BRAIN DRAIN POLITICS: THE CUBAN MEDICAL PROFESSIONAL PAROLE PROGRAMME

H. Michael Erisman
Indiana State University

Abstract

Cuba's international medical aid programmes are more extensive than those of any other country or international organisation in the world. Washington, fearing that such aid activities will generate increased international political influence (i.e., soft power) for Havana and thereby complicate US efforts to bring about regime change there, has responded with its own countermeasures. The primary US initiative has been the Cuban Medical Professional Parole (CMPP) programme, which is designed to encourage and facilitate defections to the US by Cuban medical personnel assigned to overseas aid missions. The dynamics and impact of the CMPP programme will be the main focus of this article.

Operating within a policy analysis format, the article provides a summary of Cuba's medical aid programmes. For comparative purposes, similar summary data will be provided regarding US medical aid activities. It provides detailed background information about the formation and operation of Washington's CMPP programme. It also analyses the extent to which the CMPP programme has succeeded in persuading Cuban medical internationalists to defect and how far it has undermined Havana's medical aid programmes.

Keywords: defection, medical aid, soft power, CMPP (Cuban Medical Professional Parole programme), ELAM (Latin American Medical School), GHI (Global Health Initiative), public diplomacy, Pogo Syndrome

Introduction

'Soft power' is an idea which lately has attracted increasing attention in foreign policy circles. Joseph Nye, who first popularised the concept, summarises it as follows:

> Power is the ability to alter the behavior of others to get what you want. There are basically three ways to do that: coercion (sticks), payments (carrots), and attraction (soft power).... A country's soft power can come from three resources: its culture (in places where it is attractive to others), its political values (when it lives up to them both at

> home and abroad), and its foreign policies (when they are seen as legitimate and having moral authority).[1]

While soft power, which might be viewed in more traditional terms as 'influence', has always represented a dimension of Havana's international personality, it has become more prominent in recent years and has clearly overshadowed a tradition of Cuban hard power politics which emerged during the Cold War era.[2] At the epicentre of this phenomenon are Havana's medical aid programmes, which began in the early 1960s and which today are the most extensive in the world.[3]

An often unstated assumption by observers of international affairs is that participation in serious power politics, whether of the hard or soft variety, is essentially the purview of the world's larger, more economically developed states that enjoy significant resource/technological advantages over other actors on the international stage. In this instance, however, that assumption does not hold. Cuba is a small nation of 11 million people whose level of economic development falls squarely into the LDC (Less Developed Country) category. Nevertheless, Havana's medical aid programmes have been widely recognised as an ambitious and indeed highly effective foray into soft power politics, as is illustrated by President Obama's comments in a press conference at the 2009 Summit of the Americas meeting in Trinidad:

> One thing that I thought was interesting – and I knew this in a more abstract way but it was interesting in very specific terms – was hearing from these leaders who when they spoke about Cuba talked very specifically about the thousands of doctors from Cuba that are dispersed all throughout the region, and upon which many of these countries heavily depend. And it's a reminder for us in the United States that if our only interaction with many of these countries is drug interdiction, if our only interaction is military, then we may not be developing the connections that can, over time, increase our influence and have a beneficial effect when we need to try to move policies that are of concern to us forward in the region.[4]

Basically what these comments represent is an acknowledgement on Washington's part that Havana's medical aid programmes constitute a major source of competition in the realm of soft power politics. An unusual and highly controversial aspect of the US response to this challenge is the Cuban Medical Professional Parole (CMPP) programme, the main focus of which is to encourage and facilitate defections by Cuban medical aid personnel who are posted abroad. In short, Washington is resorting to 'brain drain politics' in an effort to undermine Havana's aid programmes and the soft power which can flow from them.

Although there have been occasional references to the CMPP in the press and in a few academic publications, the programme has for the most part flown under

the radar. To help remedy this situation, this inquiry will explore the CMPP and the brain drain politics swirling around it by focusing on the three following key considerations:

- Providing a comparative overview of Cuban and US medical aid programmes.
- Describing the genesis and nature of the CMPP programme.
- Analysing/evaluating the effectiveness and impact of the CMPP programme.

In the process we will attempt to address such policy-related questions and issues as:

- To what extent has the CMPP initiative been successful in seriously undermining Havana's medical aid programmes?
- To what extent has or can the CMPP programme negatively impact the larger dynamics of US–Cuban relations (e.g., does it represent a major impediment to improved relations or is it merely a minor irritant)?
- What implications might the CMPP programme have within the larger context of US–Latin American relations?

Finally, based on the foregoing material, the ultimate conundrum of any policy analysis will be confronted – should the CMPP programme be maintained, revised, or discontinued?

Cuban and US Medical Aid: A Brief Comparative Overview

Practically all the major differences, at least in a macro-quantitative sense, between the Cuban and US medical aid programmes can be traced to the idiosyncratic perspective each utilises in approaching the enterprise. In a nutshell, the two strategies can be summarised as follows:

- Havana's model is *labour intensive*, relying primarily on people to achieve its goals. Specifically, it emphasises dispatching its own medical personnel on overseas assignments and bringing foreign students to the island for free medical training who are then returned home to serve as the core of their countries' public health systems.
- Washington's model is *capital intensive*, replying primarily on disbursing funds to support government and/or private sector health activities in recipient countries.

A dramatic illustration of these distinctions can be provided by looking at the per capita aid personnel figures for both countries (see Table 1). Recognise, as

noted in the text at the bottom of the table, that the per capita disparities are in fact greater than indicated since the US data include people who are not involved in medical aid activities. In any case, even if this fact is ignored, Cuba's much greater willingness to draw upon its reservoir of trained medical personnel as the mainstay of its aid programmes is obvious.

Table 1 Per capita aid personnel*

	Cuba	*United States*
Mid-1980s	1 for every 625 citizens	1 for every 34,700 citizens
2007	1 for every 374 citizens	1 for every 42,056 citizens
2011	1 for every 241 citizens	1 for every 23,372 citizens

* Medical aid personnel in Cuba's case and US AID/Peace Corps personnel in the US case. Note that not all AID/Peace Corps personnel are involved in medical/health activities (e.g. 23% in the 2011 Peace Corps case).

