

Global Health Diplomacy

Cuba's Soft Power Foreign Policy

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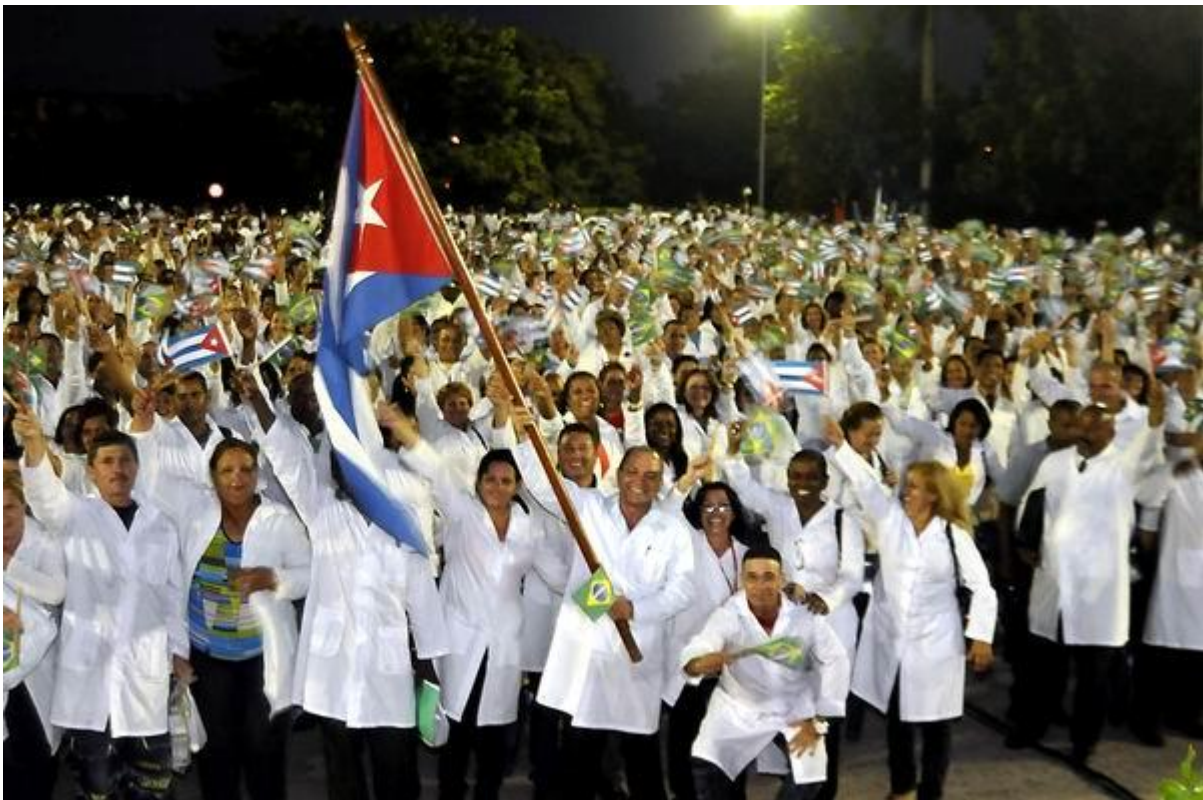


Image I: Cuban doctors travelling to Brazil

M.A. International Relations: International Studies

Leiden University

Submitted: 16th of January, 2015.

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Introduction

Global Health Diplomacy is essentially the relationship between global health and foreign policy in terms of International Relations theory.¹ Health has not typically been at the fore front of world politics, but this is rapidly changing due the emerging importance of soft power foreign policy. Joseph Nye tells us that soft power is produced through values, institutions, attraction and culture and in contrast to this; hard power is essentially defined by the use of military power and economic resources.² Many small or medium sized countries will never be able to match the hard power capabilities of the likes of the United States or China but they can utilise their soft power potential in a variety of ways. This thesis intends to assess one; Global Health Diplomacy.

First one will assess the current literature on Global Health Diplomacy, looking specifically at its use in International Relations theory. One will then analyse how the theory can be put into practice in various circumstances which generate real power outcomes. This thesis will use Cuba as a case study to demonstrate its main arguments. Cuba is a useful example when talking about Global Health Diplomacy as it has a long-standing and diversified health policy established over the course of 50 years. Next, the evolution of the domestic Cuban health system will be traced to see how Cuba developed such a sophisticated system which could be exported and then it will go on to assess some of the specific activities Cuba has undertaken in pursuit of its soft power foreign policy aims. Finally, it will conclude by offering suggestions on improving the theoretical framework of Global Health Diplomacy in terms of soft power foreign policy.

¹ Ronald Labonté and Michelle L. Gagnon, 'Framing health and foreign policy: lessons for global health diplomacy', *Globalization and Health* 6, No. 14 (2010), 1.

² Kelley Lee and Richard Smith, 'What is Global Health Diplomacy' A conceptual Review', *Global Health Governance* (2011), 6.

Chapter One

Global Health Diplomacy and Soft Power in International Relations

Global Health Diplomacy in International Relations Theory

This chapter will explore a specific soft power tool; Global Health Diplomacy. Health and International Relations theory have typically not crossed paths. Those who have studied health were focused mainly on the physical, mental and social well – being of a person. The idea of how to keep a person in good health or how to repair the body was the main focus of the study.³ Essentially there was a local focus on health and not a national or international one. Health in the 21st Century has no doubt changed dramatically. According to Fidler, it has not changed in terms of technical changes but in a political context. It has developed and entered into national security, global governance and foreign policy debates. In fact Gro Harlem Brundtland, the 1999 WHO Director – General gave a speech on; ‘Why investing in global health is good politics’.⁴ The key reason that the issue of health became a diplomatic matter was mainly due to the spread of health issues across borders, such as major epidemics like the Ebola virus, which needed international cooperation in order to share resources.

Perhaps part of the increased linkages of health and diplomacy are concerned with the current process of globalisation. In this line of thought, Global Health Diplomacy can be used as a means to harness foreign policy actors to pursue global health objectives. Many health issues have become transnational or international issues. States are important actors in terms of steering their foreign policies to align with international expectations with these issues.⁵ Naturally states are not the only actors involved. States need to understand that they are constrained or enabled by a range of other actors such as pharmaceutical companies, NGO’s, international organisations (WHO), bilateral treaties or regional organisations (EU, UNASUR, ASEAN).⁶ It is very important for states to harness the power of these actors in order to direct individuals to achieve shared goals.⁷

The term Global Health Diplomacy in terms of International Relations theory is still early in its coining. At present it seems to include any combination of relationship between global health and foreign policy. In Fidler’s words, the term is ‘all over the map’, so one will try to

³ Colin McInnes and Kelley Lee, *Global Health and International Relations* (Cambridge, 2012), 1.

⁴ McInnes and Lee, *Global Health*, 49.

⁵ McInnes and Lee, *Global Health*, 54.

⁶ Ibid.

