

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

Information for the 2022 Trafficking in Persons Report
for the Office to Monitor and Combat Trafficking in Persons
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by
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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. Other forms of forced/compelled labor and sex trafficking believed to be occurring in Cuba are not addressed.

The violations described in this report meet the criteria of forced labor or “labor trafficking” under the 2000 Trafficking Victims Protection Act (TVPA)¹ 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.

The trafficking profile and updates for the reporting period that follow are based on objective and credible findings derived from extensive witness testimony obtained by Free Society Project (also known as Cuba Archive) and a review of reputable secondary sources that include 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, reports by independent non-governmental organizations, and credible accounts as well as photographic or video evidence appearing in social media.

Parts of the following report related to aspects not requiring updates or changes take heavily from a February 2021 report submitted to the Trafficking in Persons Office for the previous reporting period.

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

II. Cuba's trafficking profile

The Government of Cuba does not meet minimum standards for the elimination of labor trafficking and makes no efforts to do so; instead, it actively engages in myriad efforts to expand a gigantic state-owned business that profits from the systematic exploitation of its citizens in dozens of countries in complicity with other governments, international organizations, and private corporations.

The Cuban Communist state is the sole employer in the health sector and health workers may not practice privately or independently. A system demanding totalitarian economic and socio-political subordination to the state guarantees the government a pool of captive low-paid workers for exploitation as exportable commodities. Many of Cuba's health workers are eager to take on assignments to internationalist medical missions despite great hardships, as it is a way to make some extra income to improve their lot, while others must accept assignments—especially those known for the harshest conditions—feeling they have no choice, as rejecting them 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 that entirely in the hands of the state.

Cuban health workers have no way to legitimately and safely express grievances, denounce irregularities, file complaints, or seek protections. They 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”² establishes that an education in medical sciences is exclusive to those with “revolutionary vocation” and whose political and moral principles are aligned with the government.^{3/4} 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.

² “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.)

³ “Restricciones a la libertad académica y otros derechos humanos de los universitarios en Cuba,” *Informa*, Observatorio de Libertad Académica, Feb. 2021, pp. 9, 11.

⁴ 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.)

Health professionals who fail to conform to the government's diktats face extreme reprisals for questioning or exposing work practices or conditions: expulsion from 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,⁵ and even forced disappearance or death.⁶ A young female doctor assigned to Venezuela who refused to sign fraudulent medical forms endured as punishment sexual harassment, assignment to a dangerous and crime-infested location, and even interrogation, psychiatric torture, and a weeklong confinement in 2019 before being sent back to Cuba; once back home on the island, she was falsely diagnosed with cancer and subjected to an unneeded hysterectomy.⁷

Finally, Cuba's laws and regulations consider health professionals and scientists "essential" workers to national security and impose on them stringent restrictions for leaving the country even for short visits abroad.⁸

Health workers serving abroad accumulate "bonus" wages in a bank account at a Cuban state institution that they may access only upon their return to Cuba having completed the mission successfully. This entices them to see the international missions as a way to save in order to fix a home in disrepair or improve their lot in ways that are otherwise impossible. Internationalists in some countries also engage in illicit businesses, such as selling clothes or other goods in Cuba brought 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.

⁵ Ibid, pp. 42-43.

⁶ 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. See <https://gremiomedicocubanolibre.com/listado-de-personal-perseguido-2/>

⁷ Maria C. Werlau, telephone testimony of Anonymous Source 3, Mar. 17, 2022. (Anonymous Source 3 is a female doctor in her early 30s who served in the medical mission to Venezuela in 2017-2019 and currently lives in the U.S. but fears reprisal for a son and a mother in Cuba.)

⁸ Cuba's Penal Code prohibits all citizens from leaving the country without government authorization, imposing penalties of up to four years of prison for attempting to do so, and Article 25, subpara f. of the Migration Decree-Law, No. 302, imposes a stricter prohibition on those lacking "the established authorization by virtue of preserving the necessary workforce for the economic, social and scientific-technical development of the country and for the security and protection of official information." (Decreto-Ley No. 302 Modificativo de la Ley No. 1312, "Ley de Migración" de 20 de septiembre de 1976, Gaceta Oficial, Oct. 6, 2012, p. 1357.)

Official complicity with the trafficking is absolute and government officials at all levels are perpetrators and abettors, including the diplomatic corps and 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,⁹ is dedicated to exporting workers in different industries through numerous specialized state-owned corporations.¹⁰ The Ministry of Health has a special department, the Medical Collaboration Central Unit, dedicated to exporting health services, which are hired out through the state corporation *Comercializadora de Servicios Médicos Cubanos* (CSMC) or *Antex* in Angola,¹¹ some directly by Cuba's Ministry of Health.

Public awareness on trafficking in all its forms or victim and witness protections are all absent in Cuba. To the contrary, the state directs a great deal of propaganda and public relations —inside and outside Cuba— to promoting and glorifying the trafficking. An “International Commission” is supposed to attend to the needs of the internationalist workers, however, it is merely a bureaucratic body that addresses worker requirements and requests for the satisfaction of “revolutionary” priorities. The workers (victims of trafficking) are not aware of their rights and do not understand what constitutes trafficking in international law. Labor unions are all under the state-controlled *Central de Trabajadores de Cuba* (CTC). 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.¹² 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.¹³

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 —if they exist— would not be enforced, which is the case with all other cases of human rights accords it has

⁹ Centro para la Promoción del Comercio Exterior y la Inversión Extranjera en Cuba, CEPEC.

¹⁰ See <https://www.procuba.cu/en/exportable-offer-from-cuba/>

¹¹ <http://www.smcsalud.cu/smc>

¹² 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 (most are in place despite statutory changes).

¹³ See “Cuba - Human Rights Country Report,” U.S. Department of State, 2019, <https://www.state.gov/reports/2019-country-reports-on-human-rights-practices/>.

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 ("Palermo Protocol") of 2000¹⁴ clearly states that abuse of power or of a position of vulnerability for the purpose of exploitation constitutes human trafficking¹⁵ and reads: "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.) 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."¹⁶

Background

Cuba's export health services are officially represented as medical "missions" or "brigades" of a "humanitarian" and "altruistic" nature and the workers delivering the services are referred to as "internationalists" or "collaborators." In fact, they are part of a huge profit-seeking enterprise of the Cuban state used to advance its economic, political, and geostrategic objectives.

The Government of Cuba derives a multitude of important benefits from its medical missions:

- i. Economic.
- ii. Political leverage, support, loyalty, and influence (including votes in multilateral institutions).
- iii. A channel for the collection of intelligence in host countries and to further through clandestine intelligence work the regime's economic, political, and geostrategic goals.
- iv. Propaganda to elicit international praise, legitimacy, and sympathy for the Cuban dictatorship and its brand of socialism—inside Cuba it deflects the population's disappointment with their country's health system and government.

¹⁴ 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>.)

¹⁵ 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.

¹⁶ "What is Modern Slavery?," U.S. Department of State, <https://www.state.gov/j/tip/what/index.htm>.

The economic benefit to Cuba for the export services of medical workers is very high, as the Cuban partner in the agreements typically retains 95-75% of what it receives in payment for the services and the associated costs are presumed to be quite low.¹⁷ Cuba receives gross payment in hard currency from which it pays the health workers a fraction that ranges from 5% to 25% of which the largest portion of this amount is retained in Cuba and may only be withdrawn if the worker return to the island having successfully completed the international mission.

CUBA - Oficina Nacional de Estadísticas e Información (ONEI)			
0.8 Sector Externo			
8.13 Valor del comercio exterior de servicios exportados por divisiones			
	2018	2019	2020
Servicios jurídicos y contables	\$10,644.40	\$10,667.80	\$5,407.20
Otros servicios profesionales, científicos y técnicos	\$14,027.80	\$9,758.20	\$14,016.80
Servicios de enseñanza	\$250,085.20	\$305,869.30	\$161,341.90
Servicios de esparcimiento, culturales y deportivos	\$60,536.50	\$59,907.70	\$21,342.30
Servicios de salud humana y servicios de atención social	\$6,398,538.80	\$5,382,190.90	\$3,997,948.30
Servicios trabajadores de exportación	\$7,183,604.90	\$6,030,216.10	\$4,337,260.00
Otros servicios no seleccionados	\$449,772.20	\$261,822.20	\$137,203.50
Servicios de soporte	<u>\$919,030.60</u>	<u>\$602,942.00</u>	<u>\$466,804.30</u>
Servicios posiblemente relacionados a trabajadores de exportación	\$8,102,635.50	\$6,633,158.10	\$4,941,267.80

Statistics provided by the Cuban government or cited in the government-controlled media are ripe with contradictions and discrepancies and likely do not effectively reflect export services; they are also published with long delays in time and little detail. However, they are the only data available for analysis and indicate that since 2005, export services constitute 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;¹⁸ they have strengthened ties with host nations and other partners that have led to assistance, loans, investments, and markets for Cuba's exports.

