



Unjustly Dismissing an Alternative: A Case of Epistemic Injustice among Epistemic Frameworks

BY/PAR **HOLLY LONGAIR**

Vanderbilt University

ABSTRACT

The concept of epistemic injustice has become a useful tool for understanding some of the wrongs and harms that result from the interplay of identity and knowledge. However, this paper proposes that analysis of epistemic injustice needs to consider not only the level of individual or institutional epistemic transactions, but also the level of epistemic frameworks. Drawing on Gaile Pohlhaus Jr. and Rajeev Bhargava, I examine the Cuban health care system and the epistemic framework it is based on as a case study of how prejudice that leads to the dismissal, discrediting and marginalization of such an epistemic framework can be an epistemic injustice.

Keywords: Epistemic injustice, Cuba, health care, epistemic frameworks

RESUME

Le concept d'injustice épistémique est devenu un outil utile pour comprendre certains des torts et des inconvénients résultant de l'interaction de l'identité et du savoir. Cependant, cet article défend que l'analyse de l'injustice épistémique doit prendre en compte non seulement le niveau des transactions épistémiques individuelles ou institutionnelles, mais également le niveau des cadres épistémiques. En m'appuyant sur Gaile Pohlhaus Jr. et Rajeev Bhargava, j'examine le système de santé cubain et le cadre épistémique sur lequel il est basé, en tant qu'étude de cas sur la manière dont les préjugés qui entraînent la démission, le discrédit et la marginalisation d'un tel cadre épistémique peuvent être une injustice épistémique.

Mots-clés: Injustice épistémique, Cuba, Soins de santé, Cadres épistémiques

JEL Classification: A11, A12, A13

1. INTRODUCTION

The language of epistemic injustice has provided scholars with an important conceptual scheme for addressing the interplay between identity, knowledge and ethics. However, the scope of this schema continues to be limited by its focus on cases of such injustice that occur in individual interactions. In what follows, I will suggest an addition to the conceptual scheme of epistemic injustice, which expands that focus from individuals and institutions to the level of epistemic frameworks. I will begin by outlining my understanding of both epistemic injustice and epistemic frameworks. I will then introduce a case study, examining the philosophy of José Martí and Che Guevara as a foundational source of what I will refer to as the *Cuban revolutionary epistemic framework*, and then outlining the ways in which this epistemic framework has shaped the Cuban health care system since 1976. I will argue that the marginalization and dismissal by many global actors of the Cuban approach to health care, and the epistemic framework that lies behind that system, is an epistemic injustice. It is the result of prejudice against ideas and policies that do match the assumptions of the framework employed by dominant global forces, and particularly prejudice against anything associated with communism. This case is one instance in a larger pattern of epistemic injustices involving prejudice against alternative epistemic frameworks, which I hope will serve to start a wider conversation about this kind of injustice.

2. EPISTEMIC INJUSTICE AND EPISTEMIC FRAMEWORKS

I employ a broad conception of epistemic injustice here, which follows Gaile Pohlhaus' argument that injustices are epistemic if: "they wrong particular knowers as knowers", "they cause epistemic dysfunction" (in the knower), and "they accomplish the aforementioned two harms from within, and sometimes through the use of, our epistemic practices and institutions" (2017: 13). Pohlhaus, following Kristie Dotson, argues that in order to ensure work on epistemic injustice does not perpetuate the oppression it seeks to name, scholars must use an open conceptual structure for analyzing the concept of epistemic injustice (Pohlhaus 2017: 14; Dotson 201: 24). The case study that this paper will focus on does not fit neatly into the existing typology of kinds of epistemic injustice¹, and it pushes the edges of even Pohlhaus' broad characterization of the concept. However, embracing Pohlhaus' insistence on the openness of the concept of epistemic injustice should lead theorists to consider cases of epistemic injustice that go beyond the individual knower.

