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THESIS

**EFFECTS OF HUMANITARIAN AID: A CUBAN CASE
STUDY**

by

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September 2002

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EFFECTS OF HUMANITARIAN AID: A CUBAN CASE STUDY

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ABSTRACT

The end of the Cold War left Cuba without a superpower ally. It lost military protection and the majority of its trading partners. As the isolated Cuban economy faltered many predicted an end to the Castro government. Cuba entered a “Special Period” plagued with massive shortages of basic goods like fuel, food, and medicine. Cuba’s only hope for survival seemed to be to normalize relations with the United States so as to end the embargo. This meant that Cuba would have to acquiesce to U.S. demands for an internal political change to democracy and an economic change to free market capitalism. Instead, Cuba refused to ally with the United States and held firm to its socialist ideology.

Although Cuba was steadfast in its ideology, it was forced to change its foreign policy tactics in order to survive in the new world order. The end of Soviet economic subsidies and military protection made it no longer safe to send Cuban soldiers abroad. To continue with its strategy of military aid to states and revolutionary movements guaranteed Cuba’s global isolation and eventual collapse. Cuba turned to non-military engagement as its tool of choice to promote its national interests, strengthen diplomatic relations, and increase trading partners. Chief among its humanitarian tactics is medical diplomacy.

The effects of humanitarian aid are examined using Cuba as a case study. The scope consists of the entire history of Cuban foreign policy since the Cuban Revolution. The emphasis is on the shift from military to humanitarian aid that occurred with the collapse of the Soviet Union. The purpose of examining the variety of countries that Cuba engaged with humanitarian aid is to identify conditional generalizations about the effectiveness of humanitarian aid, especially medical diplomacy. These conditional generalizations provide a basis for recommending U.S. medical diplomacy policy options for its War Against Terrorism.

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EXECUTIVE SUMMARY

The end of the Cold War left Cuba without a superpower ally. It lost military protection and the majority of its trading partners. As the isolated Cuban economy faltered many predicted an end to the Castro government. Cuba entered a “Special Period” plagued with massive shortages of basic goods like fuel, food, and medicine. Cuba’s only hope for survival seemed to be to normalize relations with the United States so as to end the embargo. This meant that Cuba would have to acquiesce to U.S. demands for an internal political change to democracy and an economic change to free market capitalism. Instead, Cuba refused to ally with the U.S. and held firm to its socialist ideology.

Although Cuba was steadfast in its ideology, it was forced to change its strategy to adapt and survive in the new world order. The end of Soviet economic subsidies and military protection made it no longer safe to send Cuban soldiers abroad. To continue with its strategy of military aid to states and revolutionary movements would guarantee Cuba’s global isolation and eventual collapse. Instead, Cuba turned to political, economic, and humanitarian engagement as its tools of choice to promote its national interests, strengthen diplomatic relations, and increase its trading partners. Chief among its humanitarian engagement tactics is medical diplomacy.

Cuba’s success in surviving the fall of the Soviet Union and shift to a foreign policy emphasizing humanitarian aid and medical diplomacy raises a question: what is the effectiveness of a humanitarian strategy focused on medical diplomacy? And can such a strategy be useful to the United States in its global War Against Terrorism?

This thesis will examine Cuba’s use of foreign policy tools since the Revolution in 1959. It will explain the shift from military to non-military foreign policy tactics and focus on the use of humanitarian aid, especially medical diplomacy. Conventional wisdom on humanitarian aid is that while it is an effective means of strengthening an existing alliance, it is not effective in establishing a new alliance. This belief is rooted in the political philosophy of Realism that values military strength and the pursuit of

national security objectives. States base their alignments on fundamental interests, which might not be changed by aid. Stephen Walt's theory on aid in alliance formation captures this conventional viewpoint by advocating that aid may only be effective in very rare circumstances.

An analysis of Cuban medical diplomacy will show that medical diplomacy can in fact satisfy all of Walt's rare circumstances. Effective employment of medical diplomacy can make it "punch above its weight" to further foreign policy goals. Medical diplomacy is superior to humanitarian cooperation in education, sports, or culture. While these areas are relatively positive, medical diplomacy can provide the invaluable gift of health to thousands of foreign people. This in turn can pave the way for improved political and economic relations with Cuba.

Each component of medical diplomacy will be effective in its own unique way. The export of doctors and medical school scholarships are especially critical to the effective employment of medical diplomacy. The export of doctors immediately and directly influences thousands through the patients that they individually treat. Awarding medical school scholarships directly influences future members of the upper class and indirectly influences the thousands of patients they will eventually treat. In this way Cuba can use medical diplomacy to punch above its weight by using a few people to influence thousands. Importing patients for treatment in Cuba may be of value as a high visibility public relations tool, but can only directly influence a small number of patients due to high transportation costs. Biotechnology assistance will be attractive to governments wishing to improve their domestic pharmaceutical production capability and professional exchanges are a common and uncontroversial means of sharing health information. Both will have a limited impact on influencing the recipient's population due to the low level of personal interaction.

Cuba has used medical diplomacy towards Mexico, Iran, South Africa, Venezuela, the United States, and Honduras. Each case study is unique and shows different effects of medical diplomacy. Listed in ascending order according to medical diplomacy's effectiveness they are: Mexico, Iran, South Africa, Venezuela, the United States, and Honduras. Cuban medical diplomacy was the least effective with Mexico.

Mexico's public health system is not in need of, nor open to, Cuban medical aid. As a result, Cuban medical diplomacy has been limited to mainly professional exchanges. These exchanges have had negligible effect on reducing political tensions caused by the ideological differences of President Vicente Fox and Castro. Instead, Mexican business interests are the main pacifying force.

The next four cases are examples, to varying degrees, of aid cementing already existing alliances – a finding consistent with Walt's views on aid. In Iran, humanitarian engagement only served to enhance an already close political relationship with Cuba but failed to produce any significant trade agreements. Iran-Cuba cooperation agreements are many but shallow. It took the terrible economic conditions of the Cuban Special Period to act as the catalyst for increased trade. The medical diplomacy component of biotechnology assistance was used, not as a political tool, but simply as an economic commodity to barter for Iranian oil. In South Africa, Cuban medical diplomacy was well received by an ideologically sympathetic government in power coping with extreme health deficiencies. Engagement created the potential for future trade agreements with Cuba and most importantly solidified South African political support for Cuba within the UN Human Rights Commission. Venezuela is a similar case in which an ideologically sympathetic government (that of Venezuelan President Hugo Chavez) led the way for improved relations with Cuba. Cuban medical diplomacy served to legitimate a favorable Venezuelan cooperative agreement that gained Cuba much needed oil. Cuba also enjoys Venezuelan political support within the UN Human Rights Commission. Resulting cooperative agreements enabled Cuba to transform symbolic capital (socialist humanitarian aid) into economic capital (oil). In the United States, Cuban medical diplomacy was effective at strengthening Cuba's relationship to a friendly faction within the Congress and symbolically attacking U.S. policy towards Cuba. Castro allocated hundreds of medical scholarships to the Congressional Black Caucus (CBC) for their poor minority constituents. The result is the continuation of CBC lobbying efforts for pro-Cuban legislation.

Finally, the last case study challenges Walt by demonstrating medical diplomacy's effectiveness in gaining *new* allies. In Honduras, Cuban doctors helped with

the country's recovery from the natural disaster of Hurricane Mitch. These doctors generated strong domestic political support from the people they assisted, which helped overcome opposition to Cuban-Honduran cooperative agreements. This led to the re-establishment of full diplomatic relations with Cuba that had been severed in 1961.

The case studies reveal conditional generalizations to Walt's theory that are specific to medical diplomacy. Whereas Walt's theory is largely effective for evaluating medical diplomacy, it has two minor shortcomings and one major deficiency. The following conditional generalizations for medical diplomacy will account for these deficiencies and complement Walt's theory.

Minor shortcoming: Medical diplomacy does not conform to the Realist perspective

Medical diplomacy seeks not to alter national security objectives, but to use its inherent goodness to change attitudes.

Medical diplomacy is an attempt to change a recipient's feelings towards (hearts) and images of (minds) the donor. This use of aid is different than Walt's. He advocates the Realist perspective that economic carrots will rarely override a state's basic security needs. Medical diplomacy's, however, is inherently good and its benign nature can have an emotionally powerful effect on people. This makes medical diplomacy potentially capable of satisfying all of Walt's rare conditions under which aid is effective in establishing alliances. This is most evident in the case study of Honduras, and to lesser degrees the United States, Venezuela, and South Africa.

Minor shortcoming: Backlash not from ideology, but from domestic labor interests

Medical diplomacy's ability to export doctors can generate a hostile backlash from domestic medical professional organizations that fear competition and a loss of regulating power.

In every case study that included the export of doctors (Honduras, Venezuela, South Africa) there was a hostile backlash. This backlash was not generated by a difference of political views (ideology) that Walt's theory emphasizes. Instead it came from labor (medical professionals) that felt threatened by the introduction of cheap Cuban workers.

Major deficiency: Democracy's effect on target selection for penetration

Medical diplomacy can promote alignment through penetration of the masses. This is especially true in democratic states due to the influence of voters on elected officials.

Walt does not differentiate between different types of governments of recipient states and focuses on the impact of elite perceptions on alignment. While this might be appropriate for non-democratic states, it is not altogether true for democratic states. Elite perceptions are important, but the perception of the voting masses is also important. Walt's lack of attention to the power of penetrating the voting masses of a democracy leads him to underestimate the potential power of medical diplomacy. Medical diplomacy, especially the export of doctors and medical scholarships, has the potential to positively influence significant portions of the voting masses in a recipient country. These grateful voters can then in turn influence government elites to craft a favorable relationship with Cuba. This is most clearly depicted in the Honduras case study. Grateful Hondurans protested the departure of Cuban doctors and efforts of the Honduran Medical Association to block a Honduras-Cuba medical cooperation agreement. Cuban aid to the CBC is a reverse example. Cuba directly influences the CBC with medical scholarships and then the CBC promotes a positive image of Cuba to their constituents. The case studies of Venezuela and South Africa illustrate a positive impact on a segment of the voting population, yet this segment has not demonstrated a political voice. This could be because there is no danger of the Cuban doctors departing, thus removing the reason to protest. To a lesser degree, medical diplomacy could potentially also promote alignment in non-democratic states through influencing the masses. Although the masses do not have a vote, it is still in the interests of the governing elites to garner popular support in order to consolidate their power.

Based on these findings, the thesis argues that medical diplomacy should complement U.S. military action in its War Against Terrorism by "winning the hearts and minds" of the world's population in order to deny the terrorists sanctuary and recruits. The export of doctors and awarding of medical scholarships are especially effective components of medical diplomacy. They can have an extremely positive influence on a population and serve to gain political support for the donor state. A medical diplomacy package should aim to positively influence as many people as possible and foster the eventual self-sufficiency of the recipient state. Specific policy options are listed below in order of potential effectiveness, starting with the most effective.

- **Export of doctors** : Small medical teams of a doctor, nurse, and technician sent on two-year tours to recipient states can positively influence thousands through the patients that they treat.
- **Medical scholarships** : Scholarships for doctors, nurses, paramedics, and technicians serve to create the human resources necessary for public health care self-sufficiency. They also positively influence the students through their time in the United States and interaction with Americans.
- **Basic infrastructure** : Small medical clinics with refrigeration units for vaccines are cheap and effective ways to drastically improve public health. Additional projects could be focused on public sanitation (clean water and sewage treatment).
- **Import of patients** : This is an expensive and potentially high profile means of treating patients with complex ailments in U.S. hospitals. Children should be the first recipients for both moral and public relations reasons.
- **Biotechnology** : The focus should be on selling, subsidizing, or donating basic vaccines and inoculations. These products are an inexpensive way to drastically improve public health.
- **Professional exchanges** : Medical personnel from the recipient country can visit the United States to receive training and instruction from their counterparts in areas ranging from hospital administration to surgical procedures. This could create solid bonds and good relations between health professionals in both countries.

Medical diplomacy could play a vital role in the U.S. War Against Terrorism by garnering public support in recipient countries and thereby limiting potential terrorist sanctuaries and recruits. The small and state of Cuba has used medical diplomacy with success in Honduras to gain a new ally and towards the U.S. Congressional Black Caucus, Venezuela, South Africa, and Iran to strengthen existing alliances. A U.S. government civilian organization tasked with implementing medical diplomacy could demonstrate U.S. civilian control of the military, maintain and enhance unity of command over humanitarian efforts, build a positive U.S. image for the recipient population, reduce NGO criticism concerning military wearing civilian clothing while performing humanitarian functions, and gain favor with most segments of the U.S. population.

I. INTRODUCTION

The end of the Cold War left Cuba without a superpower ally. It lost military protection and the majority of its trading partners. As the isolated Cuban economy faltered, many predicted an end to the Castro government. Cuba entered a “Special Period” plagued with massive shortages of basic goods like fuel, food, and medicine. Cuba’s only hope for survival seemed to be to normalize relations with the United States so as to end the embargo. This meant that Cuba would have to acquiesce to U.S. demands for an internal political change to democracy and an economic change to free market capitalism. Instead, Cuba refused to ally with the U.S. and held firm to its socialist ideology.

Although Cuba was steadfast in its ideology, it was forced to change its strategy to adapt and survive in the new world order. The end of Soviet economic subsidies and military protection made it no longer safe to send Cuban soldiers abroad. To continue with its strategy of military aid to states and revolutionary movements would guarantee Cuba’s global isolation and eventual collapse. Instead, Cuba turned to political, economic, and humanitarian engagement as its tools of choice to promote its national interests, strengthen diplomatic relations, and increase its trading partners. Chief among its humanitarian engagement tactics is medical diplomacy.

Cuba’s success in surviving the fall of the Soviet Union and shift to a foreign policy emphasizing humanitarian aid and medical diplomacy raises a question: what is the effectiveness of a humanitarian strategy focused on medical diplomacy? And can such a strategy be useful to the United States in its global War Against Terrorism?

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might not be changed by aid. Stephen Walt's theory on aid in alliance formation captures this conventional viewpoint by advocating that aid may only be effective in very rare circumstances.

An analysis of Cuban medical diplomacy will show that medical diplomacy can in fact satisfy all of Walt's rare circumstances. The analysis is based on case studies of Cuban medical diplomacy to Mexico, Iran, South Africa, Venezuela, the United States, and Honduras. In addition, the case studies reveal conditional generalizations to Walt's theory that are specific to medical diplomacy. Medical diplomacy is an effective "soft power" tool. Soft power refers to the use of resources to influence attitudes rather than military balance of power. Medical diplomacy is inherently good and possesses unique characteristics that enable it to influence thousands. Its benign nature can have an emotionally powerful effect on people making medical diplomacy capable of not only strengthen existing alliances, but creating new alliances as well.

Based on these findings, the thesis argues that medical diplomacy should complement U.S. military action in its War Against Terrorism by "winning the hearts and minds" of the world's population in order to deny the terrorists sanctuary and recruits. The export of doctors and awarding of medical scholarships are especially effective components of medical diplomacy. They can have an extremely positive influence on a population and serve to gain political support for the donor state.

Chapter II examines the post-Cold War shift in Cuban foreign policy. First, the general foreign policy goals developed by the Cuban revolutionary government in order to survive in the face of U.S. opposition are discussed. Next, Cuba's use of military aid to serve its foreign policy goals during most of the Cold War is examined. It failed to achieve much success with the promotion of guerrilla insurgencies in the 1960s but had more success in using its newly professionalized military to provide conventional support in African civil wars in the 1970s and 1980s. Finally, Cuba's shift in foreign policy tactics at the end of the Cold War is explained. The termination of Soviet economic and military sponsorship and increased U.S. pressure on recipients of Cuban military aid led the Cuban government to abandon its use of military aid by 1991. Instead, it relied more heavily on humanitarian aid to gain political allies and trading partners -- an approach

which was more feasible for Cuba given its limited resources and which enabled Cuba to avoid international criticism.

Chapter III evaluates Cuba's foreign policy shift and the potential effectiveness of medical diplomacy. First, Cuba's development of its medical power is described. Cuba's complex health infrastructure, abundance of health professionals, and First World health statistics give Cuban medical diplomacy domestic legitimacy and international credibility. Next each of the five components of Cuban medical diplomacy are examined. These include the export of doctors, awarding of medical scholarships, import of patients, biotechnology assistance, and professional exchanges. Finally, some hypotheses are advanced about the potential effectiveness of medical diplomacy. Political Scientist Stephen Walt argues that aid can only be effective in gaining allies under rare circumstances. Medical diplomacy, however, is a unique form of aid. Its inherent goodness is psychologically appealing and can potentially alter people's perceptions to favor alignment. Examination of Walt's theory shows that medical diplomacy could satisfy all of the criteria to be one of these rare circumstances.

Chapter IV determines the effectiveness of Cuban medical diplomacy in practice. First, the case studies of Cuban medical diplomacy to Mexico, Iran, South Africa, Venezuela, the United States, and Honduras are introduced and Walt's expectations about the effectiveness of medical diplomacy in general are revisited. Next, each individual case study is used to evaluate the effectiveness of Cuba's use of medical diplomacy in the Post-Cold War. Finally, conditional generalizations will be formed based on a comparison of Walt's expectations and the actual results of Cuban medical diplomacy

Chapter V concludes by considering the application of these findings on medical diplomacy for the overall U.S. campaign strategy in its War Against Terrorism. Specific medical diplomacy policies will be recommended to gain domestic and foreign support for the United States in its War Against Terrorism. Public support, in turn, can deny terrorists possible sanctuary and recruits.

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II. THE POST-COLD WAR SHIFT IN CUBAN FOREIGN POLICY

Since the Revolution, Cuba's foreign policy goals have remained the same but the tactics used to implement them have changed. The two enduring strategic goals have been the protection of the government from external attack and the gaining of resources to support development. The military was used throughout the Cold War as the main foreign policy tool to increase the number of friendly socialist governments. With the end of the Cold War, however, the termination of Soviet aid and increased pressure from the U.S. led the Cuban government to abandon its use of the military abroad. Instead, it chose to emphasize non-military engagement. Chief among its humanitarian aid tactics is medical diplomacy.

The first section of this chapter describes the general foreign policy goals developed by the Cuban revolutionary government in order to survive in the face of U.S. opposition. The second section shows how Cuba used military aid in the service of its foreign policy goals during most of the Cold War. It failed to achieve much success with the promotion of guerrilla insurgencies in the 1960s but had more success in using its newly professionalized military to provide conventional support in African civil wars in the 1970s and 1980s. Finally, the third section explains the shift in Cuban foreign policy tactics with the end of the Cold War. The termination of Soviet economic and military sponsorship and increased U.S. pressure on recipients of Cuban military aid led the Cuban government to abandon its use of military aid by 1991. Instead, it relied more heavily on non-military engagement to gain political allies and trading partners -- an approach which was more feasible for Cuba given its limited resources and which enabled Cuba to avoid international criticism.