⁷ Lee and Smith, *What is Global Health Diplomacy*, 4.

assess the current definitions on offer. Lee and McInnes claim it to be a normative construct which describes an expected purpose but it has no distinctive features. The approach Lee and McInnes take on global health is somewhat limited. Coming from a constructivist background they claim that ideas are formed by communities and individuals through academia and policy making. The links between global health and International Relations are then therefore ‘socially constructed’ and these ideas are the reflection of the relative power of communities or individuals.⁸ However, can this really be applied in the case of a strictly authoritarian regime which does not allow for individuals or communities to assume large amounts of power in the way perhaps a democratic country from the West affords? In the case of Cuba, values of the people are largely impacted by the government. Constructivism in this case cannot fully explain the origin of ideas for Cuba’s involvement in Global Health Diplomacy.

Gagnon and Labonté suggest that it describes a process including varied actors such as the government and civil society in order to establish new forms of global governance.⁹ It is a complex matter trying to detangle or establish a clear framework for Global Health Diplomacy. Hilary Clinton, US Secretary of State, asked; ‘What exactly does maternal health, or immunisations, or the fight against HIV have to do with foreign policy?’ and in response to this, she announced; ‘everything’. This type of reasoning leads academics to question whether foreign policy is being used to serve health or whether it is being used to serve policy aims?¹⁰

A perhaps clearer take on it is Novotny and Kickbusch who point out that there are dual goals of global health diplomacy. On one hand, there is normative literature which represents a goal to create a healthier world and on the other hand there is a political goal to maintain or to advance states interests. However there is no clear reconciliation between the two as of yet.¹¹ In the case of Cuba perhaps these duals goals can be illustrated through their revolutionary rhetoric to improve the health of all peoples as well as through foreign policy goals. There is a dual goal existing to improve the health of the world’s citizens in crisis, as well as furthering political foreign policy interests.

⁸ McInnes and Lee, *Global Health*, 3.

⁹ Labonté and Gagnon, *Framing Health*, 1.

¹⁰ Ilona Kickbusch, ‘Global Health Diplomacy: How foreign policy can impact health’, *BMJ* 342, No. d3 (2011), 1.

¹¹ McInnes and Lee, *Global Health*, 50.

Global health is often referred to as a ‘low politics’ issue, one which has not come to the forefront for states until the emergence of soft power strategies. Part of the contributing issues to the lack of tangibility of global health diplomacy is the diverse moral and ethical reasoning different individuals, interest groups and cultures hold. Often those of the pluralist persuasion believe it is not possible to create a set of universal ideals which could apply to all peoples and nations. However, it is true that states are led by individuals who have a moral capacity when making decisions and they can try to justify their actions and decisions based on ethical norms and expectations.¹²

Labonte and Gagnon argue that a clear moral language must be created in order for health diplomacy to avoid global health being steered primarily by national interests.¹³ In the current world order there are no international organisations that would have the power to successfully implement this idea. Considering this is a ‘low politics’ issue, the United Nations security council would not get involved in upholding sanctions upon states who did not conform to issues surrounding health. However, global health diplomacy can still prevail even without a common moral language. As one will see with the case study of Cuba, a dual goal of helping a fellow human being as well as positioning the state as a world leader in health, Cuba could certainly tempt others to join in the positivity of global health diplomacy.

Soft Power and Global Health Diplomacy

Soft power can ultimately be seen as a tool of foreign policy. Health can therefore be seen as one specific soft power tool a government is free to utilise. It is especially successful in the case of rising states such as China and Brazil. China has sent 15,000 doctors to 47 African nations since the 1960’s. Currently their policy aims are to ensure long term energy and food resources on the African continent. They have also donated drugs, provided medical personnel and provided equipment in order to forge a mutual respect between the two regions. This is viewed as a long term foreign policy goal to create a favourable view of China. It by no means expected to result in any tangible immediate outcomes, such as a vote in the UN general assembly. The UK has a global strategy for health whereby they believe that improving the world’s health will contribute to a low carbon environment and an increased world economy.¹⁴ Brazil has spent less time promoting health than the likes of

¹² Labonté and Gagnon, *Framing Health*, 13.

¹³ Labonté and Gagnon, *Framing Health*, 15.

¹⁴ Lee and Smith, *What is Global Health Diplomacy*, 8.

China or Cuba; however, they have recently become leaders in health activism in the fight against HIV and AIDS.¹⁵

John Kirk suggests that Cuba's health diplomacy is a triumph of soft power foreign policy. He claims that Cuba is using neither force nor money to create cooperation and influence throughout the world. They are doing this by establishing shared values with other states and they are radically changing relations with hostile governments.¹⁶ Kirk suggests that there is no evidence to support the claim that Cuban health diplomacy has been devised to normalise relations with countries or to gain a vote at the United Nations assembly; however, he suggests that of course there is a clear correlation between health diplomacy and Cuba's standing in the international fora and this cannot be ignored.¹⁷

Although Kirk hints at Cuba's use of soft power in their foreign policy, he does not state out rightly that it exists or why it is used by the Cuban government. He simply states that it may exist and that if it does, surely Cuba are champions of its use. However, it is clear that Cuba has begun to shape health diplomacy through the provision of aid in the form of human capital, education and scientific technology and if we are to consider Nye's explanation of soft power as states sharing values and knowledge in a complex system to promote one's ideals, we can indeed say that Cuba are champions of the use of soft power.

Cuba, having been engaged in Health Diplomacy from as early as 1960, have helped to establish a position for their nation as a key player and developed symbolic capital. In this case medicine could be seen as a currency for eased diplomatic relations or even peace.¹⁸ However, motivations for health diplomacy are more complex than simply winning over other nations. Each state has a different history contributing to its current foreign policy aims and Cuba's story is certainly unique. In the following chapter, the historical context for which Cuba's health policy today has been built from will be explored, from early revolutionary rhetoric to the collapse of the Soviet Union up to today.

¹⁵Kickbusch, *Global Health Diplomacy*, 3-4.

¹⁶ John M. Kirk, 'Cuban Medical Internationalism and its Role in Cuban Foreign Policy', *Diplomacy and Statecraft*, no. 20 (2009), pp 283.

¹⁷ Kirk, *Cuban Medical Internationalism*, 287.

¹⁸ McInnes and Lee, *Global Health*, 54-55.

