

Forced/compelled labor (trafficking in persons):  
Cuba's "internationalist medical missions"

Information for the 2021 Trafficking in Persons Report

Submission to the  
Office to Monitor and Combat Trafficking in Persons  
of the U.S. Department of State

by  
Free Society Project/Cuba Archive  
and  
Victims of Communism Memorial Foundation

February 1, 2021

Contact:  
Maria C. Werlau  
Info@CubaArchive.org  
Tel. (973)219-7000



## Index

I.	Introduction .....	p. 1
II.	Basis for this report .....	p. 1
III.	Cuba's trafficking profile	
	A. Trafficking profile .....	p. 3
	B. Background .....	p. 5
	C. Overview of ongoing violations .....	p. 9
	D. Additional negative impact of the trafficking .....	p. 14
IV.	Salient events of the reporting period (April 1, 2020 - March 30, 2021) .....	p. 17
V.	Recommendations .....	p. 33

## **Forced/compelled labor (trafficking in persons) by the Cuban state in “internationalist medical missions”**

### **Information for the 2021 Trafficking in Persons Report**

**By Maria C. Werlau**

#### **I. Introduction.**

This report focuses on the forced/compelled labor of Cuban health workers generating export services for the Cuban state, “internationalists” or “international collaborators,” in Cuban government parlance. Other forms of forced/compelled labor and sex trafficking believed to be occurring in Cuba are not addressed in this report.

The violations addressed in this report meet the criteria of the U.S. Department of State for forced labor, or “labor trafficking,” under the 2000 Trafficking Victims Protection Act (TVPA),<sup>1</sup> that establishes that labor trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion, for the purposes of involuntary servitude, peonage, debt bondage, or slavery.

#### **II. Basis for this report.**

The trafficking profile and the updates for the reporting period that follow are based on credible findings derived from extensive witness testimony obtained by Free Society Project (also known as Cuba Archive) as well as objective review of secondary sources: agreements by Cuba with contracting governments, scholarly publications, media reports (from publications in countries hosting Cuban medical brigades, other reputable international venues and Cuban state-controlled media), and reports by independent non-governmental organizations.

Cuba Archive has since 2009—and less systematically going back many more years—rigorously investigated and reported on forced/compelled labor practices in Cuba, particularly of health workers sent by the Cuban state in overseas assignments of generally two to three years in “internationalist” medical “brigades” or “missions.” It has amassed a large body of and bibliographic material and testimony from numerous former “international collaborators” as well as other witnesses including journalists who have investigated the practice, Cuban officials associated with the medical brigades, family members of the workers, co-workers, government officials and other knowledgeable sources from countries that hire exported Cuban workers. From November 2019 to September 2020 Cuba Archive also partnered with Victims of Communism Memorial Foundation (<https://www.victimsofcommunism.org>) to investigate Cuba’s health sector and undertake research and educational activities on Cuba’s medical brigades in Latin America and the Caribbean.

---

<sup>1</sup> The TVPA is a federal statute passed into law in 2000 by the U.S. Congress and signed by President Bill Clinton.

By 2010, Cuba Archive had convincing evidence that the export of temporary workers by the Cuban state constituted trafficking in persons and began reporting it as such in the media (see *The Wall Street Journal* Opinion Editorial of August 2010<sup>2</sup>), to academia,<sup>3</sup> and to the greater international community in formal presentations, reports, publications, and in one-to-one meetings or exchanges with diplomats, government officials, politicians, and others from numerous countries, and to human rights activists. Among its efforts, it has provided testimony at a congressional hearing (U.S. House of Representatives, Washington, D.C., 2016), a presentation to parliamentarians of the European Parliament (Brussels, 2016), the Organization of American States (Washington, 2019), met with senior staff of the United Nations Rapporteur for Trafficking in Persons (Geneva, 2019) as follow up to an April 2019 report to the Rapporteur, and reported to staff of the U.S. Department of State Trafficking in Persons (TIP) Office (Washington, D.C.) for several successive years until 2019. In 2019 and 2020, official reports with in-depth information was submitted to the TIP office for consideration in the Annual TIP report. Some of Cuba Archive's work on this issue can be reviewed at CubaSalud.org (pages in English and Spanish).<sup>4</sup>

Furthermore, since 2018, Cuba Archive has collaborated with the group *No Somos Desertores*,<sup>5</sup> "We are not deserters," that advocates for the elimination of prohibitions on entry into Cuba for internationalists who abandon their missions, which separates families, and the embargo on academic records of health professionals, that hinders their professional development abroad. The group was founded in the fall of 2017 and its associates and participants are Cuban professionals and technicians residing all over the world, mostly health workers, numbering in the thousands.<sup>6</sup> Many victim testimonies may be seen in their social media posts and comments at <https://www.facebook.com/nosomosdesertores>.

The Administrators of *No Somos Desertores* were contacted for this report and stand by their statement in the prior year's information submission: "The widespread abuses historically reported continue to this day, as the Cuban government believes it is immune to consequences. Many of the workers, especially those who are in missions overseas or have returned to Cuba, provide us with testimony of rampant abuses but are afraid of reprisals, so we cannot provide their identities."

### III. Cuba's trafficking profile.

#### A. Trafficking profile.

---

<sup>2</sup> Maria C. Werlau, "Cuba's Cash-for-Doctors Program," *The Wall Street Journal*, August 16, 2010, <https://www.wsj.com/articles/SB10001424052748703977004575393202684254756>.

<sup>3</sup> See the first such scholarly publication: Maria C. Werlau, "Cuba-Venezuela Health Diplomacy: The Politics of Humanitarianism," Papers and Proceedings of the XXI Annual Conference of the Association for the Study of the Cuban Economy, at the annual conference of the Association for the Study of the Cuban Economy, Miami, July 29-31, 2010, November 30, 2010, [https://www.ascecuba.org/asce\\_proceedings/cuba-venezuela-health-diplomacy-politics-humanitarianism/](https://www.ascecuba.org/asce_proceedings/cuba-venezuela-health-diplomacy-politics-humanitarianism/).

<sup>4</sup> The organization's work on other aspects of human rights is available at CubaArchive.org.

<sup>5</sup> <https://nosomosdesertores.com>.

<sup>6</sup> They coordinate joint advocacy actions such as street protests, tweet marathons, targeted advocacy, etc. NSD's platform and efforts have encouraged many former and current Cuban internationalists to overcome their fear of reprisal and publicly share their stories of family separation, injustice, and abuses.

The Government of Cuba does not meet minimum standards for the elimination of labor trafficking and makes no efforts to do so. To the contrary, it actively encourages and seeks to expand its gigantic state-owned business that profits handsomely from the exploitation of its citizens in dozens of countries in complicity with governments, international organizations, and private corporations based in many countries.

The totalitarian nature of the Cuban police state systematically deprives all workers of legal rights and protections, judicial remedies, and accountability to civil society. In fact, there are no individual or collective rights *per se* for any Cuban citizen. All “rights” are conditioned by and subordinated to Art. 5 of the Constitution, that 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. A huge repressive apparatus monitors and represses the citizens to assure submission and control. What’s more, the country’s laws, regulations, and policies promote the labor trafficking and institutionalize the condition of servitude and exploitation.<sup>7</sup>

Most of the Cuban economy is in state hands and the state is the sole employer in the health sector; health workers may not practice privately or be employed independently. This, in a scenario of socio-political subordination to the state, guarantees the government a pool of captive low-paid workers easily exploited as exportable commodities. Cuba has consistently placed as the lowest of 176 ranked countries in average monthly disposable salary.<sup>8</sup> The average monthly salary in Cuba for the year 2019 (last available official statistics) was 879 Cuban Pesos (CUP), equivalent to US\$36.<sup>9</sup> In 2019, the average monthly salary of Cuba’s medical doctors was raised from CUP 1,740 to CUP 1,850 (US\$70 to \$77) for a general M.D., and to CUP 1,850 (US\$75) for specialists; the highest paying nurses received CUP 1,220 to 1,030 (US\$38-\$46).<sup>10</sup>

Cuban workers are generally paid in Cuban Pesos but most food and consumer goods are priced in hard currency equivalences (until recently, in CUC, a denomination tied to the US dollar), making them forbiddingly expensive for most of the population earning pesos, which includes

---

<sup>7</sup> Among laws and resolutions (which may have been amended), Article 30 of Resolution 190 of MINCEX (Ministry of Commerce) of 2001 defines a marketing strategy for exporting services and Resolution 43 of MINVEC (Ministry of Foreign Investment and Collaboration) of 2005 regulates the hiring out of Cuban workers overseas. (MINCEX and MINVEC were merged and currently operate as the Ministry of Commerce and Foreign Investment.) See “Resolución No. 43 /2005 Copia Corregida,” <https://www.mincex.gob.cu/files/Normas-para-la-Contratacion-de-profesionales-y-Tecnicos-Resolucion-43-2005.pdf>.

<sup>8</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. 22, 2021.)

<sup>9</sup> Oscar Figueredo Reinaldo, Edilberto Carmona Tamayo, Lisset Izquierdo Ferrer, | Cuba en Datos: De bolsillos y billeteras, hablemos del salario, | *Cuba en Datos/Cuba Debate*, Sep. 4, 2020, <http://www.cubadebate.cu/especiales/2020/09/04/cuba-en-datos-de-bolsillos-y-billeteras-hablemos-del-salario/>. Also see *Salario medio en cifras. Cuba 2019*, Enero-Diciembre 2019, Oficina Nacional de Estadística e Información, República de Cuba, Jul. 28, 2020, <http://www.onei.gob.cu/node/14895>. (The equivalence to US dollars was calculated at the exchange rate of 24 CP to the US dollar.)

<sup>10</sup> “Misiones médicas” cubanas: ¿cuántas, dónde y por qué?, *Deutsche Welle* (Germany), Jul. 4, 2020, <https://www.dw.com/es/misiones-m%C3%A9dicas-cubanas-cu%C3%A1ntas-d%C3%B3nde-y-por-qu%C3%A9/a-53054180>.

the health professionals working on the island. Even basic staples are scarce and most families live in dire conditions. (A large part of the population depends on remittances and assistance from family members abroad, as around 10-20% of Cuba's population has emigrated.) As a result, many workers, including doctors, have sought to go abroad two to three years despite the hardships to overcome, at least temporarily, an existence of extreme hardship and basic subsistence. For serving abroad, they have been able to access "bonus" wages accumulated in a bank account upon their return in order to fix their home in disrepair or improve their lot in any way possible. Some internationalists also engage in illicit businesses (such as sell clothes in Cuba which they bring back on their annual vacation or upon return from their mission) and many save their meager stipends to take back home electronic equipment and other goods nearly impossible to get in Cuba or available at exorbitant prices; some plan ahead of time to use the international mission to emigrate. Presently, there is a level of uncertainty regarding the compensation of internationalists, as measures announced by the Cuban government on December 10, 2020 to implement a monetary unification plan<sup>11</sup> beginning January 1, 2021 appear to lower their compensation. The impact is to be determined.

Some of Cuba's health workers accept assignment to internationalist medical missions feeling they have no choice, as rejecting the "offer" or "assignment" can trigger reprisals such as assignments to remote and hardship locations, demotions, career stagnation, dismissal, and even a permanent ban from employment in the public health system (which is entirely in the hands of the state).

Even though the Government of Cuba goes to great strides to prevent workers from "deserting" their missions, many thousands have abandoned or overstayed their assignments over the course of decades. In some countries, they must bribe local Immigration and Customs authorities to avoid being turned over to Cuba's State Security and forced back to Cuba. Many made their way to the United States, especially from 2006 to 2017 through the Cuban Medical Professional Parole program that authorized special visas (and eventual residence) to several thousand Cubans working in medical missions in third countries.

Official complicity with the trafficking is absolute and government officials at all levels are perpetrators and abettors, including the diplomatic corps and the intelligence services. An entity attached to the Ministry of Foreign Trade and Foreign Investment of Cuba, the Center for the Promotion of Foreign Trade and Investment,<sup>12</sup> has been dedicated to exporting workers in different industries, for which there are numerous specialized state-owned corporations.<sup>13</sup> The Ministry of Health has a special department, the Medical Collaboration Central Unit, dedicated to exporting health services, most of which are exported through the state corporation Comercializadora de Servicios Médicos, S.A.; some are exported directly by Cuba's Ministry of Health.

<sup>11</sup> See Gaceta Oficial No. 69 Extraordinaria de 10 de diciembre de 2020 Sobre el proceso de ordenamiento monetario, Ministerio de Trabajo y Seguridad Social; Gaceta Oficial No.76 Extraordinaria de 10 de diciembre de 2020, Sobre el proceso de ordenamiento monetario., Ministerio de Finanzas y Precios; and Gaceta Oficial, Normas Jurídicas de la Tarea Ordenamiento, Jan. 6, 2021, <https://www.mep.gob.cu/es/noticia/normas-juridicas-de-la-tarea-ordenamiento>.

<sup>12</sup> Centro para la Promoción del Comercio Exterior y la Inversión Extranjera en Cuba, CEPEC.

