



## Fact Sheet: Cuba's medical diplomacy

March 2020

Cuba has at least 85 state companies devoted to selling export services, mostly of professionals sent as temporary workers abroad: doctors, teachers, athletes, sports' and other trainers, musicians, sailors, architects, geologists, tobacco rollers, construction workers, and others. Altogether, these exported workers generate the country's largest source of revenue and hard currency.

Of the 50,000 to 65,000 professionals in over 66 countries (official claims vary) that Cuba has reports in recent years, 75% are health workers, usually portrayed as part of "internationalist medical missions." Currently, Cuba reports 28,217 health workers in 59 countries; this amounts to 10,000 less than just two years ago, when Cuba reported 38,262 health workers serving in 66 countries, of which 18,384 were doctors. This can be partly explained by the Cuban government's abrupt termination of its medical mission in Brazil in November 2018 hired in triangulation with the Pan American Health Organization (PAHO). In the course of four weeks, Cuba forced home over 8,000 Cuban doctors located all over the country under the Brazilian government-funded *Mais Medicos* program. During his campaign, president-elect, Jair Bolsonaro (sworn in January 1, 2019), had promised to hire the workers directly and allow them to bring their families from Cuba. Then, in 2019, medical missions in Bolivia, Ecuador, and El Salvador were also terminated by the respective hosts after governments with divergent political agendas replaced Cuban allies.

The Cuban government claims that in almost six decades of "altruistic and solidary work," it has sent more than 400,000 Cuban health workers to 164 countries as part of so-called "cooperation" agreements. Essentially, the workers are exported as commodities by Cuban state entities (namely the Comercializadora de Servicios Médicos, S.A) that hire them out for two to three years to governments or corporations under highly unusual and secret agreements. These medical missions typically provide health services for free to patients in host countries from underserved populations facing a scarcity of doctors, whose local doctors are unwilling to work/live in certain locations, or host countries that seek to replace local health professionals in order to use the Cubans to advance political agendas and to also provide Cuba financial support.

### **The trafficking business in humanitarianism disguise**

Most of these business arrangements are portrayed as "humanitarian" assistance and used for propaganda to boost Cuba's brand of socialism and elicit praise, legitimacy, and sympathy for the Cuban dictatorship. The arrangements strengthen Cuba's political and economic ties with host nations and usually lead to assistance, loans, favorable investments and markets for Cuba's exports, while also buying loyalty and political influence in the international arena including votes in international organizations.

In 2017, the last year official statistics were available, export services net of tourism generated Cuba \$7.9 billion, of which professional services are believed to have been the largest portion by far. This amount was over \$2 billion less than the peak amounts reported in 2012-2014, before payments from Venezuela started to noticeably decline. Cuban authorities for the first time, reported a figure of \$6.4 billion for health services (75% of total export services) and also broke down \$1.3 billion in support services (purportedly for the internationalist export workers). The current revenue stream still represents more than any other sector of the Cuban economy and almost three times the revenues from tourism.

<b>Table: Cuba's Export Services</b> in million Cuban pesos 1:1 with US dollar			
<i>Year</i>	<i>Export services</i>	<i>Tourism</i>	<i>Export services net of tourism</i>
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.*

That Cuba receives payment for these export medical services was long considered “a state secret.” Today, the terms of the agreements are still tightly guarded but payments are known to vary widely. For instance, for a general doctor Cuba commands around US\$3,000 a month in Namibia and US\$5,000 a month in Angola while in Saudi Arabia, it can earn \$25,000 a month for a plastic surgeon. Cuba’s services are typically paid by the host government with public funds, however, in some countries such as Haiti, Mali, or in West Africa during the Ebola 2014 outbreak, funding is provided as aid from other governments, NGOs, or international organizations such as WHO and PAHO. Generally, Cuba keeps between 95-75% of the payments after remunerating the workers. In few cases, Cuba is believed to not charge for its services, such as in certain cases when it initially sends emergency brigades to certain countries afflicted by natural disasters.

