

Rethinking the U.S.-Cuban Embargo: U.S. Minorities at The Latin American

School of Medicine in Havana

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I. Introduction

In a world that seems to grow increasingly more connected with each new telecommunications innovation and international policy, Cuba remains an exception. Shelved on our international radar due to decades-old political conflict, Cuba is ironically located only a few hundred miles from the tip of Florida, yet strict embargos and tightened security have largely kept the global exchange that typifies our interactions with other proximal nations to a virtual nil. Americans, should they desire to, cannot travel to or do business with Cuba, thanks to Fidel Castro's totalitarian regime and the U.S. government's perennially-renewed opposition to it.

Yet, in 2001, a group of American minority students defied their home country's law and flew to Cuba via Mexico to begin a medical school education. The Latin American School of Medicine in Havana (ELAM, as it is abbreviated in Spanish), was explicitly founded by the Castro regime to educate foreign medical students, but did not formally accept students from the United States until 2001, when U.S. politicians and religious leaders from the traditionally-poor South and the Bronx expressed the need for more doctors in their districts. From there an agreement was made between Castro and these leaders to admit students from low socio-economic backgrounds to ELAM with the philosophy that they would return to the U.S. to serve their needy communities. Since then, the program has persisted to benefit U.S. minorities who typically display low rates of matriculation into graduate schools, despite measures by President George W. Bush's administration to curtail the students' travel and re-entry to the United States.

The implications of having American professionals be educated at the charity of an enemy state are great. I propose that while minority U.S. students at ELAM did not explicitly matriculate there with any set, pro-Cuba political ideologies, their controversial decision to cater

to their own personal and economic wellbeing despite the U.S. government's ideology effectively questions the viability of the U.S.'s current anti-Castro policy, revealing the power globalization and a commitment to the rights of education and healthcare have over embargos in an increasingly connected world. The threat of programs like ELAM will only exacerbate in the future as the U.S.'s underserved populations grow and further question the dearth of domestic opportunities for them, especially in an increasingly globalized world, where opportunities beyond U.S. borders readily exist.

In my research I will analyze how these American students have determined that training in Cuba and not the United States is the best way to prepare them for careers in the U.S. This will help scholars better understand the motivations of the economically disenfranchised, and how this affects the United States' future sovereignty and ability to retain power. Answering questions of how and why the government has allowed this relationship to persist, even if begrudgingly, will answer questions about U.S. social and economic structure that must be fixed.

To accomplish this, I will use primary documents and interviews from current and former ELAM students along with evidence from U.S. and Cuban policies regarding healthcare and education to show how socio-economic factors influenced the creation and implementation of this program, and how these same factors, if unchanged, will contribute to ELAM's growth in the globalized future. The first portion of my paper will address the factors and context of U.S.-Cuba hostility, how and why ELAM was formed due to U.S. domestic issues, and how exchange has persisted with Cuba, even though the U.S. tried to make it an exception in its move towards globalization. In each of these cases I will draw on my hypothesis that globalization as an international force made the ELAM program inevitable, considering the social spending problems the U.S. could not address. Then, I will discuss the students and their stance on the

situation; how they have developed in light of the conflict, and how their testimonies all show that it was domestic problems and U.S. attitudes towards globalization that prompted them to believe this program was right for them, despite Cuba's enemy status and their prior lack of appreciation for Cuba. I will then discuss the particular types of resistance these students have faced and why, particularly in the context of upholding U.S. dominance and superiority in the fields of healthcare, education, and maintaining autonomy despite globalization. I will conclude with an evaluation of how globalization as it is being touted cannot be stifled in some areas but welcomed in others, reiterating my argument that the questions brought to the forefront by the U.S. ELAM students will need to be addressed instead of ignored (as in the past in dealing with Cuba) for the U.S. government to be at ease with having its growing minority populations utilize outside aid for their wellbeing.

II. U.S.-Cuban hostility and the Influence of Cuban Social Spending on the American Minority Class.

Though the term globalization has taken on many meanings and insinuations in the present day, ultimately, what makes it relevant to U.S. citizens is its ability to connect us with opportunities all over the world. As technology and communication barriers decrease, so too do the former limitations in trade, ideologically and financially, between peoples across the continent for business and education.¹ The U.S. government, in particular, has spearheaded movements since the 1990s to further these relationships and diplomatic ones with foreign

¹ The International Monetary Fund, "The World Economic Outlook: Globalization and Inequality," October 2007, <<http://www.imf.org/external/pubs/ft/weo/2007/02/index.htm>> (13 Nov 2007).

nations for the sake of international commerce, with NAFTA being the prime example of this in the Western hemisphere. The propagated belief, it seems, is that globalization and the opportunity to coordinate with the international community will be crucial for economic progression, particularly in Latin America.

However, this philosophy does not extend to the U.S.'s relationship with Cuba. The persistence of the embargo on Castro's communist ideals, reiterated by the Clinton administration as the Cuban Democracy Act ² and strengthened by the Bush administration after it, is in stark contrast to the U.S.'s actions in terms of freeing exchange with communities outside of its borders. But with the new millennium came the first break in the cycle, over factors that the U.S. government has been, thus far, powerless to contest. In 2001 a class of roughly 100 American students backed by U.S. politicians, both pro-Cuba and formerly apathetic or anti-embargo, ventured illegally to study medicine at ELAM. The reason for their success was their undeniably compelling plea for the opportunity that Castro, dictator and enemy to the democratic U.S., was offering them: a powerful education, the tools to create a livelihood to elevate their socio-economic status, and the ability to serve the forefathers of their impoverished and typically underserved constituencies — in effect, the American dream, communist style.

