mother. I don’t think they should bring more Chinese, Cubans are more fun”*⁷³

These characteristic social skills, related to the historical ties that have linked the Mozambican and Cuban cultures, are further developed in the difficulties both nations have endured. The fact that Cuba is considered an “underdeveloped” country with economic limitations, especially during the Special Period⁷⁴, is seen as a remarkable starting point for cooperation on a daily basis. Mozambicans are aware of the

difficulties of their Latin colleagues, and tend to describe how their contracts are restricted, how they cannot see their families often, even for those under individual contracts, and how they are not completely up to date with the latest technologies due to scarcities on the island.

“They look up to Europeans, to Americans... but we have much more to teach them because we have similar conditions. We know how to work with very little. Like the other day, the machine to supply the serum broke. I told them ‘you can use a technique, with some paper tied to the hoses. You need to be careful, but this allows you to count the drops of serum.’ And they just laughed, but I told them ‘Cuba is poor, you have more technology here, but good organization is the key.’”

This is how Dr. Heyner described, through anecdotes, what is said to be a more horizontal exchange. I remember how, during our interview, he used to compare his routine at the Central Hospital with his life in Guantanamo, one of the poorest provinces of Cuba throughout its history, where he worked with the Afro-Cuban community affected by the constant hurricanes that hit the region.

⁷³ This other foreign group was a discovery during my fieldwork, as there is little literature on the current contribution of previously socialist Asian countries working in Mozambique. Unfortunately, my limited time and resources during my visit did not allow me to focus further on this third interaction, which could have expanded my focus on SSC. For instance, it was striking how Mozambicans working at the Central Hospital would compare Cubans with Chinese, while the term “Chinese” was often used to include Vietnamese, North Koreans and those from the Philippines as they *“could not really recognize one from another”* (Teresa pers. comm.)

⁷⁴ As mentioned in the introduction, the Special Period refers to the strong economic crisis in Cuba that followed the fall of the Soviet Union, causing a severe scarcity and low wages, to such a degree that its effects are still seen in the present day

Following the evolution of Cuban biomedicine since the revolution, my fieldwork in Maputo highlighted the technique of “revolutionary doctors” to perform professionally at a grassroots level, based on their medical experience and social abilities to cope within the local context. Their Mozambican colleagues did mark them as a distinct group, different to those of other foreign groups from wealthier countries, and even to other Southern nations. Mainly regarded as well-known and pleasant to work with in the community, I continued to look into the adaptability of these *doctores cubanos* in the national medical field. Inquiring into their daily encounters, both inside and outside the hospital, the medical exchange, became more of an ongoing process than a concrete, stable situation.

Learning new steps

Even if the contributions of Cuban staff are seen as necessary or essential, it is the consolidation of national human resources and structures that is supposed to be the ultimate goal. It is in this premise where the notion of horizontal exchange is meant to appear; nevertheless, this also represents an obstacle in itself. Despite the positive references to Cuban professionals, they are seen as an outside group, especially those under governmental contracts of two to three years. Nowadays, as the post-war fragile state has demonstrated certain improvements and a Mozambican elite commands the healthcare structure, Dr. Alexis, the vice president of Cuban cooperation, depicted his adaptation as a continuous effort that requires a resilient character:

“It isn’t easy, one finds resistance to accepting change. The first thing I say to myself is: I don’t want them to see me as a foreigner. As part of the Ministry of Health, it’s our position to advise them to change things, and they may think ‘who is this foreigner telling me what to do’... I tell them to not see me as an outsider, because I’m also a part of this. It’s complicated. Remember, the hardest thing to change in a person is their way of thinking – resistance to change is hard. But well, that was more of an issue in the beginning. When they see you are there to actually help and not just criticize, that you care about the project and you go and tell them ‘look, let’s do this together...’ Because one also needs to learn, I can also ask them to teach me. That helps to move things forwards, but it takes time. For the practitioners it is easier, because he or she is actually acting, treating the patients who need their service. For us it’s a bit harder, at the administrative level. Here, you have to assist people in high positions. You must be humble, demonstrate what you can do, and have the capacity to learn from them, to work as a team, not to think that because of your position you are the centre of the development process. One needs to manage this. It’s like if I were to go to your house and try to be in charge, what would you say? You would tell me: this is my home!”

In order to be a proper guest, Cuban staff must adjust their capacities to the needs of Mozambique, which is mainly expressed in terms of the biomedical landscape of Southern Africa. Even though several interviewees have participated in brigades around the world, the medical institutions of Maputo are described as challenging due to the high number of diseases like malaria, tuberculosis, and especially HIV/AIDS. These afflictions were often mentioned as being particularly demanding, first because they are uncommon or practically eradicated in Cuba, thus forcing the physicians and nurses to face what they had only read about in books. Second, they are diseases that require biosecurity throughout their treatments, forcing Cuban staff to be controlled by their government, take antiviral measures and follow a series of tests during and after their collaboration abroad (fieldwork notes.). Dr. Heyner, specialist in the paediatric section of the Central Hospital, began our interview on this topic, mentioning how as this was his first internationalist mission, he had to learn fast:

“I have never seen this before; I have never treated somebody with AIDS in Cuba. Here you see poor nutrition, meningitis... I don’t have statistics in my hand, but almost all children I treat with these kind of diseases, it’s due to a complication from AIDS. From what I notice, I would say it’s about 20 percent of the population who suffer from this disease. And despite this, a few years ago it wasn’t possible to test patients if they didn’t approve it, and it’s actually easy to hide the results... I feel limited, as a doctor, to give them the right to know if they have this evil. And I have seen it so much that I can smell it, I don’t know how to explain it, but I can feel when one of my patients has AIDS, and this is something that I had to develop while working here”.

In order to be able to face these challenges, to learn how to treat afflictions that are serious threats within the Mozambican healthcare system, Cubans must acknowledge the specific context surrounding diseases. *“It’s something cultural”* Dr. Heyner continued on his understanding of AIDS, *“for instance, preservatives are not used. Polygamy is common. And I’m not only talking about those who are uneducated or part of the lowest class; I have seen AIDS cases in all kinds of people. It’s hard for me to explain it...”*.

Thus, away from a socialist system where doctors are deeply embedded in the communities they work with, Cuban physicians required certain guidelines for approaching patients during their internationalist mission, regardless of their valuable prior experiences. The incorporation of Cuban (or other foreign) staff into the Mozambican healthcare system requires multidirectional participation. Even if Cubans have solid ethical and professional skills that fulfil the requirements of Mozambicans hospitals, they cannot function without daily interactions with local colleagues. This is not only limited to practical matters (despite the high levels of foreign staff, they still number fewer than local personnel) but also concerns interpersonal interactions in the workplace. After all, the idea behind governmental cooperation is to focus on public infrastructure, placing Cuban staff literally shoulder to shoulder with local employees, who must involve them in their working schedules.

“Yes, we need to tell them how things are done here, what the rules are, help them with the Portuguese language and local language. Especially in my profession as a surgical nurse, as I have to take into account the rules and hygiene. Whether they are Mozambican or Cuban, I have to check that rules are being followed... But Cubans adapt easily.” (Pascoa, pers. comm.)

Despite the willingness of Cubans to cooperate with Mozambicans, they arrive with little knowledge of the local environment. Some have a degree of training in Portuguese prior their departure (erg. Dr. Salazar, neurologist at the Central Hospital), but the majority said they got by with *portunhol*⁷⁵, and improved with time. In addition, none of the interviewees spoke a Bantu language, nor the had the intention to learn any. They rely entirely on their colleagues to translate different languages. While this was said to not be a real obstacle, Mozambican professionals did comment on how they needed to assist them continuously, as mentioned in the previous testimony, as well as the limited ability of Cubans to understand the sociocultural characteristics of those with whom they worked. Dr. Sergio, from a private clinic, pointed to the mature age of the foreigners as a certain impediment to their full integration into the local environment. In order to go abroad, Cubans need to have a solid level of experience, both within national and international boundaries, which together with the long years of medical preparation required to achieve a speciality, implies that the members of internationalist missions are at least in their 40s, and often older. These factors were appreciated in terms of their professional skills, but there was certain discontent with the process of acculturation.

⁷⁵ This is an expression to describe a mixture of Portuguese and Spanish, based on their similarities, but which does not imply proficiency in Portuguese. .

Lisbett Pereira (2009) has written an extensive manual for Cubans participating in the medical internationalism program in Mozambique, including political, geographic, and various cultural factors, creating a comprehensive picture of the African country. The main goal is to “characterize Mozambique in a general manner”, to provide workers with practical information, such as security measures inside and outside the hospitals, and a historical background of this diverse country (Ibid., 6-7). Furthermore, its intent is to help medical professionals adapt more easily, stressing the importance of knowing the local culture and background, but emphasizing the need to remain somehow neutral, without interfering in the local dynamics, nor questioning topics such as politics or religion (Ibid., 63). This follows the same approach found in other academic analyses concerning Cuban medical internationalism worldwide (see Kirk and Erisman 2009; Dahrendorf 2015; Miramón and Martínez 2010), and matches with the answers I received from Cuban interviewees in Maputo. However, this apparent distance from the local environment is problematic when analysed from an ethnographic perspective.

The corpus of interaction

The gap between non-intervention principles and the daily interaction between these two communities presents a complex and multi-layered encounter which, beyond the literature on the topic, highlights the rapidly changing borders that surround this form of cooperation. Beyond positive and negative attitudes towards Cuban participation in the medical field, their professional and personal paths are constantly evolving within the still fragmented Mozambican health care landscape, especially in terms of the public and private sector, and traditional healing in comparison with biomedicine.

To a large extent, solidarity is embodied by the public system, where the afflicted bodies of those most in need are to be found. On the other hand, private institutions are outstanding places that highlighted the bipolar nature of the capital. As I mentioned previously, all Cuban professionals in the medical field of Mozambique are, or have been, part of the internationalist missions of the government – this is how they arrived to this part of Africa. Nonetheless, the disparity between those working inside and outside government control is strongly marked by their working conditions. Dr. Bárbaro, a cardiologist I met at the Dominican bar, achieved an individual contract a few years ago at CLINICARE, a private institution. After our long interview at a cafe, he offered for me to visit him at his workplace, to see for myself *“how natural it is for us (Cubans) to work here”*. A few weeks later I joined an early consult of a young woman doing her yearly check-up, sponsored by her company, followed by a test on an elderly lady who suffered from a weak heart. Effectively, these consults did not demonstrate anything unusual or distinct from other medical procedures I had witnessed during participant observations in other institutions. The patient arrived, first chatting with the doctor in Portuguese, who initiated the treatments while he explained each step. The patients did not demonstrate any note of surprise or discomfort; after all, they had known the physician for years (they would ask each other about their families, their holidays or future plans). What did get my attention was the conditions, which make the private infrastructure look more like hotels, all shiny and decorated. Without the long queues, or the deep smell of humidity, they were quiet places with just a few patients waiting for the same Cuban doctor who used to offer the same service for free.

“There is a big difference between the private and the public sector” Dr. Carlos, a high-ranking physician at the Private Hospital told me. *“The instruments, the logistic, the resources, the materials.”* As with Dr. Bárbaro, he was moulded by the same medical scholarship as Maria Elena, Marcos, or any of the Cubans at the Central Hospitals who had to manoeuvre their way through the busy routines of the biggest healthcare centre in the country. Those who are apart from the Cuban system are able to decide where to work, for how long, and receive their entire salary. *“The government takes part of your salary, about half.*

Then, you earn about 700 dollars⁷⁶, which I think is closer to what Mozambican specialists earn. But they are free to work as many hours, in as many places as they want. That isn't too bad, right? But if you compare this with Europeans... they don't come down here for 2,000 euros, they ask for more!" (Dr. Carlos, pers. comm.). This refers to the economic benefits gained from working abroad, while acknowledging that their professionalism remains the same despite their working environment, as Dr. Carlos continues, arguing:

"A good doctor can be found anywhere, and the same goes for a bad one. You may have a hospital made of gold, but if a physician is mediocre, he will be this way anywhere. He will still be late, still be rude to the patients. In my opinion, it's a mistake to think that you will have bad treatment at a public hospital and a good treatment at a private one. Yes, the conditions change and there is a big difference between the private and the public sector. Here (in the private sector), we treat mainly Mozambicans whose companies pay for this. Otherwise almost nobody would be able to afford this. Even now the hospital is almost empty, we have 40 beds and we only use 19. Not many people can afford it, and this is the capital. There are no private clinics in rural areas... what would they be for?"

This perspective on medical professionalism, in spite of the public-private fragmentation, has kept staff from both sectors in contact, as Cubans as well as Mozambicans identify as part of a unified working community. Moreover, an increasing number of Cubans who work part-time at private and public institutions, and even those who are solely part of the private sector, refer to their years working in public hospitals as part of an experience to settle their debt with the community⁷⁷. For example Delvis, an internal medicine nurse at the Central Hospital, when asked how her role at the institution is an expression of solidarity says *"here I deal with the poorest of the poorest. Everyday I can see my impact."*

Furthermore, the economic issues that Cuban staff face, including within their own working environment (where they are restricted more than their national colleagues) has highlighted the private sector as an attractive possibility to increase their revenues. As mentioned in the last chapter, the remarkable differences between working in Cuba and abroad have had a strong impact on the socialist foundations of the medical exchange. The Special Period may be over, and Mozambique represents fertile ground despite the recent economic crisis. The reputation of Cuban doctors is attached to their experience and qualifications, but is not limited to their contributions to the public environment. Aside from the deep inequality that tears the nation apart, comments such as *"if I could join other programs, like Doctors Without Borders..."* (Dr. Bárbaro pers. comm.), or *"I would like to find a job in Australia"* (Dr. Sergio, pers. comm.) are not uncommon in a context where capitalism has the most control over national and global healthcare (see Bach 2008; Kalipeni et. al. 2012).

One cannot forget that Mozambique (as well as the rest of the continent, and other Southern regions for that matter) is part of a multidirectional network to seek and offer well-being. Movements such as transnationalism, neoliberalism and globalization have expanded the terrain of healthcare and medicine to a wider landscape, beyond dichotomies like public and private. In fact, the borders between one sector and another, or even across biomedicine and other means of pursuing health, are increasingly adapting as a reaction to the social, cultural, political, economic and historical dynamics where they are embedded (Dilger 2012, 3-8). Although this thesis departs from scientific medicine with a socialist approach, both Mozambicans and Cubans are active participants in the power relations that shape the movement of diverse resources, ideas and people.

⁷⁶ It was hard to obtain concrete answers concerning the wages of doctors, both Cuban and Mozambican, in the private and public sectors. The interviewees (and myself for that matter) found this question direct and on occasion uncomfortable, especially as it is regulated by the government and thus can be considered as 'delicate' information.

⁷⁷ Recalling the socialist approach to healthcare, contributing to the public system is seen as a duty.

During my fieldwork, I could not help noticing constant references to local or “traditional” modes of healing. Mozambique has been part of an African, and more specifically Southern African network of “traditional healing”; as Megan Vaughan has described, “African healing systems showed themselves to be remarkably resilient and adaptive. Far from being destroyed by the joint assault of colonialism and bio-medicine, they tended rather to absorb and internalize, to ‘indigenize’, those elements of biomedical practice which seemed most effective and most impressive – the most obvious being the injection” (Vaughan 1991, qtd in West 2006, 4). The work of healers has, throughout the historical evolution of health in Mozambique, been an intrinsic part of deconstructing borders within the field of medicine. Under the harsh conditions of the war, indigenous approaches to healing arose not only as the main alternative available, but also as a holistic understanding where “health is considered to be primarily a social phenomenon that establishes an alteration in the normal course of the individual’s life, and that may or may not find its reflection on the physical body. Traditional healing has thus a holistic approach, combining both the social and the physical dimensions of the malady to treat the person as a whole. The individual is never treated as a singular entity, but rather as part of a community” (Honwana 1997, 297). This community-based approach to well-being has been strongly associated with a need to support serious post-traumatic affliction at both an individual and group level in a post-war context (Igreja 2007, 78; see also Igreja et al. 2009). Traditional healing engages with individuals, kinship and other communal networks, considering the agency of the spirits (for example through treatment for possession), thus creating a path to reconciliation by acknowledging the beliefs and cosmological sites of well-being in Mozambique (Igreja 2008, 368-369).

In 1992, the Mozambican Traditional Medicine Association (AMETRAMO) was formed to unify and recognize the role of “traditional healers” in the country. This has been acknowledged (to a certain degree) by medical institutions, as Dr. Sergio expressed how “*We need them because there aren’t enough hospitals to treat everybody who needs it. Curandeiros⁷⁸ help the system; it’s better that people see them, it’s better than nothing.*” Even though I did not have the opportunity to visit local healers, interviewees at hospitals (not to mention Mozambicans I met in my daily routine) would often describe the existence of other alternative methods of treating illnesses. Nevertheless, there was a somewhat unclear relationship between these concepts, Western medicine and “traditional healing.” For instance, nurse Sonia, in her open description of the emotional challenges of her profession, added how:

“[I]n Mozambique there is a big delay in bringing children here. Most mothers follow the culture, and they first go to the healers to get traditional remedies. It’s only when things get worse that they come here.” Listening to her tone of voice, I heard certain disapproving signals: “Sometimes these remedies are dangerous, the mother may not know the exact quantity. For example, they tell them to give one spoon each morning, noon and night. But she doesn’t ask if it is a teaspoon or a bigger dose... there is the belief that the more the better. Then, they arrive here intoxicated, in a critical state...”

This kind of conversation did not concretely negate “traditional healing”, but there was a fragile interrelation between the medical environment and more diverse methods of healing. West (2006), in his analysis of borders and healers in Mozambique, presents a kind of mirror study to this thesis, using the stories of healers to understand how they have been able to deal with the physical and intangible borders in order to strengthen their healing abilities. By quoting Arun Agrawal, West (Ibid.) highlights the still unequal interactions, where indigenous knowledge is expected to be absorbed,

⁷⁸ A Portuguese word for traditional healers

and approved, by its scientific counterpart. This is thus “a process fraught with power – one in which the bearers of indigenous knowledge perpetually subordinated to the stewards of science, made to act as eye sears to a scientific brain” (Howes and Chambers 1980, 327 qtd. in West 2006, 23-24). As Mozambican nurses and doctors expressed how healing is a part of the national dynamics of healthcare, the alternating use of different treatments by their patients was mainly described as parallel to (but not reciprocated by) the medical environment. Cubans, on the other hand, rarely mentioned the role of *curandeiros* in their stories; when questioned on this, they would stress their non-interference principles. Dr. Carlos, one of the few physicians who openly expressed a view on this topic, answered that they must recognize the presence of these ways of healing:

“Well, I think traditional medicine is something cultural. It’s a complementary part. There are people with a high educational level who follow such beliefs. It’s something rooted in their blood. For example, I have patients who are in a delicate state, so I call their families and ask them if they want to do a ceremony or something. It gives some comfort and one should respect it. You cannot go against it.”