Until March 2020, the Cuban government had sent 28 brigades from its “emergency contingent” to 21 countries and claims they are all doctors and nurses especially trained in disaster medicine. In March 2020 alone, Cuba sent 905 health workers to eleven countries as emergency brigades to provide care during the coronavirus outbreak. Reportedly, all the health workers are part of the “Henry Reeve Brigade,” the emergency corps “created” by Fidel Castro in 2005 to offer assistance to the U.S. after the

Katrina hurricane; he named it after a New York city native who fought with the Cubans in the First War of Independence from Spain (1868-1878). But Cuba has used these emergency response teams not just for propaganda but to establish a foothold in new markets; in many cases, this has led to many years of profitable “collaboration,” such as in Honduras, Haiti, Jamaica, Pakistan, and other countries after natural disasters.

The Cuban government reports that by March 29th, the Henry Reeve brigades was sent to fourteen countries, composed of at least 593 professionals (doctors, nurses and technologists) to thirteen countries, Andorra, Angola, Antigua & Barbuda, Belize, Dominica, Jamaica, Italy, St. Vincent & Grenadines, St. Lucia, Nicaragua, St. Kitts & Nevis, Suriname, and Venezuela.

Host governments typically also cover airfare for the Cuban “internationalists” and provide furnished housing, domestic transportation, and a monthly stipend for food and personal expenses –conditions and amounts vary greatly by country. Cuba typically covers the logistical support and pays the family of the collaborator back home their regular peso salary —a scant US\$65 a month on average for a doctor— plus a hard currency bonus usually of around US\$50-\$120 monthly, depending on the country agreement (in oil-producing and a few other countries, it is higher). The workers are able –and more so in the past– to send home some consumer goods free of import duties, which allowed families to import appliances, electronic equipment, and other products nearly impossible to get in Cuba or only available at exorbitant prices. Some use these shipments as business opportunities for them to sell with high mark-ups in Cuba, some times clothes and goods bought very cheaply abroad.

Many health “cooperation” agreements include educational services to train medical students in Cuba or send instructors to the contracting country. Since Fidel Castro founded the Latin American School of Medicine (ELAM for its Spanish acronym) in November 1999, 29,749 students from 115 nations have graduated as doctors (but the confusing breakdown, Cuba reports that 6,848 graduates have earned advanced degrees in Comprehensive General Medicine and 2,135 have graduated in other specialties).

Other arrangements include Cuban exports of medical products and supplies produced on the island; in Venezuela it has been reported to profit as an intermediary of diverse medical imports. In 2020, Cuba’s state biotechnology and pharmaceutical conglomerate, BioCubaFarma, reported that it commercializes 300 products that it exports to 43 countries. In 2017, Cuba reportedly exported at least \$43 million in medical products,

including (as listed with their harmonized trade code): \$21.1 million in human or animal blood and vaccines (3002), \$10.9 million in glands and other organs (3001), \$6.42 in packaged medicaments (3004), \$2.4 million in unpackaged medicaments (3003), \$1.97 million in lab reagents (3822), and \$239 thousand in hormones.

Although Cuban officials declare that health services are exported to fund the national public health system, on the island there is a chronic and dire lack of supplies and equipment as well as extreme under-investment in the health infrastructure and system in general. Medical facilities are in major disrepair, with terrible hygiene, lacking even bed sheets, and some have no water service. Personnel is also scarce.

## **Cuban doctors, “the highest qualified slave labor force in the world.”**

### **A captive labor force**

Cuba’s brand of health diplomacy is possible due to the totalitarian nature of the State, that guarantees a pool of captive low-paid workers exploitable as “exportable commodities.” The State is the sole employer in the health sector (and most of the economy) and health workers may not practice privately. Doctors are paid around US\$65 monthly, which barely guarantees their survival. Thus, many seek to go abroad to minimally improve their lot or with the secret plan to emigrate permanently.

The state pays what is consistently reported as the lowest average monthly disposable salary in the world,<sup>1</sup> currently equivalent to US\$42.6.<sup>2</sup> 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 priced in hard currency denominations, so 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 for two to three years despite the aforementioned 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.

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 (i.e. the Cuban government hijacks their professional skills). 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.

### **Confiscated wages**

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%. Usually, they are paid many times less than equivalent health workers in host countries. Furthermore, they receive 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. Typically, they receive a stipend in local currency that in some countries is not sufficient to cover basic needs.