<sup>13</sup> See <https://www.procuba.cu/en/home/>

Public awareness on trafficking in all its forms as well as victim and witness protections are all absent in Cuba. What's more, the state directs a great deal of propaganda and diplomatic efforts, inside and outside Cuba, to promoting and glorifying the trafficking. The victims are not aware of their rights and do not understand what constitutes trafficking in international law. Independent civic organizations, including independent labor unions, that could fill in the gaps are banned in Cuba and individuals exposing abuses are threatened, persecuted, imprisoned, forced into exile and, in some cases, even killed or disappeared. The judicial system is entirely subordinated to the executive branch. All defense lawyers must practice law within state-controlled "collective law offices," the courts lack independence, impartiality, or effective procedural guarantees, and claimants are not allowed to bring lawsuits seeking remedies for human rights violations.<sup>14</sup> This has been extensively reported by many international independent human rights organizations and multilateral institutions as well as by the U.S. Department of State.<sup>15</sup>

Cuba does not cooperate with other governments in the investigation and prosecution of this form of trafficking and any bilateral, multilateral, or regional law enforcement cooperation and coordination arrangements it might have entered into with other governments to combat the trafficking would not be enforced, which is the case with all other cases of human rights accords it has signed and even ratified. Cuba's Constitution undermines international treaties, as it provides that any treaty, pact, or concession that disregards or diminishes Cuba's "territorial sovereignty" is illegal and void.

Given this scenario, claims that Cuba's health workers are "willing" or "volunteer" participants rather than victims of trafficking are misguided at best. The Trafficking in Persons Protocol (or the "Palermo Protocol") of 2000<sup>16</sup> clearly states that abuse of power or of a position of vulnerability for the purpose of exploitation constitutes human trafficking.<sup>17</sup> According to international law, compelling someone to forced labor—understood as involving force or physical threats, psychological coercion, abuse of the legal process, deception, or other coercive means—is trafficking regardless of "the person's prior consent to work for an employer."<sup>18</sup>

## B. Background.

---

<sup>14</sup> A *Human Rights Watch* report of 1999 provides a useful and relevant summary of how Cuba's laws restrict human rights: "Cuba's Repressive Machinery: Human Rights Forty Years After the Revolution," *Human Rights Watch*, 1999. See section on the laws at [https://www.hrw.org/reports/1999/cuba/Cuba996-03.htm#P576\\_78223](https://www.hrw.org/reports/1999/cuba/Cuba996-03.htm#P576_78223) (most are in place despite statutory changes).

<sup>15</sup> See "Cuba - Human Rights Country Report," U.S. Department of State, 2019, <https://www.state.gov/reports/2019-country-reports-on-human-rights-practices/>.

<sup>16</sup> Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing The United Nations Convention Against Transnational Organized Crime. (See United Nations Convention against Transnational Organized Crime and the Protocols Thereto, Adopted by the UN General Assembly: 15 November 2000, by resolution 55/25, Entry into force: 29 September 2003, in accordance with article 38, <https://www.unodc.org/unodc/en/treaties/CTOC/signatures.html>.)

<sup>17</sup> See "The role of 'consent' in the Trafficking in Persons Protocol," Issue Paper, United Nations Office on Drugs and Crime, Vienna, 2014, [https://www.unodc.org/documents/human-trafficking/2014/UNODC\\_2014\\_Issue\\_Paper\\_Consent.pdf](https://www.unodc.org/documents/human-trafficking/2014/UNODC_2014_Issue_Paper_Consent.pdf).

<sup>18</sup> "What is Modern Slavery?," U.S. Department of State <<https://www.state.gov/j/tip/what/index.htm>>.

Cuba portrays its medical brigades as “humanitarian” and “altruistic,” and the agreements to sell their services as “collaborations.” In truth, they are profit-seeking enterprises used to advance Cuba’s political, economic, and geostrategic objectives from which the Government of Cuba derives a multitude of important benefits. They:

- i. derive economic benefits in: a. export services (revenues) that constitute, since 2005, Cuba’s largest official source of revenues —more than any other sector of the Cuban economy and almost three times the gross revenues from tourism;<sup>19</sup> b. strengthened ties with host nations and other partners that lead to assistance, loans, investments, and markets for Cuba’s exports;
- ii. derive in political leverage, support, loyalty, and influence (including votes in multilateral institutions);
- iii. allow for the collection of intelligence in the host countries that furthers the regime’s economic, political and geostrategic goals;
- iv. are used for propaganda to elicit international praise, legitimacy, and sympathy for the Cuban dictatorship and its brand of socialism and that, in Cuba, helps deflect the population’s disappointment with their country’s health system.

Cuba’s official statistics do not effectively reflect export services net of tourism. A breakdown of exports services was first reported for the year 2018, showing export services net of gross tourism revenues of \$8.5 billion from different types of professional services, support services, and “other services not specified.” The share of health and social services was of \$6.4 billion. By adding 75% (\$989 thousand) of the support services of \$1.3 billion<sup>20</sup> (Cuban authorities have widely reported that health workers are 75% of its export workforce), health service exports roughly generated around \$7.4 billion in 2018.<sup>21</sup> The economic benefit to Cuba for the professional services is very high, as their costs are presumed to be low,<sup>22</sup> especially in comparison to tourism, and Cuba typically retains 95-75% of what it receives in payment for their services.

<b>Cuba: export services 2018</b>	
<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
<b>Health and social services</b>	<b>\$6,398,538.80</b>
Other services not specified	\$449,772.20
<b>Sub-total</b>	<b>\$7,183,664.90</b>
Support services	<u>\$1,319,072.20</u>
<b>Sub-total</b>	<b>\$8,502,737.10</b>
Other incl. net from tourism	<u>\$2,787,084.00</u>
<b>Total</b>	<b>\$11,289,821.10</b>

Many of Cuba’s “health collaboration” agreements include training medical students in Cuba or sending Cuban instructors abroad as well as selling medical supplies produced in Cuba for use by the Cuban medical brigades or otherwise in host countries. For 2018, the last available official report, Cuba reported that 28 countries were part of these “Comprehensive Health Program”

<sup>19</sup> Trade data derived from countries importing services from Cuba (“mirror statistics”) confirm this.

<sup>20</sup> Presuming these support services are tied to the internationalist health missions.

<sup>21</sup> There is no way of calculating just the medical missions, as those services alone are not itemized.

<sup>22</sup> It would be very difficult to estimate costs, as these are not made public, and it would involve the promotion and propaganda costs of the diplomatic corps, intelligence services and propaganda apparatus.

**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*.

(*Programa Integral de Salud*).<sup>23</sup> In 2020, Cuba's state biotechnology and pharmaceutical conglomerate, *BioCubaFarma*, reported that it was commercializing 300 products exported to 43 countries. In 2017, Cuba exported at least \$43 million in medical products. (Educational services would be reported in the table of export services, whereas pharmaceutical products would not.)

Prior to 2018, Cuba did not report a breakdown for the statistics on export services. A review of export services until then shows fluctuations corresponding to reported trends in the number of exported health workers and in payment per worker for certain countries. See to the left the table from 2003 to 2018. Interestingly, for 2018, the above described calculation, based on the breakdown available for the first time, indicates an 80% share of health and social services of the 9.098 billion in total export services net of tourism.

Cuba receives gross payment in hard currency from which it pays the health workers a fraction that ranges from 5% to 25% —to date, the largest portion of this amount has been deposited in a bank account in Cuba from which they may make withdrawals only if they return to the island having successfully completed their mission. The host governments typically enter into bilateral agreements with Cuba and pay for the health services with public funds, however, triangulation agreements have for decades allowed for many governments and organizations to fund Cuba's comprehensive health services (including exports

of medical products) to third world countries, namely in Africa and the Americas. These tripartite "collaborations" have been justified in the context of South-South cooperation promoted by the United Nations Development program and otherwise channeled through the UN system, particularly through the Pan American Health Organization (PAHO), the World Health Organization (WHO), and the United Nations Children's Fund (UNICEF). The agreements involve all the usual aspects of the trafficking described in this report; many pay Cuba to send its medical workers to remote and hardship areas for which recruiting local or foreign doctors is costly and difficult (thus, the trafficking is justified as "humanitarian"). Among the beneficiaries are Haiti, Honduras, Burkina Faso, Chad, Mali, Honduras, Niger, Rwanda, and Equatorial Guinea, Guinea Corky, Liberia, and Sierra Leone,<sup>24</sup> and others. Aside

<sup>23</sup> Anuario Estadístico de Salud 2018, Ministerio de Salud Pública, La Habana 2019, Oficina Nacional de Estadísticas (one.cu), República de Cuba.

<sup>24</sup> Some of these arrangements are believed to be in force.

from Cuba's allies (Venezuela, Libya, and others), many democratic governments, including France, Australia, Norway, Germany, Luxembourg, Japan, Brazil, Mexico, and South Africa, as well as assorted international organizations have entered into these triangulation arrangements that pay Cuba to provide dutiful, compliant, and relatively cheap workers to deliver healthcare to underserved populations or in times of natural disasters and epidemics.

Even the United States, under the Obama Administration, has been ready to collaborate with the Cuban medical brigades. After the January 2010 earthquake in Haiti, a U.S. State Department spokesperson indicated that: "The United States has communicated its readiness to make medical relief supplies available to Cuban doctors working on the ground in Haiti as part of the international relief effort."<sup>25</sup> In March 2010, U.S. and Cuban officials met in the Dominican Republic to discuss international cooperation on assistance for Haiti.<sup>26</sup> (Details of whether or not an actual collaboration took place have not been found for this report.) In 2014, Secretary of State John Kerry praised Cuba for sending doctors to fight the Ebola epidemic in three African countries (Sierra Leone, Liberia, and Guinea Conakry) and USAID reportedly funded and/or U.S. troops built campaign hospitals that were to be staffed by the Cuban health workers and with whom U.S. medical staff was later said to have collaborated.<sup>27</sup> The "humanitarian" aspects of this triangulation, however, have to date disregarded the rights of the exploited Cuban workers and the resulting deprivation of needed health staff, services, and supplies that it represents for the Cuban population.

The emergency medical brigades have had historic value for Cuba in advancing its strategic interests and establishing footholds for subsequent and profitable health "collaboration" arrangements. Cuba might not have charged for its services in certain cases but there is insufficient information to confirm this.

Aside for paying Cuba for the delivery of health services, the host governments of the medical brigades typically pay for the internationalists' airfare (including for annual vacations) and provide furnished housing, domestic transportation, and a monthly stipend for food and personal expenses –the conditions and amounts vary greatly by country. The brigades have handlers that monitor and control the workers and are usually counted and compensated as part of the medical staff. Certain information (including reported revenues from "support services" and official documents on the Guatemala medical brigade) suggest that host governments might also pay for administrative and logistical support or for travel services provided by Cuba and delivered in host countries.

Most of the "health collaboration" agreements are not available for review and are difficult to obtain in the host countries even by legal means such as by request from the legislative branch

---

<sup>25</sup> Justin Elliott, "U.S. and Cuba showing signs of cooperation in Haiti relief effort," *TPM - Talking Points Memo*, Jan. 22, 2010, <https://talkingpointsmemo.com/muckraker/u-s-and-cuba-showing-signs-of-cooperation-in-haiti-relief-effort>.

<sup>26</sup> Manuel Jimenez, "US, Cuban officials discuss Haiti quake assistance," *Reuters*, March 17, 2010.

<sup>27</sup> Ali Weinberg, "Despite diplomatic friction, US and Cuba working together against Ebola," *ABC News*, Oct 23, 2014, <http://abcnews.go.com/News/diplomatic-friction-us-cuba-working-ebola/story?id=26409803>. "Ebola crisis: US says Cuban medical support 'welcome', BBC News, Oct. 16, 2014. West Africa - Ebola Outbreak - Fact Sheet #5 (Fy 15, USAID, Oct. 29, 2014, <https://www.usaid.gov/ebola/fy15/fs05>.

or under transparency and accountability laws. Host governments generally keep the agreements secret, presumably as requested by Cuba. A few agreements made public or otherwise obtained for legal cases or journalistic investigations (with PAHO/Brazil, Guatemala, Ecuador, Uruguay, and Kenya) include clauses by which host governments agree to trafficking practices that:

1. deny the Cuban health workers permission to reside in the country, obtain credentials to practice, or work in the public health system outside the employment arrangement with the Cuban state entity;
2. make payments to the Cuban state entity that implicitly or explicitly involve the confiscation of wages of the imported workers;
3. pay for their airfare and other travel costs of disciplined workers repatriated by Cuba;
4. keep the health agreements confidential.<sup>28</sup>

Cuba's singular brand of modern slavery dates from 1960s, when the Cuban government first sent medical brigades to Chile 1960 to provide aid after an earthquake and later to Algeria, to help the revolutionary government of Ben Bella. The scheme grew and evolved over time, although until 2010 it was a tightly-guarded state secret that Cuba received financial compensation for its internationalist missions. It grew exponentially since the mid-2000s with a huge boost from the chavista government of Venezuela and with the complicity and support of the international community.