Chapter Two

Historical Context: The Rise of Cuba's Domestic Health System

‘The life of a single human being is worth a million times more than all the property of the richest man on earth. . . far more important than good remuneration is the pride of serving one’s neighbour. Much more definitive and much more lasting than all the gold that one can accumulate is the gratitude of a people. And each doctor, within the circle of his activities, can and must accumulate that valuable treasure, the gratitude of the people.’ – Ernesto ‘Che’ Guevara, ‘On Revolutionary Medicine’ 1960.¹⁹

Che Guevara was an Argentinean medical graduate and a Cuban revolutionary leader. He noticed the practice of educating doctors needed to change and revolutionary medicine began to form part of his rhetoric. He was aware that newly graduated Cuban doctors refused to go to rural areas previous to 1960 and they demanded remuneration when it was necessary. Che Guevara saw a future where students from poor families in rural areas would be offered free education and once they had become qualified they would be sent back to their hometowns to help the community.²⁰

Cuban health diplomacy has been built on the foundations of this very thought. Since 1960, Cuba has gone on to create a health system which is arguably unmatched even in the developed world and one can certainly not deny that they have championed the Third World. In almost every area of public health facing poorer countries, Cuba has been hugely successful in creating primary care networks, educated skilled workforces, controlling infectious diseases and sustaining biomedical infrastructure.²¹ This is a phenomenal achievement for such a small country which is considered to be struggling economically. Therefore, one must ask, how was this possible?

Pre-Revolutionary Health in Cuba

When the Batista regime was over-thrown in 1959 by Castro’s rebel army, the state of the health system was concentrated in cities. In fact over half of all physicians and hospital beds were located in the capital, Havana. There was a huge disparity between urban and rural

¹⁹ Elise Andaya, ‘The Gift of Health: Socialist Medical Practice and Shifting Material and Moral Economies’ *Medical Anthropology Quarterly* 23, No. 4 (2009), 357.

²⁰ Steve Brouwer, ‘The Cuban Revolutionary Doctor: The Ultimate Weapon of Solidarity’, *Monthly Review* 60, No. 8 (2009), 28.

²¹ William C. Keck, ‘The Curious Case of Cuba’, *American Journal of Public Health* 102, No. 8 (2012), 13.

health care which became a priority to the new leadership. There was only one hospital located in rural Cuba and only 11 per cent of farmers and their families had milk to drink.²²

Prior to the revolution, in 1958, there was one doctor for every 1,051 citizens. This figure worsened still with over half of all doctors leaving Cuba to practice abroad with a chance of gaining higher wages after the revolution. In 1967, there was only one doctor per 2,000 Cuban citizens which showed perhaps the prevailing mentality of trained medical professionals had not necessarily matched well with revolutionary ideals. Many were more interested in materialistic gains rather than the sentimental value that Che Guevara and Castro were preaching.²³

It was not until 1975 that Cuba managed to restore its prerevolutionary statistics. There were several reasons for their success; including, the creation of a free health care system, education campaigns and prevention being an integrated part of health treatment for all citizens.²⁴ The revolutionary government built 160 polyclinics and 50 rural hospitals in order to tackle the disparities.²⁵

In 1960, during a speech to the Cuban Militia, Che Guevara explained the importance of developing the national health system in rural areas;

‘A few months ago, here in Havana, a group of newly educated doctors did not want to go into the country’s rural areas . . . But what would have happened if instead of these boys, whose families generally were able to pay for their years of study, others of less fortunate means had just finished their schooling and were beginning the exercise of their profession? . . . the campesinos would have run, immediately and with unreserved enthusiasm, to help their brother . . . What would have happened is what will happen in six or seven years, when the new students, children of workers and campesinos, receive professional degrees of all kinds’.²⁶

Guevara demonstrates the issue that the revolutionary government had with only educating higher class doctors from cities. In order for the Cuban health system to succeed in rural areas, rural medical student would have to be trained. Not only would rural students be

²² Keck, *The Curious Case of Cuba*, e13.

²³ Brower, *The Cuban Revolutionary Doctor*, 30-31.

²⁴ Ibid.

²⁵ Isaac Christiansen, ‘Improving public health care: An examination of the nature of Cuban government assistance to the Ghanaian public health care system’ *Proquest* (2010), 16.

²⁶ Brower, *The Cuban Revolutionary Doctor*, 28.

educated but they would be motivated to help the people they have grown up with in a more profound way than those who grew up in the cities, far from rural life. This mentality was soon transferred into law.²⁷

The Creation of the Modern Cuban Health System

Castro began his rule by developing a ‘single national public health system’. It claimed that healthcare was a basic right which was to be available equally and free of charge. The 1976 Constitution set out the following measures:

- Civil society will contribute to the development of the national health system.
- All health services become a basic right, to which all can avail of free of charge.
- Cuba will cooperate with other nations and international organisations in the development of world health.
- The Cuban state is responsible for the health care of its people.²⁸

From this, the Cuban health system devised a clear organisational structure. It started with community doctors, who then report to a policlinic which takes charge of roughly ten community doctors and are made up of doctors and specialists with access to more medical equipment. Above this there is the Ministry for Public Health which works with many national organisations to promote health.²⁹ The Ministry is also responsible for international health issues, producing medicine and resource planning.³⁰

Looking specifically at the first level of the organisational structure; the community doctors, there are numerous successes which were to be passed on to Cuba’s Global Health initiatives. They successfully created preventative health systems by starting with community level where there is a ‘Family Doctor Program’. Community doctors are required to see all persons in their district twice a year to create updated health records. Cuban doctors are highly involved in their areas, in fact, it is not unusual for a doctor ‘to knock on the door, to make sure the children are bathed and check that the bathroom and sanitary service are in reasonable condition’.³¹ Cuba is different to most developed countries where it is the responsibility of the individual to seek a doctor when necessary, whereas in Cuba it is the

²⁷ Ibid.

^{28,28} Keck, *The Curious Case of Cuba*, e14.

²⁹ Elizabeth Kath, ‘Revolutionary Health: State Capacity, Popular Participation and the Cuban Paradox’ *Journal of Iberian and Latin American Research* 17, No.2 (2011), 220.

³⁰ Christiansen, *Improving public health care*, 15.

³¹ Kath, *Revolutionary Health*, 215.

responsibility of the state and of the community doctors to seek the patient in the aim of stopping any preventable illnesses.³² By creating a system which is promoted locally, Cuba ensured that no individuals were ‘falling through the cracks’. Community doctors not only cared for individuals but also had to survey the communities to assess the health needs of it as a whole as many issues could not be understood from tackling patient’s individual problems.³³

Another important success for the Cuban health system is that it is very closely involved with maternal health. The health system will aid women very early in their pregnancy; starting with increasing the *libreta* food ration allowing them more milk, calcium and vitamins.³⁴ Often when women reach their twentieth week of pregnancy they enter a local maternity house where there are nurses and doctors monitoring them. They are also offered nutritious meals, education, ultrasounds and dental care, all free of charge. The aim is to help the physical and psychological well being of the pregnant woman. An American physician visiting Cuba’s health system noted; ‘They [Cuban doctors] have an advantage that they get their patients into their system very early and provide them access to not only prenatal care but to health promotion’.³⁵

By 2004, Cuba had over 69,700 doctors to provide for 11 million citizens.³⁶ The National Health system was organised centrally but also localised in terms of its administration. It had become a sustainable model whereby health care was universal.³⁷ By 2007, Cuba had a total of 72,417 physicians which meant there was one doctor per 155 Cuban citizens; this was the highest proportion of doctors to patients in the world.³⁸

Cuba’s Foreign Policy

Health has indeed been a major factor of Cuba’s domestic and foreign policies since the revolution; however, it is important to understand other aspects of Cuba’s foreign policy in order to frame health clearly within this. Cuba’s history is engrained with struggle; a struggle for independence and a struggle for sovereignty, first from the Spanish and then from the

³² Ibid.