By their decision to choose Cuba as the answer to socio-economic strife, these American students have made it clear that Castro's bid for serving the poor has finally overcome the blockade and begun to tread into the U.S. government's worst-case scenario from the Cold War. Contrary to the anti-Castro propaganda disseminated in the United States, the revolution was very successful in Cuba on many points, namely, its implementation of widespread health care

² Michele Zebich-Knos and Heather Nicol, *Foreign Policy Toward Cuba: Isolation or Engagement?* (Lanham, Md.: Lexington Books, 2005), 27.

and education to its citizens, including the pre-Cuban revolutionary era's lower classes. Health and health care in Cuba appeared in the proceedings of the jury in which Fidel Castro and his comrades were judged after the violent events that underlined the attack to the Moncada Army Barracks in Santiago de Cuba in 1953, and were listed among Castro's motives for the failed attack and for the nascent revolutionary movement.³ The success of these sectors, considering the dearth of Cuba's possibilities for self-sufficiency as an island state, are remarkable and do reveal that the half-century of U.S. blockade has been over-archingly ineffective in halting the execution of some of the Cuban revolution's key promises. Cubans are healthier and better educated now than before Castro's ascension to power, despite predictions to the contrary.

Hostilities between the U.S. and Cuba have led many Americans to believe that Cuba's health sector (as well other similar indicators of progress) is far inferior to their own, partially because of its isolation. According to the *New England Journal of Medicine*, Cuba now has twice as many physicians per capita as the United States. Traditional markers of a country's medical progress like mortality rates, widespread disease, and life expectancies are on par with those in the most developed nations — a feat considering Cuba's exclusion from the United States' medical resources since Castro's regime came to power. Cuba in 1997 had the highest percent of population older than 65 years of age in the region,⁴ and boasts life expectancy rates equal to that of the U.S.,⁵ despite its sequestering from the United States' advanced medicines and medical technologies. Cuban life expectancy has been increasing and infant mortality rates decreased in

³ Katherine Hirschfeld, *Health, politics, and revolution in Cuba since 1898* (New Brunswick, N.J.: Transaction Publishers, 2007), 52.

⁴ Ernesto Mario Bravo, *Development within Underdevelopment? New Trends in Cuban Medicine*. (Havana: Instituto Cubano del Libro, 1998), 25-31.

⁵ Richard Garfield and Sarah Santana, "The Impact of the Economic Crisis and the U.S. Embargo on Health in Cuba" *American Journal of Public Health*, 87:1 (1997): 11.

2005 to 5.8 per 1,000 live births—compared to 6.5 per 1,000 in the United States.⁶ The reason for this success is Cuba's focus on preventative care as a right for all people and its community-based system of treatment. Doctor teams are assigned across the island to care for communities of roughly 600 citizens, ensuring that all Cubans receive lifelong medical treatment at low or no cost. In comparison, most Americans receive the bulk of their medical care only in times of extreme illness, often later in age. Ultimately, shortages in specialized medical equipment and pharmaceuticals that must be imported (and could be purchased from the United States) have not obliterated Cuba's public health. Instead, according to the Harvard School of Public Health's most recent 2002 investigation, Cuban public health is equivalent, and in some cases, better than that of the U.S.'s, at a fraction of the cost.⁷

This lack of financial strain for quality medical care is what is currently calling the attention of U.S. hospitals overwhelmed with patients unable to support themselves, many of whom are part of the U.S.'s growing minority populations. More than 45 million Americans lack basic health insurance⁸ in a country where health care is not a government-protected and subsidized right, as it is in Cuba. The relationship among minority populations between financial inability and racial status is problematic, as it has led to these groups' self-identification as "overlooked" and incapable of receiving effective treatment in the American system, particularly because there are literally no healthcare practitioners in their communities.⁹ There are

⁶ Garfield and Santana, "The Impact of the Economic Crisis and the U.S. Embargo on Health in Cuba," 13.

⁷ Chelsea Merz, "The Cuban Paradox," *The Harvard Public Health Review* (Summer 2002): accessed online at <http://www.hsph.harvard.edu/review/review_summer_02/677cuba.html>

⁸ Sarah van Gelder, "Why Cuba is Exporting Health Care to the U.S." *Yes! Magazine*. June 2007, 18-22.

⁹ The American Association of Medical Colleges Center for Workforce Studies, *2007 State Physician Workforce Data Book*, November 2007, 5-9 <<http://www.aamc.org/workforce/statedatabooknov2007.pdf>>.

disproportionately fewer doctors practicing in the U.S.'s areas of lowest mean household income, making suitable health care, should it be affordable, literally impossible to find in traditionally poorer areas. Such neglected regions include rural America, inner-cities, and much of the South. Even more problematic is that this neglect is inextricably racialized, as African Americans and the U.S.'s growing Latino population are the major constituencies of these underserved areas of low socio-economic status. Similar inequalities in the highest levels of education, including medical schools, are undoubtedly what compounded with these facts and tensions to induce the environment that ultimately created the U.S.-ELAM program and ensured its existence over the last seven years.

