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Cuban doctors in Sandinista Nicaragua: challenging orthodoxies

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Abstract: Oral history has tended to be used to give voice to the voiceless or to celebrate ordinary people. However, more recently it has also been used in different contexts and for different purposes. This article offers a deeper insight into the life stories of a privileged group of people in Cuban society: health professionals who have been on international solidarity missions and were at some point the ambassadors of the Cuban Revolution. The openness to speak about their experiences and to address sensitive topics still varies very much from one participant to another. This article analyses the life stories of two Cuban doctors who now live in exile and who worked in the same mission in Nicaragua at approximately the same time. It will focus on three aspects: the pride of the physician; disenchantment with the Revolution during their work in the international solidarity programme, as well as the difficulty to readjust to the Cuban society upon their return; and finally their life in exile and their urge to set the story straight. The article will also shed light on the way both address sensitive topics, the impact of their perception of the researcher as an insider or outsider on their discourse, and how their positions regarding their story influences the oral history process as well as the archive creation.

Key Words: Cuban internationalism, Cuban doctors, medical missions, sensitive topics, insider/outsider perspective of the researcher

Oral history tends to be used to give voice to the voiceless¹, to those invisible people who do not usually appear in history books. However, more recently oral history has also been used in different contexts and for different purposes, as can be seen for example from Mark Cave's study on crisis oral history which, as he argues, shows the impact of oral history on the participants in the immediate aftermath of events, or from Bornat et al.'s interviews with South Asian doctors in the NHS, whose elite status is compromised by issues of racism and ageism.² This article is part of a wider project³, which intends to offer an insight into the lives of Cuban internationalist healthcare professionals currently living in exile. These highly educated men and women were at some point ambassadors of the Cuban Revolution, but have now been transformed into the forgotten others, not only by the Cuban government but also by the international community. Listening to their stories has offered a very different perspective on the Cuban International Solidarity Programme (ISP), one that comes from the people themselves and challenges the *oficialista* narrative of the revolutionary government, often reinforced by academic researchers and the media. The case study presented here is based on the life stories of two Cuban doctors in their sixties who participated in the medical operation in Nicaragua --also known as an international mission-- in the late 1980s during the Sandinista government, and who currently live in the United States. Their story is not intended to be representative of the Cuban medical exile community, but it offers a complementary perspective on the Cuban international solidarity programme, and in particular on the impact the programme has had on its participants.

Context and methodology

Cuban international solidarity dates back to the early years of the Revolution. In May 1963, a brigade of fifty five Cuban health workers was sent to Algeria for fourteen months. At that time Algeria was facing a territorial conflict with Morocco, shortly after gaining its independence from France in 1962⁴. The war in Angola in the mid 1970s initiated mass solidarity missions which were reinforced in Nicaragua during the Sandinista government and then more recently in Venezuela (*Barrio Adentro* Programme) and Brazil (*Mais Medicos* Programme). According to the latest figures published in the Cuban newspaper *Granma* in March 2014, since the first long term solidarity mission, more than 131,993 doctors and health professionals from Cuba have worked in such projects in more than 107 countries all over the world⁵, in places such as Vietnam, Qatar, Pakistan, and more recently in West Africa, as well as in more unexpected countries such as Portugal and Switzerland⁶.

In 2014, around 50,000 Cuban health professionals were participating in international solidarity missions in over 106 countries, and half of them were doctors⁷, taking care of the population in those areas where, as the local and Cuban press state repeatedly⁸, native doctors do not want to practise due to the remoteness of the work place, as well as the danger of working in those areas. The Cuban ISP is at the centre of many debates, depending on the ideological position of the source. One of the main criticisms it has received is what some researchers have called 'selective humanitarianism'⁹, referring to the poor quality of the healthcare system on the island and the lack of doctors available for the Cuban population due to the number of health care professionals working abroad. This, however, has been repeatedly refuted by the Cuban government by

providing statistics showing that the ratio of doctor per capita equals that of first world countries, and stating that the infant mortality and life expectancy at birth rates in Cuba are comparable (and in some cases even higher) to those of the United States and the United Kingdom¹⁰.

