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TITLE: Laughter in oral histories of displacement: “One goes on a mission to solve their problems”

ABSTRACT: Although the use of humor and laughter in oral history has started to appear in oral history literature, it is still very much under-researched. Most of the studies analyze humor and laughter together, while Kate Moore focuses on laughter on its own. Humor and laughter, although linked, are two different concepts. While humor is a mental ability to perceive and/or express something funny, laughter on the other hand is a sound or a sequence of expirations, produced as the expression of an emotion, which can be set off by a humorous trigger, but not necessarily. It is therefore important to distinguish both. This paper will build on Moore’s study by exploring the use of unilateral laughter in eleven oral histories of exiled Cuban internationalist healthcare professionals. However, unlike Moore’s study, this research will not be limited to difficult memories. Our analysis will deepen our knowledge on the history of the Cuban global universal healthcare system by giving a voice to its participants, analyzing therefore, not solely the facts and statistics of the program but, as Portelli states, the meaning that its participants give to it when reflecting on their experience from the present. By exploring the occurrence of laughter, this paper intends to shed light on the relevance of focusing on unconscious reactions in oral history narratives, in order to better understand emotions linked to the narrated memories. The analysis will show that unilateral laughter is recurrent in the interviews when participants reflect on a change in their identity, the implications of working for a state program, and their need for respect of human dignity. It will highlight the impact the mission had on their personal and professional lives during and after their humanitarian experience. These stories of displacement will also show what Norrick has called the dual humorous perspective of the participants, but rather than solely referring to the time of the interview and age of the participants, we will also assert that another key factor to be taken into consideration is the situation of displacement as well as the degree of acculturation of the participants.

KEYWORDS: laughter, global healthcare, dignity, self-identity, acculturation

ACKNOWLEDGEMENTS: Funding for this research project came from the British Council. I would like to give my special thanks to Professor Ana Vera, Dr. Christophe Panichelli and Dr. Andy Jones, for their insightful comments when reading the initial drafts of this paper. Thank you also to Georgie Smith, for proofreading the manuscript, and to Professor Caruso, for his detailed comments and recommendations. Last but certainly not least, I am also grateful to all my participants, for making the time to share their stories with me, and to the several gatekeepers who have helped me gain access to them. This research project would not be possible without you.

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Only a couple of years after the triumph of the Cuban Revolution, Fidel Castro declared that his revolution and the newly created government were socialist. Measures that would reflect these socialist values were implemented rapidly; one of them was access to free universal healthcare. Cuba’s investment in health has led to health indexes such as infant and maternal mortality rates and life expectancy rates similar to, and sometimes even better than, first world countries. In addition to its concern to provide universal healthcare to the Cuban population, this Caribbean island has also shown a clear interest in increasing access to healthcare at a global level, anticipating as such the importance of one of the UN 2030 Global Sustainable Development Goals (SDG3: Good Health and Well-being) and acting accordingly. Not only has the Cuban government decided to provide humanitarian aid to other countries in need, but it has also established numerous international development aid programs worldwide (including the creation of medical schools, the training of local doctors, and the provision of free medical education in the Latin American School of Medicine in Havana).

The start of the internationalist solidarity program dates back to 1963, when Cuba sent its first long-term medical mission to Algeria. Since then, more than 131,993 Cuban healthcare professionals have worked in 107 countries, offering access to healthcare in remote areas all over the world, as well as disaster relief when needed. In 2006, the U.S. government, under George W. Bush, set up the Cuban Medical Professional Parole Program (CMPPP), which offered, until recently, U.S. residency to Cuban healthcare professionals working or studying abroad who chose to defect from Cuba. The latest numbers reveal that throughout the ten years that followed the creation of the program, the United States approved 7,117 visa applications for these defectors. For many Cuban healthcare professionals currently residing abroad, despite
their recognition of the huge impact the Cuban program has on the recipient countries and their respective populations, joining the mission became an opportunity to escape from Cuba.

Statistics and reports of the impact of the Cuban solidarity program on the recipient countries are often shared in the official Cuban press\(^6\) or on Infomed webpages,\(^7\) but little is known about the healthcare workers themselves and the changes they underwent by participating in this program. My research with these healthcare workers fills this gap, and I do so by analyzing the stories of eleven of these women and men who worked in an international solidarity mission, either as part of the Cuban humanitarian aid or development aid programs. Though my study is not intended to be representative, it does create space for discussing the relevance of analyzing laughter within oral history interviews, with a specific focus on how laughter can help us understand the meaning that participants give to their past, and, in this case, to the programs in which they participated and to the impacts those programs had on their lives and their identity.

*Laughter and oral history*

The use of humor and laughter in oral history interviews has received some scholarly attention but is still very much under-researched.\(^8\) Scholars that have written about the topic, however, recognize and emphasize how important it is to pay more attention to humor and laughter when analyzing the life stories of participants, as doing so can provide deeper insights into the topic under study as well as into the relationship of the participants to their own memories or with the interviewer. As sociologist Leigh Payne notes, humor can be seen as an “alternative form of truth-telling,”\(^9\) in which sensitive topics can be more easily discussed thanks to the protective shield that humor provides to the speaker.
In her article about oral history research with survivors of the Bosnia-Herzegovina conflict, Anna Sheftel focuses on three ways in which her participants used humor: to express counter-narratives of the recent past; to highlight topics like community and cooperation that challenged international perceptions of Bosnia-Herzegovina as a backwards and violent place; and to critique dominant narratives and highlight the absurdity of the war and contemporary politics.10 Neil Norrick’s analysis of the use of humor in oral history interviews discusses the ways in which narrators create a “humor identity”11 to negotiate during the interview their relationship with the interviewer, as well as the interview itself, impacting as such on the events that they will report and how they will report these. Norrick also refers to the “humorous dual perspective,”12 that is, the time difference between when an event took place and the point in the present when it is remembered, and explains how this dual perspective allows older narrators, mainly, to create several personal identities during the interview and how humor can enhance their insights on past events. Furthermore, in their article about the use of humor and laughter in oral history research with healthcare professionals in the United Kingdom, Julian Simpson and Stephanie Snow assert that humor allows the articulation of feelings otherwise difficult to express.13