III. Globalization and the U.S.'s Inadvertent Role in the Development of the U.S.-Latin American School of Medicine Agreement

According to the Association of American Medical Colleges (AAMC) and the Sullivan Commission on Diversity in the Healthcare Workforce, since 2006 a mere six percent of practicing physicians in the U.S. are of African-American, Native American, or Latino background, even though 28.8 percent of the U.S. population hails from these minority groups. Disproportionately low numbers of minority students matriculate into U.S. medical schools, and they account for only 14.6 percent of all medical school graduates.¹⁰ Only six percent of students entering medical school in 2000 were from families earning less than \$50,000 a year.¹¹ Students

¹⁰ The Association of American Medical Colleges, *Minority Student Opportunities in United States Medical Schools*, November 2007, <https://services.aamc.org/Publications/index.cfm?fuseaction=Product.displayForm&prd_id=213&prv_id=257> (15 Nov 2007), 3.

¹¹ *Ibid*, 3.

of Hispanic descent, for example, continue to remain a drastic minority in the top educational levels of the U.S.'s healthcare sector, despite the Latino population's rapid growth.

These iniquities are hardly new or recently acknowledged. The U.S. government once had a successful program similar to ELAM in the National Health Service Corps' Scholarship Program, which formerly enabled the free medical school tuition and expenses of over 6,000 American minority students, to address this issue. In 1980, one in every four black medical students had a corps scholarship.¹² But what is most notable about the Corps program is the way it mirrored ELAM by offering aid on the condition that its scholars practice in medically-underserved areas, indicating that at one time the U.S. government also realized the role minority physicians could play in equalizing regional public health. This program was short-lived, however, as the Reagan administration began annually slashing the Corps' scholarship budget, reducing its potential from 6,159 students in 1981 to over half of that amount the following year. In 2007, the corps offered a mere 90 scholarships. By comparison, the 2007 entering class to U.S. medical schools, according to new data released by the AAMC, totaled almost 17,800 students.¹³ According to Beatrice L. Bridglall of Columbia University's Institute for Urban and Minority Education, such setbacks to minority education represent the nation's "most critical educational failure," indoctrinating a type of prejudice against minorities on college campuses that ultimately leads to their further "academic and social isolation."¹⁴

In light of this government-backed disparity, members of the U.S. Congressional Black Caucus, including Rep. Bennie Thompson of Mississippi, began questioning and researching the

¹² Cindy Loose, "The Cuban Solution," *The Washington Post*, July 23, 2006;W12

¹³ American Association of Medical Colleges, *Minority Student Opportunities in United States Medical Schools*, 22.

¹⁴ Beatrice L. Bridglall, "Mentoring and its Role in Developing Intellectual Competencies," *Pedagogical Inquiry and Praxis* no. 7 (September 2004): 1.

viability of outside answers to these low numbers. In May 2000, visiting members of the Caucus attended a dinner in Cuba hosted by Fidel Castro to discuss these contemporary issues affecting African-Americans in the U.S., and found a sympathetic ear. According to Thompson, he mentioned to Castro that areas of his district were practically destitute and critically underserved by physicians. Castro responded to this plea with an announcement four months later in New York City's Riverside Church that electrified the mostly-African American and Latino audience: that Cubans "are prepared to grant a number of scholarships to poor youth who cannot afford to pay the \$200,000 it costs to get a medical degree in the U.S."¹⁵

ELAM had been operating for a year by then, educating qualified students from Latin America, Africa, and Asia with a deep-seated commitment to practicing in medically-underserved home communities for free. Today Cuba's medical schools are Castro's hardest-hitting foreign policy tool, accepting nearly 22,000 students from across the globe *gratis* to its medical-education programs. In Castro's own words, "What we want from The Latin American School of Medical Sciences is for students from our sister nations to become imbued with the same doctrine in which our own doctors are educated, with that total devotion to their noble future profession. For a doctor is like a shepherd, a priest, a missionary, a crusader for the people's health and physical and mental well-being."¹⁶ As of 2007, roughly 600 U.S. students, 85 percent of them from minority groups¹⁷ and all of them from working-class families, had taken Castro's romantic philosophy of health care for the people —their impoverished U.S.

¹⁵ IFCO/Pastors for Peace, "Medical School Scholarship Program at the Latin American School of Medical Sciences, Havana, Cuba Program Overview"; available from <http://www.ifconews.org/MedicalSchool/main.htm>; Internet; accessed 13 Nov 2007.

¹⁶ Ibid.

¹⁷ Rose Ana Duenas, "Cedric Edwards: As An African-American, I Feel Free Here," September 2005, *CubaNow.net*; <<http://www.cubanow.net>>.

communities — to heart, and matriculated into ELAM's Havana compound with 3,000 other disenfranchised students.