Source: Table created by the author based on calculation of data gleaned from various governmental sources.

Cuba's first major medical aid initiative occurred in May 1963 when Havana dispatched a medical mission of 35 doctors/dentists and 23 nurses/technicians to Algeria, which had finally won its independence from France in July 1962 following a brutal anti-colonial struggle during which over a million Algerians were killed. Over the years, as might be expected, the scope and geographical focus of such programmes waxed and waned as Cuba made adjustments in its foreign policies to changing international conditions. During the 1970s and 1980s, sub-Saharan Africa emerged as the primary venue for Cuban medical and other developmental assistance initiatives; at its height in 1978, approximately 11,000 Cuban developmental aid personnel were posted there (which represented roughly 87 per cent of Havana's overall international contingent). But such programmes were significantly downsized during the 1990s as the disintegration of the Soviet bloc plunged the island into a desperate era of austerity and sacrifice known as the 'Special Period'. By 1999, for example, the total number of Cuban international medical aid personnel had shrunk to 3,600. Ultimately, however, the island's economy as well as the society's innate vitality overcame such challenges, as did its medical aid programmes which have developed to the point where they are more extensive than those of any other country or international organisation (see Figure 1 for recent growth trends with respect to Cuban medical aid personnel assigned overseas). Today, in contrast to earlier periods, the main recipients of Cuban medical aid can be found in the Western Hemisphere, with Venezuela hosting the largest contingent.

More impressive than the number of internationalists involved in these programmes is the impact that they have had on people's lives and well-being

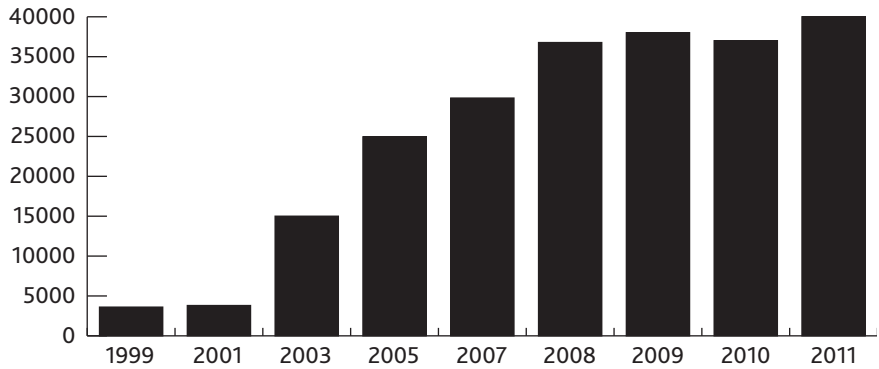

Figure 1 Number of Cuban medical aid personnel assigned overseas

Source: Created by the author using data gleaned from various IGO and media sources. An especially useful source of data and information about Cuban medical aid activities are the various issues of *MEDICC Review* available at http://www.medicc.org/index.php

(see Table 2). Such accomplishments assume an even greater lustre when one takes into consideration the fact that the Cuban brigades almost invariably operate where the most rudimentary medical services have long been essentially non-existent and they do so at no cost whatsoever to the recipients. In other words, they are dispatched to urban slums (often termed '*barrios*' in Spanish) and to isolated rural areas that the local medical providers have avoided, often because there is little available to them there in terms of monetary rewards. Without Havana's help, these people would have been in dire public health straits and in many cases (beyond the 1.7 million listed as lives saved) would probably not have survived.

Table 2 Cuban medical aid totals (1961–2009)

Countries served	107
Overseas medical aid personnel	134,849
Patients treated	130 million+
Surgeries performed	2.97 million+
Persons vaccinated	9.8 million+
Persons sight saved/restored	1.8 million
Lives saved	1.97 million+

Source: Julie M. Feinsilver, 'Fifty Years of Cuba's Medical Diplomacy: From Idealism to Pragmatism', *Cuban Studies* 41 (2010): 96–7.

As impressive as are the achievements of the international brigades, their work as on-site providers of grassroots medical services does not and indeed is not designed to come directly to grips with the larger developmental issue of

creating a truly effective, broad-based *national* public health system in their host countries. It is precisely here, however, where another key element of the Cuban aid equation comes into play – its medical training programmes. Havana has and continues to provide totally free medical education, both in Cuba and in their home countries, to tens of thousands of students, almost all of whom come from impoverished Third World nations and are committed to serve marginalised communities in their native lands once their studies are completed. The flagship institution in these endeavours is ELAM (the Spanish acronym for the Latin American Medical School), which was established in 1999 and is located in Havana. A sister institution serving French-speaking students (approximately 500) operates at the Medical Sciences Institute in Santiago. It is probably not an exaggeration to suggest that the magnitude of these programmes can, for a small country such as Cuba, be characterised as spectacular. In the 2008–09 academic year, for example, more than 24,000 international scholarship students were studying medicine in Cuba – approximately 7,900 at ELAM and more than 14,000 at other sites scattered throughout the island. Taking into account individuals being trained in their home countries as well those studying in Cuba, the total number of foreign medical trainees for the 2009–10 year was over 50,000.[5]

Current US medical aid efforts revolve around the Global Health Initiative (GHI), which is a six-year, $63 billion programme launched by President Obama in May 2009 (see Figure 2 for funding data thus far). Its essential nature differs markedly from Havana's, preferring to focus mainly on providing financial support for programmes operating within the recipient country's governmental or private sector rather than taking primary responsibility (as do the Cubans) for directly delivering services or training. This orientation is deeply embedded into the GHI's key principles, which among other things state that it is committed to[6]

- strengthening key multilateral organisations, health partnerships, and private sector engagement;
- encouraging country ownership and investing in country-led plans;
- building upon existing plans and programmes.

The five US government agencies that receive GHI funding are the United States Agency for International Development (USAID), the State Department, the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), and the Defense Department, with the State Department receiving the largest allocation (approximately 60 per cent in recent years).