What is striking is that most of these studies tend to analyze both humor and laughter together, as if the one could not appear without the other. Humor does not always lead to laughter, nor does a humorous situation or comment always trigger laughter.14 Humor and laughter, although linked, are two different concepts. While humor is a mental ability to perceive and/or express something funny, laughter on the other hand is a sound, accompanied by a characteristic respiration pattern,15 and produced as the expression of an emotion, which can be set off by a humorous trigger, but is not necessarily. Some participants might not use humor in
their narratives but will laugh when remembering facts and situations from the story they are telling. It is therefore important to distinguish between each, as focusing on unconscious reactions can help the researcher gain a better understanding of the complexities of the participants’ emotions and feelings, and therefore, of the impact of the narrated events on them and their interviewers as well.

For my study, Kate Moore’s work with immigrants who arrived at Ellis Island is of particular relevance because it is the only study that separates humor from laughter and focuses on laughter only. Moore analyzes the use of laughter to express difficulties and conflict, not humor nor wit. She explains that in oral history interviews, there tends to be at least three situations in which laughter happens: “First: the interviewee laughs alone; second, the interviewee laughs and thereby invites the interviewer to laugh with them (shared laughter); third, the interviewer laughs alone in response to something said by the interviewee.” In her work, Moore focuses only on the first one, also known as unilateral laughter, as this is the most common form of laughter. As she explains, laughter is not always humorous and does not always invite the interviewer to laugh back. This separation between humor and laughter is what makes the analysis of unilateral laughter relevant and original. Though a narrator may not intend to be funny, the occurrence of laughter becomes an expression of numerous types of emotions; studying such laughter facilitates a more complex understanding of the self-identities of the participants and their relationships to the narrated events. As Moore notes, this type of laughter can give valuable insight into the problematic aspect of the story that is being told or on the capacity of the participant to tell difficult memories to a stranger.

But what do we mean by laughter? Simpson and Snow use the definition of humor / laughter as any intervention that generates amusement Historical researchers often analyze it as
a form of resistance and political protest,\textsuperscript{20} which goes back to Henry Bergson’s famous essay, \textit{Le Rire}\textsuperscript{21}, in which he defined laughter as a means to humiliate and take revenge. As such, laughter can be seen as a means to provide a sense of power to the person using it, as it allows her or him to turn around almost any situation. This idea of laughter as empowerment goes back to Mikhail Bakhtin’s work on the medieval carnival,\textsuperscript{22} where a whole society was turned upside down and the masses ridiculed the powerful. In my study, I consider laughter to be an unconscious, spontaneous reaction that the expression or memory of an incongruity triggers.\textsuperscript{23} I also take into account that, although laughter is a universal behavior among human beings, it is very much linked to social and cultural context.\textsuperscript{24}

As Moore argues, analyzing laughter in oral history interviews and studying when the participant laughs is useful because it can allow us to gain a better understanding of the “attitudes of the participant towards their personal histories.”\textsuperscript{25} Analyzing the attitudes of eleven of my participants, I argue that in my case this behavior and “dual humorous perspective” relate not only to the time that has passed, but also to the situation of displacement and the level of cultural adaptation, also known as acculturation, of the participants. I argue that the analysis of laughter plays a key role in enhancing our understanding of oral history research generally, and, like Simpson and Snow, the contemporary history of healthcare—in my case, Cuban healthcare at an international level—and the history of aid programs within a context of global healthcare, particularly in times where global sustainable development is of such relevance.

\textit{Methodology}

The interviews analyzed in this paper are part of a research project entitled \textit{Life Narratives of Cuban Internationalist Health Care Professionals}.\textsuperscript{26} As noted above, I conducted eleven semi-
structured in-depth interviews in the US (mainly in Miami). I selected participants through initial gatekeepers and subsequently through the snowball effect. The inclusion criteria for the participants were: to be a Cuban healthcare professional; to have worked as a participant in the Cuban internationalist solidarity program; and to reside currently in the United States. There were four women and seven men, and their ages ranged between twenty-seven and sixty-six years old at the time of the interview. The participants all worked in missions lasting from three months to seven years. Some only went on one mission, while others worked on several missions in different parts of the world, including South America, Africa, and Southeast Asia. Eight of the eleven participants left Cuba through the CMPPP via their international mission, two left after their return to Cuba through, in one case, the family reunification program and as a political refugee in the other. The eleventh interviewee escaped and reached the US as an undocumented immigrant.

My interviews were semi-structured and lasted between one and four hours. In the majority of cases there was only one interview. I conducted all interviews, but one, in Spanish.\(^{27}\) I audio recorded the interviews and after each I added field notes with personal insights about the interview process, emotional expressions of the participant, and any possible useful information that may have been lost in the audio recording. Interviews took place either at a participant’s house, in public spaces, or at the Otto G. Richter Library of the University of Miami. All the names of the participants quoted in this paper have been altered, as well as other personal data when participants requested greater anonymity.

In each interview I analyzed the number of instances that: the participant laughed; the researcher laughed; both the participant and the researcher laughed; and the participant used humor. As in the case of Moore’s, Haakana’s, and Adelsward’s studies, unilateral laughter was
by far the most common form of laughter throughout my set of eleven interviews. While other researchers noted a significant number of jokes and amusing anecdotes during their interviews, this was not the case with my research project. I therefore decided to focus my study on the use of unilateral laughter, although not limiting myself to its use in expressing difficult memories or conflict, as in Moore’s study, but rather as a means of critical self-reflection. By analyzing laughter in this way, I show how focusing on laughter in oral histories can enhance our knowledge about the study of interest, in my case Cuba’s global healthcare program, with a particular focus on the impact it has had on its participants, as well as the role of laughter in oral history generally.