³³ Ibid.

³⁴ Ibid.

³⁵ Angie Denisse Otiniano Verissimo and Donya Currie, ‘Continuing the Dialogue on Health: Insights from the 2010 APHA Delegation to Cuba’ *American Journal of Public Health* 103, No. 7 (2013), e2.

³⁶ Christiansen, *Improving public health care*, 15.

³⁷ Ibid.

³⁸ Brouwer, *The Cuban Revolutionary Doctor*, 33.

Americans.³⁹ According to a Cuban academic, Rodríguez Hernández; ‘Cuban foreign policy is guided by invariable political principles that would strengthen its positions in the eyes of the international community, as well as, governments and political sectors worldwide.’⁴⁰

Cuba’s investment in South-South cooperation has been important to its foreign policy during this period. Membership of the Non-Aligned Movement (NAM) has strengthened Cuba’s ties to the international community in a time of isolation from the United States (US) and its supporters. It may be possible for the US blockade to come to an end soon with US President, Barack Obama, stating recently that he and Raúl Castro are seeking to normalise relations between the two countries.⁴¹ Positive relations did not seem at all inevitable in previous years or decades, with the United States approach to Cuba explained by Lester Mallory as follows;

‘Most Cubans support Castro . . . There is no effective political opposition . . . the only effective way to make Castro lose his internal support is by provoking an internal crisis caused by the economical dissatisfaction and the starvation . . . we have to put into practice all of our means to weaken the economic life. By denying Cuba funds and supplies, we could reduce real and nominal salaries, which at the same time could provoke starvation, dissatisfaction and the overthrow of the revolutionary government’.⁴²

Support in the international arena had been mounting towards this with a vote in 2012 against the US embargo on Cuba in the ‘UN plenary session’ with 188 member countries voting against the blockade and only three countries voting in favour; Israel, the United States and Palau.⁴³ This was a success for the Cuban state and somewhat of an embarrassment for the United States. In recent years, Cuba has also been collaborating with Latin American and E.U. countries in order to form and strengthen ethical policies among these nations.⁴⁴

Zoila González Maicas has broken Cuban foreign policy down into four periods. The *Emergency Period (1959-1962)* which was shaped by education, literacy and healthcare campaigns as well as aligning with regional powers and other socialist nations. The *Period of*

³⁹ Leyede Rodríguez Hernández, ‘The Role of Cuba in International Politics’ *Megatrend Revija* 10, No. 2 (2013), 15.

⁴⁰ Rodríguez Hernández, *The Role of Cuba*, 16.

⁴¹ The White House, Office of the Press Secretary, Washington, D.C. ‘Fact Sheet: Charting a New Course on Cuba’, December 17, 2014.

⁴² ‘Memorandum of a Conversation Between the Ambassador in Cuba (Bonsal) and the Cuban Minister of Finance (Lopez Fresquet), Havana, November 8, 1959’ *Foreign Relations of the United States, 1958-1960*, Volume VI, Cuba, Document 389.

⁴³ Rodríguez Hernández, *The Role of Cuba*, 17.

⁴⁴ Rodríguez Hernández, *The Role of Cuba*, 18.

Isolation (1962-1970) where the US blockade was imposed and it saw Cuba lose most of its regional allies, with bilateral relations only remaining with Mexico. They were ousted from the Organisation of American States (OAS) but they continued with domestic and internationalist health policies and missions. The *Deterioration of the Blockade on Cuba (1970-1989)*, although the blockade remained strong by the United States, Latin American countries began to ease relations with the Cuban state and there was an increase of regional integration and cooperation.⁴⁵

The Beginnings of International Assistance

In the initial years of the revolution Cuba needed to forge a new identity. It was the cold war era and the revolutionary government had aligned themselves with the Soviet Union which spoke loudly on the world stage. The revolutionary government were determined to tie its foreign policy closely to its domestic politics.⁴⁶ They began a tradition of exporting medical workers to the developing world and to disaster relief areas. The Cuban government were able to mobilize medical workers at an extraordinary speed and send them almost anywhere, most notably to hardship locations, and they could remain there as long as necessary.⁴⁷

Cuban Global Health Diplomacy dates back to the early 1960's when the state sent 53 health workers to Algeria in 1963 and several teams were also later sent to Tanzania in 1965. Previous to 1977, all aid Cuba provided was free of charge. However, in 1977 the Cuban government decided on a new course of action. They would provide two tiers of assistance; the first – *aid diplomacy* – would be for countries who could not afford to pay and they would only be liable for the living costs of Cuban workers. The Cuban government would pay their wages. The second tier – *paid diplomacy* – was for countries that were richer and they would cover all related costs. In times of natural disasters, Cuba would provide richer countries with free aid and all related expenses.⁴⁸ Further analysis of both forms of diplomacy will be discussed in chapter three.

⁴⁵ Zoila González Maicas, 'Cuban Foreign Policy in Latin America and the Caribbean' *Megatrend Revija* 10, No.2 (2013), 6-7.

⁴⁶ Julia E. Sweig, *Cuba: What Everyone Needs to Know* (Oxford, 2009), 105.

⁴⁷ Maria C. Werlau, 'Cuba's Health-Care Diplomacy: The Business of a Humanitarian', *World Affairs* 175, No. 6 (2013), 57.

⁴⁸ Donna Rich Kaplowitz, *Cuba's Ties to a Changing World* (London, 1993), 59.

