

Fact Sheet: Overview of Cuba's Medical Brigades

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I. Introduction: labor exploitation in humanitarian disguise

The use of forced labor has been condemned by the international community as a practice similar to but distinct from slavery. The practice of slavery has been universally accepted as a “crime against humanity” when committed by public officials against any person irrespective of circumstances and diversity of nationality. Yet, under the guise of “solidarity” or “humanitarianism,” the Cuban state openly and systematically exploits its workers, including doctors and other health professionals, in partnership with private corporations, governments, and international organizations.”

As of September 2021, Cuba had 327 state enterprises exporting services,¹ mostly of temporary workers sent on “internationalist missions” abroad: doctors, nurses, medical technicians, teachers, sports trainers, musicians, sailors, architects, geologists, tobacco rollers, construction workers, and others from myriad fields. They are exported as commodities for two to three years in highly unusual and secret agreements with governments or corporations. 55-75% of the export services are in health care and are used in extensive propaganda by Cuba and its allies that glorify the practice and obscure its darkest aspects.

The export health services derive the Cuban dictatorship enormous “symbolic capital (prestige, influence, goodwill),”² that translates into myriad political benefits including votes in international organizations and other support for the Cuban government’s goals. Initially, the brigades mostly intended to advance Cuba’s geostrategic and political goals but eventually became a prized tool to generate hard currency revenues and strengthen ties with host nations that lead to additional economic benefits: assistance, loans, investments, and trade (needed imports as well as markets for Cuba’s exports). Since 2005, the export services officially became the country’s primary source of revenues.

The medical missions have typically provided health services for free to patients from underserved and remote populations in host countries that face a scarcity of doctors or whose local doctors lack incentives or are otherwise unwilling to work/live in certain locations. In certain cases, they replace local health workers in order to advance political agendas and provide Cuba financial support. In recent years, Cuba has expanded a little-known modality of “health cooperation” with the establishment of private “international clinics” staffed with Cuba health workers.

Following is an overview on Cuba’s medical brigades. Please see CubaSalud.org, English and Spanish pages, for more detailed reports.

¹ “MINCEX: Cuba tiene muchas potencialidades para incrementar exportaciones,” *Cuba Debate*, Oct. 12, 2021.

² Julie Feinsilver, *Healing the masses: Cuban health politics and home and abroad* (Berkeley: University of California Press, 1993, p. 25.

I. History and scope of Cuba's health "cooperation"



Send-off ceremony of Cuba's COVID-19 brigade to Italy, March 21, 2020 (Granma.cu).

Fidel Castro was the mastermind of a unique scheme to expand Cuba's international influence and presence by sending the country's health workers overseas. He realized early on after taking power in January 1959 that it had great geostrategic and propaganda value.

The first emergency "medical aid" was sent in May 1960 with much public fanfare to southern Chile after a major earthquake. Castro sent to Chile an airplane with 15,000 pounds of food and clothing donated by the Cuban population after a nationwide solidarity campaign as well as vaccines, antibiotics, plasma, and serums, all valued at around \$100,000. Three medical doctors with high-ranking positions in the Cuban military and a professor of surgery were part of the delegation that included "other officials and health technicians."³ It is unknown if any of the Cubans delivered medical services in Chile to victims of the earthquake. At a press conference in Havana to send off the plane, Chilean socialist senator Dr. Salvador Allende offered emotive words of gratitude and joined the delegation. His political activities had been bankrolled by Cuba's revolutionary regime since 1959.^{4/5}

³ Cuban doctors Commander Oscar Fernández Mell, president of the National Medical College; Esdras López Perdomo, an orthopedic surgeon in Cuba's Armed Forces, and Roberto Guerra Valdés, professor of Surgery at the University of Havana School of Medicine, were part of the delegation. (See Delfín Xiqués Cutiño, "Desde hace 60 años la solidaridad médica de Cuba llega a pueblos del mundo, *Granma*, 3 de julio de 2020; and "Chile," Fidel, soldado de las ideas, <http://www.fidelcastro.cu/es/internacionalismo/chile>.)

⁴ Maria C. Werlau, testimony of Enrique García, Miami, May 1, 2022. (García is a former official of Cuba's Directorate of Intelligence (DI) who was in charge of the Chile office from 1981 to 1983 and who had access to all historical files of the DI and worked with most of the Cuban intelligence officials who had been in Chile during the Allende government (1970-1973).)

⁵ Cuba's support for Allende paid off most evidently in 1970, when Allende, designated president by Chile's Congress after an electoral tie, proceeded to forge a deep alliance with Cuba that led his country into political turmoil and an eventual military coup. Documents retrieved by Vasili Mitrokhin from the former KGB archives

In May 1963, Cuba sent 56 health specialists with military personnel to train the army of the newly-independent Algeria.⁶ Castro had already provided both military and civilian assistance to the rebels of the Algerian National Liberation Front⁷ in the war against France and, after its victory, the two new revolutionary regimes “styled themselves as agents of a new, post-imperial order, free of the tyranny of Western colonialism and capitalism.”⁸ The medical team to Algeria marks what Cuba officially considers the official beginning of its “international medical collaboration.”⁹

More Cuban physicians were later sent to sub-Saharan Africa, including to accompany Che Guevara on clandestine missions in the Congo in the 1960s. In the 1980s, they accompanied Cuban troops in the Angola and Ethiopia wars¹⁰ as well as the Sandinistas in Nicaragua.¹¹ At least Algeria and Angola paid Cuba early on, although this information was tightly held. Gradually and with help from the likes of the Pan American Health Organization, the medical export program evolved into serve non-military environments after natural disasters, and, eventually, to any interested party willing to pay.

A. Varying and unreliable number of health “collaborators”

Initially, the Cuban government sent “proletarian internationalists” to support military interventions in underdeveloped countries; as it became an increasingly profitable business and, especially after the Cuban military regime adopted state capitalism, the “proletarian” qualifier was dropped and “collaborator” became the norm.

According to the Cuba’s Minister of Health, by 2006, one hundred governments had entered into bilateral agreements with Cuba to guarantee the sustained presence of Cuban health professionals in their countries: 6 in the 1960s; 22 in the seventies; 11 in the eighties, 47 in the nineties, and 15 between 2000 and 2006.¹²

also detail KGB payments to Allende beginning in 1961. (See Christopher Andrew and Vasili Mitrokhin, *The world was going our way: the KGB and the battle for the Third World* (New York: Basic Books, 2005), pp. 29-20, 58, 69-88, 98, 112, and 114.)

⁶ Liz Caridad Conde Sánchez, “Cuba y su colaboración médica: A 58 años de ofrecer vida por el mundo,” *Granma*, 24 de mayo de 2021; Steve Brouwer, “The Cuban revolutionary doctor: the ultimate weapon of solidarity,” *Monthly Review*, Jan 01, 2009.

⁷ Piero Gleijeses, “Cuba’s first venture in Africa: Algeria, 1961-1965,” *Journal of Latin American Studies*, Vol. 28, No. 1 (Feb., 1996), pp. 159-195.

⁸ Ishaan Tharoor, “How Fidel Castro was at the heart of Middle East politics,” *The Washington Post*, Nov. 29, 2016.

⁹ Sheila Noda Alonso, “Intervienen autoridades cubanas en Conferencia de ministros de Salud de Iberoamérica,” Ministerio de Salud Pública de Cuba, 28 de octubre de 2021.

¹⁰ S. Brouwer, op. cit. (Brouwer cites Hedelberto Lopez Blanch, *Historias Secretas de Médicos Cubanos* [The Secret Stories of Cuban Doctors] (Havana: Centro Cultural Pablo de Torriente Brau, 2005).

¹¹ Nuria Barbosa León, “Cuba cura el dolor de los guatemaltecos.” *Granma*, Jul. 31, 2018.

¹² “Cuba & Global Health,” Cuba & the Global Health Workforce: Health Professionals Abroad, MEDICC 2007, <https://www.aspeninstitute.org/>, which cites a Memo to Gail Reed from Dr. Ricardo Bagarotti, Unidad de Colaboración Médica, Ministry of Public Health, Havana, June 26, 2006; Speech by Ahmed Maamar, Algerian Ambassador to Cuba, May 24, 2003, Astral Theater, Havana (40th anniversary of Cuban medical team’s arrival in Algiers); and “Mirando al futuro desde la Cooperación Internacional,” Power Point presentation by Dr. Yiliam Jiménez, 26 June 2006, Havana. (Data on how many pacts are currently in place is not available.)

Cuba's Ministry of Public Health, MINSAP for its Spanish acronym, reported in February 2021 that in 58 years of Cuban medical collaboration Cuban health professionals had treated “a third of humanity,” performing more than 14 million 500 thousand surgical operations and 4 million 470 thousand deliveries as well as saving 8 million 700 thousand lives.¹³

Statistics of the number of “collaborators” provided by Cuba's authorities and official publications have been consistently contradictory over time and remain unverifiable. Official reports of the number of “collaborators” vary but in recent years Cuban officials and state media have generally reported around 65,000, of which around 30,000 to 48,000 are health workers, working in 59 to 71 countries. Presumably, health professionals deployed with Cuban military interventions in Angola, Ethiopia, and other countries are included in at least some reports. Examples follow from a very long stream of diverging reports from Cuban official sources; many more provide similarly contradictory statistics.