The Cuban international solidarity program has been at the center of many debates for many years. Take for example the Cuban government’s discourse, which academic researchers reinforce, that highlights the renowned quality of Cuban healthcare, as well as the solidarity aspect of the program and the altruistic motivation of its participants. Critics of the revolutionary Cuban government tend to focus on the “selective humanitarianism” hidden behind the program, referring to the lack of healthcare professionals in Cuba due to the high number of doctors working abroad, and to the poor quality of the healthcare system for the Cuban population on the island. Others have accused the program of being a form of modern slavery, due to the doctors’ harsh working and living conditions in some international missions. As such, my analysis of the participants’ use of unilateral laughter also allows for an understanding of the emotions and feelings of the participants themselves when recalling memories of their time abroad, which will offer a different perspective on this program. Doing so enables us to gain an insight into what being an internationalist meant for them and the impact it had on their lives and identity.
I identified three main themes that recurred regularly throughout my analysis of my interviews. Laughter appeared when: remembering the pre-mission and pre-exile self; thinking about the political implications of these state-led programs; and expressing the need to respect human dignity. In each instance, it is evident that time and place, as well as level of acculturation, play an important role in the way that my narrators remember and tell stories from the present, and, as such, how doing so leads to the emergence of unilateral laughter when these topics arise in the interview. Analyzing laughter enables us to enhance our understanding of how the participants remember these events even more.

Laughter and self-identity

When analyzing the occurrence of unilateral laughter during the interviews, it became apparent that many of the participants laughed when reflecting on the person they were at the moment of the story they were telling. The medical missions, which for many of them was also their first experience abroad facing and discovering a new culture, became eye-openers about themselves and the country in which they were born and raised.

Pablo was a doctor who worked in several missions in Latin America and Africa for a total of seven years. He explained that the missions changed his perspective on many aspects of his life, although his living conditions in Cuba were quite good. When I asked him to explain, he said:

Pablo: When I left [for the mission], I realized that there was more, and I said: Damn it, I am entitled to these things too. Because in Cuba, not everyone has the same...people who live there do not see it because everyone is adapted to these living conditions... I didn’t think that way twenty years ago. (laughs)

Researcher: I imagine! It’s interesting...
Pablo: I did not think that way because my father taught me to be very small, very humble and I am humble. . .but wow! I like to have a drink. . .eat a good ice cream, eat something delicious. . .I’m not asking for anything else. . .To have the chance to live. . .a decent life. . .

Pablo laughed when reflecting on how little he knew about the world and how much he had changed in the past twenty years, which is reminiscent of Norrick’s dual humorous perspective and the need of the passage of time to enable it. However, what seemed to have had a greater impact on Pablo’s change of perspective about himself were the societies he discovered first during his mission and more recently in the United States. Many other interview participants referred to this change in a similar way. Juan, for example, who had worked in Venezuela, made a comment that went back to this idea of “living a decent life.” After our interview, he returned to his car and I observed him in the parking lot driving away. When I complimented him on his car, he commented that this would never have been possible in Cuba, but that despite the bad working experience and conditions he was experiencing in the US, the fact that he had a job allowed him to afford a good car. I could clearly see how gratified that made him feel, but also how proud he was of what he had achieved. This feeling of having acquired purchasing power thanks to his employment made up, from his perspective, for all the difficulties of displacement and the struggles of acculturation he experienced as part of the aid program and his defection. For Juan, like for my other interviewees, laughing when referring back to events that highlight his former self make him remember how one of the key issues for him was related to the concept of dignity and the ability to exist as an individual with a decent life, aside from being the citizen of a state.

Yvonne expressed similar feelings about her mission being an eye-opener that changed her entire perspective on life in general and about Cuban society and her place in it. She applied to serve on a mission for financial reasons after her divorce, having had no concerns about or
issues with Cuba and its political and economic structures and never questioning the revolutionary discourse about Cuba or about the rest of the world beforehand. When leaving for the mission, Yvonne certainly never imagined that she would defect. During her two-year mission in Central America, however, she discovered what extreme poverty really was, feeling like she had never witnessed it in Cuba. What stood out to her most, though, was that, despite their financial difficulties and social status, everyone in Central America seemed to have access to a smartphone and/or the Internet. This raised questions about why the situation was so different in Cuba. During her interview, Yvonne explained how this realization led to her political awakening, and how she suddenly started having all these conflicting ideas and questions, to which she could not find any answers. When reflecting on who she was at the start of her mission and her first encounter with this other culture, she said the following:

Aha, great personal conflicts in thinking what. . .because it isn’t a surprise to anyone that we were born there, within this, within Castro’s government, uh, we were always listening to what they wanted us to hear, and seeing what they wanted us to see, right? Unfortunately this is what we know, and they made us believe that we were the best in the world, honestly, the best in the world (laughs) they made us believe, and that everything they did was the best in the world, do you understand? When someone leaves this country, they say: “Noooo, what’s happening? It’s a lie, everything they told us, all this time, is a lie,” because we didn’t hear any news from other parts of the world. . . . So, you realize then that. . .and you say: “No, no, this, this is a lie, this is a story.”

This encounter with another culture made her question her entire understanding of the Cuban revolutionary government, but also of society as a whole. It made her reflect on who she was and on the fact that she had believed what she was being told all her life without ever questioning it. Suddenly she realized that the world in which she had been living was “a lie,” and this led to a complete reevaluation of her identity. Who was she within this new world? Where did she fit in? What was this society she had been living in? Reflecting on the person she was then made her laugh because of the significant shift in perspective she experienced since then. Again, one can
see this dual humorous perspective linked to time as well as to displacement and acculturation. Her laughter was not only about confronting the new culture during her mission, but also about her point of view from the present, having lived away from Cuba for several years at the time of the interview.