A. CUBAN FOREIGN POLICY: WHY AN ACTIVIST FOREIGN POLICY?

Cuban foreign policy developed to guard the small island nation's sovereignty and also to make deals with powerful allies to gain vital resources to overcome its underdevelopment and foster growth. Revolutionary Cuba faced enemies (Cuban Americans) backed by the United States and had limited resources with which to defend

itself. It formulated an activist foreign policy with the strategic goals of: (1) defending the socialist government, and (2) gaining resources to sustain itself. This policy aimed to export and encourage socialist revolution throughout the Third World in order to gain political and economic allies. Cuba would balance this counter-dependency policy with a superpower-client relationship with the Soviet Union. This relationship was critical to gaining Cuba the material resources it needed to develop and military protection from the United States.

The situation for Revolutionary Cuba looked bleak. On 1 January 1959 Fidel Castro and his group of guerrilla soldiers had seized control of the government promising social justice. Thousands of wealthy Cubans began to peacefully emigrate. Most of them saw the sweeping socialist changes as a threat to their personal fortunes. These Cubans were welcomed by the United States which was engaged in a global ideological war against communism and saw Castro's government as a threat. In 1960 the CIA began to train an army of Cuban expatriates for the invasion of Cuba and restoration of the friendly yet corrupt Batista regime (Dominguez, 1989, p. 24).

The infant revolutionary government had made many promises of social justice yet had little resources to use. These promises had begun with the Sierra Maestra guerrillas battling against the Batista regime in late 1950s. They shared their modest field hospitals with the farmers of the region, most of whom had never seen a doctor. They also promised that once the revolution triumphed, decent medical and social services would be available for all (Global News Wire, 30 Mar 2001a). The new government needed to show that it could deliver on its promises. Cuba was still largely underdeveloped and in need of material, capital, and human resources. The exodus of wealthy Cubans had made the situation worse. Capital flight was rampant. Intellectuals, professionals, and many middle class Cubans left in a "brain drain" of human capital. Half of Cuba's 6000 doctors left the country.

The new Cuban government became more isolated and in need of allies as time went by. Trade relations with the United States began to deteriorate and then collapsed with the Bay of Pigs invasion on 17 April 1961 and the Cuban Missile Crisis in October 1962 (Dominguez, 1989, p. 1). The United States led the other western hemispheric

countries in ousting Cuba from the Organization of American States (OAS) in February 1962 (Erismán, p. 64). The government saw Cuba's sovereignty in jeopardy from U.S. economic and military power.

An overarching and critical goal of the Castro-led revolutionary government was the protection of Cuban sovereignty. This meant that the Cuban government would not be in a position that allowed it to be pressured by foreign influences. These foreign influences included the governments of other nations or their private companies.

Cuban sovereignty and foreign policy were not independent in the past. Cubans viewed the sovereignty of pre-revolutionary Cuba as questionable at best and its foreign policy as a forcibly imposed mirror image of U.S. policy. "Cuban 'foreign policy', like that of almost all Latin American countries of those years (pre-revolutionary period), was nonexistent since, in reality, it was an exact reflection of that of the United States, whose diplomats sent precise instructions to Cuban representatives regarding its orientation" (Jorge).

The two strategic goals that would ensure Cuban sovereignty were (1) the protection of the socialist government and (2) the gaining of resources to develop and sustain its socialist economy. The first required political and military allies to support Cuba's government against the perceived threat from the U.S. The second strategic goal also required allies. These allies were needed to donate, subsidize, trade, or loan material resources and assist with training programs to make Cuba more self-sufficient.

Cuba crafted an activist foreign policy to achieve its strategic goals of protecting the government and gaining resources. This policy centered on the export and encouragement of socialist revolution throughout the Third World. The government hoped to gain many allies and overwhelm the U.S. through sending Cuban soldiers, doctors, teachers, and technicians to Third World states around the globe. This counterdependency strategy aimed to make Cuba less dependent on any one country by developing relations with many countries. Once this was achieved Cuba could organize and lead the other Third World states in collective bargaining with the Developed World.

The economic development of other Third World countries was in Cuba's interest. A developed Third World ally would be capable of aiding Cuba with increased

trade and political support against the policies of the United States at some time in the future. This meant that Cuban aid to other developing countries and national liberation movements would consist of humanitarian as well as military assistance. This was often done for free or at bargain prices in the name of solidarity (friendship with Cuba). The activist foreign policy was not effective in the short-run however. The targeted states were underdeveloped and so unable to assist Cuba with gaining near term resources.

To secure resources for its socialist economy, therefore, Cuba decided to ally with the Soviet Union. This relationship is best characterized as a superpower-client relationship. Havana received massive amounts of aid from the Soviets yet still retained a high degree of independence in its domestic and foreign affairs. At certain times, however, Cuba curbed its aggressive policies under the threat of the sharp reduction in Soviet economic aid. Throughout the Cold War the Cuban government would balance these two, sometimes conflicting, policies of counterdependency and superpower-client relationship. By doing so Cuba's socialist government would be protected and resources would be secured to perpetuate the socialist state.

B. CUBAN FOREIGN POLICY IN PRACTICE DURING THE COLD WAR: MILITARY EMPHASIS

Military force was the dominant foreign policy tool used by Cuba during the Cold War. The government created vast pools of human resources as part of its overall socialist agenda. The Cuban people benefited from a greatly improved education and public health system and were immersed in socialist ideology. These human resources were harnessed by the Cuban government, which evolved the military from irregular guerrilla troops into a powerful and professional army. The Cuban armed forces failed to achieve much success with guerrilla insurgencies in the 1960s but later won three conventional wars in Africa during the 1970s and 1980s. Throughout the Cold War humanitarian aid served only to complement military aid.

1. The Creation of Human Resources

The Cuban government invested heavily in education and health care to assist and develop its human resources. Prior to the Revolution, Cuba had an illiteracy rate of 23.6% (Dominguez, 1989, p. 150) and only four universities. After the Revolution the government embarked on a massive literacy campaign. High school students were sent to

remote rural regions to teach fellow Cubans to read and write. Confiscated mansions and country clubs were transformed into schools and universities. Cuba reduced its illiteracy rate to 12.9% in 1970 and to 4% in 1981 and its forty universities increased graduates from 58,000 in 1953 to 288,000 in 1981 (Dominguez, 1989, p. 150).

Cuban investment in health brought universal health care to every citizen. The government established small medical clinics in every region of the country and staffed these clinics with a doctor, a nurse, and a technician. The government also planned to place a doctor at every school and factory while still maintaining a force for overseas duty. The Cuban public health system stressed preventive medicine and initiated public sanitation projects. The many small medical clinics scheduled Cubans for regular checkups, inoculate children against diseases, and gave pregnant women special care. Cuban health statistics improved dramatically including the number of doctors per population, the infant mortality rate, and life expectancy. Cuba's investment in education and health resulted in a strong and highly educated population.

Cuba supported its activist foreign policy with its revolutionary ideology and concept of the *Hombre Nuevo* or New Man. Cuban ideology taught that the Cuban people were the vanguard, not only of their own revolution, but a global revolutionary cause. The New Man would be selflessly devoted to the revolution and its ideals. He would work hard for moral incentives and readily sacrifice for his nation. He would be the instrument to carry out the building of a socialist paradise. The government established extensive ideological training programs to facilitate the making of the New Man. Those who dissented from the state's teachings were ostracized or imprisoned for "dangerousness." Dangerousness meant to say or do anything that might destabilize the government. The ideological training program created a radically devoted army of Cubans to carry out Castro's building of a socialist state.

2. The Cuban Military: Irregular Guerrilla Troops

The origin of Cuba's military was Fidel Castro's 26th of July guerrilla movement. His forces operated in small groups in the rural areas to organize popular support. Their weapons consisted mostly of small arms and whatever else they could get their hands on.

They were an unprofessionalized bunch of men and women who were dedicated to their revolutionary cause.

Throughout the 1960s Cuba used its own model for armed revolution in supporting and exporting revolution abroad. This was reflected in Castro's famous phrase, "the duty of every revolutionary is to make revolution" (Erisman, p. 66). The logic behind this strategy was to either create revolutionary governments or to use Cuban support of revolutionary movements as leverage in dealing with established governments. If Cuba could not create a new ally through supporting revolution, it could cease its support in order to gain an alliance with the existing government. Initially, military assistance was to be accomplished using the Cuban revolutionary model of training and inserting small guerrilla bands throughout the rural regions of Latin America. This tactic failed, as one after another, the guerrilla offensives of the 1960s were smashed.

The greatest failure was to the legendary Che Guevara's Bolivian operation in 1969. Che led a small band of guerrillas into Bolivia to organize a revolution. They failed and were eventually tracked down and killed by U.S.-backed Bolivian troops and the CIA in October 1967 (Erisman, p. 73). Che became an icon and martyr of the Cuban revolutionary cause. Cuba was also pressured by the Soviets to curb its zealous export of revolution to Third World states. In 1968 "...angry over many Cuban domestic and foreign policies, the U.S.S.R. imposed sanctions on Cuba. Cuba backed down, and the hegemonic relationship was subsequently rebuilt" (Dominguez, 1989, p. 4). The Cuban guerrilla campaign was to be replaced with a more effective tactic.

3. The Cuban Military: Powerful and Professional Army

Failure of the Cuban guerrilla model for revolution caused this idea to be replaced by the concept of armed intervention with a modern professional army. Membership in the Soviet-led Council of Mutual Economic Assistance (CMEA) brought large infusions of military aid. The Soviets equipped and trained the Cuban military and made it into a modern fighting force. Guerrillas were replaced with brigades equipped with artillery, tanks, and modern fighter aircraft. The entire force was professionalized and had the respect of the Cuban people. "Moreover, Cuba received massive amounts of military aid

from the socialist bloc, which transformed its armed forces into a formidable organization that even the Pentagon was not anxious to confront” (Erisman, p. 80).

Cuba could now intervene militarily on behalf of its allies using its new model of revolutionary support. The Cuban military was involved in or supported military action in Algeria, Portuguese African colonies, Angola, Ethiopia, Grenada, and Nicaragua. Ethiopia and Angola included major deployments that tipped the scales in favor of Cuba’s allies. Unlike the failures of the United States in Vietnam and the Soviet Union in Afghanistan, Cuba won the three wars it fought on African soil: Angola 1975-1976, Ethiopia 1977-78, and Angola 1987-88 (Dominguez, 1997). The ability to send troops abroad powered Cuba’s ascent to the leadership of the Nonaligned Movement (NAM). NAM is a political organization of Third World countries not aligned with the United States or the Soviet Union that was created in 1955.

4. Humanitarian Aid as a Complement to Military Aid

Military aid was complemented by humanitarian aid in carrying out Cuba’s activist foreign policy during the Cold War. Humanitarian aid consisted of sending doctors, teachers, and technicians abroad. For the Castro regime this humanitarian aid had the same goal as military aid: to gain solidarity with other Third World states against the United States in a Cuban effort to defend itself. Economic development of other Third World states would benefit Cuba by making these allies capable of economically aiding Cuba in the future. Cuba also began to gain immediate economic rewards in 1978 when it chose to charge market rates for humanitarian services to some oil-rich states.

The growth of civilian aid programs increased dramatically beginning in the mid to late 1970s, so much so that Cuba had in 1985 what The New York Times called “perhaps the largest Peace Corps style program of civilian aid in the world,” with approximately sixteen thousand doctors, teachers, construction engineers, agronomists, economists, and other specialists serving in twenty-two Third World countries. In fact, Cuba had more doctors working abroad then (fifteen hundred in twenty-five countries) than did the World Health Organization (Feinsilver, p. 172). This growth was enabled by material resources from the Soviets and Cuba’s own highly developed human resources. It is accurate to describe Cuba’s educated and skilled labor force as its “product

specialization.” The appendix summarizes the scope and location of Cuba’s main overseas civilian programs, not including trade in goods, in the late 1980s. Despite the important contributions of humanitarian assistance projects, they were greatly overshadowed by Cuba’s military assistance programs.

C. THE END OF THE COLD WAR AND THE SHIFT TO HUMANITARIAN TACTICS

At the end of the Cold War Cuba chose to abandon its use of the military as a foreign policy tool and emphasize non-military engagement instead. By 1991, Cuba repatriated its military forces from abroad and publicly announced the end of its military support for revolutions. The reasons behind this shift were the end of Soviet economic and military aid, increased U.S. pressure, and the rise of globalization. Cuba needed a new foreign policy tactic to fit its new situation. The tactic had to gain political allies and trading partners, be immune to U.S. criticism, and be feasible given Cuba’s reduced resources. Cuba responded with a massive campaign of political, economic, and humanitarian engagement. Humanitarian aid, most specifically medical diplomacy, has been the most effective in certain cases. Reliance on Cuban human capital has enabled it to continue medical diplomacy despite the material shortages that have occurred with the end of Soviet subsidies.

1. Reasons for Cuba’s Foreign Policy Shift

The end of the Cold War generated several powerful reasons for Cuba to alter its foreign policy. As the Berlin Wall crumbled, so did Cuba’s special status with the Soviet Union. Severe economic problems in the U.S.S.R. caused Cuba’s fat subsidies to quickly disappear. The Cuban economy was devastated and by 1991 export and import levels had dropped to almost 50% of 1989 levels (March-Poquet, p. 92). In 1990 Castro announced the commencement of a “Special Period in peacetime” (Snodgrass). Social services remained but the entire country was plagued by scarcity. “Schools remained open, but without paper or pencils (students shouted back lessons recited by the teacher). Health care remained free, but medicine and supplies were scarce: hospital patients had to bring their own sheets, towels, soap, and food” (Linderman, p. 32).

In addition to economic aid Cuba was stripped of any sign of Soviet military protection as well. The Soviets terminated subsidized arms sales to Cuba and unilaterally

withdrew their military presence from Cuban soil in 1991. The United States increased pressure on Cuba and its military allies. In 1991 the United States announced that no aid would go to any Latin American or African state that was a military ally to Cuba (Dominguez, 1997). This policy carried serious repercussions for developing nations. With the Soviets gone, the United States held the majority of the world's purse strings including influence over international financial institutions.

The United States also attempted to speed the collapse of the Castro regime by tightening its embargo and pressuring other states to comply. Title III (never implemented) of the U.S. Cuban Democracy Act (Helms-Burton) promised to sue any company in any country who did business with a Cuban company that used repatriated equipment seized "unlawfully" during the Revolution.

The end of the Cold War gave rise to the era of globalization that emphasizes free markets and the privatization of industry. Governments had to choose between engaging in the free world markets or being left behind in a state of underdevelopment. A policy of self-isolation would condemn Cuba to certain poverty.

2. Requirements of the New Strategy

Cuba needed a foreign policy tactic to fit its new situation. The tactic had to gain political allies and trading partners, be immune to U.S. criticism, and be feasible given Cuba's resources. Cuba's loss of its most powerful ally and benefactor left it desperately needing many new allies. It needed political support in refuting allegations of human rights abuses by the UN Human Rights Commission and resisting pressure to democratize its domestic politics. It needed new trading partners to fill the huge void left from the demise of the Soviet Union. Its new tactic had to escape U.S. criticism and not give the U.S. justification for increased pressure or military action against the island. Most importantly, the new tactic had to use what resources Cuba had. Cuba's material resources were in short supply. What it did have was an educated population, a vast pool of highly technical human resources.

3. Evidence of Cuba's Foreign Policy Shift

Evidence of Cuba's foreign policy shift included its repatriation of its military forces abroad and public announcement that it would no longer support revolutionary

movements militarily, or provide military assistance to an ally. Cuba began to repatriate its armed forces soon after the demise of the Soviet Union. In September 1989 it repatriated troops from Ethiopia, in March 1990 all military personnel in Nicaragua returned home, and in May 1991 Cuba repatriated its last troops from Angola. Throughout 1990 and 1991 Cuba brought home other troops from a host of countries including a small mission that had been in Congo for fourteen years. Thus, as the Cold War ended in Europe and Cuba lost the military and economic backing of the Soviet Union, Cuba's overseas military presence came to a near-instantaneous end (Dominguez, 1997).

Cuba backed away from its military support of revolutionaries and then publicly announced the end of this policy. This included Cuba's military sponsorship of revolutionary movements such as the FMLN in El Salvador. In June 1991 the Cuban Foreign Minister stated,

Cuba does not renounce, nor will it ever renounce, nor has it any reason to hide or camouflage its strong bonds of brotherhood and solidarity [with the FMLN however]...in order to foster the climate of trust required for negotiations and as a clear signal of its political will to contribute to that process, Cuba has been limiting since [April 1991] its solidarity with the FMLN to the political level (Dominguez, 1997).

Castro personally announced the complete turn-around of the military component of Cuba's activist foreign policy in January 1992. At a special commemoration of the Cuban Missile Crisis he stated that Cuba would henceforth no longer support revolutionary movements militarily (Dominguez, 1997). The world had become a much too dangerous and expensive place for Cuba to continue its military sponsorship of the FMLN or any other revolutionary group. When the opportunity arose for Cuba to carry out its activist foreign policy using military assistance, it chose not to. The re-eruption of civil war in Angola in the early 1990's did not see the return of Cuban troops (Dominguez, 1997). Cuba had officially ended the military component of its activist foreign policy.

U.S. efforts to speed the collapse of the Castro regime by tightening its embargo backfired and actually assisted Cuba in gaining allies. The Cuban Democracy Act

(Helms-Burton) received fierce criticism from America's closest allies concerning Title III. This resulted in a political backlash against the United States for its policy towards Cuba.

Prior to the Cuban Democracy Act Castro's regime had become internationally isolated. It has since been able to construct a large and heterogeneous coalition to defend itself...In late 1992, for the first time since its began in 1960, the U.S. trade embargo was overwhelmingly condemned by the UN General Assembly, with the only U.S. support coming from Israel and Romania (Dominguez, 1997).

The backfire of U.S. policy assisted the Cuban government as it began a strategic plan of engagement with countries throughout the world. Engagement was an effort to gain political support against the United States and expand trade to secure desperately needed resources. This included diplomatic, economic, and humanitarian cooperation measures. Diplomatic efforts included a dramatic increase in high-level official visits and correspondence with foreign countries. Economic measures included the drastic revision of Cuban foreign investment laws to attract capital. Cuban humanitarian engagement consists of cooperation in the fields of medicine, culture, sports, and education (Dominguez, 1989, p. 1). Of the forms of humanitarian engagement, Cuban medical diplomacy is the most dominant. The Cuban definition of medical diplomacy is, "the collaboration between countries on health matters for the purpose of improving relations with one another...[medical diplomacy produces] humanitarian benefit while simultaneously developing improved relations" (Feinsilver, p. 156). This type of diplomacy continues despite the material shortages of the Special Period.

a. Cuban Medical Diplomacy Continues Despite the Special Period

The government chose to deal with the Special Period initially with austerity measures and later on with tightly controlled economic reforms. At all times it placed the highest priority on continuing to provide its renowned health and educational services. Effective health care was a pillar of legitimacy that the government did not want to lose. A public opinion poll in 1990 found that one-fifth believed the food supply to be good and only one-tenth believed the transportation system to be good. These low numbers give credibility to the poll. It also found that three-fourths thought the health

care system was good and four-fifths thought that the education system was good (Perez-Lopez).

Severely limited resources forced the government to make some concessions in public health care delivery. Emphasis was placed on tasks that could be accomplished with human resources rather than material. These included health promotion, disease prevention, and monitoring the public health. Basically, clinical treatment was provided but hospital treatment was authorized only when strictly necessary (The Economist).