With respect to the global distribution of these funds, sub-Saharan Africa clearly outstrips all other regions with its 84 per cent share (see Figure 3 for 2010 figures). The top ten list of recipients similarly reflects such domination, with Haiti

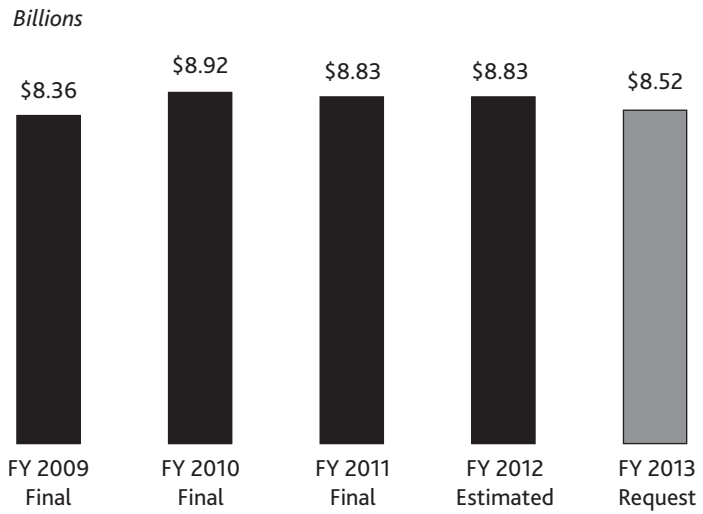

Figure 2 Global Health Initiative (GHI) funding, FY 2009 to FY 2013

Source: US Global Health Policy, Fact Sheet (February 2012), 'U.S. Funding for the Global Health Initiative (GHI): The President's FY 2013 Budget Request'; available at http://www.kff.org/globalhealth/upload/8160-02.pdf

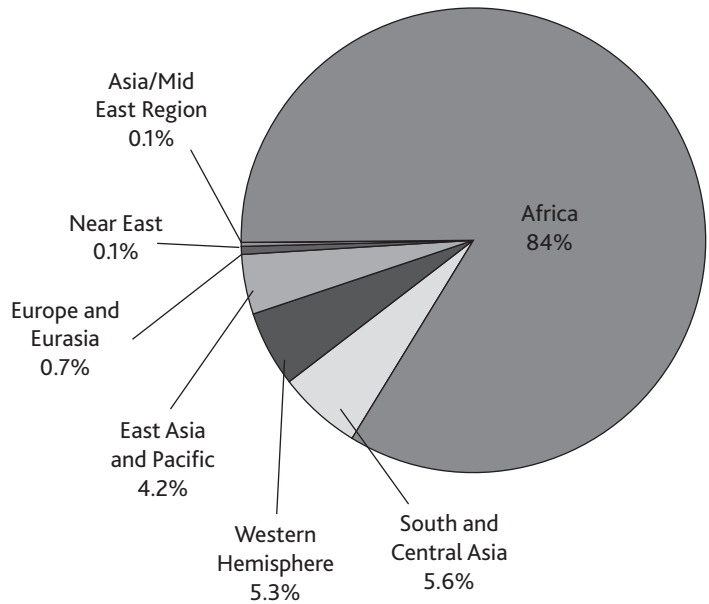

Figure 3 Global Health Initiative (GHI) country funding by region, FY 2010

Source: The Kaiser Family Foundation, 'Kaiser Fast Facts Home' webpage; available at http://facts.kff.org/chart.aspx?ch=2003

being the only country outside of Africa included in this inner circle (see Figure 4 for 2010 figures). Finally, in terms of issue prioritisation, the AIDS problem stands head and shoulders above everything else on Washington's agenda as it routinely receives roughly 60 per cent of the total GHI appropriations. In 2012, for example, it was allocated 57 per cent of the GHI budget.

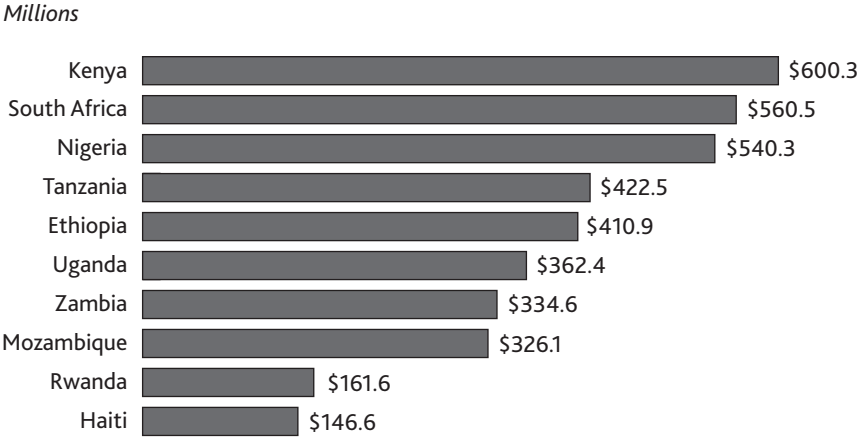

Figure 4 Top 10 Global Health Initiative (GHI) countries, FY 2010 funding

Source: The Kaiser Family Foundation, 'Kaiser Fast Facts Home' webpage; available at http://facts.kff.org/chart.aspx?ch=2004

Moving beyond the GHI, there are only two US programmes which bear even a faint resemblance to Cuba's massive labour-intensive approach to medical aid. In both instances, however, these deployments are very short-term when compared to their Havana counterparts and in only one case do they reach into the interior areas of the recipient countries where the need is often the greatest.

The longest-running of the two is MEDRETEs (Medical Readiness Training Exercises), which have operated under the aegis of the US Southern Command since 1993. As explained by Lorraine Murphy, MEDRETEs

- conducts training exercises in 'austere environments' whereby civilians are provided free medical care;
- operates in some of the most isolated areas of Central America and the Caribbean, providing care to thousands of people living in countries that at times lack the money to afford sufficient staff, equipment, medicine and supplies in their medical facilities.

