

Fact Sheet
Overview of Cuba’s medical “collaboration”
Update of June 15, 2020



Farewell ceremony of Cuba’s first COVID-19 brigade to Italy, Mar. 21, 2020.

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Introduction

Cuba has at least 85 state enterprises 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. These workers, which Cuba calls “collaborators” or “internationalists,” generate the country’s largest source of revenue and hard currency. Official reports of the number of workers vary but in recent years Cuban authorities and government-controlled media have generally reported from 50,000 to 65,000 “collaborators” in 59 to 68 countries, consistently stating that around 75% are health workers sent as part of medical “brigades,” although some go to teach.

Essentially, the workers are exported as commodities by Cuban state entities for two to three years to fulfill highly unusual and secret agreements with governments or corporations. The medical missions, referred to as

Cuban Medical Brigades (BMC): Numbers			
Date	No. BMC	No. of doctors	No. of countries
Jun. 2020	31,268	?	69
Mar. 2020	28,268	?	61
Jul. 2018	38,262	18,384	68

BMC for their Spanish acronym *Brigada Médica Cubana*, typically provide health services for free to patients from underserved populations in host countries that face a scarcity of doctors, or whose local doctors are unwilling to work/live in certain locations; in certain countries, they replace local health professionals to advance political agendas and provide Cuba financial support.

Varying and unreliable numbers

In March 2020, right before the Cuban government started to send medical brigades for the coronavirus emergency, it reported 28,268 workers in medical brigades in 61 countries. A year and a half earlier, in July 2018, it had reported around 10,000 less workers, 38,262 medical missions in 66 countries, of which it said, 18,384 were doctors.

In November 2018, *Granma*, the official daily of Cuba's Communist Party, reported that in 55 years since May 1963, Cuba had sent 600,000 internationalists to 164 nations, including over 400,000 health workers to 134 countries who had completed 1.9 billion medical services at an average of 5 million a month, including 14 million surgical procedures and 4 million deliveries, saving 8.3 million lives. Four years earlier, on July 2014, the official Cuban daily *Trabajadores* had reported that 64,362 collaborators from various sectors were serving in 91 countries (80% in Latin America) and that 836,142 Cuban civilians had collaborated in 167 nations. Many other official reports claim varying numbers of workers and countries.

	Country	BMC #	BMC COVID-19	BMC COVID Doctors
AMERICAS				
1	Antigua & Barbuda	59	29	8
2	Barbados	0	101	?
3	Belize	85	58	?
4	Dominica	56	30	5
5	Grenada	25	5	0
6	Honduras	16	20	6
7	Jamaica	294	144	46
8	Mexico	0	693	?
9	Nicaragua	?	5	5
10	Peru	0	125	70
11	St. Vicent & Granadines	50	16	5
12	St. Lucia	26	111	11
13	St. Kitts & Nevis	90	34	4
14	Suriname	120	51	31
15	Trinidad & Tobago	306	11	0
16	Turks & Caicos	0	20	9
17	Venezuela	20,000	137	130
OTHER				
18	Italy - Lombardia	0	52	35
	Italy - Piemonte	0	38	21
19	Andorra	0	38	11
20	Angola	800	256	188
21	Togo	0	11	6
22	Qatar	499	229	?
23	Cape Verde	79	22	5
24	South Africa	216	217	85
25	Guinea Corky	0	21	11
26	Kuwait	36	298	96
	GRAND TOTAL	22757	2772	788

In 2018-2019, there was a sharp decline in the number of workers in international medical missions 19 after three host governments replaced ones allied with Cuba and terminated the missions in Bolivia (which had 725 Cuban "collaborators"), Ecuador (with 382), and El Salvador (with 19). Also, in November 2018, the Cuban government had abruptly terminated the medical mission in Brazil, which at the time had 8,471 doctors. This followed the termination by Cuba of its medical mission to Brazil. In a span of four weeks, Cuba recalled all its doctors before the inauguration of president-elect, Jair Bolsonaro, who had promised during his campaign to hire the workers directly and allow them to bring their families from Cuba. 836 of the doctors refused to return to Cuba, joining over 1,000 who had already abandoned their assignments.