To date, Cuba has enjoyed near-total impunity for its extensive abuses of export workers in all fields of activity. Many governments help Cuba promote the practice, as it is a valuable populist tool, some are allies reaping political and economic benefits from hosting the medical brigades who are also eager to provide financial support and international credibility for the Cuban regime. Many governments, international agencies and organizations, politicians, academics, and journalists, all over the world are aware that the Cuban dictatorship reaps huge financial rewards by sending its workers abroad in highly unusual labor agreements lacking transparency. Yet, they treat the issue with complacency—at best—and often repeat the talking points that the arrangements are simply evidence of Cuba's "solidarity" and "altruism." Cuba's hyperactive machinery of influence and propaganda controls and manipulates the narrative, which unfolds in concerted fashion and with similar language all over the world.<sup>29</sup> In the U.S. alone, several non-governmental organizations dedicate considerable resources to promoting the idea of Cuba's superior healthcare. One organization alone based in Oakland, California, Medical Education Cooperation with Cuba - MEDICC ([medicc.org](http://medicc.org)) "promotes US-Cuba health collaboration and highlights Cuba's public health contributions to global health equity and universal health." In November 2013, MEDICC announced a \$5.8 million grant from The Atlantic Philanthropies "to enhance cooperation among the US, Cuban and global health

---

<sup>28</sup> An agreement Cuba-Uruguay on orthopedic services has a clause (Art. 5) requiring confidentiality for two years from the date of termination of the agreement that reads: "Both parties agree not to disseminate or disclose or make public any information exchanged between them to which they may have had access on the occasion of this Agreement when this information is not in the public domain, except as required by law or mutual agreement between them." ("Convenio para la prestación de servicios en la esfera de la salud entre el Ministerio de Salud Pública de la República de Cuba y el Ministerio de Desarrollo Social de la República Oriental de Uruguay," signed Nov. 28, 2018.)

<sup>29</sup> See "Cuba in the time of coronavirus: exploiting a global crisis, Part I: Pandemic as opportunity, Cuba Salud/Cuba Archive, April 7, 2020, <https://cubaarchive.org/wp-content/uploads/2020/05/Cuba-in-the-time-of-coronavirus-Part-I-FINAL-1.pdf>.

communities working towards better health outcomes and equity.”<sup>30</sup> In 2019 MEDICC received \$666,191 in grants and generated \$195,013 in programs’ service revenues.<sup>31</sup>

### C. Overview of ongoing violations.

The labor arrangements of Cuban internationalists violate numerous agreements and standards, including:

- the supplement to the United Nations’ Convention against Transnational Organized Crime (the Trafficking in Persons Protocol, one of the three Palermo Protocols), ratified by Cuba on February 9, 2007, as well as by many of its partners in the labor agreements;
- several ILO (International Labor Organization) conventions including Convention No. 29 concerning forced or compulsory labor (1930), ratified by Cuba in 1953, and 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.

The systematic and pervasive violations—current and historic—of the rights of workers sent on Cuba’s medical internationalist missions include the following:

#### 1. Suppression of labor rights.

The workers abroad are subjected to the same suppression of their rights as in Cuba, in open disregard of the laws of the host country as of international law. Among many other prohibitions, they may not peacefully protest, form independent unions, strike, engage in collective bargaining, or find direct employment. In some countries they face considerable hardships and must labor long hours without adequate rest.

#### 2. Restriction of movement: migration controls.

Cuban citizens face entry and exit restrictions to and from their own country; 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 seeking to emigrate are denied exit permits for at least five years, and are denied passport renewals (required every 2 years) 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.
- Citizens leaving and entering the national territory must do so with a passport that must be renewed every two years and that, by law, may be denied for “national security” reasons.
- Article 135 of the Cuba’s Penal Code punishes “dereliction of duty,” such as intending to abandon or abandoning a post abroad or not returning to Cuba after completing an assignment, with up to eight years of prison.
- Law No. 302 of 2012 modified the ‘Migration law’ (Law No. 1312) with three new articles (Art. 23, 24, and 25) aimed at regulating the entry and exit of Cuban professionals in “vital

---

<sup>30</sup> “The Atlantic Philanthropies Award \$5.8 Million to Medical Education Cooperation with Cuba (MEDICC),” Press release, November 13, 2013, <https://medicc.org/ns/the-atlantic-philanthropies-award-5-8-million-to-medical-education-cooperation-with-cuba-medicc/>.

<sup>31</sup> See 990 tax return for 2019, <https://medicc.org/ns/documents/2019TaxReturnsforMEDICC.pdf>.

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 establishes that health professionals seeking to emigrate must request authorization and wait at least five years if granted, and that medical professionals may only travel abroad with a special government permission that is difficult to obtain.
- Workers sent in labor arrangements overseas are issued a special passport in a different color (red) that prevents them from traveling anywhere but to Cuba and the host country; it is often retained by supervisors.
- Resolution No.168 – “Disciplinary Regulation for Cuban civil workers who provide services abroad as collaborators”<sup>32</sup> obligates the workers to return to Cuba after completing their assignments.

### 3. Withheld credentials.

- Cuba’s Ministry of Health forbids giving health workers their educational and professional credentials, so they may not work overseas other than through Cuban government sponsorship.<sup>33/34/35</sup>
- Collective lawyers’ offices (Cuba’s equivalent of law firms) may 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 authorized to leave the country definitively.)

### 4. Coercive, deceptive, and leveraged recruitment practices.<sup>36</sup>

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 the destination country, without access to legal advice, and some are not given a 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 other compensation they will receive. In countries with multiple destinations, including small towns or villages, they are informed of the final place of residence upon arriving at the destination country, just before leaving for the location.

### 5. Forced family separation.

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. In very few countries, family members may visit for a limited amount of time if the worker can afford to pay for their travel and other expenses. Even in cases of grave illness or death of a close family member, the worker

---

<sup>32</sup> “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.

<sup>33</sup> Michel Suárez, “Bloqueada la legalización de títulos para médicos emigrantes,” *Diario de Cuba*, Feb. 19, 2010.

<sup>34</sup> Resolución Ministerial No. 1 de 8 de enero de 2010 Ministerio de Salud Pública de Cuba.

<sup>35</sup> “Regulan documentos docentes y laborales para el exterior a profesionales de la salud,” <<http://cubalegalinfo.com/documentos-docentes-medicos>>

<sup>36</sup> See “The Role of Recruitment Fees and Abusive and Fraudulent Recruitment Practices of Recruitment Agencies in Trafficking in Persons, United Nations Office on Drug and Crimes, Vienna, 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).

may not travel back to Cuba unless authorized and at his/her own cost. The majority of the doctors and nurses sent abroad are women who leave behind children, often very young ones. 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 and many parents miss seeing their children grow up.

If a worker abandons the mission (considered a “desertion”) while abroad, stays in the host country at the end of the mission, or fails to abide by any of the terms of service, he/she loses accumulated wages frozen in Cuba and is denied entry into Cuba for at least eight years. Their family members in Cuba often suffer reprisals and systematic harassment and even spouses and children may not be allowed for years to leave the country to join them. The group *No Somos Desertores* reports having thousands of members all over the world prevented from entering their own country, even to attend to health emergencies and funerals of very close family members.

#### 6. Surveillance, control, and punishments.

The health workers abroad are subjected to constant surveillance and threats by supervisors and “minders” who are trained agents and spies/collaborators (Cubans who are part of the medical mission or locals assisting Cuba) whose job is to make sure the internationalists follow the rules and to prevent desertions.<sup>37</sup> Some of the medical workers, including doctors, are trained intelligence (clandestine) officers. The health workers must report on their peers and some have died in mysterious circumstances, including by suspicious reported suicides.<sup>38</sup> This environment of fear, harassment, and threats of punishment adds a degree of constant stress to the workers.

#### 7. Unsafe living conditions and hardships.

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,<sup>39</sup> robbed, raped, and injured, especially in Venezuela. In some countries, they have to share shabby and cramped accommodations with numerous co-workers or local families, lacking privacy, and even lack food for an adequate diet, such as in Venezuela. In Haiti, many are sent to very remote rural locations, where some are assigned to work and live in a small house with no running water and electricity that also serves as their clinic, where they lack basic medical supplies.

#### 8. Arbitrary restrictions and disciplinary actions.

Among other restrictions, the internationalists face, they are forbidden from accepting gifts, driving a car, marrying a local, staying out overnight, leaving home after a certain hour, speaking to journalists except as instructed (to support the government narrative), or associating with any person in the host country who does not support revolutionary ideals. They face disciplinary

---

<sup>37</sup> An October 2020 piece in the digital daily *Diario de Cuba* features the testimony of a Cuban doctor who served both in Venezuela and Brazil and focuses on this aspect. Among other things, she relates that after a fellow doctor abandoned the mission in Brazil: “they kept us locked up in the house, like prisoners, for a week. Every day the mission supervisors for our state came to interrogate us, always asking the same things, to see if we were hiding something.” (Antonio Rodríguez Paz, “Los médicos cubanos siempre sentimos que alguien nos está vigilando,” *Diario de Cuba*, Holguín, Oct. 24, 2020.[https://diariodecuba.com/cuba/1603555174\\_25900.html](https://diariodecuba.com/cuba/1603555174_25900.html).)

<sup>38</sup> For individual records of documented cases, see [database.CubaArchive.org](https://database.CubaArchive.org).

<sup>39</sup> See [database.CubaArchive.org](https://database.CubaArchive.org) for individual records of documented cases of deaths.

actions for all sorts of “violations” and must abide by a code of conduct for overseas workers, as per Resolution No.168 – “Disciplinary Regulation for Cuban civil workers who provide services abroad as collaborators.”<sup>40</sup>

9. Wage confiscation.

Payments for the internationalist workers’ services are generally made directly to a Cuban state entity or to the Cuban government; in certain countries, such as Uruguay, Qatar, and Saudi Arabia, the internationalists are paid by direct deposit into bank accounts in their name but they are forced to turn over to the Cuban state employment entity the greater part of these funds. Either way, all workers receive a small fraction of the amount paid for their services —percentages vary per arrangement and country but ranged from just 5-7% to a maximum of around 25%. Furthermore, until year-end 2020, the health workers received a large portion of this compensation as a “bonus” (as of year-end 2020, it was a hard currency equivalent of around US\$50-\$200 month) that was deposited in an account in a Cuban bank (a state entity) which they could only withdraw at the end of their mission if they have completed it successfully and returned to Cuba. Workers must also “donate” a portion of their pay to state-controlled mass organizations under Cuba’s Communist Party.

Cuba’s export service revenues vary greatly by country. For a general doctor it reportedly commands monthly payments of around US\$900 in Guatemala,<sup>41</sup> US\$3,000 in Namibia, and US\$5,000 in Angola and Kenya; it gets \$25,000 for a plastic surgeon Saudi Arabia and \$2,900 for an orthopedic specialist in Uruguay.

In most countries, the Cuban health workers receive much lower wages than local workers in equivalent positions even when Cuba is paid a much larger sum for their services and/or the overall cost of the Cuban medical mission (including travel, housing, administrative costs, etc.) is much higher for the host country than the cost of hiring local staff with equivalent or higher qualifications.

The host country typically also provides the Cuban health workers with furnished living accommodations and pays them a monthly sum or per diem to cover their food, utilities, transportation to work, and other living expenses when these are not provided directly. In certain countries, the local stipend is insufficient to cover even their most basic needs and doctors report that food and other gifts received from patients help them survive.

Complaints by the internationalists of the exploitative arrangements, the hardships they endure, and of the Cuban government’s “pilfering” of their wages have greatly increased in recent years and are frequently found in social media posts, media reports, and other venues.<sup>42</sup> Promises made by Cuban authorities of compensation for their overseas service are sometimes not kept even after the workers have successfully completed their overseas assignments and returned

---

<sup>40</sup> “Reglamento disciplinario,” op. cit.

<sup>41</sup> The workers reportedly receive around US\$250 a month, or 28%, however, in Guatemala, it appears that Cuba might be generating very high revenues from travel services for its medical brigade. (See Maria C. Werlau, “Guatemala y la Diplomacia Médica Cubana,” Archivo Cuba, Oct. 13, 2020, <https://cubaarchive.org/wp-content/uploads/2020/10/Informe-Guatemala-FINAL-10.13.2020.pdf>.)

<sup>42</sup> See, for instance: “¿Qué más tenemos que pagarles?: médicos cubanos emigrados responden a Israel Rojas,” La Habana, *Diario de Cuba*, Nov. 18, 2020.

home having honored their part of the contract with the hiring Cuban state entity. Some internationalists have reported not having received a promised new home or car as well as the agreed amount in the hard currency account frozen in Cuba.

10. Sexual harassment.

Women make up, according to Cuba, over 50% of the doctors serving in the missions; many are victims of sexual harassment and other abuses from supervisors and minders.

11. Coercion to violate local laws, professional ethics, and personal values.

The health workers sent to many countries are instructed to systematically report inflated data and statistics, such as of procedures undertaken and patients seen, and to provide unneeded health procedures, improperly dispense medicine or supplies to patients and even to destroy them in order to account for imaginary services that increase performance ratios and Cuba's political and pecuniary benefit. Workers serving in countries with comprehensive collaboration agreements that include Cuba's sales of medical supplies and medication must especially enter into these unethical and illegal practices.

12. Forced political duties.

The health workers are required to inform on co-workers who offend the "honor of the motherland and its symbols" or engage in any suspicious behavior that might indicate they are planning to desert. They must serve as propaganda props at political ceremonies and meetings, where they must wave flags and bear banners or photographs of Fidel Castro and Che Guevara, wear white coats even for long air travel, and have their image in photograph and/or video used for propaganda. They must attend regular meetings of a political nature (the frequency depending on the country) to receive instructions and hear the official version of news from Cuba and world events. In some countries, they must engage their communities to spread political propaganda, promote socialism and the Cuban Revolution, and recruit votes and support for the local government's party. In Venezuela, some have been forced to deny medical services to patients who do not support the chavista regime.