The hegemonic official discourse on the ISP, reinforced by organisations such as Paho (Pan American Health Organisation) and Unicef, as well as the media and academic researchers, offers an outsider perspective of admiration and praise¹¹. Mirta Roses Periago, director of Paho, for example, describes *Barrio Adentro* as an 'interesting and important Venezuelan initiative'. Similarly, Unicef refers to *Barrio Adentro* as 'a model of primary healthcare'¹². Despite all the humanitarian benefits of the Cuban ISP and the praise that it receives national and internationally, the history of the programme available so far is incomplete mainly because the voice of the health professionals themselves has been missing from the major part of the studies concerned with it. Not only do their stories fill a gap, but they also open new perspectives about the programme of which we weren't aware up to now. For many of these men and women, working in the ISP has been an eye opener, as it was their first contact with another culture and its people, but also with a non-*fidelist* society. The term *fidelism*¹³ is commonly used to refer to the ideology created by Fidel Castro in Cuba. For that reason, many of them had a difficult time adapting to life in Cuba upon their return, which led to a growing community of Cuban healthcare professionals in exile. Some of the interviewees have told me about deserting doctors as early as in the 1970s and 1980s but at that time these were still an exception. Numbers started to increase during the severe economic crisis that took place in the

1990s, after the fall of the Soviet Union. This community grew even larger when the mass mission in Venezuela was set up and the United States consequently announced the creation of the Cuban Medical Professional Parole Programme (CMPPP) in August 2006, which allows 'Cuban medical personnel conscripted to study or work in a third country under the direction of the Cuban government to enter the United States'.¹⁴ According to an article published by Reuters in January 2016, 7,117 visa applications had been approved since the programme was set up in 2006.¹⁵

In Cuba, oral history is becoming a more common practice as can be seen in studies such as Ana Vera's *Guajiros del siglo XXI* or the project directed by Elizabeth Dore, 'Voices from the Cuban Revolution'¹⁶. The community of Cuban internationalist healthcare professionals who now live in exile is of particular interest in an oral history context because of its uniqueness as a voiceless community. These healthcare professionals are highly educated people, and former participants in official government programmes, now transformed into forgotten others in state discourses. They are not the usual marginalized voices that one encounters in oral history research. Their narratives not only run counter to previous studies of the Cuban International Solidarity Programme¹⁷ that have adopted pro-government narratives, they also contradict the discourse of the international aid community about the Cuban ISP.

This project is concerned with the life stories of healthcare professionals who took part in the ISP. A seven-week stay at the Cuban Heritage Collection (CHC, University of Miami) allowed me to conduct the first twelve interviews for the

project. The participants, four women and eight men, aged between 28 and 68, were Cuban healthcare professionals who had worked in international missions in countries such as Guatemala, Venezuela, Eritrea, Ghana, and Nicaragua, among others, between the mid 1970s and as recently as early 2014. Finding interviewees was not an easy process as many of them still fear to talk, worrying about the consequences of their participation in my project for the remaining members of their family still living in Cuba. However, a few names received from colleagues at the CHC and from my own network allowed me to find the first interviewee. The snowball sampling method allowed me to set up a reasonable network of Cuban internationalists now residing in exile, and to conduct this first set of interviews.

The interviews, which lasted between one and four hours, focused on the life stories of healthcare professionals and on their humanitarian experiences. The interviews were divided into four parts based on the following questions: How did you become a doctor?; How was your life as a doctor before going on a mission?; How was your life in the mission?; What impact did the mission have on you?; Semi-structured interviews were used to allow a flexible and informal dialogue. In some cases, additional questions were needed to help guide the conversation, in others, there was barely any intervention from me. Interviews were audio recorded and are now part of a newly created archive at the CHC. I informed participants prior to the interview about the purpose of the research project and the way the information they provided would be used. Their consent to be interviewed as well as on their restrictions on the use of the material was also required in writing. Several interviews were recorded at the CHC, but others

took place at the houses of participants or in public spaces, depending on the healthcare professionals' availability and location.

This article will focus on two interviews with two white Cuban men in their late sixties, who worked in the same mission in Nicaragua at the same time in the late 1980s and left the island more than ten years after their return from the mission. Many oral history scholars over the years have stressed the strength, rather than the weakness, of the subjectivity of individual sources for the oral history research¹⁸. Eloy and Humberto's voices do not intend to be representative of the whole community of Cuban healthcare professionals, but they do offer a new dimension to the written history about the Cuban International Solidarity Programme and the impact it has on its participants. The first interview took place at the CHC, in Miami, the second in Texas, at the house of the interviewee, where I spent four days with him and his wife. Although they both worked at the same time in the same mission, these two interviewees never became acquainted. As the first has asked to remain anonymous, we will refer to him with the fictitious name of Humberto.