U.S. politicians, and not Cuban officials, initiated the ELAM program; U.S. leaders crossed diplomatic lines and their own embargo on Cuban ideology and resources to fix problems in the United States. Simply put, this was a drastic measure on the Black Caucus' part, implemented because of a drastic need for change. Without the appropriate social spending, U.S. minorities felt overlooked by the government to the point that they were empowered to flag down the "enemy"—Cuba. For the viability of the U.S. government's anti-Castro stance to be tested in such a way suggests that both modern doubts about the effectiveness of the embargo and the longstanding failure of minorities to ascend to white-collar professions came to a head at the same time. As developmental studies scholar Dr. Malcolm Adiseshiah once noted, "education is not politically neutral. It is an active supporter and faithful reflector of the status quo in society. If the status quo is predominantly unequal and unjust, and it is increasingly so, education will be increasingly unequal and unjust and there will be no place [domestically] to improve the conditions of the poor."¹⁸ ELAM, then, is not a singular event; it is merely the beginning in a chain of ideas and programs that will embrace globalization's popularity for the betterment of all U.S. citizens, trampling on the government's "status quo" if it prevents groups from achieving basic rights like education and health care.

What makes these "basic rights" of entering and attending medical schools so unattainable in the United States difficult is more than just the rigorous undergraduate study; it is the astonishing financial burden simply applying to medical school places on students without a reserve of at least \$1,000 to apply to one school and register for the Medical College Admissions

¹⁸ Paul Fordham, "*Participation, Learning and Change: Commonwealth Approaches to Non-Formal Education*," (London: Commonwealth Secretariat, 1980) 21, ERIC, ED 244766.

Test (MCAT). Most successful applicants, however, apply to multiple schools around the country and take test-prep courses to increase their chances of admission, adding hundreds of dollars to their budget in tutoring, counseling, flights and hotels for interviews, and mailing fees. Once admitted, students trade an average of \$25,000 and \$40,000 for public and private medical degrees, respectively, before applying once again for medical residencies. The cost of a medical education itself would have forced U.S.-ELAM students to wait 10-12 years to pay off hefty loans before they would be financially able to practice in poorer neighborhoods as they wanted.

Cedric Edwards became ELAM's first U.S. graduate, and chose medicine after he saw how few doctors in his area were able to effectively treat his brother after he suffered a football-related spinal injury. Edwards was accepted to some schools, but ultimately dropped out of Louisiana State University-New Orleans' School of Medicine once it was apparent that his brief time in medical school was turning out to be a study in disillusionment. "I didn't have the kind of support that I needed. I thought about being hundred thousand dollars or even more in debt. My grades were not reflecting my studying. I got very discouraged and very frustrated."¹⁹

This frustration in both the application process and medical schools is a common factor among minority students, according to Bridglall.²⁰ The overwhelming majority of students in U.S. schools are Caucasian and also have parents who are physicians themselves, apparently giving them an insider's advantage to the process. The environment in most U.S. schools is also a highly competitive one, further isolating ill-equipped minorities whose failure in assimilating to this lifestyle has shown to be detrimental to overall academic performance.²¹ Edwards and all

¹⁹ Michele Frank, MD, "Cedric Edwards, MD: First U.S. Graduate of the Latin American Medical School" *MEDICC*, <http://medicc.org>.

²⁰ Beatrice L. Bridglall and Edmund W. Gordon, "Nurturing Talent in Underrepresented Students," *Pedagogical Inquiry and Praxis* no. 6 (May 2004): 1.

²¹ *Ibid*, 1.

of the other interviewed U.S.-ELAM students all acknowledged that learning the skills for the compassionate, grassroots care they were interested in bringing back to their constituencies was difficult in American medical curriculums. “Here everything is very competitive and more of a ‘sink or swim’ environment whereas at ELAM, students are encouraged to help each other so that everyone passes,” said ELAM student Tachira Tavaréz, an Amherst College graduate from the Bronx. While ELAM focuses on care, Tavaréz noted that most pre-medical students bred a feeling of exclusivity and cared more about what specialties paid the best, often logging in volunteer hours, for example, to appease admissions committees. “I believe a lot of students that I have studied with at Amherst have lost focus of what medicine is about.”²²

ELAM and the Cuban healthcare system, on the other hand, rides on the notion of medicine as a humanitarian service, not a commodity. The Black Caucus’ goal of attracting students ready to serve upon re-joining the U.S. workforce is in line with this value. When one student initially bypassed medical school she took a job at a non-profit Youth Law Center. Tavaréz planned on biding her time as a teacher. Other U.S.-ELAM students include high-school dropouts-cum-street outreach workers, minority rights activists, and a former small-town religious leader. The juxtaposition of the U.S.’s capitalization of health care with Cuba’s value in service made Castro’s bid for free schooling all the more difficult to pass up for students like Tavaréz, more interested in the very Cuban ideals of expansive public health for their communities than in profiting from lucrative medical practices: “Coming from a lower working-class background, my goal was to always serve those communities.”²³ Tavaréz and her

²² Virginia Lora, “Recent Grad Embarks on Medical Career” *The Amherst Student*, Sept. 19, 2007.

²³ *Ibid.*

colleagues' *raison d'être* in Cuba was not a political one, then. Rather, it was a globalization-enabled opportunity for them to improve their lot in life.