The emergency brigades: pandemic as opportunity

The Cuban government seized the coronavirus pandemic as an opportunity to expand the reach of its export medical services. By May 20, 2020 it was reporting 29,465 medical workers abroad, or 1,197 more than before it started sending pandemic brigades. From March to mid-June 2020, it had sent at least 2,772 workers to 26 countries to provide care for coronavirus patients. (See table in this page, with information obtained from Cuban official media and host country reports.) COVID-19 teams have been sent to the following countries that already had a Cuban medical brigade: Angola, Antigua & Barbuda, Belize, Cape Verde, Dominica, Grenada, Guinea Corky, Honduras, Jamaica, Nicaragua, South Africa, St. Lucia, St. Kitts & Nevis, St. Vicent & Grenadines, Suriname, Trinidad & Tobago, and Qatar. Mexico and Peru received the COVID-19 brigades but had hosted to Cuban medical workers in the past. Andorra, Barbados, Italy, Togo and Turks & Caicos received Cuban medical personnel for the first time. Cuba also

reported a coronavirus contingent to Haiti, however, health workers already there were reassigned to pandemic response.

Cuba is well rehearsed in emergency response and has a large pool of health workers it can order for deployment in a few hours. Since it sent its first team to Chile after a powerful earthquake in May 1960, it has sent emergency medical teams to many countries. Fidel Castro, the mastermind behind this unique scheme, found early on that it did wonders for Cuba's propaganda campaigns and to expand its influence and presence in affected countries at a time when they were most vulnerable and receptive. The emergency brigades have proven very effective for Cuba to establish a foothold in new markets and have led to many years of profitable "collaboration." According to Cuba's Ministry of Public Health (MINSAP), until the COVID-19 pandemic, more than 7,950 professionals had served in 28 emergency brigades in 22 countries after 16 floods, 8 hurricanes, 8 earthquakes and 4 epidemics.

Other official reports from Cuba provide different numbers, such as over 36 brigades to 20 countries. Emergency brigades have also been reported to Algeria, Armenia, Bolivia, Chile, China, El Salvador, Guatemala, Guyana, Honduras, Haiti, Indonesia, Iran, Jamaica, Mexico, Nicaragua, Pakistan, Peru, Sri Lanka, and Venezuela as well as to Liberia, Equatorial Guinea, and Sierra Leone during the Ebola outbreak of 2014. In September 2005, Fidel Castro strategically named the emergency response effort, the "Henry Reeve International Contingent of Doctors Specialized in Disaster Situations and Grave Epidemics," or "Henry Reeve Brigades," when he offered aid to the U.S. after Hurricane Katrina. Henry Reeve was a New York city native who fought with the Cubans in the First War of Independence from Spain of 1868-1878.

A trafficking business in humanitarianism disguise

Cuba portrays the BMCs as "humanitarian" and "altruistic," a "collaboration," and uses them for extensive propaganda efforts to elicit praise, legitimacy, and sympathy for the Cuban dictatorship and boost its brand of socialism. In fact, these "missions" are part of a clever for-profit scheme that derives Cuba's largest source of revenues; it generates more than any other sector of the Cuban economy and almost three times the gross revenues from tourism, which has much higher costs. These business arrangements have other benefits for Cuba: they strengthen its political and economic ties with host nations and generally lead to assistance, loans, investments, and markets for Cuba's exports while buying loyalty and political influence including votes in international organizations.

That Cuba receives payment for these export medical services was for decades and until 2010 considered "a state secret." Today, the terms of the agreements are tightly guarded but details have percolated, especially in the media of many host countries, and it is well established that Cuba generally keeps between 95-75% of the payments it receives for the services. In few cases, Cuba may have not charged for its services, such as for emergency brigades to certain countries afflicted by natural disasters, but, often, another government or international organization foots the bill.

