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## “Mais Médicos”: Discourses, Bodies, and the Biopolitics of Medical Internationalism

**José O. Pérez<sup>1 2</sup>**

> [perez.624@buckeyelink.osu.edu](mailto:perez.624@buckeyelink.osu.edu)  
ORCID: 0000-0002-9302-4591

<sup>1</sup>The Ohio State University  
Columbus, Ohio, EE. UU

<sup>2</sup>Universidade Federal do Rio Grande do Sul  
Porto Alegre, Brasil

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**Abstract:** Starting in 2013, the *Mais Médicos* program brought over 11,400 Cuban doctors to work in Brazil. The program aimed to reduce inequality in access to medical care; but it was met with heavy resistance from Brazilian medical professionals. This article employs Foucault, Butler, and other post-modern thinkers to analyze *Mais Médicos*. Specifically, we argue that *Mais Médicos* did not lead to a politicization of Brazilian health care, but rather that pre-existing discourses were called upon to support or counter the arrival of Cuban doctors. This discursive struggle resulted in a dispute over biopower within Brazilian society. We base our claims on fieldwork and interviews conducted with Cuban doctors, Brazilian doctors, and Brazilian politicians.

**Key words:** Mais Médicos; Cuban Medical Internationalism; Biopolitics; Biopower; Post-structuralism

### "Mais Médicos": discursos, cuerpos y la biopolítica del internacionalismo médico

**Resumen:** A partir del 2013, el programa *Mais Médicos* llevó a más de 11,400 médicos cubanos a trabajar en el Brasil. El programa tenía como objetivo reducir la desigualdad en el acceso a la atención médica, pero causó una fuerte resistencia por parte de los profesionales médicos brasileños. Este artículo utiliza a Foucault, Butler y otros pensadores posmodernos para analizar a *Mais Médicos*. Específicamente, argumentamos que *Mais Médicos* no condujo a una politización de la atención médica brasileña, sino que se recurrió a discursos preexistentes para apoyar o contrarrestar la llegada de los médicos cubanos. Esta lucha discursiva dio lugar a una disputa sobre el biopoder dentro de la sociedad brasileña. Basamos nuestros argumentos en trabajo de campo y entrevistas realizadas con médicos cubanos, médicos brasileños y políticos brasileños.

**Palabras clave:** Mais Médicos; Internacionalismo Médico Cubano; Biopolítica; Biopoder; Postestructuralismo

### "Mais Médicos": Discursos, Corpos, e a Biopolítica do Internacionalismo Médico

**Resumo:** A partir de 2013, o programa *Mais Médicos* trouxe mais de 11.400 médicos cubanos para trabalhar no Brasil. O programa teve como objetivo reduzir a desigualdade no acesso aos cuidados médicos; mas recebeu forte resistência dos profissionais médicos brasileiros. Este artigo emprega Foucault, Butler e outros pensadores pós-modernos para analisar o programa *Mais Médicos*. Especificamente, argumentamos que o *Mais Médicos* não levou a uma politização da saúde brasileira, mas que discursos preexistentes foram chamados para apoiar ou contrariar a chegada de médicos cubanos. Essa luta discursiva resultou em uma disputa sobre biopoder na sociedade brasileira. Baseamos nossas alegações em trabalho de campo e entrevistas realizadas com médicos cubanos, médicos brasileiros e políticos brasileiros.

**Palavras-chave:** Mais Médicos; Internacionalismo médico cubano; Biopolítica; Biopoder; Pós-estruturalismo

## “Mais Médicos”: Discourses, Bodies, and the Biopolitics of Medical Internationalism

### Introduction

In July of 2013, what would amount to over 11,400 Cuban doctors began arriving in Brazil to work within the *Mais Médicos* (“More Doctors”) program. The doctors arrived as part of President Dilma Rousseff’s, from the center-left Worker’s Party (PT), plan to reduce public health disparities and access to medical care in Brazil’s most underserved and remote areas. Yet, these Cuban doctors were not greeted as fellow thirdworldist colleagues coming to expand medical care for the underprivileged. Instead, Brazilian medical students greeted Cuban doctors at airports in cities such as, Fortaleza and Recife, by hurling bananas at them and chanting “Slaves” (Watts, 2013). In this article, we will problematize and nuance the controversy surrounding Cuban doctors within the *Mais Médicos* program to expand our understanding of these international medical missions and South-South cooperation programs, more broadly. Dialoguing with Foucauldian and post-modern perspectives, we argue that the arrival of Cuban doctors did *not* lead to a politicization of Brazilian health care or the creation of new discourses surrounding health care, because Brazilian health care was *already* intrinsically politicized. On the other hand, we contend that pre-existing discourses were called upon to explain, support, or counter the arrival of Cuban doctors and their possible effect on the country’s health care system. What resulted was a polemic dispute over biopower, who has the right to yield it within Brazilian civil society, and for what biopolitical ends.