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<sup>1</sup> 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.

<sup>2</sup> “El salario mínimo en Cuba se incremento a 400 pesos y el medio a \$1067,” *America Teve*, Jun. 27, 2019.

## **Forced family separation and forced exile**

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. Most of the doctors, according to Cuba, are women, who must leave behind children, often very young ones. In very few countries, family members may visit for a limited amount of time if the worker can afford to pay for their travel. 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 heartbreak and often psychological trauma to the workers as well as their spouses, children, parents, and other loved ones left behind. Many marriages end in divorce. (See [www.nosomosdesertores.com](http://www.nosomosdesertores.com).)

Article 135 of the Cuban criminal code (“Ley No. 62”) punishes with up to 8 years of prison abandoning a post abroad or not returning to Cuba after completing an assignment. The families of workers who abandon their missions face reprisals and are prevented from joining them abroad for at least five years. Many thousands who have abandoned or overstayed their assignments are missing seeing their children grow up and are prevented from entering the country even for compelling emergencies and funerals.

## **Migration controls**

Cuba goes to great strides to prevent workers from leaving the country or “deserting” their missions overseas. Strict entry and exit restrictions apply to all Cuban citizens to and from their own country. Even health workers are subject to strict restrictions of movement to and from their own country. Articles 215, 216, and 217 of Cuba’s Penal Code (Law No. 62) forbid citizens from leaving or entering the country without government permission and punish attempts to do so with years of prison. This is, of course, 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. No health professional may leave the country without a special government permission which is very difficult to obtain; those who seek to emigrate, are denied exit permits for at least five years.

The workers sent overseas are issued a special passport in a different color (red) to prevent their travel to anywhere but Cuba, and is often retained by supervisors. In countries such as Venezuela, fleeing doctors must bribe customs authorities to avoid being turned over to Cuba’s State Security and forced back to Cuba in disgrace.

## **Coercive recruitment practices**

The state engages in recruitment practices that are coercive, deceptive, and leveraged.<sup>3</sup> Workers are usually not informed of the actual terms of contracts until presented with agreements 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 countries with varied destinations, including small towns or villages, they are only informed of the locale upon arriving at the destination country before leaving for the assignment.

## **Unsafe or substandard living and work conditions**

Many of the Cuban health workers are assigned to remote, unsafe, and very poor areas (some lacking electricity and running water) or to live in violence-ridden neighborhoods. There has been a large number of Cuban doctors on assignment in host countries that have been killed or robbed, raped, and injured. In some countries,

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<sup>3</sup> 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](https://www.unodc.org/documents/human-trafficking/2015/Recruitment_Fees_Report-Final-22_June_2015_AG_Final.pdf).

they are subjected to great hardships, have to share shabby and cramped accommodations with numerous co-workers or with local families, are deprived of privacy, and lack recreational activities.

### **Systematic denial of labor rights**

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.

### **More arbitrary controls and abuses**

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. Systematically, the exported health workers:

1. Are under constant surveillance from their Cuban handlers/supervisors (most are trained agents) and collaborators and spies of Cuban intelligence.
2. Women, who make up over 50% of the doctors serving in the missions, are often subjected to sexual harassment and other abuses from supervisors and minders.
3. Face a heavy workload, often working from early morning until night, sometimes seven days a week.
4. Are subject to arbitrary regulations: may not drive a car, establish relations with or marry locals, visit other cities, stay out overnight, leave home after a certain hour, say 5 or 7 p.m. (If “red alerts” are issued, such as in Venezuela, they may not leave their quarters at all for days.)
5. Are bound by Cuban laws applicable to all Cuban personnel in contact with foreigners that forbid them from accepting gifts or associating with any person in the host country that is not supportive of revolutionary ideals.
6. Must attend weekly political meetings to hear the official version of news from Cuba and world events.
7. Are required to inform on any co-worker who offends the “honor of the motherland and its symbols.”
8. Are not allowed to speak to any member of the media (except as instructed by Cuban authorities or to official media).
9. Must, in certain countries, inflate statistics and data to meet ambitious per patient or per procedures goals, dispose of medicines or supplies for made-up patients, and deny medical services or supplies for political reasons.
10. Must, in certain countries, have mandatory political duties to coerce the local population to vote for certain candidates and must spread pro-Cuba and pro-socialist propaganda.