Chapter Three: Case Study: Cuba's Global Health Diplomacy

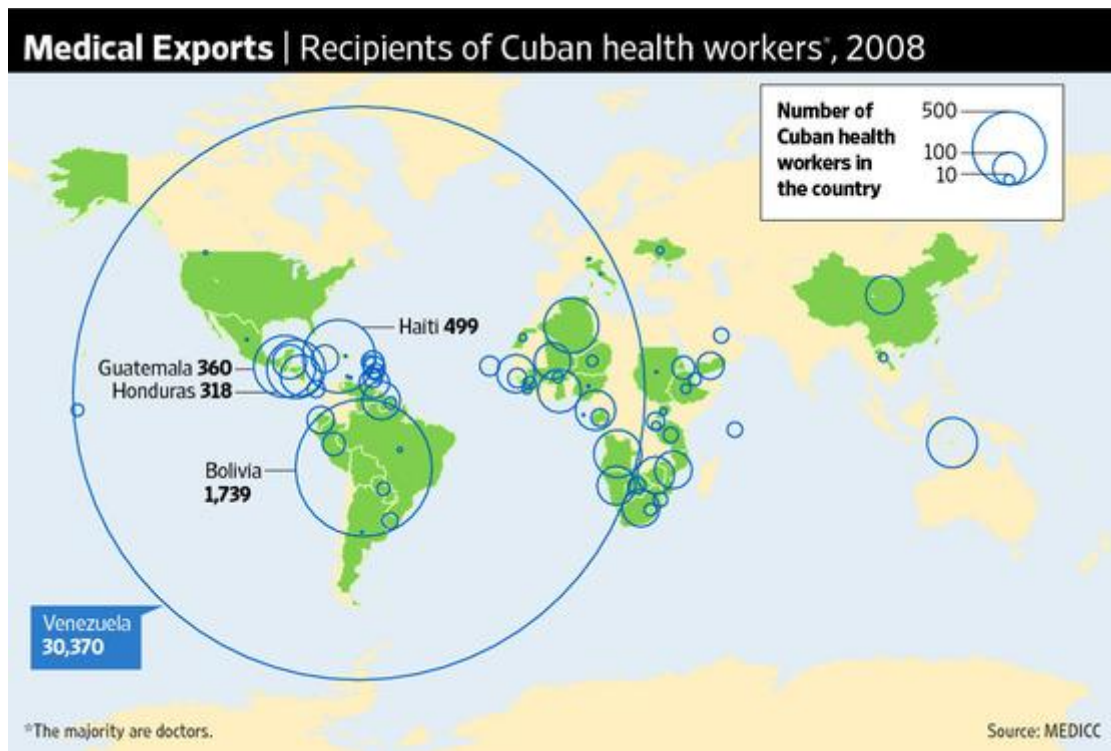


Image II: Recipients of Cuban health workers; 2008

Part One: 'Aid' Health Diplomacy

This section will examine Cuba's system for the provision of aid. As one can see from *Image II*, Cuba is involved in Health Diplomacy all over the world and it is more heavily involved in Latin America and Africa. The increased emphasis on these two regions could be contributed to Cuba's pursuit of South-South cooperation.

When using the term aid here, it is used loosely and refers to the provision of healthcare and medicines, which is entirely paid for by the Cuban state, in impoverished countries or in any country which is in a state of disaster. However, Cuba prefers to term these missions as cooperation rather than aid, which to them is a less 'paternalistic' approach to the assistance they provide.⁴⁹ This is often seen in other forms of South-South cooperation, such as China's business collaborations with African countries.

The Cuban state believes it is important for countries to involve recipient nation states when conducting Health Diplomacy, whether it is the provision of aid or cooperation. Many organisations and states will bypass national governments when providing assistance.

⁴⁹ John Kirk, 'Moral Medicine the Cuban Way' *New Internationalist* (November, 2012), 24.

However, Cuba has a policy of creating bilateral relations with nations to whom it offers aid to. According to the World Health Organisation this is necessary. However, even with the existence of bilateral relations; it can be difficult for the recipient country to produce a stable health system with many forms of diverse incoming aid to manage.⁵⁰

Cooperation with Developing Nations

On May 23, 1963, Cuba sent a medical team of 58 to Algeria. In the first year they completed over 540 major surgeries all over the country. Dr. Roberto Capote, a Cuban medical volunteer who served in Algeria, stated; ‘It started with the idea that there was always someone worse off than ourselves and we could share what little we had.’⁵¹ The Minister of Public Health, José Ramón Machado Ventura, also stated; ‘It was like a beggar offering his help but we knew that the Algerian people needed it even more than we did and they deserved it’.⁵²

During the Guinea-Bissau struggle for independence from Portugal, Castro sent a medical team of 31 personnel to help those on the front lines. Those who were wounded and in need of more advanced treatment were transported back to Cuba.⁵³

Cuba managed to offer all cooperation free of charge to Africa until the late 1970’s. When the Soviet Union collapsed, during the ‘special period’, more and more African countries began to seek medical assistance from Cuba. This led to a new policy from Cuba stating that any country with the financial capacity would pay a minimum payment in order for Cuba to fund further health missions in countries which could not afford to pay. At this point in time, only Angola was capable of contributing as they had oil. However, by the 1980’s war had swept across Angola with a huge effect on their economy which led to Cuba reverting back to its previous agreement of free cooperation.⁵⁴

In the early missions to Africa, there were strict rules placed upon those who were chosen and it was made clear that all rules must be adhered to. There was to be no consumption of alcohol or relations with women of any kind and more importantly, all local customs and cultures were to be held in the highest regard and always respected. This was an important

⁵⁰ World Health Organisation, ‘Working Together for Health: The World Health Report 2006’, available from www.who.int/whr/2006/whr06_en.pdf; accessed on 11 December, 2014.

⁵¹ Conner Gorry, ‘Cuban health cooperation turns 45’ *Medicc Review* 10, No. 3 (2008), 44.

⁵² Piero Gleijeses, *Conflicting Missions: Havana, Washington, and Africa, 1959-1976* (North Carolina, 2002).

⁵³ Huish and Kirk, *Cuban Medical Internationalism*, 79.

⁵⁴ David Gonzales, ‘Cuban-African Relations: Nationalist Roots of an Internationalist Policy’ *Review of African Political Economy* 27, No.84 (2000), 319.

time for the Castro government who could finally start to put their revolutionary ideals into practice.⁵⁵

The reasoning behind Cuba's involvement in African nations in the 1960's was due to a combination of factors. The idea that it was primarily motivated by the ambition to spread revolutionary ideals to the African people they encountered certainly stops short of a valid explanation when one reads the guidelines placed upon those undertaking the mission;

‘There should be no bragging about our revolution and our ideology. We should be modest at all times, teach what we know and not try to pretend we are experts in the material.’

Certainly, it seems clear here that the primary objective was not to spread revolutionary ideals on the ground. It was more likely to do with assisting a country who similarly struggled for independence from a coloniser, just as the Cubans had from the Spanish and the Americans. Perhaps the spreading of South-South cooperation as well as the strategic location of Angola contributed to Cuban motivations. A memorandum from Manuel Pineiro to Raúl Castro in 1972 stated;

‘I don't consider it necessary to delineate the strategic importance of these countries [Angola and Mozambique], it takes only pointing out that a change in the course of events of the wars that are developing in both countries could signify a change in all the forces in the African continent. For the first time two independent countries in Africa from which a bigger war could be waged would have common borders with the region with the principle investment and the strongest political-military knot of Imperialism in Africa exist: South Africa, Rhodesia, Zaire, and the Portuguese colonies.’⁵⁶

This memorandum shows us that Cuba had very real strategic foreign policy interests in the region that went beyond that of care for the public health. Early aims in Angola were not largely linked to soft power; in fact they sent trained Cuban guerrilla fighters to aid the struggle for independence. In this case, Cuba were cooperating with hard power, however this is not to say that in the long term it did not contribute to the success of Cuba's soft power

⁵⁵ Memorandum, Ministry of the Revolutionary Armed Forces, Cuba. Major Raúl Castro to Major Flario Bravo and Jorge Serguera. October 20, 1963. Centro de Informacion de la Defensa de las Fuerzas Armadas Revolucionarias, available from; www2.gwu.edu/~nsarchiv/NSAEBB/NSAEBB67/, accessed on 05 January 2015.