The U.S. embargo had a significant impact on the flow of medicine and medical supplies into the country. Cuba's biotechnology industry could manufacture life saving vaccines but not the plethora of medicines its population needs. The Helms-Burton Act made it extremely difficult to obtain a license to sell medicine to Cuba. From 1992-1997 only 31 licenses were granted representing only \$1.66 million worth of sales to Cuba. Frustrated by the abundance of human resources yet massive material shortages Richard Alarcon, President of the National Assembly, said, "You cannot make an aspirin in a hospital if you have no aspirin. No peoples' initiative can change that" (French).

When the Cold War ended and the Special Period began, many experts expected medical diplomacy to end. One such expert was Julie Feinsilver, a specialist on Cuban health from Oberlin College.

What is clear in 1991 is that large-scale medical missions like those sent to Angola [700 medical personnel] will be the exception rather than the rule. Medical missions will persist but on a smaller scale and probably at a higher level of specification (Feinsilver, p. 194).

Although medical missions in recent years have been smaller than the record high 700 person Angolan mission, they continue to be a pillar of Cuban foreign policy. Cuba has been able to do so because of its vast human health resources.

After hurricanes 'George' and 'Mitch' slammed several Central American countries in 1998, Cuban authorities set up a health program that has since sent more than 2,500 Cuban doctors to 14 Latin American countries, the Caribbean, and Africa (Global News Wire, 15 Jan 2000).

Medical diplomacy has continued to be a good choice for Cuba because of its abundance of *human* health resources.

It also makes good diplomatic sense to provide assistance, for minimum cost or gratuitous, particularly when a large pool of educated and skilled youth have been available to perform such duties (Feinsilver, p. 185).

The Cuban government's investment in medical education had provided it with an abundance of health professionals. Chapter III describes the components of medical diplomacy and offers reasons, drawn from the work of Political Scientist Stephen Walt, on why it should be a potentially effective foreign policy tool.

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III. EVALUATING THE SHIFT: THE POTENTIAL EFFECTIVENESS OF MEDICAL DIPLOMACY

The Cuban government has used its health resources so effectively in medical diplomacy missions to the Third World that “...health care as a form of political outreach has become one of the dominant narratives of the Cuban revolution” (Feinsilver, p. xiii).

Medical diplomacy is a special form of humanitarian aid that Cuba employs to forward its foreign policy. Cuba possesses a highly developed domestic public health care system that it can leverage for use in foreign policy. This foreign policy of medical diplomacy includes the export of doctors, import of patients, medical school scholarships, biotechnology, and professional exchanges. Conventional wisdom based on the Realist perspective holds that aid can only be effective in gaining allies under rare circumstances. Medical diplomacy, however, is a unique form of aid. Its inherent goodness is psychologically appealing and can potentially alter people’s perceptions to favor alignment and thus satisfy these rare circumstances.

The first section of this chapter describes Cuba’s development of the domestic resources that enable it to practice medical diplomacy. Cuba’s complex health infrastructure, abundance of health professionals, and First World health statistics give Cuban medical diplomacy domestic legitimacy and international credibility. The second section describes each of the five components of Cuban medical diplomacy. Finally, the third section advances some hypotheses about the potential effectiveness of medical diplomacy. Political Scientist Stephen Walt argues that aid can only be effective in gaining allies under rare circumstances. Examination of his theory shows that medical diplomacy could satisfy all of the criteria to be one of these rare circumstances.

A. CUBAN MEDICAL POWER: A PLENTIFUL RESOURCE

Cuba possesses an advanced health care system that gives it the resources to employ medical diplomacy. Construction of this system began as a promise of social justice by the Castro government to the Cuban people. The government invested vast amounts of human and material capital to produce skilled medical personnel and a complex public health care infrastructure. Universal medical care created domestic

support and gave the infant government domestic legitimacy. Failure to produce tangible social services would have undermined and discredited the new regime. “A socialist ideology places emphasis on moral over economic capital and chooses to sacrifice the present for the future. At some point a socialist government must be able to transfer moral capital into economic capital. In the long run, if it continues to rely on moral capital without producing any material benefits, the symbolism becomes empty and the regime’s promises absurd” (Feinsilver, p. xi). In addition, Cuba’s medical diplomacy gained international credibility from its developed health infrastructure, abundance of health professionals, and achievement of First World health statistics.

The Cuban government achieved results in developing its medical power by claiming its responsibility for health, allocating resources and attention to its development, and emphasizing preventive medicine. Health is a foundational value in Cuban socialism. As such, the government assumes complete responsibility for the health of every Cuban. The Cuban Ministry of Public Health clearly states, “Health is the right of all citizens and is the responsibility of the government” (Hussnain). This strong belief in the value of health drove the government’s development of the Cuban public health care system.

The new socialist government was able to produce tangible health benefits by focusing its limited material and human resources on health. “Cuba’s health care system has succeeded through the political commitment to allocate significant fiscal, physical, and human resources to this sector” (Feinsilver, p. 208). It could have chosen to provide mediocre services across the entire spectrum of social services. Instead it chose to focus on health and education and to accept less than ideal services in other sectors. The government gained material resources from confiscating privately owned resources. Almost immediately the government began to nationalize major businesses including private hospitals, medical centers, and pharmaceutical companies. Later on Cuba would get resources from the Soviet Union to continue development of the public health system.

Human resources for the health sector were developed through the government’s massive education campaign. Reducing illiteracy and guaranteeing a ninth grade education to all enabled the government to educate the population on basic health and

sanitation topics. New medical schools developed the human capital necessary to drive the public health system. The future of the public health system and the health of the nation would be ensured by state-funded education.

Health receives such high attention from the government that it is joked that the real minister of health is Fidel Castro. Castro is daily involved with the public health care system. His interest and dedication illustrate the government's dedication to health. Castro has said that, "the health of the individual is a symbol of the health of the 'body politic'" (Feinsilver, p. 200).

The government emphasizes preventive health practices, allocating material resources and work crews to bring basic public health essentials to even the most rural area. This meant the construction of roads, electrical lines, hygiene facilities, and sanitation systems throughout the country. These infrastructure improvements drastically aided the improvement in public health.

The government's implementation of the family doctor program helped Cuba achieve "levels of health care unknown to most poor countries and rarer still, does so in the countryside as in the cities" (The Economist). This program allocated a medical clinic with a doctor, nurse, and technician for every city block in Havana or rural equivalent. The emphasis of the family doctor program is on primary and preventive health care. Specific responsibilities include administering immunizations, prenatal care, cancer screenings, and caring for people with chronic conditions (The Economist). Ailments that cannot be treated at the family doctor level are referred to regional hospitals.

As a result of these programs, Cuba's health statistics improved. The preventive care and inoculation program was so effective that it eliminated mumps, polio, and German measles. Children are inoculated against a dozen different diseases (The Economist). This enormous success in the area of public health includes having a very low infant mortality rate (see Table 1). First world health statistics give enormous domestic credibility to the Cuban government and enormous international credibility to recipients of Cuban medical diplomacy.

	<u>1980</u>	<u>1997</u>
Canada	10	6
United States	13	7
Cuba	20	7
Chile	32	11
Venezuela	36	21
Argentina	35	22
Colombia	41	24
Mexico	51	31
Brazil	70	34
Peru	80	40

Table 1. Infant Mortality Per 1,000 Live Births. (The Economist)

Cuban doctors and other medical personnel became important tools and symbols of the Revolution. Tens of thousands of Cubans were trained to work in the health sector as doctors, nurses, technicians, and researchers. These people serve as a constant reminder of what the revolution has done for all. These individuals have been given the name “human health monuments.” “Human health monuments reinforce the values of the revolution through continued contact with the population. Recognizing this Castro has even called the new family doctors ‘symbols of the revolution’” (Feinsilver, p. 202).

B. COMPONENTS OF MEDICAL DIPLOMACY

Cuban medical diplomacy has five components: export of doctors, import of patients, medical school scholarships, biotechnology, and professional exchanges. The first is sending Cuban medical workers abroad. Cuban medical brigades are comprised of doctors, nurses, and technicians who usually treat poor patients in rural areas with little indigenous medical care. Second, the Cuban hospital system is used to treat foreign patients for a variety of complex operations. Third, foreigners are given seven-year medical scholarships to study in Cuba in order to return to their own country to practice medicine. Fourth, Cuba’s biotechnology industry is able to produce life-saving vaccines and medicines. It exports not only these pharmaceutical products, but the technology to manufacture them as well. Finally, professional exchanges of doctors and health administrators with other states stimulates professional medical cooperation.

The first component of Cuban medical diplomacy is the export of doctors abroad. The Cuban government offers this medical assistance at extremely cheap prices. During

the Cold War Cuba enjoyed substantial Soviet subsidies and provided much of its medical assistance for free. For example, in 1963 thirty doctors were sent to Algeria on the first Cuban medical mission free of charge. These doctors were critical to providing health care and establishing an Algerian health care system (Feinsilver, p. 157). However, Cuba did charge some of the more wealthy countries that it assisted. In the post-Cold War period Cuba continues to offer medical assistance and does it for free or at bargain prices (see Table 2). This makes it very difficult for a country to pass up. “[I]t would be irresponsible of a government not to take advantage of the offer [of medical assistance]” (Feinsilver, p. 185).

Category	Salary/yr (U.S. \$)	Number	Total Earnings (U.S. \$)
General practitioner	5,760	91	524,160
Group leader	6,840	1	6,840
Medical specialist	6,552	294	1,926,288
Dentists	5,760	15	86,400
Nurses	5,160	167	861,720
Middle level technicians	5,160	155	799,800
Support personnel	4,380	6	26,280
Totals		729	4,231,488

Table 2. Cuban Medical Staff (Civilian) in Angola by Category and Salary, 1982.
(Feinsilver, p. 186)

Costs are so low and quality so high that even first world countries consider paying for Cuban medical assistance. An editorial in a British newspaper pointed out the deficiencies in the British health system and that Cuba sent medical assistance teams to countries that needed them. It finished by joking, “I wonder if we [Britain] would qualify?” (Global News Wire, 04 Nov 2000). Social science academics even suggest that if relations normalize between the United States and Cuba that, “it would not be inconceivable for Cuba to provide reimbursable medical care just as some European countries do for others” (Feinsilver, p. 209).

The second component of medical diplomacy is the import of patients for advanced care in its hospitals. This is usually a component of Cuba’s medical

cooperation agreements with nearby states. Transportation by air makes this an expensive (thus limiting the number of patients treated) and highly visible (thus good for public relations) component of medical diplomacy. Cuban also employs “medical tourism” as a way to generate hard currency by cashing in on the vast pool of material and human health resources it possesses. The health tourism industry draws foreigners, principally from Latin America, for operations that would cost many times more in the United States (French). In 1998 Cuba took in 5000 foreign patients and earned nearly \$30 million for its services (Hussnain).

Medical fees in Cuba are much less than in the United States. Table 3 offers a price comparison between the two countries. Although the information is dated from 1988, it is valuable to see the drastic price differences. Prices reflect all fees including tests and evaluation, x-rays, anesthesia, operation, hospital stay (including recuperation), and physician fees.

Cuban Health Services price list

Open-heart surgery, \$8,897
 Neural transplant to treat Parkinson’s disease, \$14,974
 Pacemaker installation, \$4,613

University of Michigan price list

Hospital stay alone (without any physician fees), \$2000/day
 Coronary bypass, \$21,000
 Heart transplant, \$50-100,000

Table 3. 1988 Cuba-United States Medical Procedures’ Price Comparison. (Feinsilver, pp. 213-214)

The third aspect of Cuban medical diplomacy is the offering of scholarships to its Latin American School of Medicine, located in Cuba on the site of an old naval academy. With beautiful views of the Caribbean Sea it houses and educates 5000 students from 24 Latin American and African countries. The six-year educational program begins with two-and-a-half-years of basic science and pre-med academic work. This is followed by three-and-a-half-years of formal medical education at one of the island’s various hospitals (Gonzalez). Non-Spanish speaking students first receive one year of language training making the complete program seven years.

The fourth component of Cuban medical diplomacy is biotechnology assistance. Heavy investment in the biotechnology industry has made it an appealing export for hard currency and a powerful diplomatic tool. Cuba possesses world-class biotechnology

medical research facilities and continues to make scientific advances. “Its well-publicized medical research earned it [Cuba] over \$100 million abroad in 1998” (Hussnain).

Biotechnology is the industry that sets Cuba apart from the rest of Latin America. It is the industry that offers the greatest appeal to potential world trading partners.

Cuba’s export basket, which consists mainly of ag-based products, tends to be very similar to that of Latin American nations and, for that reason, holds a very limited appeal to those trading partners. An exception might be Cuban biotech products, which have considerable export potential to the region (Perez-Lopez).

Cuba manufactures some life-saving drugs such as a Hepatitis B vaccine and the cutting edge technology products interferon and recombinant streptokinase (Tehran IRNA, 16 Jan 2002). However, it has yet to be able to produce the plethora of common medicines, such as aspirin, that its own population needs.

Despite its earning potential, Cuba chooses to use its biotechnology power more as a political than economic tool. It adds biotechnology to its medical diplomacy toolkit and offers to aid countries in producing life-saving drugs. This technology transfer means patent infringement for powerful First World multi-national corporations. Fidel Castro stated in March 2001, “We [Cuba] will fully support Brazil and South Africa, encouraging them to ignore U.S. patents and produce drugs to save millions of lives that can be saved” (Global News Wire, 23 Nov 2000). This shows how biotechnology gives Cuba a valuable diplomatic tool that enables it to engage in trade discussions with even the largest economy in South America – Brazil.

Cuba’s biotechnology enables the Nonaligned Movement (NAM) member states to ignore medical patents and gain access to cheaper drugs. At the 2001 World Health Assembly NAM expressed its belief that nations should not be hindered by patents in obtaining the medicine and drugs they need. “Countries should not be hindered in their efforts to exercise the options available to them to access life-saving and essential medicines” (Global News Wire, 11 Mar 2001). The NAM acknowledges the important part that patents play in offering incentive to produce new drugs. However, NAM states that patents must not prohibit states from getting the drugs they need. “International

agreements required that these rights [patents] be exercised in a way that contribute to the transfer of technology and promoted social and economic welfare” (Global News Wire, 11 Mar 2001). To paraphrase NAM: patents are O.K. as long as they don’t prevent us from getting cheap drugs. Cuba facilitates this access to advanced drugs at a low cost to recipient states.

Finally, the fifth component of Cuban medical diplomacy is the professional exchange of doctors and public health administrators. These exchanges stimulate medical cooperation between Cuba and the partnered state through the sharing of ideas and concepts on health. These include methods of treating patients for certain illnesses to the management and operation of an individual hospital or entire public health care system. While beneficial on a strictly professional level, Cuba’s influence is limited to only the professionals involved.

C. MEDICAL DIPLOMACY AND WALT’S THEORY ON AID AND PENETRATION

Stephen Walt, a political scientist and expert on alliances, argues that aid is largely ineffective as a tool for creating alliances. Walt explains alignment choices from a Realist perspective that makes him skeptical of foreign aid. In this approach, economic carrots have less influence than basic security needs. He believes that without other motivating political factors, like a shared ideology or the emergence of a shared external threat, alliances will not be formed. In his book The Origins of Alliances he argues, “both aid and penetration play subordinate roles in determining how states choose their allies” (Walt, p. 218). He defines aid as material donations or subsidies aimed at gaining influence and penetration as any action designed to alter people’s perceptions in order to promote alignment. He structures his theory to address aid and penetration as distinct and separate concepts. For each he lists the “rare circumstances” under which they can be effective and the “reasons why these circumstances rarely exist.”

Medical diplomacy can potentially satisfy all of Walt’s rare circumstances and overcome all of his reasons why they rarely exist. Cuba’s general logic of medical diplomacy is not quid pro quo or an attempt to make the other side dependant. This enables medical diplomacy to bypass many of Walt’s reasons why aid is rarely effective. Havana uses medical diplomacy in an attempt to change feelings towards (hearts) and

images of (minds) Cuba. This section will address medical diplomacy's aid aspects first and penetration aspects second. The methodology for each will be to first discuss Walt's general argument. Second, each of Walt's circumstances and reasons why they rarely exist will be individually critiqued for its applicability to medical diplomacy. Finally, an overall conclusion will show that Walt's theory predicts that medical diplomacy can be an effective form of aid and penetration.

1. Medical Diplomacy and Walt's Theory on Aid

a. Walt's General Argument on Aid: Only Effective Under Rare Circumstances in Gaining Allies

Walt's theory challenges the idea that countries choose their allies based on material bribes (economic or military aid) and that these bribes enable the donor to wield influence over the actions of the recipient (Walt, p. 218). In the debate on whether aid makes alliances or alliances bring aid, Walt sides with the latter. He argues that donors usually provide aid to countries that are already friendly and are reluctant to provide aid to countries believed to be "irredeemably hostile" (Walt, p. 221). In addition, it is when the two countries have a common threat or ideological affinities that the level of aid increases (Walt, p. 223). Conversely, even generous levels of aid have failed to produce alliances when important political differences exist (Walt, p. 224). Walt believes that only under very rare circumstances can aid be effective in providing a donor with high degree of leverage over a recipient. "This study strongly suggests that aid has brought patrons significant leverage only under rare conditions" (Walt, p. 225).

b. Applying Walt's Theory on Medical Diplomacy: Rare Circumstances and Reasons Critiqued

Walt's belief that aid is generally ineffective in gaining allies may be true for many types of aid, but not for medical diplomacy. Cuban medical diplomacy is a unique and special form of aid and it satisfies all of the "rare" circumstances required by Walt to make aid effective. In the following discussions, Walt's rare conditions (Walt, pp .236-7) are in bold italics followed by comments on Cuban medical diplomacy.

- ***They (donor) have a monopoly on the type of aid being sought.*** Cuba has a virtual monopoly on numerous, cheap, high quality doctors who will work in remote and desolate rural regions for long periods of time (1-2 years). In addition, Cuba may create a "package deal" to include import

of patients, medical scholarships, biotechnology assistance, and professional exchanges.

- ***They (donor) enjoy an asymmetry of motivation regarding the issues involved.*** When dealing with most developing countries, and even poor sectors of developed countries, Cuba enjoys an asymmetry of motivation. This means that Cuba cares less about maintaining good relations than does the recipient state. In most developing states, the government values the health of its population much more than Cuba values political relations and trade with it. And of course the poor marginalized masses of these countries especially value their own health. The small price the recipient nation pays for Cuban medical aid motivates the recipient government to continue the arrangement. The immediate cost of medical aid is free or cheap. The future cost of medical aid is political support and normal trade relations. Politically Cuba requests support in the UN against the charges of human rights violations and the U.S. embargo.
- ***They (donor) face no domestic obstacles to manipulating the level of aid for political purposes.*** Cuba is a communist country with a centralized government structure. It does not face any serious domestic obstacles to manipulating the level of aid for political purposes. It does face external obstacles to providing certain types of aid: the United States will not grant any aid to Third World countries that are military allies of Cuba. Cuba got around this problem by ceasing military aid and focusing on non-military aid instead.

Cuban medical diplomacy sidesteps or confronts all of the reasons why Walt says these circumstances rarely exist (Walt, pp. 237-41).