The opportunities for minorities to gain such privileges as a top-notch education or premium health care in the U.S. are few, as proclaimed by these students, and ultimately forced them to go to Cuba for these needs. According to the University of Wisconsin's Institute for Research on Poverty, which has tracked the effects of low socio-economic status on education since 1966, low levels of investment in the education and development of disadvantaged children, including minority youth, translates into poorer outcomes in upper-level schooling and the workforce when those children grow up.²⁴ ELAM, however, largely focused on applicants' commitment to care-giving than anything else, enabling dedicated science students without traditionally-competitive MCAT scores, for example, to be admitted in the hopes of inciting their own poly-generational cycle of success.²⁵ Ultimately, not joining with ELAM was an impossible decision to the dedicated minority student aware of his or her inability to become a doctor in the U.S. because of these factors.

The popularity of the possibility of going to school in a foreign nation as beneficial to one's education is not unique to ELAM's students; it is a very U.S.-supported, globalization-enabled concept. As the U.S. government lays claim to globalized opportunities, so too are (and will) American citizens. Pushes towards greater global interchange have transcended the economic and diplomatic spheres and spread to academia and the concept of what constitutes a "well-rounded" education. Students across the U.S. are increasingly encouraged to study abroad as part of their undergraduate curriculum, and the merits of cultural immersion and language-

²⁴ Wisconsin web site

²⁵ IFCO/Pastors for Peace, "Medical School Scholarship Program at the Latin American School of Medical Sciences, Havana, Cuba Program Overview"
<<http://www.ifconews.org/MedicalSchool/main.htm>>.

study, among other social and academic gains, are being touted as more than the sum of their parts.²⁶ The U.S.-ELAM students undoubtedly recognize these benefits and their growing importance. In studying abroad they are, in a way, heeding their government's advice and following its precedent about globalization while leveling themselves in the academic playing field. "I will be heading back to the United States with a great advantage over the American students who have stayed there," noted ELAM student Wing Wu.²⁷ The sole problem lies in the fact that U.S.-Cuban relations are hostile, at best, and the U.S.-ELAM students' study-abroad venture is crossing diplomatic lines the U.S. would rather blockade. Globalization's endorsement has influenced these students' choices and possibilities, even where the U.S. has essentially prohibited it, indicating the power it has now and for the future of U.S.-Cuban relations, especially as it pertains to the personal and economic wellbeing of socially-climbing minority groups. It can be surmised that, given ELAM's success in maintaining seven years of U.S. applicants, it and other programs geared towards international advantage (and in ELAM's case, improvement in the living standards of disadvantaged groups) will only expand in the globalized future.²⁸ Support for such programs and defense of controversial choices such as the U.S.-ELAM students' is strong, considering these factors. To quote Rep. Bennie Thompson, "We have children dying in our districts because of inadequate health care, so why should it matter what country a doctor was trained in? Rich folks go to offshore medical schools all the time, so why

²⁶ Andy Green, *Education, Globalization and the Nation State* (London: Macmillan, 1997), 23.

²⁷ Richard Chacon, "Cuba Giving 8 Americans Free Medical Education" *The Boston Globe*, May 4, 2001.

²⁸ Amy Stuart Wells, "Globalization and Educational Changes in Andy Hergreaves" in *International Handbook of Educational Change Volume 5*, ed. Amy Wells (London: Kluwer Academic Publishers, 1998), 30.

shouldn't poor students whom we know will come back and serve our communities?"²⁹

IV. How and Why ELAM Persisted Despite U.S. Governmental Objection, and the Shift in U.S.-ELAM Students' Political Perception of Cuba

The effect of the United States' embargo on Cuba is not lost on the U.S.-ELAM students that were or are currently in Havana. Though they are U.S. citizens, as residents among Cubans studying under Castro's terms and on his turf, they have the unique distinction of being some of the only Americans to experience life with the blockade as Cubans do. By and large, the ELAM students interviewed by members of the American press expected a downgrade in public lifestyle when they ventured to Latin America. However, the extent to which the embargo specifically restricted their daily actions at the most basic levels was the one factor the American students apparently did not anticipate. Mail service is not permitted to and from the United States and Cuba, which made something as banal as shipping sweaters from home an impossibility for students, whose monetary allowances of four dollars per month from the Cuban government is not sufficient for clothing purchases.³⁰ Other students faced similar conundrums in communicating with family members at home, and Edwards' parents were unable to attend his graduation ceremony in 2005. Ultimately, dealing with these issues were what first kindled the U.S.-ELAM students' questioning of the embargo's scope and purpose.

²⁹ Richard Chacon, "Cuba Giving 8 Americans Free Medical Education" *The Boston Globe*, May 4, 2001.

³⁰ Gary Marx, "Cuban Medical School," *The Chicago Tribune*, January 16, 2003

Still, students felt they could not complain about the conditions, considering the power of the degree they would be leaving with.³¹ In the end, the strong desire to return to the U.S. as a physician to their communities was what made minority students like Edwards stick through ELAM's adversity: "Honest, I would want to make a commitment because a lot of times when people talk about an underserved community, they're talking about my community, African-Americans in the United States. So I want to go back to my community and practice there. I know first-hand what 'underserved' means. I know the people, I know the culture and I know a lot about the problems that affect the community."³²

