

Forced/compelled labor (trafficking in persons)
by the Cuban state of temporary workers overseas
in “internationalist medical missions”

Information for the 2020 Trafficking in Persons Report

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Introduction

This submission focuses on a form of trafficking: the forced/compelled labor of Cuban temporary workers, particularly of its “internationalist medical missions,” and addresses the period from April 1, 2019 to March 31, 2020 in a historical context.

The Cuban government reports that around 75% of its exported workforce is composed of health workers. Other forms of state forced/compelled labor and sex trafficking, including of minors, believed to be occurring in Cuba are not addressed by this report.

I. The Trafficking Victims Protection Act and the forced/compelled labor of Cuban citizens.

This report addresses abuses according to criteria established in the Trafficking Victims Protection Act’s (TVPA) and international agreements to combat trafficking that define forced or compelled labor as “modern slavery”: “Forced labor, sometimes also referred to as labor trafficking, encompasses the range of activities—recruiting, harboring, transporting, providing, or obtaining—involved when a person uses force or physical threats, psychological coercion, abuse of the legal process, deception, or other coercive means to compel someone to work. Once a person’s labor is exploited by such means, the person’s prior consent to work for an employer is legally irrelevant: the employer is a trafficker and the employee a trafficking victim.”¹

The 2019 Trafficking in Persons Report of the U.S. Department of State, that assigned Cuba a Tier 3 classification, concluded that the Government of Cuba “does not fully meet the minimum standards for the elimination of trafficking and is not making significant efforts to do so” and “did not take action to address forced labor in the foreign medical mission program despite persistent allegations that Cuban officials threatened and coerced some participants to remain in the program.” That continues to be the case as well as its finding that Cuba’s laws do not prohibit forced labor as defined in international law.

II. The current situation of the forced/compelled labor of Cuban citizens

The Cuban state continues to engage in a gigantic state-run trafficking business that recruits and employs Cuban citizens to send as temporary workers to many locations around the world as part of bilateral or multilateral arrangements with governments and international organizations or private corporations that are generally considered “secret.” Cuba refers to these workers as “international collaborators.”

The Administrators of the group *No Somos Desertores* (“We are not deserters”), NSD, (www.NoSomosDesertores.com) that advocates for the rights of export workers considered “deserters” by Cuba and whose thousands of members/followers are primarily doctors, has provided the following statement for this report: “The widespread abuses historically reported continue to this day, as the Cuban government believes it is immune to consequences. Many of the workers, especially those who are in missions overseas or have returned to Cuba, give us testimony of rampant abuses but are afraid of reprisals, so we cannot provide their identities.” Some abuses are, in fact, reported by the victims in comments on <https://www.facebook.com/nosomosdesertores> NSD’s Facebook page and other social media posts.

¹ “What is Modern Slavery?,” U.S. Department of State <<https://www.state.gov/j/tip/what/index.htm>>.

Cuba's export health workers remain systematically subjected to the following human rights violations (extensive to export workers in other fields):

1. The totalitarian nature of the state and employment sector guarantee a pool of captive low-paid workers easily exploited as “exportable commodities.” Most of the Cuban economy is in state hands, including the entire health field, and most professionals cannot practice privately. The state, essentially the sole employer, pays what is consistently reported as the lowest average monthly disposable salary in the world,² currently equivalent to US\$42.6.³ The average monthly salary of Cuba's doctors is, for instance, less than US\$70 (for general doctors or internists). While workers are paid in Cuban pesos, most staples, food, and consumer goods are priced in a hard currency denomination, making them inaccessible to most of the population earning worthless pesos, including most professionals. Even food, including basic staples, is scarce and most families live in dire conditions. A vast percentage of the population depends on remittances and assistance from family members abroad, as around 10-20% of the population has emigrated. As a result, many workers, including doctors, seek to go abroad two to three years despite hardship aforementioned conditions so they can engage in businesses (such as taking clothes back to sell in Cuba), bring back consumer goods, use their accumulated wages deposited in a frozen bank account to fix their house or improve their lot in ways that are otherwise impossible; some plan ahead of time to use the position as a trampoline to emigrate.
2. The state engages in recruitment practices that are coercive, deceptive, and leveraged.⁴ Workers are usually not informed of the actual terms of contracts until presented with contracts they must sign at the last minute, often right before they embark flights for their destination, and with no access to legal advice. Many are usually informed only upon reaching the destination country of the housing and living conditions, work conditions, wages and earnings.” In some countries in which the missions cover diverse locations (cities, towns, or villages), —such a Venezuela, Haiti and, until recently, Brazil—health workers may not choose the destination to which they are sent. They are informed upon leaving or after arriving at the destination where they have been assigned to serve.
3. Payments for the workers' services are made directly to a Cuban state entity or the Cuban government; in turn, the workers are compensated a small fraction of those revenues —percentages vary per arrangement and country but range historically from 5 to 25%. Furthermore, the Cuban worker receives a portion of that compensation as a deposit in an account in a Cuban bank (state entity) and may only dispose of those funds over time, as determined by the hiring Cuban state entity, or at the end of their mission if they have completed it successfully. In certain countries, the local stipend is insufficient to cover even their most basic needs.
4. The workers must leave their families in Cuba for the term of their contract, usually two to three years with a month of paid annual vacation. In very few countries, family members may visit for a limited amount of time if the worker can afford their travel costs. Even in cases of grave illness or death of close family members, the worker may not travel back to Cuba unless authorized and at his/her own cost. The resulting long family separations cause heartbreaking pain and problems for the workers as well as their spouses, children, parents, and other loved ones left behind. Many

² Cuba ranked last of 176 countries reported in the following index: "Cost of living > Average monthly disposable salary > After tax: Countries Compared," Nation Master, <https://www.nationmaster.com/country-info/stats/Cost-of-living/Average-monthly-disposable-salary/After-tax>, Accessed Jan. 14, 2020.

³ “El salario mínimo en Cuba se incremento a 400 pesos y el medio a \$1067,” *América Teve*, Jun. 27, 2019.

⁴ See “The Role of Recruitment Fees and Abusive and Fraudulent Recruitment Practices of Recruitment Agencies in Trafficking in Persons, 2015,” https://www.unodc.org/documents/human-trafficking/2015/Recruitment_Fees_Report-Final-22_June_2015_AG_Final.pdf.

marriages end up in divorce to name just one of the consequences of this practice. Most of the doctors, according to Cuba, are women, who must leave behind children, who are often very young.