- ***Alternate sources of aid are usually available.*** Alternate sources of numerous, cheap, high quality doctors who will work in remote and desolate rural regions for long time periods are difficult to come by. Charitable organizations do provide some assistance, but few can match the overall aid package of doctors, patient hospital care, medical scholarships, and biotechnology assistance.
- ***Dependence is rarely a one-way street. Just as aid is valuable to a recipient, so is possessing client states important to a donor.*** Cuba employs a strategy of counterdependency by engaging with as many different states as possible in order to reduce its dependency on any one state. This strategy has been successful at making dependency a one-way street with countries in need of medical assistance. Once the poor masses get accustomed to good Cuban medical care and politicians get used to handing out free medical scholarships they don't want to give it up. This makes a single recipient usually much more dependent on Cuban medical aid than Cuba is dependent on their political support or trade. Although Cuban doctors and scholarships are numerous, they are of a finite quantity.

It is in the interest of the recipient to stay on good terms with Cuba if they want to keep or increase their portion of Cuban aid.

- ***Providing aid can be self-defeating because it strengthens the recipient's position and thus reduces its need to follow the patron's advice.*** Cuba goes completely against Walt's logic that providing aid can be self-defeating in that it strengthens the position of the recipient and thus reduces the donor's influence. Cuban medical diplomacy includes policies that almost guarantee the recipient will eventually no longer need assistance. They receive training for their own medical students and technical assistance to develop their own biotechnology industry. Cuba uses these policies as an example of goodwill and proof of altruistic motives. Goodwill is even created when Cuba charges or barter with oil rich states for medical services because the price is still cheap. Assisting in the development of Third World countries serves to increase Cuba's number of political allies and trading partners through the generation of goodwill. These allies help Cuba balance against the United States. In the absence of the Cold War, Cuban "advice" to have normal political and economic relations is not difficult for the recipient to take.
- ***Because recipients of foreign aid are almost always weaker than their patrons, they are likely to bargain harder when disputes arise. In addition, donors have very little influence over issues that are the "national interests" of a recipient.*** In the post-Cold War era Cuba has relatively little interest in influencing the domestic policies of recipient countries. Cuba's main foreign policy objectives are to protect its socialist government and to gain resources to perpetuate its social welfare infrastructure. It seeks to accomplish these objectives by gaining political allies and trading partners. These objectives are cheap to the recipient in comparison to the medical aid they can receive. Therefore, there is little opportunity for disputes to arise and hard bargaining to occur. If hard bargaining did occur, Cuba could just shift its aid to one of its many other recipients.
- ***The decentralized nature of the foreign policy process makes aid an extremely difficult tool to use for political purposes.*** Cuba, unlike the United States, does not have a decentralized foreign policy process. Its centralized foreign policy process makes aid a very effective tool to use for political purposes.
- ***Aid is most likely to provide leverage over those countries that don't really matter very much. These countries' weakness, vulnerability, and isolation make them of little political use.*** It is in Cuba's interest to aid Third World countries. The government hopes that through aiding these countries in development they will gain political allies and trading partners. Eventually Cuba hopes to lead these developing states in collective bargaining against the developed nations of the world. These countries' weakness, vulnerability, and isolation may have made them of

little political use to superpowers during the Cold War, but in the post-Cold War they are all potentially of use to Cuba.

c. Walt's Theory On What Aid Is Good For – Also True for Medical Diplomacy

Although Walt believes that aid rarely results in significant political leverage, he does believe that aid can be useful to a donor. Aid is very effective in two ways: aid is capable of strengthening an ally and aid (especially military aid) is an effective way to convey friendly intentions (Walt, p. 225). Walt believes these two uses are very practical to policy makers in most all situations. Cuban medical diplomacy possesses these two practical benefits that Walt attributes to aid. It would be effective in strengthening an existing ally and it is an effective way to convey friendly intentions.

2. Medical Diplomacy and Walt's Theory on Penetration

a. Walt's General Argument on Penetration: Ineffective Cause of Alignment

Walt's believes that penetration is an ineffective cause of alignment. He defines the concept of penetration as “the manipulation of the target state's domestic political system to promote alignment. By altering mass political attitudes or the perceptions of the national elite, a deliberate campaign of penetration may create a basis for alignment even when other motives are lacking” (Walt, p. 242). Penetration includes educational, cultural, and military assistance and exchanges.

For Walt the effects of penetration are exaggerated and often result in a hostile backfire against the influencer. The risk of a hostile backfire is lowest with a country that is favorably aligned for other reasons, hence seriously diminishing the need for penetration in the first place (Walt, p. 242).

In short, penetration is not an especially common or powerful cause of alignment. It may reinforce commitments that are made for other reasons, but it rarely leads to such commitments in the absence of other motives (Walt, pp. 260-1).

Walt believes that only when four circumstances are satisfied will penetration be a significant cause of alignment. It is rare for these circumstances to be satisfied and therefore he believes that penetration will rarely be effective.

There are serious obstacles to each of these conditions, and the probability that all will be satisfied in any given case is low, unless such an alignment is viewed as desirable in its own right (Walt, p. 250).

b. Applying Walt's Theory on Medical Diplomacy: Rare Circumstances and Reasons Critiqued

Cuban medical diplomacy is a unique and special form of humanitarian penetration. Unlike education, culture, and sports cooperation, which Cuba also uses, it satisfies all of the circumstances required by Walt to make penetration effective. In addition to being one of Walt's "rare" cases, Cuban medical diplomacy addresses all of the reasons why Walt says these circumstances rarely exist. In contrast, educational, cultural, and sports cooperation are limited to niche sectors of society and so cannot produce enough interaction to be effective.

Penetration by Cuban medical diplomacy is accomplished in several ways: Most effective are Cuban doctors serving abroad because they interact on a personal level with thousands of common citizens. The next most effective is foreign medical students studying on scholarship in Cuba. Positive influence on these students may extend to their families, friends, and future patients. Also as doctors these students will most likely be in the upper class and could influence their peer group. The third most effective is the import of foreign patients to Cuba for care. Transportation costs limit the number of patients. Those that are treated will most probably be very positively influenced by their care. Least effective are biotechnology assistance and professional exchanges. The numbers of individuals involved are low and their appreciation not as high as someone receiving care.

Cuban medical diplomacy fulfills all four "rare circumstances" that Walt states must be satisfied in order for penetration to be a significant cause of alignment. Walt's rare circumstances (Walt, pp. 243-4) are listed below followed by comments on Cuban medical diplomacy:

- ***Substantial contacts can be established between two states that are not already allied.*** Cuba can establish substantial contacts with a foreign population if the recipient state accepts Cuban doctors and medical scholarships. Over the course of a doctor's stay (1-2 years) he or she can personally interact with literally thousands of patients. Medical scholarships and hospital care in Cuba also generate favorable

impressions. Other forms of technical or military penetration cannot come near medical diplomacy's potential level of positive and personal contact with the population. Technical and military exchanges only affect niche sectors of the population. The key to establishing substantial contacts is the recipient state's openness to Cuban medical diplomacy. The inherently good nature of medical diplomacy makes it more palatable to non-allied states than other forms of aid. Openness from the government of a non-allied state to medical diplomacy increases in times of emergency. Poor factions within a non-allied state with poor medical care may always be open to medical diplomacy. Aid to such poor factions will also depend on the ability of the government to block medical diplomacy.

- ***The exchanges create a favorable impression on a significant number of relevant elites.*** Cuban doctors are well trained and professional and create a most favorable impression not only on a significant number of relevant elites, but more importantly - on a significant portion of the population in general. This pro-Cuba domestic political support base in turn can directly influence elites in a democratic country and to a lesser extent elites in a non-democratic country.
- ***These elites gain and hold power.*** Democracy means that the elites who gain and hold power receive the most votes from the people. If the people are grateful to Cuban doctors and medical diplomacy then they may influence elites for good relations with Cuba through their votes. Popular support also influences elites in non-democratic states, though not as much as in democratic ones.
- ***They continue to view close alignment with the foreign power in question as being in their national or personal interest.*** Cuba offers a wide range of valuable medical assistance options. This influences elites to view close alignment with Cuba as being in their national (improve health of their people) and personal (to get re-elected or stay in power) interests.

Medical diplomacy successfully addresses all of Walt's reasons why penetration will rarely succeed (Walt, pp. 244-9):

- ***The number of people involved in exchanges is quite small.*** While Walt is correct that the number of people involved in exchanges is usually quite small (education, cultural, sports, military), this is not true for medical diplomacy. The export of Cuban doctors alone can result in positive personal interaction with thousands of people. Medical diplomacy demonstrates the concept of "forward presence" that is also so important to U.S. military strategic thinking. Average citizens for the most part do not know who are donor countries, the amount donated, or the infrastructure projects made possible by these funds. They do know what they see and whom they interact with personally. Medical diplomacy embraces this concept of personal interaction with the citizens of foreign

countries. Just as American allies physically see U.S. warships in their ports, so Cuban beneficiaries physically see Cuban doctors healing them. It is more than just sending money; it is sending people.

- ***Exchange programs generally fail to alter political views.*** Walt is correct that exchange programs generally fail to alter political views. Because this is not the main objective for Cuba, it is not a problem. Cuba's objective is not to convert the recipient's government to socialism; it is to gain political sympathy and support against U.S. Cuban policy and pave the way for future trading relations. It is also an attempt to gain support in favor of Cuba's human rights record.
- ***Evidence shows that attempts to alter political views often results in a hostile backfire.*** Since Cuban doctors just give medical care and not ideology lessons, this is not a problem for Cuba. In general it is very difficult for Cuban medical diplomacy to create a hostile backlash that could overpower its positive aspects. The hostile backlash from domestic medical labor unions or the embarrassment caused by the occasional defection of a Cuban doctor is minute compared to the overwhelmingly positive effect of Cuban medical diplomacy on the average citizen. In addition, Cuba professes to give aid in the name of solidarity or friendship and does not manipulate the situation to directly teach its ideology. It is difficult to generate a hostile backlash from such perceived intentions. Cuba claims that trade relations are just a natural byproduct of solidarity.
- ***Extensive personal contacts and exchanges have proven to be a product of, not a cause of, alignment.*** Medical diplomacy has the potential to be a cause of alignment because of its ability to positively influence thousands.
- ***There is little evidence to show that the leaders of any state are easy to manipulate.*** While direct manipulation of any state's leaders may be impossible, indirect manipulation of elites is possible by influencing the voting population. It is also difficult to call the provision of medical care manipulation, especially when all that is asked for is friendship and eventual normal trade. The goal is to change attitudes, not to manipulate incentives.

c. ***Walt's Theory on What Penetration Is Good For – Also True for Medical Diplomacy***

Although Walt believes that penetration rarely is an independent cause of alignment, he does believe that it can be useful. "By creating a network of supporters and a climate of favorable perceptions, informal contacts can make established alliances more durable" (Walt, p. 250). Walt believes that existing alliances can be effectively strengthened using penetration. Cuban medical diplomacy possesses Walt's practical

aspect of penetration. Cuban penetration using medical diplomacy should succeed in making established alliances more durable.

3. Overall Conclusion on Expectations for Medical Diplomacy Given Walt's Theory

Effective employment of medical diplomacy can make it “punch above its weight” to further foreign policy goals. Medical diplomacy is superior to humanitarian cooperation in education, sports, or culture. While these areas are relatively positive, medical diplomacy can provide the invaluable gift of health to thousands of foreign people. This in turn can pave the way for improved political and economic relations with Cuba.

Each component of medical diplomacy will be effective in its own unique way. The export of doctors and medical school scholarships are especially critical to the effective employment of medical diplomacy. The export of doctors immediately and directly influences thousands through the patients that they individually treat. Awarding medical school scholarships directly influences future members of the upper class and indirectly influences the thousands of patients they will eventually treat. In this way Cuba can use medical diplomacy to punch above its weight by using a few people to influence thousands. Importing patients for treatment in Cuba may be of value as a high visibility public relations tool, but can only directly influence a small number of patients due to high transportation costs. Biotechnology assistance will be attractive to governments wishing to improve their domestic pharmaceutical production capability and professional exchanges are a common and uncontroversial means of sharing health information. Both will have a limited impact on influencing the recipient's population due to the low level of personal interaction.

Despite the high potential for medical diplomacy to gain political allies and trading partners, there is a high degree of variance from country to country. Individual case studies in Chapter IV will make possible conditional generalizations on the effectiveness of this special form of humanitarian aid.

IV. DETERMINING EFFECTIVENESS: CUBAN MEDICAL DIPLOMACY IN PRACTICE

Determining the effectiveness of Cuban medical diplomacy requires both a theoretical analysis and real world examples. Analysis of medical diplomacy using Walt's theory provides an idea of under what conditions it can be effective. Case studies of Mexico, Iran, South Africa, Venezuela, the United States, and Honduras demonstrate varying results of Cuban medical diplomacy in practice. Careful examination of Walt's abstract theory combined with these real world case studies lays a foundation to form conditional generalizations regarding medical diplomacy.

The first section of this chapter introduces the case studies and revisits Walt's expectations about the effectiveness of medical diplomacy in general. The second section consists of individual country case studies, which evaluate the effectiveness of Cuba's use of medical diplomacy in the Post-Cold War. Finally, conditional generalizations will be formed based on a comparison of Walt's expectations and the actual results of Cuban medical diplomacy.

A. CASE STUDIES INTRODUCTION AND WALT'S EXPECTATIONS REVISITED

Cuba has sought to improve relations with many countries through a broad array of political, economic, and humanitarian engagements. These engagements seek to achieve the foreign policy strategic goals of: (1) protecting the Cuban government from the United States, and (2) gaining resources through expanded trade to perpetuate the socialist economy. Cuba has employed a consistent strategy of humanitarian engagement with other countries to promote diplomatic and economic relations. This strategy consists of establishing "cooperative agreements" in the fields of medicine, culture, education, and sports with as many countries as possible. Medical diplomacy is the field with the greatest potential effectiveness as a foreign policy tool. However, the effects of this strategy have varied with each country in terms of improved diplomatic relations and increased levels of trade.

This chapter examines a variety of case studies to examine the causes behind the differing outcomes of Cuba's strategy of medical diplomacy. Each case study is similar in Cuba's attempt to engage across many areas. Countries to be examined include Mexico, Iran, South Africa, Venezuela, the United States, and Honduras. These states were selected in order to analyze a wide array of outcomes from Cuba's strategy.

The method of analysis will be to establish a baseline of relations between Cuba and the case study country at the end of the Cold War, describe the use of Cuban humanitarian aid, specifically medical diplomacy, and then identify any changes in diplomatic or economic relations. The goal is to assess the effect of medical diplomacy in improving diplomatic and economic relations. This method of analysis will enable the identification of specific conditions that favor or prevent the effectiveness of medical diplomacy. Walt's theory leads us to believe that medical diplomacy can be effective if the recipient is in need and open to receiving aid. The case studies support this hypothesis. In addition, Walt's theory suggests that the order of effectiveness of the five components of medical diplomacy (listed from most to least effective) is: export of doctors, medical school scholarships, import of patients, biotechnology assistance, and finally professional exchanges (see Figure 1). The case studies also support this hypothesis.

Rare circumstances under which aid is effective in creating donor leverage:

- Monopoly on the type of aid
- Asymmetry of motivation
- Able to manipulate level of aid

Export of doctors	Import of Patients	Medical Schlrs	Biotech assist	Profess exchange
+	+	+	+	-
?	?	?	?	?
+	+	+	+	+

Penetration will be a significant cause of alignment only if:

- Estab substant contacts (& not already allied)
- Exchanges make favorable impression sig # of elites
- These elites gain and hold power.
- Elites view close align in national/personal interest

+		+	-	-
+	-	+	+	-
?	?	?	?	?
+		+		-

OVERALL

+		+		-
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Figure 1. The Five Areas of Medical Diplomacy Assessed by Walt's Theory.

Each case study is unique and shows different effects of medical diplomacy. Listed in ascending order according to medical diplomacy's effectiveness they are: Mexico, Iran, South Africa, Venezuela, the United States, and Honduras. Cuban medical diplomacy was the least effective with Mexico. Mexico's public health system is not in

need of, nor open to, Cuban medical aid. As a result, Cuban medical diplomacy has been limited to mainly professional exchanges. These exchanges have had negligible effect on reducing political tensions caused by the ideological differences of President Vicente Fox and Castro. Instead, Mexican business interests are the main pacifying force. The next four cases are examples, to varying degrees, of aid cementing already existing alliances – a finding consistent with Walt’s views on aid. In Iran, humanitarian engagement only served to enhance an already close political relationship with Cuba but failed to produce any significant trade agreements. Iran-Cuba cooperation agreements are many but shallow. It took the terrible economic conditions of the Cuban Special Period to act as the catalyst for increased trade. The medical diplomacy component of biotechnology assistance was used, not as a political tool, but simply as an economic commodity to barter for Iranian oil. In South Africa, Cuban medical diplomacy was well received by an ideologically sympathetic government in power coping with extreme health deficiencies. Engagement created the potential for future trade agreements with Cuba and most importantly solidified South African political support for Cuba within the UN Human Rights Commission. Venezuela is a similar case in which an ideologically sympathetic government (that of Venezuelan President Hugo Chavez) led the way for improved relations with Cuba. Cuban medical diplomacy served to legitimate a favorable Venezuelan cooperative agreement that gained Cuba much needed oil. Cuba also enjoys Venezuelan political support within the UN Human Rights Commission. Resulting cooperative agreements enabled Cuba to transform symbolic capital (socialist humanitarian aid) into economic capital (oil). In the United States, Cuban medical diplomacy was effective at strengthening Cuba’s relationship to a friendly faction within the Congress and symbolically attacking U.S. policy towards Cuba. Castro allocated hundreds of medical scholarships to the Congressional Black Caucus (CBC) for their poor minority constituents. The result is the continuation of CBC lobbying efforts for pro-Cuban legislation.

Finally, the last case study challenges Walt by demonstrating medical diplomacy’s effectiveness in gaining *new* allies. In Honduras, Cuban doctors helped with the country’s recovery from the natural disaster of Hurricane Mitch. These doctors generated strong domestic political support from the people they assisted, which helped

overcome opposition to Cuban-Honduran cooperative agreements. This led to the re-establishment of full diplomatic relations with Cuba that had been severed in 1961.

B. COUNTRY CASE STUDIES

1. Mexico and Cuba

Medical diplomacy was unable to prevent the deterioration of Cuba's political alliance with Mexico. Cuba has enjoyed a long history of political support from Mexico. Mexican businesses have traded with Cuba, despite U.S. pressure not to, and have invested heavily in island nation. On the other hand, Cuba's medical diplomacy to Mexico has been relatively weak, consisting only of professional exchanges. This weak form of medical diplomacy failed to offset the deterioration of the Mexico-Cuba political alliance under the Vicente Fox Administration. While trade relations between the two countries remain good, Fox and Castro's ideological differences have put a serious strain on political relations.

Mexico and Cuba's political alliance began with their common revolutionary roots and desire to demonstrate autonomy from the United States. Mexico allowed Fidel Castro to train his revolutionary guerrilla forces in Mexico. After Castro led a successful revolution, Mexico quickly recognized his new government. Mexico continued relations with Cuba even when pressured by the United States to break relations. Mexico followed a foreign policy of having relations with all governments regardless of their internal politics. This policy acted as a shield against foreign intervention into Mexico's own politics and demonstrated autonomy from the United States.