A typical deployment involves setting up a temporary (usually two-week) clinic where patients can receive a variety of treatments including dental care, optometry, plastic surgery for cleft lip, palate, and burns, hand reconstruction, and orthopaedic surgery. Thus far more than 225 MEDRETEs teams have been dispatched which have treated more than 328,000 patients.[7]

The Navy's contribution to Washington's medical aid efforts in the Western Hemisphere has involved the tours of the USNS *Comfort*, which is a converted oil tanker equipped with twelve operating rooms and a 1,000-bed hospital where over 200,000 patients have been treated primarily in ports scattered throughout the Caribbean Basin area (although it has sometimes sailed south to destinations such as Peru). Thus far the *Comfort* has made only three cruises (in 2007, 2009, and 2011), although more are planned for the future.

While any attempt to enhance medical services for poor people in developing nations is commendable, it soon becomes obvious that Havana's efforts clearly overshadow those of the US by a wide margin. Peter Hakim, president of the Inter-American Dialogue which is a policy-research group headquartered in Washington, summarised the situation with respect to the *Comfort* as follows:

> It's hard for the U.S. to compete with Cuba…in this way. It makes us look like we're trying to imitate them. Cuba's doctors aren't docked at port for a couple days, but are in the country for years.[8]

The same could be said of the MEDRETEs deployments, which leads to the overall conclusion that Washington simply cannot compare with Havana in terms of putting 'boots on the ground' when it comes to medical aid programmes.

Brain Drain Politics: The CMPP as a Response to Cuban Medical Aid

For over 50 years, Washington's policy toward Havana has been dominated by efforts to isolate, delegitimise, and undermine the Revolution. Cuba's medical aid programmes have, beyond their purely humanitarian dimensions, served as an antidote to help counter all of these political initiatives. They have, for example, contributed not only to broadening the geographical scope of Cuba's presence among the countries of the world, but likewise to increasing the depth of that presence by establishing direct contact with millions of marginalised people in less developed nations. Moreover, the success of these programmes in addressing some of the most basic and important human needs on a massive scale (see Table 2) have undoubtedly enhanced Havana's reputation as a 'good neighbour', thereby strengthening the Revolution's aura of legitimacy and expanding its reservoir of political capital (i.e., soft power). As such, they represent one component of a larger menu of countermeasures that have functioned to frustrate US efforts to

destabilise and ultimately destroy the island's government. Washington has not, of course, been naive with respect to these political realities; its response has been the Cuban Medical Professional Parole (CMPP) programme.

The CMPP was launched during the Bush administration on 11 August 2006 when the US Department of Homeland Security announced that it would henceforth be cooperating with the State Department to facilitate the defection and entry into the United States of personnel (especially doctors) serving in Cuban overseas medical aid contingents. The driving force behind its formation was, according to the *Wall Street Journal*,

> …Cuba-born diplomat Emilio González, director of the U.S. Citizen & Immigration Services from 2006 to 2008. A former colonel in the U.S. Army, Mr. González is a staunchly anti-Castro exile. He has characterized Cuba's policy of sending doctors and other health workers abroad as 'state-sponsored human trafficking'.[9]

The basic mechanics of the programme are fairly simple. Doctors, nurses, and other Cuban health care personnel who are dispatched overseas can apply for asylum at any US embassy. Once accepted, they receive a visa and are guaranteed permanent residence status once they reach the United States.

Responsibility for and control of the CMPP rests solely within the Executive Branch of the US Government; specifically, it is a joint venture of the departments of State and Homeland Security. The State Department handles the overseas operations, its embassies and other offices serving as the first point of contact with potential defectors where initial processing of their asylum petitions occurs. Ultimately, however, it is Homeland Security which is vested with the statutory authority to render final decisions on the applications, as noted in a fact sheet issued by the State Department's Bureau of Western Hemisphere Affairs:

> Within the Department of Homeland Security, United States Citizenship and Immigration Services (USCIS) may exercise its discretionary parole authority to permit eligible Cuban nationals to come to the United States.[10]

The CMPP's executive nature means that it could, unlike some other dimensions of US Cuban policy that are governed by Congressional legislation (e.g., various aspects of the economic sanctions), be discontinued by Presidential fiat.

To qualify for participation in the programme, a person must:[11]

- *be a Cuban national or citizen;*
- *be a medical professional currently assigned to study or work in a third country under the direction of the Cuban government.*
  The term 'medical professionals' refers to doctors, nurses, paramedics, physical therapists, lab technicians and sports trainers as examples of

persons who may qualify. (Note: physicians are, of course, considered the 'prize catches' and are the programme's main targets.)
- *not have any ineligibility that would prevent admission into the United States*.

The spouse and minor children of those meeting the above criteria can also be granted asylum. These family members may be living with the potential defectors in a third country or may still be residing in Cuba.

The CMPP programme occupies a distinctive policy niche in the sense that it is empowered to extend special, preferential treatment to a particular Cuban occupational group. Normally Cubans who wish to immigrate to the United States must either: (a) apply for and receive a US immigration visa, which currently are limited to 20,000 per year, while still in Cuba; (b) defect while they are in the US legally on a temporary visa (e.g., performing artists or athletes on tour with their team); or (c) reach the US *mainland* by illegal means (e.g., rafters). The CMPP programme, on the other hand, allows (and indeed encourages) Cuban medical personnel to come to the US from wherever they may happen to be in the world. There do not appear to be any other Cuban citizens who, as a *specially designated group*, are accorded such preferential treatment.

Washington insists that the CMPP is not motivated by political considerations, vehemently rejecting, for instance, speculation such as that which has suggested that it encourages defections in order to

> …weaken popular support for the host nations' leftist leaders – who are generally at odds with Washington. The leftist governments of Venezuela and Bolivia, for example, have hailed the work of the Cubans, who are often cited by observers as important factors in the popularity of both nations' presidents.[12]

Instead, the programme has been presented as an exercise in humanitarianism. The two key points around which this rationale revolves are the contentions that:

- Havana's medical aid personnel are victims of state-sponsored human trafficking which reduces them to a status of indentured servitude because the Cuban government reaps momentary benefits from their overseas services (i.e., payments that host countries may, but often do not, make to Havana to help support the programmes).