**D. Additional negative impact of the trafficking.<sup>43</sup>**

**i. In Cuba**

1. A broken public health system.

Although Cuban officials declare that the country exports medical services to fund the national public health system, the fact is that there is extreme and acute under-investment in healthcare. According to Cuba's Office for National Statistics and to the U.N. Economic Commission on Latin America (ECLA), in 2018, the Cuban state invested a mere .8% of GDP in public health<sup>44</sup>

---

<sup>43</sup> This section was mostly derived from "Cuba's export workers: a state-run labor trafficking business, Fact Sheet," *Cuba Archive*, <http://cubaarchive.org/files/fact-sheet-trafficking-in-persons.pdf>.

<sup>44</sup> See Cuadro 12.7, Volumen de inversiones por clase de Actividad Económica, Oficina Nacional de Estadística e Información (ONEI), República de Cuba; Cuba: gasto social del gobierno central, 2000-2015 (En porcentajes del PIB y del gasto público total), Comisión Económica para América Latina (CEPAL), <https://observatoriosocial.cepal.org/inversion/es/paises/cuba>; and

Panorama Social de América Latina 2019, Comisión Económica para América Latina (CEPAL), Naciones Unidas, [https://repositorio.cepal.org/bitstream/handle/11362/44969/5/S1901133\\_es.pdf](https://repositorio.cepal.org/bitstream/handle/11362/44969/5/S1901133_es.pdf).

and spending in public health *and social assistance*<sup>45</sup> in the last six years amounted to a very small fraction of GDP: \$103.9 million (.9% of GDP) in 2014; \$190 million (.9% of GDP) in 2015; \$232.6 million (3.2% of GDP) in 2016, \$160.3 million (3.3% of GDP) in 2017; \$146.7 million (.8% of GDP) in 2018; and a mere \$96.9 million in 2019 (the % of GDP is unavailable). The amount spent on public health and social assistance in 2018 is 2.3% of the \$6.4 billion that Cuba reported in export revenues from health and social services or less than 2% if the 70% of corresponding support services for health service exports (for an annual total of \$7.4 billion), are added.

Cuba declares that it can help other countries because it has 100% medical staff coverage for its population. Its reported doctor-patient ratio, however, seems based on all the doctors it has trained, or claims to have trained, and includes those it sends abroad.<sup>46</sup> Yet, its own official statistics from 2008 to 2019 (year of the last official report) show a decrease of 22,029 in the number of nurses and nursing assistants and of 80,320 in the number of medical technicians. During the same period, statistics show an increase of 1,176 in the number of doctors but around 20,000 are reported in overseas missions and are not reported separately.<sup>47</sup> Many independent media reports, social media posts and other testimony from Cuba are filled with complaints that doctors, particularly specialists, are scarce and that, at times, only foreign medical students without experience or proper training are the only “doctors” available. Lacking health personnel is particularly concerning at present, given that thousands of health workers are being sent abroad to fight coronavirus as the Cuban population also faces the pandemic.

Furthermore, the Cuban health system is based on apartheid. Most citizens forced to contend with under-staffed and decrepit, filthy, facilities chronically lacking essential medications, medical supplies and equipment —many even lack running water and patients must bring their own bed sheets and food to the hospital. Meanwhile, the nomenklatura (top Communist Party members) and hard-currency paying foreigners have access to exclusive facilities with superior facilities and services. Even drugs made in Cuba are scarce for the local population, as they are generally exported for profit.

Despite compelling evidence of a public health crisis in Cuba, it is not investigated or reported by the vast majority of the international community and world media. Official health statistics are filled with discrepancies and lagoons while PAHO and WHO are complicit with the regime and Cuba’s so-called medical achievements are the favored topic of its propaganda.

## 2. Internal corruption

Certain destination countries for the medical brigades are more coveted because the pay is higher and/or living and working conditions are best. As a result, there is a black market to bribe or entice supervisors in Cuba to obtain the favored assignments.

---

<sup>45</sup> The percentage investment in just public health, which would be lower, is unknown.

<sup>46</sup> The government reports to have trained, since the start of the Revolution on January 1, 1959 until the last graduating class of doctors in 2019, 376,608 health professionals, of which 171,362 are doctors. (“El país de las batas blancas anda de hermano.” *Granma*, Mar. 21 2020.)

<sup>47</sup> In 2019, Cuban government-controlled media reported 38,262 health workers in 66 countries, of which 18,384 were doctors. (Elson Concepción Pérez, “Guided by love for others,” *Granma*, Aug. 20, 2019, <http://en.granma.cu/mundo/2019-08-20/guided-by-love-for-others>.) In 2020, Cuba has reported that around 2,000 doctors are part of emergency COVID brigades.

3. Excessive external dependence and diminished pressure for needed economic reforms

A very large share of Cuba's GDP derives from export services, around 75% in recent years. This, as well as the fact that the labor service arrangements violate international law, make the Cuban economy extremely vulnerable to an external factor that could quickly disappear, resulting in grave consequences for the economy. The large service export revenues also greatly diminish pressure to make needed structural reforms to the economy and thwart the allocation of resources to more stable and development-inducing productive activities.

**ii. For citizens of other countries**

Aside from human rights and ethical issues involving complicity in the trafficking and the support for a repressive dictatorship, Cuba's internationalist missions have additional negative implications for the international community.

1. Questionable credentials.

Host governments typically waive the usual national requirements for issuing credentials to work despite claims of an accelerated and inadequate training curriculum of Cuban health professionals, especially doctors, from medical associations in many host countries.

2. Lacking liability protection.

Patients in most host countries generally have little or no legal recourse for malpractice.

3. Overbilling.

Cuban health professionals have reported that countries with agreements that include importing Cuba's medical products are persistently overbilled for products used on patients that do not need them or are falsely reported as treatment for fabricated patients and procedures.

4. Questionable performance results.

Performance statistics are systematically tampered with and reports from Cuban sources are inconsistent, even contradictory, and are loaded with revolutionary hyperbole. A serious and comprehensive analysis to assess effective resource allocation in the host country's healthcare system is not possible.

5. Distortions in the host economies and discrimination of local health workers.

Some host countries have sufficient doctors and nurses, including ones who are unemployed or underemployed, yet, the Cuban doctors are imported. In some countries, the Cuban health workers are paid considerably more than what local workers are paid.

6. National and international security concerns.

Some of the health workers in the internationalist missions are trained by Cuba's intelligence services to monitor the host country and diffuse opposition to the revolutionary-socialist model. Most, if not all, the missions have a proselytizing role and some are actively used to spread propaganda and exert political influence to undermine democracy. In Latin America, the medical mission's program is 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 May 2019, OAS Secretary General Luis Almagro, publicly declared that Cuba used the medical missions to export repression in Latin America.<sup>48</sup>

In Venezuela, Cuba’s extreme dependence on service exports to that country implies, among other things, great incentives to keep propping up the Maduro government by all means possible. Aside from a very large Cuban presence in Venezuela’s military, security, and all other important sectors of the economy and society, hundreds of members of paramilitary groups from Cuba have received intensive instruction in technical and medical specializations to serve in Venezuela and help maintain political control. Some are reportedly part of the personnel of the medical missions.<sup>49</sup>

#### **IV. Salient events of the reporting period (April 1, 2020 - March 30, 2021).**

In the reporting period April 1, 2020 - March 31, 2021, the same reasons persist for the Tier 3 designation Cuba received in the U.S. Department of State’s 2020 Trafficking in Persons Report:

“there was a government policy or government pattern to profit from labor export programs with strong indications of forced labor, particularly its foreign medical missions’ program. The government refused to improve the transparency of the program or address labor and trafficking concerns despite persistent allegations from observers, former participants, and foreign governments of Cuban officials’ involvement in abuses. The government failed to inform participants of the terms of their contracts, which varied from country to country, confiscated their documents and salaries, and threatened participants and their family members if participants left the program. Within Cuba, the government lacked procedures to proactively identify forced labor victims, lacked a comprehensive package of housing and services for victims, and did not protect potential trafficking victims from being detained or charged for unlawful acts their traffickers coerced them to commit. The government did not criminalize all forms of forced labor or sex trafficking.”

The Government of Cuba has made no efforts during the reporting period to address the labor trafficking, has made no efforts to meet the minimum standards for its elimination, has not put in place any effective mechanisms –legal or otherwise—to protect against it, and has done nothing to prosecute perpetrators or protect the victims. It has not entered into any effective, transparent, partnerships, or cooperative arrangements, or agreements resulting in concrete and measurable outcomes with domestic civil society organizations, or private sector entities, or international nongovernmental organizations, and has not entered into multilateral or regional arrangements or agreements to assist in the prevention of this form of trafficking, protect its victims, or punish traffickers.

---

<sup>48</sup> “Almagro: Misión médica cubana sirve para exportar métodos represivos en América Latina,” *NTN24*, May 15, 2019, <http://www.ntn24america.com/america-latina/venezuela/almagro-mision-medica-cubana-sirve-para-exportar-metodos-represivos-en?fbclid=IwAR2zUnImvBFjRTLpHDjhgdUPFwBG-pA9yn-NfPiks-vxzrgHHrZP046LHyg>.

<sup>49</sup> See Maria C. Werlau, *Cuba’s intervention in Venezuela: a strategic occupation with global implications*, Free Society Project/Cuba Archive, 2019. <https://www.amazon.com/dp/B07VXKXF6Y>. (Especially see chapters V, VI, VII and IX.)

Government officials understand the true nature of this form of trafficking and are well aware of the claims, which they forcefully reject. To the contrary, the Government of Cuba continues to justify and promote the labor trafficking through all sorts of official venues and expends enormous state resources to repress, silence, and threaten the victimized workers with the help of many international partners and accomplices.

Salient events of the reporting period:

**1. The pandemic: COVID emergency brigades increase the number of trafficked workers.**

It should be noted that statistics provided by the Cuban government or cited in the government-controlled media are ripe with contradictions and discrepancies, especially regarding reports on the number of health workers sent on international missions.

From 1963 to late 2019, Cuban official media reported that 407,000 health professionals had served in 164 countries.<sup>50</sup> The most recent Statistical Yearbook on Health for 2019 is missing the customary table on health collaborations but the one for 2018 reported that Cuba's health "collaborators" were serving in 69 countries in the Americas, Sub-Saharan Africa, North Africa, Asia, Middle East, and Europe (in just one country, Portugal). The largest contingent by far was in Venezuela.

In March 2020, before the Cuban government started to send emergency medical brigades to assist other countries with the coronavirus pandemic, Cuba reported 28,268 workers in medical brigades in 61 countries.<sup>51</sup> A year and a half earlier, in July 2018, it had reported around 10,000 more workers, 38,262, in medical missions in 66 countries, of which 18,384 were doctors.<sup>52</sup>

The Cuban government seized the coronavirus pandemic as an opportunity to expand the reach of its export medical services. In less than three months, from March to mid-June 2020, it had sent around 2,772 workers to 26 countries to provide medical care for coronavirus patients.<sup>53</sup> By September 2020, Cuban official media reported brigades in 39 countries (22 in the Americas), in addition to 28 thousand health workers who it said were already in 58 countries.<sup>54/55</sup> By late January 2021, after some of the COVID brigades had returned to Cuba, Cuba's Ministry of Public Health reported 38 COVID emergency medical brigades in 26 countries with 2,544 collaborators, of which 1,161 "guaranteed the care of patients with Covid-19," and 909 worked

---

<sup>50</sup> E. Concepción Pérez, op. cit.

<sup>51</sup> Abel Reyes Montero, "Cuban international medical brigades focused on solidarity and caution," *Granma*, Mar. 17, 2020.

<sup>52</sup> E. Concepción Pérez, op. cit.

<sup>53</sup> This information was derived from multiple Cuban official media and host country reports.)

<sup>54</sup> Milagros Pichardo, "Ministro de Salud: La fuerza de la verdad echará siempre por tierra las mentiras," *Granma*, Sep. 28, 2020. <http://www.granma.cu/mundo/2020-09-28/participara-cuba-en-reunion-virtual-del-consejo-directivo-de-la-ops-28-09-2020-09-09-39>.

<sup>55</sup> By January 2021, official reports stated that COVID emergency brigades had been sent to 40 countries and territories, joining other (non-emergency) brigades in 59 countries. (Liz Conde Sánchez, "Ante la pandemia, Cuba «propagó» su ayuda por todo Belice," *Granma*, Jan. 23, 2021, <http://www.granma.cu/cuba/2021-01-23/regresa-a-cuba-brigada-medica-que-laboro-en-belice>.)

in the so-called red zones while 99 supported isolation centers.<sup>56</sup> It also reported that, to date (Jan. 21, 2021), 55 COVID brigades had provided assistance in 40 countries and treated more than 1,090,790 people.<sup>57</sup> Cuba typically offers host countries a package deal for the purchase of its interferon alpha 2b, touted as a so-called “wonder drug” for COVID-19 in a propaganda blitz. Naturally, this increases the profits.