Mexico has been an important trading partner for Cuba. Mexican businesses traded with Cuba throughout the Cold War despite U.S. attempts at isolating the island. In the post-Cold War era Mexican businesses invested heavily in Cuba as it liberalized its foreign investment laws. Commenting on U.S. pressure to end trade with Cuba, Mexican Ambassador to Havana Claude Heller stated his country would, "Act in keeping with its foreign policy principles, ignoring the laws aimed at restricting the natural trade among sovereign nations" (Havana Radio, 29 May 1997).

Cuba's medical diplomacy efforts failed to create political influence in Mexico. Mexico's adequate health system prohibited Cuba from enjoying what Walt describes as

an asymmetry of motivation. While Mexico was open to a two-way technical exchange of medical knowledge, it was far from desperate for Cuban doctors or medical scholarships. This resulted in medical cooperation accords that only focused on the least influential component of medical diplomacy, professional exchanges. This is reflected in the comments of Mexican doctors like neurosurgeon Marco Zenteno,

We need to learn many things from Cuba regarding neuro-epidemiology, reference and counter reference of patients...On the other hand we have other high technology advances. I believe it is a 50-50 cooperation (Havana Tele, 09 Sep 1997).

Professional exchanges' positive influence is restricted to the niche occupations involved.

Cuba's political alliance with Mexico began to deteriorate with the election of Vicente Fox to President on July 3, 2000. Fox's radically altered Mexican foreign policy to emphasize free trade and regional cooperation in human rights and the treatment of migrants (Mandel-Campbell). These beliefs are in direct opposition to Castro's anti-globalization ideology and socialist view of human rights. The Cuban President believes that free trade serves only to make the developed nations more wealthy and that Cuba is a human rights model for its universal health care and education systems.

Tensions arose when President Fox visited Cuba in February 2002 and chose to meet with Cuban dissidents at the Mexican embassy in Havana. Later Mexico's Secretary for Foreign Affairs Jorge Castaneda made an announcement that Mexico would "cease relations with the revolution and initiate relations with the Cuban republic," which he noted, "predates the revolution" (O'Grady). Other comments by Castaneda prompted Radio Marti to broadcast into Cuba that the Mexican embassy was accepting dissidents. This prompted a group of Cubans to steal a bus and run it through the embassy gates in an attempt to secure asylum (O'Grady). When Uruguay sponsored a resolution in the United Nations Human Rights Commission to condemn Cuba's human rights record Castro tried to blackmail Fox into voting against it using a taped phone conversation between them. Fox failed to comply and Cuba lashed out by making the tape public (O'Grady). In the tape Fox asked Castro to "leave me free" on the last day of the Monterrey Conference "so you don't complicate my Friday" – a day Fox wanted to

devote to President Bush (Weiner). The Monterrey Conference was a UN sponsored meeting on development held in Monterrey, Mexico. This taped conversation was an embarrassment because it made Fox appear to slight Castro in favor of catering to Bush.

Mexico voted in favor of the UN Human Rights Commission resolution to condemn Cuba for human rights violations and to send a UN human rights inspector to Cuba on 19 April 2002. This dramatically altered the history of Mexico's political support for Cuba in the UN Human Rights Commission (see Figure 2). Mexico's Secretary for Foreign Affairs Jorge Castaneda explained to Newsweek the reasons behind the policy change: (1) the wording of the resolution was much more positive, moderate, encouraging to Cuba; (2) the resolution was drafted and cosponsored by Latin American countries; and (3) President Fox's foreign policy centers on much greater activism in the multilateral arena and in the regional arena (Newsweek).

Year	Resolution	Yes-No-Ab	Mex	Iran	S.Afr	Vnzla	US	Hndr
1997	PASS	19-10-24	ABSTAIN		OPPOSE		IN FAVOR	
1998	FAIL	16-19-18	ABSTAIN		OPPOSE	ABSTAIN	IN FAVOR	
1999	PASS	21-20-12	OPPOSE		OPPOSE	OPPOSE	IN FAVOR	
2000	PASS	21-18-14	ABSTAIN			OPPOSE	IN FAVOR	
2001	PASS	22-20-10	ABSTAIN		OPPOSE	OPPOSE	IN FAVOR	
2002	PASS	23-21-9	IN FAVOR		OPPOSE	OPPOSE		

Note 1: Blank entries represent that the country did not hold a seat on the Commission for that year.

Note 2: Special Rapporteur appointed in 1992 at the request of the United States. Cuba refuses to cooperate citing U.S. political motives.

Note 3: 1997 is the first year the Commission votes on a resolution to censor Cuba for human rights violations.

Figure 2. UN Human Rights Commission: Voting Record for Resolution Censoring Cuba for Human Rights Violations. (From: Website for "Reports on U.N. Human Rights Bodies" United Nations Commission on Human Rights (UNCHR) <http://www.hri.ca/uninfo/hrbodies/unchr.shtml>.)

Although Mexico-Cuba relations are strained politically, economic relations continue to grow. Even under the tension Castaneda stated that his nation had no plans to cut diplomatic relations or recall its ambassador (Kraul). An expanded economic agreement, visits to Cuba by Mexican businessman, a renegotiated payment plan for Cuba's \$380 million Mexican debt, and Cuba's tourism potential for Mexican businesses all show that relations with Mexico continue to be good despite Castro's argument with Fox. In May 2002 authorities from the Mexican Economy Secretariat and the Cuban

Foreign Trade Ministry signed the expansion of the Complementary Economic Agreement, whereby they will obtain preferential tariffs ranging from 30 to 50 percent less in tax payments. In June 2002, 140 Mexican businessmen visited Cuba to strengthen trade relations in sectors such as food, footwear, farming and livestock (Mexico City El Universal). Orlando Romero Merida, Havana's trade adviser, emphasized the potential of Cuba's tourism industry to Mexican businesses and commented on the tension between Castro and Fox and its effect on relations: "One hundred years of diplomatic relations cannot be broken off in one week nor in one month; they constitute permanent ties of brotherhood. The relationship will continue as an important factor between our peoples" (Mexico City El Universal).

Cuban medical diplomacy had virtually no impact on Mexico and Cuba's political relations. While professional exchanges may positively influence the few individuals involved, it is not an effective tactic at creating widespread political support. The divergent ideologies of Fox and Castro seriously strained political relations. Castro's attempt to blackmail Fox is only offset by Mexican business interests in Cuba. Mexican business interests are a pacifying force to the political strife between the two leaders.

2. Iran and Cuba

Cuban medical diplomacy and humanitarian cooperation alone were not enough to improve economic relations with Iran. It took Cuban desperation for oil, caused by its economic crisis of the early 1990s called the "Special Period," to produce any signs of substantial economic cooperation. These economic cooperation agreements had little to do with Cuba's political alliance with Iran or its humanitarian engagement efforts. Political solidarity caused by a united stance against the United States was not enough to expand trade and Cuban biotechnology assistance to Iran became an economic commodity to trade rather than a form of medical diplomacy.

The most powerful reason for Iran and Cuba's strong political relations is their united stance against their common enemy, the United States. Cuba's relations with Iran began soon after the 1979 Islamic revolution in Iran as a symbol of solidarity with a fellow revolutionary government (BBC, 06 Jan 1981). Since that time, the United States has levied trade sanctions, made accusations of human rights abuses, and named both

Iran and Cuba as state sponsors of terrorism. Iranian and Cuban leaders have seen it to their advantage to work together against “colonialism and dictatorship” (Tehran IRNA, 02 Jul 2001) in order to “confront the domination of arrogant powers [Tehran’s propaganda nickname for Washington, in order to] defend their independence” (AP Worldstream). During his official visit to Iran in 2001, Fidel Castro told university students that, “Iran and Cuba, in cooperation with each other, can bring America to its knees. The U.S. regime is very weak, and we are witnessing the weakness from close up” (Hughes).

The primary means of cooperation between Cuba and Iran has been political support through international organizations like the Group of 77 (G77), Nonaligned Movement, and the United Nations (Tehran IRNA, 08 Oct 2000a; 18 Jul 2001). The G77 is the largest political organization of developing countries with 133 member states and four-fifths of the world’s population. Its goal is to craft a common view of international issues in order to collectively bargain with the developed world (Tehran IRNA, 18 Jul 2001). Iran and Cuba both support each other in fending off accusations of human rights abuses (Tehran IRNA, 08 May 2001). Government officials on both sides take every opportunity to hail the other side’s cooperation in international bodies, particularly with the UN Human Rights Commission (Tehran IRNA, 03 May 1999).

Calls by Iranian and Cuban officials to increase trade during the Cold War were mainly rhetorical. Almost every year Iranian and Cuban leaders would express their satisfaction with Iran-Cuba political solidarity and call for increased cooperation in other fields. Cooperation never materialized with the one exception of agricultural cooperation. Iran solicited and received agricultural technical assistance from Cuba in 1987 due to its desire to become agriculturally independent (BBC, 09 Jun 1987).

The end of the Cold War and of Soviet subsidies kicked Cuba into motion to expand its economic ties. The loss of low-priced Soviet oil plunged Cuba into an energy crisis in the early 1990s during which electricity was rationed to all but priority economic sectors such as the foreign-exchange-earning tourism and biotechnology industries (Cuba Facts.com). Cuban officials repeatedly declared that Cuba was in a state of emergency and in need of increased trade, especially oil. In September 1990, Fidel Castro sent the

Minister of Sugar Cane to Iran with a hand written note for the Iranian president urging maximum dynamism to expansion of economic ties alongside the good political relations already existing between the two countries (BBC, 10 Sept 1990). Over the next few years Cuba's desperate situation produced substantial economic cooperation agreements with Iran. In 1990, Cuba agreed to assist Iran with its sugar production (BBC, 18 Sept 1990). In 1991, Havana signed a nuclear cooperation agreement with Tehran (Newsday). And in 1993, Cuba agreed to assist Iran with its biotechnology industry and also dispatched a small medical staff to Iran (BBC, 27 Apr 1993).

Biotechnology has been the linchpin to Cuba's trade relationship with Iran. Iran characterizes its overall view of medical cooperation with Cuba as a means to achieve greater independence from the developed world (Tehran IRNA, 08 Feb 1998). The single largest effort has been Cuba's assistance in setting up vaccine production units in Iran. This joint biotechnology project involved a combined 60 million dollar investment. It is located on a 250,000 square meter plot of land 25 kilometers from Tehran near the city of Karaj. It was expected to be completed by early 2002 but has experienced delays due to the U.S. embargo against both countries. The facility is planned to produce four pharmaceutical products including hepatitis B vaccines. The production capacity will be far above Iran's demand for the products enabling it to export (Tehran IRNA, 09 May 2001).

Fidel Castro is personally involved with the promotion of Cuban biotechnology to Iran. In May Castro met personally in Iran with the executives of a joint Iran-Cuba biotechnology project for the production of pharmaceutical drugs. He told them that Iran-Cuba biotechnology cooperation was a "high priority" in the two countries cooperation and that it could produce "fruitful results" (Tehran IRNA, 09 May 2001).

Biotechnology continues to dominate relations between Iran and Cuba in 2002. During the eighth session of the Cuba-Iran Intergovernmental Commission the Iranian Ministry of Foreign Investment and Economic Cooperation (MINVEC) stated that one of the most important topics is that of biotechnology products. Iranian officials hoped that in a short period of time their country would be able to produce the Hepatitis B vaccine

and the cutting edge technology products interferon and recombinant streptokinase. (Tehran IRNA, 16 Jan 2002).

Cuba and Iran's cooperation in other areas continues to be superficial. Each year they sign a barrage of cooperation agreements in such fields as tourism, hotels, culture, sports, education, agricultural, industry, parliament, and banking (TASS; Xinhua; BBC, 25 Nov 1997; Tehran Voice; Tehran IRNA, 20 Oct 1998; Tehran IRNA, 11 Jul 1999; Tehran INRA, 27 May 2000; Tehran IRNA, 16 Jan 2002). Regardless of these agreements, the Central Intelligence Agency (CIA) states that reported trade between the two countries was less than \$10 million for all years from 1994-99 (Central Intelligence Agency). This does not agree with verbal statements from Cuban and Iranian officials or other newspaper stories that stated trade was a meager \$20M in 1994 (Agence France Presse, 24 Dec 1994) and less than \$30M in 1997 (BBC, 06 Feb 1992). Whatever trade that did occur between Iran and Cuba was not reported by either country.

Cuba main goal throughout the Special Period was to improve its domestic oil production and get Iranian oil. In 1990 Cuba received Iranian technical assistance to remove problems from its sole oil refinery (BBC, 18 Sept 1990). It is uncertain how much, and at what price, Iran provided Cuba with oil. Iranian officials made statements alluding to several oil agreements in the mid-1990s but no official figures were reported (BBC, 27 Apr 1993; Agence France Presse, 19 Feb 1995). Several experts in the United States believe that Cuba traded nuclear and biological weapon secrets in exchange for oil. Defense & Foreign Affairs Strategic Policy magazine reported that the "September 1991 deal between Iran and Cuba included the exchange of nuclear delivery techniques and technology for oil" (Bodansky). Edward Gonzalez, a consultant for the Rand Corporation stated,

Cuba has good trade relations with Iran and Iraq and given these ties it's a definite possibility that (Cuban President) Fidel Castro will attempt to get a high return on his biotechnology investments...It's likely that Cuba has the potential if not the actual capacity to create biological weapons...Those investments will yield a much higher return if they produce biological weapons for terrorists or rogue nations than if they're used to produce medicine for Third World countries (Trull).

Cuba and Iran deny any nuclear or biological weapons research (Mardini) and Former President Jimmy Carter visited Cuba and stated to the press that U.S. officials had told him that there was no evidence linking Cuba to the export of biological weaponry (Ingraham). Regardless of intent, Cuba most probably gained desperately needed oil in exchange for nuclear and biotechnology assistance.

Although Cuban medical diplomacy can be credited with strengthening political relations with Iran, it was not effective in promoting trade. Iran and Cuba continue to support each other politically against the United States and accusations of human rights abuses. The economic hardships of the Cuban Special Period spurred Cuba to expand its economic ties. Havana used the biotechnology component of its medical diplomacy capability as an economic commodity to buy Iranian oil.

3. South Africa and Cuba

The regime transition in South Africa from a white dominated to an inclusive government that valued social transformation created fertile ground for Cuban humanitarian engagement, specifically medical diplomacy. Apartheid formally ended with the 1994 parliamentary elections, in which black South Africans were included among the enfranchised (Schwartzman). This new government began to slowly transform South African society. A chief means of this is to improve the horrible condition of medical care in the rural areas. In 1996 the South African Health Minister welcomed the first group of Cuban doctors to his country, “We are now struggling for the transformation of society so that we can provide basic needs to our people. Cuba is very much part of that struggle” (Lee). Cuba has used medical diplomacy to strengthen an ally in order to solidify political support and hopes to benefit from possible future trade agreements.

South Africa has many public health deficiencies that Cuba has been able to alleviate using its medical power through medical diplomacy. The two main problems that the South African Health Ministry faces are a shortage of doctors (especially in the rural areas) and a lack of medicines (especially AIDS medicines). Rural provinces like the Eastern Cape Province have a doctor to population ratio of 1:10,000. The World Health Organization (WHO) recommends a minimum ratio of 1:1,000 (Global News

Wire, 07 Feb 2001). In 1996 there were about 2000 vacant doctor positions in rural areas (Lee). Affordable medicines and basic vaccines are in extremely short supply. AIDS retroviral drugs are very expensive and so make their use in treating the large infected population prohibitive. Cuba's supply of quality doctors, medical scholarship program, and expertise in biotechnology are well-suited solutions to South Africa's public health problems.

The general distaste of South African doctors for working in the rural provinces made Cuban medical assistance very attractive. Young medical school graduates, who must all perform some community service, scramble for jobs in the city of Cape Town. Of the young doctors who do perform their service in the rural communities, few stay. Provincial health officials cite the lack of senior mentors, inadequate medical facilities, and poor living conditions (Global News Wire, 13 March 2001).

South Africa has found Cuban doctors a good solution to this immediate problem. According to Dr. Bevan Goqwana, head of public health in the Eastern Cape Province, "Many South African doctors, especially young graduates, are unwilling to work in rural areas. Most of the doctors who work in these areas are foreign doctors, the majority being Cuban and Asian doctors" (Global News, Wire 07 Feb 2001). Cuban doctors in South Africa received praise from Cuban and South African health officials alike. South African Health Minister Manto Tshablala-Msimang made statements that "Cuban doctors have provided outstanding service in the rural areas"(Global News, Wire 27 March 2001) and "There has been improvement in the quality of treatment in almost every hospital where we have deployed Cuban doctors" (Global News Wire, 30 Mar 2001b).

The outstanding performance of Cuban doctors in South Africa was more than sufficient to initiate a more lasting medical cooperation agreement between the two countries. In March 2001 an agreement between the South African and Cuban Health Ministries was signed covering all of the critical South African public health problems. These include the recruitment of doctors, the training of medical students, an exchange training program for medical researchers and specialists, and an improved exchange of medical technology (Global News Wire, 30 Mar 2001b).

The South Africa-Cuba medical agreement was signed despite domestic opposition groups in South Africa. The Rural Doctor's Association of South Africa opposed the government's use of foreign doctors. Chairman Ian Cooper stated the government needed to "stop paying lip service" to keeping South African doctors in the country. His organization advocated laws restricting the use of foreign doctors and expanded programs for domestic physicians. These programs include better financial incentives, specialist training, and bringing back doctors who had emigrated from the country. The Association admitted that the Cuban doctors had helped but that they lacked generalist skills like anesthesia and were limited by their different culture and language (Global News Wire, 13 Mar 2001).

South Africa embraced Cuba's offer of medical scholarships as a good short-term solution to their shortage of rural doctors. A Health Ministry official stated, "Sending students to Cuba is not an end in itself, but is a short-term means to addressing imbalances in these areas"(Global News Wire, 07 Feb 2001). Students are selected from rural areas for a seven-year scholarship to Cuba's Latin America School of Medicine. In return they agree to seven years of government service in rural clinics. The program began in 1997 with 61 students. Health Minister Manto Tshablala-Msimang addressed the students, "You are going with a challenge, a mission, and you must fulfill it...Without this opportunity you would never have the opportunity to study medicine" (Global News Wire, 06 Sept 2000). In March 2001 the Health Ministry argued with the Health Profession Council that just as exiled doctors are not required to take medical exams to register in the country, so medical students in Cuba who have been disadvantaged by apartheid should not be required to take the exams as well (Global News Wire, 30 March 2001b).

Cuba's expertise in biotechnology was able to help address South Africa's shortage of medicines. The South African Health Minister described his country's biotechnology goal as, "To ensure an adequate and reliable supply of safe, cost-effective drugs of acceptable quality to all South Africans and for all the diseases that continue to pose major health challenges to our country" (Global News Wire, 30 Mar 2001a). This can be interpreted to mean that the importance of patent rights is secondary to that of the health of the population. In March 2001 Castro offered to assist South Africa in

producing generic drugs of their own. The Health Minister replied, “We are going to examine this. It is very interesting to us” (Global News Wire, 27 Mar 2001). This offer was followed by a visit to Cuba by South African President Thabo Mbeki. During this visit he made an agreement with Castro to cooperate on the production of AIDS drugs and ignore patents (Global News Wire, 30 March 2001a). Subsequently South Africa’s Medicines and Related Substances Control Amendment Act was challenged by multinational-corporations in the country’s Pretoria High Court for eroding patent rights (Global News Wire, 30 Mar 2001a).