Cumulative number of “collaborators”

- In 2003, Fidel Castro declared that in the previous forty years, 52,000 doctors and health professionals had worked “on a voluntary and free basis” in 93 countries.¹⁴
- An academic piece published in Cuba in 2009 stated that from 1963 to 2009, a total of 134,849 collaborators had “offered their help” in 108 countries; 45,488 in 37 countries of Africa, 79,717 in 38 countries of the Americas, and 9,644 in 29 Euro-Asian and Middle Eastern countries.¹⁵
- In 2014 the Cuban official daily *Trabajadores* reported that 836,142 Cuban civilians had collaborated in 167 nations, 75% in the health sector.¹⁶ However, in July 2016, Cuba's Ministry of Trade and Foreign Investment reported 322 thousand less collaborators in 10 less countries, stating that since 1961 Cuba had cooperated with 157 countries with a total of 513,472 collaborators, of whom 255,431 were health professionals and technicians deployed to 107 countries.¹⁷ Then, in July 2018, *Granma*, the official newspaper of the Communist Party of Cuba, reported that the Central Collaboration Unit of the

¹³ “Un tercio de la humanidad ha recibido la mano de los profesionales cubanos de la salud, Redacción MINSAP,” 22 de febrero de 2021, <https://salud.msp.gob.cu/un-tercio-de-la-humanidad-ha-recibido-la-mano-de-los-medicos-cubanos/>.

¹⁴ “Los pueblos dirán la última palabra,” discurso pronunciado por el Comandante en Jefe Fidel Castro Ruz en Santiago de Cuba el 26 de julio del 2003 por el 50 Aniversario del Asalto a los Cuarteles “Moncada” y “Carlos Manuel de Céspedes”. Oficina de Publicaciones del Consejo de Estado, La Habana, 2003, <http://www.fidelcastro.cu/pt-pt/node/10608>; “Cuba demanda sustitución de organismos financieros internacionales,” *Prensa Latina*, La Habana, 5 de febrero de 2003.

¹⁵ The authors are the Director of the Chair of Public Health of the National School of Public Health of Cuba with another professor. See Nestor Marimón Torres y Evelyn Martínez Cruz, “Cooperación técnica entre Cuba y la OPS/OMS. Su historia y futuro,” No. 8, 2009, <http://www.revinfodir.sld.cu/index.php/infodir/article/view/370>.

¹⁶ Alberto Núñez, “Más de 64 000 colaboradores cubanos en 91 países,” *Trabajadores*, Jul. 3, 2014.

¹⁷ Ministerio del Comercio Exterior y la Inversión Extranjera, República de Cuba, http://www.ecured.cu/Ministerio_del_Comercio_Exterior_y_la_Inversi%C3%B3n_Extranjera, accedido el 8 de julio de 2016.

Ministry of Health asserted that since May 1963, Cuba had sent 407,419 health collaborators to 164 countries,¹⁸ an impossible expansion of 155,981 more workers in 57 more countries in two years.

- In November 2018, *Granma*, reported that in 55 years since May 1963, Cuba had sent 600,000 internationalists to 164 nations, including over 400,000 health workers to 134 countries who had completed 1.9 billion medical services at an average of 5 million a month, including 14 million surgical procedures and 4 million deliveries, saving 8.3 million lives.
- In February 2021, Cuba's Ministry of Health, reported more than 420 thousand health professionals that Cuba had been present in 150 countries.¹⁹
- In May 2021, *Granma* reported that in 58 years of cooperation Cuba had sent around 450 thousand professionals to around 160 countries.²⁰

Numbers at any given time

- In November 2008, *Granma* reported 38,544 Cuban health professionals in 75 countries.²¹
- In 2013, InterPress Service, a news agency with a correspondent in Cuba, reported that 39,310 health professionals (including 25,521 women) were in 60 countries: 34,794 in the Americas, 3,919 in Africa, 554 in Asia and Oceania, and 43 in Europe.²² That same year, *Havana*

Table 1
Countries believed to have medical workers sent by the Cuban State
As of May 1, 2022

Andorra	Guinea Bissau	Peru
Algeria	Ethiopia	Portugal
Angola	Eritrea	Qatar
Anguilla	Guinea Conakry	RASD (Western Sahara)
Antigua & Barbuda	Guyana	Salomon Islands
Argentina	Haiti	Sao Tomé & Príncipe
Azerbaijan	Equatorial Guinea	Saudi Arabia
Bahrain*	Honduras	Seychelles
Bahamas(1)	Italy	Sierra Leona
Barbados	Jamaica	South Africa
Belize	Japan	St. Kitts & Nevis
Botswana	Kenya*	St. Lucia
Burkina Faso	Kiribati	St. Vicente & Grenadines
Burundi	Kuwait*	Suriname
Buthan	Laos	Swaziland (Eswatini)
Cape Verde	Lesotho	Tanzania
Chad	Liberia	Timor Leste
China	Martique (France)	Togo
Congo	Mauritania*	Trinidad & Tobago
Curacao*	Mexico	Turks & Caicos (UK)
Djibouti	Mongolia*	Uganda
Dominica	Montserrat (R. Unido)	United Arab Emirates
Dominican Republic	Mozambique	Uruguay
Ecuador	Namibia	Vanuatu Islands
Gabon	Nauru	Venezuela
Gambia	Nicaragua	Vietnam*
Ghana	Niger	Virgin Islands (UK)
Grenada	Panama	Zimbabwe
Guatemala	Paraguay	

Note: Blue highlights indicates new countries served for COVID.

Red highlights indicate a terminated COVID brigade.

* indicate a recent brigade, since Jan. 2014.

(1) Bahamas only had Cuban teaching staff until the pandemic.

(2) Bolivia terminated the BMC in Nov. 2019.

(3) Private clinics staffed with Cuban workers.

Source: Cuba Archive with data from Cuba's Ministry of Health Information and assorted media reports.

¹⁸ N.Barbosa León, op. cit.

¹⁹ "Un tercio de la humanidad ha recibido la mano de los profesionales cubanos de la salud, Redacción MINSAP," 22 de febrero de 2021, <https://salud.msp.gob.cu/un-tercio-de-la-humanidad-ha-recibido-la-mano-de-los-medicos-cubanos/>.

²⁰ Ibidem; y L. Conde Sánchez, op. cit.

²¹ S. Brouwer, op. cit.

²² Patricia Grogg, "Cuban Doctors Bring Eyesight, Healthcare to Haiti," Inter Press Service (IPS), August 28th, 2013.

Times reported that Cuban collaborators were present in 60 countries: 15,000 doctors, 2,300 ophthalmologists, 15,000 nurses and other licensed personnel, 5,000 technicians, and 800 service personnel.²³

- In 2014 the Cuban official daily *Trabajadores* reported that 64,362 collaborators from different fields were working in 91 countries (80% in Latin America).²⁴
- In August 2019, *Granma* reported that 38,262 health workers, 18,384 of them doctors, were in 66 countries.²⁵
- Cuba's Minister of Health reported in September 2020 that before the pandemic (declared by the World Health Organization in March 2020) there were 28,000 thousand health workers in 58 nations (10,000 fewer in 8 fewer countries than had been reported in September 2019).²⁶ *Granma* published on March 2020 that the exact number of collaborators at the time was 28,217.²⁷
- The Pan American Health Organization, which works closely with the Cuban government, reported in 2020 that Cuba had around 48,000 health workers in 62 countries.²⁸
- In February 2021, Cuba's Ministry of Health reported over 30,407 health professionals in 66 nations working in "permanent" and emergency brigades.²⁹ The following month, the same ministry reported "more than 28,000 collaborators in 60 countries."³⁰
- In March 2021, Cuba's Minister of Trade and Foreign Investment reported 29,954 workers in 74 countries and 30,407 health "collaborators" fighting COVID in 66 countries in the year 2020.³¹

Numbers for Venezuela

- Beginning in 2003, Cuba sent what it eventually reported with some consistency as 30,000 to 40,000 workers for "social missions" in Venezuela but this numbers likely includes military and other personnel not in the health sector.³²
- In November 2008, *Granma*, reported 29,296 collaborators in Venezuela, of whom 17,697 were doctors.³³

²³ Fernando Ravsberg, "Cuba's "all-terrain" doctors arrive in Brazil," *Havana Times*, August 28, 2013.

²⁴ A. Núñez, op. cit.

²⁵ Elson Concepción Pérez, "Esclavos solo del amor por los demás," *Granma*, 12 de agosto de 2019.

²⁶ Milagros Pichardo, "Ministro de Salud: La fuerza de la verdad echará siempre por tierra las mentiras," *Granma*, 28 de septiembre de 2020.

²⁷ N. Barbosa León, op. cit.

²⁸ "Estrategia de Cooperación OPS/OMS 2018-2022: Cuba, 2018-2022," Pan American Health Organization.

²⁹ "Un tercio de la humanidad," op. cit.

³⁰ Según la viceministra de Salud Pública, doctora Regla Angulo Pardo, al intervenir en el VII Evento Virtual Continental Africano de Solidaridad con Cuba. ("Cuba ratificó voluntad de reforzar cooperación y amistad con África," *La Habana, Prensa Latina*, 7 oct 2021.)