In 2018, the last year for official statistics are available, export services net of gross tourism revenues generated \$8.5 billion—professional services (of health workers scientists, educators, etc.) were the largest portion, generating \$7.2 billion, of which the share of health and social missions totaled \$6.4 billion. Meanwhile, the corresponding 70% share for health and social services of support services of \$1.3 billion, presumably for the internationalist missions, would total \$923 thousand and bring total gross revenues generated by the health and social missions to \$7.3 billion in 2018. (There is no way of calculating just the medical missions, as it is not itemized.) The costs associated with professional services are very low, as Cuba typically compensates the workers just 5 to 25% of

Cuba: export services 2018	
<i>in thousands of Cuban pesos</i>	
<i>1 Cuban Peso = 1 US dollar</i>	
Judicial and accounting services	\$10,437.80
Other professional services (scientists and technicians)	\$14,281.60
Educational services	\$250,085.20
Entertainment, cultural & sports services	\$60,549.30
Health and social services	\$6,398,538.80
Other services not specified	\$449,772.20
Sub-total	\$7,183,664.90
Support services	<u>\$1,319,072.20</u>
Sub-total	\$8,502,737.10
Other services incl. net tourism	<u>\$2,787,084.00</u>
Total	\$11,289,821.10

what it receives for their services, so their net value, although impossible to calculate with the data provided can be assumed to be very high.

Cuba's official statistics made it impossible to calculate export services net of tourism until a breakdown was first reported for the year 2018. The table below, of export services 2003 to 2018, shows fluctuations corresponding to reported trends in the number of exported health workers and payments per worker by certain countries. Peak revenues in 2012-2014 reflect large per capita payments from Venezuela, the most sizeable mission by far; revenues have since declined concurrent with the economic crisis in that country.

Payments to Cuba for its medical workers vary widely. For a general doctor Cuba commands around US\$3,000 a month in Namibia and US\$5,000 in Angola, while in Saudi Arabia it earns \$25,000 a month for a plastic surgeon. The host government typically pays the Cuban entity directly with public funds, however, a tripartite “collaboration,” or triangulation, has occurred for decades by which many governments —France, Germany, Norway, Japan, etc.— and organizations such as World Health Organization (WHO), Pan American Health Organization (PAHO), and United Nations Children's Fund (UNICEF) pay for Cuba's health and educational services to certain underdeveloped countries. For instance, during the 2014 Ebola epidemic, WHO paid for Cuba's medical missions to Liberia, Sierra Leone, and Guinea Corky, while USAID funded a medical unit in Monrovia staffed by Cubans. Libya and Nigeria have paid for BMCs to Niger and others have been similarly funded to Burkina Faso, Chad, Mali, and other countries. In Haiti, for many years numerous governments have paid for Cuba's large BMC. Triangulation took on a new modality from 2013 and 2018, after PAHO stepped in to help the Brazilian government of Dilma Rousseff avoid accountability for the forced labor scheme. The multilateral organization charged a 5% fee to serve as a conduit for the Brazilian-government funded *Mais Medicos* program to hire Cuban doctors; at its peak, 11,400 Cuban doctors were in Brazil generating Cuba around US\$400 million per year.

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

In some cases, Cuba also exports medical products and supplies produced in Cuba with its brigades; in Venezuela, it has served as an intermediary for medical imports. For 2018, Cuba reported that 28 countries were part of its “Comprehensive Health Program” (*Programa Integral de Salud*), most if not all presumably receiving medical brigades as well as products. In 2020, Cuba's state biotechnology and pharmaceutical conglomerate, *BioCubaFarma*, reported that it commercializes 300 products that are exported to 43 countries. In 2017, Cuba exported at least \$43 million in medical products, including (as per the harmonized trade codes): \$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. For the pandemic

Table: Cuba's Export Services

in million Cuban Pesos
Cuban peso to US dollar 1:1

Year	Total export services	Gross tourism revenues	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
2018	\$11,290	\$2,192	\$9,098

Sources: *External Balance of Goods & Services and Tourism, Statistical Yearbooks 2009 to 2018*
Oficina Nacional de Estadísticas, Rep. de Cuba;
World Trade Organization for 2018.

brigades, it has been widely reported that most are a package deal requiring purchase of Cuba's interferon alpha 2b, a so-called "wonder drug" for COVID-19, subject of a propaganda blitz despite unproven effectiveness.

Host governments of the BMCs typically also pay the 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. It appears the host governments also pay for administrative and logistical support, as indicated in the 2018 breakdown for "support services." The brigades all have handlers that monitor the workers and are counted as part of the medical brigades.