Cuba has benefited from its use of medical diplomacy to South Africa with increased trade and especially political support. Although absolute levels of trade are low, Cuban exports and imports to South Africa have increased from 1996 (the beginning of Cuban medical diplomacy) until 1999: exports rose from 0 to \$2 million and imports rose from \$17 to \$23 million (Central Intelligence Agency). Political support has been through South Africa’s vote on the United Nations Human Rights Commission. It has held a seat on the Commission five out the last six years (1997-2002). Every year South Africa has voted against the resolution to censor Cuba for human rights violations (see Figure 2).

Internal changes within the South African government made it ideologically friendly with Cuba. The country sought societal transformation and chose to solicit assistance from Cuba in attaining this goal. Cuba used its medical power to assist its new ally with its terrible rural medical conditions. Cuban doctors, medical scholarships, and biotechnology expertise have proven to be more influential with the South African government than the hostile backlash from the domestic Rural Doctor’s Association of South Africa, Health Profession Council, or pharmaceutical multinational corporations. Cuban medical diplomacy led to increased trade and most importantly, political support in the UN Human Rights Commission.

4. Venezuela and Cuba

The December 1998 election of Hugo Chavez to the Presidency of Venezuela led the way for improved relations with Cuba. The new president’s socialist ideology opened the door to alliance with socialist Cuba. In this case Cuban humanitarian engagement

was more of an effect of good relations than a cause. Medical diplomacy, however, served an important purpose of legitimizing the new economic cooperation arrangements between the two countries. Cuba was not getting oil for free or solely because of the ideology of Chavez, it received oil as part of a “cooperative agreement” for medical services.

Cuba offered medical assistance after Venezuela was struck by natural disasters in early 2000. A team of over 400 medical personnel was dispatched to provide aid to flood victims. In February 2000 three doctors applied for political asylum (Global News Wire, 16 Feb 2000). This resulted in 63 doctors to be promptly returned to Cuba (Global News, Wire, 17 Feb 2000). Months later Fidel Castro blamed the Cuban American National Foundation (CANF) for the defections (Global News Wire, 23 Nov 2000).

The Venezuelan Medical Federation (FMV) protested the presence of the Cuban medical team. The FMV claimed that the Cuban doctors had not been certified to practice medicine in Venezuela and were unsafe (Global News Wire, 26 Nov 2000). The FMV also opposed any talk of future medical cooperation agreements between Cuba and Venezuela. FMV President Jesus Mendez claimed that the Cuban doctor presence threatened to keep 8,000 medical school graduates unemployed and placed the “the health of Venezuelans in the hands of others without any type of scientific or union control” (Global News Wire, 23 Nov 2000). The government continued to negotiate an agreement, stating that Venezuelan doctors just won’t go to remote places and work in adverse conditions as Cubans do. President Chavez characterized Venezuelan doctors as “merchants of medicine” (Global News Wire, 30 Nov 2000).

Cuban medical diplomacy was used to add a sense of legitimacy to discounted purchases of Venezuelan oil. In October 2000 President Castro and President Chavez signed the Integral Cooperation Accord (AIC) in Caracas. The agreement entitles Cuba to 53,000 barrels per day of crude oil on “easy terms,” which include payment via the provision of medical services or technical services in the agricultural and sports areas (Global News Wire, 26 Nov 2000). In March 2001 the mayor of Caracas traveled to Havana and signed a report outlining the fundamental points of another bilateral

cooperation agreement on health, education, sports, culture, and infrastructure (Global News Wire, 11 Mar 2001). Chavez signed the agreement later the same month.

In addition to favorable oil sales, Cuba enjoys political support from Venezuela. Venezuela has held a seat on the United Nations Human Rights Commission every year from 1998-2002. In 1998 Venezuela abstained from the annual resolution to censor Cuba on human rights violations. After President Chavez's election in December 1998, Venezuela voted against the annual resolution every year to date (see Figure 2). This is due mostly to the political alliance between Chavez and Castro that is based on a common socialist ideology.

Treating Venezuelan patients in Cuba is an important part of the AIC. In addition to its humanitarian nature, flying patients to Cuba was also highly political. President Chavez saw off the first group of 50 patients personally and commented that, "The idea is that every two weeks the presidential plane will leave for Havana with Venezuelan patients" (Global News Wire, 26 Nov 2000). High-ranking state officials greet patients at the Jose Marti Airport upon their arrival in Cuba (Global News Wire, 29 Apr 2001). The patients have been mostly children with severe bone injuries, heart problems, or vision problems. All expenses are paid by the Cuban government for their 35-day hospital stay in Havana (Global News Wire, 30 Nov 2000). This high-profile means of healing Venezuelan children is extremely advantageous to creating a favorable image of political leaders in Cuba and Venezuela.

Technology transfer was another important aspect of the cooperation agreements. Cuba agreed to help Venezuela construct their own specialized cardiology center. Doctors were flown to Havana in April 2001 to begin specialist training and review construction documents (Global News Wire, 29 Apr 2001). This act lends legitimacy to the AIC. It shows that Cuba is contributing something of value to Venezuela for the oil it receives.

Cuban medical diplomacy enabled economic and political cooperation with Venezuela to appear legitimate and was unaffected by the hostile backlash from the Venezuelan Medical Federation. In reality the strong ideological ties between Chavez and Cuba were the driving force behind cooperation. In September 2000 on Cuban TV

Castro told Venezuelan journalists, “We support the Bolivarian ideals because they are based on the need for unity of the people and on such ideals as those of Bolivar and Marti” (Global News Wire, 10 Sept 2000). Later, in March 2001, Chavez meet with Castro to review the possibility of forming “a triangle” between Santo Domingo, Havana, and Caracas (Global News Wire, 11 Mar 2001). Havana effectively uses medical diplomacy to legitimate its ideological bonds with Venezuela.

5. The United States and Cuba

Cuba’s uses its long time success in racial equality and its medical power to defend itself, symbolically attack the United States, and to influence American politics. Cuba defends itself from U.S. accusations of human rights violations by pointing to its human rights triumphs of health, education, and racial equality. Cuba symbolically attacks the United States by accusing it of being racist and a public health failure that violates the “human right of health.” Cuba influences American politics by aiding the long-time allied Congressional Black Caucus (CBC) through medical scholarships for their poor constituents. The CBC in turn supports normalizing relations with the island nation.

Cuba’s socialist values and unique history make it a model of equitable race relations for the CBC and many African Americans. On the eve of Cuba’s fight for independence against Spain, plantation owners freed their slaves and then asked them to join in the revolutionary effort. This marks the beginning of the Cuban identity – that of whites and blacks fighting together for independence. Castro’s revolution has actively emphasized the contributions of Africans and provided all citizens with free health care and education regardless of race. The socialist values of equality for all people have made African Americans very favorable to the Cuban cause. When Castro came to power, he told his people that the blood of Africa flows through the veins of every Cuban and every Cuban is at least a mulatto. “If we study history,” he said, “we’ll find that Spain was conquered by the Moors. So we have an interest in Africa and African liberation” (Aidi).

Cuba is able to use it success in health care to symbolically attack the United States because of the different value systems that the two countries are built on. Cuba

values the equitable distribution of material goods. Prized among these goods are education and health care. The United States values the equitable distribution of economic opportunity. People have the opportunity to succeed economically and the opportunity to choose to spend their money on health care. Each citizen is guaranteed a low level (relative to Cuba's average) of health care through minimal government social services. Julie Feinsilver cites that,

Even if there is room for improvement in Cuba's medical sector, it still compares very well with American practice, which only now is being recognized for what it is: a monument to inefficiency, insufficiency, and discrimination (Feinsilver, pp. xii-xiii).

What Feinsilver leaves out is that American medicine is among the best in the world – you just have to pay for it.

The Congressional Black Caucus and many African Americans have been long time supporters and sympathizers of the Castro government. This has been due to the advancement of Cuban blacks through education, medical care, and an eclectic culture that praises the accomplishments of Africans. Organizations that actively support Cuba include the private Washington D.C. policy group TransAfrica Forum. It lobbies Congress on African issues such as sanctions against South Africa and intervention in Haiti. Members include artists and intellectuals like the actor Danny Glover (Petit). The 36-member CBC has long supported lifting trade sanctions against Cuba, has visited Cuba, and extended an invitation to Cuban officials and Castro to its meetings (Shepard). In addition, the CBC has long been aggravated by the "double-policy" for immigrants from Cuba versus Haiti, the Dominican Republic, and elsewhere. "They wouldn't think about it if it were 20 black kids from Haiti," said Rep. Charles B. Rangel (D-N.Y.), a sharp critic of U.S. policies toward Cuba, as he commented on the Elian Gonzalez case (Pianin). All 40 members of the CBC were in favor of the United States returning Elian Gonzalez to his father in Cuba and the Chairman of the CBC gave personal attention to the boy's grandmothers when they visited the United States. Castro was appreciative of this stating,

We are aware the Congressional Black Caucus has shown great interest in Elian's case. His grandmothers said they were impressed with the

attention they were given by the CBC during their visit to the United States...We wish to have more contacts with the Congressional Black Caucus on other issues (Shepard).

Castro has masterfully used medical diplomacy to court support from the CBC. The idea to grant medical scholarships to minority Americans came up during a June 2000 U.S. Congressional Black Caucus visit to Havana. Rep. Bennie Thompson, D-Miss., said parts of his Mississippi Delta district had so few medical personnel that its infant mortality rate was the second worst in the United States, behind Washington, D.C. Castro suggested medical scholarships for 10 to 12 Americans similar to what Cuba offers Third World countries (Shepard). The Cuban leader commented, "It would be hard for your government to oppose such a program. It would be a trial for them. Morally, how could they refuse?" (Shepard).

A year later Castro capitalized on the concept of giving medical scholarships to minority Americans. In the fall of 2001 Castro attended the CBC's annual legislative conference in Washington D.C. and gave a six-hour speech at Harlem's Riverside Church. During the speech he offered 500 seven-year medical scholarships with the selection program administered by the CBC. CBC members embraced this opportunity. "This appears to be an excellent opportunity to improve health care in our Congressional districts, as well as a chance to fulfill a life's dream for students who couldn't otherwise afford it," said Rep. Charles Rangel (D-NY) (Aidi). Half of these scholarships were designated for African Americans and the rest were divided between Hispanics and Native Americans. To qualify, students had to be economically disadvantaged and willing to return home after graduation and practice medicine for at least five years in their impoverished communities (Wickham).

Granting medical scholarships to Americans enables Cuban officials to make symbolic attacks against the United States. These attacks are then supported by statements from American students. Dagoberto Rodriguez, the Director of North American Affairs in the Cuban Foreign Ministry, stated that, "The objective Cuba has is to help resolve the serious problems of health in the United States" (Gonzalez). American students like Eric Khalil Marshall from the Bronx supports this by questioning the U.S. system, "I'm from the so-called richest country in the world. Why don't we

have health care for everybody, things that people who have less than us, like in Cuba, have?" (Gonzalez). Anti-Castro hard-liners in the U.S. claim that Cuba is using the students for political gain. Students like Mirtha Arzu from the Bronx reply, "I'd rather be used for something positive than negative...at least I'm going to go back and show my community what I was used for" (Gonzalez).

It is an extremely tough task to describe the Cuban medical scholarship program as political manipulation and evil. The school's rector Dr. Juan Carizo Estevez stated in a New York Times interview,

This is a medical school with the qualities that we have. What it does have is a human goal. We teach with love and humanity and tell the students we work with every day that their hearts will grow more and more when they return to their communities to work. It is a less commercial view of medicine, where they see the patient as a patient, and not as a number on a budget. If that is politics, then everything should be as political. It's human (Gonzalez).

U.S. accusations of Cuban human rights violations lose their edge given statements like this.

The Cuban American National Foundation (CANF) and Congressmen from Cuban American districts have downplayed the scholarships and have attempted to dissuade the CBC. A spokesperson for U.S. Rep. Lincoln Diaz-Baralt (R-FL) called the offer a "propaganda ploy" from a nation that is hoping to have the embargo lifted (Aidi). CANF sent black Cuban exiles to meet with CBC officials to convince them that Cuba is racist. The exiles reported that blacks were over represented in the island's political prisons and underrepresented in powerful positions in the government and Communist Party. They pleaded for the CBC to intercede on behalf of oppressed black Cubans. "We know there are many members of Congress who can talk to Castro so that he will free political prisoners," said Magdelivia Hidalgo, who is not black but who worked with several black dissidents on the island before she was forced to leave (Lorente). Despite this counter-lobbying from the Cuban American community, the CBC has not changed its position on Cuba.

Cuba's use of medical diplomacy to the United States is influential in improving political relations. Since the end of the Cold War, Castro has effectively strengthened his existing ally in the U.S. Congress, the Congressional Black Caucus, using medical diplomacy. This had been accomplished by giving the CBC hundreds of Cuban medical scholarships that it may award to minorities. The CBC in turn has lobbied to normalize relations and drop U.S. sanctions against Cuba. Cuban medical diplomacy will most likely continue to solidify and strengthen the CBC's resolve to support Cuban issues in the U.S. Congress

6. Honduras and Cuba

Cuba's strategy of medical diplomacy was decisively effective in Honduras. Honduras had no diplomatic or economic relations with Cuba during the Cold War (Hernandez) and had not reestablished relations in the years following the end of the Cold War. Despite this standoff condition, Cuba volunteered critical medical aid in 1998 after a brutal hurricane struck Honduras. This aid came in the form of medical personnel who were dispatched to treat the Honduran common people in the most devastated areas. In less than a year these health workers won the hearts and minds of the Honduran people who in turn pressured their government to sign a medical cooperation agreement and normalize relations with Cuba.

Hurricane "Mitch" devastated Honduras in 1998. It was the deadliest storm in the last 200 years and succeeded in killing 6,400 people and destroying 80% of the country's infrastructure. Mosquito dengue, malaria, cholera, and skin disease became rampant (Global News Wire, 01 Dec 1998). The river Choluteca broke its banks near the capital of Tegucigalpa resulting in tens of thousands homeless, mud everywhere, and soldiers deployed to keep order (Davison).

As the international community pledged monetary donations and forgave Honduran debt, Cuba offered to send doctors. This was despite the fact that Honduras had broke off diplomatic relations with Cuba in 1961 (Associated Press) and had not reestablished relations in the years following the end of the Cold War. Tegucigalpa accepted the offer and 140 Cuban medical personnel arrived to assist in the most devastated areas (Global News Wire, 04 Nov 2000). Risking their own health, the

Cubans operated out of emergency clinics with no electricity and only buckets to wash their hands in. Hundreds of Hondurans suffering from fungus and respiratory diseases waited in line for medical treatment (Davison). Dr. Juan Rodriguez Meso, team leader, replied to questions on his team's presence in the disaster area, "It's a question of solidarity...these people are our brothers" (Davison). From November 1998 to September 1999 Cuban health personnel conducted 500,000 medical visits, 250,000 nursing visits, 5,000 major surgical operations, and 3,300 minor surgical operations (Global News Wire, 24 Sept 1999).

The Cuban medical team's effect on the Honduran people was remarkable. The scene of the first group's departure illustrates how they had won the hearts and minds of the Hondurans.

Women with children in their arms, peasants, students, and social activists traveled from different parts of Honduras to the airport of San Pedro Sula, in the northern part of the country, for an emotional farewell for the Cuban doctors, whom they hugged and with whom they cried (Global News Wire, 30 Sept 1999).

Cuba obviously had a much greater grassroots political effect than those countries that just wrote a check. Cuba's medical diplomacy had created a powerful pro-Cuba political base within the Honduran population, as subsequent events would demonstrate.

The success of the Cuban medical team opened the door for more cooperation between the two countries. In October 1999 Cuba and Honduras signed a medical cooperation agreement that included 500 Cuban doctors to serve in Honduras and graduate training for Honduran health professionals (Global News Wire, 24 Sept 1999). The Honduran Medical Association opposed the agreement. Their protests were outmatched by the combined cries of numerous communities that pressured the government to sign the agreement (Global News Wire, 15 Jan 2000).

Cuban medical diplomacy to Honduras also included medical scholarships to the Latin American School of Medicine. In 1999, 280 Honduran students arrived to study and 150 students followed them the next year (Global News Wire, 25 Feb 2000). These students will most likely return to their impoverished communities with a very pro-Cuba viewpoint to share.

Cuban medical diplomacy paved the way for formal diplomatic relations to be re-established with Honduras.

In his last major act in office, President Carlos Flores Facusse has re-established diplomatic relations with Cuba after a 41-year hiatus...many Hondurans felt gratitude for Cuba's shipment of scores of doctors to the most remote areas of the country after Hurricane Mitch hit in 1998 (Associated Press).

Cuba effectively used medical diplomacy to befriend Honduras and normalize relations.

Cuba used humanitarian aid to reverse 41 years of poor relations with Honduras. One hundred and forty medical personnel won the hearts and minds of the Honduran people in just ten months. This in turn resulted in the swift normalization of political relations and trade despite a hostile backlash from the Honduran Medical Association. Humanitarian aid that is given under a perception of altruism and reaches the masses of a democratic country can have significant effects in other spheres.

C. CONDITIONAL GENERALIZATIONS ON MEDICAL DIPLOMACY

1. Walt's Theory is Largely Effective for Evaluating Medical Diplomacy

Walt's theory is largely effective for evaluating medical diplomacy (see Figure 3). Cuban medical diplomacy has the potential to be an effective form of aid because it satisfies two of Walt's rare circumstances: Cuba's authoritarian government has a monopoly on cheap medical aid and the political ability to manipulate levels of that aid. Walt's third rare circumstance is asymmetry of motivation, which is dependent on the level of need of the recipient state or political group. The devastation from Hurricane Mitch created a medical emergency in Honduras. This opened a window of opportunity for Cuba to apply medical diplomacy to a non-allied state. Honduras quickly accepted Cuba's offer to send 140 medical personnel. Very poor medical conditions within the congressional districts of CBC members also created asymmetry of motivation for Cuba. Castro's offer of 500 medical school scholarships was quickly accepted despite CANF lobbying to the contrary. While the main driving force behind Cuban medical diplomacy to South Africa and Venezuela was ideological in nature, the extremely poor health conditions in the rural regions of both countries did create a degree of asymmetry of

motivation. In contrast, the governments of Iran and Mexico did not need Cuban doctors or medical scholarships. Both countries only chose to cooperate with Cuba in the least influential areas of medical diplomacy: Iran negotiated a deal for biotechnology assistance and Mexico engaged in professional exchanges.

Rare circumstances under which aid is effective in creating donor leverage:

Monopoly on the type of aid
 Asymmetry of motivation
 Able to manipulate level of aid

Honduras	Ven	S. Africa	Iran	Mexico	US	US CBC
+	+	+	+	+	+	+
+		+	-	-	-	+
+	+	+	+	+	+	+

Penetration will be a significant cause of alignment only if:

Estab substant contacts (& not already allied)
 Exchanges make favorable impression sig # of elites
 These elites gain and hold power.
 Elites view close align in national/personal interest

+			-	-	-	+
+				-	-	+
+	+	+	+	-	-	+
+	+	+	-	-	-	+

OVERALL

+				-	-	+
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Figure 3. Country Case Studies Assessed Using Walt's Theory.

