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Nobel Prize Committee
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Dear Nobel Committee members,

We understand that your distinguished committee has recently accepted the nomination for the Nobel Peace Prize of Cuba's International Medical Brigade Henry Reeve. We are compelled to inform you of plentiful and convincing evidence that makes this medical corps an intrinsic part of a trafficking in persons scheme by the Cuban State, in stark violation of international law.

Our organization has since 2009 researched and documented Cuba's export services of temporary workers, primarily in the medical field. Scores of Cuba's "internationalists," mostly doctors, have reported to us the egregious labor and human rights abuses to which they are systematically subjected; these reports have been consistent over ten years regardless of the location or time period of these professionals' service, spanning decades and dozens of countries.

Notwithstanding the commendable healthcare that Cuban medical workers provide around the world—often to the neediest patients and in the most extreme circumstances—the truth is that they are pawns, "exportable commodities," of a military dictatorship. The Cuban police state, which systematically deprives the citizens of their fundamental rights and commits egregious human rights violations, exploits these medical workers to advance its economic, political, and geostrategic objectives.

Cuba has found opportunity in the pandemic and is sending emergency medical brigades to dozens of countries mostly in a package deal with its Interferon Alpha 2b, a so-called "miracle drug" against COVID-19. Since March 2020, Cuba reports having sent COVID-19 teams to 39 countries—to date, over 2,500 workers remain in 33 countries. They joined the 28,000 health workers already working in 58 countries. Although portrayed as an altruistic army of solidarity, these medical brigades are generating enormous resources to help Cuba's ruling communist elite stay in power and avoid reforming a failed and parasitic command economy.

Cuba has, in fact, been sending international medical brigades since an emergency team was sent to Valdivia, Chile, in May 1960 after a powerful earthquake. It soon became obvious that this tactic offered a unique opportunity for the Cuban regime to make money while expanding its influence, securing loyalties and political alliances, procuring economic assistance, loans, and markets, generating international sympathies, and promoting the idea that Cuba is a medical powerhouse and

humanitarian example to the world. In September 2005, Cuba strategically renamed the emergency medical response teams “Henry Reeve International Contingent of Doctors Specialized in Disaster Situations and Grave Epidemics” or “Henry Reeve Brigade” to offer aid to the U.S. after Hurricane Katrina. (Henry Reeve, a New York city native, had died fighting with the Cubans in the First War of Independence from Spain of 1868-1878.) In reality, the Brigade is mostly made up of health workers with minimal disaster training who are opportunistically tapped to work. Cuba uses the emergency teams that are purportedly part of this Brigade to expand its presence when countries are most vulnerable and, thus, receptive; this establishes a foothold in new markets and often leads to many years of profitable “health collaboration” for Cuba. Sometimes Cuba foots the initial bill but payment often comes from international organizations such as World Health Organization, Pan American Health Organization, and/or other governments and organizations.

The Henry Reeve Brigade is part of a well-oiled arrangement whereby Cuba, through state enterprises or its Ministry of Health, enters into highly unusual and typically secret agreements with governments or corporations. Cuba retains around 80-95% of the payments while the doctors, nurses, technicians and other healthcare professionals providing the medical services receive only around 5 to 20% —the share depends on the country. In addition, Cuba sells medical products (drugs and supplies) to many host countries at substantial markups and overbills them through the systematic fabrication of delivered services, as measured in patients and procedures. Some of the agreements are triangulated with other governments and/or international organizations that donate funds or medical resources for the brigades. For instance, Norway, like other states, has provided generous financial support to Cuba for its medical mission in Haiti.

Cuba’s export services grew over time and officially became the country’s leading source of revenues by 2005. In 2010, the Cuban government acknowledged what had until then been a state secret: that it was paid for its services, however, it reported this was merely intended to fund the public health system. Cuba’s own official statistics prove that false. In 2018, the last year of official data, while Cuba reported that its social and health service exports were \$6.4 billion (more than twice tourism revenues), it published statistics indicating that just 1.5% (\$96.9 million) of those revenues were invested in health and social assistance in the country.

Cuba’s brand of medical “diplomacy” is possible only in a totalitarian system with a large pool of captive low-paid workers who can be ordered for deployment anywhere in the world at a few hours’ notice. In Cuba, health workers face great privations and are not allowed to practice privately, as the State is the sole employer in the health sector as well as in most of the economy. In 2019, the average monthly salary of doctors was around \$70 a month while nurses earned just \$38-\$46 a month. Participating in these international missions is widely regarded as the only opportunity they will have to marginally improve their lot or emigrate permanently. For this reason, most are eager to take assignments abroad and ready to endure great hardships. The emotional and other costs to them and their families is enormous; many parents, often single mothers, leave behind young children in the care of grandparents or other relatives, often with lasting and painful consequences.