5. Workers who abandon their mission (“desert” while abroad or fails to abide by any of the terms of service), lose accumulated wages frozen in Cuban bank accounts and may not enter Cuba again in at least eight years. (Before the migration law of January 2013, they could never return.) Their family members in Cuba may suffer reprisals and systematic harassment and are generally not allowed to leave the country for many years—even wives or children may not join a “deserter.” “Dereliction of duty,” such as abandoning a post abroad or not returning to Cuba after completing an assignment, is punished with up to eight years of prison by Article 135 of the Cuban criminal code, Decree-Law No. 62. Despite understanding the consequences, many thousands of health workers have abandoned or overstayed their assignments over the course of decades—many have come to the United States.
6. While abroad, the workers are subjected to the same suppression of their labor rights as workers in Cuba regardless of the labor laws of the host country: they may not form independent unions, strike, peacefully protest, engage in collective bargaining or direct employment, and are forced to “donate” a portion of their pay to state-controlled mass organizations under the Cuban Communist Party. Typically, they must labor long hours without adequate rest and, in some countries, face considerable hardships, enduring deficient work conditions and living conditions lacking private quarters and basic comforts. For instance, two doctors who were assigned to Haiti in the 2000s reported being sent to very remote rural locations, where they had to work and live in a small house that served as a clinic, lacking running water and electricity as well as basic medical supplies. (Because a medical mission remains in Haiti, it is likely that these conditions remain.)
7. The workers face many arbitrary measures such as restrictions of movement (they may not leave their residence after early evening hours, drive a car, visit other cities, travel to another country, even visiting Cuba without authorization, etc.), and are forbidden from socializing with locals or marrying foreigners. Resolution No.168 – “Disciplinary Regulation for Cuban civil workers who provide services abroad as collaborators” regulates the conduct of individuals working overseas for the Cuban State, including through disciplinary actions, and among other restrictions, obligates the workers to return to Cuba after completing their assignments.
8. Many workers are subjected to conditions that threaten their personal security. In certain countries, they are assigned to unsafe, remote, and even dangerous areas. Many doctors and nurses who have served in crime-ridden areas of Venezuela have been threatened at gunpoint to at all costs save the lives of criminals seeking care for bullet wounds. Hundreds of the workers have died and many have been robbed, raped, and injured. A doctor who served two long assignments in Venezuela until 2013, reported recently that the number of those killed must be in the hundreds. (See database.CubaArchive.org for individual records of documented cases.) In March of 2010, the Cuban and Venezuelan governments honored 68 Cuban doctors who had died in Venezuela in the previous seven years,⁵ presumably as a result of criminal acts. Some have died of treatable medical conditions for lack of adequate treatment facilities in remote areas where they must live and work.
9. In some countries, such as Venezuela, Brazil, and Ecuador, the workers must report inflated data and statistics (such as of procedures undertaken and patients seen) and provide unneeded health procedures, dispense medicine or supplies improperly to patients, or destroy them to account for imaginary services to increase performance ratios and Cuba’s political and pecuniary benefit or that

⁵ In April 2010, Cuba’s Vice Minister of Health, Joaquín García, attended a ceremony in Caracas commemorating the 7th anniversary of the Barrio Adentro program, and honored 69 doctors killed. (“Reconocen muerte de 69 médicos cubanos en Venezuela,” *El Universal*, Caracas, Apr. 16, 2010.)

of the host government.⁶ Workers serving in countries with comprehensive collaboration agreements that include Cuba's sales of medical supplies and medication are especially vulnerable to being required to enter into these practices.

10. The workers are subject to strict restrictions of movement to and from their own country. Article 215, 216, and 217 of Cuba's Penal Code (Law No. 62) forbid citizens from leaving or entering the country without government permission and punishes attempts to do so with years of prison (in open violation of the Universal Declaration of Human Rights and other international human rights accords). Law No. 302 of 2012, included three articles to the Law No. 1312 'Migration law' (Articles 23, 24, and 25) aimed at regulating the entry and exit of Cuban professionals in "vital activities for the economic, social and scientific-technical development of the country in strategic programs, research projects and health services." Law No. 306 of 2012 restricts some foreign trips abroad by specialist doctors.
11. To prevent desertions, the workers are issued a special passport with a red cover, different from the usual blue, that alerts accomplices at border points and may to prevent their travel to anywhere but Cuba. In some cases, the passport is retained by supervisors when they reach the destination country. In countries, fleeing doctors must bribe customs authorities to avoid being turned over to Cuba's State Security and forced back to Cuba for having abandoned the mission.
12. Health professionals, including doctors face particular restrictions. A Ministry of Health resolution forbids giving health workers their educational and professional credentials, so they may not work overseas other than through Cuban government sponsorship.^{7/8/9} No health professional may leave the country without a special government permission that is difficult to obtain and those who seek to emigrate may be denied exit permits for years. In November 2018, Cuban authorities instructed collective lawyers' offices (Cuba's equivalent of law firms) to not legalize any academic or other type of document for health professionals and technicians serving in collaboration missions or attending international events anywhere in the world, including those granted permission for a temporary trip abroad. The sole exception is for health professionals who had been authorized to leave the country definitively.
13. Most workers are under a climate of constant fear, as they are subjected to surveillance and control by supervisors and "minders," trained agents and spies/collaborators, either Cubans who are part of the medical mission or locals assisting Cuba, to make sure they follow all the rules and to prevent defections. Some doctors are trained intelligence (clandestine) officers. Threats are common and workers are forbidden from speaking to the press and required to inform on their peers just for mere suspicion that they may want to "desert" or for violating any of the rules.¹⁰ Some workers have died in mysterious circumstances, including by suspicious reported suicides. (For individual records of documented cases, see database.CubaArchive.org.)
14. Oftentimes women, who make up over 50% of the doctors serving in the missions, are subjected to sexual harassment and other abuses from supervisors and minders.

⁶ A medical professional who served in Ecuador until recently, provided testimony of massive overbilling for diabetic foot medication sold by Cuba to Ecuador for treatments provided by doctors in Ecuador, Cuba Archive, December 2019. Also see, for example, Ernesto Morales, "Psiquiatra denuncia falsificación de estadísticas por misiones médicas de Cuba en América Latina," Nov. 19, 2019.

⁷ Michel Suárez, "Bloqueada la legalización de títulos para médicos emigrantes," *Diario de Cuba*, Feb. 19, 2010.

⁸ Resolución Ministerial No. 1 de 8 de enero de 2010 Ministerio de Salud Pública de Cuba.

⁹ "Regulan documentos docentes y laborales para el exterior a profesionales de la salud," <<http://cubalegalinfo.com/documentos-docentes-medicos>>

¹⁰ See, for instance, "Déspota y temida", la jefa de la misión cubana que expulsó al médico fallecido en París," *La Habana, 14 y medio*, Sep. 20, 2019.