### **International law violations**

Aside from North Korea, no other state is known to traffic its own citizens systematically in exploitative labor arrangements to 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 Korean does) but directly in bilateral contracts with many governments.

The U.S. Trafficking Victims Protection Act’s (TVPA) mirrors many international agreements: “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.”<sup>4</sup>

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<sup>4</sup> “What is Modern Slavery?,” U.S. Department of State <<https://www.state.gov/j/tip/what/index.htm>>.

Cuba is a police state in which judicial remedies and accountability to civil society are not possible. Cuba's national legislation is not harmonized with its international commitments on human rights. Arbitrary and politicized denials of fundamental rights are the norm. The Cuban Constitution of 1976 (as amended 1992), guarantees "the full freedom and dignity of men [and] the enjoyment of their rights, but multiple constitutional provisions undermine these guarantees. The constitution itself nullifies freedoms deemed contrary to "the goals of the socialist State," to "socialist legality," or to the "people's decision to build socialism and communism." In fact, the Constitution undermines international treaties that Cuba has ratified, as it provides that any treaty, pact, or concession that disregards or diminishes Cuba's "territorial sovereignty" is illegal and void. Cuba often invokes its sovereignty as a justification for non-compliance on human rights.

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, including the "Disciplinary Rules for Cuban Civilian Workers Serving as Collaborators Abroad," that has the status of law, and exercises broad control over international "collaborators," including through disciplinary actions. It establishes, among other things, the obligation of the "collaborators" to return to Cuba after completing their assignment, restricts their movement and that of his/her family, and forbids marrying a foreign citizen, attending social events, or having any kind of relationships with the local population without authorization. Cuba's Migration law refuses entry into Cuba to "deserters" and Article 135 of the Penal Code criminalizes with prison from three to eight years the abandonment of a post in a foreign country or traveling to another country against the express order of the government while fulfilling a mission abroad.

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.

In Cuba, all independent organizations are banned while human rights and other civil society actors are threatened, persecuted, imprisoned, forced into exile and, in some cases, even killed or disappeared (the latter documented in CubaArchive.org). The judicial system is entirely subordinated to the Executive branch. Even defense lawyers all work for the state. Thus, victim or witness protections are inexistent. The U.S. State Department's Cuba 2017 Human Rights Report indicates: "Civil courts, like all courts in the country, lacked independence and impartiality as well as effective procedural guarantees. No courts allowed claimants to bring lawsuits seeking remedies for human rights violations."

The sole remedy is to escape. Thousands of health professionals have deserted worldwide and many, perhaps most, have made their way to the United States. From 2006 to 2017 the U.S. had a Cuban Medical Professional Parole program to give special visas for admittance (and eventual residence) to Cuban health workers in third countries.

To date, Cuba has enjoyed near-total impunity for its systematic trafficking of its "export workers" and, moreover, has been aided and abetted by numerous governments and international agencies and organizations under the guise of supporting its "international solidarity" and "humanitarianism." Organizations within UN system, such as the Pan American Health Organization (PAHO) and the World Health Organization (WHO), have entered into trilateral arrangements to facilitate and/or fund the delivery of medical and educational services by Cuban "brigades" in Africa and the Americas that send Cuban workers to remote and hardship areas, including for the Ebola outbreak in 2014. Democratic states such as France, Australia, Norway, Germany, Japan, and others, as well as international non-governmental organizations, have supported and subsidized these arrangements.

Cuba's "health diplomacy" scheme violates numerous international law norms and agreements, a selection of which are summarized below.

### Slavery

The use of forced labour has been condemned by the international community as a practice similar to but distinct from slavery. The practice of slavery has been universally accepted as a "crime against humanity" when committed by public officials against any person irrespective of circumstances and diversity of nationality.

### Trafficking in Persons

Trafficking in Persons Protocol (2003) supplementing the United Nations' *Convention against Transnational Organized Crime* (one of the three Palermo Protocols):

- "Trafficking in persons" is defined as "the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs." (Art. 3, subpara (a).)
- "The consent of the victim to the intended exploitation is irrelevant once it is demonstrated that deception, coercion, force or other prohibited means have been used." (Art. 3 subpara.(b).)