Analysis

This section will focus on three topics in particular, unique to the two doctors under study in this article. Eloy and Humberto were the oldest doctors I interviewed. They were still part of that generation where only the best students were able to enter the School of Medicine, long before the Cuban Revolution started to massively produce doctors to export them by thousands all over the

world. They also belong to the generation who had experienced the revolutionary process, as well as the successful years of the Revolution before the fall of the Soviet Union, and who were proud to be part of it, which explains their profound disenchantment after discovering new perspectives in Nicaragua. In contrast with the younger generation I interviewed, neither of them deserted the mission but they both left Cuba after returning from Nicaragua, feeling unable to readjust to the Cuban *fidelist* society. Finally, Eloy and Humberto are the two doctors among my participants that lived the longest in the United States, and experienced the fading away of the American dream. Each of these topics shows the evolution of two revolutionary men, from young engaged medical students to ideologically disappointed men and finally frustrated exiles feeling the urge to set the story straight. They illustrate the hidden component of the Cuban international solidarity programme, missing from the international praise or the numerous articles published in *Granma* informing about the successes of Cuban internationalism.

The last section of the analysis will shed light on the way both participants address sensitive topics, the impact of their perception of the researcher as an insider or outsider on their discourse, and how their positions regarding their story influences the oral history process as well as the archive creation. The analysis is mainly content based, but body language as well as pauses, intonation and ellipsis were also key to understand their experiences and the emotions linked to them. Although emotions were understudied in oral history research in earlier years, they have recently received much more emphasis.¹⁹

The pride of the physician

The first doctor I am discussing is Eloy González. Eloy had originally planned to study either biology or psychology, however, one day, when by coincidence he was reading a note about the deadline approaching to apply to the School of Medicine in *Granma*, the official newspaper of the Cuban Communist Party, he decided to enrol. The programme was challenging and Eloy stresses this at several points during the interview: '1200 of us started the course, just over 1200, and 800 got to the third year of medical school. In the end, 600 of us graduated, because, um, (...) it was high quality teaching, um, the teaching of physiology and pathological anatomy and biochemistry was excellent.'²⁰ He also proudly adds that he did his internship in one of the best teaching hospitals in Havana:

The clinical studies take place in a hospital. I happened to study at the General Teaching Hospital Calixto García, considered the best teaching hospital in Cuba, and undoubtedly that was the case, with the best professors and an education system predating the triumph of the Revolution. There was a, a tradition of good medical education in Cuba. There was a very well-structured medical school, operating with very good professors.

When subsequently talking about his work as an oncologist, he explains how he rapidly ascended in the hierarchy and became Head of Oncology at the Lenin Hospital in Holguin. At the same time, he also fulfilled the functions of professor of pharmacology, head of emergency services, and internal medicine specialist,

and in 1986, he was selected as the best teaching physician of the Matanzas province. Later on, Eloy continues talking about how he added his name to the list of volunteers to join a mission and how he was assigned to go to Nicaragua, as this is where doctors were needed at that time: “At that time -1987-Nicaragua was a country marked by a, an internal war, also called then a war of low intensity, or an irregular war, or whatever it was called.” Although trained as an oncologist, Eloy had also worked in Cuba as an internist, which is what was needed at that time in Nicaragua. He first worked in internal medicine in Granada and then as oncologist in Managua, and then became the president of the Cuban medical commission. This was a team of Cuban specialist doctors who selected Nicaraguan patients that were going to receive specialized medical care in Cuba. He explains about his work as a doctor there in 1987 and the same pride can be appreciated in his discourse:

As soon as I got there, I was told that in any situation, no matter what happened, no matter what I thought, I was and I had to be the second head of the medical brigade. ‘Why?’ I asked. And he said: ‘First, because we know it has to be this way, and second, because you are the most qualified person in this brigade. There is no one here that is a teacher, that has your experience, and therefore you will be the second head of the brigade, and you will have to assume responsibility for issues surrounding teaching, research, and all of that stuff.’ ‘That’s fine, that’s fine.’

On several occasions during the interview, Eloy highlights the important posts he was assigned, due to the excellence of his work. It is worth noting that he always uses direct speech, reproducing the dialogue where this excellence was noted by someone else, either from the revolutionary government or from the medical community. In this way he provides more credibility to the importance of his roles.