However, life on the wrong side of the blockade took a turn for the worst in 2005, when the threat of criminal punishment for studying in Cuba and/or being forced to drop out of ELAM nearly became real. For four years the U.S.-ELAM students covertly studied at its Havana campus as the Bush administration scrambled to tighten currently-existing measures regarding travel to Cuba. These measures were finally passed in 2005, and officially banned previously-licensed educational excursions to Cuba, along with other restrictions.³³ When it demanded that the students return home, the Black Caucus, U.S.-ELAM organizers and supporters, and family members of the U.S.-ELAM students erupted in successful protest and were allowed to stay, noting as Rep. Thompson did that "[They] will fight to save this opportunity."³⁴ According to most of the U.S.-ELAM students, including Edwards, increasing awareness of the extent of U.S.-Cuban hostilities only served to disillusion them from the U.S.'s policies over time: "While I've been here, I've tried not to get involved in politics. But I do want to say that I now disagree with

³¹ Loose, "The Cuban Solution," W12

³² Frank, MD, "Cedric Edwards, MD: First U.S. Graduate of the Latin American Medical School"

³³ Kimberly Stanton, *Retreat from reason: U.S.-Cuban academic relations and the Bush Administration* (Washington, D.C.: Latin American Working Group Education Fund, 2006), 14.

³⁴ Loose, "The Cuban Solution," W12

the blockade. Not only do I think it's wrong, but I think regardless of what your feelings are about it, it's *ineffective* [emphasis added].”³⁵

For ELAM students from New Orleans however, 2005 proved to be a tumultuous year for more reasons than one. Hurricane Katrina hit at the end of August just as students returned to Havana for the fall term, decimating the undergraduate colleges and homes of several students, including Edwards, whose home and belongings were destroyed in nearby Slidell, LA. Though affected U.S.-ELAM students were unable to return to family in the U.S. despite the tragedy, the disaster did attract aid from the global community, including ELAM's professors and faculty: “We didn't even start school because Katrina had happened. The very next day, these doctors came to campus to learn about New Orleans and the culture there... they had their bags packed and ready to go.”³⁶ said former Xavier University (of New Orleans) student Amanda Haynes to the *Florida Times-Union* in February 2007.

Castro offered 1,600 physicians to New Orleans in the immediate aftermath of Hurricane Katrina to address the dearth of medical care in the evacuated city. Doctors are perhaps Cuba's slickest export. Nearly 100,000 of them expected to graduate from Cuban medical schools over the next 15 years according to Dr. Juan Ceballos, advisor to Cuba's vice minister of public health,³⁷ expanding the ranks of the 30,000 of Cuban health professionals already practicing worldwide. By contrast, studies from the AAMC show that the United States is expected to see a shortage of physicians and healthcare professionals in the near future, and according to former Assistant Secretary General of the United Nations Peter Bourne, there was “a clear need for more

³⁵ Frank, MD, “Cedric Edwards, MD: First U.S. Graduate of the Latin American Medical School”

³⁶ Tonyaa Weathersbee, “Medical Students Turning to Cuba for Education,” *The Florida Times-Union*; February 19, 2007.

³⁷ Sarah van Gelder, “Why Cuba is Exporting Health Care to the U.S.”

medical help for Katrina victims.”³⁸ Cuba’s doctors have responded to natural disasters on par with Katrina in other parts of the world, from Latin America to Southeast Asia, and frequently deal with hurricanes themselves.

The Cuban rescue workers, however, were not granted entry to the U.S. by the Bush administration, attracting the scrutiny of the U.S.-ELAM students, all of whom were accustomed to Cuba’s culture of need-blind health care and witnessed the mass dismissal. “When [the Cuban ELAM doctors] were denied, they were crying because they couldn’t go to help these people in desperate need.”³⁹ Though they were denied access to New Orleans, the ELAM doctors were welcomed a few months later in Pakistan, bringing 32 field hospitals to remote areas of the Himalayas to treat an estimated 1.7 million patients after its devastating earthquake.⁴⁰ Stateside, Rep. Thompson noted that the U.S.’s disregard for this aid was “unfortunate,” stating that “Our government played politics with the lives of people when they needed help the most.”⁴¹ Edwards also told the Cuban paper *Juventud Rebelde* that “Those who need aid the most are the poor and this offer would help them the most,” but that “the lives of many people have less importance than politics.”⁴²

Ultimately, it was this single response by the Bush administration to Cuban Katrina aid that completed the U.S.-ELAM students’ political change from curious or ambivalent to staunchly anti-embargo. Mere nuisances in their day-to-day lives such as toilet-paper and electrical shortages were the expected effects of the blockade, especially considering Cuba’s

³⁸ AFP, “US saw no need for Cuban doctors for Katrina relief”; September 2005. <http://findarticles.com/p/articles/mi_kmafp/is_200509/ai_n15638564>

³⁹ Tonyaa Weaterhsbee, “Medical Students Turning to Cuba for Education.”

⁴⁰ Sarah van Gelder, “Why Cuba is Exporting Health Care to the U.S.”

⁴¹ Loose, “The Cuban Solution,” W12

⁴² *Juventud Rebelde* in Bill van Auken, “Bush Administration Snubs Cuban Hurricane Relief Offer,” *World Socialist Web Site*; Sept. 9, 2005.