15. Workers must perform political duties far from the nature of the healthcare they are trained to provide. They must attend regular meetings of a political nature (the frequency depending on the country) to receive instructions as well as propagandized news from home and of the home country. They are generally required to engage in their communities and promote the Cuban Revolution. In some countries they must help recruit support and votes for the government party (linking and, in some places conditioning, medical services to this support) and spreading political propaganda.
16. Workers are systematically deprived of legal rights and protections. Because the Cuban state is the perpetrator, official complicity is absolute. The country's laws and policies promote this form of trafficking and deprive its victims systematically of their rights as well as of any assistance. Specific laws and regulations institutionalize the condition of servitude and exploitation. In fact, there are no individual or collective rights *per se* for any Cuban citizen. The Constitution (Art. 5) stipulates that the Communist Party is the superior and commanding force of the society and of the state and that the construction of socialism and the journey to the Communist society are its only allowable goals. All "rights" are conditioned by and subordinated to this stipulation. The individual is, thus, totally unprotected in law and in practice. This has such an effect that, even after arriving in free countries, most of the "deserters" refuse to speak publicly about their victimization, terrified of reprisals to their families and hoping to eventually be allowed back to their homeland and to be with their loved ones.

Furthermore, in Cuba, all independent organizations are banned and human rights and other civil society actors are threatened, persecuted, imprisoned, forced into exile and, in some cases, even killed or disappeared, as documented by human rights organizations for decades. The judicial system is entirely subordinated to the Executive branch. Even defense lawyers all work for the state, all courts lack independence and impartiality as well as effective procedural guarantees and no courts allow claimants to bring lawsuits seeking remedies for human rights violations.¹¹ Thus, victim or witness protections are inexistent. This has been extensively reported including by our own State Department.¹²

Conclusions

The above situation describes systematic trafficking in persons. To sum it up in the words of a Cuban doctor who served in Honduras, "Cuba's doctors are the highest qualified slave labor force in the world."¹³ This translates to all health professionals sent abroad in the described labor scheme.

The practice violates numerous international agreements such as the Palermo Protocol and the Trafficking in Persons Protocol, several ILO (International Labor Organization) conventions, the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and other international norms and standards. Because most of the workers serve "willingly" —even eagerly— to improve their lot, it is important to note that the Trafficking in Persons Protocol of 2000,

¹¹ A *Human Rights Watch* report of 1999 provides a useful and relevant summary of how Cuba's laws restrict human rights: "Cuba's Repressive Machinery: Human Rights Forty Years After the Revolution," *Human Rights Watch*, 1999. (See section on the laws at https://www.hrw.org/reports/1999/cuba/Cuba996-03.htm#P576_78223).

¹² Cuba Human Rights Country Report, U.S. Department of State, 2019, <https://www.hrw.org/world-report/2019/country-chapters/cuba>.

¹³ Confidential source, testimony to *Cuba Archive*, 2009.

a complement to the U.N. Convention Against Transnational Organized Crime, clearly states that abuse of power or of a position of vulnerability for the purpose of exploitation constitutes human trafficking.¹⁴

Aside from North Korea, no other state is known to traffic its own citizens systematically in exploitative labor arrangements that enrich the government's coffers. In fact, Cuba seems to be the only state that engages in this practice not just with private corporations (as North Korea does) but directly in bilateral contracts with many governments.

Cuba's singular practice of "modern slavery" dates from the early 1960s, when it sent its first medical brigades to Algeria (to help the revolutionary government of Ben Bella) and Chile (to assist after an earthquake), both in 1962. The scheme grew and evolved over time and until 2010 it was a tightly-guarded state secret that Cuba received financial compensation for its international "missions." Cuba's labor trafficking has thrived thanks to the complicity of many governments allied with Cuba that reap benefits (political and economic) and to the impunity it has been afforded by the international community.

To date, Cuba has enjoyed near-total impunity for the abuses against its "export workers" and has been aided and abetted by numerous governments and international agencies and organizations under the guise of supporting its "international solidarity" and "humanitarianism." Many politicians, academics, journalists, and non-governmental organizations all over the world know that the Cuban workers are being exploited (or at best, that they serve in highly irregular arrangements that benefit a dictatorship) but have long treated the matter with indifference, complacency, and even encouragement. Many are themselves victims of an active machinery of influence and propaganda of the Cuban government meant to confuse and control the narrative.

UN system organizations such as the Pan American Health Organization (PAHO) and the World Health Organization (WHO) have for years entered into trilateral arrangements to facilitate and/or fund the delivery of certain medical and educational services by Cuban "brigades" in countries in Africa and the Americas that send Cuban workers to remote and hardship areas. Democracies such as France, Australia, Norway, Germany, Japan, and others, as well as international non-governmental organizations, have supported and subsidized these arrangements, both currently and in the past, to assist needy populations in third world countries. Their "humanitarian" concerns openly disregard the rights of Cuban workers and the needs of the Cuban population suffering a resulting lack of health services and supplies.

The rights to healthcare and the true situation of healthcare in Cuba is not investigated or reported by the vast majority of the international community and world media. There is widespread and compelling information of a public health crisis in Cuba: the number of doctors is very scarce, especially of specialists and, often, foreign medical students without experience or proper training are the "doctors" available to the local population. From 2008 to 2017, *Diario de Cuba* reported that, according to statistical yearbooks published by the Ministry of Public Health, the Cuban government had eliminated 77,880 technical positions and 20,124 nursing personnel from the island's health system.¹⁵ In addition, there is a chronic lack of supplies and equipment and extreme under-investment in the health system. Because some of the health "cooperation agreements" include the provision by Cuba of medication and medical supplies to other countries, these are not available to the local population.

¹⁴ See "The role of 'consent' in the Trafficking in Persons Protocol," Issue Paper, United Nations Office on Drugs and Crime, Vienna, 2014, https://www.unodc.org/documents/human-trafficking/2014/UNODC_2014_Issue_Paper_Consent.pdf.

¹⁵ Mirta Fernández y Pablo Díaz Espí, 77.900 técnicos y 20.120 trabajadores de enfermería menos ¿quién atiende a los cubanos?, *Diario de Cuba*, 11 de enero de 2019.

Undesirable implications of Cuba's medical missions for citizens of other countries¹⁶

Cuban medical missions provide valuable healthcare to many underserved people around the world. Unacceptably, they do so at the cost of the Cuban workers and their families. The missions also have other negative implications for the international community.

1. Questionable credentials.

Host governments typically waive national credential requirements. Because Cuba reaps huge rewards from this trafficking business, it has invested in massive and accelerated training of Cuban health professionals for export. Some of the health professionals it sends abroad are reportedly ill-trained and/or have not completed their medical training. There are even reports of veterinarians and highly trained nurses receiving a specialized 6-month training and of medical students two years from graduating sent to developing countries as medical doctors. Medical associations in some of the host countries or in countries that receive graduates from Cuba's medical schools have questioned the credentials and training (media reports come from Costa Rica, Ecuador, Uruguay, Bolivia, Brazil, Kenya, and others). Ecuador's Minister Against Corruption reported in January 2020 that five surgeons and a traumatologist were being investigated for apparent falsification of university degrees granted by the University of Havana, Cuba; two were under investigation for the death of a 34-year-old patient.¹⁷

2. Lacking accountability.

Patients have little or no legal recourse for malpractice (individual cases have been reported by the media of some countries). Because the patients are left at great risk and, because they tend to be poor and receiving free public care, have little or no legal or other recourse in case of malpractice.