This sense of pride can also be noted throughout the interview with the second doctor. Contrary to Eloy, Humberto knew from very early on that he wanted to be a doctor:

Well, because as a kid, I was hospitalized for typhoid at the age of 3, because I had a lot of asthma and I was always in the hands of paediatricians, because I was always, I was often vaccinated for allergies, and I was always in clinics and hospital settings, and I saw many, many, I became very involved with medicine as a patient. One day, I read a chapter of the Reader Digest about how to open the chest of a person in cardiac arrest on the street and save their life. And that impressed me a lot, the fact that it was possible to open the chest, put a hand inside it, hold the heart, massage it, and save that person's life. That really inspired me a lot and it made me study.²¹

Humberto also talks very proudly about his training as a doctor and his professional career. He explains that he started medical school at a very young age because he had managed to enter the high school's accelerated plan, which

enables students to complete the final two years in one. 'I entered medical school when I was sixteen. At that time, there weren't many of us. There were 1,000 students starting and three or four were sixteen years old.' He goes on to clarify how he chose his field of specialisation and here again, the recognition of his excellence is reflected in the use of direct speech: 'But it was the Communist Youth²² that was telling me what to do, and they said: 'We need you to do basic sciences because you have a strong basis, and you are very good, very studious, you like research and you study a lot, and you should do basic sciences.' [...] Then I said, 'ok, that's fine.' If they love me that much, I'll let them love me.' The pride hidden behind his discourse is evident when talking about his medical career in Cuba, and his consistent referral to all the research centres he helped to inaugurate, as well as the varied responsibilities he carried out. However, what is slightly different from Eloy's discourse is that his sense of pride is not simply confined to his career as a doctor but also can be noted when he talks about his responsibility to serve the Revolution.

When talking about the early days of the Revolution, Humberto explains that he 'fell in love with the Revolution'. He became an 'adviser of a political circle and head of the red brigades' in the CENIC (National Centre of Scientific Research) and he even participated in the Cuban Missile Crisis in October of 1962: 'I enlisted to serve and defend Cuba against the possible aggression from the USA, who wanted to see whether there were missiles with nuclear warheads and stuff. Due to Fidel's speech, most of us who were there got excited and enlisted. Some left, but most of us stayed, and from being medical students we suddenly became students of antiaircraft artillery.'

However, his understanding of the Revolution ended up causing him ideological problems: 'I started to clash with the party, being a young communist, I started clashing with the party because of the party's methods, which were very dogmatic, and um, um, they tried to robotize the people, and that bothered me because I didn't think this was good for any revolutionary process. On the contrary, if you want to revolutionize and innovate, you can't (taps on the table) treat people like livestock.' And he adds: 'I was idealistic, and I was fighting for something real'.

Trained as an oncologist, Humberto was sent to Nicaragua to teach biostatistics at the UNAN (Universidad Nacional Autónoma de Nicaragua) in Managua. Although the mission in his case was originally for six months, he ended up staying two years.

Disenchantment with the revolutionary process

When describing his arrival in Nicaragua, Humberto explains how disappointed he was to see that it was very different from what he had expected when signing up for it: 'As soon as I arrive, I see a *guaracha* [partying] atmosphere there, I came to work!, I came to help these people, to help the Ministry of Health, to improve programmes, to ensure fewer children would die, to, I didn't come here to party ..., otherwise I would have stayed in Havana with my wife.' When referring to the fact that some had feared that he might try to emigrate to the US through Costa Rica, due to the problems he was having with his superiors, he

says: 'At that moment, I could not think that because I, I, I wanted to help, I wanted to fight, I wanted to help the Nicaraguan people, I wanted to help..., but other people were convinced otherwise, that that that that that that...'. The numerous repetitions in his discourse highlight the fact that he still finds it hard to believe nowadays that this was what some of his colleagues feared about him at that time. Although he didn't entirely agree with the way the mission was run, his ideological and medical convictions to serve the Nicaraguan people were intact.