Cuba uses the medical brigades for political purposes; this is widely advertised by the Cuban government as well as reported by many former brigade participants and sources in host countries. According to Cuba’s state-controlled media, “Fidel is anywhere there is a Cuban doctor,” and the medical brigades are meant “to uphold the legacy of Fidel Castro and help transform the public health system” of the host countries. The health workers are forced to undertake political duties, furthermore,

intelligence and government sources from Colombia, Bolivia, and Ecuador have recently and publicly confirmed that Cuba sent trained intelligence agents with its medical missions to collect information and/or help advance political and subversive agendas. In Latin America and the Caribbean, Cuba has used the missions as an important geostrategic tool to undermine democracy. Nowhere is this more evident than in Venezuela, where they have helped advance the radical political, economic, and social integration agenda of “21st c. socialism,” a modality of communism led by Cuba and Venezuela.

The definition of servitude is “the condition of dependency of a person unlawfully compelled or coerced to render any service and who has no reasonable alternative but to perform it.” To keep its health workers in servitude, Cuba strictly controls their ability to leave the country for even short visits abroad, prevents them from obtaining copies of their degrees and credentials, and in the missions abroad, restricts their movement, keeps them under constant surveillance, holds them to numerous arbitrary restrictions, and punishes abandoning the mission with forced exile and family separation for long years. To prevent them from finding employment independently, the contracting governments must agree to grant them credentials to exercise their profession *only* to work under the agreement with Cuba and to otherwise deny them this possibility. In the destination country, the workers have no say as to where they will be sent to live and work—in many countries, they face substandard and even dangerous living conditions. Hundreds have been killed, robbed, and raped. As the rest of Cuba’s citizens, they have no judicial protections and remedies.

Forced labor has been condemned by the international community as a practice similar to slavery; it is universally accepted as a “crime against humanity” when committed by public officials. This stratagem violates numerous international law norms and agreements including:

- The Trafficking in Persons Protocol of 2003, one of three Palermo Protocols to the United Nations’ Convention against Transnational Organized Crime;
- The International Labor Organization (ILO) Convention No. 29 Concerning Forced or Compulsory Labor (1930), ratified by Cuba in 1953;
- ILO Convention No. 95 on the Protection of Wages (1949), ratified by Cuba in 1952;
- The Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; ratified by Cuba in 1995.

The Trafficking in Persons Protocol defines “trafficking in persons” 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.” The Protocol’s definition includes forced labour or services, slavery or practices similar to slavery, and servitude; it further indicates that “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.”

The plight of Cuba’s “internationalist” health workers has been reported for many years as “defectors” have fled missions for decades in many countries. In 2010, our organization published a first scholarly report of many that have followed as well as an opinion editorial in *The Wall Street Journal* that explained that Cuba’s medical missions were part of a state-run trafficking in persons business disguised as humanitarianism. Continuing documentation of the practice all over the world, including more first-hand testimony from the worker-victims, has only confirmed our initial conclusions. In recent years, hundreds more health workers who abandoned the missions, especially in Venezuela and Brazil, have offered their testimony in a growing number of venues. Furthermore, the practice has

been denounced —with details of all its dark aspects— by a growing number of voices and organizations as well as by the U.S. government, which is bound to the Trafficking Victims Protection Act, enacted in 2000.

The Nobel Committee should also be aware that Cuba's export of health workers and medical products hurts the Cuban population. As resources are sent abroad, a pervasive and acute underinvestment in Cuba's public health system has produced legendary deficiencies: decrepit and unhygienic facilities, unavailability of even basic medical supplies and equipment, as well as a scarcity of medical personnel, particularly specialist doctors. Cuba's official data shows that from 2008 to 2018 the number of nurses and nursing assistants decreased by 22,029 and the number of medical technicians by 80,320, while the number of doctors increased by 20,935 but most are sent to work in missions overseas.

International support for the Nobel nomination of Cuba's medical brigade conceals its true nature and distracts attention from its multiple benefits for its dictatorial regime. The huge global campaign currently underway is a testament to the longstanding, steady, and effective work of Cuba's gigantic intelligence and propaganda apparatus. Consideration for the Nobel Peace Prize would reward the Cuban dictatorship for flagrant and criminal exploitation, which would be a striking contradiction with the laudable objectives of the award and a shocking offence to Cuba's enslaved health workers and oppressed people.

We urge your prestigious committee to undertake a careful review of the evidence. Our dedicated page CubaSalud.org, available in English and Spanish, offers informational resources on this issue providing additional details on what is summarized above. We are also available to respond to questions and requests, including to facilitate the committee contact with former brigade participants willing to risk reprisal for sharing their testimony.

Thanking you for your service to the noble cause of world peace, I remain sincerely,



Maria C. Werlau
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