Another participant, Jaime, reflected on his identity in a similar way. First, Jaime was selected to be sent to New Orleans after Hurricane Katrina hit the South-Central region of the US, but as President G.W. Bush never replied to Fidel Castro’s offer to provide assistance, Jaime remained in Cuba. Not long after Katrina, Hurricane Stan hit Guatemala and Jaime was deployed there for three months, providing medical care to those the natural disaster effected. Six days after his return from Guatemala, Jaime was then sent on a development aid mission in East Timor for two years, during which he decided to escape. Jaime used unilateral laughter frequently throughout the interview. This includes several instances in which he tried to make sure I understood how naive and inexperienced he was before going on his first mission, and how little understanding or knowledge he had of the outside world at that moment in his life. At one point, Jaime said it very clearly: “I had no idea of what the outside world [looked] like.” When I asked him about whether he ever applied for a mission or if he was just told to go somewhere, he laughed unilaterally:

No, I was a little bit naive. I was (laughs), I was all [very] into studying, and finishing my specialty, and I was never on a list, I never put my name for anything. And that’s probably why they chose me. I was never into go [going] anywhere; I didn’t put my name for anything, I was just a regular guy doing whatever I had to do. That’s it.

Reflecting on himself and laughing then allowed him to continue with a thought about his home country and how his perception of it has changed since:

Hummm, I was pretty active in Cuba in terms of research and doing things, but I was never into going outside [abroad]. I had no idea, basically, what kind of world I was living in. I had no idea. Lots of people fail to assess the way Cuba is, just for not knowing
the way Cubans live, how poor, how miserable, how third world the country is in general. I’m not gonna take it to the. . .and doing comparison, but the country has a very low level in terms of, you know, income and poverty. It just will, they. . .it’s so you don’t notice it, but it’s, everybody is really poor.

Remembering this period in his life and then thinking about how the mission and, later, his new life in exile had changed him made him laugh at first but then allowed for a deeper reflection about Cuban society. The tone of the interview changed, then, from a funny thought reflecting on his identity at the time of the events, to a charged yet somber contemplation of the society from which he escaped. Here again, the dual humorous perspective is linked to time as well as to displacement and acculturation, as not only the time that has passed leads him to reflect in such a way about this period of his life and about his identity back then, but his living experience within a new context, first in the mission and even more now in the US. Both have a great impact on his present perspective, which can be seen in the way he resorts to unilateral laughter.

The analysis of unilateral laughter allowed me to gain a better insight on how these healthcare professionals feel about the people they were at the time of applying for a mission, and how their perception from today’s perspective is that their understanding of the world in Cuba and outside of Cuba was extremely limited. It highlighted how their values have changed and how the mission was an eye-opener for many of them not only on their lives in Cuba but for some of them also on the political system of the Cuban Revolutionary process.

*A humanitarian and development aid state program*

When reflecting on the political implications of the missions, participants used unilateral laughter on several occasions too. Two of these instances are quite salient and allow us to understand some heretofore underexplored aspects of the role of laughter and what it says about the impact of the mission on the lives of the participants during and after their time working
abroad. The first one focuses on the questionable voluntary aspect of these state solidarity programs. Jaime explains how the selection process took place:

If you’re a doctor and you’re told you have to go this place and this other place, you just have to go. That’s it. You have no other choice. You can say no, (...) like some people have, they have said no, I’m not going, I don’t wanna go, and that is seen by the government like, you know, you’re refusing to do something which is, what they want you to do. And maybe it’s not in you, you don’t want to go out [abroad] and help people (laughs) and you probably have the right to do so, I mean, you are free, you are supposed to be a free person, maybe you don’t have the guts, you don’t have the will, or you just wanna, you know, be home hanging out. So, if you refuse to do so, you, you will suffer consequences.

The use of unilateral laughter highlights the absurdity that one could encounter in this statement, as a doctor should always be willing to help people in need. However, it isn’t as absurd when considering the context of this program and the consequences that such an attitude could lead to. Although not common, some health professionals reject the offer. This can be for personal reasons, such as having to care for family members or not feeling comfortable being separated from their children for a long period of time, or from their home country. One of Jaime’s friends, for example, was never allowed to travel abroad for professional purposes after refusing to go on a mission. Another participant told me about being denied a promotion throughout her career, while another explained how one of his friends was sent to work in an extremely remote area in an eastern province when his family resided in another province on the other side of the island. The Cuban government interpreted the refusal to go on a mission as a failure to support revolutionary values; doing so came with repercussions. The laughter accompanying Jaime’s comments about this showed that he did understand that from a certain point of view, refusing to wanting to help people might seem like an incongruity, but within the circumstances of the Cuban healthcare system and its solidarity programs, the situation is much more complex. He struggled to understand the rationale behind government sanctions levied as a consequence of a
healthcare professional’s personal rejection. The person, even when rejecting the offer to go on a mission, was still passionate about helping others, but preferred not do this in a different country and away from their family.