Cuban doctors, "the best 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 system, which guarantees a pool of captive low-paid workers primed for exploitation as "exportable commodities." The Cuban State is the sole employer in the health sector (and most of the economy) and health workers may not practice privately. Because doctors are paid wages that barely guarantee their survival, many seek to go abroad for two to three years despite great hardships seeking marginal benefits, so they can save to fix their house or improve their lot in ways that are otherwise impossible. Some mostly go with a secret plan to escape and emigrate permanently.

The Cuban State pays one the lowest—if not the lowest—average monthly disposable salaries in the world,¹ currently equivalent to US\$42.6. In 2019, the average monthly salary of Cuba's doctors was around US\$70, or 1,740 Cuban Pesos (CUP) for a general MD. A specialist commanded an average of US\$75, or 1,850 CUP. Nurses received between 1,220 to 1,030 CUP (US\$38-\$46). Yet, they are paid in worthless Cuban pesos while most staples, food, and consumer goods are priced in a hard currency denomination, making them inaccessible to most of the population. Even food, including basic staples, is scarce and priced in hard currency denominations. As a result, most families live in dire conditions and many depend on remittances and assistance from family members abroad. (Around 10-20% of the population has emigrated.)



COVID-19 brigade to Turks & Caicos, farewell ceremony, Jun. 15, 2020.

To prevent health workers from finding employment abroad independently, the health "collaboration" agreements require that the contracting governments grant credentials for the members of the BMC and guarantee to not allow any of them to practice independently in any institutions over which the government has control or oversight; in other words, host governments are complicit in the Cuban government's "hijacking" of their professional skills and right to work. Furthermore, a resolution of Cuba's Ministry of Health forbids providing health workers their educational and professional credentials. In November 2018, Cuban authorities took this one step further by instructing collective lawyers' offices (Cuba's equivalent of law firms) to not legalize any academic or other document for health professionals and technicians serving in BMCs 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.

¹ 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.

Confiscated wages

The health services are typically hired out by the Cuba state-owned corporation *Comercializadora de Servicios Médicos, S.A.*, although for Angola, it is *Corporación Antillana Exportadora, S.A.* (Antex). These entities, not the workers, receive payment for the services. In certain cases, such as when the services are triangulated through WHO or in Saudi Arabia, the payment is deposited monthly in workers' bank accounts but the Cuban handlers force them to remit most of it to the Cuban State.

The worker typically receives only 5-25% of what Cuba is paid for their services — the share depends on the country; in some countries, such as the oil producers that pay Cuba more, it is higher. The family, left back home, receives their regular peso salary, a scant US\$70 a month on average for a doctor. In addition, a hard currency “bonus” of around US\$50-\$200 monthly is deposited into an account in a Cuban bank (a State entity) and the worker may generally only dispose of those funds at the end of the mission if completed successfully. The workers also receive a stipend in local currency that in some countries is not sufficient to cover basic needs. In essence, the Cuban health workers usually receive a compensation many times lower than

their peers in the host country, even when Cuba often receives more than the local workers are paid.



COVID-19 brigade arrives in Italy, Mar. 22, 2020

Depending on opportunities in the host country, some of the internationalists increase their earnings marginally by bringing back to Cuba clothes and consumer goods to sell at a markup. Many also try to save their meager stipends to take home electronic equipment and other goods nearly impossible to get in Cuba or available at exorbitant prices. In the past, workers were able to send a shipment home once a year free of import duties but this “perk” was eliminated years ago.

Restriction of movement and migration controls

Cuban citizens face entry and exit restrictions to and from their own country and health workers are subject to especially strict restrictions. They may not 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. and passport renewals (required every 2 years) are denied for political reasons (

Legal restrictions include:

- 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 attempting to do so with years of prison.
- A Ministry of Health regulations restricts specialist doctors from traveling abroad.
- Article 135 of the Penal Code punishes with up to 8 years of prison abandoning a post abroad or not returning to Cuba after completing an assignment.
- Law No. 302 of 2012 that modified the Migration Law (Law No. 1312 of 1976) added three articles that further regulate entry and exit into the country for numerous reasons including undefined matters of public interest and national security (i.e. for political reasons) and specifically prohibits from leaving the country any individuals unauthorized to do so “in accordance with rules that seek to preserve the qualified labor force for the economic, social, and scientific-technical development of the country and for securing and protecting official information.”
- Law No. 302 of 2012 also requires that any citizen leaving and entering the national territory do so with a passport, which, may be denied for political reasons and must be renewed every two years.
- Workers sent overseas are issued a special passport in a different color (red) that prevents them from traveling to anywhere but Cuba and the host country; it is often retained by supervisors.