⁵⁶ Memorandum. ‘The Shipment of Comrades to Angola and Mozambique’. From Major Manuel Pineiro Lozada to Major Raúl Castro. November 22, 1972. *Centro de Informacion de la Defensa de las Fuerzas Armadas Revolucionarias*, available from; www2.gwu.edu/~nsarchiv/NSAEBB/NSAEBB67/, accessed on 05 January 2015.

initiatives in the future. Cuba's involvement in health care in Africa in the 1960's and the 1970's allowed doctors to gain invaluable knowledge for future health initiatives.

Disaster Relief

In 2005, Hurricane Katrina swept across the United States killing 1,300 people. In response, Cuba immediately offered to supply 36 tons of medicine and equipment as well as 1,500 medical workers. This offer was declined by the United States, fearing an ulterior motive behind the donation.⁵⁷

Hurricane Mitch occurred in Central America in 1998, killing 30,000 people and causing a wave of destruction. After 24 hours, over 1,300 Cuban medical staff had been mobilised and they were sent to the most remote areas of the disaster.⁵⁸ It left over 2.4 million people homeless.⁵⁹ Cuban staff could not adequately serve the medical needs of Central America without taking new measures. After this, Castro organised a long-term strategy in order to properly prepare for any future natural disasters.⁶⁰

The 'Comprehensive Health Program' was officially established in the months following the disaster. It planned to put Cuban doctors in the affected areas in Latin America and spread them throughout rural and under-serviced areas. Castro understood this was not a sustainable solution and in order to make it so, he established the Latin American Medical School in 1999. It would train medical students from poor regions who would pledge to return to their communities and practice there.⁶¹ This was a major step for Cuba's Global Health Diplomacy as now poor medical students from Latin America would be trained and follow in the footsteps of the Cuban tradition of spreading primary health care to rural areas in their own countries.

In later years, Cuba had learned that specific medical skills needed to be acquired for medical teams attending to disaster responses. In 2001, the Latin American Centre for Disaster Medicine was established. A co-ordinator for the project stated;

'We take a holistic approach – we don't just treat the medical or psycho-pathological effects of a disaster . . . We try to understand each person within a broader context, taking into

⁵⁷ Robert Huish and John Kirk, 'Cuban Medical Internationalism and the Development of the Latin American School of Medicine' *Latin American Perspectives* 34, No. 6 (November, 2007), 77.

⁵⁸ Ibid.

⁵⁹ Conner Gorry, 'Cuban health cooperation turns 45' *Medicc Review* 10, No. 3 (2008), 44-45.

⁶⁰ Ibid.

⁶¹ Ibid.

account all the factors in their lives [that contribute to their mental health]. I think we learned that from the Chernobyl children and that's the experience we took to Haiti'.⁶²

The first experience Cuba had with disaster medicine was when the 1986 nuclear disaster erupted in the Ukraine. At this point Cuba had just lost '85 per cent of its trade' with the collapse of the Soviet Union and the continuing embargo from the United States. There was a weight loss of 20-25 pounds for the average adult with many food shops remaining bare, the standard of living in Cuba had decreased dramatically. In this period, the Cuban state transported 700 to 800 children from the Chernobyl disaster per year to be treated free of charge. They received medical care and recuperation time.⁶³

Doctors treated a wide range of problems for the children affected by the Chernobyl disaster, such as, cancer, hyperthyroidism and vitiligo. A very important part of their treatment was a psychological program to aid the children's rehabilitation. This included recreational and cultural events. The Tarará Hospital in Havana was responsible for the health-care of these children. The director of the hospital, Dr. Julio Medina stated; 'These activities – trips to the movies and museums, playing on the beach and days at the amusement park go a long way toward helping these children recover psychologically.'⁶⁴

Cuba's Global Health Diplomacy intentions in relation to disaster relief are perhaps a combination of two important foreign policy aims for Cuba; human solidarity and increasing positive relations with all nations. Cuba will offer disaster relief to any country which suffers a major natural disaster or a health epidemic which warrants an international response. This assistance is offered regardless of diplomatic relations between Cuba and the nation in need. This particular point has led academics down two streets; first, that Cuba is motivated solely by human solidarity and they will aid any person in need due to their socialist beliefs. The second route suggests that Cuba is using Global Health Diplomacy to ease diplomatic relations when the opportunity arises due to their isolated geopolitical position with the United States. However, this thesis would suggest that both rationalities are true, as both clearly serve to promote Cuba's foreign policy objectives. In fact, improving the health care of individuals and communities across the world is one of Cuba's core foreign policy objectives.

⁶² Conner Gorry, 'Once the Earth Stood Still (Part II): Mental Health Services in Post-Quake Haiti' *MEDICC Review* 12, No. 3 (July, 2010), 44.

⁶³ Kirk, *Cuban Medical Internationalism*, 277.

⁶⁴ Gorry, *Mental Health Services*, 44.

Part Two: 'Paid' Health Diplomacy

After the Hugo Chávez assumed power in Venezuela, the Cuban government began to make closer ties between the two states. A relationship of 'doctors for oil' began to emerge with Venezuela sending 98,000 barrels of oil to Cuba on a daily basis and with Cuba in return sending thousands of doctors to work in the poor rural regions of Venezuela.⁶⁵ This is a perfect example of the multi-goals of health diplomacy; on the one hand, the ideals of the Cuban doctors who believe in helping rural populations are at play and the ideals of the socialist state are intact and at the same time the Cuban state benefits economically with preferential oil prices.

The Venezuelan Medical Federation began by Mayor Fredy Bernal, who attempted to hire Venezuelan medical staff in order to form a community network of doctors. However, only fifty doctors signed up and a mere twenty of those would work in an underprivileged area. It was at this point that the mayor urged the Cuban state for assistance. In response, a small team was sent over to help but in the following months hundreds more Cuban doctors began to arrive.⁶⁶

The bilateral agreements stated that Cuban doctors were to be paid by the Venezuelan government an amount of \$150-\$500 as well as food and transportation and in return they would treat underprivileged, poor Venezuelans free of charge. The Cuban state also had a part to play by providing the doctors with airfare to travel between the two countries and pays the salary for the remaining family back home, the normal income of \$22-\$25 per month. The government also offered Cuban doctors abroad the unique possibility of sending consumer goods home to their families which otherwise could never be afforded or impossible to get in Cuba.⁶⁷

By 2009, already 31,000 Cuban medical staff had contributed to this project working in the poorest areas which Venezuelan trained doctors refused to go.⁶⁸ The huge movement of doctors brought out insecurities in the United States. In 2004, John Bolton, U.S. undersecretary of state said; 'We are concerned that Cuba is developing a limited biological

⁶⁵ John Kirk, 'Cuban Medical Internationalism and its Role in Cuban Foreign Policy' *Diplomacy and Statescraft* 20 (2009), 282.