A breakdown of exports services was first provided by the country's Office of National Statistics for the year 2018 and successively for 2019 and 2020; it itemized diverse professional services, support services, and "other services not specified." In the three years for which this detail has been provided, 2018-2020,

¹⁷ Estimating costs is very difficult given the lack of public data but these would include promotion and logistical/operational costs for the diplomatic corps, intelligence services, and propaganda apparatus.

¹⁸ Trade data derived from countries importing services from Cuba ("mirror statistics") confirm this.

a downward trend is observed in all categories including social and health services, which declined from \$6.4 billion in 2018 to \$4.3 billion in 2020. (See table below, in Spanish.) If the reported support services and “other services” are associated to the internationalist missions, these would bring total revenues for these export services from \$8.1 billion in 2018 to \$4.9 billion in 2020, as these have also suffered a downward trend.

The decline in revenues began in 2014 (see table below) and is presumably attributed to a lower payment per worker for the very large medical mission in Venezuela, which has experienced a financial crisis since at least that year,¹⁹ as well as the end of a large contingent from 2013 to 2018 in Brazil that had around 8,500 Cuban doctors when Cuba suddenly terminated the agreement in November 2018 shortly before Jair Bolsonaro assumed the presidency of that country.²⁰

Prior to 2018, Cuba did not report a statistical breakdown for export services. A review of export services until then shows fluctuations corresponding to reported trends in the number of exported health workers and in the payment per worker for certain countries. For 2018, health and social services was 80% of the \$9,098 million in all export services net of tourism, whereas the 2020 share was down to 69.8% (of \$5,727 million). According to Yamila de Armas, president of *Comercializadora de Servicios Médicos Cubanos*, health export services in 2020 were 50% of all export services, which, in turn, amounted to 80% of all exports.²¹

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.

¹⁹ Cuba reported in August 2021 that the Venezuela medical mission had 21,000 Cuban workers, which constitutes around 70% of the total number of almost 30,000 health internationalists reported by Cuba on that date. (See Carlos Armando Cabrera, “Se filtran los datos personales de más de 11 mil médicos cubanos en Venezuela,” *Periódico Cubano*, Aug. 9, 2021; and “La inversión extranjera en Cuba: apenas 25 negocios en dos años,” *La Habana, Diario de Cuba*, Dec. 20, 2021.)

²⁰ Brazil’s President-elect, Jair Bolsonaro had said during his presidential campaign that he would modify the terms and conditions of the *Mais Médicos* program to hire the Cuban doctors directly, allow them to bring their families and require validation of their credentials. (Leydis María Labrador Herrera, “Questions and answers about the end of Cuban participation in Brazil’s More Doctors program,” *Granma*, Dec. 18, 2018; Shasta Darlington, “Cuba is pulling doctors from Brazil after ‘derogatory’ comments by Bolsonaro,” *Sao Paulo, The New York Times*, Nov. 14, 2018.)

²¹ “Comercializadora de Servicios Médicos Cubanos celebra su décimo aniversario”, MINSAP, Oct. 12, 2021, <https://salud.msp.gov.cu/comercializadora-de-servicios-medicos-cubanos-celebra-su-decimo-aniversario/>.

Cuba also derives benefit by selling pharmaceutical products to many countries hosting the medical brigades, often as a “package deal” part of the agreement. In 2019, the last available year of trade data, Cuba exported \$22.5 million in pharmaceutical products²² and Cuba’s state biotechnology and conglomerate *BioCubaFarma* reported to have exported its products to 40 countries in 2020.²³

The health workers typically go on the overseas assignments for two to three years, depending on the country, and Cuba makes them sign a contract usually right before boarding the planes that will fly them to their assignment. The government of the host country typically enters into a bilateral agreement with the Government of Cuba through its Ministry of Public Health or a state-owned entity and pays with public funds for the Cubans to deliver the health services free of charge to the patients. However, there are at least two other known modalities of “health cooperation” or schemes with the services of exploited Cuban workers.

Triangular cooperation agreements (TCP)²⁴ have since the 1970s —perhaps earlier— allowed for many governments and international organizations to fund Cuba’s delivery of comprehensive health services (including exports of medical products) to underdeveloped countries namely in Africa and the Americas.²⁵ These tripartite “collaborations” pay Cuba to provide dutiful, compliant, and relatively cheap workers to deliver healthcare to underserved populations in remote and hardship areas for which recruiting local or foreign doctors is costly and difficult or in times of natural disasters and epidemics.²⁶ They are channeled through the UN system, particularly through the Pan American Health Organization

²² Observatory of Economic Complexity, https://oec.world/en/visualize/tree_map/hs92/export/cub/show/630/2019/

²³ BioCubaFarma: bringing Cuban biopharma to the world, Accessed Mar. 8, 2022, <https://www.nature.com/articles/d43747-020-00522-5>

²⁴ Triangular cooperation normally involves a traditional donor from the ranks of the OECD’s Development Assistance Committee, an emerging donor in the South, and a beneficiary country in the South. (Guido Ashoff, “Triangular Cooperation: Opportunities, risks, and conditions for effectiveness,” Special Report, Development Outreach, World Bank Institute, Oct. 2010.)

²⁵ See examples of triangular cooperation with Cuba in 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; Julie Feinsilver, “Cuban medical diplomacy: when the left has got it right,” COHA - Council on Hemispheric Affairs, Oct. 30, 2006; Marimón Torres, Nestor, and Evelyn Martínez Cruz. “Cooperación Técnica entre Cuba y la OPS/OMS. Su Historia y Futuro.” *Editorial Ciencias Médicas*, No. 8, 2009, <http://www.revinfodir.sld.cu/index.php/infodir/article/view/370>; Nestor Marimón Torres and Evelyn Martínez Cruz, “Evolución de la colaboración médica cubana en 100 años del Ministerio de Salud Pública,” *Revista Cubana de Salud Pública*, Vol .36, No.3, Ciudad de La Habana Jul.-Sep. 2010; Jenry Carreño Cuador and Esther Paredes Esponda, “Cooperación triangular en la diversificación de la exportación de servicios médicos cubanos,” *Revista de Información científica para la Dirección en Salud*, La Habana, Núm. 36, Abril 2021, <http://portal.amelica.org/ameli/jatsRepo/445/4452352024/html/index.html>.

²⁶ On November 3, 1998, Cuba officially launched the Comprehensive Health Program, to send Cuban doctors to remote and underserved areas; analysts believe this was made official in order to neutralize complaints by medical associations of the host countries against the presence of the Cuban doctors. (Roberto Jesús Quiñones Haces, “Colaboración médica cubana: facturando en nombre del altruismo,” *CubaNet*, Guantánamo, Apr. 30, 2021.)

(PAHO), the World Health Organization (WHO), and the United Nations Children’s Fund (UNICEF), and occur in the context of South-South cooperation promoted by the United Nations Development Programme. The beneficiaries of triangular agreements include or have included Angola, Haiti, Honduras, Bolivia, Brazil, Burkina Faso, Chad, Mali, Mauritania, Honduras, Nicaragua, Niger, Rwanda, and Equatorial Guinea, Guinea Bissau, Liberia, and Sierra Leone, and others.²⁷ Aside from Cuba’s allies—such as Venezuela under Chaves and Maduro and Libya under Qadhafi, many democratic governments, including France, Australia, Brazil, Norway, Germany, Luxembourg, Japan, Mexico, Saudi Arabia, and South Africa, as well as assorted international organizations have entered into these triangulation arrangements. The arrangements involve all the usual aspects of the trafficking described in this report but are officially considered “humanitarian;” to date they have failed to consider the rights of the exploited Cuban workers, the resulting impact on the Cuban population of funneling human resources, services, and supplies to other countries, or the negative aspects for the host country.