<<http://www.wsws.org/articles/2005/sep2005/cuba-s09.shtml>>

resource-scarce, Third-World status. The politicized denial of Cuban doctors to New Orleans, despite their necessity in the flooded city, represented a far more serious issue in the U.S.-Cuban hostilities — how this enmity negatively impacts the U.S. population’s wellbeing, and not just the Cubans’.⁴³

The U.S. embargo and its past fifty or so years of anti-Castro policies were specifically intended to weaken Castro’s power by depriving his subjects.⁴⁴ They were not, however, supposed to harm Americans in need. The U.S. government inadvertently demonstrated to the U.S.-ELAM students that not only can it not provide for their livelihood and education, but that it also would not act in the best interests of the minority poor, like those New Orleanians trapped in Katrina’s floodwaters, if it seemed politically unfavorable. Fostering such distrust among minorities, however, is a growing danger for the U.S., as it only reaffirms minorities’ decision to leave to places like Cuba for social support, giving weight to their anti-embargo stance.

By the end of 2005, however, virtually all of the students interviewed by major media had made some form of pro-Cuban health care, anti-U.S. embargo statement, citing health care and education inequalities in the U.S. as well as Cubans’ comparative hardships. Tragedies like Hurricane Katrina coupled with the U.S.-ELAM students’ growing concern with the domestic spending iniquities of the U.S. were a non-issue in interviews conducted in 2001, when most students’ political stances were lukewarm, at best. For the most part, the students had little formal knowledge of Cuban politics and policy and were simply interested in embarking on medical careers, not political ones, and were intimidated by studying abroad.⁴⁵ By 2007, after

⁴³ Zebich-Knos and Nicol, *Foreign policy toward Cuba*, 5.

⁴⁴ *Ibid*, 39.

⁴⁵ Mike Rosen-Molina, “The School of Life: Cedric Edwards’ path to becoming a doctor took a few unexpected turns” *Sacramento News and Review*, October 27, 2005.

Edwards graduated and returned to the U.S., he had a firm stance on the embargo.⁴⁶ Edwards later added after working in U.S. hospitals that “it’s really a shame that in the United States so many people have to go to the emergency room for health care in order to see a physician. I don’t think the Cuban people really appreciated this as much as I appreciate it, coming from the U.S., being one of the people who did not have access to health care.”⁴⁷ According to fellow student Carmen Landau, “This is a highly flawed system. After six years here, I could go on and on regarding things that I think should be different,”⁴⁸ pointing out her greater awareness of the U.S.’s social spending issues from ELAM in 2007.

Edwards’ and Landau’s last statements about their newfound appreciation for Cuba are reiterated by the other U.S.-ELAM students. In a way, these sentiments prove that, if given the chance, any American (let alone minorities of low socio-economic status) could possibly politically-evolve to be tolerant of Castro and Cuba, as they are. Educational studies scholar Amy Wells predicted before ELAM was founded that the future development of “globalized schools” like ELAM would become necessary, but she also predicted that this globalized education would inevitably lead these schools to “increasingly provide the sites of struggle over the meaning and power of national identity and a national culture [and] will no doubt also be the sites of various counter-hegemonic movements and pedagogies.”⁴⁹ The U.S.-ELAM students’ stories about the ideal Cuba they experienced brings sympathizers into Castro’s sphere of influence, bringing weight to Wells’ arguments. The ELAM students represent Castro’s fulfillment of only one occupational absence of U.S. minorities in the workforce, but the

⁴⁶ Frank, MD, “Cedric Edwards, MD: First U.S. Graduate of the Latin American Medical School”

⁴⁷ Ibid.

⁴⁸ The Associate Press, “Eight Americans Graduate from Cuban Medical School” *USAToday*; July 25, 2007.

⁴⁹ Wells, *Globalization and Educational Changes*, 68.

opportunities to appeal to other needy groups exist. Should Castro provide more resources for other sectors of the U.S.'s disenfranchised, a shift in venue is bound to occur, considering technology and globalization's ability to quickly inform Americans of these opportunities.

Altogether, this highlights yet another way the U.S.'s selective-endorsement of exchange will fail as globalization's pressures escape its control. The U.S.-ELAM students proved with their political evolution that globalization has a capillary action that "trickled up" unwanted information from Cuba to the United States. The idea of depositing information without recourse failed in the Katrina aid scandal, showing how globalization's force eventually overcomes restrictions on exchange, and can do so to the U.S.'s detriment should it be ambivalent, as in its on-off restrictions with U.S.-ELAM students' movement.

Yet despite these students' testimonies, there is lingering doubt about Castro's honesty in his purported humanitarian intentions with ELAM, considering his track record of repression and propagandizing. According to ELAM rector Juan Carrizo Estevez, "[ELAM] is not a political school. This is about medical training that's rooted in the deepest concept of humanity, because we hope that one day these students will become health missionaries in their countries."⁵⁰ Harsh critics of the Cuban government and U.S. officials alike have, nonetheless, openly questioned whether the offer is merely another Castro-led campaign to tout his country's policies and tweak Uncle Sam's nose. Indeed, many of the U.S.-ELAM students like Edwards have independently formulated and vocalized their anti-embargo stance since returning from Cuba, as scholars like Wells predicted they could, but others, including student Jamar Williams of Brooklyn, NY, insist that this is a personal, and not mandatory, choice: "They ask no one to be political. It's your