Refusing to go, however, was not the only way a healthcare professional could ruin his career. Enrique, for example, worked in a mission in Nicaragua in the 1980s, when the Sandinista government was in power. A strong believer in communist values, Enrique struggled with some of the aspects of his daily life in the mission and the work ethics of some of his colleagues, and complained about them to the head of the medical brigade. The Cuban government then accused him of counterrevolutionary behavior. When the Sandinista government lost the elections, all of the Cuban healthcare professionals abroad were sent back to Cuba. Once back home, Enrique decided to start a new path in his professional career, but doing so was not as straightforward as he had hoped:

And then, I wanted to work with the family doctor, to do research with the family doctor. And, eh, that was an initiative of mine, I started taking initiative, from wanting to do other things, and so I went there, and instead of going to another national institute, I went there, thinking that if I did that, they would make it easier for me to work in that place. . . . Ah, well, no. At the municipal address where I went to initiate the process, I noticed the paperwork, the things they were saying, that I had had political problems in the mission. However, I had papers of, of, of, of, everything. They gave me all the medals, . . . the internationalist medals, they gave me a certificate, they gave me everything but they said I had problems (laughs). So I went with the drag of everything that happened in the mission, and that followed me there, to the municipal address, that I had had problems in Nicaragua.36

When remembering this, Enrique laughs at the fact that the issues with which he had struggled within the mission followed him back home, despite having received all the certificates and medals for his work as an internationalist healthcare professional. This again reflected a lack of understanding of what, from his point of view, was an incongruity of the program and the Cuban healthcare system. Enrique left Cuba taking advantage of the family reunification program,
which allowed him to reflect on this part of his life with a distance in time and in place. However, it still made him laugh in some way when he remembered what he had to go through despite having sacrificed two years of his life to the Cuban development aid program in Nicaragua, away from his family. In both cases, we can see how both Jaime and Enrique laughed when remembering the consequences that some healthcare professionals (including themselves) suffered due to not following orders from the Ministry of Health as they were expected to do. Reassessing this while living in the United States made them laugh, as it seemed absurd and inconceivable from their current perspectives.

When discussing unexpected political situations that arose during missions, narrators also used unilateral laughter as a reaction to the memory of an incongruity or as a coping mechanism to deal with emotions still linked to a traumatic experience. Between 2006 and 2016, US embassies all over the world approved more than seven thousand applications to the CMPPP; there is no published data, however, about the number of applications that the US received but did not approve nor the number of healthcare professionals who deserted without ever applying for CMPPP. It is safe to assume, though, that most Cuban medical professionals did know one or more colleagues who deserted, putting those who remained into a difficult situation either as a participant in or witness for an investigation about the deserter, as was the case for many of my narrators. Pablo, after having been on missions in Latin America and Africa, applied to go back to a mission in Venezuela, but this time with the intention of deserting it. When he arrived, the following happened:

Because of my good professional records, which I had in Venezuela, I was offered to manage a CDI\(^37\) (laughs). I laugh now, but it’s a...strong moment for me... It was a CDI that was not bad from the organizational point of view, I worked three months in the CDI, I did not do it badly, but I was planning on leaving. Imagine that the reception in this CDI was to analyse a deserter (laughs)! And I had in mind to defect! (we both laugh)
When remembering the absurdity of the moment as well as the stress linked to it, Pablo laughed. He even reflected openly about his ability to laugh at the time of the interview—"I laugh now"—due to his humorous dual perspective. This was, however, a difficult and extremely stressful moment for him. If the Cuban government discovered that mission participants were planning their escape, those healthcare professionals were sent back to Cuba immediately and it ended their professional career development possibilities. Several participants referred to the fear linked to the planning of their escape and how their plans were sometimes put to a halt due to others escaping. Something similar happened to Juan, who was also working on a mission in Venezuela and planning to escape. A little before the date he had in mind to defect, his roommate left unexpectedly, resulting in Juan having to answer questions as part of an investigation about that roommate:

Juan: The person who lived with me, I didn’t know that he was going to leave the mission. He left before me. Yes, he left and. . . “Juan? What about him?” “I don’t know.” And the State Security came to question me. Yes, when there is an escape like this, they come to question whoever was more. . . “Who was he sharing the room with?” “Juan.” (laughs) “And you didn’t know?” “No, I didn’t, I don’t know anything.” Then, the person who had left was strongly criticized. Wow. I remember because I was there when they organized the meeting to criticize this colleague of mine, and I was thinking to myself: My God! I can imagine what they will say about me when they realize that I have left. . . .

Researcher: Of course, because you experienced it with someone else.

Juan: And I didn’t even know that he also wanted to leave! I didn’t know, I didn’t know! He had a girlfriend, but I didn’t even imagine he was going to leave. . . and so, then I left.

It was quite common when planning an escape not to inform anyone in the mission about it, including the person with whom you were living even if a close relationship had developed during the months of cohabitation. As many participants said during their interviews, you could not trust anyone. Juan’s nervous laughter reminded him of the stress of the moment, when he had to prepare his escape secretly and was simultaneously being dragged into an investigation about
someone else’s desertion. The memory of the absurdity of the moment also triggered laughter for both Pablo and Juan, as the Cuban government considered both of them as mission participants who could be trusted, while they were both in fact plotting a similar escape for the near future. Laughing was possible when telling these stories because time had elapsed since the original event but also because of the safe place in which the narrators found themselves (the United States) when telling the story in the present.

Despite the admirable intentions and impact of this solidarity program, being a state program made it very different from NGOs such as Médecins du Monde or Médecins sans Frontières. Cuba’s internationalist healthcare professionals responded to the state and were expected to follow its instructions and principles. Some identified with the Cuban Communist Party, others never did (and never will), but the expectations were the same. If they disagreed with what was expected of them and if their plans to use the mission as an escape route were to be discovered, the consequences could be devastating for them as well as for their families, due to their new acquired status of “counterrevolutionary.”

Analyzing the use of unilateral laughter allowed me to pay a closer attention to the emotions still linked to these events. Participants would laugh either to express their lack of understanding of existing sanctions, and their disagreement with what seemed to them an incongruity of the program; Others would use laughter as a coping mechanism, dealing as such with the stress they are still experiencing when narrating these traumatic memories.