3. Intentional distortions in the host economies.

Some host countries have sufficient doctors and other health workers, including ones who are unemployed or underemployed, yet, for political reasons, the Cuban doctors are imported. In some countries, the local government pays much more to employ the Cuban doctors than what it pays local doctors. In Venezuela and Ecuador, for instance, homegrown doctors were fired years ago and replaced with Cubans.

In April 2019, a medical group in El Salvador publicly complained, after examining the agreement with Cuba, that local doctors were paid a third of what the government was paying for the Cuban health workers.¹⁸ In November 2019, the Bolivian Medical Association requested an official investigation of reports that Cuba had been paid by the Bolivian government 30,000 bolivianos (equivalent to US\$4,000) a month per the 750 Cuban health professional reported in Bolivia while local doctors were earning only 2,000 to 6,000 bolivianos.¹⁹

4. Questionable performance results.

A serious or comprehensive analysis of health results of the Cuban medical missions and effective resource allocation in host countries is impossible because statistics are systematically tampered with and

¹⁶ This section was mostly derived from "Cuba's export workers: a state-run labor trafficking business, Fact Sheet," *Cuba Archive*, <http://cubaarchive.org/files/FACT-SHEET-TRAFFICKING-IN-PERSONS.pdf>.

¹⁷ Johnny Guambaña, "Secretaría Anticorrupción denuncia falsos títulos médicos de seis personas," Cuenca, Ecuador, *El Universo*, Jan. 10, 2020,

<https://www.eluniverso.com/noticias/2020/01/10/nota/7684200/secretaria-anticorrupcion-denuncia-falsos-titulos-medicos-seis>.

¹⁸ "Los médicos cubanos en El Salvador tenían beneficios negados a los locales, denuncia el gremio," San Salvador, *Diario de Cuba*, Apr. 26, 2019.

¹⁹ "El Colegio Médico boliviano pregunta por el 'dinero malgastado' en los médicos cubanos," *Diario de Cuba*, La Paz, Nov. 27, 2019, https://diariodecuba.com/cuba/1574881767_6764.html.

most reports by Cuban official sources are loaded with revolutionary hyperbole and are inconsistent, even contradictory.

5. National and international security concerns.

Some of the health workers sent abroad are trained by Cuba's intelligence services to monitor the host country and diffuse opposition to the revolutionary-socialist model. Most, if not all, internationalist missions have a proselytizing role and some are actively used to spread propaganda and exert political influence to undermine democracy. In Latin America, the program is part of the Bolivarian Alternative for the Americas (ALBA), which seeks overtly to undermine democracies with the political, economic, and social integration of the Caribbean and Latin American countries in the neo-communist "21st c. socialism."

In May 2019, OAS Secretary General Luis Almagro, publicly declared that Cuba used the medical missions to export repression in Latin America.²⁰ In June 2019, Colombian authorities arrested a Cuban intelligence agent caught spying at an air base who had initially been part of the Cuban medical mission in Venezuela before he had married a Colombian and emigrated to that country.²¹ In Bolivia, a new government that terminated and expelled the Cuban medical mission reported in November 2019 that one hundred members of the Cuban medical brigade were intelligence agents with fake credentials as doctors.²² Brazilian president Jair Bolsonaro publicly denounced in January 2020 that agents posing as doctors embedded in the Cuban medical mission in his country until November 2018 were organizing radical groups for political purposes, essentially for terrorist activities.²³

In Venezuela, Cuba's extreme dependence on service exports to that country implies, among other things, great incentives to keep propping up the Maduro authoritarian government by all means possible. Aside from a very large Cuban presence in Venezuela's military, security, and all other important sectors of the economy and society, hundreds of members of paramilitary groups from Cuba have received intensive instruction in technical and medical specializations to serve in Venezuela and help maintain political control. Some are reportedly part of the medical personnel of the medical missions.²⁴

III. Salient events of the reporting period (April 1, 2019-March 30, 2020).

1. What efforts did the government make to address the trafficking?

In the last twelve months, the government of Cuba has continued to promote this form of trafficking and continued to state so publicly through all sorts of official venues. It has made no efforts to meet the

²⁰ "Almagro: Misión médica cubana sirve para exportar métodos represivos en América Latina," *NTN24*, May 15, 2019, <http://www.ntn24america.com/america-latina/venezuela/almagro-mision-medica-cubana-sirve-para-exportar-metodos-represivos-en?fbclid=IwAR2zUnImvBFjRTLpHDjhgduPFwBG-pA9yn-NfPiks-vxzrgHHrZP046LHyg>.

²¹ "Expulsan a espía cubano que rondaba la base aérea de Palanquero," *El Tiempo*, Mar. 27, 2019, <https://www.eltiempo.com/colombia/otras-ciudades/expulsan-a-espia-cubano-que-rondaba-la-base-militar-de-palanquero-338340>.

²² "Cien agentes cubanos entraron a Bolivia como personal médico, revela ministra," *Radio Televisión Martí*, Nov. 15, 2019, <https://www.radiotelevisionmarti.com/a/cien-agentes-cubanos-entraron-a-bolivia-como-personal-m%C3%A9dico-revela-ministra/252395.html>

²³ José Alberto Gutiérrez, "Bolsonaro denuncia presencia de "terroristas" entre médicos cubanos," *CiberCuba*, Jan. 6, 2020, <https://www.cibercuba.com/noticias/2020-01-06-u199733-e20037-s27061-bolsonaro-denuncia-presencia-terroristas-medicos-cubanos>.

²⁴ See Maria C. Werlau, *Cuba's intervention in Venezuela: a strategic occupation with global implications*, Free Society Project/Cuba Archive, 2019. <https://www.amazon.com/dp/B07VXKXF6Y>. (Especially see chapters V, VI, VII and IX.)

Trafficking Victims Protection Act (TVPA)'s minimum standards for the elimination of this form of human trafficking and has done nothing to prosecute perpetrators or protect victims. It has put in place no effective mechanisms –legal or otherwise—to protect against this form of trafficking. It has not entered into any effective, transparent, partnerships, or cooperative arrangements, or agreements resulting in concrete and measurable outcomes with domestic civil society organizations, or private sector entities, or international nongovernmental organizations, and has not entered into multilateral or regional arrangements or agreements to assist in the prevention of this form of trafficking, protect its victims, or punish traffickers.

2. Do government officials understand the true nature of this form of trafficking?

Government officials plan and enforce the trafficking and actively promote seek to secure more international partners to expand it. They well understand the true nature of this practice and the violations that have been denounced. For this reason, they continue to repress, silence, and threaten the victims, keep the work contracts secret and misrepresent their terms, as well as expend enormous efforts on disinformation and propaganda to justify the practice. What's more, they have outspokenly defended the practice.