Another modality of what Cuba denominates “health cooperation” are the “international clinics,” private clinics established by Cuba in third countries that bill local patients or their medical insurance like any other local health provider. There is little information in open sources on these clinics; presumably, the owners are companies or entities of the Cuban state or their figureheads. The clinics are staffed with health personnel brought from Cuba likely subjected to the same schemes of labor exploitation as the medical brigades contracted to governments. Agreements must have been reached with local authorities similar to those for the traditional medical brigades so that the Cuban health workers can be certified to practice medicine bypassing the traditional requirements. From anecdotal accounts and media reports, it appears that these clinics are operating in at least Angola, Dominican Republic, Serbia, Peru, and Portugal and, until 2019, in Bolivia. They would fall under modality number 7.) of the Cuban state entity *Comercializadora de Servicios Médicos Cubanos* (CSMC) titled “Professional services associated with medical and health services abroad.” At year-end 2021, the president of CSMC informed Cuban state media that the company expected to “expand the export portfolio in all business modalities and certify and promote the accreditation of international clinics.”²⁸

Cuba’s partner in the health services agreements—whether host governments, international organizations or private enterprises—typically pays for the internationalists’ airfare (including for

²⁷ Some of these arrangements are believed to be in force.

²⁸ According to Yamila de Armas Águila, presidenta de la Comercializadora de Servicios Médicos de Cuba. (See Lissey del Monte Valdés, “Comercializadora de Servicios Médicos Cubanos celebra su décimo aniversario,” Redacción MINSAP, 12 de octubre de 2021; and “La Habana dice que necesita continuar fomentando y diversificando las exportaciones como una 'importante fuente de ingresos',” La Habana, *Diario de Cuba*, 13 de octubre de 2021.)

annual vacations) and provides furnished housing, domestic transportation, and a monthly stipend for food and personal expenses of the workers; conditions and amounts vary greatly by country. The brigades have handlers who monitor and control the workers and who are usually counted and compensated as part of the medical staff. There are indications that host governments might also pay Cuba for administrative and logistical support or for travel services provided by Cuba and delivered in host countries.

Host governments generally keep the agreements secret. Most of the “health collaboration” accords are not available for review and are difficult to obtain in host countries even by legal means, such as by request from the legislative branch or under transparency and accountability laws. 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 or 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 wage confiscation;
3. pay for their airfare and other travel costs of disciplined workers repatriated by Cuba;
4. keep the agreements confidential.²⁹

The Cuban government can order a large pool of health workers to deploy in just a few hours and the emergency brigades have been particularly useful since Cuba first sent a medical brigade to Chile in May 1960 after an earthquake. The formula proved very effective for propaganda purposes and to help expand Cuba’s international influence and presence at a time when countries are most needy, 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.³⁰ 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 US after Hurricane Katrina. (Henry Reeve

²⁹ 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 on Nov. 28, 2018.)

³⁰ “Misiones médicas” cubanas, *Deutsche Welle*, op. cit.

was a New York city native who fought with the Cubans in the First War of Independence from Spain of 1868-1878.) The internationalists are allegedly specialists in emergency response but Cuban health workers have reported that the so-called training for emergencies is generally brief and superficial.

Cuba might not have charged for some of its emergency health services in certain countries after natural disasters, however, there is insufficient information to confirm this and, in many cases, triangular cooperation is believed to have covered Cuba's costs. Regardless, the emergency medical brigades have historically allowed Cuba to advance its strategic interests and establish footholds for subsequent and profitable health "collaboration" arrangements.

Cuba's singular brand of modern slavery dates from the 1960s. After the 1960 emergency brigade to Chile, in May 1963 the first more permanent medical brigade was sent to Algeria³¹ to help the revolutionary government of Ben Bella. The scheme grew and evolved over time but until 2010 it was a tightly-guarded state secret that Cuba received financial compensation for its internationalist missions. In the mid-2000s the program received a huge boost from the *chavista* government of Venezuela and it has grown exponentially with complicity and support from the international community.

Even though the Government of Cuba goes to great lengths to prevent workers from "deserting" their missions abroad, over the course of decades thousands have abandoned or overstayed their assignments. In some countries, they must bribe local Immigration and Customs authorities to avoid being turned over to Cuba's State Security and forced to return to Cuba in punishment. Many have made their way to the United States, especially from 2006 to 2017 through the Cuban Medical Professional Parole program that authorized special visas and quick residence to several thousand Cubans working in medical missions in third countries. Hundreds stayed in Brazil after abandoning or overstaying their mission, and many remain in Colombia after abandoning their missions in Venezuela and crossing the border.

To date, Cuba has enjoyed near-total impunity for its extensive abuses of export workers in all fields of activity. Many governments, organizations, politicians, academics, and journalists from all over the world are aware that the Cuban dictatorship reaps huge financial rewards from the highly unusual labor agreements, yet treat the issue with complacency—at best—and parrot the talking points on Cuba's "solidarity" and "altruism." Cuba's huge machinery of influence and propaganda controls and manipulates the narrative, which unfolds in concerted fashion and with similar language all over the

³¹ "Cuba y Argelia fortalecen sus relaciones de cooperación en el ámbito de la salud," Cuba Debate, Feb. 22, 2022, <http://www.cubadebate.cu/noticias/2022/02/22/cuba-y-argelia-fortalecen-sus-relaciones-de-cooperacion-en-el-ambito-de-la-salud/>

world.³² In the U. alone, several non-governmental organizations dedicate considerable resources to promoting the idea of Cuba's superior healthcare. One organization based in Oakland, California, Medical Education Cooperation with Cuba - MEDICC (medicc.org) "promotes US-Cuba health collaboration and highlights Cuba's public health contributions to global health equity and universal health." One of its many funders, The Atlantic Philanthropies, awarded MEDICC \$17 million in grants in recent years.³³

Overview of systemic and ongoing violations

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

- the Supplement to the United Nations' Convention against Transnational Organized Crime (Trafficking in Persons Protocol, one of three Palermo Protocols), ratified by Cuba on February 9, 2007, as well as by many of its partner nations 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 well as of international law. Among many other prohibitions, they may not peacefully protest, form independent unions, strike, engage in collective bargaining, or enter into direct employment. In some countries they face considerable hardships, even great dangers, and must work very long hours without adequate rest. Ironically, they are required to pay monthly dues to the state-controlled Syndicate of Health Workers,³⁴ which represents the Cuban Communist government's interests rather than the workers'.

³² 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>.

³³ Julie Feinsilver, "The Atlantic Philanthropies -Cuba," The Atlantic Philanthropies, 2020.

³⁴ Sindicato de Trabajadores de la Salud, <https://salud.msp.gob.cu/tag/sindicato-nacional-de-trabajadores-de-la-salud/>

2. Restriction of movement: migration controls.

Cuban citizens face entry and exit restrictions to and from their own country and health workers are subject to especially strict restrictions: they may not leave the country without a difficult to obtain special government permission and those seeking to emigrate are denied exit authorization for at least five years.

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.
- Article 135 of Cuba's Penal Code punishes with up to eight years of prison the "dereliction of duty," such as intending to abandon or abandoning a post abroad or not returning to Cuba after completing an assignment.
- Law No. 302 of 2012, which modified the 'Migration law' (Law No. 1312), includes three new articles (Art. 23, 24, and 25) aimed at regulating the entry and exit of Cuban professionals in "vital activities for the economic, social, and scientific-technical development of the country in strategic programs, research projects, and health services."
- Law No. 306 of 2012 establishes that health professionals seeking to emigrate must request authorization in order to leave the country and wait at least five years if granted; medical professionals may only travel abroad with special government permission.
- 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.
- Citizens' passports to leave and enter the country must be renewed every two years; by law, these may be denied for "national security" reasons.
- Resolution No.168, "Disciplinary Regulation for Cuban civil workers who provide services abroad as collaborators,"³⁵ obligates the exported workers to return to Cuba after completing their assignments.

³⁵ "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.