³¹ "La inversión extranjera en Cuba: apenas 25 negocios en dos años," *La Habana, Diario de Cuba*, Dec. 20, 2021.

³² See details on the numbers in Maria C. Werlau, "Cuba-Venezuela's health diplomacy: the politics of humanitarianism," *Cuba in Transition: Volume XX (Papers and Proceedings of the XXth Annual Conference of the Association for the Study of the Cuban Economy, Miami, Florida, July 29–31, 2010.*

³³ S. Brouwer, op. cit. (Brouwer cites *Granma* for Nov. 3, 2008.)

- In December 2008, Venezuela’s Minister of Health reported 29,296 Cuban “collaborators”: 13,020 doctors, 2,938 odontologists, 4,170 nurses and 9,168 “health technicians.”³⁴
- In 2022, Cuban officials reported around 19,000 Cuban collaborators in Venezuela.³⁵



B. The emergency brigades: pandemic as opportunity

Cuba has a large pool of “all terrain”³⁶ health workers it can order for deployment in a few hours who are forced to serve in dangerous and remote locations with no guarantees for their safety and comfort. The Cuban government apparatus is very well rehearsed in responding immediately to emergencies such as natural disasters at a time when recipient countries are most vulnerable and receptive. In September 2005, Fidel Castro strategically renamed the emergency response effort “Henry Reeve International Contingent of Doctors Specialized in Disaster Situations and Grave Epidemics,” or “Henry Reeve Brigades,” after offering aid to the United States 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 1868-1878.³⁷

The emergency medical brigades have proven very effective for Cuba to establish a foothold in new markets and often to lead to many years of profitable “collaboration.” According to Cuba’s Ministry of

³⁴ “Minsalud desmiente a Provea: 30 mil médicos, odontólogos y técnicos cubanos están en Venezuela,” Radio Mundial, 10 diciembre 2008.

³⁵ José Llamas Camejo & Yudy Castro Morales, “Cuba, Venezuela adentro,” *Granma*, May 10, 2022.

³⁶ F. Ravensberg, “Cuba’s “all-terrain” doctors arrive in Brazil,” op. cit.

³⁷ “Misión Henry Reeve,” FidelCastro.cu, <http://www.fidelcastro.cu/es/internacionalismo/mision-henry-reeve>

Public Health, until the COVID-19 pandemic, more than 7,950 Cuban professionals had served in 28 emergency brigades in 22 countries after 16 floods, 8 hurricanes, 8 earthquakes, and 4 epidemics.³⁸ Cuba's Minister of Health, for his part, wrote that from 2005 to 2019, 25 Henry Reeve brigades of 9,428 collaborators had worked in 21 countries.³⁹ Emergency brigades have been sent to Algeria, Armenia, Bolivia, Chile, China, El Salvador, Guatemala, Guyana, Honduras, Haiti, Indonesia, Iran, Jamaica, Mexico, Nicaragua, Pakistan, Peru, Sri Lanka, and Venezuela as well as to Liberia, Equatorial Guinea, and Sierra Leone during the Ebola outbreak of 2014.

The Cuban government immediately responded to the coronavirus pandemic by offering its medical brigades purportedly specialized in emergencies to countries all over the globe. Just two months after the outbreak, by mid-June 2020, it had sent around 2,770 workers to 26 countries; in less than six months it deployed 52 emergency COVID brigades to 39 countries (22 in the Americas).⁴⁰ In September 2021, Cuba's Minister of Health reported that 57 brigades made up of 4,982 members had carried out solidarity missions in 40 nations to combat the COVID-19 pandemic.⁴¹

The Table on page 5 is the result of a meticulous effort to track Cuba's medical brigades to date. It shows that the COVID pandemic allowed Cuba to expand its presence to 86 countries. The medical teams to treat COVID patients arrived in numerous countries already hosting a Cuban medical brigade and to 14 other countries, "new "markets" that received Cuban medical personnel for the first time: Andorra, Anguilla, Azerbaijan, Bahamas, Barbados, British Virgin Islands, Italy, Martinique, Monserrat, Panama, Togo, Turks and Caicos, and United Arab Emirates (9 had left by May 1, 2022). On May 1, 2022 its medical personnel were present in 77 countries with around 1,900 workers of the "Henry Reeve Emergency Medical Brigade" of the around 5,200 deployed to that date just for the pandemic.⁴²

³⁸ "Diario de la pandemia," #CubaSalva por el mundo, <http://www.escambray.cu/especiales/coronavirus/cubasalva/>

³⁹ José Angel Portal Miranda, "16 años del contingente médico Henry Reeve: Ustedes han estado donde más se les ha necesitado, y no han fallado," Ministerio de Relaciones Exteriores de Cuba, Sep. 20, 2021.

⁴⁰ "Diario de la pandemia," op. cit.

⁴¹ J. A. Portal Miranda, "16 años," op. cit.

⁴² See Cuban Medical Brigades (BMC) for COVID-19: Mar. 2020 - Apr. 2022, Number of "collaborators," Cuba Archive.org.

III. A trafficking business in humanitarian disguise

Cuba portrays this export business as “humanitarian” and “altruistic” “cooperation.” That it receives payment was for decades and until 2010 essentially considered a state secret. Historic data on Cuba’s service export earnings is greatly lacking but were estimated at \$100 million for 1980.⁴³ Data for 1982 shows earnings from medical services to Angola alone of \$5.6 million (\$4.9 of which were for the civilian health system and \$661,392 for the military), part of around \$15 million in total “civilian assistance” services in Angola.⁴⁴

Historically, Cuba may have not charged for some of its international health services, such as for emergency brigades to certain countries afflicted by natural disasters, but, often, another government or international organization foots the bill or Cuba secures a more permanent paid agreement. Today, the export services bring generate more earnings than any other sector of the Cuban economy (but less than remittances and material assistance from the diaspora)— and almost three times the average gross revenues from tourism (the latter has lower net revenues). The largest state enterprise exporting services is *Comercializadora de Servicios Médicos Cubanos, S.A.*, CSMC, with an extensive sales network of 150 companies in more than 50 countries. It offers seven types of services including medical and health services overseas as well as in Cuba (health tourism), educational services, and scientific events.

The phenomena of “international clinics,” private institutions staffed with health workers exported from Cuba on a temporary basis, appears to have expanded in recent years. Information on these clinics is lacking—they are presumably owned or partly owned by Cuban state entities or officials and are believed to be operating in at least Angola, Portugal, Dominican Republic, Serbia, Peru, and Bolivia.⁴⁵

Cuba’s official statistics made it impossible to calculate export services net of tourism until a breakdown was first for the year 2018. In 2018, export services net of gross tourism revenues generated \$8.5 billion—professional services (of health workers scientists, educators, etc.) were the largest portion, generating \$7.2 billion, of which the share of health and social missions was \$6.4 billion. (There is no way of calculating just export service revenues for the medical missions, as this is not itemized.) Meanwhile, the corresponding 70% share for health and social services of support services of \$1.3 billion, presumably for the internationalist missions, would total \$923 thousand and bring total gross revenues generated by the health and social missions to \$7.3 billion in 2018.

These revenues show a consistent decline in 2019 and 2020 (the last year for which Cuba has published statistics), given Cuba is likely receiving less payment per collaborator from Venezuela, due to the economic crisis there and because in 2018-2019, the number of workers in international medical missions

⁴³ J. Feinsilver, op. cit., p. 184.

⁴⁴ Ibid, p. 185. Feinsilver, who traveled to Cuba on numerous occasions to conduct her research, cites an internal report of the Comité Estatal de Colaboración Económica (footnote, p. 263).

⁴⁵ At the end of 2021, the president of CSMC, Yamila de Armas, told Cuban official media that Cuba was hoping to expand this modality of “cooperation.” (“La Habana dice que necesita continuar fomentando y diversificando las exportaciones como una 'importante fuente de ingresos,'” La Habana, *Diario de Cuba*, 13 Oct. 2021.)

decreased by 9,597 from the termination of medical missions by Bolivia, Ecuador, and El Salvador,⁴⁶ and Cuba's decision to abruptly terminate the mission in Brazil.⁴⁷

Cuba: Itemized Service Exports 2018-2020			
	2018	2019	2020
Judicial and accounting services	\$10,644.40	\$10,667.80	\$5,407.20
Other professional, scientific and technical services	\$14,027.80	\$9,758.20	\$14,016.80
Educational services	\$250,085.20	\$305,869.30	\$161,341.90
Leisure, cultural and sports services	\$60,536.50	\$59,907.70	\$21,342.30
Health and social services	\$6,398,538.80	\$5,382,190.90	\$3,997,948.30
Service exports of "internationalists"	\$7,183,604.90	\$6,030,216.10	\$4,337,260.00
Other services	\$449,772.20	\$261,822.20	\$137,203.50
Support services	\$919,030.60	\$602,942.00	\$466,804.30
Auxiliary services	\$8,102,635.50	\$6,633,158.10	\$4,941,267.80

Source: Cuba's National Office of Statistics and Information (0.8 External Sector – 8.13 Value of external trade)

The table in this page on all export services net of tourism from 2003 to 2020 shows fluctuations corresponding to reported trends in the number of exported health workers. The costs for Cuba associated with professional services are very low, as it typically compensates the workers with a small fraction of what it receives for their services, so their net value, although impossible to calculate with the data provided can be assumed to be very high.