*Revolutionary doctors?*

Throughout the history of these Cuban internationalist healthcare programs, there were always financial incentives for the practitioners to participate in the missions. But, as many of my
narrators noted, for many years the humanitarian aspect, as well as the revolutionary convictions of the healthcare professionals, had played a primary role in their decision to help others in need. Nevertheless, the drastic economic crisis that hit Cuba in 1990 after the fall of the Soviet Union led to a noticeable change in the personal and professional motivations of the Cuban healthcare professionals to participate in the solidarity programs. Many Cuban healthcare professionals then decided to sign up for international solidarity missions because they offered the possibility to improve their, and their family’s, socio-economic situation in Cuba. As Miguel explained, the mission became “one more way to fight” in Cuba, referring to the fight ("la lucha") to survive within what Fidel Castro had considered the “Special Period in Times of Peace.” Although these missions did not pay well, they still offered a higher salary than the one healthcare professionals received if they remained in Cuba.

During the interviews, several participants recalled the reason why they decided to go on a mission, and the majority of the younger participants who had worked as internationalists after the 1990s laughed when telling this side of their story. They did so because it went against Cuba’s official narrative that portrays Cuban healthcare professionals as unconditional supporters of this global universal healthcare system. Marta was a doctor who worked for several years on a mission in Venezuela. She always intended to leave Cuba but first wanted to save money to help her family still living on the island. When I asked her about the type of preparation healthcare professionals received about their country of destination (culture, language, etc.), she answered:

what they prepared us for was in relation to political things, that we couldn’t talk about political things, that we couldn’t talk about anything, anything that could compromise the revolution, um. .economic things, how much they were going to pay us, um. .this was what interested all of us particularly (laughs).
Expressing so openly that the financial incentive of the mission was behind her decision to participate, rather than the revolutionary commitment to improving global health, made Marta laugh, as it reminded her of how one could never speak openly about such topics while still in Cuba. Juan made a similar comment when explaining his intentions to join the mission:

I thought that the mission was something similar to Cuba, like. . .but well, you listen to the people who have already been [on a mission] and you (laughs). . .you say: look, I want to go on a mission. . .because then. . .I want to bring back a TV to watch TV, I want a fridge to be able to drink cold water, to have my own. . .I never had barely, a pair of shoes, and. . .I had barely clothes, I never had. . .anything. . .and then one thinks that, although this is not necessary, it is from a certain point of view.

Those who came back from their missions told stories about their time abroad and the luxuries (relatively speaking) to which they had access, and so their fellow Cubans learned and saw (since the missionaries where shipping some of those luxuries to their families) that internationalist healthcare professionals and their families had access to and possession of material things that many other Cubans could never dream of owning. Juan also laughed when remembering that in his case, as in the case of many of his colleagues, the real reason for applying to the mission was not the one the revolutionary government portrayed. José, who also spent several years working in Venezuela, explained how the money saved in the mission had an enormous financial impact on his life:

José: So I brought three computers back, which in Cuba, to have one computer is woooooww, who has a computer in Cuba? I brought three back. One laptop, two desktops. My house in Cuba was. . .compared to our countries here, because well, I am not from Cuba anymore, uh, it had the same as anyone from here, but in Cuba I had, well, I brought back a gas stove from Venezuela, and I brought a fridge, and I brought. . .what didn’t I bring, the latest flat screen TV, and anyone who came to my house would say: woooooww (laughs) and I would stand there and say: but what are they looking at? Yes. . .but I did not understand that maybe a couple of months ago, I would have done the same. I would have been speechless, you know, people would tell me: You have a lot of money. And I would say: I do not have much money! Because I did not live badly, I had a good lifestyle, my house was very well equipped, I had air conditioning, which in Cuba, only a few people have air conditioning. I had air conditioning. I had a very beautiful house, I had a bathroom, and I put a Jacuzzi in it!
Researcher: And this was thanks to the mission?

José: I did it all thanks to the mission, because the 3900 CUC, I spent it on that.40

José’s laughter here is different from Juan’s, as it was not triggered by the memory of the reason why he decided to go on a mission, but rather by the memory of the life he had in Cuba thanks to the mission, and by his surprise to the reactions people visiting him at home had and their expression of admiration when noticing his uncommon living conditions. During my recent trips to Cuba, I discussed this with healthcare workers, and some told me that the internationalist healthcare missions created a division between the healthcare professionals who worked abroad, which improved their life styles, and the others who remained on the island. Some said that they felt looked down upon and that this emerging internationalist community within the Cuban health sector had created a new inequality. They perceived that healthcare professionals who had returned from a mission felt somehow superior because they had travelled and discovered other cultures and broader knowledge about the world outside of Cuba, but also because their living conditions were much better than the majority of the population.

When I interviewed José he was unwell. Having arrived recently to the US, he did not speak much English and was struggling with two underpaid jobs that had no relation to his professional training and career in the health sector. He had recently separated from his wife, who was still residing in Cuba and with whom he had a newborn baby he had never seen; he also had no hope of meeting his son in the near future due to a Cuban law that prevents internationalist deserters from returning to Cuba for eight years. Not having many people with whom to talk, he was very happy to tell me his story, to find someone who would listen to him and make him feel valued. As Thompson and Bornat note, “being interviewed gives someone a sense of recognition, importance, and purpose, something to look forward to,”41 and this was
certainly the case with José. Having always been top of his class at university and one of the best and most appreciated doctors while in Cuba and on the mission, his new life in the US was very challenging for him. During the interview, José did not laugh much, except when remembering these moments where he felt admired—valued—moments when he felt worthy, contrary to what he was feeling at the time of the interview. This laughter was not intended to be funny or to make me laugh, but rather accompanies a nostalgic memory of better times, which would not have been possible without the mission. Analyzing his unilateral laughter allowed me to get a better understanding of these feelings, which at that time were still very real for him, due to the difficulties he was experiencing at that moment in his life.