By late January 2021, Cuba’s COVID teams had been sent to the following countries: Andorra, Angola, Anguilla, Antigua & Barbuda, Azerbaijan, Barbados, Belize, British Virgin Islands, Cape Verde, Dominica, Equatorial Guinea, Grenada, Guinea Bissau, Guinea Conakry, Haiti,<sup>58</sup> Honduras, Italy, Jamaica, Kenya, Kuwait, Martinique, Mexico, Monserrat, Nicaragua, Panama, Peru, Sao Tome, Sierra Leone, South Africa, St. Lucia, St. Kitts & Nevis, St. Vicent & Grenadines, Suriname, Swaziland, Togo, Trinidad & Tobago, Turks & Caicos, Qatar and Venezuela. Some countries such as Andorra, Barbados, Italy, Togo, and Turks & Caicos hosted Cuban medical internationalists for the first time. Details in official reports of the number of workers and how many serve in what capacity are lacking and/or contradictory; it appears that the majority are not doctors and that staff for “administrative” duties is also counted as part of the brigades.<sup>59</sup>

Cuba is well rehearsed for emergency response and has a large pool of health workers it orders for deployment in just a few hours. Since it sent in May 1960 its first team to Chile after an earthquake, it has sent emergency medical teams to many countries. The emergency brigades soon proved very effective for propaganda purposes and to expand Cuba’s influence and presence in affected countries at a time when they were most vulnerable and receptive. 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.<sup>60</sup> Other official reports from Cuba provide different numbers, such as over 36 brigades to 20 countries.

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” 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. The workers are allegedly specialists in emergency response but Cuban health workers have reported that the so-called training is generally brief and superficial.

#### Unsafe conditions, especially for coronavirus brigades in Venezuela.

In Venezuela, where the majority of workers are sent, work and living conditions are dire. Doctors are being paid in local currency the equivalence of US\$3 a month and do not have enough to feed themselves, which has prompted Cuban authorities to require the Cuban health

---

<sup>56</sup> “Brigadas médicas de Cuba contribuyen con 26 países ante Covid-19,” La Habana, *Prensa Latina*, Jan. 21, 2021. <https://www.prensa-latina.cu/index.php?o=rn&id=425045&SEO=brigadas-medicas-de-cuba-contribuyen-con-26-paises-ante-covid-19>.

<sup>57</sup> Ibid.

<sup>58</sup> The coronavirus contingent reported for Haiti was of health workers already there who were reassigned to pandemic response.

<sup>59</sup> See <https://cubaarchive.org/cuba-salud/cubas-medical-brigades/>.

<sup>60</sup> “Misiones médicas” cubanas, *Deutsche Welle*, op. cit.

workers to agree to serve there as a condition for obtaining subsequent assignments to more appealing locations.<sup>61</sup> Digital media reports and social media posts on this are frequent — to cite one example, 82 Cuban professionals were working in October 2020 to tend to Covid-19 patients at a sports arena turned hospital (Poliedro) in Caracas with no days off.<sup>62</sup> Fellow doctors reported in social media that Dr. Yuris Matamoros, a 29-year-old dentist who died, had been living in very poor conditions and ordered to survey the local population for coronavirus without protective gear.<sup>63</sup>

#### Infections and deaths of internationalists from COVID-19

Many Cuban health professionals have contracted the virus while serving in internationalist brigades. At least 4 “internationalists” in medical brigades have reportedly died of coronavirus.<sup>64</sup>

- Yoel Rodríguez Torre, age 46, a nurse, Puerto La Cruz, Venezuela, August 23, 2020.
- Guillermo Sáez, M.D., age 51, La Guaira, Venezuela, August 6, 2020.
- José Alberto Alonso Méndez, M.D., Angola, October 4, 2020.
- Yuris Matamoros, Venezuela, March 25, 2020.

#### Defections from COVID brigades

Several members of the emergency brigades “deserted” their missions, according to press reports. In Andorra, Captain Dariel Romero, a military doctor, left together with a nurse and was reportedly seeking asylum in Spain.<sup>65</sup> In Mexico, a female doctor abandoned the mission and was in hiding.<sup>66</sup> In Venezuela, in October 2020, a doctor and a nurse abandoned the mission and were in hiding, fearing for their lives. In an interview with *Telemundo51*, the doctor, Reinier Sori Estévez, accused the leadership of the Cuban medical brigade in Caracas of corruption, sexual harassment, and falsifying figures; he also said that he had been part of the Cuban counterintelligence services in Venezuela.<sup>67</sup>

#### Martinique

An investigative report by the Paris-based *Le Pointe* revealed that the French territory of Martinique had entered into an agreement to hire a Cuban medical brigade of 14 doctors and one “administrator” by which the doctors would receive 23 euros a day, equivalent to less than

<sup>61</sup> This was reported by a doctor who served in Venezuela until 2013 and has many contacts there in the medical mission. (Maria Werlau, telephone testimony of M.D. whose name is withheld to protect sources, November 23, 2019.)

<sup>62</sup> Médicos cubanos trabajan siete días seguidos en el mayor hospital de campaña de Venezuela, Caracas, *Diario de Cuba*, Oct. 20, 2020.

<sup>63</sup> “Muere joven odontólogo cubano en Venezuela,” *Ciber Cuba*, Apr. 1, 2020; “Dudas sobre la muerte de un odontólogo cubano en Venezuela,” Santiago de Cuba, *Diario de Cuba*, Apr. 1, 2020.

<sup>64</sup> See Database of Documented Deaths and Disappearances, <https://cubaarchive.org/database/>.

<sup>65</sup> “Era uno de los jefes”: identifican a médico militar que escapó de brigada cubana en Andorra,” *ADNCuba*, Jun. 25, 2020.

<sup>66</sup> Carlos Cabrera Pérez, “Médico cubana abandona la brigada sanitaria en México,” *Ciber Cuba*, Jun. 7, 2020, <https://www.cibercuba.com/noticias/2020-06-07-u191143-e191143-s27061-medico-cubana-abandona-brigada-sanitaria-mexico>.

<sup>67</sup> “Venezuela: Dos médicos cubanos abandonan la misión del régimen,” *Diario Las Américas*, Oct. 16, 2020, <https://www.diariolasamericas.com/america-latina/venezuela-dos-medicos-cubanos-abandonan-la-mision-del-regimen-n4208798>.

25% of what the cleaning staff earned at the hospital in Fort de France where they were working.<sup>68</sup>

### South Africa

In South Africa, large payments to Cuba for a COVID emergency brigade caused a stir. In April 2020, the Minister of Health reported to the Parliament that the cost to South Africa of hiring 187 Cuban health workers for the pandemic was R439 916 337, equivalent to \$US29 million, or around \$155 thousand per worker for their salaries, registration, housing, and other expenses.<sup>69</sup> R239 million alone went just for their salaries, which is equivalent to US\$15.6 million or \$84,716 thousand per internationalist (\$7,060 per month if the agreement is for twelve months, which was not clear). None of the members of the Cuban medical brigade to South Africa are specialists —116 are family doctors, one is a nurse, and the rest are technologists, biomedical engineers, biostatisticians, or “public health specialists.”<sup>70</sup> According to *Ciber Cuba*, the Cuban health workers signed contracts to receive US\$1,583 monthly, of which half (US\$791) was deposited in a bank account in Cuba for which family members on the island would have a debit card but with a monthly limit on what they could withdraw (unknown at the time).<sup>71</sup> This represents 22% of the wages Cuba would receive from the South African government for their services, including the portion frozen until the workers return to Cuba.<sup>72</sup>

Other complaints surfaced in the South African press. The President of the party ActionSA, Herman Mashaba, denounced that spending R400 million deploying the Cuban doctors should have been used to employ 500 qualified South African doctors who could not find employment and stood ready to help fight Covid-19. His party launched the campaign #HireOurMedicalHeroes) asking the government to hire unemployed or temporarily-employed qualified South African doctors and nurses, 625 of whom were “sitting idly at home” “as people are dying” because around 40,000 posts were frozen or unfilled because of Employment Equity (affirmative action) policies.<sup>73</sup> Authorizing Cuban doctors to practice without the required certification of credentials also embittered other foreign-trained doctors in South Africa, as the

---

<sup>68</sup> “Le mystere des medecins cubains,” *Le Pointe* (France), Sep. 9, 2020, [https://www.lepoint.fr/monde/le-mystere-des-medecins-cubains-07-09-2020-2390601\\_24.php](https://www.lepoint.fr/monde/le-mystere-des-medecins-cubains-07-09-2020-2390601_24.php).

<sup>69</sup> Azarrah Karrim, “South Africa spent at least R400m on Cuban Medical Brigade deployment,” *News 24*, Apr. 29, 2020. (Housing costs were reportedly being covered by the governments of the provinces hosting the internationalists.)

<sup>70</sup> Salaries will be paid as follows: 116 family physicians: R172 767 798; 32 health technologists: R25 941 166 in salaries; 18 epidemiology technologists: R14 715 735; 13 biostatisticians: R19 566 449; 5 biomedical engineers: R2 773 887; 2 public health specialists R2 231 276; and one nurse: R528 852. (“R239m - That's how much taxpayers will cough up for Cuban doctors,” *IOL News*, Jun 9, 2020, <https://www.iol.co.za/news/politics/r239m-thats-how-much-taxpayers-will-cough-up-for-cuban-doctors-49153003>

<sup>71</sup> Carlos Cabrera Pérez, “Sudáfrica pagará a Cuba más de 14 millones de dólares por salarios de la brigada médica,” *Ciber Cuba*, Jun. 9,2020, <https://www.cibercuba.com/noticias/2020-06-09-u191143-e191143-s27061-sudafrica-pagara-cuba-14-millones-dolares-salarios-sus>.

<sup>72</sup> The Rand to US Dollar exchange rate used for all calculations as of Jan. 28, 2021, FXRate, <https://fx-rate.net/ZAR/USD/>.

<sup>73</sup> Ibid; Jackie Cameron, “Herman Mashaba: Finding jobs for thousands of unemployed doctors, nurses, as hospitals creak at seams,” *BizNews*, Jan. 20, 2021, <https://www.biznews.com/thought-leaders/2021/01/20/herman-mashaba-hospitals>.

registration process for the Cubans took just three to ten days on average and bypassed all the red tape all the others must negotiate.<sup>74</sup>

### Conditions in Cuba

In recent months, there have been numerous and frequent reports in independent news from Cuba as well as in social media of very poor conditions in severely understaffed isolation facilities for COVID patients or patients suspected at risk of infection that Cubans who are forced into quarantine for a minimum of 14 days. Despite facing severe reprisals for expressing their views and complaints,<sup>75</sup> some health workers have openly complained of the work conditions, poor pay, and lacking medical staff, as workers and resources are being sent overseas. In January 2021, a Cuba doctor posted a social media comment that his salary barely covered his transportation to and from work.<sup>76</sup> Also in January 2021, a nurse posted on Facebook that his team at the Doctor Luis Díaz Soto Military (Naval) Hospital of Havana, was going through hard times and in constant stress but receive no answers to and “when we talk to the bosses they tell us that if we don't like it, we should ask to leave.” He reported that they could only rest at home 5 days after being forced to spend 24 days at the facility, working 16 days with almost no relays and having to go into quarantine at military villas for 8 days.<sup>77</sup>

## **2. Guatemala: parliamentary review, exceptional documentary evidence, and a court case to combat the trafficking.<sup>78</sup>**

Documents and information on the Cuba-Guatemala bilateral health agreements were obtained in 2020 that offer a rare look into the healthcare labor arrangements while transparency and accountability rarely seen were demanded at the local level.

In August 2020, Guatemalan opposition congressman Felipe Alejos, publicly chided the Minister of Foreign Relations, Pedro Brolo, for financing the Cuban dictatorship and, therefore,

---

<sup>74</sup> Aisha Abdool Karim, “It takes most foreign-trained doctors months to register in South Africa so how did Cuban health workers do it in just three days,” BHEKISISA - Centre for Health Journalism, May 27, 2020, <https://bhekisisa.org/health-news-south-africa/2020-05-27-it-takes-most-foreign-trained-doctors-months-to-register-in-south-africa-so-how-did-these-healthcare-workers-do-it-in-just-three-days/>; Vuyo Mkize, Foreign doctors can't register in SA to help with Covid-19 crisis, *News 24*, <https://www.news24.com/citypress/news/foreign-doctors-cant-register-in-sa-to-help-with-covid-19-crisis-20200720>.

<sup>75</sup> In September 2020, a news article in the VOA-sister network *Radio Television Martí* reported on repression in the medical field of two individuals: 1. Santos Belaunzaran, who was attending his fourth year of Medical School, was interrogated by State Security and expelled for non-compliance with regulations on "revolutionary ideology" for having posted on Facebook disagreement with a superior's remarks that emigres are “worms.” 2. Dr. Alexander Raúl Pupo Casas was expelled from his scholarship to study his specialization in neurosurgery in the province of Las Tunas for contrasting on Facebook the poverty of the people and the life of the country's ruling class. (Yolanda Huerga, “Escuela de Medicina cubana expulsa a dos talentos por motivos políticos, *Radio Televisión Martí*, Sep. 28, 2020.)

<sup>76</sup> Maykel González, “Médico cubano denuncia que su salario apenas cubre sus gastos en transporte para ir a trabajar,” *Ciber Cuba*, Jan. 17, 2021.