This disenchantment with the revolutionary process, and indirectly, with their role as revolutionary doctors, is more apparent with Humberto than with Eloy, due to his stronger political belief in a socialist society and in Fidel Castro's Revolution. However, in both cases, one can say that the mission was a trigger to a new understanding of life. For both, Nicaragua was their first encounter with another country and its people, another culture, but also another political situation. Eloy uses the term 'the clash' with the mission while Humberto says it was 'explosive'. Eloy explains how the mission was an eye-opener for him: 'It is true that it opened up a new perspective um of new things, novel things, things that one could never have imagined. It is always encouraging and always enriching interacting with other people.' However, this eye-opening aspect of the mission was not only related to the international experience of the doctors, but also to Cuba's political situation and to the socialist ideology, as can be seen in Eloy's words:

Well, actually, I saw, I saw many interesting things in Nicaragua. One of the things, the first thing I saw in Nicaragua is that real socialism as the one they had there, was falling apart very quickly. Um, they looked for the way to, to find a solution through dialogue and it surprised me to see so many people, um, looking for a way to communicate and, [...] these were people appointed by one side or the other who were in conflict. And they understood each other! [...] So, when I got back to Cuba, I had this in mind.

Another aspect that makes both Eloy and Humberto question the socialist values of the programme is the fact that in many cases Cuban doctors at that time were going on a mission for the advantages they could get out of it. Eloy explains the varied reasons why a healthcare professional would sign up for a mission: 'an internationalist mission represented a set of values, or could be based on a scale of values ranging from the general interest anyone has to explore new horizons, countries, um, cultures, interact with other people, travel for people who wouldn't usually travel, the possibility to be more highly regarded, not only as a professional or a worker, but also because some aspired to become, let's say, militants of the Communist Party, and this weighed heavily as part of the endorsements that were made. And finally, everyone knew that a medical mission involved a car upon your return.' And when referring to why he accepted, he adds: 'so I got the chance to fulfil an internationalist mission with the same motives that everyone had. Let's stop pretending.' Despite his passion for medicine, he openly recognises that the mission was, for him, a way to get a better life upon his return to Cuba.

Humberto also refers to the material advantages that the healthcare professionals were getting from going on a mission, and it also makes him question the ideology of the revolutionary doctors:

So so, where is, where is their idealism? No, no, they aren't idealists at all, they are interested in seeing how, how to live well, there are many, there are many that go on a mission to live well, to live better than in Cuba, because, on the other hand, one thing that isn't..., a question that could be raised is (...) 'did you do the rural medical service in Cuba?' Many do not do the rural medical service, because people starve when doing the rural medical service. (...) So there, noooooooo (taps on the table), to the hills of Cuba, no, but to the hills of any other place, even of Pakistan, yes, with snow and all. Hmm! (...) And then I said: 'And this, what is this?' This, here, here, here there is no such thing as as as real communist ideology or anything; this, this this is a stew (with emphasis) of communism with capitalism, but with an image of communism retaining power forever, because this is what Stalin invented.

The tone of his voice when expressing this still deeply rooted disappointment, as well as the numerous repetitions, demonstrate how Humberto is still affected by this discovery, and to what extent he still becomes emotional when remembering these eye-opening moments in his life.

Exile and the need to set the story straight

In both cases, working in the mission, although extremely rewarding both on personal and professional levels, made it difficult to adapt to life back on the island upon their return. When referring to the period of readjustment encountered when returning to one's home country after a prolonged journey abroad, Hofstede talks about the 'reverse culture shock'²³. This happens especially when the acculturation process has been successful, and it often leads to a new and definite emigration. In this case, the culture shock was rather an ideological and political shock. Living abroad had presented Eloy and Humberto with other perspectives, showing them what life can be in a non-*fidelist* society. The readjustment to the Cuban society was never good enough to make life in the home country bearable for both doctors. Eloy doesn't go into much detail about this during the interview as it is explained in length in his book, *La Habana bien vale unos títulos*²⁴. Upon his return, he became increasingly involved with Human Rights Groups and ended up losing his job, being arrested and becoming a victim of several 'acts of repudiation'. These are demonstrations by government supporters against citizens critical towards the regime, often taking place at their homes or work places. Humberto, on the other hand, explains how the ideological problems he had before and during the mission made life as a physician very difficult for him once he had returned to Cuba. After fulfilling highly recognised roles in several medical research centres in Cuba and Nicaragua, he was never allowed to defend his PhD thesis, and ended up working as a neighbourhood practitioner in Havana:

And then, I remember the transfer, the transit from the Institute –which was the highest level of Public Health, National Institute- to a

neighbourhood polyclinic, in the Vedado area, which was the first level, the basic level, the lowest level. Eh, I made this transfer very easily because it was clearly falling down the ladder, down, eh, completely. It wasn't going up, it was falling down the ladder.