In the following sections, we will trace the complex biopower effects this program had throughout Brazil to demonstrate how bodies, medical identities, and discourses were transformed and shifted by the interpersonal and local arrangements this program created. Using semi-structured interviews with Cuban doctors, Brazilian doctors, and Brazilian politicians we outline how a government policy enacted to ameliorate health care discrepancies between rural and urban municipalities within Brazil can be examined to understand the role of medical professionals in articulating notions of race, gender, etc. Moreover, our discussions should work to further our understanding of these processes at the international level and how they affect world politics.

## Literature Review

Following Foucault's insights, as well as those of many other post-structuralists (Derrida, 1977; Doty, 1996), one could argue that the political and social worlds are full of multiple and varying discourses, which are created through both *langue* (language) and *parole* (speech) (see Doty, 1997: 377-8; Fassin, 2016: 105-6; Saussure, 1974). These discourses serve to create, amplify, and deliver power in polyvalent ways throughout social practices, or as Foucault writes, "Discourse transmits and produces power, it reinforces it, but also undermines and exposes it, renders it fragile and makes it possible to thwart it (1978: 101)". For Foucault, power was not only a method of force application by one agent over another – it is far more complex (Kiersey & Stokes, 2011). Power is not only oppressive, but also productive, in the way it moulds social discourses, or:

Power must be understood in the first instance as a multiplicity of force relations immanent in the sphere in which they operate and which constitute their own organization; as the process which, through ceaseless struggles and confrontations, transforms, strengthens, or reverses them, as the support which these force relations find in one another, thus forming a chain or system...as the strategies in which they take effect, whose general design or institutional crystallization is embodied in the state apparatus, in the formulation of the law, in the various social hegemonies (1978: 92-3).

Our objective in this paper is to employ Foucault's thinking about discourses and power as we attempt to understand how *Mais Médicos* activated various social discourses within Brazilian civil society. Specifically, how did the introduction of Cuban doctors within the matrix of Brazilian health care delivery affect these discourses, both positively and negatively? As Roxanne Doty states when analyzing the agent-structure dilemma within international relations (IR): "discourses are inherently open, contingent and overlapping...To reiterate, the forms of fixation that establish identities and social order are always precarious (1997: 385)". Through this theoretical undertaking, we seek to contribute towards a post-structuralist reading not only of Cuban medical internationalism, but also of the ways in which encounters between different states creates a shift, union, or clash between different discourses. Or as Joan Scott writes, "I understand discourse to refer to interpretation, to the imposition of meaning on phenomena in the world; it is mutable and contested, and so the stakes are high (2007: 7)". Furthermore, we will also discuss what this reading tells us about individuals and their ability to exercise power within the international system.

Beyond Foucault, we also draw upon the insights of other scholars that added

post-colonial (Stoler, 1995) and feminist (Butler, 1993, 1999) layers to Foucault's scholarly production. Here, we analyze the functioning of biopolitics and biopower within a Global South context, distant from the Eurocentric setting in which *The History of Sexuality, Volume 1* is meant to be understood. By biopower we employ Foucault's definition of, "what brought life and its mechanisms into the realm of explicit calculation and made knowledge-power an agent of transformation of human life (1978: 143)", or as the power, "organized around the management of life" (Carrara, 1996: 293-4; Stoler, 1995: 81-2). Through biopolitics, this research study refers to the political processes and mechanisms that have arisen since the late 18<sup>th</sup> century either to manage biopower and its manifestations, or subsequently from the implementation of various biopower strategies. In the following sections, we critically analyze this biopolitical process as performed through *Mais Médicos*, and attempt to unpack the nuances that surface when one examines the different conceptions of biopower that Cuba and Brazil hold, respectively.

Turning more specifically towards Cuba, since its revolution in 1959 the communist government has embarked on numerous programs that provide aid to other Global South states, ranging from technical assistance, to disaster relief, to longer-term medical projects (Benzi & Zapata, 2017; Feinsilver, 2010). In Cuba, these South-South medical cooperation projects are called "missions", the first ones being to Chile and Algeria in the early 1960s (Gleijeses, 2002: 34). Besides from external cooperation and assistance, Cuba has also opened the "*Escuela Latinoamericana de Medicina*" (ELAM) outside of Havana, which provides medical degrees to students from around the world (Kirk & Erisman, 2009). Overall, hundreds of thousands of Cubans have gone abroad since the revolution to provide medical care in underserved or devastated regions. As of 2016,<sup>1</sup> the two largest examples were Brazil where over 8,000 Cuban doctors were participating in *Mais Médicos*, and Venezuela where thousands of Cubans provide care in exchange for oil and other assistance (Kirk et al., 2015). In 2016, for example, the Caribbean country earned about \$8.2b from its 25,000 doctors and 30,000 other medical professionals working abroad in 67 countries, \$500M from Brazil alone (Waters, 2017).