Rajeev Bhargava provides one account of what epistemic injustice at the level of epistemic frameworks would look like. He uses the term "epistemic injustice" to identify "a form of cultural injustice" which "occurs when the concepts and categories by which a people

¹ For examples of kinds of epistemic injustice of see: Fricker, M. (2007). *Epistemic Injustice: Ethics and the Power of Knowing*. Oxford University Press, New York: NY; Peet, A. (2017). Epistemic Injustice in Utterance Interpretation. *Synthese*, 194, 3421-3443; Hookway, C. (2010) Some Varieties of Epistemic Injustice: Reflections on Fricker. *Episteme*, 7 (2), 151-163; Pohlhaus Jr., G. (2012). Relational Knowing and Epistemic Injustice: Toward a Theory of Willful Hermeneutical Ignorance. *Hypatia*, 27 (4), 715-735; and Anderson, E. (2012) Epistemic Justice as a Virtue of Social Institutions. *Social Epistemology*, 26 (2), 163-173; (among others).

understand themselves and their world are replaced or adversely affected by the concepts and categories of the colonizers” (Bhargava 2013: 414). He defines these concepts and categories as an epistemic framework: “a historically generated, collectively sustained system of meanings and significance, by reference to which a group understands and evaluates its individual and collective life” (Bhargava 2013: 414).

The focus of this paper will be a case of epistemic injustice operating at this level of epistemic frameworks. Such instances of epistemic injustice affect all of the people and institutions that employ that framework in some way, but cannot be reduced to the epistemic transactions between individuals or within and between institutions. Although individuals will be impacted, to varying degrees, the harms and wrongs that result from instances of this kind of epistemic injustice are always caused by the structures of power that put one epistemic framework in the position of dominance through by adversely affecting the alternatives. As a result, it cannot just be said that injustice is done to a particular individual or particular institution. Instead, it permeates throughout the group of people who use the epistemic framework in question. Often, as Bhargava’s definition suggests, the structures of epistemic power sustaining such epistemic injustices are the result of the historical injustices of colonialism and imperialism.

3. A CUBAN EPISTEMIC FRAMEWORK

Analyzing the case of the Cuban health care system and the epistemic framework behind it will help to illuminate the importance of considering this kind of epistemic injustice, particularly in the context of international development. According to the metrics used by international development community, such as the Millennium Development Goals, Cuba has made many advances in health care in comparison to other countries around the world (Millennium Development Goals Report Card 2010: 9; Campion and Morrissey 2013: 298) This system and its advances rest on a philosophy that was explicitly aimed at developing a society that (at least in theory) was based on an alternative to the dominant epistemic framework, which the revolutionaries saw as hegemonic and imperialistic. That alternative emphasized the need for ideas and practices rooted in the country’s unique historical, material and political context.

José Martí and Che Guevara were two of the central figures in developing that philosophy, which provided the foundation for an epistemic framework that presents an alternative view of what it means to be ‘developed’ and live a good human life, challenging the assumptions of many mainstream global development institutions and theorists. In doing so, it provides resources for improving peoples’ well being in areas such as health care that may be of use in countries where the dominant approach has fallen short. The fact that this alternative epistemic framework continues to be marginalized and dismissed seems to be primarily the result of prejudice based on its association with communism and the fact that it challenges dominant epistemic frameworks tied to global power structures.

What I refer to as the dominant approach is the one shaped by institutions such as the International Monetary Fund and World Bank, which seems to assume that a combination of capitalism, individualism and neoliberalism is the only framework within which the goals of global development can be carried out in an acceptable way. In contrast, Martí and Guevara’s philosophy urges the creation of epistemic frameworks that are developed by and

for Latin Americans², tailored to the particular history and materiality of each specific place rather than transplanted from another part of the world. While I will be focusing on the material results of implementing that philosophy in Cuba, and show how Martí and Guevara contributed to the epistemic framework that has shaped the Cuban health care system, the most important aspect of that epistemic framework for this argument about epistemic injustice is its contextualism. It is the marginalization of not just the Cuban health care system but the wider ideas, meanings, and significances behind it out of prejudice that constitutes an epistemic injustice.