Nonetheless, even in this respectful and diplomatic answer, there is little effort for a deeper understanding of what such a widespread method of treating afflictions stands for, and how it can contribute to the biomedical treatments carried out within the healthcare infrastructure. Within this apparent dialogue, the participation of Cuban staff seemed less positive, considering how their solid experience and training remained rigid in the face of the greater diversity of the Mozambican context of health and medicine, and thus the wider socio-cultural background behind it.

***Ache*⁷⁹ for Luisito!**

“Yoruba soy, lloro en yoruba lucumí.
 Como soy un yoruba de Cuba,
 quiero que hasta Cuba suba mi llanto yoruba,
 que suba el alegre llanto yoruba
 que sale de mí.
 Yoruba soy, cantando voy,
 llorando estoy,
 y cuando no soy yoruba,
 soy congo, mandinga, carabalí.
 Atiendan, amigos, mi son, que empieza así:
 Adivinanza
 de la esperanza:
 lo mío es tuyo,
 lo tuyo es mío;
 toda la sangre
 formando un río”

Son número 6

Nicolás Guillén (1974)

⁷⁹ *Ache* in Santería and other religions of Yoruba origin, refers to the pure energy that drives the universe and guides everything. Those who follow Santería used the term *ache* in a similar way to *amen* in Christianity, to express their agreement and offer a blessing to each other (Hernández 2008, 144-145).

This is the altar for Manuel's one year anniversary, or birthday, of his conversion to Santeria. As I mentioned in the introduction to describe my first encounter with Caridad, each detail must be taken into consideration to please the orishas, the saints in Santeria. Each orisha has a particular personality and thus he or she is worshipped with specific elements. There is a meticulous and lengthy list of elements per orisha, such as colour, taste (sweet, salty) and variety of dishes, musical instrument, jewelry and urns made from specific materials. For instance, here one can see at the centre a red textile, a wooden urn and a sword, all important symbols of the orisha Changó, king of the orishas, owner of thunder and the equivalent of Saint Barbara. The details, quality and beauty of the altar demonstrate a deep devotion and commitment to the religion (Linares 1993,3-4).



Photo Miriam Ocaidiz Arriaga

The disruption between Cuban medical cooperation and other paths for pursuing health is not a concern that is exclusive to Mozambique. In Cuba itself, where the revolution is said to have “restarted” time, I was lucky enough to glimpse a historical moment, where the socialist guidelines that restrict

health to the realm of science simultaneously sought to erode both the Catholic and the syncretic veins of Cuban society. Along with topics like racism and gender, Santeria has been constantly underrated as an underground system of beliefs, rather than as an expression of resistance that enriches the national culture. In the winter of 2016, despite the extensive Cuban healthcare system, as soon as I arrived I noticed the large numbers of *iyawo*, those recently converted to Santeria⁸⁰. This led me to request an interview with Luisito, the godfather⁸¹ of my host in Havana. Luisito is a former physician, who has devoted his life to the practice of Santeria. He converted in 1990, at the age of 21, when his godmother read his future with such precision and passion that ever since it has become his way of life. I met him at his house, which is also a residence for tourists, as well as the meeting centre for his more than one hundred godchildren, who come to visit him from all around Cuba, Mexico, Spain, the US and Germany. Our first encounter was during the birthday ceremony of Manuel, my host, as he introduced me to the meticulous rituals for the orishas – to request their benevolence, to appeal to their divine power over mortals’ lives, including health and overall well-being.

⁸⁰ All converts (knowns as *iyawo* in Yoruba) must wear white clothing, including a veil or hat for their heads, and specific jewelry according to their orishas, for an entire year. Thus, one could distinguish them easily in the crowd.

⁸¹ Santeria is characterized as an individual, non-official religion. There is no hierarchical institutionalization, however, there is a guide or godfather (*balawo* in Yoruba) who, due to their function and experience within Santeria, is able to lead the ceremonies in his/her own home (Linares 1993, 3).



An iyawo at one of the local markets in Havana. Photo Alina Macias Rangel.

“I used to be a doctor, I finished my studies and everything... I still remember all the ethics classes”, Luisito tells me, while I attempted to understand the faith that seems so close to the Catholic culture he grew up with, while at the same time creating its own path. “But I felt a call to this. I’m not going to lie, this gives me a better life, it makes me happier. I even feel I help more people with this”, he continued, warning me to erase all thoughts of witchcraft I might relate with Santeria, arguing that reading the future or preparing elaborate offerings is a small part of what is an entire religious methodology for embracing those in need, those with social problems, with congenital diseases, with AIDS, with cardiovascular afflictions. At Luisito’s home⁸², I witnessed a remarkable network of believers, who – without ignoring the free services from the government – trace the path of diseases, of health and even of death, through the dancing and singing rituals that strengthen the faith of Luisito, of the orishas, and themselves.

Reflecting these findings in Cuba and the fragmented healthcare system in Maputo, this paper engages with the multi-layered dynamic present in medical cooperation, where complex notions of health are present in the daily encounters of men and women. Under the premise of health as a basic human right, the diverse (though fragmented) landscape of health and medicine in Mozambique has met the socialist approach of Cuban medical internationalism with the aim of constructing a sustainable form of cooperation. Unlike mainstream forms of aid managed by Western world powers, the Caribbean nation has opted to send hundreds of professionals to work with Mozambicans at a grassroots level. Nowadays, in both public and private institutions, Cubans are a well-known group, generally described as hardworking, flexible and charismatic. Furthermore, an ethnographic analysis also arises from the constant friction within the hierarchical biomedical environment where foreigners must contribute, with humility, alongside local staff in order to overcome professional challenges, such as the treatment of contagious diseases, as well as language and cultural barriers. If there is a claim of horizontal medical cooperation in the name of solidarity, these socio-cultural elements surrounding healthcare must be

⁸¹ Which, thanks to the Santeria and the tourists’ hosts, was the biggest and most luxurious house I saw in Cuba. The home of the godfather is known as *ilé-ocha* in Yoruba terminology.

acknowledged as a relevant part of the local dynamics of health and well-being. As such, the socialist foundation of Cuban medical scholarship needs to be more flexible towards such variables.

By collecting life stories and conducting participant observations, the routine encounters between Cubans and Mozambicans highlights the personal and emotional attachment of the medical environment to the borders of life and death. The fact that a foreign group treats Mozambican bodies, often those in a vulnerable socio-economic condition, implies a deeper interpersonal encounter, where solidarity is expected to be embodied. Remembering the notion of solidarity described in the previous chapter, such political metaphors are conceived as a force capable of altering the tangible physical bodies of those whose emotions motivate them to move and help others. Within this mix of tangible and intangible forces that sustains Cuban medical internationalism in the medical field, where physical and nonphysical lines meet, the concepts of body and embodiment can be seen as social phenomena. At the same time as Cuban physicians, nurses or technicians transform their own bodies in order to provide medical treatments shaped by a form of partnership, their bodies are also a “ground [for] perceptual processes”, encountering the Mozambican bodies that, beyond the biomedical sphere, are also entities of social change (Csorda 1994, 1-12). In other words, the principle of solidarity behind Cuban medical cooperation in Mozambique encourages the staff to embody certain principles, and to then act in predetermined ways; but this also requires a malleability of their self-perception. Cuban staff have a name, a face, a family, an idea of themselves and others, as do their Mozambican colleagues and patients. Thus, this is a sentient encounter, involving the input of a great deal of sensibility, whereby biomedical procedures allow an interaction between cultures intrinsically grounded in the human bodies of both groups. In the particular space related to healthcare, various degrees and forms of embodiment are constantly reshaped through the way in which Cubans and Mozambicans direct their actions, their words, their silences, and their beliefs on a daily basis.

A further exploration of this sociocultural background of the Cuban medical cooperation in Mozambique is presented in the next chapter, dealing with the blurred borders that encompass solidarity, as well as topics like race, gender and social class.



The gardens of the Central Hospital. Photo Juan Manuel Diez Tetamanti.

Sociocultural factors

Daily (dis)encounters

This chapter focuses on the articulated interconnections made by Cubans and Mozambicans on a daily basis. It begins by stressing the human network behind this form of cooperation, and how the lives of individuals are affected by their mobility across both continents. To unfold this multi-layered flow, I will briefly present some of the principal elements of epistemologies of the South as a relevant theoretical framework to approach intercultural spaces, inviting us to rethink our differences. Three main socio-cultural aspects of the Cuban-Mozambican encounter are then presented: race, social class and gender. These are noteworthy variables that were constantly narrated in the life stories collected, deeply attached to one another and sharply framing the lifestyles of the interviewees and their communities. Such social elements are present in the notions of health and medicine that medical staff must deal with, in the interactions between Cuban and Mozambican colleagues, as well as in the personal journeys to cope with these different contexts. In the end, I connect these social constructions with epistemologies of the South to approach the Cuban-Mozambican medical exchange as a platform to acknowledge the diversity of perspectives within similar struggles, and how this problematises the embodiment of solidarity portrayed in SSC discourses.



A bar in Havana frequented by medical staff. Photo: Alina Macías Rangel.

A human net



Photo: Miriam Ocañiz Arriaga.

This picture was taken on 13th November 2016, three days after I arrived in Cuba. At the top, there is Yisel and little Angi, the daughter and granddaughter of Maria Elena, the nurse I met at the Central Hospital of Maputo (see chapter 5). On the bottom left, there is Jorgito, his younger brother, and in the white T-shirt there is Manuel, my host in Havana. I am in the centre, wearing a flower print blouse and smiling in spite of the bags under my eyes due to the time difference. In truth, I was exhausted there. We were in *la Lisa* (see appendix 2) in the suburbs of Havana, which took Manuel and I about three hours to reach from the centre of the city due to the lack of public transport. Even to find the right apartment was an odyssey, in the labyrinth of socialist grey compounds within a neighbourhood known for its poor infrastructure and decay, even by Cuban standards. When we finally found Jorgito, he took us to a tiny apartment packed with

wooden furniture, family photos, old computer parts and books from the eighties. We were received with characteristic Cuban hospitality: drinks, crackers, and lots of cheerful questions. We then sat in the living room, chatting about my masters, the long flight to arrive in Havana, and why I ended up following the steps of those who left Cuba to look for better opportunities. They were eager to hear about Mozambique, the city where their mother works (even if they know she is doing well). For my part, I compensated for my fatigue with the enthusiasm of grasping every single detail: they were well aware of what Cuban medical internationalism is, what it stands for and what it involves. However, our conversation was not led by the “achievements of the revolution”, nor the theoretical framework of my research, but by the very simple anecdotes that occur in their family routines that are somehow altered by the absence of their mother. *“We miss her, she comes one month a year, but we still miss her... but you know, one month there is one year’s salary working here. It’s a big sacrifice, I wish she was with Angi, she will be two years old in a few weeks. It’s difficult for them, but also for us, the family.”* Yisel told me while she fixed the hair of her little daughter sitting next to me. I handed her a package of presents Maria Elena asked me to bring for the party of her granddaughter, including some napkins, paper plates and party hats that are practically impossible to find on the island. *“She called her ‘my little sun’, she really misses her.”* Yisel thanked me, while showing the presents to her daughter and playing salsa in the background to uplift the evening. Again, a feeling of déjà vu overtook me, reminding me of the other afternoon I spent with Maria Elena and Marcos in an apartment that contrasted in size and content with the simplicity of this home on the outskirts of Havana. Speaking in the same language, even in the same accent, I was amused at how I could face these young Cubans who lived under the same roof as the lady I met a few weeks earlier on the other side of the world, and with whom they remained linked by powerful ties of affection, in spite of the distance.

As mentioned in the preface, the aim of this thesis has been to highlight the human journeys behind abstract notions of SSC, in part because this was remarkably clear when tracing the family networks of Cuban staff in Mozambique back to their homeland. This added another level of understanding to Cuban-Mozambican relations, on the one hand by including the current conditions being lived in Cuba, and on the other by stressing the strength of the personal interconnections spread across both continents. The lives of Jorgito, Yisel and Angie are also involved in the cooperation carried out in Maputo, at the same time as their unconditional thoughtfulness towards Maria Elena has incorporated her tales abroad into their daily imagination, as if there were windows to catch a glimpse of Mozambique, or Italy, or Venezuela (where Maria Elena has worked). When Cuban staff go abroad, their physical movement entails more than a requirement to fulfil a biomedical position, it is also a constant chance to interweave these stories on each side of the ocean. The personal experiences of each participant (every family home and granddaughter, every humble living room) is reciprocally mirrored in the human faces of those who have developed a daily path that is somehow similar, just on other side of the ocean. The “somehow” and the “just” in the last sentence is what triggers this chapter to engage with the elusive dynamic that takes place in the daily encounters of Cubans and Mozambicans involved in medical cooperation. Beyond the abstract concepts of International Relations, their lives are interweaved thanks to this exchange, which involves deep socio-cultural issues that affect the course of individuals on a daily basis. Topics such as race, social class and gender function as points of disruption and connection that are part of the multidirectional flow navigated by the Cubans and Mozambicans (among others) I interviewed.

Photo: Juan Manuel Díez Tétamanti.



Mozambican children in the outskirts of Maputo.

Facing the South

Los nadies: los hijos de nadie,
 los dueños de nada.
 Los nadies: los ningunos, los ninguneados,
 corriendo la liebre, muriendo la vida, jodidos,
 rejodidos:
 Que no son, aunque sean.
 Que no hablan idiomas, sino dialectos.
 Que no profesan religiones,
 sino supersticiones.
 Que no hacen arte, sino artesanía.
 Que no practican cultura, sino folklore.
 Que no son seres humanos,
 sino recursos humanos.
 Que no tienen cara, sino brazos.
 Que no tienen nombre, sino número.
 Que no figuran en la historia universal,
 sino en la crónica roja de la prensa local.
 Los nadies,
 que cuestan menos
 que la bala que los mata

*Eduardo Galeano*⁸³ (2000)

In order to analyse the multiple layers of the Cuban-Mozambican encounter, I propose to use epistemologies of the South by Boaventura de Sousa Santos (Meneses & Santos 2009, Santos 2007; Santos 2015); this is an academic and activist approach to recognising the diversity of knowledge in the world to both highlight and validate silenced

experiences, without aiming to impose the monopoly of a single, hegemonic epistemology. Santos reflects on the contemporary segregation and oppression of people around the globe, something that is often accepted as common knowledge. This is a complex (though flexible) theory that has been specifically framed within the so-called Global South.⁸⁴ Latin Americans and Lusophone African scholars have constantly engaged with this approach to epistemology, and I was lucky enough to find this scholarship not through my former education, but during my fieldwork. In a dream scenario for a researcher, Mozambican (and Brazilian) students suggested that I read Santos' work when I discussed the topic of my thesis in our daily chat. Then, when Santos visited Maputo in July 2016, my neighbour and friend Ridalvo, a Brazilian PhD candidate,

⁸³ The nobodies: nobody's children, / owners of nothing. The nobodies: the no ones, the nobodied, / running like rabbits, dying through life, screwed every which way. / Who are not, but could be. / Who don't speak languages, but dialects. / Who don't have religions, / but superstitions. / Who don't do art, but handcrafts. / Who don't practice culture, but folklore. / Who are not human beings, / but human resources. / Who do not have faces, but arms, / Who do not have names, but numbers. / Who do not appear in the universal history of the world, / but in the police blotter of the local paper. / The nobodies, who are not worth the bullet that kills them. *Eduardo Galeano* (1991)

⁸⁴ Similar to the notions of Global South described in chapter 3, Santos and Meneses (2009) refer to the term 'South' as a metaphor to encompass the impact of capitalism in relation to colonialism. This goes beyond geographical terms, including diverse groups physically located in the Northern hemisphere; from women to indigenous groups, workers and undocumented immigrants, the authors stress their conditions as subjects of domination. Also, there are several cases of "little Norths" in Southern locations. Even in the colonized territories, there are elite groups that have taken advantage of social hierarchization (ibid. 12-13).

advised me “to come and listen to this cool character. It would help you to understand us better”. During the conference, the international crowd engaged in a vibrant debate that stressed the current relevance of these topics in Africa, Latin America and beyond. The analysis of how the hierarchisation of knowledge is intrinsically attached to the practices of oppression speaks to painful and confusing experiences that Mozambicans, Brazilians, Cubans and all individuals in the audience struggle with on a daily basis.

Within the different layers of the epistemologies of the South, one can leave behind the concept of epistemology as a “notion or idea, reflexive or not, about the conditions that make certain knowledge valid. It is through a valid knowledge that certain social relations become intentional and intelligible” (Meneses & Santos 2009, 9). Different social relations create different epistemologies, different ways of perceiving what knowledge is, and especially what valid knowledge is. These social relations, seen across a broad spectrum, are always cultural (intercultural or intracultural⁸⁵) and political, meaning they deal with the (unequal) distribution of power. Then, as each valid piece of knowledge is based on social experiences that have their own approach to cultural and political concerns, all knowledge has different approaches to reality as well as dissimilar notions of validity, great or small, which have created certain tensions and rivalries. The discrepancy between different thinking according to different situations is put into context by Santos, who points out that modern Western thinking has hierarchized social realities according to its own perspective, creating an *abysmal thinking*. This statement is based on an understanding of modern Western thinking as a dominant epistemology that views the world in terms of modern Christianity, in a cultural sense, and in terms of colonialism and capitalism in the field of politics and economics. Non-Christian and non-Western epistemologies have been epistemologically suppressed through colonial and capitalist imperialism. This forced imposition can be described as an *epistemocide*, as other forms of thinking are devalued, underrated, and/or silenced as not knowledge but local, contextual beliefs, only useful in terms of their limited participation in the dominant epistemology. In fact, during the last two centuries the conception of knowledge as valid has been attached to what is seen as science, which also involves specific institutions that promote methods to define and test what is considered “valid”. These parameters have constructed a gulf between scientific knowledge and other ways of thinking, to the degree that there is little dialogue between both sides. Paradoxically, current capitalist dynamics have allowed more visibility to different forms of knowledge, for instance through mobile technology; at the same time, this also reinforces the contemporary imposition of Western hegemony (Meneses & Santos 2009, 9-13).

When Santos talks about *abysmal thinking*, he designates the term *abysmal lines* to develop the idea of division between “this side of the line” and “that side of the line”. *Abysmal thinking* is characterized not only by an epistemological division, but also by the establishment of what is on this side over the apparent absence, or non-existence, of what is on the other. Everything that differs from the dominant discourse is silenced, to a point that is almost invisible, bordering on the unthinkable. Although such *abysmal practices* are not exclusive to modern Western thinking, a historical approach traces this phenomenon back to the colonial procedures of the 16th century: Christian theology, Western philosophy, colonial economic structures of exploitation on this side of the line. Santos (2009), throughout his historical narration, distinguishes the configuration of *abysmal thinking* as a phenomenon that occurs alongside tangible facts of injustice and hardship.