  The key elements of the definition of human trafficking found in the international Trafficking Protocol which seem to apply to the US charge against Cuba are as follows: '…the recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse

of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of…forced labor or services,…or practices similar to…servitude….'

- Cuban medical personnel are subjected to unreasonable discrimination because they are not allowed to emigrate via normal channels and procedures. Specifically, Washington accuses Havana of denying medical personnel the right to apply for exit visas or for any of the 20,000 US immigration visas that are available annually.

Until these problems (especially the visa issue) are resolved to its satisfaction, says the US, humanitarian considerations require that the CMPP programme be maintained; in other words, responsibility for its discontinuance rests with Havana.

Although officially the CMPP is a purely governmental initiative, the reality is that the anti-revolutionary Miami community has become involved by providing what might be called support services. The two organisations that have played the most prominent roles are CANF (the Cuban-American National Foundation) and Solidaridad sin Fronteras (Solidarity without Borders). CANF, of course, has long been a leading actor in anti-Castro politics, functioning as an often very effective lobbying group for hard-line counterrevolutionary elements within the US Cuban exile community and sometimes even serving as Washington's surrogate in field operations. Solidaridad has emerged more recently on the activist scene, having been organised in 2005 by a group of Cuban doctors in the US to promote and facilitate defections by Havana's medical internationalists. The two groups formed a partnership in 2006, cooperating to provide potential defectors with money, 'safe houses' where they can, if necessary, hide from authorities who might be trying to prevent them from emigrating, and assistance with the CMPP application process.[13]

Essentially, then, the CMPP along with its NGO supporters represents the primary US response to Havana's massive medical aid programmes. But whether this exercise in brain drain politics has been effective and whether it is a foreign policy asset for Washington remain matters of considerable controversy.

Brain Drain Politics: Analysing the CMPP's Effectiveness

Many organisations and especially government programmes measure their success in terms of numbers (e.g., how many members have they attracted, how many people have they served, how much money have they raised, etc., etc.). The CMPP's tally sheet shows, according to the *Wall Street Journal*,[14] that 1,574 defectors from

65 countries have been processed through the programme as of early 2011.[15] In terms of geographic distribution, almost all have defected from somewhere in the Western Hemisphere and especially from Venezuela (see Figure 5), which is not particularly surprising since most Cuban medical aid personnel currently have hemispheric postings with Venezuela hosting the largest contingent. At first glance these figures look respectable and perhaps even impressive, the average annual number of defectors being in the 390–400 range. A much more modest picture emerges, however, when one considers percentages rather than gross totals, as did a 2011 commentary by a Venezuelan-based Cuban doctor in the *South Journal* which noted with respect to the *Wall Street Journal* article that

> If we consider – as the publication says – that only in 2010 there were more than 37,000 Cuban health professionals abroad and that such a mission period…usually takes two years, in the period the article refers to Cuba would have sent at least 83,000 doctors. So, the 1,574 recruited professionals would stand for 1.89 percent of the total.[16]

This estimate compares favourably with others, including those by Cuban government officials, which put the defection rate at about 2 per cent. Such figures do not bode well for Washington, at least insofar as it might hope that the CMPP can exert a significant negative impact on Havana's ability to provide quality medical aid. The reason for such pessimism is quite simple – the Cubans build a 2–3 per cent defection rate into their programmes. Thus, while there may be short-term local disruptions if aid workers abandon their posts, the negative

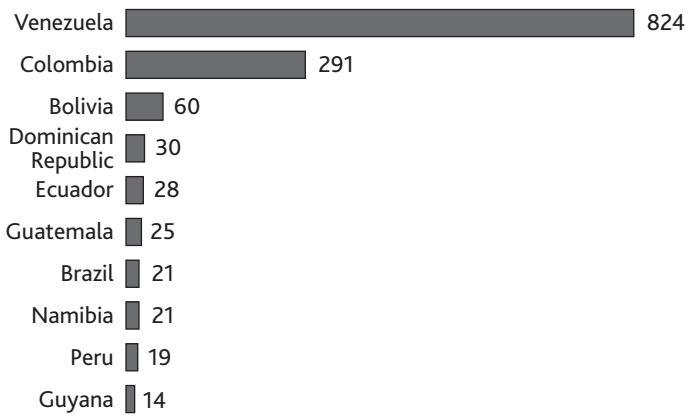

Figure 5 Defecting doctors: Cuban health workers arriving in the US since 2006, by departure point

Note: The above total is 1,333. These figures are from a 2010 Homeland Security report.

Source: Joel Millman, 'New Prize in the Cold War: Cuban Doctors', *Wall Street Journal*, 15 January 2011; available at http://online.wsj.com/article/SB10001424052970203731004576045640711118766.html

potential is neutralised from a long-term macroperspective since replacements for the defectors will always be readily available from the extra cadres who have been built into the personnel equation.

Moving to a more personal level, those who have been attracted to the CMPP programme have discovered that it does not always provide as smooth a transition to professional life in the United States as they have hoped (and assumed) it would. Instead, they have confronted various qualification and assimilation problems.

The initial obstacle that many confront is the stipulation in the programme's admission criteria which states that applicants must not have anything on their record that would render them ineligible as immigrants to the United States. Membership in a communist party constitutes such a disqualifying factor, for according to federal law people who have belonged to the Communist Party or affiliated organisations within ten years immediately preceding the filing of a naturalisation petition or within five years for a residence application are barred from citizenship and residency. In Cuba, however, such membership is the norm, particularly for individuals in high profile, high status professions such as medicine. But what is a matter of occupational routine on the island can become a serious political handicap when dealing with the US Citizenship and Immigration Services who must approve a CMPP application for admission to the country. Thus, says Alfonso Chardy of the *Miami Herald*,

> Dozens of Cuban doctors encouraged to defect to the United States now face delays in obtaining green cards and citizenship because they joined the Communist Party or affiliated organizations in Cuba when they were young…. The delays are an unexpected problem for some of the doctors who had hoped to be received with open arms under [the CMPP] programme…[17]

Those defectors with such political baggage can find themselves stranded abroad with little in the way of either survival resources or prospects for the fast-track US visa approval which they had assumed would be forthcoming, at which point they often must turn to groups like CANF or Solidaridad for assistance.