### Servitude

Early drafts of the Trafficking in Persons Protocol defined servitude as the status or condition of dependency of a person who is unlawfully compelled or coerced by another to render any service to the same person or to others, and who has no reasonable alternative but to perform the service.

International Labor Organization (ILO) Convention No. 29 concerning forced or compulsory labor (1930)  
ratified by Cuba in 1953

- Forced labour is defined as: "All work or service which is exacted from any person under the menace of any penalty and for which said person has not offered himself voluntarily."

ILO Convention No. 95 on the Protection of Wages (1949) - ratified by Cuba in 1952

- Article 6 : "Employers shall be prohibited from limiting in any manner the freedom of the worker to dispose of his wages."
- Article 8: "Deductions from wages shall be permitted only under conditions and to the extent prescribed by national laws or regulations or fixed by collective agreement or arbitration award."
- Article 9: "Any deduction from wages with a view to ensuring a direct or indirect payment for the purpose of obtaining or retaining employment, made by a worker to an employer or his representative or to any intermediary (such as a labour contractor or recruiter), shall be prohibited."

### Violations of the right to enter and leave one's country

Article 216 of Cuba's Penal Code forbids citizens from leaving the country without government permission and punishes attempts to do so with 1 to 3 years of prison. Entry and exit restrictions are even harsher on health and other professionals and their families. These violate the Universal Declaration of Human Rights, other international agreements and customary international law.

## **Concerns for countries hosting medical missions**

### **Questionable credentials.**

The massive and accelerated training of Cuban health professionals for export has led to a lack in appropriate and substantial medical training. There are reports that "doctors" are sent to serve abroad without completing the last two years of medical school and veterinarians who are put through a 6-month training and then sent as "medical doctors." Medical associations of many host countries have protested that Cuban doctors are allowed

to practice without meeting local requirements and have reported on the deficient training of doctors from their countries educated in Cuba; upon completing their studies, most do not pass Board exams required to practice at home in their own country.

#### **Lacking accountability.**

Patients have little or no legal recourse for malpractice. Individual cases have been reported by the media of some countries.

#### **Intentional distortions in the host economies.**

Some host countries have sufficient doctors, including unemployed or underemployed doctors, yet, for political reasons, 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 have been fired and replaced with Cubans.

#### **Questionable results.**

A serious or comprehensive analysis of health results of the Cuban medical missions is impossible because statistics are systematically tampered with and most reports by Cuban official sources are loaded with revolutionary hyperbole and are inconsistent, some times even contradictory. The numbers that Cuba reports of patients seen and medical procedures performed are outlandish and impossible to verify independently, moreover, many Cuban health workers who have served in the international missions report being ordered to systematically make up or over-report results.

#### **Overbilling.**

Countries with collaboration agreements that include Cuba's medical exports are persistently overbilled for medical products that are destroyed and not used or are used inappropriately to seek profits for Cuba.

#### **National security concerns.**

Some of the health workers sent abroad are trained by Cuba's intelligence services to collect intelligence, monitor the host country, diffuse opposition to the socialist model, and advance political agendas. Most who are not trained are forced to collaborate.

#### **International security concerns.**

Some internationalist missions have a proselytizing role and are used to spread propaganda and exert political influence to undermine democracy. In Latin America, this program has been part of the Bolivarian Alternative for the Americas (ALBA), which seeks to undermine democracies with the political, economic, and social integration of the Caribbean and Latin American countries in the neo-communist "21<sup>st</sup> c. socialism." In Venezuela, Cuba's extreme dependence on service exports to that country implies 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.

### **Additional costs to the Cuban people of Cuba's internationalist medical missions**

The "humanitarian" concerns of members of the international community that sponsor Cuba's medical brigades openly disregard the needs of the Cuban population.

#### **A public health crisis.**

There is compelling information of a public health crisis in Cuba of underreported proportions and of extreme under-investment in the health system, universally controlled and owned by the state.



The lack of even the most basic medicines and medical supplies and equipment is chronic. Many health “cooperation agreements” and other international agreements have Cuba exporting medications it produces that are not available to the local population.