The bilateral health agreements are still tightly guarded but details have percolated from governments such as in Guatemala, Ecuador, Bolivia, Uruguay, as well as in the media of host countries such as Kenya and South Africa. The Cuba state-owned corporation *Comercializadora de Servicios Médicos, S.A.*, is the leading contractual party for most health workers with exceptions such as in the case of Angola, for which *Corporación Antillana Exportadora, S.A.* (Antex) is the contractual party. In some cases, the bilateral agreements are with Cuba's Ministry of Health.

Payments to Cuba for its medical workers vary widely. For a general doctor, Cuba reportedly commands around US\$3,000 a month in Namibia, US\$5,000 in Angola, and \$5,000 to \$10,000 in Qatar, \$8,000 to \$12,000 in Saudi Arabia, where it earns a \$25,000 monthly for a plastic surgeon. The host government also typically pays for housing, transportation, food, and other living expenses for members of the mission. Most brigades include security officials to monitor and control the members as well as to tabulate statistics

⁴⁶ The Bolivia medical mission had 725 Cuban "collaborators", Ecuador's had 382 and El Salvador had 19.

⁴⁷ In November 2018, the Cuban government abruptly terminated the medical mission in Brazil, which had 8,471 doctors, before the inauguration of president-elect, Jair Bolsonaro, who had promised during his campaign to hire the workers directly and allow them to bring their families from Cuba. 836 of the doctors refused to return to Cuba, joining over 1,000 who had already abandoned their assignments. (See "Thousands of Cuban doctors stranded in Brazil with nowhere to go," *EPA/ EFE*, Sao Paulo, Feb 4, 2019.)

on patients seen, supplies used and results, which are systematically manipulated to paint the impact in more positive terms and/or overbill the hosts. This “administrative” staff at times is represented by Cuba to the host country as doctors or other medical workers and includes security agents and other personnel who serve as drivers and cooks, such as in Guatemala; Cuba typically receives payment for their service as if they were doctors or specialized medical staff. In Bolivia, after a new government terminated the agreement with Cuba, the Minister of Health revealed that the Cuban medical brigade in Bolivia had engaged in systematic espionage, that fake medical titles were found, and that in the 13 years of the Evo Morales’ government had received more than US\$147 million to pay 702 people, of which only 250 had a professional degree and the rest were drivers, cooks and others who performed other tasks.⁴⁸

In South Africa, the cost of hiring 187 Cuban health workers for the COVID pandemic for a year was at least US\$29 million, or around \$155 thousand per worker for their salaries, registration, housing, and other expenses.⁴⁹ With South Africa paying \$84,716 per internationalist (\$7,060 per month), the Cuban workers only received \$1,583 of which half, \$791, was deposited in a bank account in Cuba with withdrawal limits.^{50 / 51} Meanwhile, South African activists denounced that there were 625 qualified unemployed or temporarily-employed South African doctors and nurses who were ready to help fight Covid-19.⁵²

In September 2020 Guatemala was paying Cuba for a longstanding medical mission of 441 members of which only 286 are reported doctors and 74 are nurses while 20% are support staff including 6 drivers, 4 cooks and 8 “administrators” or “statisticians” for whom Cuba receives the same pay. The annual cost to Guatemala is estimated to be equivalent to \$36 thousand per year (around \$3,000 per month) for each of the 441-person strong Cuban medical brigade. Meanwhile Guatemalan doctors in the public health system earn around two

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
2019	\$9,837	\$2,645	\$7,222
2020	\$6,879	\$1,152	\$5,727

Sources: Statistical Yearbooks 2009 to 2020,
Oficina Nacional de Estadísticas e Información,
República de Cuba.

⁴⁸ “Bolivia deja en libertad a jefa de Brigada Médica de Cuba,” *ADNCuba*, Nov. 16, 2019.

⁴⁹ 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.)

⁵⁰ “R239m - That's how much taxpayers will cough up for Cuban doctors,” *IOL News*, Jun 9, 2020;

⁵¹ Carlos Cabrera Pérez, “Sudáfrica pagará a Cuba más de 14 millones de dólares por salarios de la brigada médica,” *CiberCuba*, Jun. 9, 2020.

⁵² *Ibid*; Jackie Cameron, “Herman Mashaba: Finding jobs for thousands of unemployed doctors, nurses, as hospitals creak at seams,” *BizNews*, Jan. 20, 2021.

thirds less, Q7,000 a month (\$900,) their salaries are not exempt of taxes, and they do not receive housing, insurance, transportation, telephone, travel, and other benefits provided to the Cubans.⁵³

Typically, host governments use public funds to fund the Cuban medical brigades, however, a tripartite collaboration, or triangulation, has taken place since at least the 1970s by which many governments—France, Germany, Norway, Japan, etc.—and organizations such as World Health Organization (WHO), Pan American Health Organization (PAHO), and United Nations Children’s Fund (UNICEF) pay for Cuba’s health and educational services to certain underdeveloped countries. For instance, during the 2014 Ebola epidemic, WHO paid for Cuba’s medical missions to Liberia, Sierra Leone, and Guinea Conakry, while the United States Agency for International Development (USAID) funded a medical unit in Monrovia staffed by Cubans.⁵⁴ Libya and Nigeria have paid for BMCs to Niger and others have been similarly funded to Burkina Faso, Chad, Mali, and other countries. Aid from Germany has gone to Cuba’s medical missions in Honduras and Niger, aid from Japan and France for Cuba’s medical mission to Honduras and aid from France, Japan, Norway, Brazil, and other governments for Cuba’s medical mission to Haiti.⁵⁵ Triangulation took on a new modality from 2013 and 2018, after PAHO stepped in to help the Brazilian government of Dilma Rousseff avoid accountability for the forced labor scheme. The multilateral organization charged a 5% fee to serve as a conduit for the Brazilian-government funded *Mais Medicos* program to hire Cuban doctors; at its peak, 11,400 Cuban doctors were in Brazil generating Cuba around US\$400 million per year.

Many health “cooperation” agreements include educational services to train medical students in Cuba or send Cuban instructors to the contracting country. Since Fidel Castro founded the Latin American School of Medicine (ELAM for its Spanish acronym) in November 1999, Cuba reports graduating as doctors 29,749 students from 115 nations, nonetheless, in other reports it cites 6,848 ELAM graduates with degrees in Comprehensive General Medicine and 2,135 graduates in other specialties.⁵⁶

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

⁵³ Maria C. Werlau, “Guatemala y la diplomacia médica cubana,” Cuba Archive, Oct. 13, 2020.

⁵⁴ Cuban health workers in Liberia, World Health Organization, Oct. 31, 2014

<https://www.afro.who.int/news/cuban-health-workers-liberia-0>;

J. Stephen Morrison and Steph Gannon, Health Cooperation in the new US-Cuba relationship, *Health Affairs*, April 29, 2015, <https://www.healthaffairs.org/doi/10.137>;

“West Africa - Ebola Outbreak - Fact Sheet #7 (Fy 15),” USAID, November 12, 2014, <https://www.usaid.gov/ebola/fy15/fs07>

⁵⁵ Germany, France and Japan, working through PAHO, paid \$400 per month for each Cuban doctor plus medicines for the Cuban brigade sent to Honduras after a hurricane in 2005. (Joel Millman, “New prize in Cold War: Cuban doctors,” *The Wall Street Journal*, January 15, 2011; Freddy Cuevas, “Maduro: médicos cubanos se quedarán otro año en Honduras,” *Associated Press*, Tegucigalpa, Aug. 31, 2005.) Japan also donated US\$57 million to equip a hospital in Honduras staffed by Cuban specialists. (Julie Feinsilver, “Cuban medical diplomacy: when the left has got it right,” *COHA - Council on Hemispheric Affairs*, Oct. 30, 2006.)

⁵⁶ “ELAM: 20 years true to Fidel’s humanist thought,” *Granma*, Nov. 14, 2019.

countries. In 2017, Cuba exported at least \$43 million in medical products, including (as per the harmonized trade codes): \$21.1 million in human or animal blood and vaccines (3002), \$10.9 million in glands and other organs (3001), \$6.42 in packaged medicaments (3004), \$2.4 million in unpackaged medicaments (3003), \$1.97 million in lab reagents (3822), and \$239 thousand in hormones.

Many, if not most, of the pandemic brigades went at least initially in 2020 as a package deal requiring the purchase of Cuba's interferon alpha 2b, a so-called "wonder drug" for COVID-19 of unproven effectiveness and subject of a propaganda blitz in 2020.⁵⁷ After it was clear the drug did not help COVID patients, it disappeared from public mention and, purportedly, Cuba stopped conditioning any brigade agreements to including it.

Host governments of the BMCs typically also pay the airfare for the Cuban "internationalists" and provide furnished housing, domestic transportation, and a monthly stipend for food and personal expenses –conditions and amounts vary greatly by country. It appears the host governments also pay for administrative and logistical support, as indicated in the 2018 breakdown for "support services." The brigades all have handlers that monitor the workers and are counted as part of the medical brigades.