Even if these entry hurdles are overcome, doctors in particular have discovered that professional assimilation can be quite arduous due to the requirement that they must pass the same four exams taken by anyone aspiring to practise medicine in the United States. This usually is, says Julie Feinsilver, a difficult proposition because

- they are handicapped by the fact that the exams are in English, a language which they did not use in studying medicine and in which many are not fluent; and
- the medical education and training that they received in Cuba, which emphasises preventive primary care, does not prepare them very well for

> the exams which tend to reflect the US curative/high technology approach to public health.[18]

The bottom line, then, is that many defectors experience long delays in getting recertified and some never do so, which suggests that the CMPP programme has some flaws in terms of both meeting the immigrants' professional aspirations and smoothly expanding the pool of public health expertise in the United States.

Adopting a somewhat broader policy perspective, the CMPP raises questions about the optimal way for the US to implement its public diplomacy efforts. According to the State Department, the function of public diplomacy (which can be seen as a way to acquire soft power) is to 'support the achievement of U.S. foreign policy goals…by informing and influencing foreign publics and by expanding and strengthening the relationship between the people and government of the United States and citizens of the rest of the world'.[19] The techniques employed in pursuing these ends include cultural exchanges, media engagements, academic grants, and other forms of outreach. During George W. Bush's administration, however, a much more negative, confrontational strategy gained increasing favour, as illustrated by the contention of James Glassman, his Undersecretary of State for Public Diplomacy, that 'In the war of ideas, it's often more effective to destroy [U.S. adversaries'] brand than build up ours.'[20] Such sentiments are, not surprisingly, anathema to devotees of the conventional approach to public diplomacy. Consequently the CMPP, which is a creature of Bush's minions, can be seen as an epicentre of the clash between these two orientations. Thus far the Obama administration has been ambivalent. On the one hand, its willingness to continue the programme would seem to indicate that it sees the CMPP model as an effective way to pursue public diplomacy. Yet Obama's 2009 Port-of-Spain comments (quoted above) suggest that the CMPP paradigm will accomplish little, will alienate large segments of the international community, and therefore it would be best to repudiate it. It is likely that Obama's heart and mind tell him that repudiation is the better option, but clearly he is not yet willing to expend the political capital necessary to implement it.

Brain Drain Politics: Analysing the CMPP's Impact

With respect to US–Cuban relations, the CMPP does not appear to represent a *major* complication. Certainly it does not, as far as Havana is concerned, have comparable status on its Washington agenda to such issues as, for example, the economic sanctions that the US continues to impose on the island or even potential disputes over exploitation of what are believed to be significant offshore oil deposits in the narrow Straits of Florida separating the two countries. But even if

one considers the CMPP to be more of an irritant than a major source of tension in the tangled relationship that has long existed between the two governments, it still can in specific instances exert a crucial disruptive influence, as occurred following the 12 January 2010 earthquake which devastated Haiti.

Experts in negotiating processes frequently stress the need for 'confidence-building' measures as a necessary precondition for progress toward normalisation of relations in long-term, highly contentious situations and some observers felt that such an opportunity presented itself in the aftermath of the Haitian earthquake as both Havana and Washington launched relief operations in which health care played a central role. Cuba was in a particularly advantageous position to help because it had been operating medical aid programmes in Haiti for years and thus already had approximately 350 doctors plus other public health specialists on the island when the earthquake struck. Ultimately the Cuban medical aid contingent in Haiti would peak at about 1,500 total personnel.[21] While some US medical aid personnel were deployed (e.g., the USNS *Comfort* made a seven-week tour), Washington's effort was less labour-intensive, concentrating more on providing supplies and logistical support to the on-site operations of both US-based groups and international organisations like Doctors Without Borders.

US–Cuban cooperation began rather modestly, the initial step coming on 15 January 2010 when an agreement was announced whereby Havana would allow US planes involved in the Haitian aid effort to fly through Cuban airspace. Subsequently Washington offered to help provision Cuba's Haiti operations, a move that Havana welcomed, but never officially accepted. In any case, as noted by María Werlau,

> On March 31 [2010], high-ranking diplomats of both countries met to discuss additional cooperation, the highest level of contact in years. The Chief of Staff to U.S. Secretary of State Clinton met with Cuba's Foreign Minister during a donor conference for Haiti at the U.N. to coordinate medical help for Haiti. Cuba issued a communiqué confirming the meeting that said: 'We would hope that future exchanges of this nature are a possibility.'[22]

That hope never materialised and no further attempts at cooperation were ever undertaken. No explanation for this impasse was forthcoming from either government, although the author was told during various interviews in Washington that Cuba was unwilling to facilitate US contacts with its aid personnel as long as the CMPP programme loomed in the background and Washington stood firm in refusing to discontinue it. Thus a (major?) confidence-building opportunity was lost.

According to observers in Washington, such intransigence on the Obama administration's part rests on two main pillars, which are:

- It feels it has already made significant concessions toward better relations by loosening restrictions on travel to the island and is not willing to go any further.
- The Alan Gross case, involving a US citizen imprisoned in Cuba on charges of subversion, is casting such a pall over current relations that no US initiatives/concessions will be forthcoming until the case is resolved (i.e., Gross is released).

It would appear, then, that there is in the foreseeable future little likelihood that the White House, whether occupied by Obama or Romney, will voluntarily abandon the CMPP programme.