⁸⁵ Santos (2009) makes a distinction between intercultural and multicultural, as this first concept expresses a mutual exchange and the willingness of different cultures to enrich each other.

When colonialism took place, the occupation of “new” land presented a peculiar dilemma for humanists and theologians of that time, who not only neglected the perception of reality created by the inhabitants of the New World, but also questioned their very nature as human beings, as well as whether they possessed a soul. Colonizers understood those other than themselves to be *infrahuman*. This perception facilitated violence, the appropriation of indigenous land and peoples, the exploitation of natural resources, slavery, and genocide. Inseparably, social oppression correlated with the nullification of other ways of thinking, reducing these ‘sub-human’ locals to nothing more than tourist guides. Indigenous beliefs were but mediums to impose other forms of thought, languages were suppressed, new names had to be adopted, local beliefs had to be concealed. As a result, two main dichotomies can be presented, separated by abysmal lines while at the same time deeply interrelated. On one side, there is science and its monopoly of what is considered valid knowledge, along with the philosophical and the theological; on the other, there are beliefs, intuition, magic, idolatry, opinions (the way of thinking of the peasant, the indigenous groups, the non-Christians) (Santos 2009, 25-27).

Global abysmal lines have shifted throughout history. While former colonialism supposedly came to an end in the 1960s and 1970s, thanks to independentist and decolonisation movements on different latitudes, nowadays *abysmal thinking* remains. There is still a division between the human and the sub-human. The approach of an epistemology of the South highlights the current existence of colonial structures, beyond a clear cartography where the distinction of ‘those on the other side of the line’ has expanded from determined colonial territories to a more fluid segregation. For instance, in the last few decades undocumented migrants and refugees have all been labelled as a major threat and therefore harshly displaced to “the other side”, physically, epistemologically and often violently. There is still an abysmal linear division where the creation of something means the invisibility of “that other”, imposing a hegemony with a remarkable flexibility that plays with the corruptible nature of capitalism and democracy. The power to rule was named colonialism in the 16th century; nowadays, Santos refers to a more abstract entity in global dynamics that exercises indirect rule beyond the role of the States. New, powerful entities have taken control of the well-being of people through the restriction of basic needs such as clean water, land, transport, education, and healthcare. The privatisation of these elements has not just hindered human rights, it has also encouraged a global inequality where some parties are able to take advantage of certain groups of people. In a sense, this is a form of fascism. Perhaps it is not the harsh fascist State of the 1940s that needed a dictatorship to support itself, but Santos nonetheless points out a cultural and social fascism that segregates people. There are places around the globe where fascist social apartheid divides the ‘civilised’ from the ‘savages’. One can recall the physical borders between countries, or the walls that isolate, safeguarding wealthy neighbourhoods from *favelas*. And there are also all the ‘invisible’ lines within the cultural, economic and social spaces from which people have been blocked, then boxed in. In a configuration where the well-being of most people is in the hands of private entities, fascism is expressed by those who control goods and services as they can also control people (like the owner of a factory, who owns not just the machines but exercises power over the workers who use them). We have arrived at a time where abysmal lines are embodied within liberal democracy and open capitalism, allowing not only their perpetuation but even their self-reproduction (Santos 2007 & 2015).

Under this analysis, Boaventura de Sousa Santos suggests a contra-movement to develop a post-abysmal thinking, where one needs to perceive the (still fragmented and embryonic) signs to glimpse a transformation. In other words, an epistemology of the South promotes a change towards social justice through *cognitive justice*. In his own words, Santos recognises this is not a new

proposition (*Epistemologias*, 6 April 2017); there are, and have been, several manifestations and organized social movements against hegemony, which stand for equality and the recognition of diversity. The addition of epistemologies of the South is its defence of other ways of understanding the world besides that of the dominant discourses of the West. Here, there is no aim for a *new* single hegemonic thinking, but instead a recognition that knowledge is actually inter-knowledge, as the world is inexhaustibly diverse.

This perception is shaped by the term *ecology of knowledges* (Santos, Nunes and Meneses 2007), which embraces diversity with the premise of a radical co-presence, which sees all knowledge, before it was divided by abysmal lines, as contemporaries on equal terms. Departing from the monopoly of scientific knowledge, an ecological approach inspires a social and scientific experience that allows an encounter between all forms of thinking. Scientific perspectives are not obsolete, but could participate in a more horizontal dialogue with other epistemologies. Here, an interesting observation from Santos is the unstable sense of ignorance. What is understood as a lack of knowledge became a malleable definition if different forms of valid knowledge are recognized; then, the goal is not just to acquire more “new” knowledge but also to remember our own, while realising the limitations and potential of each different perspective. It is this coexistence where *intercultural translation* takes place to perform a pliable articulation of many diverse forms of knowledge, diverse experiences of the world. Translation in this context is not only from one language to another, it is also among cosmologies, symbols and categories. Santos emphasises intercultural translation as the path to arriving at spontaneous and unexpected encounters between different forms of knowledge that can enter into dialogue and complement one another (Santos and Meneses 2009, 50).

In the Portuguese edition of *Epistemologies of the South* (Meneses and Santos 2009)⁸⁶, the work of Santos and the academic effort of cognitive justice is placed within a collection of articles from outstanding scholars around the world that engage with topics of domination, colonization, decolonization and modernity, from various perspectives. Here, political, economic and specifically social dynamics are analysed in terms of contemporary experiences of power relations. Anibal Quijano (2007) has contributed a great deal to this intellectual process by stressing the continual oppression and exploitation sustained throughout and due to capitalist constructions based on labour, race and gender. While labour is a central part of capitalist modes of production, factors like sexuality and sexual orientation, qualities like skin colour or hair texture, as well as the division of “manual” and “intellectual” work are seen not as biological or “natural” qualities, but as socio-historical constructions deployed in terms of power relations. These components have been used to create an abyss in humankind between the “superior” European and “inferior” non-European (Ibid. 2007, 24-26). Other scholars, including Santos himself (video conference, 6 April 2017) and Grosfoguel (Martínez 2013, 43) have qualified Quijano’s vision on colonialism as anarchist and unrealistic, though they echo his conception of power relations interrelated to constructions of race, gender and labour as remarkable elements for dismantling the current systems of oppression and exploitation worldwide. Inspired by such academic debates, I proposed the ethnographic approach to medical corporation as an example of sociocultural hardship. Through the life stories collected, in the following section I wish to dissect the notions of power faced in the daily encounters of Cubans and Mozambicans, as well as the way their common struggles are embedded within different social processes.

⁸⁶ Although the articles mentioned in the following paragraphs can be found in the Portuguese book *Epistemologias do Sul* (Meneses and Santos, 2009), I quote the articles in their original language and thus, in a different edition.



It was common for Cuban physicians to highlight the African influence in the island, and indeed, Cuba has a wide Afro population

The colour of the South

It is not a coincidence that one of the most noteworthy tensions in the daily relationships between Cubans and Mozambicans is related to race and racism. If we reflect on this, such topics are strongly attached to biomedical studies on the diversity of humankind. Both Quijano (2007) and Santos (2007 & 2015) mention race as a colonial instrument used to structure the imbalance of power relations. Phenotypical elements such as hair colour and texture, eye shape and tonalities, facial features and skin colour, have all been associated with racial labels initiated in the nineteenth and twentieth centuries, specifically among white European males who studied non-white societies in a quest to explain diversity “through the lens of their own theoretical and methodological concerns” (Murji and Solomos 2015, 16). Since then, there have been significant attempts to tie the concept of race to molecular research, blood type or epidemiology (Lee 2015, 26) that have led to an overall lack of scientific basis to sustain the existence of race. However, while race may not be a biological fact, this does not mean it is not real, that it is not “certainly a social reality” (Darder and Torres 2004, 5).

Throughout the decades, discussions of race by European scholars have been enriched by the valuable voices of non-white advocates that brought the notion of race into other disciplines, such as sociology or politics (Murji and Solomos 2015, 16). These different perspectives that attempt to reveal the nature and dynamics of race display a diverse, and often contradictory analysis. For instance, the antiquated aims to solidify race as an innate quality have been strongly dismissed by sociologists such as Michael Omi and Howard Winant (1994), who conceive the use of race as an abstract (yet broad and complex) notion that functions as “a central *axis* of social relations” for seeing and understanding the world. They denote this phenomenon as a “racial formation to refer to the process by which social, economic and political forces determine the content and importance of racial categories, and by which they are in turn shaped by racial meanings” (Ibid, 12; see also Miles and Brown 2003). For centuries, different societies have experienced diverse expressions of racial formations, which in today’s world still impact the way a person is seen by themselves or others (Ibid.) as race “continues to exist as part of a common-sense discourse that encompasses the accumulated and often contradictory assumptions used by people to decipher and contend with the complex world around us” (Darder and Torres 2004, 10).

As mentioned in the methodology section, the idea of what race is, as well as what it should be, became an important (as well as confusing) part of the fieldwork. One of the most vivid moments on this occurred when I confronted the question of race and identity with Maka, the Mozambican medical student who happens to be a fan of Ronaldo (see chapter 3). After talking about his perception of cultural links between Africans and Latin Americans, our conversation moved onto more solid ground. We talked about Dr. Jesús, a gynaecologist at the Military Hospital, who identified himself as black and thus Afro-Cuban, while Maka referred to himself as “mulato”. *“Yeah well, here we call “black” the pure race. People who aren’t mixed with anything else, who aren’t hybrid. Don’t you do the same?”* Maka asked me. *“Well it depends, because it’s hard to tell what is ‘pure’; there are people with indigenous roots, from European settlers, from African slaves, from Arab merchants....”* I answered, wondering why Dr. Jesús’ own views counted for so little. The interview became tense as he replied *“But you are white”* with a confident tone that clashed with my perception of myself as mixed race. This triggered a long discussion, where notions of racial self-perception and social labels became contradictory within a space of interculturality. Maka remained firm in his view, based on a biomedical analysis whereby *“there is only one human species, primate. But race is different, there are only two races based on skin colour. Black and White, end of discussion. From there, there are sub-species. Race hasn’t got anything to do with politics.”* This clear-cut dual perception of race left me with a deeply uncomfortable impotence of being classified without considering my own awareness of belonging to a specific location and historical process, as if I had no voice with which to claim my own name. *“Then – Indians, indigenous, Filipinos... they are all white?”* I went on, trying my best to understand how I came to be on the same “side” as those who displaced me as non-white in other locations. *“Yes you are, look at your skin colour: which is it closer to?”* Moreover, under such a scheme, Cuban staff were seen as mainly white, except in some cases:

“I had once a Cuban professor who was black... but Dr. Jesús has whiter skin... he wants to be black, but he is not. One thing is nationality and another is race. I am against racism, but one thing is reality. We have our differences. In my opinion, we have our differences, that’s the reality. I am not going to stop saying my opinion. His identity could be wrong. In my opinion, he should be treated like a person, not as black, or about colour. It isn’t nice to label people by skin colour.”

As the evening ended, Maka and I moved on to other topics and finished our conversation with more questions than answers. It was not a philosophical debate, but a chat over drinks that highlighted the magnitude and current relevance of the issue. Following the socialist perspective of race as a construction, I was not surprised to encounter different perceptions of race within a new landscape; nonetheless, it was still challenging to feel uncertainty on such a common element of daily interaction. Similar to Maka, other Mozambican interviewees referred to race in terms of black and white, which was problematised by the presence of Cuban physicians of mixed race ancestry. For instance, Dr. Pascoa mentioned this ambiguity as a remarkable characteristic: *“We don’t call them mulungos, but we know they aren’t Mozambicans. Some of them are black and at times, I think they could be from here. But other times they aren’t that white either... it’s hard to explain, but we know how to differentiate them”*.

This complicated quest to understand the racial connotations of the Mozambican-Cuban exchange was often an entry point to (at times sensible) discourses on racism. Bonilla (1997) reiterates the social construction of race as described by Omi and Winant (1994), and moves

towards a theoretical structure for targeting racial issues. His proposal is to recognise racism not just as an ideological product of society or an irrational ideology. When one group is seen as superior compared to others based on images of racial qualities, it represents an essential component of racial ideology that helps us to dissect the wider discourses of racialized social systems. Once a society is racialised, racialisation itself becomes a variation of hierarchy, with its own criteria and effects. Additionally, Darder and Torres (2004) have reiterated the issue of racism in terms of racialised societies, where economic and political power reinforces categories of “superiority” and “inferiority”. With a long history in modern times, racism includes components like nationality, ethnicity and religion that crystallise symbolic projections and mediations, such as stereotypes and prejudices, that place individuals between the idea of “properly human” and the animal-like “other”. Thus, by removing the essential entitlement of humanity from certain individuals, dominant groups have justified the systematic oppression and even genocide of “the other sub-human” (Balibar 2003 qtd. in Darder and Torres 2004, 7). Balibar and Wallerstein (1991) have analysed this explicit form of racism in terms of exclusion and extermination, and added a second form of racism they call inferiorisation. This can be the mistreatment of migrant labor, as has happened in Europe, and ethnic minorities, as occurs towards indigenous peoples in Latin America, Asia and Africa (qtd in Darder and Torres 2004, 14). Considering this, Darder and Torres embrace the globalised encounters that occur these days, and use the concept of multiculturalism to stress the complexity of race and racism, at a time when capitalism has reached maturity. The rapid and constant interconnection of people, parallel to political, economic and cultural factors, presents a wide diversity among and between people, which challenges conceptions of race and racism as definitive and universal. Rather, there is an urge for an interdisciplinary approach that recognises the diverse dynamics of racialisation and racial behaviour (Ibid. 14-20). Under such a premise, the racial structures presented in the fieldwork are embedded in the specific historical processes of Cuba and Mozambique; moreover, encounters between notions of both race and racism represent a challenge to the fluidity of social constructions.

“*Moçambique terra de pretos*” (“Mozambique, land of blacks”) is a common depiction of the lusophone territory on the streets of Maputo. In a way, this polarised depiction of race is reinforced by the fact that 99 percent of the population is classed as black by the government, while only 0.1 percent is seen as white, mixed race or Indian (Maloa 2016, 98; Thomaz 2006, 255). Mozambique is not an isolated or static landscape, but a vibrant and interrelated space, as I described in chapter 3. Moreover, the discourse of race can be clearly traced to colonial times, when official decrees established racial hierarchies through colonial institutions (Zamparoni 2012, 186). In 1926, the Statute of Political, Social and Criminality of the Indigenous of Angola and Mozambique officially stipulated the label ‘black race’ for the indigenous people of Mozambique and their descendants, who were thus not entitled to participate in the political or institutional bodies and were processed by their own tribunals. In addition, the colonial regulations recognised white people, which was understood as European settlers, as the ruling group in charge of bringing “civilisation”. From the 1930s through to the 1950s, as Salazar’s fascism was reinforced in the metropolis, the statute was followed by several proclamations that limited indigenous involvement in the economic, political and administrative dynamics, at the same time as it permitted the use of indigenous labour to serve the public order (Maloa 2016, 99). The only path for indigenous people to achieve a certain degree of power was through the title of *assimilado*. To reach this status, Mozambicans needed to be more than 18 years old, speak Portuguese, have been baptised and married following the Catholic traditions, have acquired “good” habits from the Portuguese citizens and have successfully completed military service (Ibid.; Thomaz 2006, 257). This was a direct expression that the concept

of “civilized” was intrinsically attached to those designated as white, while the term black was meant to imply “uncivilized” and “power-less savage.” This racialization of the Portuguese colonialism was parallel to a remarkable gap between the urban, the location of settlers and *assimilados*, and the relegated rural areas inhabited by the indigenous. In between, Chinese, Arabs, Indians, and mixed race were peoples left as ambiguous, miscellaneous minorities, seen as *outsiders* in spite of their consistent participation in both rural and urban dynamics (Zamparoni 2000, 267; Thomaz 2006, 257, 262).

Post-colonial times brought a strong anti-racism campaign under FRELIMO’s goal of creating a hegemonic nation of people with “no race”. This was translated into the introduction of diverse racial groups into the cabinet and the governmental system. Nevertheless, there were contradictory dynamics as those who were previously called “indigenous” took the lead. For instance, the new military structure did not allow white or mixed-race members, and a political and economic elite hindered a deep transformation of the racial structure inherited from recent colonial times (Maloa 2016, 101-103). Furthermore, there was a significant lack of infrastructure to support the anti-racist project, which was also prematurely undermined by the civil war. The war affected all racial, ethnic and social groups across the nation (although it was principally felt by the inhabitants of rural areas), and dismantled lives across all sectors in almost a decade of conflict. However, it did not demolish the racial structure that had been embedded in the national context since colonial times. It actually highlighted certain polarities: for example, the influence of white settlers from Zimbabwe and South Africa, who supported RENAMO in direct relation to apartheid (Thomaz 2006, 260). Nowadays, contemporary Mozambique has shifted the power relations interwoven in the racialized social structures by positioning different racial and ethnic groups within governmental institutions. Nevertheless, Mozambican society remains highly hierarchical, and the social game of class, culture, language, profession, gender and place of residence constitutes a fragmented landscape where race is seen as leverage to being an “authentic” Mozambican⁸⁷ (Ibid. 267). Power relations are still ascribed to those involved in the nation-building process, specifically the supporters of FRELIMO, who have reinforced the imposition of a hegemonic ideology, while failing to recognize the diversity of the nation or properly value the prosperity of each citizen⁸⁸ (Maloa 2016, 104; Meneses 2015, 45). This historical process has promoted a racialized system of power imbalances, specifically through labels of black and white, while disregarding potential diversification as an unclassified category with an uncomfortable racial connotation (Omi and Winant 1994, 12).

Contrary to the dualistic perspective of some Mozambicans, Cubans displayed a wider spectrum of racial categorization. Dr. Hayner, who identified himself as black and part of the Afro-Cuban movement, summarized the racialization in his homeland as follows:

“In Cuba, we call race in terms of black, white, and mestizo (half-blood) for those who are neither black nor white. Now, people interpret this differently: you have Indians, who are those with light skin and good hair (straight hair); jabao, those with lighter skin and bad hair (curly hair), mulatto,

⁸⁷ For instance, Thomaz (2006) presents the case of Indians as a large, historical group in Mozambican society that remains in limbo between the black and white labels of race, often seen as not “authentic” Mozambicans, as illustrated in the quote from Mia Couto in chapter 4.