Martí's writing during the Cuban war for independence greatly influenced Guevara and other leaders of the Cuban revolution in the 1950s, who used those ideas as the foundation for the policies (particularly in health and education) that were implemented by the Cuban Revolutionary Government. According to Susan Babbitt, Martí puts a concept of embodied knowledge at the forefront of his philosophy, viewing all aspects of knowing as "radically contingent upon circumstances and conditions" of the knower (Babbitt 2017b: 263). He thought that because of the contingency of knowledge, "we must change the world, even ourselves, to know real human needs. Whether our beliefs about such needs are true depends on how we act and for what purpose" (Babbitt 2017b: 263). He considered knowledge a matter of contextual cause and effect, a dialectic where the world (including other human beings) "acts upon us and we receive it back" (Babbitt 2017a). The encroaching influence of imperialist nations was an insidious threat, shaping how Cuban saw themselves in ways that ran counter to really knowing their needs (Babbitt 2017a: 263).

As a result, Martí thought Cuban independence needed knowledge that would situate the history and people of Cuba in the embodied context of *that* particular place, a kind of knowledge that he saw countries under imperialist control as lacking. He claimed that an emerging country like Cuba "demands forms that are appropriate to it" (Martí 2002: 290) and that "to govern well, one must attend closely to the reality of the place that is governed" (Martí 2002: 290). Babbitt argues that he was particularly concerned with liberating Cubans from what he saw as the European liberal conception of the self embedded in the notion of negative freedom, which he thought was incompatible with Cuban experiences of colonialism (Babbitt 2017b: 262).

Babbitt also argues that epistemic injustice was a clear focus of nineteenth century independence movements, as well as of the Cuban revolution in the 1950s, long before the concept was coined in the U.S. (Babbitt 2017b: 266). In particular, she points out that Martí, and later Guevara, were concerned with the domination of ideas as an aspect of the domination of people. Revolution was "about what epistemic freedom really means" (Babbitt 2017b: 266). Although Fricker, Pohlhaus, and others would all acknowledge that issues of epistemic injustice were discussed long before 2007, the focus of such philosophers on the individual in their analysis of epistemic injustice leaves out important aspects of this earlier revolutionary concern with the issue. Analyzing the current dismissal of the Cuban

² I do not claim that this is the only epistemic framework in Cuba, let alone in Latin America. I am specifically talking about the set of ideas, assumptions and meanings that has been embraced by the Cuban revolution, which I trace to Martí and Guevara (among others). There will be other epistemic frameworks at play in Cuba, including some that reflect what I have called the dominant epistemic framework.

revolutionary epistemic framework in terms of epistemic injustice adds a new piece to the open conceptual scheme that Pohlhaus emphasizes.

Guevara (among others) picked up on Martí's views of knowledge and of imperialism and used them to build a framework for the future of Cuba. He argued that to escape imperialism and outside economic domination, it was necessary "to build the new man and woman" of Cuba (Guevara 2002: 34) in whom the "love of living humanity is transformed into actual deeds" (Guevara 2002: 44). That process required the acquisition of "a new scale of values", ones that respond to moral rather than material incentives (Guevara 2002: 35) and recognize that "the pride of serving our fellow man is much more important than a good income; that the people's gratitude is much more permanent, much more lasting than all the old one can accumulate" (Guevara 2003: 117). In this framework, the individual is not an isolated, autonomous agent like the one assumed in liberal individualism, but instead one aspect of the "multifaceted being" that Guevara refers to as "the mass"³ (Guevara 2003: 31). Each person is still a free and creative force, part of but not subordinate to the whole of the mass. Guevara claimed that he could see this consciousness of the "new man and woman" becoming a reality among doctors within the health care system established by Cuba's 1976 Constitution.