Shifting to the larger regional scene, the Obama administration seems to feel that CMPP is having no significant negative impact on US relations with hemispheric nations. To the contrary, one official who characterised Havana's aid activities as 'trafficking' in doctors for profit suggested to the author that some Latin American governments harbour very cynical attitudes toward Cuba's programmes because, he contended, Havana makes large amounts of money from them. More critical observers, however, would tend to downplay such charges as being largely lacking in merit[23] and to concentrate instead on highlighting the CMPP's potential as a liability for Washington in hemispheric affairs, focusing on such key concerns as:

- *the resentment toward the US that the programme may generate in countries where Cuban aid represents a significant contribution to the delivery of basic public health services, especially to the poorer sectors of society.*
  Representative James McGovern (Democrat-Massachusetts) articulated such reservations when, during a visit to Colombia in March 2007, he said 'The idea that we're going in to try to lure away Cuban doctors who are trying to administer to poor people in Latin America is cynical and I think is counter productive. A lot of poor people who did not have health care now have health care. What's wrong with that? Why should we be trying to undermine that programme? We should have a similar programme.'[24]

  Put in its starkest terms, the US willingness to play (hardball) brain drain politics in these situations and thereby obstruct Havana's aid activities could be seen as ruthlessness and heartlessness in their most brutal forms. The resulting reservoir of hemispheric ill will would hardly engender a climate conducive to good relations with the United States.
- *the difficulties that the programme might create with respect to the credibility of US public diplomacy efforts.*
  The more conventional practitioners of public diplomacy will tend to see the CMPP as a prime example of what they consider to be the ill-advised strategy

of 'brand-bashing' advocated by James Glassman (see above). 'Ripping down others' brands has not typically been, historically, at the center of the public diplomacy agenda', said Michael Doran, a former high-level public diplomacy official at the Pentagon.[25] Yet this is, intentional or not, an integral aspect of the CMPP and as such can raise serious doubts about the integrity of Washington's public diplomacy programmes in Latin America and elsewhere.

- *the extent to which the CMPP might undermine US efforts to acquire and exercise soft power in hemispheric affairs.*
  To appreciate the problem here, one need only refer back to Nye's comments at the very beginning of this article regarding the sources of soft power. In particular, he mentions the attractiveness to others of a country's culture and the extent to which its foreign policies are seen as legitimate and having moral authority. Despite Washington's insistence that the programme is rooted in humanitarian concerns, the CMPP does not in many respects appear to serve as a very good ambassador for US culture or to represent a policy steeped in moral authority, as illustrated by Congressman McGovern's caustic critique quoted above. Such egregious flaws are very likely to cause the programme to be viewed as illegitimate in many hemispheric quarters, which in turn would render it useless and indeed even counterproductive to any soft power aspirations that Washington might have with respect to dealing with its southern neighbours.

It is concerns such as these which lead inevitably to the question of the CMPP's viability as a component within the US foreign policy equation.

Conclusion: The CMPP and the Pogo Syndrome

Like any controversial undertaking, the CMPP has both passionate supporters and detractors. With respect to the former, their case is not terribly persuasive, resting essentially on two shaky pillars. The first, representing the position routinely adopted in such public forums as media interviews and fact sheets published by government agencies, emphasises the programme's humanitarian goals of aiding Cuban citizens who are forced into involuntary servitude abroad and who suffer from discriminatory emigration policies at home (as discussed above). Yet when subjected to close scrutiny, both of these characterisations/accusations emerge as exaggerated at best and duplicitous at worst.

Turning first to the question of involuntary servitude, there may very well be some cases where individuals are pressured into accepting overseas assignments, but most evidence indicates that the overwhelming majority are motivated by philosophical and/or pragmatic considerations. In the first instance, one needs to

understand that the Cuban medical profession, unlike its counterparts in countries like the United States, is permeated by norms which stress self-sacrifice and service to the community, both at home and abroad. At the core of this ethos is the principle, which is firmly entrenched in the curriculum of the island's medical schools and reinforced throughout one's career, that health care should not be seen as a business driven by a profit motive, but rather as a human right that medical personnel have an unconditional duty to protect.[26] Such convictions often underlie participation in the medical aid brigades. There are, however, also some pragmatic factors that can come into play. Overseas service could, for example, help to further one's professional aspirations and for some assignments the total remuneration involved is more generous than what is available back in Cuba. Recognising that these are the considerations which apply to the vast majority of people involved in Havana's medical aid programmes and that none of them fall within the scope of involuntary servitude, Washington's accusations thereof stand as little more than inflammatory rhetoric rather than a reasonable justification for the CMPP programme.

The issue of discrimination with regard to emigration visas likewise has little substance. It is true that medical personnel, especially doctors, are not allowed by Havana to apply for authorisation to emigrate whenever they wish. They can, however, do so after having provided three to five years of post-graduation service in Cuba, a provision which Washington is highly prone to conveniently overlook and which certainly is not unreasonable given the fact that medical educations are completely free there. Indeed it is not unusual to find programmes in the United States and other comparable countries where the government provides educational support to students and in return demands a mandatory period of public service. Hence the claim that the CMPP is justified as a remedy for a policy of unreasonable discrimination which in reality does not exist makes little sense.

The second support pillar, which is seldom officially acknowledged, sees the CMPP as a highly efficient tactical tool for achieving the strategic goal of undermining Cuba's medical aid programmes and thereby shutting down a major source of soft power for Havana. The problem here, of course, is that this simply has not proven to be the case, for as we have already seen, the CMPP is plagued by serious inadequacies in terms of

- *producing a significant level of defections*.
  The less than 2 per cent rate is extremely low and is neutralised by the 2–3 per cent offset that Cuba builds into its medical aid programmes.
- *creating a situation conducive to defections*.
  Its long-term attractiveness to Cuban medical internationalists is extremely questionable given the eligibility and professional assimilation problems involved.

A policy like the CMPP whose flaws pose major obstacles to its ability to attain its ends constitutes at minimum a recipe for frustration. But if it likewise exhibits a capability to produce harmful side effects, then one is moving into the realm of severe dysfunctionality. The combined negative potential which the CMPP has displayed with regard to its impact on US–Cuban relations, US hemispheric relations, US public diplomacy programmes, and Washington's efforts to acquire soft power certainly falls into this category. Compounding this dreary situation is the fact that the Obama administration can be seen to have tarnished its diplomatic reputation by refusing to abandon the programme even though it could easily do so since the CMPP is a creature of and under the authority of the Executive Branch.