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.^{36/37/38}
- Collective lawyers' offices (equivalent to law firms in open societies) may not legalize any academic or other document for health professionals or 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.³⁹

Workers are usually not informed of the terms of their work contracts until presented with agreements they must sign at the last minute, often right before they embark on flights to the destination country and without access to legal advice; some are not given a copy of the agreement they signed. Many are informed only upon reaching the destination of the housing and living conditions, work conditions, wages, and other compensation they will receive. In countries with multiple locations that include small towns or remote villages, they are informed of their place of assignment upon arriving the 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, which is usually two to three years. They are flown home annually for a month of paid vacation after successfully completing at least eleven months of service. 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 may not travel back to Cuba unless authorized and at his/her own cost. The resulting long separations cause heartbreak and psychological trauma to the workers as well as their spouses, children, and other loved ones. Many marriages end in divorce, parents miss seeing their children grow up, and children suffer traumas and learning and behavioral problems. The majority of the doctors and nurses sent abroad are women, often single mothers who leave behind children, often very young ones.

³⁶ Michel Suárez, "Bloqueada la legalización de títulos para médicos emigrantes," *Diario de Cuba*, Feb. 19, 2010.

³⁷ Resolución Ministerial No. 1 de 8 de enero de 2010 Ministerio de Salud Pública de Cuba.

³⁸ "Regulan documentos docentes y laborales para el exterior a profesionales de la salud," <http://cubalegalinfo.com/documentos-docentes-medicos>.

³⁹ 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.

If a worker abandons his/her mission while abroad —considered a “desertion”— or 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 held 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 non-profit civil society 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.⁴⁰

6. Surveillance, control, and punishment.

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) and whose job is to prevent desertions and make sure the internationalists follow the rules.⁴¹ Some of the medical workers, including doctors, are themselves trained intelligence (clandestine) officers. The health workers must report on their peers and live in an environment of fear, harassment, and threats is a constant source of stress.

7. Unsafe living conditions and hardships.

Many health workers are assigned to remote, unsafe, and very poor areas—at times systematically lacking electricity and running water— including violence-ridden neighborhoods. Many have been killed,⁴² robbed, raped, and injured. In some countries, they have to share shabby and cramped accommodations with numerous co-workers or local families, lacking privacy, suffering extreme heat, and even lack food for an adequate diet. Hardship conditions are alarming in Venezuela, where the Cuban government reports “more than 21,000 collaborators.”⁴³ In Haiti, currently with a 278-strong Cuban medical mission,⁴⁴ many doctors 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, which lacks basic medical supplies.

⁴⁰ NoSomosDesertores.org.

⁴¹ 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.)

⁴² See database.CubaArchive.org for individual records of documented cases of deaths.

⁴³ Yosdany Morejón Ortega, “Inmunizados más del 95% de los colaboradores cubanos en Venezuela,” *Cuba Debate*, Mar. 31, 2021.

⁴⁴ “Cuba solidaria con Haití pese a adversidades,” *Prensa Latina*, Jan. 15, 2022, <https://www.prensa-latina.cu/2022/01/15/cuba-solidaria-con-haiti-pese-a-adversidades>.

A young female doctor in Venezuela (2017-2019) was assigned to Petare, a Caracas neighborhood so crime-ridden and dangerous that firearms are constantly heard and only the Cuban doctors with relationships with the criminals may get on a bus to leave it.⁴⁵

Some health internationalists have died in mysterious circumstances or have been suspiciously reported as suicides; in the three-year period 2018-2021, Cuba Archive has documented 28 deaths (believed to be a partial count) of which 5 are suspected extrajudicial killings, 3 were of unreported causes, and the rest were mostly of preventable illnesses and COVID.⁴⁶

8. Arbitrary restrictions and disciplinary actions.

The internationalists face additional restrictions—they are forbidden from accepting gifts, driving a car, marrying a local, staying overnight other than in their residence, leaving home after a certain hour, speaking to journalists (except as instructed in support of the government narrative), or associating with any person in the host country who does not support revolutionary ideals. They face disciplinary actions for all sorts of “violations” and must abide by a code of conduct for overseas workers: Resolution No. 168, approved in 2010, titled “Disciplinary rules for Cuban civil workers who provide services abroad as collaborators” (first approved by the Minister of Foreign Investment and Economic Collaboration as Resolution No. 38 of 2005).⁴⁷ Complaining or refusing to follow orders, such as to misreport procedures or work long hours without rest, leads to serious reprisals.

9. Wage confiscation.

Payments for the internationalist workers’ services are generally made directly to a Cuban state entity or to the Ministry of Health; in certain countries, such as Uruguay, Qatar, and Saudi Arabia, the internationalists are paid by direct deposit into bank accounts in their name in the host country but are forced to turn over to the Cuban employment entity the greater part of the funds. Either way, all workers receive a small fraction of the amount paid for their services—the percentages vary per arrangement and country but have ranged from just 5-7% to a maximum of around 25%. The health workers receive a large portion of this compensation as a “bonus” that is deposited in an account in a Cuban bank (a state entity), which they can only withdraw at the end of their mission if they have completed it successfully and returned to Cuba.

⁴⁵ M. Werlau, interview with Anonymous Source 3, op. cit.

⁴⁶ For individual records of documented cases, see CubaArchive.org/database.

⁴⁷ “Reglamento disciplinario,” op. cit.

Until year-end 2020, the bonus was denominated in a hard currency equivalent of around US\$50-\$200 monthly—the amount has depended on the country, specialization and time of service—and paid in the convertible currency “CUC” (Cuban Convertible Pesos), that disappeared after December 31, 2020. Starting January 1, 2021, the bonus is paid in theoretical dollars at an artificial exchange rate that has been losing market value precipitously and is currently 25% of the official rate CUP (Cuban Pesos) 24 per US\$1. Workers are also required to “donate” with monthly deductions a portion of their pay to Communist Party controlled mass organizations such as the Syndicate of Health Workers. A doctor serving in Venezuela in 2017-2019 also reported having US\$10 systematically deducted from the monthly salary of US\$200 (paid in Cuba) as a forced “donation” to the clinic assigned to her address of residence in Cuba.⁴⁸

Cuba’s revenues vary greatly by country. For a general doctor, it reportedly commands monthly around US\$900 in Guatemala,⁴⁹ US\$3,000 in Namibia, US\$5,000-\$10,000 in Angola, \$9,000 in Kenya, and \$25,000 for a plastic surgeon in Saudi Arabia. In most countries, the Cuban health workers receive much lower wages than local workers in equivalent positions as Cuba is paid a much larger sum for their services. The host country also typically 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 for services 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. The overall costs associated with the Cuban medical missions (travel, housing, administrative costs, etc.) are often higher—at times considerably—for the host country than the cost of hiring local staff with equivalent or higher qualifications.

Complaints by the internationalists of the exploitative arrangements, the hardships they endure, and 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.⁵⁰ Promises made by Cuban authorities of compensation for their overseas service are sometimes not kept even after the workers have successfully completed their assignments and returned 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 promised amount in the hard currency account frozen in Cuba.

⁴⁸ M. Werlau, telephone testimony of Anonymous Source 3, op. cit.

⁴⁹ 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>.)

⁵⁰ See, for instance: “¿Qué más tenemos que pagarles?»: médicos cubanos emigrados responden a Israel Rojas,” La Habana, *Diario de Cuba*, Nov. 18, 2020.

10. 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.

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

Health workers sent to many countries are instructed to systematically report inflated data and statistics to meet quotas — number of procedures undertaken, patients seen, and medicines and medical supplies used— and to provide unneeded health procedures and improperly dispense medicine or supplies to patients and even destroy these in order to account for imaginary services that increase performance ratios and Cuba's political and pecuniary benefit. The doctors and other Cuban health providers must make up patient names and ID numbers and sign off on these forms on a daily basis. 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.⁵¹

12. Forced political duties.

Before leaving on an international mission, the workers are required to take a five-day course of the Cuban Communist Party to reinforce their “revolutionary” commitment. While serving abroad, 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 government and to send patient information to Cuba with data such as their blood type.⁵²

⁵¹ 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, op. cit.)

⁵² Juan Juan Almeida, “Más ‘cooperantes’ a Venezuela y base de datos con donantes de sangre,” *Martí Noticias*, Nov. 7, 2016.

13. Improper training for assigned medical duties.

Many health workers report being assigned duties for which they are ill prepared. Examples abound: 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 another capacity to Ecuador after a short course, medical students were sent as “doctors” to Venezuela with two years remaining of their medical training in Cuba, and an M.D. Intensive Care “specialist” had only passed a six month course rather than the standard specialization of at least two years.⁵³ Aside from subjecting patients to undue risks, this results in excessive mental and emotional strain for the health workers and potential mistakes that can end a career, cause extreme trauma, and lead to criminal prosecution.