4. THE CUBAN APPROACH TO HEALTH CARE

The 1976 Constitution established a system built on the principle that health care is a right that should be "available to all equally and free of charge, and that it is "the responsibility of the state" to provide it (Keck and Reed 2012: 14). The system is highly structured and well organized, with a primary focus on preventative rather than curative medicine (Campion and Morrissey 2013: 298). Doctors and nurses live in the communities they serve, are available at all hours (Suri 2016: 641), and do home visits at least once a year to approximately 100-200 families they are assigned and live among (Suri 2016: 642; Campion and Morrissey 2013: 297; Loewenberg 2016: 327). The system is structured around "comprehensive prevention and healing through longitudinal relationships between physician and patient, woven into the fabric of the community" (Suri 2016: 642). This model recognizes the deep interconnection between the many aspects of peoples' lives and relationships that can impact their well-being, and tries to incorporate knowledge of those lives and relationships into health care practices. It attempts to reflect a focus on understanding exactly "how social and economic factors influence the health of society" (2016: 641), implementing a context-based, embodied and material approach to medicine that is in line with both Martí and Guevara's philosophies. To ensure this situated and comprehensive care is available to all, medical teams are sent to marginalized urban and rural areas in every corner of the island. This is

³ For Guevara, the term "the mass" does not have the negative connotations it has for other philosophers, such as Hannah Arendt. He argued that "in the history of the Cuban Revolution there now appeared a character, well defined in its features, which would systematically reappear: the mass. This multifaceted being is not, as is claimed, the sum of elements of the same type (reduced, moreover, to that same type by the ruling system), which acts like a flock of sheep. It is true that it follows its leaders, basically Fidel Castro, without hesitation. But the degree to which he won this trust results precisely from having interpreted the full meaning of the people's desires and aspirations, and from the sincere struggle to fulfill the promises he made" (Guevara 2003: 31)

meant to ensure that every citizen has access to the services needed to fulfill their right to health care, regardless of income level, race or remoteness.

Many of the practical components of this health care system, particular those related to universal access, are also incorporated into systems such as those in France, Germany and Canada. However, what is unique to the Cuban system is the explicit connection between health care and the broader revolutionary ideas of the epistemic framework constructed by Martí and Guevara. Even where similar systems of access medical care have arisen, the ideas behind those systems differ. Central to the Cuban health care system remains an anti-imperialist, contextualist epistemic framework that pervades through the Revolutionary Government's policies and motivates a focus on embedding the system in the history and needs of a particular place. The health care system is just one example of the practical results that have arisen from that alternative epistemic framework, results which should be of particular interest to those concerned with international development.

Looking at Cuba's approach to health care within its borders alone does not tell the whole story of the epistemic framework at play, and its importance as an alternative. A key aspect of both Martí and Guevara's philosophies was their focus on international solidarity. Guevara in particular emphasized the necessity of what he called "proletariat internationalism" for the success of his revolutionary aims (Guevara 2002: 44). He saw a need to create an alliance among developing nations in both "the struggle against imperialism" (Guevara 2002: 17) and what he called "the struggle against backwardness and poverty" (Guevara 2002: 18). That push for international solidarity has clearly remained central to the Cuban revolutionary epistemic framework, reflected by many policies of the Cuban government today.

One of the key policies of that internationalist approach to health care started with the founding of the Escuela Latinoamericana de Medicina (the ELAM) in 1998. The ELAM is a medical school that trains students from around the world, accepting them based "on the merit of their commitment to serve the vulnerable rather than gain personal fortune" (Huish 2009: 302). Its focus is on training practitioners for poor, indigenous, and otherwise marginalized communities, with the goal of providing "a first contact practitioner for every person" around the world (Flegel 2009: 305). By 2016, it had succeeded in training more than 26,000 students from more than 123 countries, including the U.S. Most of the students (regardless of nationality) are given full ride scholarships for six years, as well as free room and board and a small stipend while they are completing the program (Loewenberg 2016: 327).