A Cuban medical brigade for the COVID pandemic in a send-off ceremony in Havana, 2020. Cuban state media.

⁵⁷ See Maria C. Werlau, "Cuba in the time of coronavirus: exploiting a global crisis: Part III. Interferon, Cuba's so-called "wonder drug" for COVID-19," Cuba Archive, May 2020, <https://cubaarchive.org/wp-content/uploads/2020/05/PART-III-Interferon.pdf>

IV. Systematic and widespread human rights' abuses

The following practices have been consistently reported by many doctors and other health professionals interviewed by Cuba Archive since 2009, regardless of the country or time period in which they served. These interviewees have served in medical missions going as far back as the 1970s and as recently as 2021. Their testimony is consistent with many reports appearing in the media. These abuses make them, according to a Cuban doctor, “the best qualified slave labor force in the world.”⁵⁸

Cuba’s bilateral agreements with host governments generally have a confidentiality clause, thus, in most cases, their terms and conditions can only be elucidated through observation and from the testimonies of individuals involved. However, some contracts have been made public or otherwise obtained for legal purposes and journalistic investigations, such as with PAHO/Brazil, Guatemala, Ecuador, Uruguay, and Kenya. All have included clauses by which host governments agree to deny the Cuban health workers residence or authorization/credentials to work in the public health system outside the employment arrangement with the Cuban state entity. In addition, the agreements implicitly or explicitly agree to the confiscation of the workers’ wages by the Cuban party (Ministry of Health or state entity such as CMS) and to pay for the travel costs of any workers disciplined and repatriated by the Cuban party.⁵⁹

Even though Cuba makes great efforts to prevent workers from abandoning or “deserting” their missions, many thousands have done so. From 2006 to 2017 the U.S. had a Cuban Medical Professional Parole program to grant special visas (and eventual residence) to Cubans working in medical missions in third countries; around seven thousand visas were awarded but the precise number of “deserting” workers is unknown, as family members are believed to be included in that number).⁶⁰ In countries like Venezuela, fleeing doctors must bribe customs authorities to avoid being turned over to Cuba’s State Security and forced back to Cuba.

1. A captive labor force

Cuba’s brand of health diplomacy is possible due to the totalitarian nature of the system, which guarantees a pool of captive low-paid workers primed for exploitation as exportable commodities. The Cuban State is the sole employer in the health sector (and most of the economy) and health workers may not practice privately. All health professionals in Cuba who fail to conform to the government’s diktats face extreme reprisals. Questioning work practices, including unethical behaviors, or work conditions: expulsion from

⁵⁸ Maria C Werlau, telephone interview with Dr. Julio C. Alfonso, 2009. Dr. Alfonso is exiled from Cuba in Miami and co-founded in 2004 of the non-profit organization “Barrio Afuera.”

⁵⁹ 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.)

⁶⁰ 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.)

work or study, withdrawal of educational credentials, inability to work in the health profession, persecution, harassment, imprisonment, searches of personal property, acts of repudiation, defamation, restrictions from leaving the country, threats, intimidation, discrimination in access to education, food, housing, health services and others, detentions without due process, illegal or unjustified surveillance, interference in communications,⁶¹ and even forced disappearance or death.⁶²

Accepting overseas assignments is encouraged and the Ministry of Health has a special department, the Central Unit for Medical Collaboration, dedicated to exporting health services. Meanwhile, wages barely guarantee the health workers' survival, much less if they have children and other family to support. Most live in dire conditions and many depend on remittances and other material assistance from family members abroad. (Around 10-20% of the population has emigrated.)

Cuba's health professionals are paid one the lowest—if not the lowest—wages in the world. In 2019, the average monthly salary of Cuba's medical doctors was raised to what is still Cuban Pesos (CUP) 1,740 for a general M.D. and CUP 1,850 for specialists (currently at market rate equivalence of US\$14 to \$18); the highest paying nurses receive CUP 1,220 to 1,030 (currently, a market rate of US\$10 to \$12).⁶³ These salaries are paid in worthless Cuban pesos while most staples, food, and consumer goods are scarce and priced in a hard currency denomination, making them inaccessible to most of the population. Citizens can buy very little in terms of food and essential or consumer goods at the official exchange rate of 24-1. As a result, most workers who can seek to go abroad for two to three years despite great hardships; it is the only way to improve their lot and obtain marginal benefits, such as saving funds to fix their house in disrepair. Some go with a secret plan to escape and emigrate permanently.

Workers have no way to legitimately and safely express grievances, denounce irregularities, file complaints, or seek protections. Health workers in particular are censored, repressed, and punished for attitudes, expressions or behaviors deemed “contrary to the Revolution.” The 1982 Special Regulation for Medical Students “of the Carlos J. Finlay Detachment”⁶⁴ establishes that an education in medical sciences is exclusive to those with “revolutionary vocation” and whose political and moral principles are aligned with

⁶¹ Ibid, pp. 42-43.

⁶² See a summary of selected cases at CubaArchive.org “Repression of scientists and health professionals in revolutionary Cuba,” Cuba Archive, June 17, 2021. A group of independent doctors recently formed in Cuba, Free Union of Cuban Doctors, is also collecting information on persecuted health professionals and publishing a list of documented cases. (List of documented cases of health professionals who died of COVID while vaccinated with Cuban vaccines, Gremio Médico Cubano Libre. <https://gremiomedicocubanolibre.com/listado-de-personal-perseguido-2/>.)

⁶³ The informal market exchange rate reached over 125-1 in May 2022; 100-1 was also used for reference. See “Tasas de cambio de moneda en Cuba hoy.” El Toque, <https://eltoque.com/tasas-de-cambio-de-moneda-en-cuba-hoy>, accessed May 16, 2022.

⁶⁴ “Destacamento Carlos J. Finlay,” <https://instituciones.sld.cu/facultadfinlayalbarran/pregrado/destacamento-carlos-j-finlay/>. (Carlos Juan Finlay (1833-1915) was a Cuban epidemiologist recognized as a pioneer in the research of yellow fever, determining that it was transmitted through mosquitoes *Aedes aegypti*. (Carlos Finlay, https://en.wikipedia.org/wiki/Carlos_Finlay.)

the government.^{65/66} It also stipulates that all students of medical sciences must “serve the Revolution” and that any manifested contrary attitude or a failure to comply with any duties are considered grave faults (Art. 47) with extreme consequences. This includes serving in overseas missions. Rejecting overseas assignments can trigger reprisals such as postings to remote and hardship locations in Cuba, ostracism at work, demotion, career stagnation, dismissal, and even a permanent ban from employment in the public health system that is entirely in the hands of the state.

2. Restriction of movement and 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 and those who seek to emigrate are denied exit permits for at least five years. The 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 inciting, planning, organizing, or attempting to do so with 1 to 5 years of prison. A new Penal Code was approved on May 20, 2022 to replace the current law from 1997 and supplement the Cuban Constitution and other laws with wider and stricter penalties for dissent; it will come into effect 90 days after its official publication.⁶⁷ The prohibitions remain under article numbers 282, 283, and 284.⁶⁸
- Article 135 of the Penal Code punishes with 3 to 8 years of prison abandoning a post abroad or not returning to Cuba after completing an assignment. The new Penal Code maintains the sanctions under Article 176.
- Resolution No. 168 – “Disciplinary Regulation for Cuban civil workers who provide services abroad as collaborators”⁶⁹ obligates the workers to return to Cuba after completing their assignments.
- Law No. 302 of 2012 that modified the Migration Law (Law No. 1312 of 1976) added three articles further regulating entry and exit into the country for numerous reasons including undefined matters of public interest and national security (i.e. for political reasons) and specifically prohibits any individuals from leaving the country “in accordance with rules that seek to preserve the qualified labor force for the economic, social, and scientific-technical development of the country and for securing and protecting official information.”

⁶⁵ “Restricciones a la libertad académica y otros derechos humanos de los universitarios en Cuba,” *Informa*, Observatorio de Libertad Académica, Feb. 2021, pp. 9, 11.

⁶⁶ Students of medical sciences must demonstrate “unconditionality” towards any assigned task, international proletarianism, strict compliance with the values of the socialist society, profound collectivist sentiments, and respect for socialist legality. As per Art. 11, they must express their disposition and permanent commitment to serve the Revolution unconditionally in any part of the national territory or abroad. (Ibid, p. 12.)

⁶⁷ Susana Antón Rodríguez and Yaditza del Sol González, “Cuba cuenta con un nuevo Código Penal, moderno y ajustado a su realidad,” *Granma*.cu, May 15, 2022; “El Parlamento cubano aprueba un nuevo Código Penal que castiga la subversión,” *La Habana* (AFP, May 15, 2022).

⁶⁸ Código Penal (Anteproyecto), *La Habana*, 28 de febrero de 2022, (Tribunal Supremo Popular, <https://www.radioreloj.cu/en-portada/aprueban-nuevo-codigo-penal/>).

⁶⁹ “Reglamento disciplinario para los trabajadores civiles cubanos que prestan servicios en el exterior como colaboradores,” República de Cuba, Ministerio de Comercio Exterior e Inversión Extranjera, Resolución No. 168 de 2010.