⁸⁸ As FRELIMO took power, the notion of citizenship was problematised in terms of who is truly an original Mozambican. For instance, Hama Thai, a former member of the ruling party said publicly:

“If I were to define who is of Mozambican origin, I would put it this way: the original Mozambican is anyone who in the colonial period was known as a native (indigena). Of Mozambican origin is anyone who in the colonial period paid the hut tax. Of Mozambican origin is anyone whose ancestors or descendants were deported to Sao Tome and Principe, to Angola and to other unknown places. And I would say more, of Mozambican origin are all those who did forced labour (chibalo), all those who, after Gungunhana’s defeat in 1895, were deported with him to Fouri Island or Third Island or wherever it was exactly, to die there far away, separated from their wives, never more to father children of Mozambican origin. (qtd in O’Laughlin 2000, 5-6)”

who are closer to the indio, they have lighter skin than black people and they have bad hair.... that's how we said it, bad hair and good hair, but all of this is disrespectful. For instance, the Indian has the best of both worlds, and each category has its own qualities. In Cuba, there are some places with a white majority, and there you may find some racism against black people, as happens in Holgín. There is some hidden racism in other provinces... I studied in Camaguey, which is known for its racist reputation, but I never felt this to be the case. White people helped me a lot..."

Indeed, when I arrived in Cuba, Havana seemed a rich mosaic of people with different features and skin colours, coexisted on a melting pot of an island where they would work in the same places, live in the same neighbourhoods, study at the same schools, and go through the same economic hardships. Lisandra, a PhD candidate and advocate of the socialist party among the university students, talked of how *"race is not fixed. I find it funny when I go to Mexico and they think I'm from the coast. I consider myself mixed-race, a mulatta. But there is much more to me... Here, we have a large classification... you have chinos, jabó, mulatos... sometimes you can find all of them among the same group of friends, at school, or within your own family."*

Photo Alima Macías Rangel.



The diversity was one of the first characteristics I noticed when I landed in Havana, as shown in this picture. After living in Mozambique during the last months I was struck by how there was a wider diversity of peoples that identify themselves with different racial groups. In Mozambique, certain locations and activities were strongly attached to specific racial groups. For example, informal markets or public primary schools on the outskirts of the city were characterized by being mainly assigned to black, low income people. While expensive restaurants or hotels were spaces for white (often expats) and elite groups, where low class Mozambicans are allowed to enter as a workforce. There is no law or written rule on this matter, but the division of race and social class was certainly noticeable.

The Caribbean island, a speck in the ocean between the New World and the rest of the globe, has its own process of racial structures as an overwhelming echo of the Iberian colonialism that

unites the ports of Havana with the faraway land of Mozambique. In Cuba, the stigmatization of races was inaugurated by the intense Hispanic colonialism of Latin America. The harsh exploitation of land and labour that led to the quasi-extinction of the indigenous population soon made use of the slavery trade as an essential part of the production system. Thousands of Africans, from various ethnic groups and locations, arrived in the Caribbean from the sixteenth century onwards, hegemonically labelled as a black race where the colour of their skin became a birthmark to denote social and even mental inferiority. For the next four hundred years, slavery became a robust structure that was well-embedded in all levels of the formation of Cuban society, from rural areas, where coffee and sugar plantations dominated, to domestic services within the cities (Rodríguez 2014, 113-116). In any case, the presence of a non-white population became a target for 'otherness' by white settlers, who saw black slaves, mulatos, cimarrones, pardos, and other mixtures of race as *coloured people*, essentially different and a threat to white Cubans. Other foreign groups also participated in this process, for example Chinese labour migrants, who arrived when the British conquered Cuba for a year in 1846 (see Hu-DeHart 1999). This diversity was the foundation of a socio-cultural process to consolidate a sovereign nation and identity. Cuba in the nineteenth century was framed by a struggle for independence that highlighted the diversity and mixture of Cuban society as an act of rejection and resistance of the Spanish crown (Rodríguez 2014, 118-119; De la Fuente 2001, 7). National heroes such as the mulatto Antonio Maceo, also known as the "bronze titan", praised the intrinsic vein of blackness in a multidirectional flow towards an authentic *Cuba libre*.

By the middle of the twentieth century, at a time when slavery was still present on the other side of the ocean, the triumph of the Cuban revolution broke down the various layers of colonialism. Through the abolition of private property and a reconstruction of the means of production, the socialist approach of Castro declared all forms of segregation obsolete and immoral, either due to social status, gender, or race. The colonial elite in the political and economic sectors were severely eroded, and often opted to emigrate as their properties and rights were taken away. Under such mobilization, a new state promulgated drastic changes in the social and political structure of the island; the revolutionary government explicitly prohibited any kind of racial exclusion, reforming the agricultural dynamic, giving ownership of the land to peasants, who were mainly black and mixed-race Cubans. In addition, the socialist structure promoted access to housing and education (beginning with massive literacy campaigns), as well as access to the job market and healthcare for all citizens. The aim was to overcome any form of exclusion and achieve equality at all levels to form a solid, revolutionary Cuba. From this perspective, racism was not only morally shameful, it was also an obstacle to the revolution itself (Prieto and Rodríguez 2006, 44-45).

"Racism? The revolution erased that kind of thing..." an elderly woman told me in the neighbourhood I was living in old Havana, underlining her pride with smile. "Haven't you see my next-door neighbour? The black transgender?" the lady went on, giving voice to the idea that the revolution had also erased racism, as socialism is the embodiment of equality. She then added "We are friends, even if she follows that thing... Santeria, the religion of the blacks", which left me with a contradictory conclusion. In the following weeks, I often heard comments that denoted prejudices based on skin colour. I can vividly recall when I met a veteran of the Angolan war in Pinar del Río, who started a conversation based on my nationality: "In my opinion Mexican women are ugly because they have indigenous blood" he told me, while I tried to change the subject. As we moved on to his experience in Angola, he ended by describing black women as "monkeys...they only miss the tail." Such aggressive and direct comments were

certainly uncommon, but there were several acts and words that shared sentiments of racism, even among those who were kind and welcoming towards me. It was shocking to meet people who would collaborate day by day with people from different backgrounds, that would share personal and even intimate relationships, but would still be able to speak the phrase *"I don't want to sound racist, but..."*.

This contradictory environment offers a fructiferous analysis of race and racism when social structures, embodied in governmental institutions, are actively grounded and directed against segregation. The officially anti-racist claims of the revolution have prevented open, conscious dialogues about racial issues in contemporary Cuba. As socialism spread a sense of unity, racism has become a polemic term in public arenas, often seen as a taboo topic cancelled out by terms like "revolutionary" and "the Cuban people" (De la Fuente 2001, 355). It is only since the mid-1980s that racial problems have been seriously addressed, despite the legislative and institutionalized efforts towards equal opportunities. Prieto and Rodríguez (2006) describe these latent racial concerns through a demographic scope of anthropology. Their analysis points out that black and mixed-race Cubans have a greater propensity to inhabit low quality housing and have less access to the most profitable economic sectors, despite their access to education. At the same time, they are abundant in the low paid agricultural and construction job markets, as well as in tourist-related positions, as long as they are less visible to clients (for example inside the kitchens). In terms of alternative sources of income, white Cubans are the main beneficiaries of remittances, a reality linked to the racial background of migration (Ibid. 46-49). Furthermore, this study included prejudices and stereotypes, often hidden behind the assumption that racism was an issue from the colonial past, or when is compared to institutional racism in countries like the US. The image of black, white and mixed-race people at different social places like labour groups and family networks still recalls the colonial patterns of exaggeration and exoticisation, especially towards the black population, who are seen as violent, rude, arrogant, and linked to illegal misconduct. On the one hand, there is also the idea of Afro-Cubans as creative, athletic, strong, hard-working and cheerful. Mixed-race people are also seen as a more neutral category, between black and white, which has inherited elements of both sides to be a "different" group. Such stereotypes and prejudices highlight the ongoing disadvantage of black Cubans, and to a lesser degree those of mixed-race, despite the socialist infrastructure. There is, on the other hand, a recognition of racialization in the socio-cultural landscape of Cuba, especially by the youngest generations, who point to an optimistic future through the intercultural exchange happening within different layers of society, especially in the conformation of mixed race families and friendships (ibid. 51-53).

This disruption of racialization since the revolution is connected to the medical field with which this thesis is concerned by the national educational system, which reinforced the creation of boarding schools, especially high schools such as the Isla de la Juventud (where some Mozambicans studied) to promote the multi-racial coexistence together with an active effort to promote diversity in all social sectors (De la Fuente 2001, 337). As mentioned in the introduction, medical internationalism has made use of the diversity of the Cuban people to claim a more horizontal approach. The contribution of Afro-Cubans has been described as particularly significant in their foreign policy towards Africa, especially Afro-Cuban females (Blue 2010, 36-37). On this matter Dr. Marcela, the director of the Cuban cooperation in Mozambique, testified that:

"Nowadays there is no preference; the thing is that many of us, Cubans, have African ancestry. Within the ethnic groups of Mozambique, like the Makuas of the North, in Nampula, there is a

strong connection with Cuba. The same goes for many parts of the North of Africa and the Sub-Saharan area.”

Among the life stories I collected, it was indeed common to find Cubans who described themselves as Afro-descendant, even if they would also claim white ancestry. There was a tendency to highlight this remarkable mixture as part of the Cuban identity, especially due to the cultural and social contributions made by African slaves. For instance, Dr. Carlos, the interviewee who has spent the longest in Mozambique, on the positive adaptability of Cuban staff in Maputo, answered: *“Look, our roots are African. In all of Latin America... but especially in Cuba.”*

Nonetheless, this recognition of the mixture of their homeland and the relevance of African heritage on the island was interpreted as an omission, when compared to the racial context of Mozambique. Cuban staff often referred to their tendency to be seen as white as being equated with wealth and power, a position that places them in an unstable situation. Although they did not describe this as a critical or threatening situation, they stressed the differences between the notions of race in both countries, which are deeply attached to the social dynamics that frame their daily interactions.

“We are a pretty well-known community and I would say we are well accepted. But yes, sometimes I feel discriminated against. I’m married to a Mozambican woman and I don’t think there is any problem in that, because in Cuba we are a mixed population, most Cubans aren’t white. Here, sometimes I heard them tell me ‘why are you here, go back to your country’, but I didn’t see this as racism. I would say Cubans are well accepted in general. We and the Mozambicans are equals.”

Dr. Carlos went on to tell me his perspective after living almost thirty years as a Mozambican citizen *“And what about the advantages, are there any due to your nationality or appearance?”* I asked him, as I sat in his neat consultation room in a private hospital.

“That will always happen. Sometimes people think these advantages are because of an ethnic background and they forget where one comes from. Of course, you have more chances to meet a Cuban who is an engineer, an architect or a doctor than a Mozambican with the same position. But the difference is not because of race, but because of our context. In Cuba, everybody has access to the same education. And you have some countries in Central America, where Mozambicans would say everybody is white, and they have a level of poverty that’s actually scary. I know that there are serious issues here, of illiteracy, poverty, high mortality... it’s not the context of Cuba, and it’s hard to compare this to Nordic countries where everybody has great opportunities, but here they interpret these differences as something racial. I would say this is because of a lack of communication and education. There are people out there who promote xenophobia and segregation, they are not interested in change, or they don’t want to get involved with politics... it’s hard to explain this whole situation.”

As a matter of fact, Mozambicans also had a hard time explaining the racial aspect of their encounters. Similarly, Cubans they tended to describe the exchange as harmonious, until I asked them if there was certain preference among the patients for certain staff. *“Once they know who is a foreigner, they think they are better. Sometimes they look Mozambican, but the first Cubans here were white... and there is the belief that foreigners are more intelligent, more*

capable. It doesn't matter if they are a nurse or a student and you are a doctor with a speciality, they are seen as better" said Dr. Pascoa, speaking from her experience as a theatre nurse. Later on, she compared Cubans to the Portuguese and other European colleagues: "I would like to travel more, maybe work abroad... but I'm afraid of racism. There are some Portuguese who are pretty racist, but the Spanish are calmer. And with Cubans... it depends. They don't express it directly, but you can feel they aren't comfortable. But others are very nice, and funny, more open minded than the Portuguese." There were also prominent comments on how the Cubans who had trained future Mozambican doctors tended to have certain racial prejudices. Maka, the student with whom I had a long conversation on race, stated firmly that "in my opinion, Cuban professor had preferences for those students with a lighter skin colour. They are good professors still, like professor Palacio, he was my favourite... but still, sometimes I felt they preferred my lighter skinned classmates." This subtle tension related to racial behaviours was often resented by Mozambicans interviewees, who were aware of the racial issues, despite the claims of mixing and miscegenation by their Cuban colleagues. They stressed the image of Africa as exaggerated and weak, as well as the resentment towards black people, even among Cubans (Dorsh 2011, 301).

Despite the superficial picture of tolerance concerning racial recognition both within and outside the medical infrastructure, the encounter of Cubans with Mozambicans is also a clash in a racialised context. In a sense, they do share a complex concept of what race is, as well as hierarchical stigmas attached to constructions such as social class, while at the same time being a product of the specific historical dynamics present on both sides of the Atlantic. It was striking to observe, and sense, two different notions of what race is and how it is presented within the different layers of daily life based on their colonial inheritance. As Cubans and Mozambicans develop their shared spaces, their own perceptions of race and racism are constantly tested to (co)exist with their classmates, teachers, colleagues, friends and partners, who participate in other forms of racialization. These encounters with diverse forms of racism stretch the limits of their horizontal medical exchange and interculturality.

(Último?...⁸⁹) The coins of the South

The systematic racialisation of Cuba and Mozambique is a piece of the social puzzle, where class is inherently embodied in the roots of the racial segregation present throughout history. As previously mentioned, the Iberian colonialism brought about specific forms of social hierarchy, where physiognomy was interlaced with a system of oppression that often favoured modes of production. Class, as with race, can be dissected as "a concept that allows us to organize differences by grouping things or people into different categories depending on their resemblance or non-resemblance to each other according to certain criteria (and we are free to choose whatever criteria we like)" (McAll 1990, 4-6). If race began through the intellectual labour of white males in Europe, it is not surprising that social class was also framed in parallel, as a classificatory tool, and while this does not explain much of what is actually understood by class, it has become a distinctive element of social construction and thus must be analysed in close accordance with specific contexts. A Marxist analysis would define class in economic terms,

⁸⁹ I could translate this as: "Who is the last one?"; this was an odd question I heard all around Cuba. In most non-touristic places, from bus stations to ice cream shops, the queues tend to be so long that people would sit and chat around instead of wait in a line, then, one must literally scream to know who is the last person in the line, remember his or her face, or even ask their name to respect the streets laws. Although at the beginning I felt kind of embarrassed to scream at each place I arrived, I soon realized this is a daily dynamic that Cubans take with humor, to laugh of the system, of themselves and their lives waiting for something to come.

based on forms of production, and how consciousness arises from the activity that individuals perform to survive in a social system of production and exchange (Ibid. 11). Moreover, social stratification in more recent analyses has been depicted as a crucial part of the identity path of individuals – how people see themselves, how they are portrayed by others, and who they become. Social class has a crucial role in the self-making and sense-making of individuals and societies as a whole, which is in direct dialogue with power relations. Strongly attached to political and economic fibres, the discourses of social class are mainly bounded by dominant groups, which limits the agency of the working classes to frame their own account on the edge of inequality (Reay 1998, 260-266).

The gap in income, opportunities, access to basic services and privileges in Mozambique, as well as in Cuba, has been severely constrained by the aforementioned power imbalances throughout their respective histories. The systematic divisions drawn by racial and social class constructions have run parallel to the unstable economic structure that has led to a questionable level of human development in Mozambique. While Portuguese rule was characterized by its weak presence in Southern Africa, the poor economic recovery during the 1950s and 1960s inherited a broken, independent nation with one of the lowest life expectancies and highest mortality rates in the world (Santos and Trindade 2003, 150-153). With the entrance of FRELIMO and its socialist tendencies, their efforts to nationalize the principal Mozambican industries and promote overall growth soon became frustrated by a crisis in the 1970s, and then by the devastating war. Post-war Mozambique became a playground for neoliberal measures, which cornered the initially socialist dogma of FRELIMO to fit the “development” pattern through adjustments in the world market and a pursuit of democracy to suit international demands and welcome aid (Motta and Gunvald 2011, 5; Sumich 2010, 680). Critiques of this international intervention have been sustained during the small improvements seen in human development within Mozambique and the actual reconfiguration – which does not translate exactly to a resolution – of social inequalities. There was economic growth, hand in hand with peacekeeping processes, which satisfied the search for development. Nonetheless, the gradual adaptation to a capitalist model has centralized power in the hands of FRELIMO. The party may be recognized, in national and international arenas, as the legitimate ruling entity in a democratic nation; nonetheless, the capitalist means adopted have also reinforced the concentration of wealth in the hands of the devoted followers who are able to secure their privileged position, while more than half of the population lives in poverty (Sumich “The Party and the State” 2010, 696;). There have been policies to tackle inequality in Mozambique, such as the Strategy for Reduction of Poverty (PARPA II in Portuguese). However, with a background of corruption, local and international parties have failed to confront the deep differences between the elite and the working class that still appear in the dichotomy of rural-urban. The weak presence of government in the agricultural sector and the failure to deal with increasing urban poverty, especially in the largest city of Maputo, has contributed to a social division that delineates the fragmented landscape (Sumich “Nationalism, Urban Poverty” 2010, 1-12; Congura and Hanlon 2010, 25).

The Cubans and Mozambicans I met, both inside and outside the hospitals, were individuals in constant motion within the fissures of the social scenery of Maputo. The national healthcare system, an unhindered reflection of the daily imbalance of power, positioned the medical staff in a paradox of health as a human right, set against the remarkable financial backing of the pharmaceutical and medical industries. The division between private and public institutions was portrayed by the interviewees as two different worlds, as if the peasants and inhabitants of the slums that arrived to seek treatment were as far as possible from the slender middle and upper Mozambican class, who could afford private hospitals. Elements such as access to water, nutrition, sanitation, violence or working

conditions are all particles of social narratives, which solidify the daily routines that support well-being. The access to healthcare and its quality are, in fact, constantly constrained by modes of inequality; their interconnection is essential to not only recognizing the poverty of Mozambique, but also to addressing the unstable social tissues that enclose health overall (O’Laughlin 2010, 5, 17).

During my time in Maputo, I came face to face with several stories on the impact of lifestyle on the health conditions. A good example was when Inocencia, the young lady who worked at my student residence in Maputo, was suddenly transferred by *Clean Africa* to cover a night shift at the airport. As a single mother in the city’s slums, Inocencia had to take the public transport in the dark, work the entire night, then take care of her baby during the day. This working rhythm, the stress of arriving safely each night, and her daily efforts to provide the means and care for her baby led her to a weakened health condition that caused her to lose her job. In addition, she was dismissed as “undesirable” when she tried to work for an expat family, who would only hire her if she took a medical test – i.e. if she could dispel their fears of tuberculosis, AIDS and all the evils of the world outside the neat, high class neighbourhoods. “*I’m a clean person*” she told me when I asked her if she wanted to go to a hospital “*I’m not sick, I’m just exhausted...*” Inocencia answered with a sarcastic smile. In her view, a visit to the doctor would be of little use if she did not have the means to provide for herself and her family.