Like the training received by doctors who work in the health care system within Cuba, the ELAM curriculum focuses on prevention, community health promotion, and addressing social and environmental factors. The model is meant to prepare the graduates for "the actual diseases they will encounter" and to train them "to identify, perhaps even to intervene in, the social, cultural and economic factors that create the disease incidence rate that they are encountering" (Flegel 2009: 305). In doing so, it embodies the contextualist element of the underlying epistemic framework. It is designed to prepare students from a variety of backgrounds for the varied contexts they will be working in. The ELAM also makes a degree in medicine, and the specialization of family medicine in particular, more accessible to those who could not afford to pursue it in many other countries (Loewenberg 2016: 328). By

targeting such opportunities at those students that express commitment to using their degrees to serve vulnerable and poor communities, the ELAM furthers Guevara's goal of international solidarity among those most in need around the world, and his hope to fulfill the right to health care for all.

According to the metrics used by the many prominent global actors in international development, Cuba has achieved a great deal in the way of positive health outcomes. In 2010, the country was "ranked near the top of those countries on course to meet the United Nation's Millennium Development Goals" (Keck and Reed 2012: 17), listed as one of the top 20 countries in terms of relative progress (Millennium Development Goals Report Card 2010: 9). Compared to the U.S.⁴ the country achieved lower infant mortality, higher vaccination rates, and comparable life expectancy (Campion and Morrissey 2013: 298). During the decades leading up to 2010, much of the rest of the world trended towards "implicit privatization through health sector reform since the early 1990s" (DeVos et al. 2008: 289) and toward corporate monopolies of the pharmaceutical industry (De Quesada 2011: 138). However, Cuba took the opposite approach, and improved the health of its citizens to a greater degree than this dominant trend achieved in its neighbors.

Many critics of Cuba's health care system, such as Edward W. Campion and Stephen Morrissey, focus on how "the system is not designed for consumer choice or individual initiatives" and emphasize the lack of private health system as an alternative to the government run one (Campion and Morrissey 2013: 298). However, the same could be said of the health care systems of several European countries, such as France. If these critics primarily dismiss the Cuban system based on an unargued assumption that choice (and more specifically a certain conception of choice associated with capitalism) is essential to human life and health, it reflects a prejudice against any alternative to the neoliberal epistemic framework that seems to pervade many global institutions influenced by the U.S. (particularly if that alternative is associated with communism). If that dismissal is levelled against Cuba more strongly than against European countries with similar systems, that prejudice takes on imperialistic implications.

That prejudice serves to ignore and silence the competing epistemic framework that has shaped the Cuban health care system, and the philosophical arguments on which the system is based. It causes an epistemic injustice not only to the Cuban revolutionary epistemic framework but to all attempts to present an alternative perspective. It presumes the correctness of a dominant epistemic framework simply because it is dominant, and fails to explore the ways that other systems of meaning and understanding are able to provide better resources for promoting the well-being of those who employ that alternative. A key insight of the Cuban revolutionary epistemic framework, starting from Martí and Guevara, is exactly that: not only policies and systems but also ideas need to stem from the history and material reality of each place

Some of the criticism that the ELAM has received fits a similar pattern. According to Ken Flegel, many of the school's detractors are concerned that because of its focus on public health and family medicine (areas that receive less attention in most medical schools), "other

⁴ I use this comparison because it provides a clear and well known juxtaposition in approaches to health care.

areas taught in regular medical schools are missed” (Flegel 2009: 306). However, this critique once again assumes that because an approach is dominant in thinking on how a health care system and medical education should be run, it is the best approach. This does an injustice to those who seek an alternative.

Another critique of the ELAM casts doubt not on the value of Cuban health care system for Cuba, but on feasibility of the school’s internationalism. Some question whether the practices that the students at the ELAM are taught, and the Cuban health care model that they reflect, can be implemented in other countries. For example, Sam Loewenburg recounts a student from South Africa worrying that “implementing the prevention approach in her home country will be difficult, because the primary emphasis is on treating diseases as they occur” (Loewenburg 2016: 328). Moving from the treatment focused approach towards a preventative and more holistic model would take a value shift along the same lines as the one advocated by Guevara for Cuba. Other important elements of the Cuban approach such as home visits, knowing the local community, and spending a long time with the patient (Loewenburg 2016: 328) would require a similar shift. However, in Cuba that value shift accompanied a political, economic and epistemic transformation of the country that is unlikely to happen elsewhere today.