- Law No. 302 of 2012 also requires that any citizen leaving and entering the national territory do so with a passport, which, may be denied for political reasons and must be renewed every two years.
- Workers sent overseas are issued a special passport in a different color (red) that prevents them from traveling anywhere but to Cuba and the host country; it is often retained by supervisors.
- A Ministry of Health regulation restricts medical doctors who are specialists from traveling abroad.
- 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.

3. Withheld credentials

A resolution of Cuba’s Ministry of Health forbids providing health workers their educational and professional credentials, so they may not work overseas other than through Cuban government sponsorship.^{70/71/72} Collective lawyers’ offices (equivalent to law firms) may not legalize any academic or other document for health professionals 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.) Local authorities are accomplices of the “hijacking” of the Cubans’ professional skills in agreeing to grant credentials only to workers Cuba “certifies” as part of its brigades, for which it waives standard requirements for educational and professional credentials.

4. Coercive, deceptive, and leveraged recruitment practices⁷³

Cuban health administrators and supervisors are pressured and assigned quotas to recruit underlings to go overseas, particularly for large missions such as the ones in Venezuela since the mid 200s and the one in Brazil from 2013 to 2018.

The workers are usually not informed of the terms of their overseas’ assignment. Most are told only upon reaching the destination of their housing and living conditions, work location and conditions, or actual compensation. In countries with multiple locations such as small towns or remote villages, they are informed of their assignment upon arriving the country and just before leaving for the location. During the COVID pandemic, the destination could be decided the day before departure, as hundreds of health professionals were concentrated in residence at the Medical Collaboration Unit “concentration” facility in Havana,⁷⁴ waiting for orders to depart (depending on which agreements Cuba had secured). A doctor who

⁷⁰ Michel Suárez, “Bloqueada la legalización de títulos para médicos emigrantes,” *Diario de Cuba*, Feb. 19, 2010.

⁷¹ Resolución Ministerial No. 1 de 8 de enero de 2010 Ministerio de Salud Pública de Cuba.

⁷² “Regulan documentos docentes y laborales para el exterior a profesionales de la salud,”

<http://cubalegalinfo.com/documentos-docentes-medicos>.

⁷³ 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.

⁷⁴ At the Polytechnic University José Antonio Echevarría known for its acronym CUJAE.

worked for Cuba's Armed Forces reports having been "selected" —in other words, instructed— to serve in Africa during the 2014 Ebola epidemic and in 2020 in Mexico for the pandemic.⁷⁵

Some of the workers receive no written contract at all but most are presented with short written agreements and required to sign them at the last minute, often right before embarking on flights to the destination country and without access to legal advice. Some are not given a copy of the agreement they signed. In certain cases, such as for emergency brigades, they are given no contract at all or parts of the contract, such as the compensation, remain blank.

5. Confiscated wages

According to doctors who have served in medical brigades in different countries interviewed over 13 years by Cuba Archive, the Cuban party of the bilateral health agreements (Ministry of Health or state entity) generally keeps between 95% to 75% of the payment Cuba reportedly receives for their services. In other words, the workers are paid anywhere between around 5% to 25%, depending on the country, and most accumulate some of this amount in an account in Cuba only accessible if they return having completed the mission successfully; in some cases, authorized family members in Cuba may withdraw limited amounts. This accumulating "bonus" was generally around US\$50-\$200 monthly until 2020, after which it has reportedly diminished for workers in some locations. The family left back home typically receives the meager peso salary they get paid in-country. Typically, the workers also receive a stipend in local currency that in certain countries is not sufficient to cover needs including a basic diet.

The compensation varies widely by country and has changed over time even for the same country. Currently, the workers in Venezuela receive the equivalent of around US\$3 a month⁷⁶ and those in Qatar almost US\$1,000 (the oil producing countries pay Cuba the highest). Doctors who treated critical COVID patients as part of Cuba's emergency brigade in Mexico in 2020 was paid the equivalent of US\$220 a month, equivalent to around \$10 a day per work day.⁷⁷ The French territory of Martinique hired a Cuban emergency medical brigade for COVID of 14 doctors and one "administrator" who received 23 euros a

⁷⁵ Maria C. Werlau, interview with Dr. Rotceh Ríos, May 10, 2022, Miami.

⁷⁶ 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 workers to agree to serve there as a condition for obtaining subsequent assignments to more appealing locations. 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 Anonymous Source #1, medical doctor whose name is withheld to protect sources, November 23, 2019.)

⁷⁷ The only compensation the doctor received around US\$600 in cash upon leaving Cuba for Mexico for a 3-month assignment and almost \$500 when it was extended for two more months. Allegedly, he would have an unknown sum accumulating in Cuba, however, he and his peers were not told how much. Since he defected and did not return to Cuba, he does not know if this fund actually existed. A journalist who had contact with members of the medical mission in Mexico reported a \$660 payment before leaving for Mexico which many had exhausted paying for food in Mexico; they expected to have a CUC 360 a month (equivalent to US\$360) accumulating in Cuba. (Maria C. Werlau, telephone interviews with Anonymous Source #2, a medical doctor who abandoned the mission in Mexico and eventually arrived in the U.S., May 2022. Also see Carlos Cabrera Perez, "Gobierno cubano obligó a firmar contrato con salario en blanco a sanitarios enviados a México," *CiberCuba*, Jun. 2, 2020.)

day each, or less than 25% of what the cleaning staff earned at the hospital where they were working.⁷⁸ All in all, the Cuban health workers usually receive a compensation many times lower than their peers in the host country even when Cuba often receives considerably more than the local workers are paid.

The workers generally are not paid directly for their services while abroad. In certain cases, such as when the services are triangulated through WHO or PAHO or in certain countries such as Saudi Arabia, payment is deposited in a worker's bank account but they are forced to remit the larger share to the Cuban State.

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

6. Forced family separation and forced exile

The workers must leave their families in Cuba for the term of their agreement, usually two to three years, and generally flown home annually for a month of paid vacation. In very few countries, such as in Qatar, family members may visit for a limited amount of time if the worker can afford to pay for their travel. Even in cases of grave illness or death of a close family member, the worker may not travel back to Cuba unless authorized and at his/her own cost. The resulting long family separations cause heartbreak and psychological trauma to the workers, their spouses, children, and other loved ones. Many marriages fail, parents miss seeing their children grow up, and children develop learning and behavioral problems. Most doctors and nurses sent abroad are women, often single mothers, who must leave very young children in the care of relatives.



Since Manorey Rojas, an orthopedist/traumatologist, abandoned the medical mission in Ecuador in 2015, the Cuban government has prevented him from entering Cuba to see his two children, including to visit when his daughter was in the ICU fighting for her life.

If a worker abandons his/her mission, stays in the host country at the end, or fails to abide by any of the rules, he/she loses accumulated wages held frozen in Cuba and is denied entry into Cuba for at least eight years. Their family members in Cuba often suffer reprisals and harassment and even spouses and children may not be allowed for years to leave the country to join them. The civil society group *No Somos Desertores* reports having thousands of members prevented from entering their own country, even for emergencies and funerals of spoused, parents or children.

⁷⁸ Claire Meynial, "Le mystère des médecins cubains," *Le Pointe*, Sep. 9, 2020.

7. Control, intimidation, and surveillance

The health workers are under constant surveillance from their Cuban handlers/supervisors —most are intelligence officials— or by local collaborators and spies for Cuba’s intelligence services. All missions have personnel from State Security, usually quite openly. They workers face punishments for breaking the rules, are obligated to watch and inform on their own peers for offenses to the “honor of the motherland and its symbols” or suspected of intending to abandon the mission. Some, including doctors, are themselves trained intelligence officers working clandestinely. As a result, the health workers live in an environment of fear, harassment, and threats, which is a constant source of stress.

8. Unsafe or substandard conditions

The Cuban health workers live and work in extremely harsh conditions and are subjected to political strife, epidemics, hurricanes, earthquakes, and even wars. In some countries, they face great hardships, lack an adequate diet, have to share shabby and cramped accommodations with numerous co-workers or local families, and are deprived of privacy and forms of entertainment. Many are assigned to remote, unsafe, and very poor areas —some lacking electricity and running water— including crime-ridden and very dangerous neighbor-hoods. Many have been killed, robbed, raped, kidnapped, and injured, especially in Venezuela, where the Cuban mission is currently around 19,000 worker-strong. Some have died in mysterious circumstances, suspiciously reported as suicides and suspected killed extrajudicially by security personnel. Cuba Archive has documented 46 deaths of Cuban medical internationalists in 2012-2022 and believes the actual number to be higher; 2 are strongly suspected as extrajudicial killings (presumably by agents of the Cuban State), 3 were of unreported causes and potential extrajudicial killings, and the rest were mostly of preventable illnesses, COVID, and accidents.⁷⁹

9. Arbitrary restrictions

Resolution No.168, titled “Disciplinary Regulation for Cuban civil workers who provide services abroad as collaborators,” regulates the conduct of individuals working overseas for the Cuban State, including through disciplinary actions and arbitrary restrictions. The workers are forbidden from accepting gifts, associating with any person not supportive of revolutionary ideals, driving a car, marrying a local, staying out overnight, leaving home after a certain hour, or speaking to any member of the media except as instructed. When “red alerts” are issued, they may not leave their quarters at all for days.