<sup>77</sup> Maykel González, Enfermero cubano denuncia situación de hospital militar en La Habana: No tenemos casi relevos, *Ciber Cuba*, Jan. 24, 2021.

<sup>78</sup> The information on Guatemala is from Maria C. Werlau, “Guatemala y la diplomacia médica cubana,” *Archivo Cuba*, Oct. 13, 2020, <https://cubaarchive.org/wp-content/uploads/2020/10/Informe-Guatemala-FINAL-10.13.2020.pdf>.

Venezuela, by hosting a Cuban medical brigade “that robs Guatemalan doctors of opportunities.”<sup>79</sup> Alejos then requested a meeting with the country’s Minister of Health as well as copies and reports of the bilateral health agreements with Cuba.

On September 8, 2020, a young Guatemalan activist, César Molina Palma, filed a “recurso de amparo” (request for protection) at the Constitutional Court of Guatemala, alleging that the health agreements with Cuba violate human rights and favorably compensate the Cuban doctors to the detriment of local doctors.<sup>80</sup> The court rejected the provisional protection on September 23, 2020, however, in late January 2021, the Guatemalan lawyer presenting the case, José Robles, explained that “imminent risk is still present and the Court resolution was not final, thus, I hope the Court will grant the protection in favor of the labor and human rights of the Cuban doctors in Guatemala.”<sup>81</sup>

According to the agreements, the Government of Guatemala provides each and every member of the Cuban medical brigade, regardless of their role, tax free monthly stipends of Q7,000 (Guatemalan quetzals equivalent to US \$900). As of September 2020, Guatemala was paying Cuba Q36,664,422 a year (US\$4.8 million) for the services of 441 members of the Cuban medical brigade.<sup>82/83</sup> According to Cuba, 286 were “doctors,” 74 were nurses, the rest were technicians and 14 were support staff, including 6 drivers, 4 cooks, 1 accountant, 1 information specialist, and 6 statisticians (“electromédicos”) assigned to the Maintenance Department of the Ministry of Health.<sup>84</sup>

According to a Cuban doctor who served in Guatemala in 2010, the internationalists received from Guatemala only Q3,000 a month or 40% of the Q7,000 stipend and they had to hand over to the administrator of their communal home Q750 for a collective fund and Q600 for food; the remaining Q1,650 (US\$200) was for their personal expenses, which they tried to save to take goods back to Cuba. Their families in Cuba received CUC50 monthly (a Cuban equivalent to

---

<sup>79</sup> Alejos remarks are translated from Spanish. See “Diputado pide anular colaboración médica cubana en Guatemala,” *Ciber Cuba*, 26 de agosto de 2020; Henry Bin, “Felipe Alejos parece ganar pulso: gobierno decide cortar trato con médicos cubanos,” *Con Criterio*, 27 de agosto de 2020; and “Polémica con médicos cubanos en Guatemala, un vistazo con Maitte Marrero,” *Prensa Latina*, <https://www.youtube.com/watch?v=WD1gb0MZMoE&feature=youtu.be>. (In October 2020, Alejos was sanctioned from entry to the United States for corruption. See Jerson Ramos, “EE. UU. incluye a Felipe Alejos en listado de funcionarios corruptos,” *Infobae*, Oct. 28, 2020, <https://emisorasunidas.com/2020/10/28/guatemala-felipe-alejos-corrupto-2/>.)

<sup>80</sup> “Demanda pide finalizar convenio y garantizar “derecho de asilo” a médicos cubanos en Guatemala,” *Radio Televisión Martí*, 11 de septiembre de 2020.

<sup>81</sup> Maria C. Werlau, telephone interview and text messages of Oct. 13 2020 and Jan., 28, 2021.

<sup>82</sup> Documents included in an official report of Sep. 9 2020 from the Minister of Health of Guatemala, Dr. María Amelia Flores González to Congressman Felipe Alejos Lorenzana, including a report by the Guatemalan Coordinator of the Cuba-Guatemala Bilateral Cooperation (of the General Directorate of Health of Guatemala).

<sup>83</sup> As of September 1, 2020, Guatemalan authorities also made contradictory reports that the Cuban medical brigade had 439 as well as 442 members. (“Intermedian para que brigada de médicos cubanos continúe en el país,” Congreso de la República, Sep. 3, 2020, [https://www.congreso.gob.gt/noticias\\_congreso/4814/2020/2#gsc.tab=0](https://www.congreso.gob.gt/noticias_congreso/4814/2020/2#gsc.tab=0); Citación a la Ministra de Salud, Amelia Flores, Sept. 1, 2020, página de Facebook de Todos, [https://m.facebook.com/story.php?story\\_fbid=241276937114313&id=436246383083297](https://m.facebook.com/story.php?story_fbid=241276937114313&id=436246383083297).)

<sup>84</sup> *Ibid.*

US dollars that is now defunct) and CUC200 were deposited in a frozen account they could only access if they completed their assignment successfully and returned to Cuba.<sup>85</sup> It has been reported that in 2020 the internationalists in Guatemala were being paid Q1.000 (US\$125) more a month but their families in Cuba were not getting the debit cards and they were not accumulating the usual funds in a frozen bank account.<sup>86</sup> A US-based organization claiming to have obtained seven testimonies from current and past members of the Guatemala brigade reported in March 2020 that Cuba was paying them \$250 a month and making them sign a document stating they were receiving the payment from the Government of Guatemala.<sup>87</sup> The Cuban Coordinator of the medical brigade in Guatemala, Ernesto Jiménez Machuca, told the media that “the government of Cuba does not receive and has never received a single dollar no or quetzal converted to dollars for this mission.”<sup>88</sup> (He did not discount other forms of payment, such as euros.)

Total annual costs paid by Guatemala for the Cuban brigade under one of several agreements were Q78.290.524 (US\$10.2 million), or Q177.530 (\$23,129) per member.<sup>89</sup> The air and other travel costs for the brigade were Q4.8 million (US\$610.830) more and it was paid to a single corporation suspected to have ties with or serve as a front for the Cuban government. This is equal to \$1,385 for each one of the brigade members, far from the market rate of around US \$500 for a round trip ticket to Cuba.<sup>90/91</sup>

The Cuban medical brigade often serves in remote areas and pays home visits in Guatemala and it has full time drivers, vehicles, gasoline and all associated costs paid by the Government of Guatemala. An impossibly high amount is reported for the annual gasoline costs, Q36,644,422 (US\$4.8 million or \$10,884 for each one of the brigade members). The reports provided to the Guatemalan Congress were missing the cost of the vehicles for the brigade, fees for immigration paperwork, and medical and dental services provided at no cost to all its members.

The annual cost of housing provided by Guatemala for the brigade was reported as Q223,900 (\$28,625). The U.S.-based Outreach Aid to the Americas (OAA), reported that many of the Cuban medical collaborators live in “miserable” conditions in crowded, low-quality group residences and are assigned to serve in dangerous areas. The OAA report, a one-page summary, also indicates that several brigade members have died in Guatemala without their colleagues receiving an explanation, one allegedly was electrocuted at his residence as a result of the poor

---

<sup>85</sup> Reported to Cuba Archive by Annarela Grimal with information gathered by her and Dr. Carlos Ramírez, both Administrators of No Somos Desertores, September 2020.

<sup>86</sup> Testimony of doctor who served in the Cuban medical mission in Guatemala until 2010, interview with Dr. Carlos Ramírez of No Somos Desertores, Sep. 3, 2020. (As reported to Cuba Archive, Sep. 4, 2020.)

<sup>87</sup> Guatemala, SICMM project by Outreach Aid to the Americas, Mar. 25, 2020. (SICMM is *Systematic Investigation of Human Rights Violations of Cuban Medical Missions*.)

<sup>88</sup> Henry Bin, “Felipe Alejos parece ganar pulso: gobierno decide cortar trato con médicos cubanos,” *Con Criterio*, 27 de agosto de 2020.

<sup>89</sup> Documents included in an official report of Sep. 9 2020 from the Minister of Health of Guatemala, op. cit.

<sup>90</sup> Letter of Sep. 7, 2020 to Claudia Patricia Fuentes Estrada, Director of the Administrative Department of the Ministry of Health and Public Assistance of Guatemala (document included in the official report of Sep. 9, 2020, op. cit.)

<sup>91</sup> Citación a la Ministra de Salud, Amelia Flores, Facebook page of the political party *de Todos*, Sep. 1, 2020, [https://m.facebook.com/story.php?story\\_fbid=241276937114313&id=436246383083297](https://m.facebook.com/story.php?story_fbid=241276937114313&id=436246383083297).

conditions of the facilities.<sup>92</sup> In 2019, a nurse, Luisa Cardentey, died of unknown causes and a young doctor, Marisol Noa Carranza, died of an unreported and mysterious illness.<sup>93</sup> Alina López, the coordinator of the Cuban medical brigade in Sayaxché, Petén, acknowledged to Guatemalan press that the 20 members of the BMC live “tightly packed” in the same house, sleeping three or four per room.<sup>94</sup>

In the agreements with Cuba, the government of Guatemala guarantees the Cuban doctors “living conditions,” meaning furnished accommodation with all appliances and kitchen utensils, electricity, water, cooking gas internet, internet, and maintenance, comprehensive medical insurance, including medical evacuation with one companion, dental insurance, transportation to and from work, international telephone costs for calls to Cuba, air tickets including annual visits home on vacation or a one-way ticket home in case of disciplinary action, and funeral costs and transport back to Cuba with one companion in case of death. The Cuban internationalists also enjoy 30 days of paid vacation a year and six days to celebrate national holidays.<sup>95</sup>

Congressman Alejos asked the Minister of Health to evaluate offering similar compensation to local doctors to serve in remote zones where the government alleges the Cubans are needed.<sup>96</sup> He also denounced the delays in paying local health workers during the pandemic, such as nurses earning half of what the Cuba is paid for its nurses, while Cuba was being paid on time.<sup>97</sup> Local doctors in the public health system earn a bit more than Q7,000 a month<sup>98</sup> but are not exempt from paying taxes and do not receive most of the benefits the Cubans get. A September 9, 2020 report he received of the additional payments after those remarks indicate that Guatemala pays for each member of the BMC more than double what it pays to Guatemalan doctors in the public health system.

Guatemala also agreed to revoke the credentials it issues to the Cuban medical professionals to practice in its territory once their participation in the brigade ends, to only allow them to practice their profession as part of the brigade, and to not admit or allow the hiring, “under any

---

<sup>92</sup> “Guatemala,” SICMM, op. cit. (OAA does not provide names, dates, and other details on these cases.)

<sup>93</sup> (See Database of Documented Deaths and Disappearances, Cuba Archive, <https://cubaarchive.org/our-database/?caseid=11057> and <http://database.cubaarchive.org/case-record-simple-search/10987>.)

<sup>94</sup> Angélica Medinilla, “Preguntas y respuestas sobre los médicos cubanos en Guatemala, *Soy502*, 7 de septiembre de 2020.

<sup>95</sup> According to an Annex, of a 2012 agreement (“Anexo específico”, Acuerdo Subsidiario de Cooperación entre el Ministerio de Salud Pública de la República de Guatemala y el Ministerio de Salud de la República de Cuba, Ciudad de Guatemala, October 4, 2012.)

<sup>96</sup> Citación a la Ministra de Salud, Amelia Flores, Sept. 1, 2020, página de Facebook de Todos, [https://m.facebook.com/story.php?story\\_fbid=241276937114313&id=436246383083297](https://m.facebook.com/story.php?story_fbid=241276937114313&id=436246383083297).

<sup>97</sup> He wrote that a Cuban nurse earns Q7,000 a month while a Guatemalan nurse earns Q3.500. (Felipe Alejo, text message, Sep. 5, 2020). The media reported that Guatemala’s Ministry of Health was 60 days late in paying the 44 doctors at a COVID field hospital at Parque Industrial for their services from March to May 2020. (Edgar Quiñonez, “Ministerio de Salud realiza pago de salarios atrasados,” *República*, Jun. 1, 2020; Evelyn de León, “Médicos de hospital temporal, sin equipo ni contratos laborales, *Soy502*, May 11, 2020.)

<sup>98</sup> Marta Sandoval, “Las mujeres y los empleados con apellidos mayas, los que menos ganan en el Estado, te gana poco más de Q7,000.” [www.plazapublica.com.gt](http://www.plazapublica.com.gt), Aug. 17, 2018.

circumstance,” any of the Cuban workers in the public or private sector including any internationalist who has abandoned the mission.

An October 4, 2012 bilateral agreement between Cuba and Guatemala<sup>99</sup> has been renewed every two years.<sup>100</sup> The Health Minister and other high-ranking government officials of Guatemala have strongly defended the Cuban medical presence in their country.

### 3. Exceptional documentary evidence of the trafficking.

Aside from Guatemala and South Africa, as summarized above, bilateral agreements obtained by Cuba Archive in 2020 on Cuba’s health services to Uruguay and Ecuador contain very similar clauses to the Guatemala agreements.