The repetition of the word 'falling' shows how much he felt humiliated by this situation. He then explains how the restrictions he was subjected to in his work led him to decide to take an early retirement:

At the end, I said: 'Well, how many years do I have left to retire? Three?' When I turn sixty –at that time, the retirement age was sixty, now it is sixty five-, um, um, well I'll retire because I realized that they wouldn't let me move around, they wouldn't let me go... I received grants to travel to the University of San Francisco, California, and spend time at the School of Medicine. I was invited to tens of meetings of the association, of the American Academy of Family Physicians in several cities in the US. I was invited to many places, many international meetings of the WHO, American meetings, conferences, millions of things, and they wouldn't let me go to any of these places: 'Well, I'll retire, I'll retire.'

Here again, he feels the need to stress the excellence of his work when referring to the many invitations he had received from US Universities, however the repetition of the words 'they wouldn't let me go' stresses how difficult it was for him to feel so restricted in his profession, as his superiors would not allow him to travel and share his professional knowledge.

In both cases, this feeling of oppression led to a decision to leave Cuba. Eloy as a political refugee in 1999, while Humberto took advantage of the family reunion programme in the early 2000s. Since then, both have worked very hard trying to spread the word about their vision of the Cuban healthcare system. Eloy started a blog in 2006, *El Blog de Medicina Cubana*²⁵. He has also published articles in many Cuban media, and edited a collection of these articles into a book²⁶. He has now also become a person of reference for Cuban healthcare professionals moving to the US or considering the possibility of leaving the island or the mission. Meanwhile, Humberto has kept on doing research on healthcare in Cuba and in the US, and has continued publishing academic articles and presenting the results of his research in Medical and Academic Institutions. In both cases, one can recognise what Polletta²⁷ described as the narrator's need to set the story straight by offering their version of the 'truth'.

Although exile seemed to be the best option for them, in both cases they were confronted with unexpected difficulties. Eloy could never find employment in the US as his degree was never validated. After being recognised as a highly qualified oncologist in his home country and in Nicaragua, he was now unable to practise medicine and serve the people who needed his help. He managed to find a job in Mexico but then had to give it up for health reasons. In his book, he refers to his life in the US as 'a long and unhappy exile'.²⁸ When I asked him how life had treated him since he moved to the US, his answer was disheartening: 'It didn't, it didn't really work out well for me.' If he could do it all over again, he would move to the south of Texas, and work in the north of Mexico. He's been trying to give

that advice to many of the young Cuban surgeons who move to the US looking for the American dream, but, as he says: 'people don't understand, they don't understand. They say to me: Mexico? Mexico?'

This challenge of having to face people who will not listen is one of the hardest experiences for Humberto in exile too. He has had a difficult time accepting that some people, very often highly qualified, will not believe his side of the story, and in many cases, will not even give him a chance to present it:

Um, um, I have presented many papers in several universities here. The city where I have given less is Miami. In Pennsylvania, I've presented many, in Yale, in several universities I have presented, um, in Harvard, in Washington DC, so, yeah, I've really highlighted the situation Cuba is in, and I continue to do so. This is why I came, because I know that by doing this, I underline it.

Here again, Humberto states the new purpose of his life since he left the island: to tell his truth. However, he goes on to say: 'He [Fidel] was a playwright, a great actor, he fooled people, and he still fools them, and he has fooled many people who are not from Cuba, in the whole world. In Europe, at Harvard, Johns Hopkins, and, and, and in Washington DC.' At some point in the interview he explains how some professors will not let him visit their university and talk about his research due to the fact that they are strong supporters of the Cuban Revolution. This is extremely difficult for him to accept because his understanding is that they consider his story to be a lie. He explicitly needs to

stress that this isn't the case: 'But I tell the truth. And and and... what was I going to...? Well, ask me something, anything.' It is still very confusing for him that in a country like the United States people will deliberately not listen to what someone like him might have to say, and this is apparent in the fact that after stating that he *is* telling the truth, he loses the plot of what he is telling me and asks me to guide him again back to the interview. It is obvious from the interview relationship that Humberto trusts that I understand what he is talking about. I am in this case an insider for him, someone who knows that there is more than one single truth in this context and who is interested in the version of the story he will tell me.