10. Improper training for assigned medical duties

Many health workers are assigned duties for which they are ill prepared. Aside from subjecting patients to undue risks, this results in excessive mental and emotional strain for the health workers, as potential mistakes can take lives, cause trauma, end a career, and lead to criminal prosecution.

⁷⁹ See “The systematic violation of the Convention Against Torture of Cuba’s “internationalist” medical missions,” Submission to the Committee Against Torture by Free Society Project/Cuba Archive and Outreach Aid to the Americas, March 2022, <https://cubaarchive.org/wp-content/uploads/2022/04/2012-2022-CAT-Report-on-medical-missions-FINAL.pdf>. For individual records of victims, see “Database of documented deaths and disappearances.” CubaArchive.org/database.

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

To increase performance ratios and bolster Cuba's political and pecuniary benefit from the medical missions, health workers sent to many countries are ordered to systematically report inflated statistics to meet quotas — the number of procedures undertaken, patients seen, and medicines and medical supplies used. They must sign fake forms with made-up patient names and ID numbers. Often, they must destroy valuable medical supplies and drugs in order to account for the imaginary services. In some cases, the workers are instructed to provide unneeded health procedures or improperly dispense medicine or supplies to patients. These fraudulent practices are unethical and illegal, expose the health workers to mental anguish, and put them at risk of potential criminal prosecution in the host country.⁸⁰

12. Forced 'political duties

The workers must serve as propaganda props, waving flags or bearing banners and photos of Fidel Castro and Che Guevara at political events and forced to wear white coats even for long air travel. Their images used at the discretion of the Cuban State. At the destination country, they must take part in frequent —at times, daily— political meetings to receive instructions and hear the official version of news from Cuba and on world events. In certain countries, they must help build pro-Cuba and pro-socialist loyalties, inform on patients, and coerce the locals to vote for Cuba-friendly candidates; in Venezuela, they must deny medical services or supplies for political reasons.

13. Sexual harassment

According to Cuba, women make up over 50% of the doctors serving in the missions; many are victims of sexual harassment and other abuses, including rape, by supervisors and minders.

14. Systematic denial of labor rights

Abroad, the workers are subjected to the same suppression of their labor rights as in Cuba. Regardless of the labor laws of the host country, they may not form independent unions, strike, peacefully protest, engage in collective bargaining, or enter into direct employment. Many are subjected to a heavy workload, often working from early morning until night, sometimes seven days a week.

⁸⁰ A doctor who served in Venezuela reports having fallen in disgrace and facing extensive and grave reprisals for refusing to sign off on the daily sheets used to report procedures and patients seen. What's more, she said, they were required to buy with their meager resources the paper and pen with which they had to file the daily reports. (M. Werlau, tel. testimony of Anonymous Source #3, a medical doctor whose name is withheld to protect her family in Cuba, March 17, 2022.)

V. International law and human trafficking

Cuba is a police state lacking judicial remedies and accountability to civil society. Its judicial system is entirely subordinated to the Executive branch and the courts lack independence, impartiality, and effective procedural guarantees. Even defense lawyers all work for the state and no claimants are allowed to bring lawsuits seeking remedies for human rights violations. In essence, there are no individual or collective rights per se. Cuba's Constitution (Art. 5) stipulates that the Communist Party is the superior and commanding force of the society and of the State. It guarantees "the full freedom and dignity of men [and] the enjoyment of their rights" but multiple constitutional provisions nullify freedoms deemed contrary to "the goals of the socialist State," "socialist legality," or the "people's decision to build socialism and communism." All rights are conditioned by and subordinated to this stipulation.

Cuba's national legislation is not harmonized with its international commitments on human rights and the government often invokes its sovereignty as a justification for non-compliance. The constitution itself undermines international obligations ratified by Cuba, as it provides that any treaty, pact, or concession that disregards or diminishes Cuba's "territorial sovereignty" is illegal and void.

Some of the country's laws and policies actually promote the labor trafficking and institutionalize the condition of servitude and the practice is glorified in the state-controlled media. Trafficking victim or witness protections and assistance are inexistent given that the State is the perpetrator and official complicity is absolute. All independent organizations are banned and civil society actors, including human rights activists, are threatened, persecuted, imprisoned, forced into exile and, in some cases, even killed or disappeared (the latter is documented in CubaArchive.org).

Cuba's "health diplomacy" schemes violate numerous international law norms and agreements, such as the Universal Declaration of Human Rights, and other international agreements and customary international law including the ones summarized below.



Trafficking in Persons Protocol (2003), supplement to the United Nations' *Convention against Transnational Organized Crime* (one of the three Palermo Protocols).

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

Servitude

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

Bondage

The Cuban government alleges that it can pay doctors minimal wages, have them work in conditions of hardship, and keep them separated from their families because it has trained them for “free.” A person becomes a bonded laborer when their labor is demanded as a means of repayment for a loan. Debt bondage is a form of slavery.⁸¹

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

This U.S. law mirrors many international agreements and states: “Forced labor, sometimes also referred to as labor trafficking, encompasses the range of activities —recruiting, harboring, transporting, providing, or obtaining— involved when a person uses force or physical threats, psychological coercion, abuse of the legal process, deception, or other coercive means to compel someone to work. Once a person’s labor is exploited by such means, the person’s prior consent to work for an employer is legally irrelevant: the employer is a trafficker and the employee a trafficking victim.”

Pursuant to the TPVA, the U.S. Department of State reports annually on how other countries are treating human trafficking. The latest Trafficking in Persons (TIP)



Cuban medical brigade arriving in Italy during the COVID pandemic, April 2020.

report, for 2021,⁸² kept Cuba for the second year in a row in Tier 3, along with 16 other countries that do not meet the minimum standards for the elimination of trafficking and are not making significant efforts to do so. This latest report 1.) raised the overall tone on the labor exploitation of Cuba’s international medical missions; 2.) pointed to most of its partner countries in the labor exploitation of mostly medical

⁸¹ Debt bondage in the world: an underestimated and forgotten scourge,” <http://www.gaatw.org>.

⁸² 2021 Trafficking in Persons Report, United States Department of State, <https://www.state.gov/reports/2021-trafficking-in-persons-report/>. It covers government efforts on trafficking undertaken in the reporting period April 1, 2020 to March 31, 2021.

workers (the language varies by country), and 3.) drew greater attention to the singular role of the Cuban government itself in the business of human trafficking. The 2021 TIP report addressed state-sponsored trafficking and designated Cuba for this practice along with ten other states: Afghanistan, Belarus, Burma, China, Eritrea, Iran, North Korea, Russia, South Sudan, Syria, and Turkmenistan.⁸³

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

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

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

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

Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment, ratified by Cuba on May 17, 1995.⁸⁴

Article 1 defines the term “torture” as “any act by which *severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as* obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or *intimidating or coercing him or a third person*, or for any reason based on discrimination of any kind, *when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.*” (Italics added for emphasis.)

⁸³ The emphasis on state-sponsored trafficking stems from a congressional amendment of 2019 to the TVPA requiring acknowledgement of a “government policy or pattern” of human trafficking, including forced labor in government-affiliated medical services or other sectors.

⁸⁴ See “The systematic violation of the Convention Against Torture of Cuba’s “internationalist” medical missions,” submitted to the Committee Against Torture on March 2022, *op. cit.*

VI. Further concerns

A. Additional problems for host countries

Unverified, questionable, and even fake credentials

Host governments accept Cuba's assurances of the health workers' qualifications and waive standard legal requirements for the practice of medicine for the members of its medical brigades. In some countries, such as Venezuela and Bolivia, intelligence and military personnel enter the country as health personnel. This weakens national standards and discriminates against local medical professionals and other foreigners. Medical associations have protested bitterly in many countries, pinpointing to structural deficiencies in medical training in Cuba and reporting that most medical students trained there fail to pass the local board exams upon returning home.

The massive and accelerated training of Cuban health professionals for export has lessened the quality of medical training. Some poorly trained or unqualified health workers are assigned overseas. Cuba Archive has documented many such cases: a veterinarian served in Africa as a "medical doctor" after undergoing a six-month course, a general doctor had to perform an eye surgery in Venezuela for which she had no training, a physical therapist was sent in a more advanced capacity to Ecuador after a short course, medical students were sent as "doctors" to Venezuela two years before completing their training, and M.D. Intensive Care "specialists" merely take a six-month course rather than the standard specialization of at least two years.⁸⁵ Regarding the emergency brigades, several doctors who have been part of several such contingents, including to treat COVID, have reported having received no special training. Cuba's 2014 Ebola contingent was trained by WHO and PAHO before leaving Cuba and after arriving Africa.

Lacking accountability and liability protection

Patients in most host countries have no guarantees on the qualifications of the Cuban health workers and little or no legal recourse for malpractice. They are generally uneducated and poor, lack an understanding of their rights or means to seek judicial redress. Malpractice has been reported by media in some countries.

Overbilling

Certain countries have agreements that include the purchase of Cuba's medical products and are persistently overbilled for products allegedly used by the brigades on fabricated patients and procedures.