The health workers are under constant surveillance by their Cuban handlers /supervisors (most are trained intelligence agents) or by local collaborators and spies for Cuban intelligence. They must watch their own peers and inform on any intentions they might have to abandon the mission, in addition, they are obligated to return to Cuba after completing their assignment. Even though Cuba goes to great strides to prevent workers from “deserting” their missions, many thousands have done so. Fleeing doctors must often bribe customs authorities to avoid being turned over to Cuba’s State Security and forced back to Cuba. Many have made their way to the United States. From 2006 to 2017 the U.S. had a Cuban Medical Professional Parole program that gave special visas (and eventual residence) to several thousand Cubans working in medical missions in third countries.

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. They are flown home annually for a month of paid vacation. The majority of the doctors sent abroad are women who 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 case of grave illness or death of a close family member, the worker may not travel back to Cuba unless authorized and at his/her own cost. The resulting long family separations cause heartbreak and psychological trauma to the workers as well as their spouses, children, and other loved ones. Many marriages end in divorce.

If a worker abandons the mission or stays in the host country after completing its term, they are denied entry into Cuba for at least 8 years. The group *No Somos Desertores* has thousands of members all over the world prevented from entering their country—even for short visits for emergencies and funerals of loved ones— simply for abandoning overseas missions or overstaying their assignments (see NoSomosDesertores.com). The families are usually not allowed to join them and many parents miss seeing their children grow up.



Since Manorey Rojas, an orthopedist/traumatologist, abandoned the Cuban medical mission in Ecuador in 2015, he has been forcefully separated from his two children, denied entry into Cuba. The Cuban government even denied him a visit on humanitarian grounds when his daughter was in the ICU fighting for her life.

Coercive recruitment practices

The state engages in recruitment practices that are coercive, deceptive, and leveraged. Workers are usually not informed of the terms of their contracts until presented with agreements they must sign at the last minute, often right before they embark on flights to their destination and with no access to legal advice. Often, they are not given copy of the agreement they signed.

Many are informed only upon reaching the destination country of the housing and living conditions, work conditions, wages and earnings. In countries with multiple destinations, including small towns or villages, they are informed of the locale upon arriving at the destination country and just before leaving for the assignment.

Unsafe or substandard conditions

Many health workers are assigned to remote, unsafe, and very poor areas—some lacking electricity and running water—including violence-ridden neighborhoods. Many have been killed, robbed, raped, and injured, especially in Venezuela. In some countries, they face great hardships, lack an adequate diet, have to share shabby and cramped accommodations with numerous co-workers or local families, and are deprived of privacy.

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 enter into direct employment. Many are subjected to a heavy workload, often working from early morning until night, sometimes seven days a week. Women, who make up

over 50% of the doctors serving in the missions, often face sexual harassment and other abuses from supervisors and minders. The workers must also “donate” a portion of their pay to state-controlled mass organizations under Cuba’s Communist Party.

Arbitrary restrictions

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 arbitrary restrictions. They are forbidden from accepting gifts, associating with any person in the host country that is not supportive of revolutionary ideals, drive a car, marry a local, stay out overnight, leave home after a certain hour, or speak to any member of the media except as instructed. When “red alerts” are issued, they may not leave their quarters at all for days.



Forced political duties

The health workers must serve as propaganda props, attending political ceremonies and meetings, waving flags or bearing banners and photographs of Fidel Castro and Che Guevara, wearing white coats even for air travel, and taking part in photographs, films, and other activities commonly used for propaganda. They are required to inform on co-workers who offend the “honor of the motherland and its symbols” and must attend weekly political meetings to hear

the official version of news from Cuba and world events. In certain countries, they must help build pro-Cuba and pro-socialist loyalties, inform on and coerce the local population to vote for Cuba-friendly candidates and in Venezuela, deny patients medical services or supplies for political reasons. In many countries, they must overstate statistics and data to meet ambitious per patient and per procedures goals, forced to dispose of medicines or supplies for the fabricated patients.