Cuban medical internationalism, according to Bustamante and Sweig (2008: 226), is a form of "public diplomacy", which, "refers to ways in which governments use aid, cultural, media, and exchange programs to influence the ways in which they are seen by citizens in other countries". This "public diplomacy" builds

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<sup>1</sup> Jair Bolsonaro subsequently ended the *Mais Médicos* cooperation program with Cuba upon his election as president of Brazil in late 2018. As of 2020, Cuban doctors are still engaged in many parts of the world, for instance in countries devastated by the COVID-19 pandemic, such as Italy.

Cuba's prestige on the world stage and allows it to further its policy interests despite the United States (U.S.) embargo. Feinsilver (1989, 2008) argues these actions are an impressive example of soft power outside of a U.S.-centric context and defines them as "medical diplomacy". Moreover, using Bourdieu's concept of "social capital", Feinsilver (1989) contends that participating in these missions provides Cuba with a formidable amount of symbolic capital within the world system. This analysis raises the question: how do biopolitical consequences and factors fit into this creation of symbolic capital? As anthropologist P. Sean Brotherton (2012) advances, the post-revolutionary Cuban state has implanted an impressive set of biopolitical mechanism in order to legitimize itself before the Cuban people, create subjectivity, and further revolutionary discourses. Through our qualitative fieldwork<sup>2</sup>, we seek to outline how this process is complicated when Cuban medical practices are exported, along with Cuban doctors, through international medical cooperation programs.

The "Cuban doctor" has been discursively constituted as a goodwill agent that delivers medical care across the world's most needy regions. A benign social representation, which when added to the weight the "medical professional" has acquired over the past few centuries (Foucault, 2003), results in an impressive ability for Cuban medical professionals to exert agency over the populations they are charged with caring for, both at home and abroad. As Laqueur (1990) and others have argued, medical professionals over the past few centuries have played a central role in redefining medical practices, reshaping our understanding of disease, and reconceptualizing our understanding of "sex" as a social category and definition (Fausto-Sterling, 2000; Gilman, 1985; Nicholson, 1999). Or as Queer scholar Judith Butler has shown, bodies are discursively created and materialized through performative and reiterative acts, whereby, "'sex' not only functions as a norm, but is part of a regulatory practice that produces the bodies it governs, that is, whose regulatory force is made clear as a kind of productive power (1993: 1)".

Thus, previous scholars have detailed how Cuban doctors abroad vaccinate children, prescribe medications, and alleviate illness – but have *not* delved into how Cuban doctors also contribute towards the *social* production of bodies. These

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<sup>2</sup> The planning/development of the research project and fieldwork were conducted over the course of a year and a half, from May 2017 to December 2018. We conducted 20 semi-structured anonymous interviews with Cuban doctors and 10 semi-structured anonymous interviews with Brazilian doctors and politicians. "Snowball sampling" was employed to make contacts with interviewees, half of the interviews were conducted in person, the rest via Skype. Our in-person fieldwork site in Brazil was Rio Grande do Sul state. Likewise, we also closely followed media publications and news reports, documentary productions, and public officials' commentary about *Mais Médicos* during our fieldwork.

factors should be brought to light, considering the role doctors play in creating sex, bodies, illness, and the discourses which govern them (Burri & Dumit, 2007; Carrara 1996; Rohden 2001; Rosenberg 2002). By scrutinizing how Cuban doctors approach their overseas patients (and the reactions they receive) we seek to contribute to a further understanding of Rosenberg's assertion that, "The act of diagnosis structured practice, conferred social approval on particular sickness roles, and legitimated bureaucratic relationships (2002: 239)". Stated differently, Cuban doctors hold a convoluted form of power within numerous and overlapping power relations, which are in need of a closer examination, and are often overshadowed by Western academic approaches that inherently place the state at the center of power operations (Butler, 2009: 149).

Said differently, how is it that Cuban doctors working abroad, in *Mais Médicos* and in other scenarios, participate in demarcating and differentiating bodies and bodily practices (Butler, 1993; Nicholson, 1999), and what does this tell us about the international system? As Lauren Wilcox (2015) has argued, (using Butler's line of reasoning) much of mainstream IR focuses on violence, security, and politics, while ignoring on the very bodies these processes are inflicted upon. Through the scholarly discussions that follow, we aim to contribute towards the growing literature that challenges the place of bodies, emotions, and other often ignored variables within world politics (Lock & Farquhar, 2007; Solomon, 2015).