⁵⁰ Chacon, "Cuba Giving 8 Americans Free Medical Education" *The Boston Globe*.

choice. Many students decide to be political. They go to rallies and read political book, but you can lie low.”⁵¹

The fact is that exchange has persisted with Cuba, even though the U.S. tried to make Cuban exchange an exception in its move towards globalization. As the U.S.-ELAM students have shown in breaching the blockade, a selectionist approach to globalization is an impractical and unlikely goal. The U.S.’s initially aggressive reaction to this program was fiercely and rapidly quelled by grassroots pressure, undermining the U.S. government’s formerly iron-clad opposition to Castro’s dictatorship and paving the way for more rusting in the Bush administration’s armor. ELAM’s partnership with U.S. students persists, and it seems as though situations of racialized poverty and disadvantage are the water and air able weaken U.S. policies. A right to education is one of the tenets of American way, but for U.S. minorities, class and race seem to be getting in the way of that right—an unattractive concept for any democratic administration to be maligned with. As Rev. Lucius Walker, head of Pastors for Peace and IFCO once declared to *the Chicago Tribune*, “Cuba didn’t create the discrimination against black people [by] U.S. medical schools. That’s a U.S. phenomenon.”⁵² It would have been too politically costly for the Bush administration to follow through on its restrictions and deny young African-American, Latino, and other minority youth from working-class families the opportunity to become doctors and better their communities, especially considering its advocacy of seizing globalization’s opportunities.

This sentiment is echoed in the minds of the ELAM students themselves, many of whom like Edwards found at ELAM a collegiate environment unlike any in the United States in which

⁵¹ Mark Lacey, “Americans Study Medicine in Castro’s Cuba” *The International Herald Tribune*; December 8, 2006 <<http://www.ihf.com/articles/2006/12/08/news/journal.php>>.

⁵² Marx, “Cuban Medical School” *The Chicago Tribune*.

everyone was without privilege: “As an African-American, I don’t feel the racial tension that I feel in the States. That feeling is completely new to me. I feel like I’m free, like I can do whatever I want without fear.”⁵³ According to Columbia University’s Institute for Urban and Minority Education, such racially-inspired “fear” or intimidation within the college setting is what causes even bright minority students to perform poorly, as Edwards did, in a phenomenon known as “overpredicting.”⁵⁴ Removed from a state of difference and into one with appropriate support systems for minorities, students like Edwards were able to succeed, whereas they felt alienated in typical academic environments.

Moreover, the Cuban threat is, by and large, undefined in the minds of the average American more concerned with the War on Terror, as the 1960’s missile crisis was the last time it posed an eminent threat to the U.S. Now, most people cannot readily articulate the danger an aging Castro poses despite its communist status and proximity, and are more likely to respond to domestic threats against civil rights rather than the vague threat of Castro’s power. All in all, if the U.S. government continues to tout globalization’s merits, it will see more of its minority youth take advantage of foreign opportunities. If these opportunities are pulled out from beneath them without a readily-understood reason, as in the case with U.S.-Cuban exchange, the U.S. government’s intentions will inevitably be questioned in an even greater public consciousness than it already has.

V. Conclusions

⁵³ Frank, MD, “Cedric Edwards, MD: First U.S. Graduate of the Latin American Medical School” *MEDICC*.

⁵⁴ Bridglall and Gordon, “Nurturing Talent in Underrepresented Students,” 3.

For the students at ELAM, education is their globalized opportunity. When Fidel Castro founded ELAM in 1999, it was explicitly erected to offer free medical education to non-Cuban students so that they could serve their own nations. When it expanded to accept select American students from disadvantaged backgrounds, this philosophy continued. The U.S. ELAM students are hardly the products of the American dream, in their own estimation. All of the students accepted to study in Cuba had tried and failed to gain entrance into or complete programs at U.S. medical schools, citing financial strain and an inability to compete with other students better equipped the U.S.'s highly competitive and financially-taxing collegiate system. These students chose Cuba as a last resort, as literally their only way to become physicians in light of the socio-economic factors working against them in the U.S.

ELAM is a risky move for students returning to the U.S., with its deeply-entrenched anti-Castro propaganda threatening discrimination against their degrees, despite Cuba's upstanding medical school system (as all of its students are required), as its curriculum is in a different format than that of U.S. medical schools. For ELAM students to do well in the U.S., they must be able to take board exams that most American medical students are trained to pass. A Cuban degree could also be seen as less attractive to residency programs due to Cuba's enemy status, further complicating any decision on the American ELAM student's part to study in Cuba on a whim. Still, these students chose Cuba's international opportunity over the U.S.'s lack thereof, effectively undermining the U.S. government's longstanding anti-Cuba stance with their compelling desire to elevate their communities' socio-economic status and access to adequate health care.

Education and health care opportunities for all need to be ensured in the U.S., a nation where progress, civil rights, and the "freedom from want" are ideals paramount to maintaining its

national identity and functionality, or it is inevitable that more programs like ELAM will sprout up to fill these absences—and shape more young minds' political beliefs. As it is, the U.N. General Assembly voted in its 14th straight year that the U.S.'s embargo against Cuba should be taken down; should the U.S.-ELAM students manage to succeed in fixing the social issues of racial and economic poverty, the U.S. government will find that globalization's force will eventually tear it down for them.

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