In addition to encountering in the mission the possibility to improve one’s socio-economic situation, for other healthcare professionals, missions were routes that allowed to escape from a country in which their differing political convictions or social aspirations from the government were highly problematic, to say the least. This was the case for Carolina. Carolina was always aware that she wanted to leave Cuba, but she never knew how to do it. One day an opportunity arose to volunteer for a mission in Etritea, and she saw it as a chance she had to take:

> So, many people, that is, many people, no, everyone goes for that, not for anything else. No one goes out of any principle or because of the revolution; everyone goes to solve their problems, to buy some goods. Maybe a television, which in Cuba they will never be able to purchase, and so, that’s what people go for. This is not why I went... (laughs) But I said to my husband, I said: there, even if it is with the guru of the tribe, because from here, as you know, one doesn’t manage to leave.42

Carolina’s laughed when remembering who she was at the time she applied to go on a mission. She was a person determined to leave Cuba, and she would do anything in her power to do so, even if that meant working in a country that could present a real personal emotional challenge for her as she would need to be separated from her children and her husband. Remembering her audacity and her determination back then from a safe place in exile at the time of the interview
made her laugh. As she continued telling her story, she also remembered first checking whether Eritrea had an American embassy before volunteering as she wanted to make sure she could apply for the CMPPP:

In Eritrea, there is no Cuban embassy. There is no Cuban embassy but there is an American embassy, that I found out before I left from here (laughs), before I left Cuba (laughs). I do not need the Cuban embassy, but I do need the American one (laughs).

When remembering the story of how this escape journey started, she laughed regularly because it reminded her how she managed to trick the system. She always knew very clearly that she would leave Cuba one day, she just did not know how. Carolina had always talked openly about her political disagreement with the Cuban revolutionary system. Counterrevolutionary citizens normally would not be allowed to go on a mission, as they were considered possible deserters. However, in her case, having two children remaining on the island made the Ministry of Health sufficiently confident that she would not escape. This is how she explained it:

When I left, they were, let’s see, in 2010, Pedro was 7 years old and Diego was 5. So they thought that they were my hostages and that I was never going to do anything, I was going to stay, I was not going to do anything because I had the children behind, and my husband and everything, so they let me go. If I had not had the children, then, sure, sure, sure, that I would not have left, not even to the corner of the street (laughs), but they thought that by having the children there, that I would not…

This cynical unilateral laughter shows how she remembered the limitations of the life she had in her home country. As she later explained, when referring to others reacting to her story, this was her only option:

One day, some said to me here: “Carolina, how brave! How could you do this?” And I say: “What? There was no other choice.” If I could have left Cuba on a plane with my two sons and my husband, with a first-class ticket, it would have been much easier and more pleasant, but it was what had to be done, and it is what I did. It was what we had to do. But everyone told me: “How brave! And this and that” and I would say: “I had no other choice. I went there [to the mission] with that purpose. . . . I taught for a year in Africa in order to be able to leave Cuba (laughs).
Her laughter was not because of humor and she did not expect me to laugh either. Reflecting on this aspect of her history from the present of the interview and from her new home country, she laughed while remembering the entire odyssey, still amazed at the situation she had to go through in order to live the life she always wanted to have. When we finished the interview, Carolina revisited the reason of her departure from Africa, where she had been teaching at a Medical School. Deep down, she seemed to feel some kind of guilt towards her students there, who she was abandoning in the middle of their training, and needed to make sure I understood why she, and so many other doctors, escaped from the mission:

Of course, the version of the Cuban government is that the Cuban government says that the internationalist missions, the doctors are Samaritans. People go because they have to gain the four pesos that they don’t get in Cuba, to resolve their needs, because it is not that you are not very materialistic or anything, but simply you need things. If you have children, their feet are growing, the shoes are too small, you have to buy food for them to grow, you have to take it because life, in Cuba they say health and education, OK, people are not all the time ill nor studying, are they? (researcher laughs) So, the essence of the human being is a social essence. If you cannot entertain yourself, you cannot go anywhere, you cannot do anything. It is a miserable life. (prolonged silence)

This last quote is particularly poignant as it applies to the story of each of the eleven participants of this study. All of them were proud of the work carried out on the mission and recognized the impact it had on the local people. They all remembered the gratefulness of their patients fondly, but all of them also referred to the importance of respecting their dignity as human beings. When talking about his revolution and about the internationalist solidarity program, Fidel Castro often used the term dignity and the importance of respecting the people’s dignity. This can be seen in the education and health programs on the island and abroad. For some Cuban citizens, however, as is noticeable in these interviews, in the number of applications to the CMPPP as well as in the emerging inequality within the health sector community, dignity is about more than these
socialist values. It is about having the opportunity to leave a decent life, and the missions seem to have become a way for them to try to obtain it.

Unilateral laughter in this case appeared when participants were expressing ways in which they felt superior to the system set in place by the state. It appeared when remembering how they managed to trick their superiors and the Ministry of Health, either by signing up for a mission with very different intentions than those portrayed by the official discourse about the programs and their participants, or by successfully escaping from the mission. Unilateral laughter expressed in all these cases a feeling of pride of what these participants had managed to do, despite the difficulties and the risks of their projects, and of what they had become, living now in a country where they could openly comment on this.