Sensitive topics and the archival process

Although apparently both doctors have had very similar professional and personal experiences throughout their lives as healthcare professionals, the oral history process with each of them was very different. Eloy is a person who has clearly taken on the role of giving a voice to the Cuban healthcare community on the island and in exile. He talks openly about his education and work, as well as about ideological problems he had on the island after returning from the mission. He also signed the consent form with no hesitation giving access to his interview to the general public. However, when analysing the interview in more detail, one notices that when mentioning these sensitive topics, he never really talks about these explicitly. He clearly implies that due to my background I will know what he is talking about. For example he indicates: 'These are the kind of people who, the further away they are from you, the better. They were

dangerous people.’; ‘Oh gosh, when these people tell you they have plans for you’; ‘Because there are sometimes places where one shouldn’t be’; ‘I noticed a very unusual situation’. At some point, he also refers to the injustice suffered by one of his colleagues who was homosexual and he says, ‘the man was caught having homosexual inclinations and, well you can imagine, he was sent back to Cuba.’ Nevertheless, he remains very vague and never clearly explains words such as ‘dangerous’, ‘strange’, or instead simply says ‘as you can imagine’, leaving me to fill in the gaps. One could explain this with his perception of me as an insider when talking about Cuba or Human Rights in Cuba. Before the interview, we had had many conversations about the island, its culture, my previous research interests, and my life in Havana when I studied there in the year 2000. This perception of me as someone who understands Cuba might explain why he chose not to go into more detail when addressing sensitive topics.

However, as others have pointed out ²⁹, the binary definition of insider/outsider should not be seen as an either/or debate. During this conversation, my position as an insider/outsider was changing constantly depending on the subject of the conversation. When referring to his medical training or work, for example, Eloy clearly considers me as an outsider, which is noticeable in the amount of information he provides about medical education in Cuba, the high standards of medical teaching institutions, as well as the quality of care provided by institutions on the island. He also repeatedly uses short sentences such as ‘this is important’ to stress information and to make sure I understand which elements are key in his narrative. This was also the case when he spoke about Nicaragua, a country that he knew I had never been to.

Humberto's discourse and attitude were very different from Eloy's. Sensitive topics came up in many instances during the interview, and as in Eloy's case, he frequently avoided going into in-depth detail as he had done quite a lot of research about me before the interview. He also often directed the interview to topics related to my research interests to make me understand his point.

However, it is evident that, although he didn't censure his discourse when talking about Fidel or Raul Castro, about socialism and communism, or about the, in his point of view, inconsistencies of the revolutionary process, he often clearly was still very upset when referring to some of the situations he had experienced in Cuba, Nicaragua and in exile. Several times during the interview process he got up, and started cleaning the window frames and the white boards in the room with a tissue. The intonation he used as well as the body language such as banging his hands on the table often reflected outrage as well as frustration regarding the events he was referring too. One can really feel how much he has suffered from the disappointment of realising that the Revolution and its leader were far from what he had hoped for. He clearly still wonders how he could have been so wrong.

However, despite his openness to talk, it all became very complicated after the interview, as he wanted to revisit the consent form. There was an evident fear and, although he agreed that I could use the interview for my research, he was not confident about adding it to the archive despite the restricted access we had agreed on. He told me several times that he didn't trust this 'restriction' and that Cuban agents would be able to gain access to the file. This he did not feel

comfortable with. Finally, after many email exchanges and several revisions of the consent form, we agreed that I would keep the audio file and the transcription and that it would only be added to the archive when Humberto himself would tell us to do so, or after his death. He also specifically asked to remain anonymous in any publication or talks linked to my research. Surprisingly though, when he attended my first talk about the project at the University of Miami, he participated actively in the discussion afterwards and his comments showed clearly that he was one of my anonymous participants. This suggests that, as a consequence of the numerous ideological troubles he has suffered in Cuba, he now feels divided between, on the one hand his urge to tell his truth, and on the other hand, his fear of the repercussions of this narrative.

Conclusion

In the past fifty years, Cuba has offered humanitarian assistance to many countries in need, for which it has received the praise of many, but also the criticism of others. This project intends to shed light on some missing voices in the Cuban ISP, in order to offer an alternative perspective to the dominant official narrative.

The case study analysed in this article has presented the voices of two male doctors, now in their sixties, who were in Nicaragua at the end of the Sandinista government and went into exile approximately ten years after their return to the island. Listening to their stories has shown how proud they still are of their profession and of the training they received. However, it also shows to what

extent participating in the mission has been a life changing experience for them, not only because of the opportunity to discover a different country and its people, but also and mainly due their encounter with the living and working conditions under a different political regime. It showed both of them what could be possible in their own country, but it also led, primarily in Humberto's case, to a profound disenchantment with the revolutionary process. Once back on the island, both of them were confronted with a reverse culture shock and had a difficult time adapting to life in Cuba.