Behind the walls of the Central Hospital, Mozambican staff were well aware of this sort of difficulties:

“It’s not easy” Pascoa told me. “We treat the poorest of the poor, and you must adapt to that. It’s a very different atmosphere to a private hospital, and some doctors are only looking for money.



Rooftop of a neighbouring building in Havana

Photo Alina Macias Rangel.



Rooftop of a neighbouring building in Maputo.

Photo Marina Costa Masetti.

Here you have to be with the poor, people in harsh situations, and you need to be patient, you need to explain many things to them....”

Physicians, nurses and other medical staff must handle the social background of their patients as an integral element of their health. Furthermore, their own performance as suppliers of healthcare is equally relevant to the social dynamics of Maputo. In fact, some of them, especially those who studied in Cuba, described their humble origins in rural areas and recognise the harsh conditions they (fortunately) left behind. Although they did not portray themselves as being part of a Mozambican elite, they were conscious of the gap between themselves and most of the patients and workers at public institutions⁹⁰. The fact that they have a profitable profession gave them a certain financial stability, and as most interviewees had several years of experience, they depicted a lifestyle where all their needs were covered, and they could even afford some leisure time. This of course varies from person to person, with those working in the private sectors or who occupy higher positions as the most prominent examples of a comfortable social and economic status. Within the hierarchical medical working space, Cubans represent a malleable group. There are those who have been in Maputo for decades and established a good quality of life; nevertheless, most Cubans with temporary contracts are actually seen by their colleagues as “*people who want to get out of poverty*” (Dr. Teresa, pers. comm.).

The authorities for the Cuban cooperation in Mozambique stressed the importance of their collaboration in terms of the low human health indices: the high levels of mortality and the low life expectancy result in critical conditions that “*you simply cannot find in Cuba*” (Dr. Alexis, pers. comm.). On the one hand, a comparison of social class struggles, within and between Cuba and Mozambique, is a topic that highlights the weak economy of the Caribbean island and promotes the horizontal approach I mentioned in the previous chapter. On the other hand, there was an emphasis on the socialist nature of the Cuban society that interviewees described, often with pride, as a more equal situation. “*Life is hard, but nobody dies of hunger in Cuba*” (Manuel, pers. comm.). The position of Cubans in their internationalist missions has been deeply reformed since the 1990s, when the economic crisis of the Special Period eroded social dynamics on the island. It is not surprising that, as a result of financial hardship and political instability, especially in the international arena, a restructuring of Cuban society allowed the re-emergence of social inequalities. As the national economy decayed, the visible hand of the state opted for rationing measures, a relaxation of private initiatives, especially in the touristic sector, and the gradual allowance of remittances (Prieto 2008, 145). These reforms did not, however, undermine the control of the state and its socialist promise to preserve equality. Nevertheless, the focus on social elements such as education and healthcare, while neglecting the inefficient sustainability of the economy, has led to an imbalance that has eroded social dynamics among Cubans (Mesa-Lagos 2005, 184, 200-202). There has been some improvement in the last years, but the scar of poverty and inequality has made fragile the dream of an equal and harmonic island.

Those who are currently working in Maputo did mention the economic struggles as a crucial characteristic of their nation, one that heavily influenced their decision to depart. Nonetheless, there was a nostalgic aura in their voices, a melancholic tone that accentuated their love for a home on the other side of the ocean that softened the conditions I encountered in the Caribbean. Once in Havana, the narratives of daily social struggles were part of a bipolar speech that at times recognized the uniqueness of Cuba as a socialist and sovereign state, where people support

⁹⁰ Just between 1989 and 1993, GDP fell by 33 percent and the production and export rates remained more than fifty percent lower than in 1989 (Mesa-Lagos 2016, 201).

each other to overcome any obstacle; in other moments, while living in the *solares*⁹¹, people in the neighbourhood invited me to look carefully beyond 'Havana' to see *la Habana*⁹² (yes, with a 'b'), where people – even those who are most devoted to the party – must get up every day and hustle if they want to eat by the end of the month. Phrases such as “*could you help me to get a Mexican visa?*” or “*next month I'll try to cross to the US*” were not uncommon in the recurrent complaints of the limited options for improving their lifestyle, as well as the great impediments to moving to new destinations. When I revised the fieldwork I made in the Caribbean, I remember the overwhelming feeling of frustration and bewilderment when my neighbours, friends, and people I chatted with in the street shared with me their stories of their love-hate relationship with their country:

“I don't think Cubans are greedy because they crave certain “luxuries”. This is nothing extraordinary. But I feel like they are stuck in in the supposed peculiarity of the “Cuban” as a kind of mythological creature, like a chameleon, invincible and heroic.⁹³ And at the same time, they have this will to grow, to change, to travel, to be able to compare themselves with the rest of the world and move forward” (Fieldwork notes, 2 December 2016, Havana, Cuba)

Comparing this kind of remark to the governmental descriptions of medical internationalism, the family of Maria Elena comes to mind as an echo of the Mozambicans who perceived their Latin colleagues as a migrant group with limited means. This does not mean there was a sentiment of pity, nor did Cubans themselves ask for any kind of mercy. Nevertheless, they stressed how the economic and political shifts in both countries have (re)shaped their own social class affiliations, and thus their encounters with foreign groups.

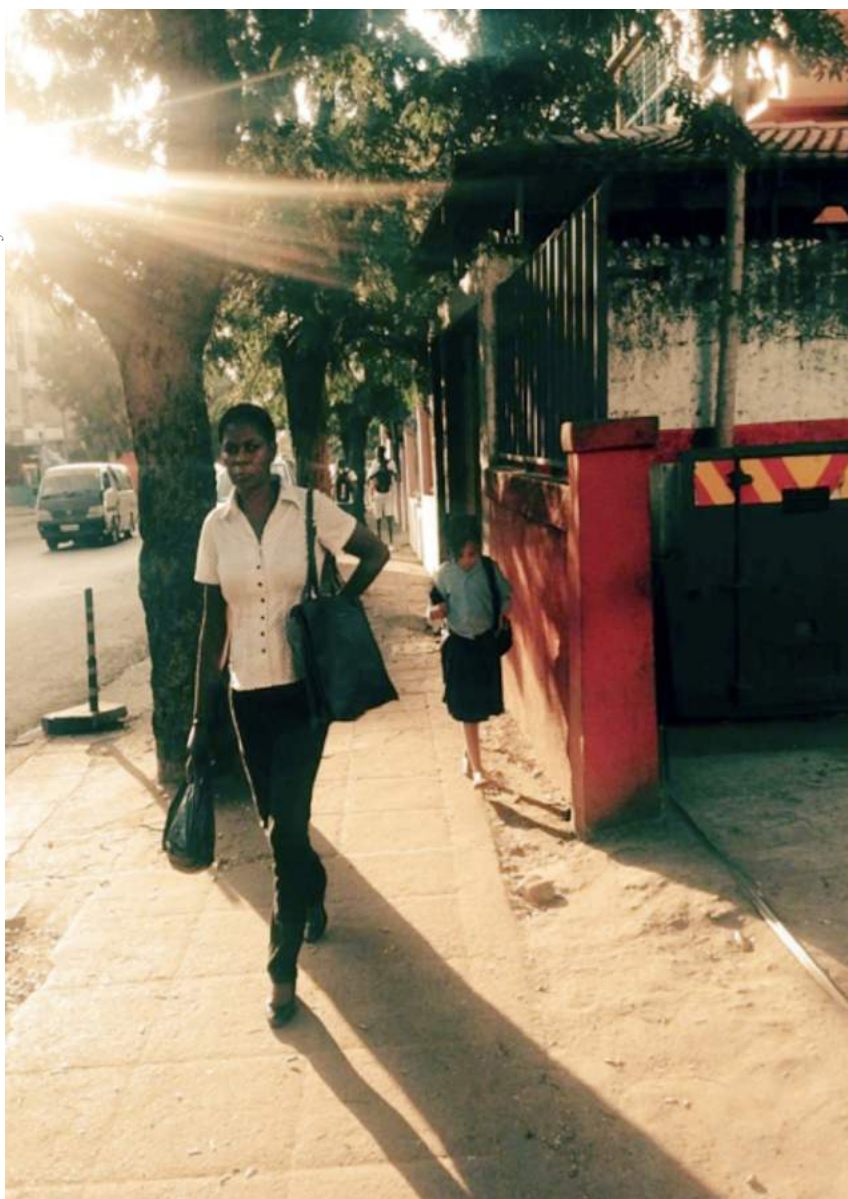
“Now, we are the poor” Dr. Ricardo told me, while he compared his first mission during the war in Angola and his latest trip to Luanda from 2010 to 2014. *“One is there depending on the government. For example, I got only 200 dollars, but I knew I earned way more. And 200 dollars in not enough in Angola. The cleaning staff earned 300, I got less than them. Nurses with less preparation and experience than me earned much more. For them, I was poor. Nowadays there is a new social hierarchy. There is an elite with shiny shoes, new cars, with so much money. One can notice how much it has changed. There is more infrastructure, new highways, new shopping centres and there are more expats... investors, from China, Russia, America. I remember how during the Christmas holidays we would have a dinner, to celebrate between colleagues, and they would ask 100 dollars per person... that was half of my salary. So the Chinese and the Russians said: you don't have to pay, Cubans come for free! We were the poorest in the group...”*

There is a significant difference in economic contexts between Mozambique and Angola, but Cuban staff on internationalist missions have important financial restrictions that have impacted their awareness of class and identity. Closely related to other social variables such as race, the grassroots participation of Cubans place women and men within a fragmented and erratic land of social stratification in which they must negotiate their position throughout their encounters with locals in their own daily lives to construct a better life.

⁹¹ The slums of old Havana, which were once enormous colonial houses and are now literally crumbling down, providing poor and sometimes unhealthy living conditions to thousands of Cubans.

⁹² This game with the English and the Spanish name of the city is used to mock the touristic image that has made the historical centre a bubble of renovated colonial buildings, “traditional” Cuban music and cigars, while a few blocks away most inhabitants lack proper housing and prefer reggaeton over Buena Vista Social Club.

⁹³ Here I refer to their pride behind the self-perception of Cubans as resilient to overcome any economic or political struggle.



Mother and daughter in their way to school in Maputo

The shapes of the South

“There in Xai Xai (see appendix 2), my gynaecologist is a Cuban doctor, a woman. Yeah, I like her, I trust her.” Diana, my interviewee, smiled. We were having lunch at the Eduardo Mondlane avenue at the end of the Southern winter, and despite my eagerness to practice Portuguese, we only talked in English⁹⁴. *“I feel there is no difference between a Cuban or a Mozambican doctor, but with her I feel... more discretion”*. We met at the student residence of the University of Eduardo Mondlane through common friends, and we used to go around the city, enjoying the student exchange with Mozambicans and internationals. It was the perfect environment for practicing languages, learn new dance steps, and even debating. As was the case one afternoon in August, when the arrival of several Brazilian students who defined

themselves as part of the LGBT community began a discussion with local students. Diana was there, and she did not hesitate to state her homosexuality, with joy and even humour, sharing with me her favourite moments of the latest lesbian show *Orange is the New Black*. *“I am not ashamed of it at all, but I cannot tell my parents. I mean, they pay my bills, right?! Hahaha, but maybe that’s why I like to visit my gynaecologist, I don’t feel like she judges me... and she will leave in a few years.”* While I was listening to Diana’s voice, the ethical principles mentioned by Cuban professionals, which highlighted their approach to the patients, came to mind. Although less visible than issues of race and social class, the topic of gender became an important point of discussion that contrasted the social realities in both countries, and was a relevant concern in the healthcare environment.

Moreover, it is difficult to talk about gender in Mozambique without stressing the high degree of gender inequality experienced on a daily basis. The historical disadvantage of women in terms of

⁹⁴ In fact, this was the only interview I conducted in English during my time in Mozambique. Diana and other Mozambicans student at my residence were not only outstanding students, they were also enthusiastic friends who were eager to meet and exchange ideas with young people from other latitudes, even if that meant learning and practicing new languages.

access to education, the labour market, wages, proper working conditions, vulnerability to violence and their position in power relations is often a crucial element of segregation and oppression, along with the construction of race and social class (Tvedten et. al. 2008, 12-13). The same evening, Brazilian and Mozambican students were discussing the acceptance of the LGBT community, and there was a story told of a school experiment where an actress performed the idea of a 'Mozambican mother', with a heavy package on her head, and groceries on each of her arms, walking to the bus station while holding her baby on her back. Right by her side, her husband would walk lightly, without any weight on his shoulders, nor a cloud on his conscience. "The audience said it was normal, how it's supposed to be. That's the place of Mozambican woman...right?" said Lindberg, one of the young Brazilian exchange students, who was ready to start a discussion on a matter that is widely recognised, although poorly addressed.

Already in 1973, when independence was still a burgeoning achievement, Samora Machel opened the first conference to inaugurate the *Organização da Mulher Moçambicana* as an innovative governmental organ, a "structure of FRELIMO as a new arm of the revolution that must reach all the woman that have been at the edge of the transformative process that is taking place in our country. It is the Organization of the Mozambican Woman that should bring the millions of women in our country towards their emancipation and the revolutionary fight" (my own translation) (qtd in Iglésias 2007, 138). This socialist goal to value female contributions to the revolution is a common ground in independent Cuba and Mozambique. In the Lusophone nation, this initiative has been captured in several local and international projects to improve human development within the country. Programs such as PARPA II, the New Partnership of African Development (NEPAD) by the African Union (ibid. 141-142), to donor-driven attempts supported by the UN and Northern countries, have tried to address the empowerment of women in order to support the complex configuration of gender in the widely diverse landscape of Mozambique. From Maputo to the Northern province of Nampula, and from the war zone in Sofala to the South African border at Manica (see appendix 2), the ethnic particularities of each location have been reconsidered by recent analyses as a crucial way of better understanding the gender dynamics within Mozambique. Beyond notions of (under)development, elements of patriarchal and matriarchal structures that, together with variables like age, religion and culture, demonstrate various layers that underlie the constant claims of poverty as an intrinsic adjective for (black) Mozambican women (Tvedten 2008, 15; Arnfred 2011, 3; see also Amadiume 1987).

Furthermore, the sociocultural issues that interact with female bodies have been seen from a feminist perspective as fundamental to the efforts to dissect the biomedical field, as well as contemporary notions of health (see Clarke and Olesen 2013). Thus, the multiple layers of Mozambican society are part of the question, and the answer, behind the malnutrition of children of single mothers, the treatments needed due to domestic violence, or the higher rates of AIDS/HIV among women, especially those in their early twenties (Tvedten 2008, 13-14). In other words, gender inequality, as a consequence of the specific realities experienced in Mozambique, is a relevant issue in the national environment of health, and should be addressed by biomedical approaches.

When discussing such topics with the staff, there was an awareness of how gender influences their performance:

'In terms of gender, I don't perceive much of a problem. I work at the Ministry and here I work with more women than men. And there has been a change, now there is the Organization for the Mozambican Woman they are included more in politics... but socially, I see a lot of discrimination towards women. Here for instance, there is a department in charge of gender violence. We

(Cubans) have specialists in legal medicine that have done some pretty good sustainable work. There are efforts going on right now... but this has happened historically. It's hard to change behavioural patterns, social patterns from one day to the next. This needs an entire process of dialogue, divulgation and disclosure. You see posters now and then about equality... but you can still perceive it. Look, in Cuba, we have four decades of revolution and we have worked hard to change this. Latin culture is misogynist and there are, still, several demonstrations of it. You don't change that in a day." (Dr. Alexis, pers. comm.)

The constant comparison between gender roles in Cuba and Mozambique was often seen in terms of advances: how Cuba, thanks to the revolution, ranks better in terms of equality, even if by a small margin. Based on closed socialist premises such as FRELIMO, revolutionary Cuba has reinforced policies and social strategies to challenge the gender dynamics, that it considers as inherited from colonialism and imperialism. The feminine role within and towards sectors such as education, government and healthcare has been stipulated as one of the goals of Castro's programme to pursue equality. Positive figures for the number of professionals and fair wages, for both men and women, have been noted by authorities as valuable proof of the national social structures overall (Castañeda et. al. 2010, 134-136). Furthermore, the internationalist mission, a pillar of foreign agenda, has been used as an expression of the advances in gender issues, based on the free access to education. In the medical field, the participation of women, especially those of African descent, has increased drastically. From the beginning of the 20th century, when white males dominated the biomedical profession, to the national medical field being 70 percent female in 2007 (MINSAP, Anuario Estadístico 2007: Cuadro 106 qtd in Blue 2010, 37), the participation of Cuban women from different backgrounds is another component of the *Cuban way* of performing medical cooperation.

Photo Alina Macias Rangel.



Police officers in the pier of Havana. As aforementioned the role of Cuban women has been addressed by the revolutionary governments.

“Fifty one percent of the (Cuban) cooperation are females; there are more women in Mozambique than men. Our country has strongly defended the status of women, and the Cuban woman is independent, self-sufficient and fights for herself. So, we have broken many barriers, we have had the opportunities, the education to be prepared and to leave, to work abroad. In forty years, I’m the first woman who has ever managed Cuban internationalism in this country, and I’m really proud of it, everybody is proud of it. “

This was the answer of Dr. Marcela, the president of the Cuban mission in Mozambique. During our interview at the Ministry of Health, in between the office rush and morning coffee, she was confident and consistent in each of her answers. Then, without thinking twice, she expressed her view as a female in a high-ranking position.

“It hasn’t been easy, I’m here thanks to my education and my knowledge, that is what has earned me the respect of my colleagues. It’s hard because you must face them and let them know that men and women have equal capabilities. You really must earn their respect. But there are remnants of inequality. African women, not only Mozambican women, have really been mistreated. They don’t have the space they deserve. And then I arrived, a woman in charge... But well, I have managed to win their recognition through my professionalism and my respect for the Mozambican way of doing things. I have only been here ten months; how much can you change in such a short period of time?”