## Methods and Procedures

We base our qualitative findings on 20 anonymous semi-structured interviews conducted with Cuban doctors (13 females and 7 males) who have participated, or are participating, in medical missions. We used a set of 25 open-ended questions, which we asked interviewees to answer as they saw fit. The interviews typically lasted between 30-60 minutes, and were usually recorded. The 20 doctors interviewed represent a diverse sample in terms of age, marital status, and the places where they complete(d) medical missions. Participants stationed in Brazil, for instance, were in states such as: Rio Grande do Sul, São Paulo, Tocantins, etc. Besides Brazil, our sample group completed medical missions in countries such as, Honduras, Venezuela, Ghana, etc.

Asides from Cuban doctors, we also interviewed 10 Brazilian doctors and politicians about their views on *Mais Médicos*. We did not experience much hesitancy from our interviewees in participating and most seemed to enjoy sharing their experiences. Contacts were all made through mutual acquaintances, where doctors who participated then suggested other doctors they knew. The research

project was reviewed and approved by the Research Ethics Committee of the Federal University of Rio Grande do Sul. A total of 30 interviews were conducted.

After collecting the interviews, the results were analyzed to discern patterns and contrasts. This process entailed not only analyzing the given responses, but also meta-data responses, and both the researcher's and participants' positionality. By meta-data we mean Fujii's (2010: 232) definition of spoken and non-spoken responses that must be analyzed beyond literal value, and can include: rumours, silences, denials, evasions, and so forth. My positionality as a white Cuban male who was educated in the United States, conducting interviews with numerous Afro-descendent and female research participants was constantly reflected upon to minimize the effects it could have on the research, due to the resultant power relations it created. The researcher strove to gain as much rapport as possible with the participants through informal conversations and by also sharing his personal experiences of travel and work abroad, to ease any worries and make them more comfortable opening up about their experiences.

Furthermore, we acknowledge that our participants represent an elite portion of Cuban society, considering they have been given the opportunity to travel abroad, earn foreign currency, and are part of an elite profession. Therefore, these results may not be applicable to the experiences of say rural Cuban farmers or urban industrial workers. In order to enhance our argument, we attempted to triangulate our findings, wherever possible, with either empirical data or the findings of previous scholars. These findings are not intended as the end of a discussion, but rather as the beginning of a conversation that invites self-reflection and asks many new research questions.

### **Conflicting Discourses and International/National Health Care**

The Cuban doctors that were greeted at Brazil's airports by chants of "Slave", as Brazilian medical students threw bananas at them, were stepping into a field of social relations and power dynamics far more complex than they might have anticipated during their airplane ride. As will be argued in this section, the foreign doctors that were included in *Mais Médicos* found themselves at the nexus of various and contradictory discourses within Brazilian society about power/knowledge, and over who has the right to make truth claims about the human body. In other words, as the doctors stepped off the airplane they were, quite literally, stepping into a dense pre-existing web of racialized, gendered, sexualized, and classist discourses about medicine, the body, and biopolitics that had been developing in Brazil over centuries.

Many observers, such as journalists, politicians, and Brazilian civil society members, tend to describe *Mais Médicos* as a PT (Worker's Party) government program that was politicized because it employed foreign Cuban doctors. These foreign individuals were quickly identified with leftist political ideology, and as an attempt on the part of the PT government to takeover medical care, and thus wield a larger portion of the country's biopower. We contend, conversely, that there were many conflicting preexisting discourses and power struggles within Brazilian society over who should or could hold biopower, which were then projected through the *Mais Médicos* program. The inclusion of Cuban doctors in the program, thus, did *not* lead to a politicization of health care in Brazil, or either the introduction of racial, gendered, or other discourses into the South American country's health care arrangements. Rather, these discourses were multiple and manifold, and although "dormant" within the country's political discussions before the beginning of the program, they found themselves at center-stage during the power/knowledge struggle that ensued over the program's implementation, assessment, and continuation.

For point of case, let us consider the following two contradictory viewpoints on the delivery of medical care within Brazilian civil society. First we have Sofia,<sup>3</sup> a Brazilian gynecologist, who has worked in both public hospitals and private health care clinics:

Interviewer: Why are there so many people [doctors] that do not want to work in the municipalities of Brazil's countryside?

Sofia: Because municipalities typically default [*dão calote*] on paying doctors, they offer marvelous salaries, then people go and work there and after a time they stop paying, they start paying late. That's happening here in Porto Alegre, the municipal government since halfway through last year started paying people late. That's here in Porto Alegre. Imagine in a small municipality. And also because of poor [working] conditions. We have a hard time here getting certain medical tests, and of being able to follow-up with patients. In rural municipalities that's 10 times worse, maybe more.