⁶⁶ Brouwer, *The Cuban Revolutionary Doctor*, 30.

⁶⁷ Werlau, *Cuba's Health-Care Diplomacy*, 58-59.

⁶⁸ Kirk, *Cuban Medical Internationalism*, 282.

weapons effort'.⁶⁹ However, the idea that Cuba and Venezuela were cooperating to build 'Weapons of Mass Destruction' were unfounded and they were likely trumped up due to the failing of the U.S. to isolate Cuba and to stop Chávez Bolivarian revolution.⁷⁰

The Bolivarian Revolution has certainly been a huge assistance to Cuba's Health Diplomacy in recent years. Leaders of both nations share similar socialist ideals, one possessing financial capabilities and the other the human capital and together they make a formidable team in promoting human solidarity.

The success of Cuba's cooperation with Venezuela shows the strength of using Global Health Diplomacy as a soft power foreign policy tool. The United States had one of the largest global economies and certainly the strongest military power; however, all of this hard power could not be transferred into a preferred outcome of diminishing the Cuban state on the world stage. By fighting disease, they promoted an attractive form of international solidarity, a feat which could not easily be diminished.⁷¹ The Cuban staff managed to set up 492 rehabilitation centres, 6,000 clinics and 388 clinics and this resulted in astounding success.⁷² In 2008, Chávez announced that thanks to Cuban medical staff over 99,000 lives had been saved due to Cuba's preventative medical treatments.⁷³

Why Cuba engages in Global Health Diplomacy?

Cuba officially rejects that their health policies are part of a diplomatic agenda and insist that all policies are ensuring basic human rights and human solidarity.⁷⁴ However, this in itself is the promotion of Cuban revolutionary values. Cuba does not just offer medical relief to allied countries which makes this a particularly interesting policy. Cuba's long-standing issues with the United States have led to many other nations throughout the world joining in this hostility; however, this has not stopped Cuba from offering to send medical staff to hostile countries in times of need. Perhaps the most unlikely offer Cuba has made was to send 1,586 medical relief staff and twenty – four kilos of medications to New Orleans when hurricane

⁶⁹ Brouwer, *The Cuban Revolutionary Doctor*, 30.

⁷⁰ Ibid.

⁷¹ Ibid.

⁷² Kirk, *Cuban Medical Internationalism* 282.

⁷³ Kirk, *Cuban Medical Internationalism*, 282.

⁷⁴ Katherine Bliss, 'Health Diplomacy of Foreign Governments' *Centre for Strategic and International Studies* (2006), available from www.csis.org/files/publication/111222_Bliss_HealthDiplomacy_web.pdf; accessed on 14 October, 2014.

Katrina first hit.⁷⁵ Of course, one must question the motives of the Cuban government in relation to this aspect of their foreign policy.

Cuba's pursuit of Global Health Diplomacy is not without its critics; however, many these arguments appear to come from a western centric – bias. Many attack Cuba for paying low wages and placing their healthcare workers in poor conditions with no opportunities to leave and make a better life for themselves. Maria C. Werlau is a good example of this; 'the system ensures a steady pool of temporary workers, "exportable commodities" primed for exploitation'.⁷⁶ This sort of interpretation is problematic as it assumes that Cuban workers have the same motivations and expectations as one would from a Western perspective and this is not necessarily the case.

Danna Rich Kaplowitz suggests that Cuba provides civilian assistance in order to spread ideas of the Cuban revolution to the Third World, to provide an alternative to Western influences. They provide medical, educational and technical assistance and the Cuban people providing these services serve an important role in developing Cuba's image internationally.⁷⁷ However, John Kirk addresses an interesting point when he suggests that there is no evidence which proves that Cuba is using doctors in order to stabilise relations with hostile countries but it is clear that it is difficult for countries to remain hostile with Cuba when they are making extraordinary sacrifices to help their people in times of devastation.⁷⁸

Conclusion

This thesis certainly accepts the reality that a dual goal exists in Global Health Diplomacy but it goes further to say that it is comprised of a more complex combination of factors than simply political goals and health goals. Global Health Diplomacy can vary greatly and it has a wide range of possibilities which can be used in a variety of ways depending on the needs and the resources available to states. In order to fully understand this concept it is important to assess the use of soft power as a tool which can produce power outcomes.

As Nye is a firm believer in the importance of ideas and attraction as a source of power, he states; 'the realist who focuses only the balance of hard power will miss the power of

⁷⁵ Kirk, *Cuban Medical Internationalism*, 275.

⁷⁶ Werlau, *Cuba's Health-Care Diplomacy*, 64.

⁷⁷ Kaplowitz, *Cuba's Ties to a Changing World*, 58.

⁷⁸ Kirk, *Cuban Medical Internationalism*, 287.

transnational ideas'.⁷⁹ Jolly and Weiss go further to say that the origin or the evolution of transnational ideas needs to be known in order for power to be fully understood.⁸⁰ They argue that ideas need to be contextualised to understand why certain ideas become successful and why others do not. Nye would argue in this case that power resources are simply not enough to provide the expected outcomes. The context of the power; as well as, effective power strategies, need to be taken into account⁸¹.

Many have tried to understand power by creating formulas. Nye critiques previous efforts to measure power and discounts those such as Ray Cline (1977) for failing to include a variable context as part of his power formula. He claims that it can indeed tell us about military power but not of all types of power resources.⁸² The problem with using formulas to perceive possible outcomes, is that the context is always a variable, leaving all outcomes open to change.⁸³

Barnett and Duvall take a step further than Nye to say that not only can a formula not be created for power but that a variable context does not go far enough to determine the meaning and use of power in International Relations.⁸⁴ One must understand that there are many types of power and actors are differently enabled or restrained by a range of varying factors. Perhaps this is what Nye was attempting to explain when he stated;

'Power resources are simply the tangible and intangible raw materials or vehicles that underlie power relationships, and whether a given set of resources produces preferred outcomes or not depends upon behaviour in context. The vehicle is not the power relationship. Knowing the horsepower and mileage of a vehicle does not tell us whether it will get to the preferred location.'⁸⁵

⁷⁹ Nye, Joseph S. Nye, 'Soft Power', *Foreign Policy*, No.80, Twentieth Anniversary (Autumn, 1990), 170.

⁸⁰ Richard Jolly, Louis Emmerij and Thomas Weiss (eds.), *UN Ideas that Changed the World* (Indiana University Press, 2009), 38 – 39.

⁸¹ Joseph S. Nye Jr. *The Future of Power* (New York, 2011), 10.

⁸², *The Future of Power*, 2011, 4 – 5.

⁸³ *The Future of Power*, 2011, 8.

⁸⁴ Michael Barnett and Raymond Duvall, 'Power in International Politics', *International Organization*, 59 (2005), pp.38.

⁸⁵ Nye, *The Future of Power*, 9.