I found it notable how both Dr Alexis and Dr. Marcela, the main representatives of Cuban cooperation in Mozambique, not only compared gender dynamics in their current workplace with their homeland, but also mentioned the word *time* to express the malleability of this social condition. Their testimonies merged with my own experience in Cuba, where the recurrent sexual harassment in the streets or the common stigmatization of homosexuality clashed with phrases like “*Gender discrimination? The revolution erased that kind of thing...*” (“*at least in Mozambique they would admit they have a problem*” I used to tell myself). Once again, the policies of inclusion, solidified by new institutionalized efforts, tended to be seen as definitive solutions to social stratification. Nonetheless, only a third of political positions are held by women in the socialist party, who are more prone to be unemployed, which was especially true during and after the Special Period (Lebron 2006, 771, 778); single mothers are particularly vulnerable to poverty (Espina 2008, 138); and even in the medical sector, the majority of women are found within nursing and technician jobs, while high-ranking specialisations like surgery are mainly performed by men⁹⁵ (Blue 2010, 38). In addition, when reflecting on the daily life of Cubans, including those who have migrated, there are manifestations of gender inequality that emerged in the individual perceptions of the life of each individual. The image of masculinity as the “strong sex” is still part of the social construction of gender, affecting everyday life in the constant expectation of men to carry the economic burden of the household, to be physically strong and emotionally incorruptible, sexually active and promiscuous, and ready to protect, often through control, the powerless (though kind) femininity of the Cuban woman. This imagery is, of course, not a standard guideline; on the contrary, it is also deconstructed and strongly challenged by several Cuban men and women (Hernández et. al 2014, 236-239). Still, the stereotypes and bias of gender do exist on the Caribbean island. It leaves a notable gap within the ostensibly egalitarian laws, which allow maternal leave but have

⁹⁵ This disparity has not been an impediment to sending more women on internationalist missions, for instance in 2004, Operación Milagro in Venezuela included 72 percent female ophthalmologists (Blue 2008, 38), and as Dr. Marcela mentioned, there are also a remarkable number of Cuban women in Mozambique.

no intention of encouraging the participation of males in family care; men are also characterised by a poor awareness of their responsibility for sexually transmitted diseases (Lebron 2006, 81-82). Then there are the hypersexualized misrepresentations of black and mixed-race Cubans that, prone to economic disadvantages, may end up working in the sex trade for tourists, a trade that occurs every night in the parks of old Havana.

The (multiple) stories of the South

The consequence of the single story is this: it robs people's dignity
It makes our recognition of our equal humanity difficult.

It emphasized how we are different,
rather than how we are similar.
The danger of a single story

Chimamanda Ngozi Adiche

Photo Alina Macias Rangel.



One of my neighbours in old Havana. By spending time in non-touristy areas, the idea of what Cuba is supposed to 'be' or 'look like' became a fluid reality.

Throughout this research project, I would constantly notice how Cubans and Mozambicans would describe daily issues in terms of race, social class and gender in their own countries, but at times they struggled to acknowledge how this same concerns are experiences by other societies in a distinctive manner. As shown in the previous pages, it is possible to notice how certain forms of segregation, for instance racism, are social constructions and thus are embedded in each context; and while one can depart from the generic definitions of what is race and racism, the understanding and daily experience of this concepts is an ongoing

situation in the lives of the interviewees. The way race and racism is seen in Cuba may have similar characteristics and roots in colonialism⁹⁶ in comparison with Mozambique; still, when Cubans arrive to Maputo to perform medical cooperation their self-perception of race and what is racism (as well as social class and gender) differs from the notion of their Mozambican colleagues, and the other way around. And it is highly challenging to unfold and approach these different perspectives within the daily interactions in the medical field.

Maka, the Mozambican student, feels upset when his patients prefer his colleagues with a lighter skin colour. Dr. Arleti, a Cuban surgeon, does not understand why people ask him for money in the streets, when he earns a quarter of what most of his neighbours earn. Cuban nurse Milagros is worried about the multiple cases of girls that she must treat at the Central Hospital of Maputo due to domestic violence; Dr. Ainiel, who works in a polyclinic in the slums of Havana, has similar concerns, especially among his young Afro-Cuban patients. And Mozambican Dr. Bernabé remembers with humour how Cubans saw him as an icon from 'Africa' when he studied there in the 1970s, while Dr.

⁹⁶ Here, I do not mean to simply blame colonialism and Western imposition for the unequal realities in Cuba and Mozambique. The local dynamics, before and after colonialism, are unstable processes where locals have been actively taking a role in the construction and maintenance of several process of segregation. Nevertheless, the strong influence of colonial systems on the social structures of both countries is undeniable, and has functioned as a common ground in their diplomatic ties.

Arceli, the new Cuban lady in his department, now tells his colleagues how her hometown is more than the image of Cuba as a poor and isolated place. Each of these experiences, from across two continents, describe individual perspectives of a reality; they spell out complaints, confusion and frustrations. One needs guts to criticise their point of view; after all, who can tell which experience is more valuable, more “correct”?

As this thesis aims to highlight the current and remarkable connections between Africa and other regions, I appreciate the work of Santos (2007; Santos Nunes and Meneses 2007, Meneses and Santos 2009; Santos 2015) as an academic recognition of the world’s diversity, without attempting to create a hierarchy. The concept of epistemologies of the South has been useful in approaching the intercultural encounters lived in Maputo these days. Both Cuba and Mozambique have been the setting for dehumanising discourses, of *abysmal thinking*, where some (elites, white settlers) have taken advantage of power imbalances, relegating certain groups to live in harsh conditions based on superficial elements such as colour, skin, or gender. This division has not only been physically carried through the centuries, it has eroded much more intangible and durable elements within society. The polarisation of divides such as rural-urban, black-white, traditional-modern or wealth-poverty are embedded in the self-perception of the interviewees, and their descriptions of “the other(s)”. This process is related to colonial and imperialistic patterns, elements that are also part of the historical process of both countries, and therefore deeply rooted in the social structures that remain present these days. For example, I mentioned how colonialism in Cuba made use of high numbers of slaves, who were seen as subhuman; this was contrasted with the revolution, which offered equal rights to all citizens no matter their race, and the internationalist discourse of “we are indebted to Africa”. In theory, this shift may seem a radical advance towards equality and stopping racism, and as noted in chapter 4, it was indeed a remarkable effort. However, the abysmal lines that have divided people for centuries are still (painfully) entrenched on the island. The Mozambicans who studied there do not regret having spent their youth in the Caribbean, but they were also uncomfortable with the stereotypical image of Africa that people attempted to overlay on them.

“Once, I think I was in the 10th grade... I don’t really remember. We had a class with a Cuban female professor of history. There were two classmates from Beira and they were so undisciplined! That day the poor teacher showed us a documentary about ‘Africa’... and here ‘Africa’ was Mozambique. So she told us “I saw that in Africa you live like this, in the trees, you don’t really have houses....” But first let me tell you that the Cubans love their president, you cannot speak ill of him at all. So she went on: “you don’t have a home, you are from Africa so you live in the trees”. The guys from Beira said “Yes professor, we don’t have real homes, thank you for the information. But you know, we have a really big tree in our country, and there is a another one a bit less tall, but our president Samora Machel would leave the tallest tree for Fidel when he visits Mozambique...” And the teacher started crying, it was such a drama! She left the room screaming and got the director to talk to us. Ahaha, ah!... but they were right, first, she said that Africa is Mozambique, and then she told us that we don’t have real houses and we live in the trees... They were so angry with us, but as a group we helped each other, because we were also offended.”

Dr. Raquel told me this anecdote while continuously laughing. For her, it was simply ridiculous to treat an entire continent as if it were a single, backward country. I felt a similar concern when I arrived in Havana and my friends over there were impressed with my photos of Maputo. My view of the city clashed with comments like “weren’t you scared?” or “why, if you live in Europe, would you

choose to go there". This left me thinking how the simplistic images of Africa, mainly constructed by European settlers, endured within the socialist capital. There were similar trends in Mozambique, on the poverty of Cubans, but also on the misleading representations of Chinese or Indians, as I have illustrated in previous chapters. Even with themselves, they would use the term "civilised" to contrast the rural areas with the urban, or between colonial and postcolonial times⁹⁷. I cannot say I faced violent outrageous impositions from one group to another; nonetheless, the poor recognition of other Southern realities problematised the concept of SSC and the Global South. Despite their common struggles, Cubans and Mozambicans perceive the origin and nature of such issues through their own lenses, and at times, these blind them (and all of us) to seeing different experiences and tentative improvements on such issues.

Moreover, there is a particular element that I wish to highlight in the anecdote of Dr. Raquel: her humour. This was beyond a complaint; it was a mockery of an intent to stereotype her. The fact that she still remembers it, after all these years, to describe her time in Cuba as a "*place that I like, it isn't perfect, like everywhere else, but I would be happy to go back*". This comment reveals the undertone of her experience, the different layers of her years living within another society. Following Dr. Raquel's story, I want to propose this kind of encounter as a space to reflect on the concept of *ecology of knowledge*. This notion within the epistemologies of the South represents the deconstruction of dominant, Eurocentric forms of knowledge, in order to re-valorise, reflect and open up spaces to diverse forms of knowledge, diverse modes of understanding and experiencing life, aiming for emancipation (Santos and Meneses 2009, 50; Santos, "Ask Boaventura" 2015). This outstanding goal makes use of *intercultural translation*, as a form of articulating different perceptions and establishing a dialogue to point out common concerns across different perceptions, similar solutions, but also oppositions or contradictions (Santos 2009, 53). The essence of this lies in recognising that there is a wide diversity of knowledge in humankind. Such propositions are a theory that serves as an invitation to activism and social mobilization in distinctives locations around the world.

While the details of the epistemologies of the South are not the principal focus of this thesis, I wish to utilize this theoretical framework in order to analyse the encounter of Cubans and Mozambicans as being a phenomenon where *intercultural translation* takes place, building a path to an *ecology of knowledge*. The mobility of these peoples implies a negotiation of meanings, both inside and outside the medical environment, in order to cope with different contexts. Cubans and Mozambicans each have an active role in the social dynamics through which they develop their lives; when they encounter each other, their particular perceptions of social construction, such as race, class, and gender (as well as other variables such as religion or political affiliations) are in direct interaction. For decades, this form of medical internationalism has been built on a network of human lives that are exposed, directly or indirectly, to other forms of knowledge from the Global South. Within the goal of horizontal cooperation based on solidarity, Mozambicans have come face to face with the social context of Cuba, while at the same time Cubans have temporarily or permanently moved to Mozambique and encountered local perspectives. Although *epistemisides* have been committed in both countries, and Eurocentric forms of knowledge have been reinforced, when Cubans and Mozambicans interact with each other they have the opportunity to acknowledge other forms of knowledge, experience and means of understanding a reality within their common framework of social struggles.

⁹⁷ I was concerned with how some Mozambicans interviewees referred to the term 'civilised' to describe the transformation to a "better" lifestyle. For instance, Dr. Machava, who studied in Cuba, described with pride how he was "civilised" when he arrived to the capital and then, Cuba: "They taught me how to shower, how to eat properly, how to speak Spanish...". These remarks are close to a description of the assimilated process during the Portuguese colony, and can be analysed from Santos' view of abysmal thinking where the Bantu lifestyle is seen as not only backward, but also inferior, while adopting urban and foreign knowledge and costumes are a form of upgrading social status and improving their lifestyle.

Throughout the past chapters, the life stories presented demonstrate the similarities and differences between Cubans and Mozambicans, centring around International Relations, mobility and health. Nevertheless, the daily dialogue between diverse interpretations of life is a phenomenon that affects each of these layers. Despite the scarcity of research focusing on the contemporary interconnections of both countries (and even both regions), this ethnographic approach highlights how the interviewees could describe a recognition of human diversity that contributed to the acknowledgement of the 'other' beyond the dominant stereotypical, simplistic depictions. The movement of people across the Global South is a multidirectional flow, which at times is clearly represented by facts and action, while at others is a subtler undercurrent, one that demands a high level of awareness to be glimpsed and academically dissected.

Further analysis of *intercultural translation* in the Cuban-Mozambican exchange may lead to fruitful reflections on the broad field of SSC. Outside of the International Relations approach to Southern interactions as a characteristically horizontal and "win-win" postcolonial alliance, epistemologies of the South can help to uncover the prejudices found among the Global South⁹⁸ and recognise parties that have used the cover of SSC to pursue goals that reinforce exploitation and oppression⁹⁹. On the other hand, such perspectives can also reinforce the social movements that have used the flexibility of the Global South to unite issues like race and gender with transnational modes of resistance. In terms of health and medicine, the recognition of diverse forms of knowledge is a remarkable effort to address the local circumstances of healthcare and how each society develops this environment. In the treatment of bodies, the change between illness and disease, life and death, already presents a chameleonic reality that professionals must acknowledge, even if only to a minimal degree, to discover the boundaries of their profession. Here, there is space to analyse a highly relevant search for access to quality healthcare and medicine. When concepts such as communal levels of disease and well-being enter into dialogue with scientific biomedicine, the fragmented landscape of Mozambique can be seen as an elemental background, where sickness and cures can both be found. The grassroots nature of Cuban cooperation already places their staff in direct contact with individual bodies, where social changes are born. Just as Dr. Hayner needed to acknowledge the sociocultural dimensions of HIV/AIDS in order to improve his performance (see chapter 5), the adaptability of Cuban professionals entails (at least) a certain knowledge of the cultural diversity of the lusophone nation (e.g. language and religion). Their willingness to recognize local peculiarities has already been seen as a helpful attitude within their work environment, as mentioned in chapter 5. By investigating the *Cuban way* of carrying out healthcare, we can also draw attention to the division of healthcare that occurs in Cuba itself, including the stigmatisation of religious beliefs that are related to social forms of segregation, as well as the financial shortage experienced there. These local dynamics must be pointed out as background to the national and international biomedical structure.

In a more concrete manner, this overview of Cuban medical aid through epistemologies of the South enters into an analytical criticism of solidarity. The ethnographic approach of this chapter gives a face – or rather faces, names, families, colours and textures – to the emotional discourses of "the poor helping the poor". It is relevant to an understanding of how solidarity is embodied, to recognise all variables that frame this internalising process. How can somebody have an overwhelming desire to help if they feel discriminated against? How can solidarity be solidified when the notion of the 'self' and the 'other' is unstable, even liquid, as if an ocean separates both entities? Can they (Cubans, Mozambicans and even other participants) see each other, despite the tangible and intangible

⁹⁸ For example, the advantage of foreign doctors in the healthcare system of Mozambique.

⁹⁹ For instance, the aggressive land expropriation of Afro communities in Northeast Brazil by PETROBRAS, a Brazilian company that has arrived in Angola and Mozambique under the guise of South cooperation (see De Freitas 2009, Koomen and Den Boek 2016).

distances? Focusing on the life stories collected, these everyday experiences problematise the political discourse of solidarity. Four decades after the first mission was sent to Algeria, there are approaches that portray Cuban cooperation as a static phenomenon with values like solidarity as principles of action. When carefully studying this portrait of a remarkable expression of SSC, an epistemological critique can reframe the principles of this socialist exchange by considering how solidarity stands for helping another “undeveloped” or “even worse than us” nation. With specific aid to the African continent, the stereotypical image of poverty and hegemonic backwardness has been used to awaken “an urge to help”, even if it is against capitalist imperialism. I have illustrated this simplistic view in the testimony of Dr. Raquel, though it can also be found in the stories of Cuban staff that perceive their solidarity as a contribution to the inadequate health standards in Mozambique. I do not claim that such perceptions are unequivocally wrong, but they are significant pitfalls in the medical environment. Nevertheless, including a sense of pity or a “they need us” mentality within solidarity encourages prejudice towards Mozambicans, misleading Cuban staff.



Photo Juan manuel Diez/Tetamanti.

A picture of Maputo that my Cuban friends (and people from other nationalities) use to describe as “unexpected” from an African city

“Forget the image of Africa of hunger and poverty. Now you see a lifestyle very different from the image that is exported, the picture of a topless woman breastfeeding a baby with snot and tears. Once they asked, how is Maputo? I told them, ‘an improved Havana’. It clashes with the image of Africa, in hunger and poverty, that idea I had... and the Africa I found now. Then I asked myself, to what extent can I be in solidarity and give everything from the point of view of, you know, altruism?... I think I should start thinking of my economic interests as they do. When I look at my colleagues, at the life here... this is a capitalist country!”

This was the answer of Dr. Jesús concerning the discourse of solidarity in his current work in Mozambique. In his voice, there was a courageous claim of how Cuban staff must face a diverse and complex context that demystifies their distorted image of Africa. Similar remarks can be made for the Cuban side, where their position as “the weapons of solidarity” has granted them little agency to address the socio-economic and socio-cultural struggles they must overcome far from home. Solidarity, rather than being a static and crystalline concept, has been problematised as an element of socialism. Cubans, as well as Mozambicans, are able to de-construct the political form of solidarity that is intended to frame their encounter. Throughout their daily life, they rethink its principle unity and consider the nature of the current injustice they are standing for, in a contemporary context where Cold War dichotomies are now diffused in a multipolar, and rapidly globalised world.

Furthermore, it is this focus on daily encounters where the *ecology of knowledge* proposes a more basic, more translucent reflection. When Cubans and Mozambicans live among each other, they have the chance to hear each other’s stories, and tell their own – their similarities, as well as their differences. This reveals a more personal level of analysis on SSC, one that deals with the way people treat each other (and themselves) on the streets of Maputo and Havana when they acknowledge alternative forms of living and experiencing life. As the quote at the beginning of this section summarises, multiple stories are what emphasise our sense of humanity. This speech from Adiche has been a great inspiration throughout this project. In her characteristically eloquent yet simple words, she narrated the essence of this chapter (and in some ways the whole thesis). Africa is not a single story, nor indeed is Latin America, or any part of the world. On the highways that this fieldwork took, tracing the prints of solidarity in the journeys of Cubans and Mozambicans, I had the honour of seeing the multiple narratives that are part of these encounters. Listening to their life stories, participating in their routines and prowling around the spaces where they have built their lives, the medical cooperation that I had read about in policy papers became a vibrant reality. When fulfilling their agreements in the biomedical field, Cubans and Mozambicans not only carry out medical procedures to “do their job”; beyond their differences, they also have the opportunity to realise the humanity they share, and at times, to become part of each other’s stories.

Following these reflections, I would like to end with a quote from Dr. Belquis, a Cuban psychiatrist I met through my friend Caridad, who is Dr. Belquis’ neighbour in Pinar del Río, Cuba. She visited Caridad’s home the day after her birthday party, so I sat down with Caridad’s family over some birthday cake and ice cream to hear of Belquis’ adventures: the differences between the elite in Luanda and the peasants in rural areas, the traumas of war, the common abuse of drugs among the youth, the Spanish accent in Equatorial Guinea, and how it was hard for her to understand how spirits are related to mental diseases. She also told us of the landscapes, and how the physiognomy of the Angolans compared to the Guineans, the food, the fashion. It was a long and pleasant chat, where everybody had questions and comments, more like a family meeting than a research interview. Then, Caridad asked about her relationship to the Angolans, her colleagues and her patients.