Now let us remark on the comments of a mayor from a city who hosted numerous Cuban doctors, João Pedro, of the PT:

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<sup>3</sup> All of the participants' names have been altered in order to protect their identity to another that is not similar to their original one. The author translated all of the responses from the original Spanish or Portuguese.

Interviewer: Many of the Brazilian doctors that I have interviewed have spoken about the fear of working within the public health care system or in more rural municipalities, as a fear that they start to work and then after a certain time the municipal government starts to default on their payment.

João Pedro: That's a lie, that is not true. Small municipal governments always pay their bills. Small municipalities are like poor people – poor people always pay their bills. It's the rich that don't pay their bills in Brazil. That is a lie, it's not true. It's a fallacy to justify the process of negating the arrival of [medical] professionals from other countries.

When juxtaposed one against the other, Doctor Sofia and Mayor João Pedro's comments are quite revealing on many points. First of all, it does not really matter for our purposes who is saying the "truth", rather what concerns us is the existence of conflicting discourses over medical care that each side sees as their own truth. This is rather reminiscent of Ann Stoler's (1995: 69) argument, following Foucault's logic, that there is no "scapegoat theory of race". Or stated differently, racism does not emerge in moments of crisis to find a victim for its problems, but rather racialized discourses are: "a manifestation of preserved possibilities, the expression of an underlying discourse of permanent social war, nurtured by the biopolitical technologies of 'incessant purification' (Stoler, 1995: 69)".

Read for *Mais Médicos*, we can infer the government program itself was not necessarily a "problem" that created resentment among certain Brazilian social groups, but rather a means through which preexisting discourses were articulated. Secondly, from the way in which discourses were articulated *through* and *around* *Mais Médicos* we can also see how the struggle was became about the many power relations and social systems that compose Brazil's social fabric. From Cuban doctors who were greeted with bananas thrown at them, a long-stranding trope that portrays one's social opponents in a position of primitive racialized "other", to the questioning of female doctors' medical credentials, one can observe how political discourses centered around *Mais Médicos* were not only about race, or class, or gender – they were about all of these things at once. In other words, what emerged was an intersectionality of oppressive and co-constituted discourses surrounding biopower and biopolitics, which have been shaping social relations and discussions surrounding health care in Brazil since long before the arrival of Cuban doctors.

Curiously, every Brazilian doctor we interviewed cited the same rationale of poor infrastructure and fear of payment default as their primary objections towards working in the countryside, almost echoing Doctor Sofia's words. Likewise, every PT politician we interviewed seemed to also follow Mayor João Pedro's thinking about the "real" reasons why Brazilian doctors were opposed to the employment of foreign doctors in the *Mais Médicos* program. This consistency in responses is

telling of a long-standing struggle over biopower and the human body within Brazilian society. These contradictory discourses, which both sides seem to fervently hold onto and reiterate, show how different political processes and groups enact different discourses to advance desires for (bio)power and control within society.

Perhaps ingenuously, or underestimating their opponents, the PT government thought it could implement the *Mais Médicos* program with little defiance from the medical professional class, since Cuban doctors would be sent to the countryside and more peripheral regions of the country. The Rouseff administration failed to foresee how introducing foreign doctors would awaken a deep sense of peril within the medical professional class, which could then mount a sizable protest campaign against what they interpreted as a threat to their livelihoods, profession, and social status. Furthermore, the government did not anticipate how quickly Brazilian doctors could employ and shift discourses to meet their political necessities in the moment. As the implementation of *Mais Médicos* once again exemplified, “where there is power – there is resistance (Foucault, 1978: 95)”, whether that be from the oppressed class against elites, or from elite professionals mobilizing against a government attempt to reshape medical discourses.

Utilizing Pierre Bourdieu’s concept of *field of power*, we can see how the Brazilian federal government, Brazilian medical professionals, Cuban doctors within *Mais Médicos*, and Brazilians who use the public health care system were each at different points within the same social field. Each group sought to maximize their benefits from the introduction of the program, or minimize their losses, and each was willing to employ and repeat certain discourses about medical knowledge and health care to protect their position within the field of power. This demonstrates how individuals act out and echo certain discourses to maintain their social privileges, vis-à-vis other social groups. As well as, how the introduction of “international” elements within a field of power can work to create a rupture with pre-existing discourses, reaffirm discourses, awaken dormant discourses, or a combination of all three. As our discussion in the previous paragraphs has shown, a combination of all three of these discursive practices seems to have unfolded around *Mais Médicos*, as each group in the field of power attempted to defend themselves from what they saw as an eminent threat from the others. Or as another mayor from the PT, Paulo put it:

For us it was a break in the patient-[medical]professional relationship paradigm because of the amount of time that was made available by these professionals in their wide set of activities at the public health clinic. Of course, at first, there was a foreseeable problem, which was people getting used to the Latin accent [of the Cuban doctors]. But soon that was surpassed and

there was great acceptance of the work of these professionals... Before, we used to have a lot of complaints, in general, from the users of the [public health] system that – not all – but that some of our professionals from here [Brazil] had a different way of analyzing the patient, oftentimes already writing up the prescription, without examining the patient.