On August 29, 2019, Cuba's Ministry Foreign Affairs denounced and strongly condemned the United States government's "recent aggression against Cuba through a USAID program to finance projects and seek information to discredit and sabotage Cuba's international health care cooperation in dozens of countries, benefitting millions of people."²⁵

On January 3, 2020 Cuba responded to a November 6, 2019 official inquiry the Rapporteur Against Contemporary Forms of Slavery and the Rapporteur on Trafficking in Persons disallowing all claims and calling all questioning of its medical missions "unacceptable." (See Annex 1, 2, and 3.)

On October 2, 2019, Cuba's Foreign Minister, Bruno Rodríguez, gave an interview to *The Associated Press'* Vice President for International News, Ian Phillips, in New York,²⁶ where he addressed a question regarding the restriction on the entry for eight years of citizens who abandon medical missions by defending the international medical missions' program and blaming a victim relief program of the US government, the Cuban Medical Professional Parole (CMPP) program²⁷ (August 2006 to Jan. 2017), for Cuba's systematic abuses of its health workers. In his longer response, he stated: "I'm not sure you're

²⁵ "The U.S. government allocates millions of dollars to obstruct Cuban medical cooperation," Statement from the Ministry of Foreign Affairs, Granma, Aug. 29, 2019.

²⁶ "El endurecimiento del bloqueo define el estado actual de las relaciones con Estados Unidos (+ Video)," *Juventud Rebelde*, Oct. 1, 2019, <http://www.juventudrebelde.cu/internacionales/2019-10-01/el-endurecimiento-del-bloqueo-define-el-estado-actual-de-las-relaciones-con-estados-unidos>. (Quotes translated from Spanish.)

²⁷ Under the CMPP Program, doctors and other professionals in the health field, sent by the Government of Cuba to work or study in third countries, could request parole into the United States from third countries (not Cuba or the US) could apply for parole at a U.S. embassy or consulate. In addition, the spouse and unmarried children under the age of 21 of individuals meeting the program's criteria could be included in the parole request. The family members could be present with the medical professional in the third country or could be residing in Cuba. Parole requests are adjudicated by USCIS. The program was initiated by the Bush administration in August 11, 2006 and ran to January 12, 2017, when President Obama cancelled it shortly before leaving office. (See Cuban Medical Professional Parole (CMPP) Program, <https://www.uscis.gov/humanitarian/humanitarian-parole/cuban-medical-professional-parole-cmpp-program>.) According to *The Miami Herald*, around 8,000 health workers benefitted from the program, however, it is likely that this figure includes family members. (Mario J. Pentón, "Cuban physicians still abandoning missions abroad despite end to U.S. parole program," *The Miami Herald*, Mar. 12, 2018.)

right. First, it should be said that a mendacious, slanderous campaign begins against Cuban medical cooperation that benefits more than 70 countries at this time. There are truly ridiculous accusations of modern slavery, of human trafficking. More than 400,000 Cuban health professionals, on a voluntary basis, have traveled to other countries to provide health services, especially to low-income families and often in remote locations. It is a totally humanitarian work, absolutely separated from any political interest. ... Cuba certainly has some highly qualified personnel, which is about finding relief before they emigrate definitively. This usually happens by agreement between the scientist or the highly specialized doctor and the health institution to which he belongs, and sometimes he is asked to delay his definitive departure from the country in time, but I can assure you that this happens by common agreement. ... It is true that there are migratory regulations such as those in many countries but when you ask about this, you should not forget that we are not talking about normal migratory relations. We are talking about migratory relations that have been captive, victims for many years of strong politicization by the United States government.”

The Minister then misrepresented the CMPP Program as covering other professionals, whereas it was only for medical personnel in third countries (considered victims of trafficking) and incorrectly reported that US diplomats were obliged to incite Cubans to go to the US and that the US government provided airfare to the United States (individuals paroled under the CMPP Program had to make travel arrangements on their account). Asked about Cuban citizens (activists, dissidents) prevented from leaving the country, he stated: “Cuba’s regulations on migration are very similar to those of any country and of any modern migration policies establishing a whole series of legal stipulations limiting people privy to classified information, that is, of those in prior government positions and who are subject to legal proceedings from leaving the country. In sum, there are a whole series of stipulations that are regulated, they are regulated by law. However, Cuba’s laws guarantee, unlike that of the United States, that Cubans can travel freely anywhere in the world.” Clearly, Cuba’s laws limit entry and exit from the national territory in violation of international law, as detailed above. This type of misrepresentation, or outright prevarication, is typical of Cuba’s leaders and diplomats.

3. Does the government effectively assist its nationals exploited abroad?

To the contrary, as described above.

4. Does the government work to ensure victims receive adequate assistance and support for their repatriation while in destination countries?

To the contrary, the conditions workers face in their foreign assignments, the refusal of the Cuban government to allow travel back home to attend to emergencies or funerals of close family members, and the forced family separations and refusal to allow “deserters” entry into Cuba, as described above, are believed to constitute cruel and unusual punishment in violation of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, of which Cuba is a ratifying state.

5. Does the government provide adequate assistance to repatriated victims after their return to their countries of origin, and if so, what forms of assistance?

No. In fact, it has been reported that promises made to the workers of compensation for their overseas service are not kept once they have returned home after having successfully completed their contract (these include collecting the agreed amount in their hard currency account frozen in Cuba, receiving a new home or car, collecting incapacity benefits, etc.)

6. Does Cuba cooperate with other governments in the investigation and prosecution of this forms of trafficking in persons and has not entered into bilateral, multilateral, or regional law enforcement cooperation and coordination arrangements with other countries?

No, at least not with respect to the labor trafficking reported herein.

Trends/events of the past year

1. Victims of this form of trafficking are in the tens of thousands.

Tens of thousands of Cuban workers are believed to be serving overseas in what Cuba refers to as “international collaboration” arrangements.

In 2019, medical missions in at least Ecuador, Bolivia, and El Salvador were terminated by the host governments, however, media reports indicate that government authorities from several countries were considering contracting or had contracted Cuban medical missions —these include Mexico (local state governments), French Guyana, Zimbabwe, and Papua New Guinea.

In August 2019, Cuban government officials reported by Cuban official media, 38,262 are health workers who were working in 66 countries, of which 18,384 are doctors.²⁸ Less than a month later, the Minister of Foreign Relations, said in an interview with the *Associated Press* that there were medical mission in 70 countries.²⁹ These types of contradictions and discrepancies on data reported by Cuba are pervasive and at times extreme, so Cuba’s “official” reports on number of workers abroad, including health personnel, export revenues, etc., are all unreliable.