The countries that could most benefit from a health care system built on similar principles to that of Cuba’s are unlikely to follow Cuba’s example. With attitudes of prejudice against policies and ideas associated with communism continuing, as well as the ongoing antagonism of the U.S. towards Cuba, such a shift would be a great risk. Furthermore, most of countries in question currently have health care systems and policies that have been shaped by the restrictions imposed by the IMF and World Bank programs such as structural adjustment, which cut spending and reduced government oversight to the opposite of the centralized organization that is a key part of Cuba’s success in health care. Although many in the international development community recognize the flaws in structural adjustment programs as a policy, their legacies are still felt. While there are countries interested in learning from Cuba’s approach (DeVos et al 2008: 288), questions remain about the feasibility of implementing that model.

However, the point of my argument is not that the Cuban health care system should be transplanted to other countries as it is. Taking a health care system built for one context and forcing it into another with a different history and different material conditions would go against the very principles on which the Cuban health care system is built. Instead, I have tried to draw attention to the important resources to be found in the worldview and values on which the Cuban system has been built. The epistemic framework behind the system has value that is not reducible to the institutions and individuals that make up the system. When prejudice results in the denigration of that system and the marginalization of that alternative framework, an epistemic injustice occurs.

5. CONCLUSION

There are two key aspects of what I have called the Cuban revolutionary epistemic framework that I have discussed that I want to emphasize. One is the insistence on resisting imperialism (particularly epistemic imperialism) that can be traced through both Martí and Guevara. The health care system reflects this resistance because of Cuba’s refusal to cave to

the external dictates of global institutions like the IMF and World Bank, and countries such as the U.S. The second is the emphasis on the need for both ideas and policies that are appropriate to a particular place, created with a focus on embodied, material context. This means that the Cuban health care system could not simply be exported to other countries if it is to remain true to that epistemic framework. I do not mean to argue here for the superiority of the Cuban health care system. Instead, my intent is demonstrate the injustice of dismissing the value of alternatives to what I see as the dominant epistemic framework, in health care and in other areas of international development, based on prejudice.

The Cuban revolutionary epistemic framework, and the health care system that has sprung from it, serves as a case study where such an epistemic injustice has happened and has resulted in a loss of both epistemic and material resources that could be useful for other people and places with similar concerns and needs. For example, in the aftermath of Hurricane Katrina, the help of a Cuban medical brigade was refused by Present George W. Bush (De Quesada 2011: 140). Cuban medical professionals would have experience with the results of hurricanes, and there was a need for medical aid. However, the history between the two countries points to prejudice against Cuba as the reason for this refusal. As another example, several countries (including Argentina, Peru, and Antigua) will not accept ELAM accreditation to practice medicine (Huish 2009: 303). Although there may be other explanations, this seems to indicate a prejudiced assumption about the skills and knowledge of students of ELAM based on having received their degrees in Cuba. In both cases, important resources that could have a positive influence on peoples' lives are lost because of prejudice.

Of course, this epistemic framework is not universally employed by Cubans, and there are also serious flaws in the whole system that has been implemented by the Cuban Revolutionary Government. However, the epistemic resources behind that system must be considered on their own merits. Dismissing or silencing the benefits of Cuba's approach to health care because of a prejudice against Cuba's association with "communism", and because it challenges the dominant approach, marginalizes a perspective that could contribute a great deal to the global attempts to improve health care for everyone. Such marginalization fails to take seriously the epistemic status and capabilities of those who employ this alternative epistemic framework, causing an epistemic injustice rooted in inequalities among who has the power shape the knowledge and the resources available in development efforts. Furthermore, it limits what ideas are thought to be worthy of consideration, and in doing so causes an injustice not only to the individuals whose skills and knowledge are being discredited, but also to those who are denied the benefits that an improved health care system could provide.