It is rather revealing that Mayor Paulo chose to use the words, “break in paradigm”, to describe the effect the arrival of Cuban doctors had on health care delivery and practices within his municipality. From his testimony, and that of the Cuban doctors themselves, one can sense their belief that *Mais Médicos* led to a more democratic and equal health care system in Brazil, as well as a drastic redefinition of the patient-doctor relationship, claims we will better analyze in the following section. However, we can also ascertain that the introduction of Cuban doctors in any society leads to a politicization of their work and activities within the host country. That was true of Cuban involvement in Angola during the Cold War (see Hatzky, 2015), as well as in every country that Cuba sends medical professionals to, as doctor Leticia who worked in a medical mission in Venezuela, and has since moved to the United States, revealed during her interview:

We were required to tell them [our patients] the importance of voting for Chávez, that they had to keep the Bolivarian government, that they had to vote for the Chávez government because Chávez had brought health care and things like that. And they wanted us [Cuban doctors] somehow also to convince them, but that was not my function and because of that it did not interest me to speak about politics. Because when you brought up politics, they themselves would tell you, “You did not come here for that, you are not Venezuelan, that does not matter to you”.

Cuban doctors regardless of geopolitical setting, always find themselves at the nexus of multiple and oftentimes competing discourses related to race, class, gender, biopolitics, and so forth, which they must navigate as they are introduced into a foreign country’s field of power.

However, Cuban doctors do not in and of themselves politicize medical care in any of the countries where they work. Instead, discourses surrounding medical care are always politicized, and the employment of foreign doctors only leads to a deepening of that process. The discourses themselves, and the ways in which class, race, gender, and so forth, are articulated through them, shift from country to country, and even within a single country. The introduction of an “international” element into any pre-existing field of power leads to multiple ripple effects within a society, as different groups protect their position against a possible, “break in paradigm”, to use Mayor Paulo’s term. *Mais Médicos*, specifically, caused a sizeable

mobilization of discourses because of its very medical nature, which threatened the ability of Brazilian doctors to make truth-claims about health care, as well as medicalize the body, as we will turn our discussion towards now.

### Biopower and Bodies Within Medical Internationalism

When we examine the day-to-day functioning within *Mais Médicos*, a strikingly nuanced image arises of how on the ground, at the local, and at the interpersonal level, the program resulted in a series of micro-struggles over how and who should enact biopower. Mayor Paulo's proclamation of a "break in paradigm" might seem like strong wording, until we contextualize his sentiment further, and what it meant to the average Brazilian to come into contact with, and be treated by, a Cuban doctor. Or as a municipal Secretary of Health, Felipe stated during his interview:

Interviewer: What were the differences that you all noted, or that people told you, between those doctors that come through *Mais Médicos* and Brazilian doctors?

Felipe: The relationship bond [*relação de vínculo*] with a Cuban doctor is different than the relationship bond with our doctors, and the patients. To begin with, our doctors sit over there [points to other side of the desk] and the patient is over here. There exists a desk between them and its very probable that he will check the patient's pressure with the arm stretched over [the desk] to the other side and the patient on this side. A Cuban doctor is the opposite, he pushes the chair to where you are sitting and sits next to the patient and he checks the patient's pressure like this [points to his arm]. That was a surprise for the patient, having a doctor get up and come sit next to them, it gives a notion of being more proximate to the patient. It constructs a bond.

Certainly, this *different* treatment of patients by Cuban doctors could be attributed to revolutionary ideals, stemming from Che Guevara, Fidel, and others, about how communist doctors should be different than capitalist doctors, or to the singular type of medical school training Cuban doctors receive (Brotherton, 2012; Bustamante & Sweig, 2008; Kirk, 2015). However, one could also posit that this different doctor-patient relationship, this different "paradigm", goes deeper: to a different understanding of biopower, the human body, and how to exercise one over the other. This is not to imply Cuban medicine is "better" or "more humane" than other types of medical approaches or cultures – instead we contend it is sim-

ply *different* because it has evolved within Cuba's own unique matrix of discourses surrounding medicine, race, gender, and so forth. Secondly, when transplanted from their original matrix, Cuban doctors inherently stand out because they represent a different discursively constituted approach to medicine and to "acting like a doctor". To put it simply, Cuban medical professionals have a distinct way of treating, seeing, and defining the bodies of their patients, and of understanding their own bodies vis-à-vis their patients, or what Butler calls "a process of materialization (1993: 10)".