Export Services in million Cuban Pesos exchange to US dollars 1:1			
Year	Export Services	Tourism	Export Services Net of Tourism
2003	\$2,845	\$1,999	\$845
2004	\$3,634	\$2,114	\$1,521
2005	\$6,550	\$2,399	\$4,152
2006	\$6,667	\$2,235	\$4,433
2007	\$7,952	\$2,236	\$5,715
2008	\$8,566	\$2,347	\$6,220
2009	\$7,763	\$2,082	\$5,680
2010	\$9,660	\$2,218	\$7,442
2011	\$10,281	\$2,503	\$7,778
2012	\$12,760	\$2,613	\$10,147
2013	\$13,027	\$2,608	\$10,419
2014	\$12,663	\$2,546	\$10,117
2015	\$11,369	\$2,829	\$8,550
2016	\$11,102	\$3,069	\$8,033
2017	\$11,128	\$3,169	\$7,960

Table derived from: External balance of goods & services and tourism, Statistical Yearbook of Cuba 2009 to 2016, Oficina Nacional de Estadísticas, República de Cuba; and World Trade Organization for 2017.

The most recent official statistics by Cuban on health workers is available in the Health Statistical Yearbook for 2018, published in 2019. It reports that in 2018 Cuba’s health “collaborators” were serving in 69 countries in the Americas, Sub-Saharan Africa, North Africa, Asia, Middle East, and Europe (just in Portugal). The largest contingent by far is in Venezuela. In November 2018, *Granma*, the official newspaper of the Central Committee of the Communist Party of Cuba, reported that Cuba had more than 21,700 health workers only in Venezuela,³⁰ and this number is believed to have not significantly diminished.

Cuba’s statistics’ bureau, *Oficina Nacional de Estadísticas* (ONE) last published data to 2017 and reported revenues derived from export services (including from the labor trafficking relevant to this report), remain the country’s first official source of revenues. (See table in this page.) Trade data derived from countries importing services from Cuba (“mirror statistics”) confirm that service exports have been Cuba’s first source of revenues since 2005. In the last year, Cuban officials have indicated —in media and other reports— that service exports have remained strong. Furthermore, the state-controlled official press reported in August 2019 that

²⁸ Elson Concepción Pérez, “Esclavos solo del amor por los demás,” *Granma*, Aug. 12, 2019, <http://www.granma.cu/mundo/2019-08-12/esclavos-solo-del-amor-por-los-demas-12-08-2019-01-08-51>.

²⁹ “El endurecimiento del bloqueo define el estado actual...”, op.cit.

³⁰ Enrique Milanés León, “Refuerza Cuba con 500 especialistas su abrazo médico a Venezuela,” *Granma*, Nov. 11, 2018, <http://www.granma.cu/mundo/2018-11-11/refuerza-cuba-con-500-especialistas-su-abrazo-medico-a-venezuela-11-11-2018-18-11-24>.

revenues derived from export health services totaled \$6.4 billion a year (this is equivalent to 75% of the total export services reported for 2017 by ONE).³¹

Health professionals interviewed by *Cuba Archive* during the past year indicate that the same pattern of compensation as in the past prevails, with payments a small fraction of what Cuba is paid for their services. There are considerable differences depending on the location. For instance, a doctor in Venezuela earns around \$200 a month (a portion in an account in Cuba) and can barely feed himself/herself with the allotted stipend, whereas doctors in oil-producing countries such as Qatar and Saudi Arabia earn around a thousand dollars. Local and international media reports at times have details of the compensation scheme in different countries.

2. Workers are being coerced to accept assignments in Venezuela.

Certain locations have always been more coveted and there is a black market to bribe or entice supervisors in Cuba to obtain the best assignments. But, the situation of Venezuela is now extreme and this is where the majority of workers are sent. Because the pay and living and working conditions there are dire, Cuban authorities are now requiring health workers to agree to serve in Venezuela as a condition to obtain later assignments in more appealing locations that pay more. This was reported by a doctor who served in Venezuela until 2013 and has many contacts there in the medical mission.³²

3. Deaths of “international collaborators.”

Six Cuban doctors on overseas missions died in 2019: one in an accidental gas explosion (several similar reported accidents have been reported in the past), two were found dead at their place of work of unreported causes at hospitals in Ecuador, one was stabbed to death also in Ecuador, one died from a disease contracted in Guatemala, and one died of a reported heart attack in strange circumstances after being forced back to Cuba from Mauritania. (See Annex 4. For all individual records, see www.database/CubaArchive.) Two Cuban nurses reported as stabbed to death in Jamaica in 2019 are not confirmed as part of a Cuban international mission.

4. A kidnapping in Africa.

In April 2019, two doctors were kidnapped in Kenya by Al-Shabaab, an Islamist fundamentalist group, and reportedly remain in captivity.³³

5. The situation of Cuban doctors remaining in Brazil.

The government of Dilma Rousseff hired over 11,000 Cuban doctors beginning in 2013 to live and work for three years in underserved areas of Brazil with PAHO as an intermediary. On November 14, 2018 the Cuban government abruptly announced that it would remove all its doctors from Brazil, 8,471 at the time of the announcement, starting the following day. It did so in just four weeks.³⁴ This was reportedly prompted by the announcement of president-elect of Brazil, Jair Bolsonaro during his 2018 campaign that any doctor who worked in Brazil would have to revalidate credentials to meet the country's requirements and that Brazil would directly hire and pay the Cuban doctors in the *Mais Medicos* program

³¹ “El Gobierno ganó 6.400 millones por la venta de servicios de Salud en 2018, según cifras oficiales,” La Habana, *Diario de Cuba*, Aug. 2, 2019.

³² Conversation with Maria Werlau, of Cuba Archive, Miami, November 23, 2019.

³³ Laureano Pérez Izquierdo, “El drama de los médicos cubanos secuestrados en Kenia y olvidados por el régimen” *Infobae*, Jun. 30, 2019.

³⁴ Shasta Darlington, “Cuba is pulling doctors from Brazil after ‘derogatory’ comments by Bolsonaro,” *The New York Times*, Nov. 14, 2018.

and grant visas for their families to join them. The Cuban retreat caused distress to many Cuban doctors who had to pack in a hurry, abandon treasured belongings in Brazil, and endure other difficulties in leaving so suddenly. At the time it was reported that 836 (10%, of the 8,471 doctors in Brazil)³⁵ decided to stay despite great pressures on them and their families and the reprisals they will face. They joined others who had previously abandoned their missions.³⁶In total, around 2,000 Cuban doctors had remained in Brazil faced with very difficult conditions and unable to work legally. In July 2019 the Government of Brazil issued a Ministerial Order allowing the doctors to obtain residency and permits to work as medical doctors for two years to allow them to revalidate their titles.³⁷

Details of the previous Cuban medical mission to Brazil have continued to be investigated as well as reported in the media. Reports surfaced in recent months that PAHO had helped Brazilian and Cuban authorities monitor and control the Cuban doctors to avoid their defections by hiring 120 “consultants” from Cuba for that purpose and by offering a legal team to counter claims that Cuban doctors were taking to Brazilian courts primarily seeking to be hired and paid directly.³⁸

An association of jurists, *Associação Nacional De Juristas Evangélicos Programa Anajure Refugees*, prepared a 308-page report in Portuguese dated December 9, 2019,³⁹ made available to *Global Liberty Alliance*, *Victims of Communism Memorial Foundation* and *Cuba Archive*, that details the trafficking practice including with direct testimony from Cuban doctors who remained in Brazil.