An investigative report by local journalists in Kenya also provided details of the agreements with Cuba. The report followed a July 2020 announcement by Kenya’s Health Cabinet Secretary that 20 Cuban doctors from the Henry Reeve Medical Brigade had been deployed to help the country cope with the Covid-19 pandemic; they would join 100 Cuban doctors who had been working in Kenya for the previous two years. An ensuing investigation by Nairobi’s *The Nation*<sup>101</sup> that followed a trail of documents, emails, and text messages, made public for the first time details of the Cuba-Kenya bilateral agreement of 2018.<sup>102</sup> When the agreement was signed in 2018, the Health Cabinet Secretary had told a reporter that it “cannot be wholly shared with the public,” even though, as *The Nation* pointed out, “the importation of doctors was being paid for by Kenyan taxpayers.”<sup>103</sup> The deal committed Kenya to pay each member of the medical brigade monthly stipends of USD1,000 with an extra USD4,000 going to the Cuban government,<sup>104</sup> which it was to pay in euros into a Cuban government-held bank account at the Banco Financiero Internacional S.A, Havana.<sup>105</sup> According to *The Nation*, this is costing taxpayers close to Sh1 million per month,<sup>106</sup> or Sh1.2 billion annually for 100 Cuban health workers (US\$10.9 million a year or US\$109 thousand per doctor), “equivalent to the pay of five Kenyan medical officers.”<sup>107</sup> (It is not clear if all the costs were calculated.) The 20 members of the Cuban

---

<sup>99</sup> Perfil Ejecutivo: Cooperación Con la República de Cuba, Secretaría de Planificación y Programación de la Presidencia - SEGEPLAN, República de Guatemala, not dated, [http://www.segeplan.gob.gt/downloads/perfil\\_cuba.pdf](http://www.segeplan.gob.gt/downloads/perfil_cuba.pdf). (Informe actualizado hasta el 2015; Licenciada Ana José García Pedroza, Unidad de Cooperación Internacional, Guatemala, Aug. 31, 2020, MSPAS-2811-2020, documents from Oficio MSPAS CSE-439-2020, Sep. 1 2020, from Dra. María Amelia Flores González, Ministra de Salud Pública y Asistencia Social to Dr. Cornelio Gonzalo García García, Jefe del Bloque Legislativo Todos, Congreso de la República de Guatemala.

<sup>100</sup> <https://saludjalapa225.files.wordpress.com/2015/12/convenio-brigada-cubana.pdf>.

<sup>101</sup> *The Nation* reports that the investigation was supported by the Africa Women Journalism Project (AWJP) in partnership with the International Center for Journalists (ICFJ).

<sup>102</sup> Verah Okeyo, “Kenya: Revealed - Secrets of the Kenya-Cuba Doctors Deal,” *The Nation* (Nairobi), Oct. 1, 2020.

<sup>103</sup> *Ibid.*

<sup>104</sup> This was equivalent to Sh396,000 on June 2018, when the contract commenced. The amount at the current exchange rate is Sh428,000.

<sup>105</sup> *Ibid.*

<sup>106</sup> In Kenyan shillings.

<sup>107</sup> Exchange rate of Jan. 28, 2021, <https://fx-rate.net/KES/>.

emergency brigade that arrived in July 2020 were to be paid in the same manner. (16 members of the 20-person team returned to Cuba in late December 2020.<sup>108</sup>)

According to *The Nation*, under the bilateral agreement signed on March 20, 2018, Cuba agreed to provide Kenya with documents that certify the qualifications of their doctors and assured the government an “obedient” workforce,<sup>109</sup> whereas the government of Kenya agreed to provide the Cuban doctors furnished accommodation, kitchen appliances, kitchen utensils, electricity, water, cooking gas, washing machines, internet access (costs to be borne by the county governments where they deployed), air tickets including home for holidays or a one-way ticket home in case of disciplinary action, as well as comprehensive medical insurance including medical evacuation, and dental insurance, as well as professional indemnity insurance (required from all doctors) for medical malpractice. Kenya also agreed that the doctors would only work 40 hours a week, from Monday to Friday (a maximum of 8 hours a day) and one 24-hour shift a week and to provide the doctors newspapers and internet as well as cover the costs of their attendance at scientific events to encourage their professional development.

In contrast with the generous agreement for the Cuban doctors, Kenyan healthcare workers, including specialist doctors, working for county governments or in public hospitals do not have subsidized health insurance and Kenyan doctors must pay for their professional indemnity insurance. The situation of Kenyan health workers is such that in August 2020 they went on strike over delayed salaries, inadequate personal protective equipment (PPE) for handling Covid-19 patients, and lack of medical insurance.<sup>110</sup>

Kenya’s *The Street Journal* followed up with a report on how Cuban diplomats had ‘hawked’ the “doctor deal” to the Kenyan government and asked the Council of Governors’ why county governments were unwilling to offer the same incentives to Kenyan doctors, obtaining no response. It reported that Kenya Medical Association (KMA) president Andrew Onyino had warned that continued disregard of doctors’ welfare would lead to another brain drain at a time the country needs more healthcare workers to fight Covid-19.<sup>111</sup> In 2018, when the deal with Cuba was sealed, the doctors’ union Secretary General, Ouma Oluga, had declared that the government failed to “incentivise” doctors to work in “hardship” counties by providing them with housing, security, and insurance.<sup>112</sup>

The Washington, D.C., based Global Liberty Alliance is engaged in a systematic effort seeking transparency on Cuba’s “health cooperation” bilateral agreements and has filed requests

---

<sup>108</sup> “Desde Kenya llega a Cuba brigada médica Henry Reeve,” *Cuba Debate*, Dec. 25, 2020, <http://www.cubadebate.cu/noticias/2020/12/25/desde-kenya-llega-a-cuba-brigada-medica-henry-reeve/> (Cuban official media announced the return to Cuba of the COVID brigade from Kenya but only of 16 doctors and did not mention of the 4 remaining members of the team of 20 deployed in July 2020.)

<sup>109</sup> Ibid.

<sup>110</sup> V. Okeyo, op. cit.

<sup>111</sup> “Kenya: How Cuban doctors deal was ‘hawked’ to Kenyatta,” *The Street Journal*, Oct. 2, 2020, <https://thestreetjournal.org/2020/10/kenya-how-cuban-doctors-deal-was-hawked-to-kenyatta/>.

<sup>112</sup> Ibid.

through local partners for information on the Cuban “medical brigades” in Guatemala, Honduras, Mexico, and Uruguay. Some documents are available on its webpage.<sup>113</sup>

#### 4. Changes in compensation for Cuban health workers including the internationalists.

In late 2020 the Cuban government announced measures for a monetary unification process, a goal the government had announced for years. Implementation began on January 1, 2021 and includes a new salary scale for workers in the health sector whereby the highest paid medical doctors, Grade II specialists, will receive a monthly salary of CUP5,810, equivalent to US\$242 at a 1-24 exchange rate. (Wages will be paid in Cuban Pesos and their equivalence in US dollars is cited at an official exchange rate of 24 CUP to the US dollar is used but a much less favorable exchange rate is expected as the unification process unfolds and is much higher in the informal market.)

In January 2021, Cuban official media also published an announcement from the Ministry Interior seeking to recruit and train prison guards that offered salaries of CP6,690 (US\$279), higher than for doctors and roughly equivalent to what hospital directors will be paid in the new salary regime.<sup>114</sup> This disparity in compensation (and priorities) provoked widespread rage on social media.<sup>115</sup>

The monthly wages of health workers is as follows<sup>116</sup>:

##### Doctors and dentists

M.D. recent graduate without specialization: CP 4,610 (US\$92).

Grade II specialist, M.D. with two specializations, maxillofacial surgeon Grade II: CP 5,810 (US\$242).

Grade I specialist, maxillofacial surgeon Grade I, dentist with Grade I specialization or two specializations: CP 5,560 (US\$232).

M.D. resident: CP 5,060 pesos (US\$210).

Dentists residents: CP 4,810 pesos (US\$200).

Dentists -recent graduates without specialization: CP 4,410 (US\$184).

##### Nurses and supervisors

Nurse, depending on grade: CP 4,610 to 4,010 (US\$192 - 167)

Nursing supervisor (in hospitals) CP 5,310 (US\$221).

Director of hospitals, clinics, and investigation centers: CP 7,660 to 6,610 (US\$319 – 275)

As part of the monetary unification process, on December 15, 2020, the government announced the automatic conversion into Cuban Pesos of funds held in accounts in Cuba in the hard-

---

<sup>113</sup> See some of the Uruguay Cuban health agreements at:  
<https://www.globallibertyalliance.org/uruguay-cuban-docs.html> and  
<https://www.globallibertyalliance.org/uruguay.html>.

<sup>114</sup> “Crítican que un funcionario de prisiones cobrará más que un médico en Cuba,” *Ciber Cuba*, Jan. 18, 2021.

<sup>115</sup> “Cubanos molestos con salario del MININT: ¿y los médicos?,” *Cuba Comenta*, Jan. 18, 2021,  
<https://www.cuballama.com/blog/cubanos-molestos-con-salario-del-minint-y-los-medicos/>.

<sup>116</sup> “Crítican que un funcionario,” op. cit.

currency equivalent CUCs for the internationalists with the larger part of their compensation. They were offered 14 days, until December 29, for converting them (by selling their CUC at ATMs) into euros or US dollars at an official exchange rate of 24-1 despite the fact that the informal market exchange rate is at least double (at 40 to 47 Cuban pesos to the US dollar).<sup>117</sup> If they chose the option for conversion, they would not be able to withdraw dollars from those accounts for months (they were offered a certificate of deposit with an annual interest of 0.15%). However, many tellers either had no money for the conversion or had technical problems. The state also promised that stores with prior authorization would take CUCs until June 2021 but in practice, most stores did not.<sup>118</sup>

## 5. Two kidnapped doctors in Africa.

In April 2019, two Cuban doctors, Assel Herera Correa, a general M.D., and Landy Rodriguez, a surgeon, were kidnapped in Kenya by Al-Shabaab, an Islamist fundamentalist group that is demanding a US\$1.5 million ransom, remain in captivity.<sup>119</sup> Cuban authorities report “arduous efforts” for their release. The kidnapping led to the withdrawal of Cuban doctors from Kenyan counties bordering Somalia (such as Wajir, Garissa, Tana River, Lamu, Isiolo and Taita-Taveta) and heightened security for the doctors in other counties, who are now commuting from the nearest urban center to the hospital where they work.<sup>120</sup>

## 6. The situation of Cuban doctors who abandoned the mission and remain in Brazil.

In December 2020, the Government of Brazil issued a decree authorizing more than 350 Cuban doctors residing in the country to practice medicine as part of the “More Doctors” (*Mais Medicos*) program; they will work in 24 municipalities in 24 states.<sup>121</sup>

In 2013 the government of Dilma Rousseff had hired over 11,000 Cuban doctors to live and work for three years in underserved areas of Brazil, using PAHO as an intermediary. On November 14, 2018, the Cuban government had abruptly announced that it would remove all its doctors from Brazil, 8,471 at the time of the announcement, starting the following day.<sup>122</sup> This caused distress to many Cuban doctors who were told to pack in a hurry, abandon treasured belongings in Brazil, and face other difficulties. The order by Cuba was prompted by promises by then president-elect of Brazil, Jair Bolsonaro, during his 2018 campaign that any doctor who worked in Brazil would have to revalidate credentials to meet the country’s requirements and that Brazil would directly hire and pay the Cuban doctors and grant visas for their families to

---

<sup>117</sup> They would face the penalty of not being able to withdraw those currencies from the bank if they did not meet the deadline. (“Gobierno de Cuba convirtió en CUP ahorros del sector privado, de médicos en misión y “estímulos”,” *Ciber Cuba*, Jan. 8, 2021.)

<sup>118</sup> Ibid.

<sup>119</sup> V. Okeyo, op. cit.

<sup>120</sup> Ibid.

<sup>121</sup> “Más de 350 médicos cubanos son autorizados por Brasil para ejercer la profesión en el país,” *Brasília, Diario de Cuba*, Dic. 11, 2020.

<sup>122</sup> Shasta Darlington, “Cuba is pulling doctors from Brazil after ‘derogatory’ comments by Bolsonaro,” *The New York Times*, Nov. 14, 2018.

join them. 836 (10%) of the 8,471 doctors in Brazil<sup>123</sup> decided to stay despite great pressures on them and their families, joining many others who had previously abandoned their missions.<sup>124</sup> In total, around 2,000 Cuban doctors had remained in Brazil faced with very difficult conditions and unable to work legally. In July 2019 the Government of Brazil had issued a Ministerial Order allowing the doctors to obtain residency and permits to work as medical doctors for two years to allow them to revalidate their titles.<sup>125</sup>

## 7. Court case against PAHO

The Pan American Health Organization (PAHO) had acted as intermediary between Brazilian and Cuban authorities, participating in the payment confiscation scheme of the Cuban doctors, and had hired 120 “consultants” from Cuba to monitor the Cuban doctors and avoid their defections, as well as offered a legal team to counter claims that Cuban doctors were taking to Brazilian courts seeking to be hired and paid directly.<sup>126</sup> In November 2018, four former members of the Cuban medical mission in the Brazilian program of Mais Médicos filed a lawsuit in the Southern District of Florida against PAHO alleging conditions of forced labor/trafficking. PAHO managed to move the process to Washington, DC, where in November 2020, a federal judge, James E. Boasberg, rejected PAHO’s arguments that it enjoys special protections under the UN Charter and the Constitution of the World Health Organization and decided that the lawsuit could continue. Citing official documents from Brazil, Judge Boasberg indicated that PAHO had transferred through its Citibank account in Washington, DC, \$1.5 billion in payments by Brazil for the services of the doctors that were appropriated by Cuba. For this mediation, PAHO had obtained 5% of those funds as a commission, about \$75 million. According to the judge, this commercial activity reinforced the complaints of the Cuban doctors.<sup>127</sup>

## 8. Continuing international exposure of trafficking aspects of Cuba’s medical missions.

Independent media outlets focused on Cuba covered the trafficking issue very frequently and comprehensively during the reporting period. Some international media coverage in leading venues in several languages focused on different countries hosting Cuban medical missions exposed the trafficking. Several examples follow:

Le mystere des médecins cubains, *Le Pointe* (France), Sep. 9, 2020.