Medicine and the medical profession are typically seen in a positivist light of pure reason, rationality, and truth. As historian Sander Gilman puts it, "The power of medicine, at least in the nineteenth century, lies in the rise of the status of science... In examining the conventions of medicine employed in other areas, we must not forget this power (1985: 205-6)". What we see here, when we juxtapose a Cuban doctor with a Brazilian doctor, is just how much of medicine, the medicinal profession, and the medical professional, are socially constituted and imbued with biopower, which is then used to: mould, gender, and racialize the body in myriad ways. During the course of our fieldwork it was not only Felipe who expressed this "difference" between Cuban and Brazilian doctors and how they treated and bonded with patients, considering Cuban doctors were also aware of these differences, as doctor Antonio shared:

Interviewer: In what ways do you think that Cubans change Brazil, in other words, in what ways do you think that all of you affect the people with whom you interact?

Antonio: Of course, look let me give you an example that I often use with people when that topic comes up. Cuban doctors are made to be family doctors, to touch and interact with the patient. I remember that when I arrived at the clinic for the first time my chair and the patient's chair were on opposite sides of the desk. I went in and immediately changed them, I want the patient here by my side [points at himself] so I can touch them and feel closer to them... From this alone the patient leaves the consultation feeling better, it's like a placebo, you know only Cuban doctors that are able to do that.

What we see in both Doctor Antonio's answer, as well as in the municipal health official's, is that the arrival of Cuban doctors in Brazil led to a social reevaluation of the doctor-patient relationship. This reevaluation included power relations that had been normalized across time as the "natural" outcome of class and racial differences. Furthermore, as we see in Antonio's answer, his awareness of his own biopower capabilities and ability to employ them to create a "placebo

effect” on his patients demonstrates that Cuban doctors, although imbued with a different sense of class, are still cognizant of the power they hold over the body, in both biological and cultural ways. This is what Rosenberg means when he writes about the “tyranny of diagnosis”, stating:

[Diagnosis] is a ritual that has always linked doctor and patient, the emotional and the cognitive, and, in doing so, has legitimated physicians’ and the medical system’s authority while facilitating particular clinical decisions and providing culturally agreed-upon meanings for individual experience (2002: 240).

Moreover, Antonio’s diagnosis abilities may also explain the fear of Brazilian doctors over employing foreigners within the *Mais Médicos* program: a concern over new forms of biopower and diagnosis, both technological and cultural, being introduced within Brazilian civil society, and new methods for “materializing” the human body. This insight, when expanded, allows us to reinterpret South-South cooperation programs of a medical nature, at least (as well as North-South cooperation programs), as going beyond aid and development projects. Instead they can be viewed as state-led attempts to introduce and superimpose new discourses and paradigms in an effort to subvert or weaken pre-existing ones within society. In the case of *Mais Médicos*, the government attempted to do so by introducing new discourses about biopower in an effort to redefine the medical profession and the ways in which medical care is delivered in Brazil.

Following Judith Butler’s (1999: 171) insights about “gender performance”, one could argue Cuban doctors have a distinct way of “performing” their “doctoriness”, and this was immediately recognizable by Brazilian patients. This is *not*, once again, to say their performance is automatically more humane, scientific, or correct – but to suggest it is as much a performance as that of other professionals. Moreover, although their performance might be different, or differentiated, from doctors trained within capitalist social systems, it is still not free of the social processes and power relations that are articulated through the medical profession. To demonstrate this point, let us consider this excerpt from our interview with a Cuban doctor, Ana Clara, who completed a medical mission in Venezuela:

Interviewer: What are the differences you see between men and women in Venezuela and in Cuba?

Ana Clara: Well, women here [in Venezuela] govern the men. Here women are strong. Hysteria fits, in Cuba we see that among women. Here it’s the

men that come to the clinic with hysteria fits, who are 19, 20, 21, 22 years old because of their girlfriend.

Interviewer: And what do you think about that?

Ana Clara: Well you can imagine [rolls eyes and smiles] what would you say about that?

From Ana Clara's response one can ascertain that as a Cuban woman, she holds a different understanding of the male/female gender dichotomy, and resultantly of how women and men should "act" during their interactions with each other. Moreover, her answer shows how Cuban doctors – despite official government rhetoric and Cuba's great strides in treating patients more attentively – are still capable to repeating gendered, racialized, and other heteronormative interpretations of the human body. Post-Soviet Cuban medical practices might be "revolutionary" to a certain extent; but this does not mean they have fully challenged inherently classist, gendered, heteronormative, racial, or other social biases and premises.