Humberto and Eloy decided to go into exile approximately at the same time and once in the United States, they both felt the need to tell their side of story and set the record straight about Cuban healthcare and about the ISP. However, both of them were confronted with the unexpected and difficult situation of not being listened to. In this article I have discussed the way in which the perception of the interviewer as both insider and outsider clearly impacts upon the way sensitive topics are addressed. Although participants seemed confident to talk, in many instances, ideas were insinuated rather than said out loud. This could be explained by the fact that both of them considered me an insider when referring to possibly sensitive topics related to the Cuban culture or political situation, and for that reason, there was no need to clarify their-in some instances-vague comments or insinuations. In Humberto's case, issues arose once an agreement had to be reached regarding access that would be given to the interview. Humberto felt the urge to share his story but was then confronted with this fear of possible repercussions for offering a narrative that could be considered

critical by the Revolutionary process he had supported so strongly for so many years.

When referring to the importance of the use of oral history in the context of the South African Truth Commission, Wieder³⁰ claims that by listening to witnesses' stories, achieving a better understanding of what happened and what went wrong can contribute to the socio-political transformation of that country. I strongly believe that this applies entirely to Cuba too, especially with regards to its humanitarian programme.

Acknowledgments

I would like to give special thanks to Maria Estorino and the Cuban Heritage Collection for their help and interest in this project, to Graeme Hayes for his constant support and to Georgie Smith for her excellent reviews of the final draft of this paper.

Notes

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² Mark Cave, "What remains: Reflections on Crisis Oral History" in Robert Perks and Alistair Thomson, *The Oral History Reader* (3d. ed.), London / New York: Routledge, 2016, pp 92-103; Bornat et al., 'Don't mix race with the specialty', *Oral History*, 2009, 37, pp 74-84.

³ The project “Oral History Interviews to Cuban Internationalist Healthcare Professionals” started in 2012 and was funded by the British Council Researcher Links Grant. This allowed me to spend seven weeks at the Cuban Heritage Collection, University of Miami, where an archive was created with the twelve first interviews conducted in the US.

⁴ Julie Feinsilver, ‘Cuba’s Medical Diplomacy’, *Changing Cuba/Changing World*. New York: City University of New York, 2008, pp 273-286.

⁵ ‘Cuba tiene médicos por todo el mundo’, *Granma*, 25 March 2014. Accessed online at: <http://www.granma.cu/cuba/2014-03-25/cuba-tiene-medicos-por-todo-el-mundo>, 18 October 2016

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¹⁰ *Granma*, 2014; Feinsilver, 2008, p 275.

¹¹ Feinsilver, 2006; Robert Huish, *Where No Doctor Has Gone Before: Cuba's Place in the Global Health Landscape*. Waterloo (ON): Wilfrid Laurier University Press, 2013; John M. Kirk and Michael Erisman, *Cuban Medical Internationalism. Origins, Evolution, and Goals*. New York: Palgrave MacMillan, 2009; Unicef, 'Venezuela's Barrio Adentro: a model of universal Primary Health Care', 2005. Accessed online at: <http://web.archive.org/web/20060117215831/http://www.unicef.org/infobycountry/files/IPlusQuarterlyNewsletterJanMarch2005.pdf>, 18 October 2016

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¹³ See Reinaldo Escóbar. "Qué fue el fidelismo?", *Diario de Cuba*, 20 Oct. 2012. Accessed online at: http://www.diariodecuba.com/cuba/1350722446_645.html, 1 March 2017.

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¹⁹ This can be seen for example in the articles published in *Oral History*, vol 38, no 2, 2010 on the theme of emotions.

²⁰ Interview with Eloy González at his home, recorded by the author, 28 June 2014. All the quotes are from the same interview.

²¹ Interview with Humberto (pseudonym) at the CHC; recorded by the author, 2 June 2014. All the quotes are from the same interview.

²² The Communist Youth is the youth organization of the Cuban Communist Party.

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- ²³ Geert Hofstede, *Cultures and organizations: software of the mind: intercultural cooperation and its importance for survival*, New York: McGraw-Hill, 2010, p 386.
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- ³⁰ Wieder, 2004.