Cuban medical diplomacy also has the possibility of being an effective means of penetration by satisfying Walt's rare circumstances. First, it can establish substantial contacts with people in non-allied states. Cuba was the most successful in doing so with Honduras, which had broken off diplomatic relations with the island nation in 1961. After Hurricane Mitch, Cuban doctors positively influenced thousands of Hondurans by providing medical care. Second, exchanges can make a favorable impression on a significant number of elites. In Honduras, elites reestablished full diplomatic relations with Cuba after receiving aid. Medical diplomacy also made good impressions on the leaders of already allied states (Venezuela, South Africa, Iran). In the United States, good impressions were made on the CBC who received medical scholarships, though not the nation as a whole that did not receive aid. The small degree of medical diplomacy to Mexico was not nearly enough to outweigh the political conflict between President Fox and Fidel Castro. Third, elites influenced have remained in power or have made decisions before stepping down that are difficult to reverse. One of the last acts of Honduran President Carlos Flores was to reestablish full diplomatic relations with Cuba. The goals of the leadership of other states have, to date, also remained aligned with Cuba (CBC, Venezuela, South Africa, Iran). In Mexico, the leadership has remained anti-Cuba politically, although Mexican businesses remain heavily invested in Cuba. Finally,

medical diplomacy has caused Honduran elites to view close alignment in their national and personal interests. The medical cooperation agreement with Cuba is good for their nation's health system and personal reelections. In other case studies (CBC, Venezuela, South Africa, Iran) close alignment was due mainly to compatible ideology. In Mexico, President Fox's emphasis on free trade and human rights makes it in his interest not to be aligned with Cuba.

2. Conditional Generalizations for Walt's Theory

Whereas Walt's theory is largely effective for evaluating medical diplomacy, it has two minor shortcomings and one major deficiency. The following conditional generalizations for medical diplomacy will account for these deficiencies and complement Walt's theory.

a. Minor Shortcoming: Medical Diplomacy Does Not Conform to the Realist Perspective

- **Medical diplomacy seeks not to alter national security objectives, but to use its inherent goodness to change attitudes.**

Medical diplomacy is an attempt to change a recipient's feelings towards (hearts) and images of (minds) the donor. This use of aid is different than Walt's. He advocates the Realist perspective that economic carrots will rarely override a state's basic security needs. Medical diplomacy's, however, is inherently good and its benign nature can have an emotionally powerful effect on people. This makes medical diplomacy potentially capable of satisfying all of Walt's rare conditions under which aid is effective in establishing alliances. This is most evident in the case study of Honduras, and to lesser degrees the United States, Venezuela, and South Africa.

b. Minor Shortcoming: Backlash Not from Ideology, but from Domestic Labor Interests

- **Medical diplomacy's ability to export doctors can generate a hostile backlash from domestic medical professional organizations that fear competition and a loss of regulating power.**

In every case study that included the export of doctors (Honduras, Venezuela, South Africa) there was a hostile backlash. This backlash was not generated by a difference of political views (ideology) that Walt's theory emphasizes. Instead it

came from labor (medical professionals) that felt threatened by the introduction of cheap Cuban workers.

c. Major Deficiency: Democracy's Effect on Target Selection for Penetration

- **Medical diplomacy can promote alignment through penetration of the masses. This is especially true in democratic states due to the influence of voters on elected officials.**

Walt does not differentiate between different types of governments of recipient states and focuses on the impact of elite perceptions on alignment. While this might be appropriate for non-democratic states, it is not altogether true for democratic states. Elite perceptions are important, but the perception of the voting masses is also important. Walt's lack of attention to the power of penetrating the voting masses of a democracy leads him to underestimate the potential power of medical diplomacy. Medical diplomacy, especially the export of doctors and medical scholarships, has the potential to positively influence significant portions of the voting masses in a recipient country. These grateful voters can then in turn influence government elites to craft a favorable relationship with Cuba. This is most clearly depicted in the Honduras case study. Grateful Hondurans protested the departure of Cuban doctors and efforts of the Honduran Medical Association to block a Honduras-Cuba medical cooperation agreement. Cuban aid to the CBC is a reverse example. Cuba directly influences the CBC with medical scholarships and then the CBC promotes a positive image of Cuba to their constituents. The case studies of Venezuela and South Africa illustrate a positive impact on a segment of the voting population, yet this segment has not demonstrated a political voice. This could be because there is no danger of the Cuban doctors departing, thus removing the reason to protest. To a lesser degree, medical diplomacy could potentially also promote alignment in non-democratic states through influencing the masses. Although the masses do not have a vote, it is still in the interests of the governing elites to garner popular support in order to consolidate their power.

V. CONCLUSION: APPLICATION TO THE OVERALL U.S. CAMPAIGN STRATEGY FOR THE WAR AGAINST TERRORISM

In March [2002], the Gallup organization released the results of polling in nine predominantly Muslim countries. In only two of them did the proportion of respondents with a “very favorable” opinion of the United States exceed a tenth of the population: Lebanon, where the number was 18 percent, and Kuwait, where it was 11. But these pro-American respondents were themselves offset by the 30 percent of Lebanese and 23 percent of Kuwaitis who recorded their opinion of us as very unfavorable. In Saudi Arabia, meanwhile, a mere 7 percent said they held a very favorable view of us, with seven times that number, or 49 percent, at the opposite end of the spectrum; in Pakistan, Gallup had to report an asterisk under “very favorable,” signifying a response of less than 1 percent. With the exception of Turkey, the news was hardly any better elsewhere...Confronted with the Gallup figures, President Bush exclaimed, in a masterpiece of understatement: “We’ve got work to do” (Muravchik).

The United States is engaged in a global War Against Terrorism that shares many of the same characteristics as stability operations, also referred to as Military Operations Other Than War (MOOTW). Chief among these is gaining and keeping world support in order to deny terrorists possible sanctuary and recruits. In this way medical diplomacy can complement U.S. military strength through “winning the hearts and minds” of the world. Medical diplomacy’s inherent goodness and ability to positively influence thousands through a few people make it an effective soft power tool. Cuba has used medical diplomacy successfully on Honduras to gain an ally. It also strengthened its existing alliances with the U.S. Congressional Black Caucus, Venezuela, South Africa, and Iran. Its success from this unorthodox tactic lends credibility to medical diplomacy. This chapter reviews the findings of the thesis and considers their implications for U.S. foreign policy in the War Against Terrorism. It argues that it is in the interest of the United States to “win the hearts and minds” of the people of the world to support its global War Against Terrorism. A comprehensive U.S. medical diplomacy policy for Afghanistan and possibly other Muslim countries could include the export of doctors, medical school scholarships, basic health infrastructure improvements, import of patients, biotechnology assistance, and professional exchanges.

The first section of this chapter will summarize the preceding chapters. The second section will address medical diplomacy's applicability to the U.S. War Against Terrorism. The final section will recommend specific medical diplomacy policies to gain support for the United States in its War Against Terrorism.

A. CUBAN MEDICAL DIPLOMACY: AN EFFECTIVE TOOL IN GAINING POLITICAL SUPPORT

Cuba is a country that is least likely to expect success with a humanitarian strategy. There are several reasons for this: (1) Cuba has limited resources to carry out a humanitarian aid strategy; (2) Cuba has a negative human rights image to overcome; and (3) Cuba is the enemy of the world's sole superpower, the United States. Cuba's success with a medical diplomacy strategy provides convincing evidence that medical diplomacy can be an effective foreign policy tool for other countries as well.

The end of the Cold War left Cuba without a superpower ally. It lost military protection and the majority of its trading partners. Although Cuba was steadfast in its ideology, it was forced to change its foreign policy tactics to adapt and survive in the new world order. The end of Soviet economic subsidies and military protection made it no longer safe to send Cuban soldiers abroad. To continue with its strategy of military aid to states and revolutionary movements guaranteed Cuba's global isolation and eventual collapse. Cuba turned to political, economic, and humanitarian engagement as its tools of choice to promote its national interests, strengthen diplomatic relations, and increase trading partners. Chief among its humanitarian engagement tactics is medical diplomacy.

Medical diplomacy can satisfy Stephen Walt's rare conditions under which aid can be effective in alliance formation. Medical diplomacy's inherent goodness and benign nature can have an emotionally powerful effect on people. It is an attempt to change the recipient's feelings towards (hearts) and images of (minds) the donor. This is not to say that medical diplomacy is viewed by all as harmless. The export of cheap Cuban doctors has often resulted in a hostile backlash from domestic medical labor organizations. Medical diplomacy, especially the export of doctors and the awarding of medical scholarships, is effective at positively influencing the masses. The masses in turn can pressure national elites who wish to be re-elected or maintain power.

The case studies validate these hypotheses and demonstrate that medical diplomacy can be effective in both gaining and consolidating allies. Hurricane Mitch created a medical emergency in Honduras that created an asymmetry of motivation for Cuban medical diplomacy. The export of doctors and awarding of medical scholarships produced grassroots political support for Cuba and led to the quick reestablishment of diplomatic relations with Honduras. Cuban medical diplomacy to the U.S. Congressional Black Caucus, Venezuela, South Africa, and Iran strengthened Cuba's existing alliances. In one case, medical diplomacy was not politically effective. Minimal Cuban medical diplomacy to Mexico was not enough to overcome the ideological and political conflicts between President Vicente Fox and Fidel Castro.

B. APPLICABILITY FOR THE WAR AGAINST TERRORISM

U.S. military strength is not enough to win the War Against Terrorism. Public support in the United States and in other countries is also required in order to limit terrorist sanctuaries and recruits. Military power can be augmented with medical diplomacy to create a more effective overall campaign plan and garner public support. To demonstrate the applicability of U.S. government-led medical diplomacy for the War Against Terrorism requires a discussion of the principles of MOOTW, the traditional role of Non-Governmental Organizations (NGOs), the political feasibility of such an approach, and potential recipient countries. This section argues that for medical diplomacy to be effective it must meet the six basic principles of MOOTW and must find a way to coordinate its actions with NGOs working in this area. In addition, it explores the political feasibility of the U.S. government adopting such an approach and the possible recipient states for U.S. medical diplomacy.

For medical diplomacy's efforts to be successful, they must meet the six MOOTW principles of *objective*, *unity of effort*, *security*, *restraint*, *perseverance*, and *legitimacy* (Joint Chiefs of Staff, p. II-1). The *objective* is to improve health in recipient states and in doing so foster a positive image of the United States. *Unity of effort* can occur if medical diplomacy is directly coordinated into the U.S. government's overall campaign plan. This can most easily be achieved by making a government organization the lead in medical diplomacy. *Security*, however, must be provided by other U.S. forces to those people engaged in medical diplomacy. *Restraint* is demonstrated by medical

diplomacy's mission to heal, not destroy. *Perseverance* can be shown through commitment to a long-term effort to develop a country's public health system. *Legitimacy* for U.S. action is created by the inherently positive influence of medical diplomacy.

For medical diplomacy to be effective, the U.S. government must coordinate its actions with those of NGOs already providing medical aid overseas. For the most part, NGOs are founded by private parties to fill the void left by perceived government inaction. They traditionally provide disaster relief and state development, which are defined as:

Relief is characterized by short-term, emergency service in the face of disaster, whether natural or man-made. These operations include airlifting food, clean water, and sanitation equipment to distressed populations; establishing shelter for homeless victims; repairing salvageable structures; and preventing, containing, and treating life-threatening diseases.

Development involves long-term projects aimed at helping communities build sustainable social, economic, and political structures. The assistance focuses on the development of vital components of society – agriculture, education, infrastructure, employment, and so forth – and is deemed a success when continued aid becomes unnecessary because a society has become self-sufficient (Aall, 2000, pp. 368-9).

Several NGOs are focused specifically on health. The NGO Doctors Without Borders provides teams to recipient countries that provide primary health care, perform surgery, vaccinate children, rehabilitate hospitals, operate emergency nutrition and sanitation programs, and train local medical staff (Aall 2001, p. 132).

The U.S. government addresses unity of effort in humanitarian operations by establishing a Civil-Military Operations Center (CMOC). This entity brings together U.S. military, U.S. government civilians, and a variety of autonomous NGOs. Because NGOs are autonomous from the U.S. government, mediation and negotiation tactics are used in place of direct command and control. Although less than efficient, this has been the best solution to the unity of effort problem to date.

The U.S. military's role in humanitarian relief and development in Afghanistan illustrates some of the challenges of coordinating U.S. government sponsored

humanitarian aid with NGOs. U.S. Special Forces soldiers conceal their weapons beneath neutral khakis and polo shirts and ride around in unmarked sport utility vehicles as they administer a \$5 million humanitarian aid effort. NGOs and the UN have protested that the soldiers' wearing of civilian clothes undermines the principle of neutrality that grants NGOs access to war torn regions. In addition, most NGOs have a long-term agenda for development and are suspicious of the military's goals. The Geneva Conventions state that soldiers are not required to wear uniforms but are obliged to carry their weapons openly to distinguish themselves from civilians (Glasser).

A possible solution to the controversy over the U.S. military performing humanitarian missions that retains U.S. ability to garner support could be to employ U.S. government civilians instead. U.S. military Special Forces in Afghanistan include civil engineers, public health specialists, a hydraulics expert, a veterinarian, a dentist, and even two military lawyers. In addition, the head of the CMOC (named the Coalition Joint Civil Military Operations Task Force) is a brigadier general (Glasser). Why must these professionals be military? Why not have civilian humanitarian special forces instead? The advantages would be an U.S. demonstration of civilian control of the military, maintaining and enhancing unity of effort over humanitarian actions, positive U.S. image building to the recipient population, and reduced criticism from NGOs concerning military wearing civilian clothing while performing humanitarian functions. U.S. government civilian medical relief and a development package would be a key part of such a strategy.

Adopting and implementing a medical diplomacy package will face some difficulties in the United States. Personnel will have to be recruited and paid to create a force of government civilian medical workers to carry out U.S. medical diplomacy. Cuba's authoritarian government decided to spend resources to develop and employ its civilian medical workers. The decentralized U.S. government cannot make such a decision as easily. This leads to the next difficulty that the United States will face, altering foreign policy to include medical diplomacy. Walt has argued that one of the rare circumstances for aid to be effective in alliance formation is the absence of domestic obstacles to manipulating the level of aid for political purposes. The U.S. foreign policy decision-making structure is much more decentralized than Cuba's. The President,

House of Representatives, Senate, media, lobby groups, and voter sentiment all influence foreign policy and can affect the manipulation of aid. This difference does not make medical diplomacy less applicable for the United States. For although Cuba's authoritarian government may decide on and implement foreign policy strategies more easily than the United States, such ease does not lessen the effectiveness of a medical diplomacy strategy. Adopting a medical diplomacy foreign policy would require that Americans (1) want political support from abroad for the War Against Terrorism, (2) understand the potential effectiveness of medical diplomacy in gaining political support, and (3) be willing to support the allocation of resources for medical diplomacy.

Vocal peace activists could threaten the Bush Administration's current emphasis on military action in the War Against Terrorism but the inclusion of a medical diplomacy component should be able to garner the support of actors across the political spectrum. In Santa Cruz, California, Amy Courtney and Cassandra Brown won a suit with the California Transportation agency (Caltrans), which has allowed them to hang their anti-war banners from highway overpasses. These banners carry slogans such as "War at what cost? \$200 billion, 10,000 dead" or "U.S. = rogue state" (Delgado). The response from motorists as they hung their anti-war banners was mixed with some honking support and others extending the middle finger and yelling. Courtney commented that she wasn't surprised. "It's kind of expected. I know there's people out there who support the war, but what people forget is that there's a loud voice of people who don't support the war. That voice has been pushed out of the media and even off of the overpasses" (Delgado). The Administration must stay aware of the divergent public opinions within the United States if it hopes to succeed in its War Against Terrorism. An overall campaign plan that includes medical diplomacy and other humanitarian components would probably receive much more support from such peace activists, or at least neutralize the appeal of their message to other Americans.

Possible recipient states for U.S. medical diplomacy are predominantly Muslim states where the United States may enjoy an asymmetry of motivation. This would exclude wealthy states that have sufficient resources to devote to their public health system already. Possible recipients could include states like Egypt, Lebanon, Syria, Libya, Ethiopia, Jordan, Yemen, or Pakistan. Failed states like Afghanistan or Somalia

could also be potential recipients of United States medical diplomacy. Walt stresses that aid can only be effective in gaining influence over states that politically “don’t really matter very much...[because their] weakness, vulnerability, and isolation make them of little political use”. This viewpoint may have been correct during the Cold War era that stressed conventional and nuclear strength, but it is seriously flawed in the current context of the U.S. War Against Terrorism. The economic misery and political instability within failed states can create a fertile breeding ground for anti-American terrorist sentiment. Terrorist leaders can portray the United States as a global hegemonic power that cares little for the plight of people within failed states. Evidence of U.S. medical diplomacy would directly contradict this type of anti-American propaganda. It could gain public support for the United States and marginalize terrorists within the recipient state. This public support, in turn, could support the U.S. War Against Terrorism by denying terrorists potential sanctuary and recruits.

C. OPTIONS FOR MEDICAL DIPLOMACY IN THE U.S. WAR AGAINST TERRORISM

An effective medical diplomacy package should aim to positively influence as many people as possible and foster the eventual self-sufficiency of the recipient state. Specific policy options are listed below in order of potential effectiveness, starting with the most effective.

- **Export of doctors**: Small medical teams of a doctor, nurse, and technician sent on two-year tours to recipient states can positively influence thousands through the patients that they treat.
- **Medical scholarships**: Scholarships for doctors, nurses, paramedics, and technicians serve to create the human resources necessary for public health care self-sufficiency. They also positively influence the students through their time in the United States and interaction with Americans.
- **Basic infrastructure**: Small medical clinics with refrigeration units for vaccines are cheap and effective ways to drastically improve public health. Additional projects could be focused on public sanitation (clean water and sewage treatment).
- **Import of patients**: This is an expensive and potentially high profile means of treating patients with complex ailments in U.S. hospitals. Children should be the first recipients for both moral and public relations reasons.

- **Biotechnology**: The focus should be on selling, subsidizing, or donating basic vaccines and inoculations. These products are an inexpensive way to drastically improve public health.
- **Professional exchanges**: Medical personnel from the recipient country can visit the United States to receive training and instruction from their counterparts in areas ranging from hospital administration to surgical procedures. This could create solid bonds and good relations between health professionals in both countries.

Medical diplomacy could play a vital role in the U.S. War Against Terrorism by garnering public support in recipient countries and thereby limiting potential terrorist sanctuaries and recruits. The small and state of Cuba has used medical diplomacy with success in Honduras to gain a new ally and towards the U.S. Congressional Black Caucus, Venezuela, South Africa, and Iran to strengthen existing alliances. A U.S. government civilian organization tasked with implementing medical diplomacy could demonstrate U.S. civilian control of the military, maintain and enhance unity of command over humanitarian efforts, build a positive U.S. image for the recipient population, reduce NGO criticism concerning military wearing civilian clothing while performing humanitarian functions, and gain favor with most segments of the U.S. population.