III. Further negative impact of the trafficking⁵⁴

1. For Cuba’s citizens, in Cuba

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. 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.⁵⁵ 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 2020.⁵⁶

Cuba declares that it can help other countries because it has 100% medical staff coverage for its population. Its reported doctor-patient ratio, however, appears to be based on all trained doctors including those sent abroad.⁵⁷ In 2020, (year of the last official report), Cuba reports 306,441 health

⁵³ Maria C. Werlau, first-hand accounts from Anonymous Sources cited in this report and others.

⁵⁴ 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>, based on extensive first-hand testimony.

⁵⁵ “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>.

⁵⁶ Anuario Estadístico de Cuba, Sector Externo, Oficina Nacional de Estadísticas e Información, República de Cuba, 8.13. Valor del comercio exterior de servicios exportados por divisiones.

⁵⁷ 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.)

workers of which 103,835 are doctors, 20,589 are dentists, 84,977 are nurses and nursing staff, and 91,721 are health technicians of diverse and unspecified capacities.⁵⁸ Having reported 29,954 health workers in overseas missions at year end 2021⁵⁹ and tens of thousands for years, Cuba's Health Yearbooks do not report the internationalists separately.

Cuba has sent health workers, including doctors, abroad to the detriment of the local population. Since the mid-2000s, complaints have abounded throughout the island of Cuba of lacking medical personnel, particularly specialists. In 2009-2010 there was 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 increased precipitously.⁶⁰

Furthermore, the Cuban health system is based on apartheid. Most citizens are 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 lured by health tourism services⁶¹ have access to exclusive facilities with superior services, equipment, and supplies. Even the 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 international health organizations of the UN system. Although official health statistics are filled with discrepancies and gaps, PAHO and WHO laud Cuba's health system as a model for the world⁶² and Cuba's so-called medical achievements, including the international medical missions, are a most favored topic of extensive propaganda.

⁵⁸ 19.1 Personal Facultativo del Ministerio de Salud Pública, en 31 de diciembre, p. 10, Anuario Estadístico de Cuba de 2020, Cap. 19: Salud y Asistencia Social, Edición 2021, Oficina Nacional de Estadísticas e Información.

⁵⁹ "La inversión extranjera...", op. cit.

⁶⁰ Anuario Estadístico de Cuba, Oficina Nacional de Estadística e Información.

⁶¹ See CubaforHealth.com and CubaHeal.com.

⁶² 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.

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.

Excessive external dependence and diminished pressure for needed economic reforms.

A very large share of Cuba's GDP derives from export services, around 75%-80% in recent years. This makes the Cuban economy extremely vulnerable to an external factor that could quickly disappear, resulting in grave consequences for the economy. Large revenues from service exports also greatly diminish pressure to make needed structural economic reforms and thwart the allocation of resources to productive activities inducing a more sustainable development.

2. For citizens of other countries

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

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 of the host countries.

Lacking liability protection.

Patients in most host countries generally have no information on the qualifications of the Cuban health workers and little or no legal recourse for malpractice.

Overbilling.

Cuba's medical services and products are persistently overbilled based on fraudulent reporting, to the detriment of the paying party, which is often a government of an underdeveloped country with very scarce resources.

Questionable performance results.

Performance statistics are systematically tampered and reports from Cuban official sources are inconsistent, even contradictory, and loaded with revolutionary hyperbole. This impedes a serious and comprehensive analysis to assess effective resource allocation in the host country's healthcare system.

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 —presumably, to support both the local government and/or the Cuban government and for political reasons. Some countries pay the Cuban health workers considerably more than what local workers are paid.

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 missions' program is part of the Bolivarian Alliance 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 "21st century socialism." In May 2019, OAS Secretary General Luis Almagro publicly declared that Cuba used the medical missions to export repression in Latin America.⁶³

In Venezuela, Cuba's extreme dependence on service exports to that country implies, among other things, great incentives for Cuba to keep propping up the authoritarian Maduro government. 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.⁶⁴

IV. Updates and salient events of the reporting period (April 1, 2021 - March 30, 2022).

In the period April 1, 2021 - March 31, 2022, the same reasons persist for the Tier 3 designation Cuba received in the U.S. Department of State's 2021 Trafficking in Persons Report:

“During the reporting period, there was a government policy or government pattern to profit from labor export programs with strong indications of forced labor, particularly its foreign medical

⁶³ “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>.

⁶⁴ 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.)

missions program. ... in 2020, the government capitalized on the pandemic by increasing the number and size of medical missions and refused to improve the program's transparency or address labor violations and trafficking crimes 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 medical professionals and their family members if participants left the program. Within Cuba, the government did not report investigating, prosecuting, or convicting trafficking crimes. Authorities did not report identifying victims and lacked a comprehensive package of housing and other 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.”⁶⁵

The Government of Cuba has made no efforts during the reporting period to address the labor trafficking or 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. No open sources indicate that it has entered into any effective, transparent, partnerships or cooperative arrangements or agreements resulting in concrete and measurable outcomes with domestic civil society organizations, private sector entities, or international nongovernmental organizations, or into multilateral or regional arrangements or agreements to assist in the prevention of this form of trafficking, protect its victims, or punish traffickers.

Cuban government officials understand the true nature of this form of trafficking and are well aware of claims of the violations, 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 international partners and accomplices.

The administrators of *No Somos Desertores* reiterated the following statement, as in two past informational reports: “Widespread abuses reported historically continue to this day, as the Cuban government believes it is immune to consequences. Many of the exported workers, especially those who are in missions overseas or have returned to Cuba, provide us testimony of rampant abuses but are afraid of reprisals, so we cannot reveal their identities.”

⁶⁵ Trafficking In Persons Report, Department of State, United States of America, June 2021, p. 197-198.

1. Compensation for Cuban health workers remains extremely low and insufficient to meet basic needs; it continues providing a captive workforce for the international brigades.

Cuba has one of the lowest monthly disposable salaries in the world according to global rankings.⁶⁶ The average monthly salary in 2021 was CUP3,838,⁶⁷ which is equivalent to US\$159 at the official exchange rate of CUP24 per US\$1 and to US\$38 at the actual market rate of CUP100 per US\$1.⁶⁸ While Cuban workers are paid in Cuban Pesos (CUP), most food and consumer goods are priced in a hard currency equivalence (MLC, Moneda Libre Convertible) tied to the US dollar, making them forbiddingly expensive for most of the population earning pesos. 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.)

Even the best-paid doctors are unable to survive on just their salaries. As of January 1, 2021, the table of monthly salaries for health workers, which varies according to the degree of specialization, includes salaries ranging in CUP4,610 (US\$46) for recent medical graduates without a specialization to CUP5,810 for Grade II, the highest, specialists (US\$58); nurses earn between CUP4,010 and 4,610 (US\$40-46).⁶⁹ As a result, even doctors depend on family remittances and informal secondary activities or must go work abroad two to three years to make ends meet.

In January 2022, even a well-connected doctor within the Communist Party, Dr. Luis Ángel Adán, the first openly gay parliamentarian to Cuba's National Assembly of People's Power, announced on his Facebook page that he was abandoning his profession as a doctor at a Havana hospital because it did not guarantee him "a decent salary."⁷⁰

Conditions in Cuba also make practicing medicine very difficult and stressful. In 2021, there were numerous and frequent reports from medical professionals and patients in independent news sites and social media of very poor conditions at all levels of the public health system. Despite facing severe reprisals for expressing their views and complaints, some health workers openly complained of the unsafe and unsanitary facilities and work conditions, lack of basic safety protection for treating COVID patients,

⁶⁶ See, for instance, "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>.

⁶⁷ "Los salarios aumentan en Cuba a 87 dólares el mínimo y 396 el sueldo máximo," *Infobae*, 31 de diciembre de 2020.

⁶⁸ "Tasas de Cambio de Moneda en Cuba Hoy," *El Toque*, <https://eltoque.com/tasas-de-cambio-de-moneda-en-cuba-hoy>, Mar. 15, 2022.

⁶⁹ A una tasa de cambio de CUP68 por cada US\$1 al 8 de diciembre de 2021. (Tasas de Cambio de Moneda en Cuba Hoy, *El Toque*, op. cit.)