“Well they see us as foreigners... but wait, I have a funny anecdote. There are some rooms where you put patients when they get aggressive. So I was in my office and I heard somebody shouting and hitting the walls. And I couldn't focus, so I went there. It was in the male section, but anyway I went there and I saw a man making all that noise. “Bom dia” I told him. He was happy to see somebody finally come to see him, and I tried to calm him down from a distance. “What happened?” I asked him, “why are you making all this noise?”. And when he saw me, he asked if I was American or Portuguese. “No no! I'm Cuban” I told him... And then, he smiled. Can you believe it? He said “Are you Cuban?” and started singing “Guantanamera, guajira Guantanamera...”¹⁰⁰ God, it made me laugh so much! We started to sing together, and all the patients came, all the families came to see us because we were singing so loud. Then, he started crying. “Are you going to behave?” I asked him. He nodded, and I talked to the nurses so he could meet his family. After that, he always greets me every time he passes through the consultation room.”

¹⁰⁰ *Guantanamera* is one of the most iconic songs in Cuban culture (see Manuel 2006). It was written by de Joseito Fernandez in the 1930s, and inspired by the poems of José Martí (a national hero, as I mentioned in previous chapters). It is a song about Cuban identity, but it also praises respect and empathy towards everyone in the name of peace. I don't know the exact relationship this man had with Cuba, but as I looked at Dr. Belquis telling this story, I perceived how this iconic element of Cuban culture worked as a shortcut to establishing a human connection, in spite of their differences.

Conclusion

Arrivals and departures are parallel paths



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Dawn falls in Havana and people wait for the procession with the remains of Fidel Castro.

This chapter is the final stop on this journey. The beginning of this particular end starts with a reflection on the multiple layers that collide within the life stories collected in two locations. Then, I take a moment to look back and briefly summarise the arguments presented throughout these pages, and how they affect the research question concerning the embodiment of solidarity. After taking a moment to admire the landscape of the macro discourses and micro realities, I reflect on the current nature of solidarity in Cuban-Mozambican encounters on a more personal level – how it is embodied in daily life, challenging political discourses while adapting to interpersonal encounters. Moreover, I suggest rethinking the concept of solidarity itself and recognising this form of SSC as a complex phenomenon that offers the opportunity to acknowledge a wider human diversity and thus promote further narratives of daily cooperation. Lastly, I propose further questions that could allow a better recognition of intercultural exchange, especially in defence of health as a human right, to

problematise stereotypes and acknowledge the diversity of human understanding and experiences, and pursue a better life.

The day Fefe died

“Cuba es solidaria aunque la dejen sola,
Cuba son aquellos que murieron en Angola.
Cuba es el médico, Cuba es la profesora.”

Lachy & Yasel (*Lo prometí*, 2017)¹⁰¹

“What a chance! What a shock! Can we recognise a crucial moment, a decisive one, when it is right in front of our faces? Are we able to see the consequences of history right there, in a matter of seconds?” This was I through the night of the 25th of November 2016. I was in a place called *Rumayor*, in Pinar del Río. This was not the sexual “paradise” that I had seen in the movies, but an open-air theatre, large and well illuminated, with chairs and tables surrounding the stage. It was a Friday night, so it was crowded. There were some families, lots of couples; all with impeccable hairstyles and fashionable outfits, but comfortable enough to dance (this is the essence of the party, not the alcohol or the talk). The idea behind these places is that one can sit for the first part of the night, talking and drinking, watching the dancers on the stage, and then join the party until sunrise. I was dressed up, celebrating being in Cuba, being surrounded by friends, and I could not have been more excited. At my side was Narvis, the daughter of Caridad. We were with her colleagues from work and the atmosphere was getting warmer and warmer. The dance floor was open, but when they played the Shakira song *La bicicleta*, the 2016 hit of the summer in Latin America, the music suddenly stopped. First, it was quiet: everybody was confused, the dancers gazing at each other. Then, a group of soldiers dressed in green and brown outfits entered in a long line and spread out towards the crowd. Nobody panicked, but a wave of whispering shook the party mood out of me. “Fefe died” they told me. I did not understand what that meant, nor what was going on, but I knew I had to leave as soon as possible. More soldiers arrived and removed the tables, leading everybody out of the club in a strict, though not violent, manner. When we entered the car of one of Narvis’ friends to drive back home I finally got it, sort of: *Fefe*, Fidel, *el comandante en jefe*, Fidel Castro Ruz, had just died. The cause of his death was not specified; he died at the age of ninety, in his home in Havana, and his brother and successor, Raúl Castro, was officially speaking to the people of Cuba to call for mourning. When we arrived at Caridad’s home, she just couldn’t believe it. I was in a similar state; it just seemed so strange to think that a historical character, the face on the murals in the streets of Havana, the title I heard throughout almost all my interviews, such a famous man, was just gone. To be honest, I was first amazed at the use of the military to literally stop the entire country because of this event, but then, when I saw Narvis and Caridad’s faces filled with confusion, I realised that I was not able to completely understand what this meant for Cuba.

During the following days, a rigorous period of mourning was applied across the entire island (though with some allowances made for tourists). Without public transport, with a ban on alcohol, with places of leisure like cinemas and theatres closed, a calmness overtook the streets of Cuba. Meanwhile, all the energy was concentrated on the tributes presented in each city and village.

¹⁰¹ “Cuba is solidarity even when it’s left by its own, Cuba is those who died in Angola, Cuba is the (male) doctor, Cuba is the (female) teacher” (my own translation). This verse are part of the the song “I promise it” that express the loyalty of the Cuban youth towards the Cuba Fidel’s dreamed off.

Every woman, man or child, old or young, was brought from their schools or working places to write of their gratitude to their deceased leader. I saw several flags at half-mast, surrounded by long lines of people waiting to present their condolences, including international students from all over the world who had received scholarships from the government. The greatest expression of mourning was in Havana, in the *Plaza de la Revolución*, the socialist-style main square with the portrait of Che Guevara, which observed nine days of ceremonies, listening to ministers and presidents from around the world, the crowd fiercely screaming ‘*Yo soy Fidel*’, ‘I am Fidel’.

Photo Lisandra Bravo Ilisástigui



Fidel Castro funeral at the *Plaza de la Revolución*.

My mother, restless follower of my journeys, called to make sure I was fine, that there were no cars on fire or riots as there were in Berlin in 1989. However, as I told her, there was mostly silence. Police and soldiers would make rounds in Havana in the early morning and at sunset, making sure nothing was out of control. Which I found unnecessary, because most Cubans simply wanted things to go back to normal. “*Nothing’s changing, Raúl has been in power for the last few years. He is a military man, he is not Fidel, but he knows how to rule. Even if he is not our leader*” Caridad told me while we sat on her porch watching small children bringing flowers to Fidel’s memorial. As I was unable to carry out more interviews under such circumstances, I opted to simply sit and mourn (or at least try to) alongside my neighbours and friends. I watched long documentaries on the revolution, listening to their opinions, at times neutral or frustrated, and sometimes highly emotional and profound. “*He knew he would leave us, he said so in his last congress. He was not like other men... he knew*” an elderly lady told me, with a delicate tone of voice and a light hand movement that reminded me of the behaviour people use when they worship a saint.

Seeing a historic moment alongside local men and women made me reflect deeply on the very essence of my research, why I chose it and how I had conducted it. Witnessing the funeral of Fidel Castro allowed me to closely admire the impact that political dynamics have on people’s life, and at the same time, how individuals internalise such intangible concepts to frame them within their own experience, their individual characters and wishes. It is not my position (nor wish) to judge socialist rule; the feelings towards such a system is something that has taken a lifetime for the Cuban people. The distinctive emotions of anger and grief, frustration and confusion, sometimes felt at the same time by the same individuals, reflected the complex human nature that I sought to capture throughout this project: how something intangible, a wider idea written in some governmental newspaper or shouted in an international chamber, can shape and be shaped by daily life. During the last weeks of my fieldwork, I came to clarify how this research is more engaged with the power of empathy that arises from acknowledging the human lives that give meaning to historic moments.

Retelling the journey(s)

To trace the footsteps of Cubans and Mozambicans on the path to solidarity, I planned this thesis with inspiration from the road movie genre, which allowed me to display the multiple layers of this research as both an actual and metaphorical journey. I began by introducing how this exchange was inaugurated by the revolutionary government of the 1960s as a form of internationalism. For decades, the Caribbean country has sent extensive medical aid around the world, based on its human resources rather than its revenues. Under rigorous governmental control, physicians, nurses, technicians and other medical staff have contributed to both shorter and more lengthy projects at a grassroots level; at the same time, educational exchange has allowed thousands of international students, often from disadvantaged backgrounds, to acquire a medical related degree. This approach to cooperation has been applied in Mozambique, firstly through their common socialist background, but also sustained by an emotive discourse of unity against the colonialism and imperialism that harmed both nations. Although the political ties created during the Cold War have not been a stable relationship, the biomedical assistance of Cuba in Southern Africa has actually increased despite the fall of the Soviet Union.

After describing my ethnographic approach and methodology, I presented the “road”, composed of the macro theories of the Global South and SSC as constructions in the field of International Relations, in chapter three. While such concepts have largely been used to conceal notions of “underdevelopment” as traces of colonialism, they have also been useful terms for international movements based on resistance and decolonisation. The second part of this chapter narrows the multiple approaches of the term South to the African and Latin American regional dynamics, before focusing on the historical processes of Iberian colonialism, independence and the post-independence periods in Cuba and Mozambique. Here, I stress the political attachment to Marxist-Leninist trends by the Cuban revolution and FRELIMO in Mozambique, which led to their first sovereign meeting.

Chapter four inquires on the act of moving itself, as a multi-faceted aspect of humanity, and as a constant element within African and Latin American societies. More than a displacement from one point to another, the concept of mobility entails a deeper multidirectional flow that has intertwined the lives of Cubans and Mozambicans beyond transatlantic slavery. Based on governmental agreements, hundreds of Mozambican students have acquired primary, secondary and tertiary educations in the Caribbean, to then be reinstated into the national healthcare system of their homeland. On the other side of the agreement, Cuban personnel have been part of internationalist missions. This is an outstanding opportunity to work abroad, as it represents one of the few legal routes to crossing international borders that is open to Cubans. Although the idea of such a form of cooperation is the temporary mobilisation of people, once abroad, the interpersonal connections and professional networks have driven the long-term migration of Cubans. In any case, this contact with different environments and societies due to mobility has been a decisive part of the professional and personal development of Cubans and Mozambicans. In their paths across tangible and intangible borders, the concept of solidarity has been widely used as a cohesive force behind transatlantic mobility. I then consider solidarity as an ancient word, originating from Latin, that has been disposed through different discourses to promote a sense of unity, either through religious beliefs, kinship or sports. The notion of solidarity, explicitly announced in the Cuban-Mozambican cooperation, is firmly framed in political terms, specifically by the socialist approach of “new men” and the “chosen people” who would stand up to colonialist and imperialist injustice. Moreover, when embracing a philosophical analysis of solidarity, the historical use of this term is attached to an internalized process at a very intimate and individual level. I thus introduced the notion of embodiment as a useful image of how a wider narrative can affect people’s deepest states, and drive their actions towards certain goals.

Through an ethnographic analysis, the last part of chapter four presents the current embodiment of solidarity in the Cuban and Mozambican encounter, with various perspectives on the issue.

With a more concrete focus, chapter five is dedicated to inquiring on the medical environment where solidarity is expected to be found. This is a space where the delicate line between life and death is blurred through the treatment of bodies. Here, I focus on the Mozambican landscape, from colonial times to the current post-war era, presenting how healthcare structures have struggled to deal with the social, economic, political and cultural dynamics that have deeply transformed this nation. As a result, the actual healthcare system is deeply fragmented, as socialist affiliations have been replaced by a shift towards capitalism and a weak state heavily reliant on foreign aid. Departing from the principle of healthcare as a basic human right, Cuban medical cooperation stands out as an alternative contribution to the Mozambican biomedical field. The promise of Castro's government to build a broad network of national healthcare has been extended to the aim of making Cuba a world health power. Thus, the Caribbean island has opted to send human resources to work within local structures, in order to supply their services to as many people as possible, especially those in harsh or disadvantageous conditions. This entails the entrance of Cuban staff to public hospitals in Mozambique to follow their rules and requirements, which are stated within highly regulated contracts. Nowadays there are also Cubans working under individual contracts; nevertheless, all Cuban professionals have been trained to follow highly regulated working conditions inspired by solidarity, and guided by a framework of political non-intervention and adaptability.

Mozambican colleagues did in fact stress the contributions of Cuban staff, even though they would have preferred to cover the demand with local personnel. Cubans were often regarded as hardworking, experienced and able to cope with the rhythms and regulations of the work. This was constantly attached to their social skills, assisted by cultural similarities such as their language, humour and openness; especially when compared to other foreign groups under similar conditions, such as the Chinese or North Koreans. However, Cubans are still seen as an outside group that must adapt to the local context in order to carry out their profession. This has been achieved through their interaction with local staff, who assist them in the adaptation process throughout the fragmented Mozambican context. Between the blurred lines of scientific biomedicine and 'traditional' healing, Cubans must circumnavigate their guidelines of non-intervention within their professional and personal challenges through their performance, especially when dealing with contagious diseases such as HIV/AIDS. By highlighting how the health environment is deeply embedded in sociocultural tissues, I then pointed out the notion of embodiment, and how bodies become a sensitive ground of social change, including solidarity, to problematise the encounter of Cubans and Mozambicans on a daily basis.

After stating the wider discourses surrounding the Cuban-Mozambican exchange and the specific environment where it occurs, chapter six offers a closer study of the sociocultural filaments that are part of such a phenomenon. At this point, the epistemologies of the South are presented as a theoretical framework to approach intercultural spaces. This academic perspective encourages and examines a more horizontal dialogue between different forms of knowledge. This is in line with the aforementioned constructions of the Global South as a term of resistance against the hegemonic hierarchy established by modern Western thinking to legitimise diverse forms of oppression. Following this retrospective on social struggles around the world, I focus on three main issues that are experienced within and among Cubans and Mozambicans: race and racism, social class, and gender inequality. Briefly, I depict how these three elements are social constructions that have imposed systematic segregation through the historic process of Cuba and Mozambique. Moreover, racism and other forms of inequality and oppression have a particular nature according to the social dynamics of each country, and aside from their similar roots and characteristics, they are

thus also perceived and experienced in a distinct manner in different locations. The gap between recognising the self and the otherness found in common struggles can be approached through the concepts found within epistemologies of the South. Firstly, by pointing out the abysmal lines that hinder the acknowledgment of diverse experiences between Cuba and Mozambique. The existence of stereotypes and prejudices in their exchange problematises the notions of the Global South, SSC, and subsequent claims of brotherhood between Southerners. Secondly, a further analysis can also arise through an understanding of medical cooperation as a platform towards an *ecology of knowledge*. As Cubans and Mozambicans have been exposed to a variety of environments, their daily interaction entails the recognition of other forms of understanding and experiencing reality. This does not mean that their encounters are simply harmonic and horizontal; rather, their intersected paths are a constant negotiation of similarities and differences towards coexistence.

(De)constructing solidarity

Inspired by the work of Jamie Monson (2013; 2009) I began this research with the single idea of documenting the connections, both historical and contemporary, between countries labelled as 'underdeveloped'. Cuba and Mozambique have articulated a remarkable medical exchange since the Cold War era, a time when "development visions were shaped by global rivalries" (Monson 2009, 148). Similar to the work of the Chinese in the TAZARA's constructions, the medical aid of Cuba has been framed by powerful narratives of "the poor helping the poor", or the "slaves meeting the slaves", as Fidel Castro stated in his first visit to Mozambique in 1977 (Gunn 1987, 3). At that point, different narratives of resistance met. On the one hand, the notion of Global South as a construction beyond "underdevelopment" joins the socialist principles of unity with those who were under the same systematic forms of oppression. On the other hand, this was narrowed down by Cuban internationalism and the establishment of health as a basic human right that should be pursued worldwide by the revolution, which, combined with the notion of a "debt" owed to Africa due to their history of slavery, have created a broad and solid presence of Cuban biomedicine on the continent. In practice, this narrative has resulted in a grassroots level of cooperation, where Cuban nurses, technicians and physicians from different specialties work within local structures to serve as many people as possible, irrespective of race, gender, religious beliefs, political affiliations or any categorisation whatsoever.

The magnitude and nature of Cuban medical internationalism has been praised as an outstanding example of how a small country with low income can produce and maintain an alternative form of biomedical assistance. This is especially true in countries such as Mozambique, which has been deeply dependant on foreign aid since a dysfunctional system of colonialism and a harsh civil war weakened their national structure. Nowadays, over three hundred Cuban personnel work in Mozambique, under governmental constraints, in addition to those who arrived through such agreements who have subsequently gained individual contracts. According to the heads of this exchange, the Cuban contribution covers approximately a quarter of total medical staff in the country, three times more than were sent during the Cold War (Dr. Marcela, Dr. Alexis pers. comm.). Moreover, this consistent participation of Cubans in Mozambique is not only regarded as a consequence of governmental efforts to effectively manage scarce resources, it has also been described as an expression of the spirit of solidarity sustained in the Cuban revolution. This entitles a sense of coherence, whereby solidarity is a remarkable entity that guides the principles of medical cooperation throughout the decades and the many changes faced during the twenty years following the fall of the Soviet Union.

From broad historic processes and political discourses down to the minutiae of everyday life, this project has been a journey to answer the following research question:

How are macro discourses of solidarity embodied in the daily experiences of those involved in current Cuban medical cooperation in Mozambique?

Through an ethnographic approach, this thesis has presented life stories to dissect the macro discourses of solidarity in the daily encounters of Cubans and Mozambicans. The women and men who allowed me to hear their stories are well aware of the political speeches that claim solidarity as the essence of their transatlantic path. Both Cuban and Mozambican professionals know the historical ties that have shaped their particular form of SSC, recognising the contribution of these agreements to the national healthcare system. Nevertheless, when carefully analysing the different voices of those who have actually given medical aid, there is a need to understand solidarity as a personal process, an individual action that internalises certain elements that affect the emotional tissue of men and women who have crossed tangible and intangible borders to be able to support others. The contemporary economic crisis, globalisation, political shifts, and social segregation all display a complex context where Mozambicans and Cubans encounter each other in their search for a better lifestyle, for themselves and their communities. In order to cope with such dynamics, they are able to play with the malleability of the notion of solidarity, from the broader concept to a more personal path.

By recognizing the agency of the interviewees, this thesis proposes that the discourse of solidarity is nowadays constantly de-constructed from its political use by Cubans and Mozambicans, to be subsequently embodied as a personal construction that fits their daily agendas, often reframed in the form of solidarity to humanity. The notion of political solidarity presented in the speeches of the Cuban and Mozambican governments can be understood as a term used to unify all those oppressed under imperialism and colonialism, and while the individual personnel recognise the scope and extent of such a discourse, they do not experience it as a constant and stable force behind medical exchange. The current, fragmented ground where both parties must coexist is navigated by referencing political forms of solidarity to reinforce their professionalism, the importance of adding a valuable contribution to their work environment. However, doing a “good job” is often seen as a duty rather than an emotionally driven action towards the specific people of Mozambique, or Africa for that matter. The capitalist transformation of healthcare also represents a remarkable variable in the daily lives of the interviewees, who have learned to shift political affiliations in order to receive a better income.