APPENDIX. CUBA'S OVERSEAS CIVILIAN PROGRAMS IN THE LATE 1980S

In Africa

Algeria. Begun in 1963. Fishing, health, agriculture, light industry, higher education, research and development, sports, construction.

Angola. Construction (in 1987, down to 1,700 Cubans), education, sports, health, fishing, forestry, sugar industry, trade organization, poultry farming, labor organization, party organization.

Benin. Begun in 1977. Health, education (over 100 students from Benin have studied in Cuba), sports, fishing, livestock, trade and labor organization, sugar industry.

Burkina Faso. Begun in 1984. In September 1986, 600 students from Burkina Faso arrived at the Isle of Youth.

Burundi. Health; after 1983, also agriculture, education, sugar industry.

Cape Verde. Health, education, transportation, culture, trade organization.

Congo. Livestock, dairy industry, poultry farming, education (900 students from the Congo were in Cuba on scholarships in 1983), sports (begun in 1984), agriculture, construction, health.

Equatorial Guinea. Health, education (begun in 1973); later, also agriculture, forestry, communications, and military advice (these programs were curtailed in the late 1970s and resumed after the overthrow of President Macias in 1979).

Ethiopia. Begun in 1977. Health, education, construction, veterinary medicine, aviculture, agriculture, labor organization, planning organization, sugar industry.

Ghana. Begun in early 1960s, stopped in 1966, resumed in 1982. Education (secondary and higher education scholarships in Cuba), sports.

Guinea. Begun in 1961. Health, agriculture, sports (stopped by end 1986), education, fishing, leadership training, construction (including building two airports).

Guinea-Bissau. Communications, construction, education, sports, health.

Libya. Health (begun in 1977; 213 Cuban medical personnel in 1983, down from 650 in 1978), construction.

Malagasy Republic. Sugar industry, agriculture, sports (ended by early 1987), education.

Mali. Health, sports.

Mozambique. Begun in 1976. By 1981, hundreds of Cubans were in 7 of its 10 provinces. Agriculture, food industry, forestry, health, construction, education (including 4,300 scholarships to Cuba), sports, fishing, transportation, communications, sugar industry, chemicals.

Nigeria. Sugar industry, sports.

Sao Tome and Principe. Health, education, fishing, livestock, communications, planning, trade organization, transportation, agriculture, construction, sports.

Seychelles. Begun in 1978. Health, agriculture, education.¹²⁶ Tanzania. Education, sports, construction, health.

Uganda. Begun in 1981. Health, education.

Zaire. Sugar industry.

Zambia. Begun in June 1986. Unspecified.

Zimbabwe. Begun in March 1986. Education, health.

In Asia and the Middle East

Afghanistan. Education (begun in April 1978).

Iraq. Construction (roads, 1,500 housing units), agriculture, sugar industry, fishing, sports, health (begun in 1977; 372 Cuban medical personnel in 1986, down from 506 in 1983).

Kampuchea. Health (Cuba supplies 4 percent of its stock of medical doctors); communications.

Kuwait. Sports (probably commercial contract).

Laos. Construction (78 Cuban workers), agriculture and livestock, health.

Sri Lanka. Health, education.

South Yemen. Begun in 1972. Transportation, agriculture, fishing, light industry, steel, health, education (590 secondary school students from South Yemen on Isle of Youth in 1982), poultry farming, livestock, mining, sports, construction.

Syria. Education, health (in 1973 during war with Israel).

Vietnam. Begun in 1968. Health, agriculture, construction, fishing, sugar.

In Latin America

Bolivia. Begun in 1987. Donation of 3 intensive care units.

Dominican Republic. In 1987, Cuba agreed to donate materials and labor to build a technical school worth \$2.8 million.

Guyana. Begun in 1974 with a fishing agreement (since expired); in late 1980s sugar industry, forestry, agriculture, health, light and food industries, mining, transportation, trade and labor organization.

Nicaragua. Education (over 2,000 Cuban teachers in Nicaragua and 1,200 Nicaraguans on scholarships in Cuba), sports, health (over 250 Cuban medical personnel in Nicaragua), fishing, construction.

Panama. Agriculture, sports, education.

Peru. Sports. (Dominguez 1989, p. 173)

LIST OF REFERENCES

Aall, Pamela. Guide to IGOs, NGOs, and the Military in Peace and Relief Operations. United States Institute for Peace Press. Washington DC. 2000.

Aall, Pamela. What Do NGOs Bring to Peacemaking? Turbulent Peace, the Challenges of Managing International Conflict. United States Institute for Peace. Washington DC. 2001.

Agence France Presse. Cuba Offers to Trade Sugar for Iranian Oil. 19 Feb 1995.

Agence France Presse. Iran, Cuba Seek to Expand Ties. 24 Dec 1994.

Aidi, Hisham. Havana Healing: Castro's Minority Scholarship Plan. www.wellness-exchange.net/feature4.htm. 01 Mar 2001.

AP Worldstream. Cuban Foreign Minister in Tehran. 24 Dec 1994.

Associated Press. Honduras Resumes Relations with Cuba. The San Diego Union-Tribune. 28 Jan 2002.

BBC Summary of World Broadcasts. Agreement Signed with Iran for Exchange of Cuban Sugar for Iranian Oil. 27 Apr 1993.

BBC Summary of World Broadcasts. Cuban Ambassador's Meeting with Minister and Bank Governor. 06 Jan 1981.

BBC Summary of World Broadcasts. Iran in Brief: Cuban Vice-President Meets President Rafsanjani; Closer Ties Discussed. 06 Feb 1992.

BBC Summary of World Broadcasts. Iran: Cuban Delegation's Visit. 09 Jun 1987.

BBC Summary of World Broadcasts. Iran-Cuba Parliamentary Friendship Group Discusses Expansion of Ties. 25 Nov 1997.

BBC Summary of World Broadcasts. Visit of Cuban Sugar Industry Minister; Agreement Reached on Oil Cooperation. 18 Sep 1990.

BBC Summary of World Broadcasts. Visiting Cuban Minister Hands Castro Message Rafsanjani. 10 Sep 1990.

Bodansky, Yossef. Iran Acquires Nuclear Weapons and Moves to Provide Cover to Syria. Defense & Foreign Affairs' Strategic Policy. Feb 1992.

Central Intelligence Agency. Cuba Handbook of Trade Statistics, 2000. http://www.cia.gov/cia/di/products/cuba_hbk2000/. 01 Dec 2000.

Cuba Facts.com. CUBA'S ECONOMY IN THE 1990s; Loss of Soviet Aid and Economic Crisis. <http://www.cubafacts.com/Economy/econ2.htm>.

Davison, Phil. Survivors Return to Town Lost Under Mud. Europe Intelligence Wire. The Scotsman. 12 Nov 1998.

Delgado, Ray. Anti-War Banners Hung Over Freeways; Protesters Test Caltrans Policy on Displays. San Francisco Chronicle. 20 Sep 2002.

Dominguez, Jorge I. To Make a World Safe for Revolution; Cuba's Foreign Policy. Harvard University Press. Cambridge, Massachusetts. 1989.

Dominguez, Jorge. US-Cuban Relations: From the Cold War to the Colder War. Journal of Interamerican Studies and World Affairs. Beverly Hills. Fall 1997.

Erisman, M. Michael. Cuba's Foreign Relations in a Post-Soviet World. University of Florida. Gainesville, Florida. 2000.

Europe Intelligence Wire. Letter: Surplus Doctors. The Independent. 02 Aug 2000.

Feinsilver, Julie. Healing the Masses; Cuban Health Politics at Home and Abroad. University of California Press. Berkeley. 1993.

French, Howard W. Cuba's Ills Encroach On Health. The New York Times. New York. 16 Jul 1993.

Glasser, Susan B. Soldiers in Civilian Clothing; U.S. Forces' Humanitarian Effort in Afghanistan Draws Ire of Aid Agencies. The Washington Post. 28 Mar 2002.

Global News Wire. 61 Students Leave for Medical School in Cuba. SAPA (South African Press Association). 06 Sep 2000.

Global News Wire. Another Cuban Doctor Defects. Venezuela Online News. 17 Feb 2000.

Global News Wire. Castro Reaffirms Support of Bolivarian Ideals. Venezuela Oil and Energy. 10 Sep 2000.

Global News Wire. Country Doctors Beg Government for Big Drive to Recruit Medics for Rural Areas. Cape Argus. 13 Mar 2001.

Global News Wire. Cuba-Venezuela Fidel Castro Welcomes Venezuelan President Hugo Chavez. EFE News Service. 11 Mar 2001.

Global News Wire. Cuba-Venezuela Venezuelans to Cuba for Medical Treatment. EFE News Service. 29 Apr 2001.

Global News Wire. Death and Devastation in Central America. Caribbean Update. 01 Dec 1998.

Global News Wire. Don't Make Only AIDS Drugs Cheaper. SAPA (South African Press Association). 30 Mar, 2001a.

Global News Wire. E. Cape Health Dept to Sponsor Medical Training for Rural. SAPA (South African Press Association). 07 Feb 2001.

Global News Wire. Honduras-Cuba 28 More Cuban Doctors Arrive in Honduras to Offer Medical Help. EFE News Service. 15 Jan 2000.

Global News Wire. Honduras-Cuba Emotional Farewell and Joyous Welcome for Cuban Doctors. EFE News Service. 30 Sep 1999.

Global News Wire. Honduras-Cuba Plans for Cuba-Honduras Medical Cooperation Agreement Suspended. EFE News Service. 24 Sep 1999.

Global News Wire. Honduras-Cuba/Scholarships 150 More Hondurans To Study Medicine in Cuba. EFE News Service. 25 Feb 2000.

Global News Wire. Honduras-Dengue Cuban Deputy Minister Arrives to Help Combat Dengue in Honduras. EFE News Service. 04 Nov 2000.

Global News Wire. NAM Backs South Africa's Legal Battle. SAPA (South African Press Association). 27 Mar 2001.

Global News Wire. SA DRS Studying in Cuba Should be Exempt from Entrance Exams. SAPA (South African Press Association). 30 Mar 2001b.

Global News Wire. Third Cuban Doctor Will Request Asylum in Venezuela. Global News Wire. EFE News Service. 16 Feb 2000.

Global News Wire. Venezuela-Cuba First Group of Venezuelan Patients Travels to Cuba for Treatment. EFE News Service. 30 Nov 2000.

Global News Wire. Venezuela-Cuba First Venezuelan Patients to Travel to Cuba for Treatment. EFE News Service. 26 Nov 2000.

Global News Wire. Venezuela-Cuba Venezuelan Doctors Protest Medical Agreement Signed with Cuba. EFE News Service. 23 Nov 2000.

Gonzalez, David. Dreams Lead All the Way To Havana; Medical Scholarships Are a Gift from Castro. The New York Times. New York. 12 Jun 2001.

Havana Radio Havana Cuba. Cuba-Mexico Business Committee Meets To Examine Cooperation. FBIS. 29 May 1997.

Havana Tele Rebelde and Cubavision Networks. Neurology Cooperation Accord Signed With Mexico. FBIS. 09 Sep 1997.

Hernandez, Rafael. Frozen relations: Washington and Cuba after the Cold War. NACLA Report on the Americas. New York. Jan/Feb 2002.

Hughes, John. That Giant Cooing Sound from Cuba to the U.S. Christian Science Monitor. Boston. 28 Nov 2001.

Hussnain, Wirasat. Cuban Model of Basic Health Care: Lessons for Pakistan. The New York Times. New York. 12 Feb 2000.

Ingraham, Laura. Commentary; El Jefe Basks in Carter's Light; Timing of the Former President's Cuba Trip Couldn't Be Worse. The Los Angeles Times. Los Angeles. 15 May 2002.

Joint Chiefs of Staff. Joint Pub 3-07 Joint Doctrine for Military Operations Other Than War. Washington DC. 16 Jun 1995.

Jorge, Antonio. An Objectless Revolution: Cuba's Nominal Socialism as a Personal Project – The Cuban Revolution into the 1990s: Cuban Perspectives edited by Centro de Estudios Sobre. Journal of Interamerican Studies and World Affairs. Beverly Hills. Spring 1994.

Kraul, Chris. The World; Cuba Tape Casts a Shadow Over Fox's Domestic Agenda; Mexico: Battle with Congress Will be Tougher After Release of Recorded Conversation with Castro. The Los Angeles Times. Los Angeles. 24 Apr 2002.

Lee, Nick. Cuban Doctors Take South Africa by Storm. The Lancet. London. 09 Mar 1996.

Linderman, Patricia. La Lucha: The Human Cost of Economic Repression in Cuba. Ideas on Liberty. Vol. 50, Issue 5, pp. 31-34. May 2000.

Lorente, Rafael. Exiles Try to Convince Black Caucus that Cuba is Racist. Chicago Tribune. 01 Aug 2001.

Mandel-Campell, Andrea. Fox Urges Freer Trade in Latin America. The Financial Times. <http://specials.ft.com/ln/specials/spf03a.htm>. 15 Sep 2000.

Mardini, Ahmad. Gulf-Iran: Yes and No to Nuclear Pursuits. Inter Press Service. 27 Dec 1994.

Mexico City El Universal (Internet Version). Mexico, Cuba Agree To Extend Trade Cooperation. FBIS. 10 May 2002.

Muravchik, Joshua. Hearts, Minds, and The War Against Terror. Ethnic News. Copyright 2002 American Jewish Committee. Commentary Magazine. Vol. 113, No. 5; pp. 25-30. 01 May 2002.

Newsday. Cuba, Iran OK Pact. Home Edition. 01 Oct 1991.

Newsweek. Why Mexico Spurns Castro; Secretary for Foreign Affairs Jorge Castaneda Discusses Fox's Fallout at Home. New York. 06 May 2002.

O'Grady, Mary Anastasia. Americas: Castro Bugs Fox Because Fox is Bugging Castro. Wall Street Journal. New York. 03 May 2002.

Parker, Dick. The Cuban Crisis and the Future of the Revolution: A Latin American Perspective. Latin American Research Review. Albuquerque. 1998.

Perez-Lopez. The Cuban Economy in the Age of Hemispheric Integration. Journal of Interamerican Studies and World Affairs. Beverly Hills. Fall 1997.

Petit, Andres. African-American Delegation Goes to Cuba, Seeks Ties with AfroCubans, and Meets with Castro. <http://www.afrocubaweb.com/transafrica.htm#delegatio>. 08 Jan 1999.

Pianin, Eric. Black Caucus Sees Double Standard, Lawmakers Decry Refugee Policy That Favors Cubans Over Haitians, Others. Washington Post. 13 Apr 2000.

Schwartzman, Kathleen C. Can International Boycotts Transform Political Systems? The Cases of Cuba and South Africa. Latin American Politics and Society. Coral Gables. Summer 2001.

Shepard, Paul. Castro Says Embargo Support Waning. Associated Press. Miami Herald. 05 Jun 2000.

Snodgrass, Michael. Assessing Everyday Life in Post-Soviet Cuba. Latin American Research Review. Albuquerque. Vol. 36, Issue 3. 2001.

TASS, The Russian Information Agency ITAR-TASS. Cuba and Iran Sign Agreement on Cooperation. 30 Jan 1991.

Tehran IRNA. Cuba Lauds Iran's Cooperation in UN Rights Body. FBIS. 03 May 1999.

Tehran IRNA. Cuba, Iran Discuss Cooperation in Various Fields. FBIS. 16 Jan 2002.

Tehran IRNA. Cuba, Iran Promote Further Mutual Cooperation. FBIS. 27 May 2000.

Tehran IRNA. Cuba, Iran to Expand Cooperation in Biotechnology. FBIS. 31 Mar 2001.

Tehran IRNA. Iran Ready for Educational Cooperation with Cuba. FBIS. 06 Apr 2001.

Tehran IRNA. Iran to Host High-Level G-77 Conference on Economic Cooperation. FBIS. 18 Jul 2001.

Tehran IRNA. Iran, Cuba Initial Memorandum on Scientific, Research Cooperation. FBIS. 24 Feb 2002.

Tehran IRNA. Iran, Cuba Said Geared To Expand Cooperation. FBIS. 20 Oct 1998.

Tehran IRNA. Iran, Cuba Sign Agreements on Sports Cooperation. FBIS. 23 Apr 2002.

Tehran IRNA. Iran, Cuba To Broaden Cooperation in Health, Medical Fields. FBIS. 08 Feb 1998.

Tehran IRNA. Iran, Cuba To Discuss Expansion of Mutual Cooperation. FBIS. 08 Dec 1998.

Tehran IRNA. Iran, Cuba To Expand Athletics Cooperation. FBIS. 15 Dec 1998.

Tehran IRNA. Iran, Cuba to Explore Expanding Sports Cooperation. FBIS. 13 Apr 2002.

Tehran IRNA. Iran: Belgian, Cuban Envoys Discuss Parliamentary Cooperation with Majles Official. FBIS. 05 Mar 2002.

Tehran IRNA. Iran: Cabinet Approves Cooperation Accords With States. FBIS. 17 Oct 1999.

Tehran IRNA. Iran: Cuba Ambassador Urges Increased Economic, Commercial Cooperation. FBIS. 02 Jul 2001.

Tehran IRNA. Iran: Cuba's Castro Meets Kharrazi, Says Cuba, Iran Should Develop Cooperation. FBIS. 08 May 2001.

Tehran IRNA. Iran: Kharrazi Meets Cuban Vice President, Calls for More Cooperation. FBIS. 08 Oct 2000a.

Tehran IRNA. Iran: President Castro Sees Vast Grounds for Scientific Cooperation. FBIS. 09 May 2001.

Tehran IRNA. Iran: President Khatami Discusses Further Cooperation with Cuban Official. FBIS. 08 Oct 2000b.

Tehran IRNA. Iran: Radio Comments on Economic Cooperation With Cuba. FBIS. 11 Jul 1999.

Tehran IRNA. Iran-Cuba Explore Expansion of Economic, Agricultural Cooperation. FBIS. 18 Feb 2002.

Tehran IRNA. Iran's Karrubi, Cuban Vice President Discuss Expansion of Cooperation. FBIS. 07 Oct 2000.

Tehran IRNA. Mohajerani: Iran Ready For Cultural Cooperation With Cuba. FBIS. 09 Dec 1998.

Tehran Voice of the Islamic Republic of Iran First Program Network. Iran's Va'ez, Cuba's Caballero Discuss Ties, Cooperation. FBIS. 23 Sep 1997.

The Economist. The Americas: Not Here: Privatize Health Care? Cuba Sticks with the State. 08 May 1999.

Trull, Armando. Cuba Suspected of Developing Biological Weapons. United Press International. 05 Aug 1993.

United Nations Commission on Human Rights (UNCHR). Reports on U.N. Human Rights Bodies. <http://www.hri.ca/uninfo/hrbodies/unchr.shtml>. Walt, Stephen M. The Origins of Alliances. Cornell University Press. Ithaca, NY. 1987.

Weiner, Tim. Castro's Attack on Fox Places Cuban-Mexican Ties in Danger. New York Times. New York. 24 Apr 2002.

Wickham, DeWayne. Don't Let Politics Cloud Cuba Offer. USA Today. 30 Jan 2001.

Xinhua General News Service. Cuba to Buy Iran's Petroleum. 01 Mar 1992.

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