⁷⁰ <https://www.facebook.com/luisanel.adanroble/posts/1613144319029528>; "Un ex diputado cubano abandona la Medicina porque no le alcanza para vivir," *La Habana, Diario de Cuba*, Jan. 26, 2022.

poor pay, lacking medical and support staff, and unavailable medical supplies, equipment and medicines to treat patients. Some of the dissenters were expelled and their medical titles invalidated.⁷¹ In August 2021, around fifty doctors from the eastern province of Holguín took to social media to demand resources and respect for their work; a few weeks earlier, they had organized to pay home visits outside working hours and called themselves “Support Commission of Street Doctors” (“Comisión de Apoyo Médicos en las Calles,” CAMC).⁷²

The price of dissenting or complaining has been very high. In February 2021, Dr. Johan Pérez Leyva, a General Internist from Las Tunas, was interrogated in February 2021 by State Security regarding his social media posts denouncing shortages of medicine and medical supplies and was sanctioned with a 10% reduction in his salary and threatened with worse consequences.⁷³ In April 2021, Dr. Alexander Figueredo Izaguirre, a General Internist from the eastern city of Bayamo was terminated from his employment at a clinic and forbidden from practicing his profession for at least five years for Facebook posts critical of the public health system.⁷⁴ Dr. Manuel Guerra had endured increasing police persecution since 2020 for his demands on social media for human rights, was arrested by State Security in October 2021 and expelled from his work at a hospital in Holguín.⁷⁵

2. Wage confiscation and forced confiscatory exchange of the internationalists’ pay (bonuses) in bank accounts in Cuba.

Wage confiscation continues, with the Cuban state keeping from 75-95% of the wages paid for the Cuban health workers or forcing workers to hand over the equivalent share in countries that deposit the funds in local bank accounts held by the workers. In many countries, Cuba receives the same amount from the local partner (government or other) for doctors, nurses, health technicians, security personnel, and even cooks and drivers who travel as part of the medical missions.

In 2021, many internationalists saw their savings evaporate as a result of an arbitrary rule imposed by the Cuban government. As part of a monetary unification process, on December 15, 2020 the Cuban government had announced the automatic conversion into Cuban Pesos of funds held in accounts in

⁷¹ A recent example is reported in “Alexander Figueredo’s Doctor of Medicine degree disabled for political reasons,” *Codelist*, Nov. 23, 2021. The disbarred doctor is a source for this study.

⁷² Patrick Oppmann, “Cuban doctors voice rare criticism of government’s Covid-19 handling,” *CNN*, Aug. 22, 2021; Sarah Marsh, “Rare doctors’ outcry highlights Cuba’s COVID crisis, growing dissent,” *Reuters*, Aug. 18, 2021.

⁷³ “Repression of scientists and health professionals in revolutionary Cuba,” *Cuba Archive*, June 17, 2021, <https://cubaarchive.org/wp-content/uploads/2021/06/Repression-of-doctors-and-scientists.pdf>.

⁷⁴ *Ibid.*

⁷⁵ “Expulsado el médico cubano Manuel Guerra de su puesto laboral: 'esto es otra causa para el 15N,’” Holguín, *Diario de Cuba*, Oct. 21, 2021.

Cuba in the hard-currency equivalent CUC, which constituted the largest share of the internationalists' compensation during their service abroad. They were given just 14 days, until December 29, 2020, to convert the funds into euros or US dollars by selling their CUC at ATMs at an official exchange rate of 24:1 despite the fact that the market exchange rate was, at the time, at least double that (40 to 47 Cuban pesos to the US dollar).⁷⁶ 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.⁷⁷

The monetary unification implemented since January 1, 2021 has also represented a progressive erosion of the compensation fixed by decree for all workers, including in the health sector, as the government has fixed an artificial exchange rate that does not correspond to what they can purchase in the market. In August 2021, a Cuban economist calculated the cost of a basket of basic living expenses relative to the salaries of doctors and nurses and determined that their purchasing power had eroded significantly—before the unification doctors had a disposable salary of 38% after paying for the basic basket but only 14% afterwards; nurses' salaries had been insufficient to cover the basic basket by 4%, whereas after the unification their deficit was 8%.⁷⁸ The economist concludes that “the real salary of doctors and nurses has been eroded at a time when they are most needed”⁷⁹ (due to the pandemic). This situation has progressively deteriorated further since last August. The economic crisis, with rampant inflation and pervasive shortages, together with the poor compensation, impose additional strains on the health professionals. They must find time to spend hours in long lines to buy food or pay “coleros,” who make a living lining up for hours each day.

With Venezuela hosting the largest Cuban medical mission, by far, the compensation package for the thousands of Cuban health workers there is particularly dire. A Cuban health worker reported from Venezuela in mid-March 2022 that he understood that the current pay for most doctors in Venezuela was bolivars B196 a month, equivalent to US\$45.85, whereas other health workers received B186 per month, equivalent to US\$43.51.⁸⁰ This pay, as in past years, is insufficient to cover basic needs and many

⁷⁶ 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.)

⁷⁷ Ibid.

⁷⁸ See, for instance: Rafaela Cruz, “Tarea Ordenamiento, un virus para médicos y enfermeros cubanos,” *La Habana*, *Diario de Cuba*, Aug. 7, 2021.

⁷⁹ Ibid.

⁸⁰ Maria C. Werlau, telephone testimony of Anonymous Source 2, Mar. 16, 2022. (Anonymous Source 2 is a male in his early thirties, a health specialist and current member of the Medical Brigade in Venezuela.) (The exchange rate was calculated at <https://www.exchange-rates.org/Rate/VES/USD>.)

workers know to arrive for their mission there with food in their suitcases (bags of rice, pasta, and other staples); they survive with money sent from their families in Cuba and patients' gifts or must find other ways to make do.⁸¹

The doctors in Venezuela also currently receive in Cuba their stipulated meager regular salary in Cuban pesos, which is set by decree in a table referred to earlier, as well as US\$180 a month that can be withdrawn with debit cards denominated in the convertible currency MLC;⁸² these cards can be used to purchase most food and other goods by their families on the island or when they travel back to Cuba on vacation. However, the Cuban government converts the dollars to MLC at the official exchange rate of CUP24 to US\$1; which currently translates into CUP4,320 or \$43 a month at the current 100:1 exchange rate—this is the market rate with real purchasing power in Cuba and Venezuela. Because the local stipend paid in Venezuelan bolivars is insufficient to cover basic needs, the internationalists rely on their families in Cuba to send them dollars, which, to make things worse, must be converted from MLC in the black market.

Finally, an additional US\$180 accumulates in an account in Cuba as a sort of bonus which they may only access if the return to Cuba having completed the mission successfully; this amount is also exchanged at the official rate of 24:1, which means that if they worked for 14 months since the new policies were implemented on January 1, 2021, the US\$180 a month bonus would equal CUP 60,480, or just US\$604 at the official exchange rate.

Faced with the above situation, in February 2022, several Cuban health workers in Venezuela expressed their outrage on social media, complaining that, despite their sacrifice and service during COVID, a large share of their hard-earned wages is lost in the forced exchange into Cuban pesos at the official artificial exchange rate, denounced that they are unable to purchase most food and essential goods in Cuban pesos, and asked to be paid in dollars.⁸³

3. The Cuban state continues to export medical brigades despite reports of lacking medical personnel in Cuba.

According to Cuba's Ministry of Health, by February 2021, Cuba had sent 420 thousand health workers to 150 countries; it boasted that "a third of humanity has been attended to by Cuban health

⁸¹ Ibid.

⁸² Moneda Libre Convertible (Freely Convertible Currency)

⁸³ Annarella Grimal, "Necesitamos respuestas: Exigen médicos cubanos en Venezuela," *CiberCuba*, Feb. 10, 2021.

professionals.”⁸⁴ Cuba’s use of hyperbolic language to portray the work of the medical brigades is standard fare but statistical contradictions are common—for instance, in August 2019, Cuban state media had reported that a lesser number of health professionals (407,000) had served in more countries (164).⁸⁵ Staff to monitor the brigades, for “administrative” duties or as service workers, is typically counted as part of the medical brigades when Cuba and host countries report the number of “collaborators.”⁸⁶ Regardless of the exact numbers and capacities, the fact is that many thousands of Cubans have been exploited in the Americas, Sub-Saharan Africa, North Africa, Asia, Middle East, and Europe.