As quoted in the previous chapters, Cuban and Mozambican professionals can unequivocally answer that solidarity is a background or secondary motivation for the current medical exchange, and that it is primarily the economic advantage that motivates this “business” agreement. They portray this so-called form of SSC as a win-win situation: the Cuban government obtains revenues, the Cuban staff increase their income and have a higher chance of beginning a life abroad, and the Mozambican healthcare system obtains the necessary qualified specialists who are, at least to a certain degree, able and willing to socially and professionally cope with the local demands. Furthermore, interviewees did not perceive this lack of uninterested altruism as necessarily negative, but tended to accept this form of exchange of services and revenues as a natural dynamic within today’s global healthcare environment. Moreover, solidarity is still perceived as a variable in this phenomenon. By drawing a “human face” on this form of exchange, I stress that medical cooperation, as an example of SSC, is performed by women and men with personalities, families, limitations and wishes. In their personal and communal movements, across continents and various social settings, solidarity cannot be reduced to a simple dogmatic acquisition. When understood as an embodied entity, it is part of a personal journey by Cubans and Mozambicans to engage with

the world (Csordas 1994, 12). Their physical and internal beings are in constant movement to cope with their encounters, particularly when this takes place in the peculiar environment of health and medicine, where bodies are not just objects of medical treatments but are bodies of social change, and notions of health and illness are thus intrinsically connected to these social dynamics.

Through an analysis of the social tissues involved in the current practice of medical cooperation, I would add that the deconstruction of solidarity does not mean that Cubans and Mozambicans lack of a sense of unity or voluntary cooperation. Their encounter is a multilayer phenomenon where solidarity functions as a pivotal bridge to stabilise the paradox of their similarities and differences. Here, I propose to question the definition of solidarity itself. The strong governmental influence on this phenomenon still involves a form of political solidarity that I have described earlier; however, I would suggest the use of social solidarity to humanity as a more accurate reading of contemporary medical cooperation. This perspective also highlights the coercive nature of solidarity, but beyond the political guidelines or a sense of injustice, it warrants a more basic sense of unity, despite differences, based on the essence of humanity (Scholtz 2015, 728-730). When collaborating with each other inside and outside of medical institutions, Cubans and Mozambicans experience friction, as well as diverse interests; their encounters are not a horizontal utopia. There are remarkable gaps among the social processes experienced in each location, including sharp modes of segregation based on race, gender and social class. Nevertheless, they have also developed friendships, intimate relations, and camaraderie with their colleagues. Focusing on the stories presented throughout this thesis, the Cuban-Mozambican encounter is a space where a sense of self and otherness is negotiated, an intercultural encounter where participants are capable of making deeper human connections through empathy to transform their lives and their communities on many levels. Cubans and Mozambicans have the means to embody solidarity in their daily lives to recognise the dignity of each human life.

Coast of Inhambane, Mozambique. Photo Miriam Ocadiz Arriaga



Constructing (new) horizons

This thesis has been a personal and academic effort to present the human faces behind the growing field of SSC. This is a complex goal, and the layers that compose the Cuban-Mozambican medical cooperation are extensive. Here, I have presented a more descriptive analysis with a multidisciplinary scope to contribute to the field, but also to propose further questions. There is, first of all, a possibility to conduct a similar project on a larger scale, considering the rural environment of Mozambique and how a context of sharper inequality affects the personal and professional encounters. Next in line, an ethnographic analysis of medical cooperation confronting the depictions of SSC, and specifically the Cuban participation, as an idealistic form of horizontal exchange whereby “Cuba has not changed the global health landscape but neither has the global system of inequity changed Cuba” (Huis 2013,156). Through an ethnographic approach, I have highlighted how embodiment is not static, as Cubans and Mozambicans are part of a multidirectional flow across continents. In their daily lives, they are able to challenge both the discourses that label them as “underdeveloped” and the idea of SSC that portrays them as “weapons of solidarity”. In practice, they do recognize and engage with such frames, but they are capable of experiencing the world beyond such constraints. Therefore, it would be interesting to encourage different perspectives on the Global South, SSC and the construction of imaginary regions in the world, especially in a contemporary reality where different modes of mobility are rapidly increasing, questioning tangible and intangible boundaries.

Medical cooperation, student exchange, and transnational working mobility are just some of the paths that currently intertwine African individuals and communities with other locations around the globe. Theoretical efforts, such as the epistemologies of the South, are a valuable addition to analyses that engage with decolonization. As the role of academia is nowadays blurred with the world of artistic expression, activism and other social initiatives worldwide, I consider it imperative to acknowledge diversity and the dialogue between different means of understanding and experiencing life. It would be compelling to support more multidisciplinary projects that engage with how people bridge differences and similarities in the face of stereotypical and simplistic depictions that harm human dignity on a daily basis. In addition, the aforementioned issues related to race, gender and social class are just some of the current modes of segregation that deserve wider attention from a local and global perspective. While labels of “development” and “underdevelopment” still form part of the international agenda, it could be enriching to expand these academic approaches to intercultural encounters among countries with similar struggles, and how people with different experiences enter into dialogue on these matters. By engaging with notions such as social solidarity and humanity, it would be interesting to address current movements of resistance to social and epistemological segregation, and how they evolve with the increasing fluidity of our times.

Finally, I found it highly relevant to analyse the topic of health, its quality and access as a basic human right. The *Cuban way* of performing biomedicine has its strengths and pitfalls, as mentioned in this thesis; moreover, the nature of grassroots cooperation and the focus on human resources does remain a valuable element when considering the field of international aid. Despite the death of Fidel Castro, it seems that Cuba’s internationalism will continue under the leadership of Raúl Castro; although it will be relevant to study the future position of the island once the Castro rule comes to an end, or if there is an important political shift. In addition, the decades of experience that Cuban staff and administrators have can be analysed within the mechanisms of healthcare that aim for sustainability. The contributions of similar parties, such as China, can also be an interesting topic to analyse within the field of healthcare in Africa, as well as how mobility is reshaping modes of

healthcare worldwide. Based on the work in this thesis, I would suggest reinforcing the importance of the sociocultural context that surrounds the concepts of health and medicine. A careful approach to such a framework would contribute to proper initiatives and the reinforcement of diverse projects that are sensitive to local perspectives, beyond the idea of biomedicine as the only valid process for achieving overall well-being.

(E)motion of saudade

Quem mostra' bo ess caminho longe?
Ess caminho pa São Tomé
Sodade, sodade, sodade
Dess nha terra São Nicolau
Si bo 'screve' me
'M ta 'screve be
Si bo 'squece me
'M ta 'squece be
Até dia
Qui bo voltà
Sodade¹⁰²

Cesaria Evora

The last life story that I collected was Omar's, a middle-aged man who was an ambassador for Cuba in Angola and who had visited Equatorial Guinea, Cape Verde and Brazil for several years as a diplomat. "Yes, one has *saudades* after being abroad" Omar told me on a winter evening in Havana. We were chatting in his small apartment, and he was happy to tell me about the many adventures he had during his many journeys. "The best of all my missions was in Cape Verde. I was in Praia, it's a small town, kind of deserted and very calm. I had a simple life over there, walking around, hanging out with my colleagues until late at night. And Cape Verdeans have music inside them, anybody there can suddenly transform into a great singer and the celebration starts... It's funny because that's how I really learned that word: *saudade*." We keep talking, of the crowds and luxury of Luanda, the Spanish accent of Guineans in Malabo, the poor salary of Cuban diplomats compared to other countries. He was not part of the medical cooperation, but as with most Cubans, he was well aware of what this exchange stood for and his work in foreign affairs put him on a parallel path as a migrant. After hours of anecdotes and exchanging stories, by the end of our talk, he switched his Cuban accent for a smooth Portuguese pronunciation to end our meeting: "Tô com *saudades* do Cape Verde"; I have *saudades* for Cape Verde. As I left his apartment, I savoured his last phrase to reflect deeply on the edges of this research.

When departing and arriving, constantly, there is something disrupted deep inside, as if a beautiful wound springs up in the very essence of our being. When I was in Mozambique, people would use the word *saudade* to give kind voice to this sensation. *Saudade* is a Portuguese word that is hard to translate; it is a feeling of nostalgia, a yearning, a sadness. It names the pain of missing something,

¹⁰² Who showed you the distant path?
This path to São Tomé
Sodade, sodade, sodade
Of the island of São Nicolau
If you write me
I will write you
If you forget me
I will forget you
Until the day
Of your return
(Translation Aoki 2016, 171).

some place, somebody, even yourself. It is a mixture of the sorrow felt for something you loved that may never return, from a distant time or place. But *saudade* is also a state of bittersweet incompleteness, a sense of 'missing' mixed with the bright joy of having loved once. I remember hearing this word for the first time through the profound voice of Cesaria Evora, *la diva aux pieds nus*, who in creole Portuguese performed a simple *morna*¹⁰³ song call *Sodade* as an anthem to her country Cape Verde (see Aoki 2016). Cesaria's torn throat charismatically spelled out the image of her home, an island in the middle of the Atlantic Ocean, its spirit shrouded in the anguish and hardship felt by the slaves brought from West Africa, in the nostalgia of those who had to migrate to overcome poverty, in the love stories left incomplete and the happy memories sunk by the deep blue of the sea. One can find a similar playfulness with the word *saudade* in the *samba* of the Brazilians, in the *fado* of the Portuguese, in the fused *timbla* and *marrabenta* of Mozambique, which share lusophone roots. There are many parallel expressions of deep sorrow and happiness, pulling the soul in different directions at the same time. Although they use different terms, such emotiveness persists in the courage of Arabic lamentations, the Blues of New Orleans or the *son* of Cuba, as if diverse artistic voices were trembling with the same elemental emotion.

I have never been to Cape Verde, but every time I listened to *mornas*, I couldn't help but recall the blue and yellow image of Mozambique, and the sonority of a silent Havana in mourning, the face of Inocencia and the laugh of Caridad, next to the clarity of the sea that separates them and connects them at the same time. It reminds me of how Cubans would tell me how much they miss their homes, their families and the ambience of the streets in their hometowns. Mozambicans would depict with melancholy their past in other areas of their country, or in a distant town in the Caribbean. Even more, they would talk of blurred dreams in a communist block that for a time seemed invincible; the painful print of war and scarcity; but also the sensation that life passes by faster than we can realise.

Then, on the last evening of my fieldwork I remembered how, by searching for the embodiment of solidarity, a journey across continents, I encountered *saudade* as one more way of capturing human experiences, to give name, sound, and texture to our complex nature. On that last evening, when a Cuban man chose to speak a foreign language to express his feelings, a sense of déjà vu became once more as an omnipresent aura that illuminated the human essence of the life stories

I collected. It is an essence I like to confirm every time I call or write to the individuals who participated in this thesis. Inocencia, for example, who softly answered our last phone call with a "...yes, yes; you can use my story. No problem. I hope you are doing well, have you finished your studies?... Ah! You will finish. And when are you coming back?... okay, I'll see you then. But don't worry, you can write about me... Me? I'm doing fine, working hard. You know, still with lots of *saudades*..."



¹⁰³ *Morna* is a traditional music and dance genre from Cape Verde that originated at the beginning of the 20th century. It is a popular element of the national identity that can be found at any moment, in several places, to recall a cheerful but melancholic tone that the poet Gabriel Mariano defined as "an expression of the soul of the people" (cited in Gonçalves, 2007, 72 qtd. In Aoki 2016, 164).



Human Family

I note the obvious differences
in the human family.
Some of us are serious,
some thrive on comedy.

Some declare their lives are lived
as true profundity,
and others claim they really live
the real reality.

The variety of our skin tones
can confuse, bemuse, delight,
brown and pink and beige and purple,
tan and blue and white.

I've sailed upon the seven seas
and stopped in every land,
I've seen the wonders of the world
not yet one common man.

I know ten thousand women
called Jane and Mary Jane,
but I've not seen any two
who really were the same.

Mirror twins are different
although their features jibe,
and lovers think quite different thoughts
while lying side by side.

We love and lose in China,
we weep on England's moors,
and laugh and moan in Guinea,
and thrive on Spanish shores.

We seek success in Finland,
are born and die in Maine.
In minor ways we differ,
in major we're the same.

I note the obvious differences
between each sort and type,
but we are more alike, my friends,
than we are unlike.

We are more alike, my friends,
than we are unlike.

We are more alike, my friends,
than we are unlike.

Maya Angelou (1990)



Photographers

Some of the photos presented in this thesis were donated by the following talented people. They are not only remarkable professionals, each of them are also outstanding individuals, who shared with me their perspectives and friendship during my fieldwork.

Jay Garrido: Jay is a professional Mozambican photographer. He studied Film History & Media Writing at the University of Cape Town. He is currently a senior partner and managing director of The Dot, a creative audiovisual company based in Maputo.

Marina Costa Masetti: Marina is currently doing her bachelors in History at the University of São Paulo. In 2016, she participated in a student exchange program at the University of Eduardo Mondlane in Maputo, where she focused on history, language and the philosophy of Mozambique and Sub-Saharan Africa.

Alina Macías Rangel: Alina is a graduate student in Communication and Journalism from the National Autonomous University of Mexico, as well as the University of Montréal. Her principal focus as a photographer is on portraits and urban dynamics, especially on specific spaces and moments, such as public transport and nightlife. Currently, Alina is part of a project concerned with the delinquency on the metro of Mexico City.

Juan Manuel Diez Tetamanti: Juan Manuel is a researcher at the National University of Patagonia San Juan Bosco, Argentina, where he obtained a PhD in Geography. He focuses on the Social Geography of isolated rural areas. This is what brought Juan Manuel to Maputo, where he collaborated as a post-doc with the University Eduardo Mondlane.

Lisandra Bravo Iliástigui: Lisandra is a researcher at the Technical University of Havana (CUJAE in Spanish). She holds a PhD in Informatics Engineering, and is an active member of the youth board of the socialist party.

Graphic design

Victor Ocadiz: In order to give coherence to the text and the images donated, my father Victor kindly supported me by designing this thesis. He is a graduate of graphic design from the National Autonomous University of Mexico, and has a broad experience working with the Mexican government in the Persecutor's Office of Electoral Crimes and the National Institute of Indigenous Languages, as well as with private companies.

Cover Design

José de Jesús Ocadiz Arriaga

Photos on the 153 page:

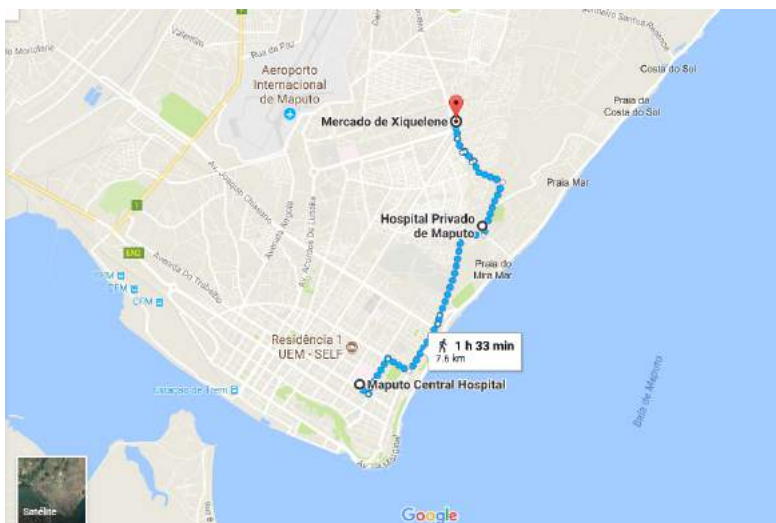
- Nurse Olga in the Central Hospital of Maputo. Copyright Miriam Ocadiz Arriaga.
- A child in Havana. Copyright Alina Macías Rangel
- A young Mozambican girl in a red t-shirt. Copyright Marina Costa Masetti
- Passengers in a bus on the highway of Mozambique. Copyright Juan Manuel Diez Tetamanti
- Two boys in Havana. Copyright Alina Macías Rangel
- Sellers in a market in Havana. Copyright Alina Macías Rangel
- A man near the port of Havana. Copyright Alina Macías Rangel
- An elderly woman in the train station of Maputo. Copyright Juan Manuel Diez Tetamanti
- A woman carrying her granddaughter on the outskirts of Havana. Copyright Alina Macías Rangel

Maps



Mozambique

Data source: United Nations. Department of Field Support Geospatial Information Section



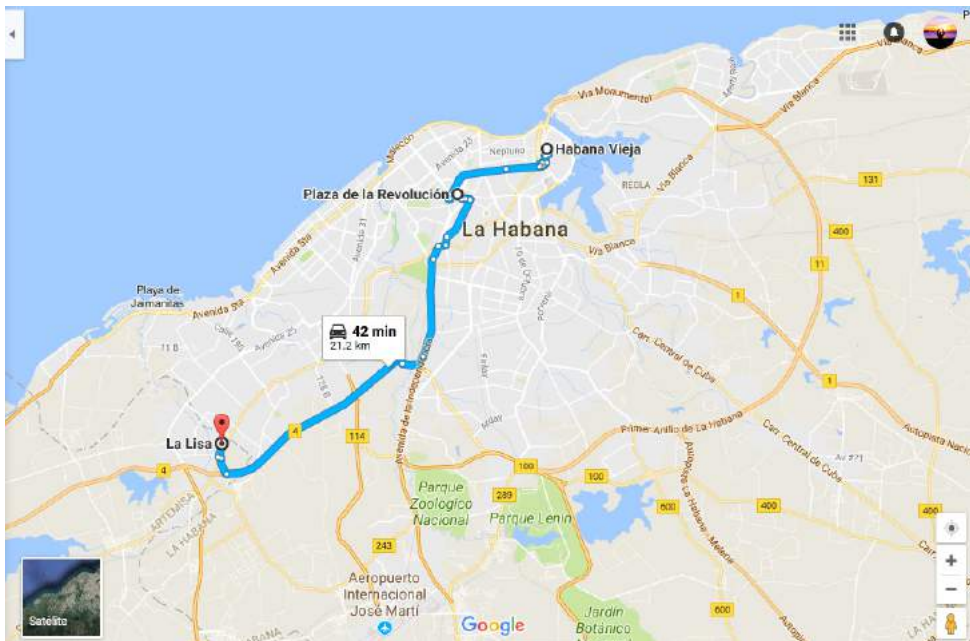
Maputo (overview of the places I visited)

Data source: Google Maps



Cuba

Data source: U.S. Central Intelligence Agency. University of Texas at Austin



Havana (overview of the places I visited)

Data source: Google Maps

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EMOTION *of* SAUDADE

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