Nye suggests the following formula to determine outcomes of soft power:

‘**Power** = affect others – re: something – by means – to preferred outcomes
 [domain] [scope] [coercion, reward, attraction]’⁸⁶

A combination of the lack of a clear definition for Global Health Diplomacy in the current literature, combined with Nye’s theory of soft power outcomes and the knowledge gained from the case study of Cuba, this thesis suggests the following to remedy the missing explanation:

Dual Goals	+	Power Resources	+	Variable Context
[Political + Health]		[Doctors, Knowledge]		[Disaster Relief, Aid]
=				

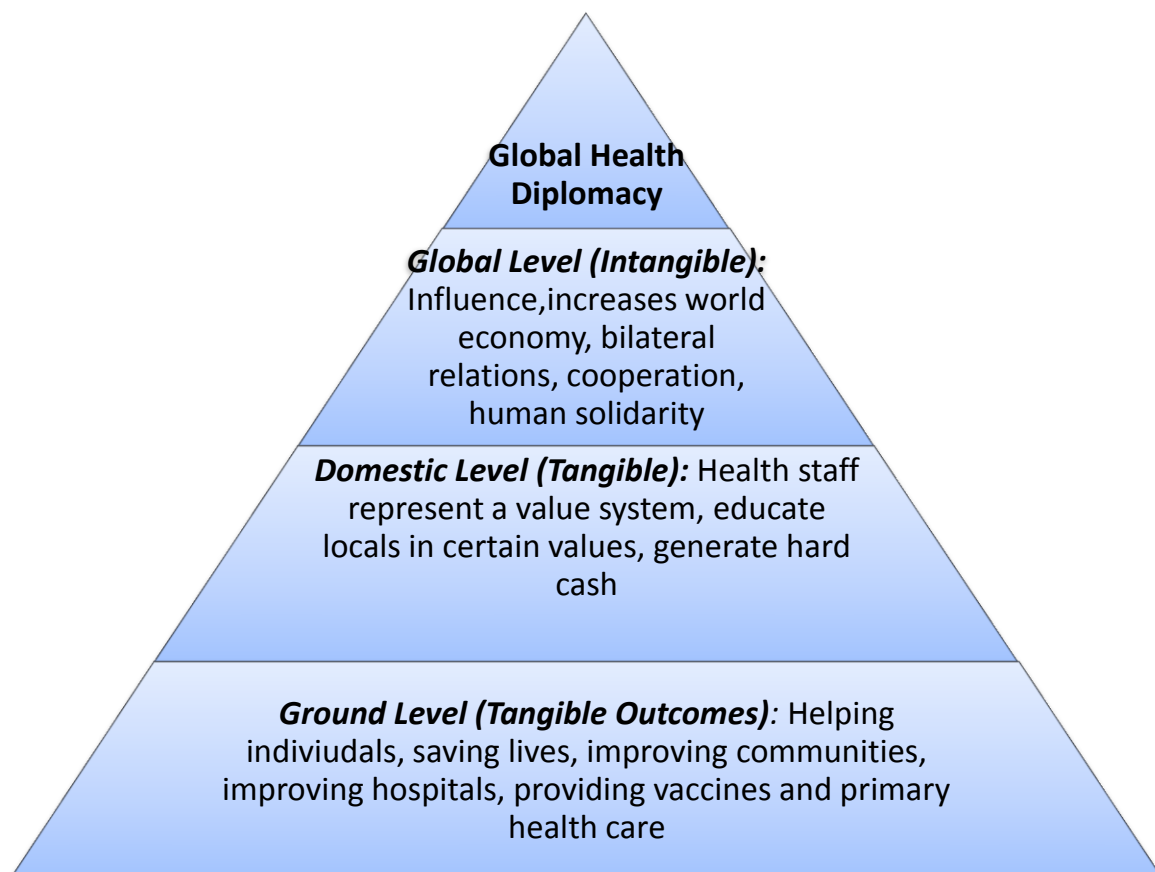


Figure I. Soft Power Tool: Global Health Diplomacy Pyramid

⁸⁶ Nye, *The Future of Power*, 10.

Although some may argue that the inclusion of dual goals is a realist outlook on soft power, this is not the case. The pursuit of health is in itself paradoxically a political interest as there is always something to be gained by a state who engages in Global Health Diplomacy. In fact, even the most seemingly selfless goals, such as Cuba's pursuit of human solidarity, is in itself a national interest, where Cuba portrays its image of how the world should be ordered through its health policies on the world stage. Therefore even the noblest of foreign policies can be said to be driven by one political interest or another, though this does not have to be perceived as negative.

Figure 1 displays the possible power outcomes of Global Health Diplomacy should all the factors in the formula exist. As one can see from the diagram, it is not as simple as stating that there is one goal or another in terms of Global Health Diplomacy. There are a vast range of goals which need to be considered and understood. It is not guaranteed that all or any of the above will be achieved by engaging in Global Health Diplomacy; however, these are the basic possibilities for its use having studied the Cuban model.

Ground Level Global Health Diplomacy is situated at the bottom of the pyramid as it is the most tangible of power outcomes. It can easily be measured, how many doctors are sent to a certain country, how many vaccines they inoculate or how many surgeries they have performed, are all measurable successes. However, this is not to say that all aspects of this level are tangible as it is difficult to say how much the aid being received is helping or hindering the existing health system in recipient countries. The reason Cuba's health system works so well is that it has been structured country-wide and not just in pockets like it is when Cuba offers aid cooperation abroad.

Domestic Level Global Health Diplomacy is related to the benefits which directly affects the country engaging in Health Diplomacy and in this case that is Cuba. It provided benefits to the Cuban doctors who travelled abroad as they gained cash bonuses they would not receive at home as well as their families receiving their normal wage. They were also afforded the right to send home luxury goods. Perhaps the greatest benefit for them however was the opportunity to travel, as outside of being a doctor it is very difficult for a Cuba person to leave the island. For the health system of Cuba there are both benefits and draw backs at this level. The benefits included added research, skills and knowledge as well as knowledge sharing. However, with an increased demand for doctors abroad there are fewer doctors available to the Cuban health system as they are more profitable to be sent abroad.

Global Level Health Diplomacy is where one can witness the political achievements of Global Health Diplomacy. Although it is difficult to measure outcomes of soft power, it is clear that they are existent and effective. Cuba has now been considered as a global leader in the field of medicine, earning them respect and interest from medical practitioners across the world. In a disaster, Cuba is hailed for their prompt and full-scale response which supersedes even the response of major international organisations. It has also led to the creation of numerous bilateral relations being signed and with each one Cuba has come further from the cold embargo which left them with few resources and allies. However, as Cuba's policy of human solidarity grows, so too do offers of political alliances.

As one can see from the information provided above, although Global Health Diplomacy is often dominated with talk of the global impacts of the foreign policy tool, it is clear that there are more levels to this, with clear tangible affects on individuals, communities, host governments and recipient governments with a potential overall impact on a global scale. Global Health Diplomacy is therefore a very useful tool of soft power should the right elements exist.

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