The Cuban government very quickly seized the coronavirus pandemic as an opportunity to expand the reach of its export medical services, in particular, of emergency brigades to assist with COVID. By August 2021, Cuba was reporting 29,954 health workers in 74 countries,⁸⁷ or 1,686 more workers than in March 2020, when the Cuban government reported 28,268 workers in medical brigades in 61 countries,⁸⁸ before it started to send COVID brigades. In less than three months, from March to mid-June 2020, Cuba had sent around 2,772 workers to 26 countries “to provide medical care for coronavirus patients.”⁸⁹ By mid-January 2022, Cuba reported having sent 58 emergency brigades of around 5,000 health workers to 42 countries to assist with the pandemic;⁹⁰ at least around 3,000 have reportedly returned to Cuba.⁹¹ Some of these COVID brigades have gone to new markets, i.e. countries that did not at the time have bilateral health agreements with Cuba or had never had any—Andorra, Anguilla, Azerbaijan, Barbados, British Virgin Islands, Guinea Bissau, Guinea Corky, Italy, Martinique, Mexico, Monserrat, Panama, Togo, Turks & Caicos, and perhaps others.

Cuba’s medical brigades are composed of a large number of nurses but some also include many doctors, such as the one in Mexico for the pandemic and the traditional ones that remain in Qatar, Saudi Arabia, and Venezuela (the latter reports 11,000 doctors⁹²). In addition, as reported earlier, many agreements to host Cuba’s brigades include medicines and medical supplies used by the Cubans and during the

⁸⁴ “Un tercio de la humanidad ha recibido la mano de los profesionales cubanos de la salud,” MINSAP, Feb. 22, 2021, <https://salud.msp.gob.cu/un-tercio-de-la-humanidad-ha-recibido-la-mano-de-los-medicos-cubanos/>

⁸⁵ Elson Concepción Pérez, “Esclavos solo del amor por los demás,” *Granma*, Aug. 12, 2019.

⁸⁶ See <https://cubaarchive.org/cuba-salud/cubas-medical-brigades/>.

⁸⁷ “La inversión extranjera...”, op. cit.

⁸⁸ Abel Reyes Montero, “Cuban international medical brigades focused on solidarity and caution,” *Granma*, Mar. 17, 2020.

⁸⁹ This information was derived from multiple Cuban official media and host country reports.)

⁹⁰ “Brigada de enfermeros cubanos llega a Bahamas,” *OnCuba*, Jan. 16, 2022.

⁹¹ “Cuban medical brigades for Covid 19: Number of collaborators,” Cuba Archive, <https://docs.google.com/spreadsheets/d/1ubMeQPv5APGPr7fy49AS8vCITP4G0CiCnkN4uuFFirg/edit#gid=976424376>.

⁹² C. A. Cabrera, op. cit.

pandemic, they initially included drugs to treat COVID, such as an interferon made by Cuba —it was touted as a miracle drug for COVID in 2020 but apparently fell out of favor quickly.⁹³

As Cuba stepped up sending doctors and nurses to many other countries during the pandemic to generate financial resources,⁹⁴ the Cuban population continued complaining of a shortage of medical personnel on the island. This has been regularly denounced by independent journalists or in social media. For instance, a September 2021 *Diario de Cuba* report indicates that the León Cuervo Rubio Hospital in Pinar del Río only had three doctors for 300 patients who also had to deal with an extreme lack of medication.⁹⁵ The open secret has even crept into Cuban media official; the Cuban Communist Party daily *Granma* featured in August 2021 an interview with the director of the largest hospital in Guantánamo province, Hospital Agostinho Neto, acknowledging serious deficiencies in medical services, including that his hospital only had two doctors and some nurses to attend to the 150 patients arriving daily.⁹⁶

4. Cuba exports pharmaceutical products —many in health collaboration agreements involving the brigades— while Cuba experiences medicine shortages despite high health export service revenues.

In January 2022, the president of the state-owned *BioCubaFarma*, Dr. Eduardo Martínez, reported that Cuba had “over-achieved” its export projection for 2021 of Cuban-produced medications. Meanwhile, as he also acknowledged, the local population faced an extreme shortage of drugs in 2021 and many – likely, most– COVID patients lacked the most basic drugs to fight the virus.⁹⁷ Martínez detailed the shortage of even Priority 1 drugs, including for seriously ill patients,⁹⁸ and explained that the monthly deficit was both in locally-produced and imported drugs –which are already tightly restricted— (121 locally-produced drugs were not available, on average, from an approved list of 359).⁹⁹ He explained that this resulted primarily from a 50% deficit in the “financing” needed to import required raw materials

⁹³ Maria C. Werlau, “Cuba in time of coronavirus: exploiting a global crisis, Part III: Interferon, Cuba’s so-called wonder drug, and the dark side of Cuba’s biotechnology industry,” Cuba Archive, May 2020, <https://cubaarchive.org/wp-content/uploads/2020/05/PART-III-Interferon.pdf>.

⁹⁴ Cuban medical brigades for Covid-19 (Mar. 2020 - Feb. 2022), Number of “collaborators,” Cuba Archive, <https://docs.google.com/spreadsheets/d/1ubMeQPv5APGPr7fy49AS8vCITP4G0CiCnkN4uuFFirg/edit#gid=976424376>

⁹⁵ Osmel Almaguer, “La mayoría de los médicos había enfermado; muchos renunciaban al tratamiento para dárselo a los pacientes,” *La Habana, Diario de Cuba*, Sep. 8, 2021.

⁹⁶ Gladys Leidys Ramos, ¿Cómo la COVID-19 ha impactado los hospitales?, *Granma*, Aug. 25, 2021.

⁹⁷ See “Cubans, amid medicine scarcity, turn to herbal remedies and bartering,” *Reuters*, Apr. 21, 2021; Guillermo Martínez and Sarah Marsh, “Cuban diaspora sends medicines to alleviate dire shortages,” *Reuters*, Aug. 12, 2021; “Cuba faces “tense situation” due to shortage of medicines,” *OnCuba*, Jul. 6, 2020; Nora Gámez Torres, “Food shortages, a decrepit economy, and now the coronavirus: harder times ahead for Cuba,” *The Miami Herald*, Mar. 28, 2020.

⁹⁸ Susana Antón Rodríguez, “En junio debe comenzar a mejorar producción de medicamentos,” *Granma*, Jan. 30, 2022.

⁹⁹ *Ibid.*

and inputs, which had been diverted “for the development and production of vaccines against COVID-19, and drugs included in the treatment protocol for this disease,”¹⁰⁰ which were presumably only available for the nomenklatura or tourists. Yet, Cuba refused to participate in the Covax program for subsidized or free COVID vaccines available to low-income countries from the private-public GAVI (Global Vaccine Alliance)¹⁰¹ as well as an offer of one million COVID vaccine doses donated by the United States government.¹⁰²

5. Death of at least 7 internationalists in 2021

At least seven “internationalists” of the medical brigades died in 2021 (documented, including with photos); at least three—and likely more—died of coronavirus:¹⁰³

1. Onilber Aguilera, age 44, died on April 17, 2021 reportedly of COVID in Venezuela. He was an engineer part of Cuba’s Medical Coordination Team heading the Medical Insurance Group in the state of Carabobo.
2. Ireysi Dilu Sánchez age 40 and a specialist in Statistics working as a doctor in Venezuela, died in April 2021 of COVID.
3. Dr. Alfredo Luis Negrín Guerra, age 66 and a maxillofacial surgeon, died on April 18, 2021 of an unspecified illness in Djibouti.
4. Dr. Yamilka Powell Vague, age 39, died on May 17, 2021 from a cerebrovascular stroke in Venezuela.
5. Dr. Ronald Guillen Hodge, a neurosurgeon, died on June 17, 2021 from complications of COVID-19 in Tanzania.
6. Dr. Lincoln Eduardo Bertot Pérez, an anesthesiologist, died in June 2021 from an unspecified illness a few days after returning to Cuba from a medical mission in Africa.
7. Dr. Anibaldo Matos Hernández, age 45, died on December 17, 2021 from a reported pulmonary embolism in Guatemala.