Excessive costs and intentional economic distortions

Some host countries have sufficient doctors and nurses —some are even unemployed or underemployed— but Cubans are imported to promote the local government's political agendas, advance Cuba's geopolitical goals, and provide Cuba financial support. In Venezuela and Ecuador, Cubans have replaced homegrown doctors who were fired. In certain countries, the local government pays for the Cuban doctors more than what it pays local doctors and incurs considerable additional costs —

⁸⁵ Maria C. Werlau, first-hand accounts from anonymous sources cited in this report and others.

international and local transportation, furnished housing, a monthly stipend, health insurance and medical expenses, and repatriation of remains in case of death.

Questionable outcomes

A serious or comprehensive analysis of the health outcomes of the Cuban medical missions is impossible because statistics are systematically tampered with. Data reported of patients treated, medical procedures performed, and lives saved are impossible to verify independently and often outlandish. Cuban health workers confirm that they are ordered to systematically overstate results.

Security concerns

Health workers are systematically forced to advance Cuba's political agendas with patients and local citizens. Some brigade members accredited as health workers are actually military and intelligence personnel assigned to further Cuba's clandestine goals. Some are indeed trained nurses, technicians, and even doctors; their goal is to watch their peers, collect intelligence, monitor and influence or control the host country, diffuse opposition to the socialist model, and advance political agendas.

The medical brigades in counties of the Bolivarian Alternative for the Americas (ALBA), advance a regional project seeking to undermine democracy. ALBA seeks the political, economic, and social integration of Latin American and the Caribbean in the neo-communist model relabeled "21st c. socialism." In the case of Venezuela, Cuba's extreme dependence on its service exports to that country is an important incentive to continue propping up the Maduro authoritarian government by all possible means.

Ethical and pragmatic concerns

Export services akin to slavery fund a dictatorship that deprives Cubans of their fundamental freedoms and expands internationally.

B. Further costs to Cuban society

International health organizations such PAHO, WHO and UNICEF (United Nations International Children's Emergency Fund) legitimize Cuba's official information and statistics, filled with discrepancies, lagoons, and manipulation, failing to report and address important public health problems in Cuba. They laud its health system as a model for the world⁸⁶ and praise its so-called medical achievements, including

⁸⁶ Selections in English may be found in "PAHO/WHO acknowledges public health achievements in Cuba," Special Magazine, Cuba's Ministry of Health, Pan American Health Organization, World Health Organization, 2009, https://www.paho.org/cub/dmdocuments/Revista_100_Anos.pdf; "Margaret Chan impressed by Cuba's healthcare achievements," *Granma*, Jul. 16, 2014; "Dr. Lea Guido awarded the friendship medal in Cuba," PAHO.org; Interview of PAHO/WHO representative in Cuba, Dr. José Luis Di Fabio by Cuba state media, in "Es increíble lo que Cuba puede hacer", dice la OMS sobre ayuda frente al Ébola," *Cuba Debate*, Oct. 24, 2014.

the international medical missions, yet the obvious deficiencies of the Cuba's broken health system are legendary. Aside from the problems outlined above, the export of medical services and products comes at a great cost to Cuban society in other ways, summarized below.

Lacking medical personnel in Cuba

Cuba declares that it has 100% staff coverage for its population and that it “can help all the needy countries of the world requesting our services” but the Health Yearbooks and other official data do not report the internationalists separately. In 2020, (year of the last official report), Cuba reports 306,441 health workers of whom 103,835 are doctors, 20,589 are dentists, 84,977 are nurses and nursing staff, and 91,721 are health technicians of unspecified capacities.⁸⁷ But the doctor-patient ratio historically reported is apparently based on all trained doctors including those sent abroad⁸⁸ or some other fabricated numbers. The fact is that since the mid-2000s, complaints have abounded throughout the Cuba of lacking medical personnel, particularly of specialists. At times, foreign medical students without experience and proper training have been the only “doctors” available.



Jose Castro

April 7 at 11:48 AM · 🌐

Facebook post by José Castro, Apr. 7, 2020. Images of the Camilo Cienfuegos Provincial Hospital of Sancti Spiritus, Cuba.

In 2009-2010 official statistics reveal a sudden reduction of 46,160 health “technicians and auxiliaries” and 6,590 “nurses and nursing auxiliaries.” The number of family doctors in Cuba decreased by a whopping two-thirds in 2010-2011 (a sudden drop of 23,111 family doctors from 36,478 in 2010 to 13,367 in 2011). In those years, the number of Cuban health personnel sent to Venezuela grew precipitously.⁸⁹ From 2005 (year in which the medical brigades to Venezuela started to increase) to 2020 the reported total number of doctors increased by 33,241 but many have left the country or abandoned internationalist missions while

⁸⁷ 19.1 Personal Facultativo del Ministerio de Salud Pública, en 31 de diciembre, Anuario Estadístico de Cuba 2020, Cap. 19: Salud y Asistencia Social, Edición 2021, Oficina Nacional de Estadísticas e Información.

⁸⁸ 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.)

⁸⁹ Anuario Estadístico de Cuba, Oficina Nacional de Estadística e Información.

others have retired or died.⁹⁰ The lacking health personnel is particularly concerning during the pandemic, as thousands of health workers are being sent to fight coronavirus overseas.

In addition to the staffing problems, the Cuban health system is based on institutionalized apartheid. Most citizens are forced to contend with under-staffed and decrepit, filthy, facilities that chronically lack 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 lured by health tourism services⁹¹ have access to exclusive and well-staffed facilities with superior services, equipment, and supplies. Many medications produced in Cuba are exported, often to countries with the medical brigades, and not available to the local population.

Acute under-investment in healthcare

Although Cuban officials pronounce that the country exports medical services to fund the national public health system, investment in healthcare is miserly. Data provided by Cuba's Office for National Statistics and the UN Economic Commission on Latin America (ECLA) reveals that in the last six years Cuba's investment in social services including health amounted to a very small fraction of its GDP and a miniscule fraction of health export services. Cuba's investment in social services including health amounts to a declining and miniscule share of Cuba's reported GDP: in 2014: \$103.9 million (0.9%), in 2015: \$190 million (0.9%), in 2016: \$232.6 million (3.2%), in 2017: \$160.3 million (3.3%), in 2018: \$146.7 million (0.8%), and in 2019: \$96.9 million.⁹² This is in stark contrast to the vast resources that Cuba has reported receiving in export revenues from health and social services since 2005 and amounting to \$6.4 billion in 2018, \$5.4 billion in 2019, and \$3.99 billion in 2020.⁹³

Excessive external dependence and less pressure for needed economic reforms

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

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.

⁹⁰ 19.1 - Personal facultativo del Ministerio de Salud Pública, Anuario Estadístico 2018, 2019 and 2020.

⁹¹ See CubaforHealth.com and CubaHeal.com.

⁹² "Cuba: gasto en salud del gobierno central, 2000-2015 (en porcentajes del PIB)," Comisión Económica de América Latina (CEPAL), <https://observatoriosocial.cepal.org/inversion/es/paises/cuba>.

⁹³ 8.13. Valor del comercio exterior de servicios exportados por divisiones, Anuario Estadístico de Cuba, Sector Externo, Oficina Nacional de Estadísticas e Información, República de Cuba.

VIII. Recommendations

1. In countries hosting Cuban medical brigades:
 - A. Existing “collaboration” agreements with Cuba and their associated financial arrangements should be made public and harmonized with all anti-trafficking laws and international commitments.
 - A. Medical associations should demand from local authorities that Cuban health workers be held to all standard requirements for validation of credentials and professional experience.
 - B. Legislators and civil society organizations should demand that all human rights’ violations cease immediately and for victimized Cuban workers to be offered asylum, psychological assistance, family reunification, judicial recourse against perpetrators, economic support and assistance to revalidate their credentials,⁹⁴ and direct employment.
 - C. An inclusive and open debate of the needs of the public health system should take place based on objective and reliable information (not Cuba’s data). If a determination is made that foreign health professionals are needed, Cuban workers should be offered terms equal to other workers such as direct employment and human rights’ guarantees.

2. The governments of the United States, the European Union, and other countries with high standards against trafficking should:
 - B. Demand that international organizations such as WHO and PAHO immediately stop funding and/or supporting all arrangements that exploit the Cuban workers.
 - C. Request from their embassies in countries hosting Cuban medical and other such missions to actively document the practice and request from host governments the implementation of best practices to prevent this form of forced labor.
 - D. Condition foreign assistance to no participation in this form of trafficking.
 - E. Require transparency from private entities under their jurisdiction regarding any agreements hiring Cuban workers and enforce their compliance with anti-trafficking laws.
 - F. Allocate funds to competent NGOs with experience investigating and combatting labor trafficking.

3. The international community, including the UN, ILO, and OAS, should:
 - A. Demand accountability from the Cuban government and its partners in forced labor agreements.
 - B. Promote international awareness to combat this form of labor trafficking and assist the victims.
 - C. Work bilaterally and multilaterally to launch programs for certain countries to directly hire –and retrain as necessary— Cuban health professionals in the state-controlled missions who wish to remain in the host country working independently.

⁹⁴ Aid and/or loans could, for instance, be granted in exchange for a commitment to work for a certain number of years in developing countries needing healthcare workers.

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

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