If I am correct that there is prejudice against the ideas and knowledge of the Cuban revolutionary epistemic framework, a prejudice based on its association with communism, then an epistemic injustice has occurred. The results of that prejudice wrong those who employ that epistemic framework, harming them as knowers and undermining their ability to employ those epistemic capacities and resources. It is a wrong caused by a imperialistic attitude about the superiority of one epistemic framework over all others and the attempt to impose that framework. In looking at the benefits of Cuba's system, lessons can be found about the flaws in the dominant approach that cannot be recognized when applying the

dominant epistemic framework alone. However, the benefits of the system cannot be separated from the epistemic framework and philosophy from which it has emerged, and a key part of that is the idea that humans and their well-being needs to be understood in their context. The Cuban system cannot just be exported to other countries, and neither can its epistemic framework. Instead, it needs to serve as a reminder that alternative epistemic frameworks should not be dismissed, discredited, ignored and marginalized based on assumptions and prejudice. To do so is an epistemic injustice.

REFERENCES

- Babbitt, S. (2017a). America's War, Failure of Democracy: What Happened to 'There are No Innocents'? *Global Research* (<http://www.globalresearch.ca/americas-war-failure-of-democracy-what-happened-to-there-are-no-innocents/5572381>) (accessed March 18, 2017).
- Babbitt, S. (2017b). Epistemic and Political Freedom. *The Routledge Handbook of Epistemic Injustice* ed. by Ian James Kidd, José Medina, and Gaile Pohlhaus, Jr. New York: Routledge.
- Campion, E. W. and S. Morrissey. (2013). A Different Model- Medical Care in Cuba. *New England Journal of Medicine*, 368 (4), 297-299.
- De Quesada, R. A. (2011). Cuba: Education and Revolution. *Monthly Review*, 63 (3), 136-142
- DeVos, P., W. De Ceukelaire, M. Bonet, and P. Van der Stuyft. (2008). Cuba's Health System: Challenges Ahead. *Health Policy and Planning*, 23 (4), 288-290.
- Fitz, D. (2016). The 3000 Who Stayed. *Monthly Review*, 68 (1), 43-56.
- Flegel, K. (2009). A Cuban Revolution in Medical Education: A Commentary on Huish 2009. *Social Science & Medicine*, 69, 305-306.
- Fricker, M. (2007). *Epistemic Injustice: Ethics and the Power of Knowing*. New York: Oxford University Press.
- Guevara, C. (2002). *Global Justice: Liberation and Socialism*. ed. María del Carmen Ariet García. Melbourne: Ocean Press.
- Guevara, C. (2003). *Che Guevara Reader: Writings in Politics and Revolution*. ed. David Deutschmann. New York: Ocean Press.
- Huish, R. (2009). How Cuba's Latin American School of Medicine Challenges the Ethics of Physician Migration. *Social Science & Medicine*, 69, 301-304.
- Keck, C. W. and G. A. Reed. (2012). The Curious Case of Cuba. *American Journal of Public Health*, 102 (8), 13-22.
- Loewenberg, S. (2016). Cuba's Focus on Preventative Medicine Pays Off. *The Lancet*, 387, 327-329.
- Malavisi, A. (2010). A Critical Analysis of the Relationship Between Southern Non-Government Organizations and Northern Non-Government Organizations in Bolivia. *Journal of Global Ethics*, 6 (1), 45-56.

Martí, J. (2002). *Selected Writings*. trans. Esther Allen. New York: Penguin Books.

Overseas Development Institute. (2010). *Millennium Development Goals Report Card: Measuring Progress Across Countries*. London: ODI Publications.

Pohlhaus Jr., G. (2017). Varieties of Epistemic Injustice. *The Handbook of Epistemic Injustice* ed. Ian James Kidd, José Medina, and Gaile Pohlhaus Jr. New York: Routledge, 13-26.

Suri, A. (2016). The Art of Medicine. Social Medicine: Lessons from Cuba. *The Lancet*, 387, 641-642.