Institutionalized trafficking (forced/compelled labor)

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, such as by North Korea, but directly in bilateral contracts with many governments. Some of the country’s laws and policies, as detailed above, actually promote the trafficking and institutionalize the condition of servitude and the practice is glorified in the state-controlled media. Trafficking victim or witness protections and assistance are inexistent given that the State is the perpetrator and official complicity is absolute.

This is possible because Cuba is a police state lacking judicial remedies or accountability to civil society. Cuba’s judicial system is entirely subordinated to the Executive branch and the courts lack independence, impartiality, and effective procedural guarantees. Even defense lawyers all work for the state and no claimants are allowed to bring lawsuits seeking remedies for human rights violations. In essence, there are no individual or collective rights *per se*. Cuba’s Constitution (Art. 5) stipulates that the Communist Party is the superior and commanding force of the society and of the state. It guarantees “the full freedom and dignity of men [and] the enjoyment of their rights” but multiple constitutional provisions nullify freedoms deemed contrary to “the goals of the socialist State,” “socialist legality,” or the “people’s decision to build socialism and communism.” All rights are conditioned by and subordinated to this stipulation. Furthermore, Cuba’s national legislation is not harmonized with its own

international commitments on human rights and Cuba often invokes its sovereignty as a justification for non-compliance. The constitution itself 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. All independent organizations are banned and civil society actors, including human rights activists, are threatened, persecuted, imprisoned, forced into exile and, in some cases, even killed or disappeared (the latter is documented in CubaArchive.org).

International law violations

The use of forced labor 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. Yet, to date, Cuba has enjoyed near-total impunity and, moreover, it has been aided and abetted by numerous governments and international agencies and organizations under the guise of "international solidarity" or "humanitarianism."

Cuba's "health diplomacy" schemes violate numerous international law norms and agreements, such as the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the Universal Declaration of Human Rights, and other international agreements and customary international law including the ones summarized below.



Trafficking in Persons Protocol (2003), supplement to 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.

The U.S. Trafficking Victims Protection Act's (TVPA)

This U.S. law mirrors many international agreements and states: "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."

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

Forced labor 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

o 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 labor contractor or recruiter), shall be prohibited.”

Other concerns for host countries

Questionable credentials

The massive and accelerated training of Cuban health professionals for export has led to lacking medical training. Some “doctors” have been sent to serve abroad prior to completing the last two years of medical school and veterinarians have been known to undergo a 6-month training to be sent as “medical doctors.” Host governments must waive the legal requirements to practice medicine for the Cuban doctors and accept Cuba’s assurances of their qualifications with no independent evidence. This weakens national standards and discriminates against local medical professionals and other foreigners who wish to practice medicine in the host country. Many local medical associations have protested and some have also pointed to structural deficiencies in the curricula for medical training in Cuba. In many countries, most medical students educated in Cuba do not pass the local board exams upon returning home.

Lacking accountability

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

Excessive costs and intentional economic distortions

Some host countries have sufficient doctors, some even have unemployed or underemployed doctors, yet, Cuban doctors are imported for political reasons or because they can be forced to serve in dangerous and remote locations shunned by local doctors. In Venezuela and Ecuador Cubans have replace homegrown doctors who were fired. In certain countries, the local government pays more to employ the Cuban doctors than what it pays local doctors and, in addition, most host governments usually pay considerable costs to host the Cuban health workers that would not be disbursed for locals —these include international and local transportation, furnished housing, a monthly stipend, health insurance and medical expenses, and repatriation of remains in case of death.