Taking into account all of these considerations as a whole, what we have here is a classic example of the Pogo Syndrome. In its simplest sense, the Pogo Syndrome refers to a phenomenon whereby one's attempts to achieve certain goals turn out to be self-defeating and in many cases result in outcomes which are detrimental to one's interests. The essence of this paradox was captured in the statement by a character in the *Pogo* comic strip[27] that 'We have met the enemy and THEY ARE US!!' Applying this observation to the CMPP programme, the 'us' turns out to be the US and its headstrong determination to pursue a policy whose shortcomings are so debilitating as to produce the ultimate irony of the Pogo Syndrome where Washington becomes its own worst enemy. Hopefully the next US administration, whether headed by Obama or Romney, will come to grips with this harsh reality and recognise that to continue the CMPP programme puts the United States in an absurd no-win situation, for in Pogo politics you are inevitably on the losing side.

Notes

1. Joseph Nye, 'Think Again', *Foreign Policy*, March 2006; available at http://yaleglobal.yale.edu/display.article?id=7059
2. Examples of such Cold War hard power politics on Havana's part would include its support for guerrilla movements and armed struggles (e.g., in Latin America during the 1960s and continuing in Central America during the 1970s and 1980s) and its conventional overseas military campaigns in sub-Saharan Africa (i.e., in Ethiopia and Angola).
3. For an overview of Havana's long tradition of medical aid, see John M. Kirk and H. Michael Erisman, *Cuban Medical Internationalism: Origins, Evolution, and Goals* (New York: Palgrave Macmillan, 2009).
4. Quoted from a transcript of his 19 April 2009 press conference; available at http://www.realclearpolitics.com/articles/2009/04/19/obama_summit_americas_press_conference_96076.html
5. These figures come from Julie M. Feinsilver, 'Fifty Years of Cuba's Medical Diplomacy: From Idealism to Pragmatism', *Cuban Studies* 41 (2010), p. 94. Interestingly enough, a few US citizens, primarily from minority communities, have been admitted to ELAM.

6. USAID, 'Fact Sheet: The U.S. Government's Global Health Initiative'; available at http://transition.usaid.gov/ghi/factsheet.html
7. This information is drawn from Lorraine Murphy, 'Medical Readiness Training Exercises Provide a Win-Win Situation', *The Griffon*, 19 February 2010; available at http://www.thegriffon108.com/articles/article-detail/articleid/474/medical-readiness-training-exercises-provide-a-win-win-situation.aspx
8. Quoted in William Blum, 'Targeting Cuba's Health-Care System', *Consortium News*, 7 June 2011; available at http://www.axisoflogic.com/artman/publish/printer_63155.shtml
9. Joel Millman, 'New Prize in Cold War: Cuban Doctors', *Wall Street Journal*, 15 January 2011; available at http://online.wsj.com/article/SB10001424052970203731004576045640711118766.html. Note that the hard-line rhetoric of the Bush administration – i.e., Gonzalez's characterisation of Cuba's medical aid programmes as 'human trafficking' – has remained the norm in the Obama administration. When State Department officials were interviewed for this article, they used exactly the same language to describe Cuba's medical aid programmes.
10. US Department of State, Diplomacy in Action, 'Cuban Medical Professional Parole Programme', 26 January 2009; available at http://www.state.gov/p/wha/rls/fs/2009/115414.htm
11. Ibid.
12. Mike Ceaser, 'Cuban Doctors Abroad Helped to Defect by New U.S. Visa Policy', *World Politics Review*, 1 August 2007; available at http://groups.yahoo.com/group/CubaNews/message/120587
13. More information about these activities can be found on Solidaridad's website, BarrioAfuera.com (available only in Spanish).
14. Millman, 'New Prize in Cold War'.
15. Note that only individuals who have been granted asylum and entry to the United States are counted here. The total does not include those who have not yet made application or whose applications have not yet been approved; there does not appear to be any reliable information about how many people might fall into these categories.
16. Article entitled 'Scandal: U.S. Program Against Cuban Medical Assistance' from the *South Journal*. Reprinted in RealCuba's Blog of 3 April 2011; available at http://realcuba.wordpress.com/2011/04/03/scandal-us-program-against-cuban-medical-assistance
17. Alfonso Chardy, 'Newly Arrived Cuban Doctors Face Immigration Delays', *Miami Herald*, 23 April 2011; available at http://www.miamiherald.com/2011/04/23/2182407/newly-arrived-cuban-doctors-face.html
18. See Feinsilver, 'Fifty Years of Cuba's Medical Diplomacy', pp. 95–6.
19. Quoted from the State Department's Public Diplomacy website, http://www.state.gov/r/
20. Quoted in Spencer Ackerman, 'Future of Public Diplomacy', *Washington Independent*, 17 February 2009; available at http://www.washingtonindependent.com/3040/future-of-public-diplomacy-unsettled-at-state
21. These figures come from Emily and John Kirk, 'One of the World's Best Kept Secrets: Cuban Medical Aid to Haiti', *Counterpunch*, 1 April 2010; available at http://www.counterpunch.org/2010/04/01/cuban-medical-aid-to-haiti

22. María C. Werlau, 'Cuba's Business of Humanitarianism: The Medical Mission in Haiti', *Cuba in Transition: Volume 21* (2010), p. 205; available at http://www.ascecuba.org/publications/proceedings/volume21/
23. For an example of this perspective as well as information on various aspects of the financial arrangements involved in Cuba's medical aid programmes, see Kirk and Erisman, *Cuban Medical Internationalism*, pp. 2–5, 67, 75–6, 85–7, and 163–8.
24. Quoted in Ceaser, 'Cuban Doctors Abroad Helped to Defect by New U.S. Visa Policy'.
25. Quoted in Ackerman, 'Future of Public Diplomacy'.
26. For an extended discussion of this ethos which in many respects is unique to Cuba, see Kirk and Erisman, *Cuban Medical Internationalism*, chapters 2 and 6.
27. *Pogo* was a very popular comic strip appearing in US newspapers from 1949 to 1975. One of its specialties was wry political commentary, the 'Enemy' soliloquy by its main character being one of its most famous examples.