6. Heightened international media coverage of human trafficking and other negative aspects of Cuba’s medical missions.

Independent media outlets focused on Cuba covered the issue frequently, which helps educate the Cuban population, that has increasing access to news not controlled by the state especially through social media. International media coverage also increased notably. Many articles appeared in English, Spanish, and Portuguese, in countries with medical missions all over the world as well as in leading international venues. Some examples follow:

- “The hidden world of the doctors Cuba sends overseas,” *BBC News*, May 14, 2019, <https://www.bbc.com/news/uk-48214513>
- Nicholas Casey, “‘It Is Unspeakable’: How Maduro Used Cuban Doctors to Coerce Venezuela Voters,” *The New York Times*, Mar. 17, 2019.
- Marion Smith, “Communist Cuba Enslaves Physicians,” *The Wall Street Journal*, Dec. 25, 2019.
- Pete Pattison, “Cuba’s secret deal with Qatar to take up to 90% of doctors' wages,” *The Guardian*, Nov. 8, 2019.

In the last year, the expulsion or termination of missions by governments that replaced Cuba allies in of Ecuador, Bolivia and El Salvador also led to a growing number of reports on the missions, with prominent coverage by the local media of those countries and some international media. These news

³⁵ 60% were women and nearly 20,000 Cuban doctors had worked in Brazil under the program (76.3% women) in five years. (Leticia Martínez Hernández, “El abrazo de Raúl a los héroes que vuelven,” *Granma*, Nov. 23, 2018.)

³⁶ “Thousands of Cuban doctors stranded in Brazil with nowhere to go,” *epa-efe*, Sao Paulo, Feb 4, 2019, <https://www.efe.com/efe/english/world/thousands-of-cuban-doctors-stranded-in-brazil-with-nowhere-to-go/50000262-3887868>.

³⁷ “Brasil ofrece residencia y permiso de trabajo a médicos cubanos en ese país,” *CubaNet*, Jul. 29, 2019.

³⁸ José Alberto Gutiérrez, “Organización Panamericana de la Salud intervino para frenar a médicos cubanos ‘rebelados’ en Brasil,” *CiberCuba*, Oct. 21, 2019.

³⁹ “Medical Emancipation Project, Relatorio Final,” Brasília – DF, Associação Nacional de Juristas Evangélicos Programa Anajure Refugees, Dec. 9, 2019.

reports contained extensive information, mostly obtained from first-hand sources, documenting the trafficking and other abusive and unusual practices related to the missions.

7. Increased international advocacy and awareness.

Several significant efforts greatly heightened international awareness of Cuba's trafficking labor scheme, especially of healthcare workers.

A. United Nations Human Rights Council (Geneva, Switzerland)

1. The law firm *Guernica International Justice Chambers* (of London, Washington, DC, and Madrid) submitted a special report on behalf of nine Cubans who served in Venezuela and Brazil under the Cuban state labor scheme: Carlos Ramirez Durades, Elizabeth de la Vega, Guiordan Gonzalez, Eyismara Cuna, Maria Eugenia Lagomasino, Yaimara Topes, Yoan Perez Domenech, Eisara Esteves Esclona, and Yusdanie Fernandez. The report, titled "Special rapporteur on the negative impact of the unilateral coercive measures on the enjoyment of human rights communication" (Annex 5) was delivered in the Spring of 2019 to several bodies of the UN Human Rights Council: the Human Rights Committee of the Office of the United Nations High Commissioner for Human Rights, the Special Rapporteur on the Negative Impact of the Unilateral Coercive Measures on the Enjoyment of Human Rights, the Special Rapporteur on the Human Rights of Migrants, and the Committee on the Rights of the Child. The report explicitly provides the legal framework for considering the human rights abuses it details as trafficking in persons.
2. The Rapporteur Against Contemporary Forms of Slavery and the Rapporteur on Trafficking in Person made an official inquiry to the Cuban government on November 6, 2019 on reports of abuses related to the Cuban medical missions. (See Annex 6.)
3. *Cuban Prisoners Defenders* delivered a complaint, reportedly in the first half of 2019, to the International Criminal Court (ICC) "On the Commission of Crimes Against Humanity of Slavery (Article 7.1.C), Persecution (Article 7.1.H), and Other Inhumane Acts of a Similar Character Intentionally Causing Great Suffering, or Serious Injury to Body or to Mental or Physical Health (Article 7.1)." It claimed the ICC's jurisdiction because the denounced crimes were committed by named Cuban government officials "in the territory of numerous states that are part of the Court," citing as examples Brazil, Botswana, Guatemala, Honduras Venezuela, and Bolivia.⁴⁰ Several dozen Cuban health professionals reportedly provided testimony for this complaint.

B. Organization of American States (Washington, D.C.)

1. The ICC complaint was presented at a press conference of May 14, 2019, with the General Secretary of the OAS making an appearance and statements of support.⁴¹
2. The conference "The Dark Reality Behind the Cuban Medical Missions" was held at the Hall of the Americas of the OAS, hosted by the General Secretariat of the Organization of American States and the Victims of Communism Memorial Foundation on December 18, 2019. Two doctors provided testimony in person and one by video. Among others, the General Secretary of the OAS, the Ambassadors to the OAS from the US, Bolivia, and Venezuela, the Deputy

⁴⁰ See <https://www.prisonersdefenders.org/denuncias-a-cuba/cuba-en-la-corte-penal-internacional/>.

⁴¹ See, for instance, media coverage of the event by *Le Monde*, of France, at <https://drive.google.com/file/d/1EnixwAC4epbenEjTWIP2c1usjxD7vY7P/view>.

Assistant Secretary for Western Hemisphere Affairs, and the Assistant Administrator for Latin America and the Caribbean of the United States Agency for International Development (USAID).⁴²

3. The U.S. State Department hosted a hearing in New York City in last September 2019 (during the UN General Assembly) to denounce the trafficking of Cuban doctors with the participation of four medical professionals from Cuba and US. Ambassador to the OAS, the Deputy Assistant Secretary for Western Hemisphere Affairs, and the Assistant Administrator for Latin America and the Caribbean of the United States Agency for International Development (USAID).⁴³

IV. Basis for this report.

This report is based on work by *Cuba Archive* since 2009 that in the last twelve months has been undertaken in partnership with *Global Liberty Alliance* (<https://globallibertyalliance.org>) and *Victims of Communism Memorial Foundation* (<https://www.victimsofcommunism.org>) as part of an incipient project called *Cuba Salud* to investigate human rights issues linked to Cuba's health sector. The reputation of these three non-profit organizations is well-established and their work respected and cited by academics, journalists, policy makers, and the human rights community. Some of *Cuba Archive's* published and public work is available on its website (www.CubaArchive.org).