[https://www.lepoint.fr/monde/le-mystere-des-medecins-cubains-07-09-2020-2390601\\_24.php](https://www.lepoint.fr/monde/le-mystere-des-medecins-cubains-07-09-2020-2390601_24.php)

---

<sup>123</sup> 60% were women and nearly 20,000 Cuban doctors had worked in Brazil under the program (76.3% women) in five years. (Leticia Martínez Hernández, “El abrazo de Raúl a los héroes que vuelven,” *Granma*, Nov. 23, 2018.)

<sup>124</sup> “Thousands of Cuban doctors stranded in Brazil with nowhere to go,” *EPA/ EFE*, Sao Paulo, Feb 4, 2019, <https://www.efe.com/efe/english/world/thousands-of-cuban-doctors-stranded-in-brazil-with-nowhere-to-go/50000262-3887868>.

<sup>125</sup> “Brasil ofrece residencia y permiso de trabajo a médicos cubanos en ese país,” *Cuba Net*, Jul. 29, 2019.

<sup>126</sup> José Alberto Gutiérrez, “Organización Panamericana de la Salud interviene para frenar a médicos cubanos “rebelados” en Brasil,” *Ciber Cuba*, Oct. 21, 2019.

<sup>127</sup> Rolando Cartaya, “El año en que se deshizo la leyenda rosa de las misiones médicas de Cuba,” *Radio Televisión Martí*, Dec. 25, 2020.

\*This investigative report exposes conditions of the COVID emergency missions to Martinique, a French territory in the Caribbean, and features testimony of deserters.

El ejército sanitario: los desertores cubanos, y disfrazados, del Golfo Pérsico, *El Mundo* (Spain), Jul. 5, 2020.

<https://www.elmundo.es/cronica/2020/07/10/5ef6448421efa007698b4622.html>

\*This investigative report exposes conditions of the medical missions in the Persian Gulf and features testimony of deserters.

“Misiones médicas” cubanas: ¿cuántas, dónde y por qué?,” *Deutsche Welle* (Germany), Jul. 4, 2020.

<https://www.dw.com/es/misiones-m%C3%A9dicas-cubanas-cu%C3%A1ntas-d%C3%B3nde-y-por-qu%C3%A9/a-53054180>

¿Esclavos cubanos en Perú?, *El Comercio* (Perú), Jun. 16, 2020.

<https://elcomercio.pe/opinion/mirada-de-fondo/esclavos-cubanos-en-el-peru-por-ian-vasquez-columna-cuba-medicos-cubanos-peru-coronavirus-covid-19-onu-noticia/>

Médicos cubanos S.A. en lucha contra el coronavirus, la Revolución con estetoscopio, *El Independiente* (Spain), May 3, 2020.

<https://www.elindependiente.com/politica/2020/05/03/medicos-cubanos-s-a-en-lucha-contra-el-coronavirus-la-revolucion-con-estetoscopio/>

La fábrica de médicos cubanos y los dólares “humanitarios” para mantener al régimen de La Habana, *Infobae* (Argentina), Apr. 23, 2020.

<https://www.infobae.com/america/opinion/2020/04/23/la-fabrica-de-medicos-cubanos-y-los-dolares-humanitarios-para-mantener-al-regimen-de-la-habana/>

## 9. Increased international awareness.

Several initiatives exposed

Cuba’s trafficking labor scheme, especially of healthcare workers, and heightened international awareness:

- A. In April 2020, Michael G. Kozak, Acting Assistant Secretary for Western Hemisphere Affairs of the State Department, denounced on Twitter the working conditions of Cuban doctors sent to internationally to combat the coronavirus and the message was replicated by the U.S. Embassy in Havana. The tweet referred to a joint statement by three Members of Congress from the state of Florida, Mario Díaz-Balart, Francis Rooney, and Debbie Mucarsel-Powell, condemning Cuba for exploiting the coronavirus pandemic for political gain and for continuing to violate International Labor Organization (ILO) conventions. It urged countries that host Cuban medical brigades to protect the rights of the Cuban health workers, to stop confiscating their payments and passports, to require proof of medical credentials, and to make the bilateral agreements public.<sup>128</sup>

---

<sup>128</sup> Mario J. Pentón, “EEUU denuncia condiciones de trabajo de médicos cubanos que asisten en crisis de coronavirus,” *El Nuevo Herald*, Apr. 10, 2020, <https://www.elnuevoherald.com/noticias/mundo/america-latina/cuba-es/article241932191.html>.

- B. In June 2020, four U.S. Senators introduced a bill demanding a probe into PAHO and the U.N.'s role in Cuba's "billion-dollar slave doctor industry" as well as to require the State Department to publish the list of countries that contract with the Cuban regime for their medical missions' program and consider it a factor in Cuba's ranking in the State Department's annual Trafficking in Persons (TIP) Report.<sup>129</sup>
- C. In July 2020, the organizations Human Rights Watch released a statement titled "Cuba: Repressive Rules for Doctors Working Abroad: Receiving Governments Should Press for Change"<sup>130</sup> that reads: "Host countries have human rights obligations to all people in their territory, which would include Cuban health workers, and should ensure that their agreements with the Cuban government include effective protections for workers' rights." José Miguel Vivanco, the Americas Director at Human Rights Watch, stated that "governments that accept Cuban assistance that includes the abusive conditions imposed by Cuba risk becoming complicit in human rights violations."

#### 10. **New initiative: "Free Cuban Doctors" ("Médicos Cubanos Libres")**

On August 10, 2020, the non-profit organizations Cuba Archive, in conjunction with the group No Somos Desertores ("We are not deserters"), announced the initiative "Free Cuban Doctors" to link Cuban doctors with medical degrees from Cuban institutions to interested parties in countries seeking to boost their health systems with foreign personnel, especially during the COVID-19 pandemic.<sup>131</sup> Shortly after the initiative was publicized, more than 320 Cuban doctors (residing in Cuba and in many other countries), including numerous specialists, had filled out the applications to participate.<sup>132</sup> Several national and local governments have been contacted directly (Guatemala, Panama, Colombia, Argentina, and Peru) by Cuba Archive and encouraged to hire Cuban doctors without the mediation of the Cuban State, so they can directly receive their salaries and other benefits. In countries that face a real deficit of doctors this initiative offers a viable alternative respectful of the rights of these health workers doctors and in compliance with international law.

#### 11. **Pushback from Cuba, its advocates, and allies: increased propaganda and support for the internationalist medical missions**

The Cuban government has taken advantage of the COVID-19 pandemic to launch a massive propaganda campaign proclaiming its exploitative enterprise as a "humanitarian" feat of

---

<sup>129</sup> "Rubio joins Scott, Cruz in introducing bill requesting State Department publish list of nations contracting the Cuban regime's medical missions," Press Release, Senator Marco Rubio's office, Jun. 17, 2020.

<sup>130</sup> "Cuba: Repressive Rules for Doctors Working Abroad: Receiving Governments Should Press for Change," Human Rights Watch, Jul. 23, 2020, <https://www.hrw.org/news/2020/07/23/cuba-repressive-rules-doctors-working-abroad#>

<sup>131</sup> "Free Cuban Doctors against COVID-19" initiative is launched, Cuba Archive, <https://cubaarchive.org/wp-content/uploads/2020/05/Cuba-in-the-time-of-coronavirus-Part-I-FINAL-1.pdf>.

<sup>132</sup> Doctors sign up online by filling out a survey at <https://cubaarchive.org/es/cuba-salud-es/cuestionarios/planilla-medicos-cubanos-libres/>.

“solidarity assistance.”<sup>133</sup> It has mobilized its diplomatic corps, vast international networks, and propaganda apparatus to support an international campaign —unveiled August 13, 2020, the birthday of the late Fidel Castro— to nominate the Cuban medical brigades for the Nobel Peace Prize. According to press reports, scores of progressive organizations and groups all over the world are actively participating in the effort and hundreds of nominations have been sent to the Nobel Committee in Norway.<sup>134</sup> In the U.S., the organization Code Pink: Women for Peace (codepink.org) is dedicating significant resources to the campaign.<sup>135</sup> The nominations for the 2021 award were received by the Nobel Committee until January 31st and the Committee will assess the candidates’ work and prepare a short list in February and March, deciding which one(s) will receive the award in its last meeting in September, announcing the winner(s) in October, and hosting the award ceremony in December.<sup>136/137</sup>

#### IV. Recommendations

1. Evaluate Cuba and its partners and accomplices as required by the Trafficking Victims Protection Reauthorization Act of 2017 (TVPRA), that amended and reauthorized international provisions of the Trafficking Victims Protection Act (TVPA), evaluating concrete actions foreign governments are taking to abolish trafficking such as by:
  - a) requesting copies of existing labor agreements between any Cuban state entities and other governments, international agencies, or private entities; and
  - b) reviewing victim reports from prior visa applications for the CMPP program at U.S. embassies,<sup>138</sup> press reports from destination countries, etc.
2. Sanction agents of the Cuban government and its partners, former or current, directly responsible for the international medical missions and other labor trafficking with visitor visa restrictions, denying parole (admittance), and other measures.
3. Deny U.S. visitor visas to Cuban government officials and others (such as academics) seeking to attend “educational” programs and/or commercial or other activities in the U.S. who are linked to state institutions that promote the trafficking.
4. Work within the international system to combat this form of trafficking and assist the victims:

---

<sup>133</sup> See “Cuba in the time of coronavirus: exploiting a global crisis, Part I: Pandemic as opportunity, op. cit.

<sup>134</sup> Cuba Archive sent a letter to the Nobel Committee on September 29, 2020 with information of the “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.” (See <https://cubaarchive.org/wp-content/uploads/2020/09/Letter-to-the-Nobel-Committee.pdf>.)

<sup>135</sup> <https://www.codepink.org/nobelcuba>.

<sup>136</sup> Nobel Peace Prize Nomination, <https://www.nobelpeaceprize.org/Nomination>; and Nomination and selection of Peace Prize Laureates, <https://www.nobelprize.org/nomination/peace/>.

<sup>137</sup> For the 2020 Nobel Peace Prize, there were 318 candidates, of which 211 were individuals and 107 were organizations. (Nobel Peace Prize Nomination, <https://www.nobelpeaceprize.org/Nomination>.) The Prize was awarded to the World Food Programme.

<sup>138</sup> Cuban Medical Professional Parole program had approved, since its beginnings in August 2006, to January 2016 7,117 applications. (Jeff Mason, Daniel Trotta, “U.S. considers ending program that lures Cuban doctors to defect,” Washington/Havana, *Reuters*, Jan. 8, 2016.)

- a) Demand that international organizations of which the United States is a member not support or fund arrangements that involve the labor trafficking by Cuba.
  - b) Require transparency from international agencies and private entities under U.S. jurisdiction regarding their agreements with Cuban entities that hire Cuban workers.
  - c) Link U.S. foreign assistance to recipient countries' compliance with international law in guaranteeing the rights of Cuban workers affected by this form of trafficking.
  - d) Work with other governments to request a review of the terms of all existing labor agreements with Cuba as well as agreements allocating public funding to support Cuba's "social missions," to make sure they uphold the rights of Cuban workers affected by this form of trafficking.
  - e) Promote awareness within the international system (UN, OAS, WHO, PAHO, ILO, etc.) to combat this form of labor trafficking.
  - f) Work bilaterally and multilaterally with certain countries to launch programs to directly hire –and retrain as necessary— Cuban health and other professionals who wish to remain overseas working independently.
  - g) Support Cuban doctors and nurses (with assistance, loans, etc.) who arrive in the U.S. for their revalidation of professional titles (by studying English and for U.S. medical boards).<sup>139</sup>
5. Allocate U.S. government funds to NGOs that investigate and combat the labor trafficking by Cuba. Their work could include:
- a) Researching and documenting this form of trafficking by Cuba.
  - b) Developing a list of guidelines or best practices to address and correct current abuses and guarantee the rights of Cuban workers working overseas.
  - c) Conducting international advocacy and educational initiatives to combat this form of trafficking and protect the victims.
  - d) Enlisting international partners.
  - e) Designing and implementing appropriate mechanisms for victims in third countries to report violations.
  - f) Providing legal support to the victims in third countries.
  - g) Supporting host countries with medical missions in developing legal and ethical ways to maintain needed health services.
  - h) Establishing guidelines to confirm credentials and providing adequate legal protections to healthcare recipients in the host countries.

---

<sup>139</sup> Consider issuing aid and/or loans in exchange for a commitment to work for a certain number of years in developing countries sponsored by the U.S. government or in U.S. locations needing healthcare workers.