Conclusion

Analyzing the use of laughter in interviews (in my case, unilateral laughter) opens a space within which to understand our narrators on a deeper, more nuanced level. Telling personal stories about events in one’s life is a complex, emotional process for an interviewee, and sorting through those stories provides a chance for a narrator to reflect on an aspect of her or his own history while communicating it actively. As significant, laughter and its unintentional use during an oral history interview can also enlighten our understanding of participants’ beliefs about broader historical themes. In my work, I wanted to know whether analyzing laughter could contribute to knowledge about the ways in which Cuba’s internationalist universal healthcare programs impacted those who participated in them, filling a gap in the current historical literature with the voices of healthcare missionaries.
My interviewees laughed. They laughed when remembering what life was like in Cuba, what participating in a mission meant for their personal growth, what may have awaited them outside the confines of Cuba’s revolutionary government. But the interviews were not filled with laughter; laughter came out at specific moments and for specific reasons. While all of my participants expressed unilateral laughter, they did not do so with the same frequency. The two participants who had arrived in the US most recently laughed the least (0.06 occurrences per minute of interview [opm] and 0.07 opm respectively), and the two participants who laughed the most (0.72 opm and 0.46 opm respectively) were those who had passed their Registered Nurse board exams, were working as nurses, and had reunited with their families after they too had left Cuba to come to the US. For my study, it is clear that laughter in an interview correlates directly with a participant’s level of acculturation (also known as cultural adaptation), that is, when migrants adapt to a new host culture and the stressors that accompany this process. My narrators most recently displaced, for example, were at a very early stage of acculturation and still felt very angry towards Cuba. They blamed the country and its Revolutionary system for why they struggled to fit into their new country and culture. They did not laugh often during the course of their interviews. Those who immigrated a long time ago, in contrast, have managed a more successful acculturation, reaching what is called a “stable state” or stage of “integration,” and laughed the most about their own histories. Analyzing laughter itself, when it occurred and in what context, added layers to understanding how Cuba’s internationalist program impacted its participants.

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1 One of our participants for example, had a very low level of unilateral laughter frequency (0.09 opm) although he had been living in the US for almost fifteen years, had managed to get his children and wife out of Cuba and had adapted quite well to the American way of life. One would therefore consider that his acculturation process in the US had been successful. However, on a professional level, he remained unemployed since moving to the US, despite his numerous attempts to work as a healthcare professional again.
Unilateral laughter in my interviews highlighted how missionaries’ perceptions of themselves and about the Revolutionary process and its values had changed over time. Many reflected on their innocence and naivety before travelling abroad, on their unconditional faith in Cuba’s Revolutionary governmental system, and on how living abroad opened their minds to a world they had never before conceived as being possible. Even though my interviewees were ardent supporters of the idea behind these international solidarity programs, many of them did not (and do not) agree with Cuba’s expected unconditional commitment from its participants for the goals of the state and of the Ministry of Health. Reflecting on their histories and their involvement with the program has led them to rethink their feelings about living conditions in Cuba and the ways in which their understanding of the idea of human dignity no longer corresponds to that espoused by Cuba’s Revolutionary government.

Beyond enlightening our grasp of the Cuban internationalist solidarity program and its impact on its participants, analyzing laughter in oral history interviews allows us to expand our understanding of its role and use in narrators’ accounts of their histories. While Norrick discusses the importance of time when establishing a dual humorous perspective, it is also clear that another important variable that effects a participant’s ability to reflect on her or his past is the physical place in which a story is told. My narrators’ stories of displacement show that cultural context—living in the US—allows narrators the freedom to change their perspectives on their former lives, their political beliefs, and their participation in social and cultural norms. While the process of displacement can be extremely stressful—the secrecy surrounding escape plans, the fear of being sent back to a home country if caught, and the uncertainty of what life will be like after they arrive in their new country—it also enables migrants the opportunity to reflect more deeply about their own histories.
Laughter is something many of us take for granted as an expression of humor. But that is certainly not always the case. Laughter can also be an emotional response to uncomfortable situations, to regret, to uncertainty, to dealing with the complexities of life itself. When we hear our narrators laugh, we need to analyze these instances more fundamentally to understand what it is narrators are actually trying to convey to us about their lives. For my narrators, laughter was a way to talk about difficult memories, about the incongruities of Cuba’s revolutionary society, about self-identity and the impact their mission had on many aspects of their lives. And those reflections were never really funny.

It is relevant to note that although this is rather recent in Oral History research, laughter has been at the center of studies in other disciplines for quite some time. Sociolinguists for example have paid a particular attention to laughter as a social interaction, but also a way to revisit identities and relationships. See for example Gail Jefferson, “A Technique for Inviting Laughter and its Subsequent Acceptance/Declination,” in George Pasthas (ed.), Everyday language: Studies in Ethnomethodology (New York: Irvington, 1979), pp. 79-96; Gail Jefferson, Harvey Sacks and Emmanuel Schegloff, “Notes on laughter in the pursuit of intimacy,” in Graham Button and John R. E Lee (eds.), Talk and social organization (Clevedon: Multilingual Matters, 1987), pp. 152-327; Philip Glenn, Laughter in interaction (Cambridge: Cambridge University Press, 2003).


Ursula Breeeman and Willibald Ruth, “Can People Really ‘Laugh at Themselves?’ – Experimental and Correlational Evidence”, Emotion 11 (3): p. 493. Although laughter is often referred to as a sound, Breeeman notes that it is not always vocalized, and can in some cases solely be “a sequence of repeated expirations.” (Ibid.)


Moore, “Aspectos de la risa en la historia oral,” 28. (my translation)


Simpson and Snow, “Why We Should Try to Get the Joke” 77.


This idea of the origin of laughter lying in the perception of an incongruity can be found in studies as early as Schopenhauer’s Die Welt als Wille und Vorstellung (Leipzig: Brockhaus, 1819) and more recently in Joachim Ritter’s “Über das Lachen”, Blätter fur deutsche Philosophie 14 (1940-1941), 1-21, as well as Gregory Bateson’s “The position of humour in human communication” in H. van Foerster (ed.) Cybernetics, Ninth Conference (New York: Josiah Macy Jr. Foundation, 1953).


The project started in 2014 and received the support of the British Council Researcher Links Grant. Interviews are archived at the Cuban Heritage Collection, University of Miami.