Additionally, Doctor Ana Clara's reading of Venezuelan men "acting" in what she interprets as a feminine manner, both culturally and pathologically, illustrates how these medical missions create an encounter between infinitely different ways of enacting and utilizing biopower. Ana Clara "expects" men to perform their gender in a certain way, which means she also has an expectation for how she performs, as woman, doctor, private citizen, etc. Read internationally, these medical missions create a clash between social systems, and how they are articulated by Cuban doctors within their host communities through biopower. This can have both positive and negative effects, depending on your position in the resultant power dynamics. Cuban doctors are well aware of their personal agency as medical professionals, and the resultant identity it entitles them to, and as Doctor Antonio's testimony validates, they are not hesitant to enact this biopower. Certainly, Doctor Ana Clara is just one individual, and this is only one statement she said among many during her interview. The point here is not to criticize her or any other Cuban doctor, but instead to problematize the traditional and singular "goodwill" discourse that is crafted around Cuban doctors, while presenting a more nuanced perspective on their international efforts.

From these short excerpts of interviews with Ana Clara and Antonio, as well as Brazilian officials, we can begin to perceive the international ramifications of these medical missions on biopower, discourses, and struggles over both. During the course of our interviews, in the same way that Ana Clara remarked on the Venezuelan men's "hysteria fits", other Cuban doctors expressed bewilderment at various Brazilian tropical diseases they had to treat and social norms they were exposed to during their time with *Mais Médicos*. For instance, one research participant was quick to list off

various illnesses that are not prevalent in Cuba (but are in Brazil) and their causes, such as Brazilian *Gaúchos* (people from Rio Grande do Sul State) contracting specific intestinal diseases from eating too much rare meat, a dietary practice Cubans tend to avoid. Cuban doctors who have completed missions in numerous countries were also quick to remark on the differences between health care systems, for instance in Brazil they have access to better medications and equipment than they did in Venezuela. These memories reveal all of the cultural insights Cuban doctors gain during their time abroad, and how they then become a two-way bridge between medical practices in Cuba and their various host countries. As the documentary, *Vem de Cuba* (2017), about the experiences of two Cuban doctors working in *Mais Médicos* in Brazil's Rio Grande do Norte state well illustrates, in their efforts to integrate into and serve their host communities, Cuban doctors both change and are changed by them.

Taken to the international level, this process works to either reinforce or defeat pre-existing discourses and notions, depending on the situation. For instance, Laura, a Brazilian doctor, who is very critical of the *Mais Médicos* program, revealed the following:

Better collegiate training I cannot judge because I do not know Cuban universities, but I can guarantee that today public universities, at least, here in Brazil have excellence in medical training... I cannot say that all medical training here in Brazil is better than that in Cuba, but I can guarantee, I couldn't tell you a percentage, but a large part of our universities train excellent professionals.

This response reveals the tense power struggle that the creation of the program incited, as each side fought over their right to have power work through them to accomplish greater social ends. The results of these struggles, however, as we have seen throughout this section, are more complex than can be perceived at surface-level. *Mais Médicos* and its effects on biopower, bodies, and biopolitics will last beyond the duration of the program, considering that many Cuban participants have married Brazilians and chosen to stay in Brazil. Moreover, the complex questions this presents us with over who, how, and for what ends, is able to define and treat the human body – at both the inter-personal and international levels – will continue to evolve across political arenas.

## Final Considerations

The arrival of Cuban doctors in Brazil was not greeted by a scapegoatist reaction to their inclusion in the *Mais Médicos* program. Instead, Brazilian doc-

tors and other civil society members activated pre-existing discourses concerning biopolitics, race, nation, and so forth, to counter what they saw as a biopolitical attack from the PT government through opposing discourses. What resulted was a heated struggle whereby Brazilian doctors were afraid of losing their privileged stance over the human body, having social hierarchies upended, and acquiring a passive international identity. As Cuban doctors began arriving they did indeed affect the inner workings of biopower at the local and interpersonal level. However, they were also affected by their time in Brazil, and by all of the other countries where they complete medical missions.

Cuban doctors might also have a different way of employing biopower than Brazilian or Venezuelan doctors, yet their methods are still subject to power relations, albeit more subtlety. Seen internationally, this cautions us against accepting South-South cooperation programs as inherently free of power or dominance, and instead to critically analyze the day-to-day and interpersonal arrangements that result from these ventures. Patients and bodies are not abstract or token variables within political arenas, quite the opposite, they are at the frontlines as canvasses in multiple political struggles over biopower. The processes and exchanges outlined in this article are ones that we can observe in any international medical venture, be it the Red Cross, Doctors Without Borders, or so forth. Further research and reflections on these insights can work towards advancing our understanding of hierarchy, discourse, and their resultant effect on individual bodies.

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