Doctors are scarce, particularly specialists, and often foreign medical students without experience or proper training are the “doctors” available to the local population. Furthermore, in 2017 (the last official statistics) the country had 17,282 less nurses and nursing assistants (a total of 85,732) than in 2005, a 17% decline.

Cuba declares having 100% coverage for its population as well as that it “can help all the needy countries of the world requesting our services.” It reports its doctor-patient ratio based on all the doctors it has trained and fails to exclude those it sends abroad and its official statistics are always problematic and its contradictions, discrepancies and lagoons are legendary among scholars and analysts, including on all public health issues. It claims to have formed, since the start of the Revolution on January 1, 1959 until the last class of doctors graduated in 2019, 376,608 health professionals of which 171,362 are doctors. However, the last official statistics for the year 2017 show a decline of 61% in the number of family doctors (from 70,594 to 13,070) since 2005 (year in which the export of health services saw a big jump with the program in Venezuela) –family doctors are those historically serving most of the population. The official statistics show a 35% jump in the total number of doctors (from 70,594 to 95,487), with a surprising balance of 82,417 not reported as family doctors. This is peculiar, given that in 2019 Cuba reported that of the 38,262 health workers it had in 66 countries, only 18,384 were doctors. The large number of reported doctors, 64,033, are impossible to account for.

### **Excessive external dependence in the economy.**

Around 75% of Cuba’s GDP derives from export services. This dependence greatly diminishes pressure to make needed structural reforms to the economy and thwarts the allocation of resources to more stable and development-inducing productive activities. Relying on export services that violate international law makes the Cuban economy extremely vulnerable to an external factor that would quickly disappear, with grave consequences.

### **Sources:**

*\*See publications in CubaSalud.org and the following:*

“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.

Cuba: Exports 2017, Observatory for Economic Complexity, <https://oec.world/en/profile/country/cub/#Exports>

“Cuba informa por primera vez ingresos en divisas por salud, hotelería y otros servicios,” La Habana, *Reuters*, Aug. 2, 2019.

“Cuba solidaria ante propagación del coronavirus en el mundo,” Mar. 20, 2020, <https://www.telesurtv.net/telesuragenda/cuba-solidaridad-medica-prevencion-mundial-coronavirus-20200319-0037.html>.

“Cuba mantiene una vigilancia activa sobre la salud de todos sus colaboradores,” *Granma*, Mar. 21, 2020, <http://www.granma.cu/cuba-covid-19/2020-03-21/cuba-mantiene-una-vigilancia-activa-sobre-la-salud-de-todos-sus-colaboradores-21-03-2020-00-03-22>.

“ELAM: 20 years true to Fidel’s humanist thought,” *Granma*, Nov. 14, 2019. Cuba’s Repressive Machinery, *Human Rights Watch*, 1999 [https://www.hrw.org/reports/1999/cuba/Cuba996-03.htm#P576\\_78223](https://www.hrw.org/reports/1999/cuba/Cuba996-03.htm#P576_78223).

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

Nuria Barbosa León, “El país de las batas blancas anda de hermano,” *Granma*, Mar. 21 2020, <http://www.granma.cu/cuba-covid-19/2020-03-21/el-pais-de-las-batas-blancas-anda-de-hermano-21-03-2020-01-03-19>.

Orlando Freire Santana, “BioCubaFarma: Exportar o traficar con las necesidades del pueblo,” La Habana, Cubanet, Mar. 11, 2020.

“Reglamento disciplinario para los trabajadores civiles cubanos que prestan servicios en el exterior como colaboradores”, Republica de Cuba, Ministerio de Comercio Exterior e Inversión Extranjera, Resolución No 168 de 2010.

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

Yisell Rodríguez Milán, Ministerio de Salud Pública: No está declarada Cuba en la fase epidémica, Granma, Mar. 29, 2020, <http://www.granma.cu/informacion-minsap/2020-03-29/ministerio-de-salud-publica-asciende-a-139-casos-confirmados-de-covid-19-en-cuba-pero-solo-131-pacientes-ingresados>.

*Cuba Salud is a project of Cuba Archive  
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