Questionable results

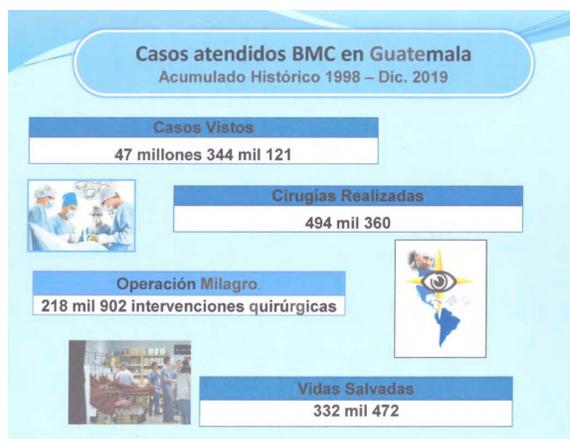
A serious or comprehensive analysis of the health results of the Cuban medical missions is impossible because statistics are systematically tampered with and most reports by Cuban official sources are loaded with political hyperbole and often contradictory; the numbers reported of patients seen and medical procedures performed are outlandish and impossible to verify independently. Cuban health workers who have served in the international missions confirm they have been ordered to systematically make up results.

Overbilling

Cuban health professionals have reported that countries with agreements that include the purchase of Cuba’s medical products are persistently overbilled for products used on patients that do not need them or destroyed, as they were falsely reported to have been used in treatment of fabricated patients and procedures.

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. Hundreds



of members of Cuban paramilitary groups have been trained in technical and medical specializations to be part of Cuba's social missions in Venezuela and help maintain political control there. The vast majority of the "collaborators" who are not trained in intelligence are forced to collaborate.

Some internationalist missions are used to spread propaganda and exert political influence to advance Cuba's goals. The medical brigades are part of the Bolivarian Alternative for the Americas (ALBA), which seeks to undermine democracies by advancing the political, economic, and social integration of Latin American and the Caribbean in the neo-communist model relabeled "21st c. socialism." In the case of Venezuela, Cuba's extreme dependence on service exports to that country is an important incentive to continue propping up the Maduro authoritarian government by all possible means.

Further costs to Cuban society: should Cuban lives also matter?

Humanitarian justifications for Cuba's international medical brigades overtly disregard the Cuban population. Aside from the high human costs that Cuban healthcare workers and their families must pay, as outlined above, the export of medical services and products comes at a great cost to Cuban society.

Broken public health

Although Cuban officials declare that medical services are exported to fund the national public health system, there is compelling evidence of an under-reported public health crisis in Cuba. The acute under-investment in the universally state-controlled public health system and its obvious deficiencies are legendary. Official health statistics are filled with discrepancies and lagoons and their veracity is widely discounted.



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Cuba's health system is one of apartheid, one in which the nomenklatura (top Communist Party members) and hard-currency paying foreigners have access to exclusive facilities with superior facilities and services. The majority of citizens must contend with under-staffed and decrepit, filthy, facilities chronically lacking essential medications, medical supplies, and equipment—many even lack running water. Patients must even bring their own bed sheets and food to the hospital. Many medications produced in Cuba are exported and not available to the local population.

Cuba declares 100% staff coverage for its population and that it "can help all the needy countries of the world requesting our services." Its reported doctor-patient ratio is based on all the doctors it has trained, or claimed to have trained, and includes those it sends abroad. It reports 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. Yet, its own official statistics show that from 2008 to 2018 (year of the last official report), the number of nurses and nursing assistants has decreased by 22,029 and the number of medical technicians has decreased by 80,320. During the same period, the number of doctors increased by 20,935 but the majority are purportedly working in missions overseas. (In 2019, Cuban government-controlled media reported 38,262 health workers in 66 countries, of which 18,384 were doctors.) Independent media reports from Cuba are filled with complaints that doctors, particularly specialists, are scarce and that, at times, only foreign medical students without experience and

proper training are the only “doctors” available. The lacking health personnel is particularly concerning given that thousands of health workers are being sent abroad to fight coronavirus as Cuba also faces the pandemic.

Excessive external dependence and less pressure for needed economic reforms

Around 75% of Cuba’s GDP derives from export services that violate international law. This makes the Cuban economy extremely vulnerable to an external factor that could quickly disappear, resulting in grave consequences. The 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.

Ethical and pragmatic concerns

Export services akin to slavery generated with the complicity of foreign actors funds a dictatorship with a huge repressive apparatus depriving Cubans of their fundamental freedoms.

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**Images of Cuban medical brigades are from Cuban state-owned news services.*

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