Varied efforts over years to research, investigate, and document the reported form of trafficking have produced a large body of evidence. Over the years including the reporting period, scores of individuals who have participated in these labor arrangements have been interviewed, including former administrators for the Cuban government. A vast library has been amassed of media, government, and other reports from reputable venues from all over the world.

In the last year, the investigation has been especially enhanced —directly and indirectly— with and through the work of the group *No Somos Desertores*, which has greatly encouraged many individuals to overcome their fear of reprisals and provide share their stories. That group's main focus is to advocate for the elimination of Cuban government restrictions separating families, particularly the 8-year prohibition on entering Cuba affecting those who abandon their missions. It also denounces their exploitation by the Cuban state and demands the lifting of the Cuban government's embargo on academic records, that to hinders their professional development abroad. The group was founded spontaneously in the fall of 2017 when “deserters” realized their entry into Cuba would remain restricted. Its website (<https://nosomosdesertores.com>) describes the initiative as “thousands of Cuban professionals and technicians, resident in various parts of the world, who today are denied entry to the land that saw them born and, with it, the right to see and be with the family.” The Administrators are mostly doctors, although the membership is open. The group has around 11,000 Facebook page followers, considered “friends,” many of whom claim to be doctors. This platform allows them to share stories of family separation and their feelings of injustice as well as to plan joint actions (street protests, tweet marathons, targeted advocacy, etc.) Thousands of people around the world participate in their global tweet events. In January 2019, it supported a protest in front of Cuban embassies in several cities, including Santiago de Chile, Madrid, Barcelona, and Washington, D.C. to denounce entry restrictions.⁴⁴

⁴² See <https://usoas.usmission.gov/oas-event-the-dark-reality-behind-the-cuban-medical-missions/> and https://www.oas.org/en/media_center/press_release.asp?sCodigo=AVI-264/19.

⁴³ Ellen Wulfhorst, “U.S. says Cuban medical missions are trafficking doctors,” New York, *Reuters*, Sep. 26, 2019; and 'Asedio, estrés, estadísticas falsas', médicos cubanos describen las misiones del Gobierno, *Diario de Cuba*, New York, Sep. 26, 2019.

⁴⁴ “‘Los prohibidos’ se manifiestan ante las embajadas de Cuba alrededor del mundo!,” Washington, *Diario de Cuba*, Jan. 26, 2019, https://diariodecuba.com/cuba/1548542161_44277.html.

V. Recommendations/remedies for the U.S. Department of State

1. Apply to Cuba the provisions of the Trafficking Victims Protection Reauthorization Act of 2017 (TVPRA), that amends and reauthorizes international provisions of the Trafficking Victims Protection Act (TVPA) to evaluate concrete actions foreign governments are taking to abolish trafficking. A comprehensive review of the evidence on this form of trafficking by Cuba by should include:
 - a) Requesting copies of existing agreements by Cuban state entities with other governments or with private entities that involve sending Cuban workers abroad.
 - b) Reviewing victim reports from prior visa applications for the CMPP program at U.S. embassies,⁴⁵ press reports (especially from countries hosting Cuban workers and in languages other than English), work contracts, NGO reports, etc.
 - c) Considering the context of Cuba's political and legal framework.
2. Apply U.S. sanctions to private entities engaged in forced/compelled labor agreements with Cuba (from which Cuban state entities derive revenue), as per provisions of current U.S. laws regarding Cuba sanctions.
3. Sanction agents of the Cuban government directly responsible for the international medical missions and other labor trafficking (visa restrictions and other sanctions).
4. Deny U.S. visitor visas to Cuban government officials and others (such as academics) linked to state institutions who seek to attend "educational" programs and/or commercial or other activities in the U.S. that in any way promote this form of trafficking.
5. Deny parole (admittance) to Cuban government officials and other representatives, former or current, who have engaged in or in any way directly promoted this form of trafficking or participated in controlling, repressing, silencing, or threatening its victims.
6. Work within the international system to combat this form of trafficking and assist the victims:
 - a) Demand that international organizations of which the United States is a member refuse to fund arrangements with Cuban state entities that violate international law regarding fair payment and the guarantee of all labor and human rights of Cuban affected by this form of trafficking.
 - b) Require transparency from governments, international agencies, and private entities under U.S. jurisdiction in all their agreements with Cuban entities that hire Cuban workers.
 - c) Work with other governments to request a review of the terms of all existing labor agreements with Cuba as well as agreements allocating public funding to support Cuba's "social missions," to make sure they uphold the rights of Cuban workers affected by this form of trafficking.
 - d) Link U.S. foreign assistance to recipient countries' compliance with international law in guaranteeing the rights of Cuban workers affected by this form of trafficking.
 - e) Promote awareness within the international system (UN, OAS, WHO, PAHO, ILO, etc.) to combat this form of trafficking and to promote labor rights for all Cubans.
 - f) Work bilaterally and multilaterally with certain countries to launch programs to directly hire – and retrain as necessary— Cuban health and other professionals who wish to remain overseas working independently.
 - g) Support doctors and nurses (with assistance, loans, etc.) once they arrive in their path to revalidate their titles (by studying English and for U.S. medical boards); consider issuing aid and

⁴⁵ Cuban Medical Professional Parole program had approved, since its beginnings in August 2006, to January 2016 7,117 applications. (Jeff Mason, Daniel Trotta, "U.S. considers ending program that lures Cuban doctors to defect," Washington/Havana, *Reuters*, Jan. 8, 2016.)

loans in exchange for a commitment to work for a certain number of years in developing countries sponsored by the U.S. government or in U.S. locations with sparse doctor coverage.

7. Allocate U.S. government funds designated to combat trafficking to NGOs that investigate and combat trafficking in persons by Cuba. Their work could include:
 - a) Researching and documenting this form of trafficking by Cuba.
 - b) Developing a list of guidelines or best practices to address and correct current abuses and guarantee the rights of Cuban workers working overseas.
 - c) Conducting international advocacy and educational initiatives to combat this form of trafficking and protect the victims.
 - d) Enlisting international partners.
 - e) Designing and implementing appropriate mechanisms for victims in third countries to report violations.
 - f) Providing legal support to the victims in third countries.
 - g) Supporting host countries with medical missions in developing legal and ethical ways to maintain needed social services where needed.
 - h) Establishing guidelines to confirm credentials and providing adequate legal protections to healthcare recipients in the host countries.