6. Unsafe conditions, especially for health workers serving in Venezuela, and kidnappings in Haiti and Kenya

Many Cuban health workers—in Venezuela in particular—endure dire and stressful working and living conditions, some in extremely dangerous environments, have a very poor diet, and lack equipment,

¹⁰⁰ Ibid. (Translation from Spanish.)

¹⁰¹ Silvia Ribeiro, “COVAX: La trampa,” *Cubadebate*.cu, May 21, 2021; Nora Gámez Torres, “Cuba rejected a one-million dose donation of COVID-19 vaccines from the U.S.,” *WLRN News*, Nov. 12, 2021.

¹⁰² Nora Gámez Torres, “Cuba rejected a one-million dose donation of COVID-19 vaccines from the U.S.,” *WLRN News*, Nov. 12, 2021.

¹⁰³ See “83 cases of death and disappearances reported in 2021 attributed to the Cuban state,” *Cuba Archive*, <https://cubaarchive.org/wp-content/uploads/2022/02/Documented-deaths-in-2021-EDITED.pdf>; and Database of Documented Deaths and Disappearances, <https://cubaarchive.org/database/>.

supplies, and medicines to care for patients. At most neighborhood clinics or small hospitals, known as CDI (*Centros Diagnósticos Integrales*), where most Cuban doctors practice in cities, there is no equipment for diagnosis and almost nothing to treat patients.¹⁰⁴ This has reportedly led to several suicides and preventable deaths, however, there is insufficient data to document some deaths reported anecdotally.

Cuban authorities continue to mandate that health workers who wish to go on overseas medical missions must first go on a mission to Venezuela as a condition for later obtaining more appealing assignments.¹⁰⁵ A current member of the Cuban medical brigade in Venezuela, a male in his mid 30s, reported that he was sent for the first year to serve in the Amazon in conditions so terrible he thought he could not endure it. He was forced to live and work without electricity and the power in the clinic could only be turned on to complete lab tests for no more than two hours a day. He also had to report false treatments (for Cuba to bill Venezuela) that he was unable to provide due to lacking electricity. To visit patients, whose homes were located on the water, he had to travel by canoe and had to barter with the local Indians flour for the occasional fish or crocodile tail to get some protein. Only after completing one year of service in those conditions was he able to obtain a transfer, in 2021, to a city in Venezuela, where he continues to work for the medical mission in less dire but still very difficult conditions. His plan is to save as much as possible so he can try to find a way to make it to the United States.¹⁰⁶

Kidnapped Cuban doctors

Cuban doctor Helen Pérez Alabedra was kidnapped in Haiti on January 13, 2022 and held for ten days,¹⁰⁷ released after the Cuban government presumably paid a ransom.¹⁰⁸ Cuba has maintained a large presence of medical workers in Haiti since 1998 despite the extremely harsh living and working conditions for most its workers as well as the political strife, epidemics, hurricanes, and earthquakes they have had to

¹⁰⁴ M. Werlau, interview with Anonymous Source 2, op. cit.

¹⁰⁵ 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, Nov. 23, 2019 and Mar. 16, 2022.) (Anonymous Source 1 is a female medical doctor who served in Haiti and in Venezuela for a total of ten years, she currently lives in the U.S. but fears reprisal for a son, a mother, and other close relatives in Cuba.)

¹⁰⁶ M. Werlau, interview with Anonymous Source 2, op. cit.

Yosdany Morejón Ortega, "Inmunizados más del 95% de los colaboradores cubanos en Venezuela," *Cuba Debate*, Mar. 31, 2021.

¹⁰⁸ Initially, it was reported that the kidnappers were requesting \$1 million, then \$100,000; it was eventually reported that Cuba paid \$10,000, although this was not officially confirmed. ("La prensa haitiana afirma que el Gobierno cubano retiró a 78 integrantes de su brigada," Puerto Príncipe, *Diario de Cuba*, Jan. 20, 2022.

face.¹⁰⁹ It currently has 264 health workers in Haiti¹¹⁰ despite the extremely dangerous environment, especially for foreigners; in 2021, Haiti was the country with the highest kidnapping rate per capita.¹¹¹

Two Cuban doctors, Assel Herera Correa, a general M.D., and Landy Rodriguez, a surgeon, kidnapped in Kenya in 2019 by the Islamist fundamentalist group Al-Shabaab, remain in captivity: a ransom of US\$1.5 million is demanded for their release.¹¹² The kidnapping led to the withdrawal of Cuban doctors from Kenyan counties bordering Somalia and heightened security for the doctors in other counties.¹¹³ Nonetheless, in July 2021, Cuba renewed its bilateral health cooperation agreement with Kenya,¹¹⁴ and agreed to send 79 more doctors to Kenya to join the 53 already there, for a total of 101 doctors.¹¹⁵

7. Political scandal in South Africa continues for the hiring of Cuban doctors.

In South Africa, steep payments to Cuba for a COVID emergency brigade (May 2020-May 2021) continued to cause political backlash in 2021. South Africa had hired 187 Cuban health workers for the pandemic at a cost of R439,916,337, equivalent to \$US29 million, or around US\$155 thousand per worker for salaries, registration, housing, and other expenses¹¹⁶ —R239 million was just for salaries, equivalent to US\$15.6 million, or \$7,060 per month per internationalist. Yet, none of the Cubans were specialists —116 were family doctors, one was a nurse, and the rest were technologists, biomedical engineers, biostatisticians, or “public health specialists.”¹¹⁷ 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

¹⁰⁹ For details of the Cuban medical mission in Haiti, see Maria C. Werlau, “Cuba’s business of humanitarianism: the medical mission in Haiti,” *Cuba in Transition: Volume 21*, Papers and Proceedings of the 21st Annual Conference of the Association, <https://www.ascecuba.org/c/wp-content/uploads/2014/09/v21-werlau.pdf>

¹¹⁰ “Cuba refuerza brigada médica en Haití,” *Prensa Latina / Radio Bayamo*, Aug. 25, 2021.

¹¹¹ According to the 2021 report “Gang hegemony and increase in crime” prepared by the Center for Analysis and Research in Human Rights (CARDH), a Haitian civil society organization with consultative status with the UN. (“Haiti - Insecurity: Haiti is the country with the highest rate of kidnappings per capita,” *Haiti Libre*, Dec. 16, 2021.)

¹¹² V. Okeyo, *op. cit.*

¹¹³ *Ibid.*

¹¹⁴ “Cuba and Kenya signed important agreements for the provision of health care services,” *TeleSur*, Jun. 8, 2021, <https://www.telesurenglish.net/news/Cuba-and-Kenya-Sign-Important-Medical-Collaboration-Agreements-20210608-0021.html>

¹¹⁵ “Más médicos cubanos llegan a Kenia pese al secuestro de Landy Rodríguez y Assel Herrera,” *Nairobi*, Oct. 19, 2021.

¹¹⁶ 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.)

¹¹⁷ 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>

account in Cuba for which family members had a debit card with a monthly limit on what they could withdraw.¹¹⁸ Including the portion frozen until the workers return to Cuba, this represented 22% of the wages Cuba received from the South African government for their services.¹¹⁹

ActionSA party chairman Herman Mashaba had denounced that these funds should have been used to employ 500 qualified South African doctors who could not find employment and were ready to help fight Covid-19. His party launched the #HireOurMedicalHeroes campaign to call on the government to hire 625 qualified South African doctors and nurses who were unemployed or temporarily employed.¹²⁰ Authorizing Cuban doctors to practice without the required certification of credentials also embittered other foreign-trained doctors in South Africa, as the registration process for the Cubans took just three to ten days on average and bypassed all the red tape all the others must negotiate.¹²¹ Another scandal had also surfaced for the acquisition by the South African Armed Forces of the Cuban drug Interferon Alfa 2B to treat Covid-19 patients for R260 million (US\$16.3 million) without approval for local use.¹²²

In early March 2022, Jack Bloom, of the Democratic Alliance (DA) and shadow health Member of the Executive Council (MEC) in Gauteng, one of South Africa's nine provinces, denounced that the local health department was paying high salaries for 14 Cuban doctors (R78,000 to R91,000 a month, equivalent to US\$5,227-\$6,099), some of whom did not speak English and were not familiar with local health conditions, while local doctors remained unemployed, many positions remained vacant and frozen, and ten doctors/interns at a local hospital had not been paid at all for weeks.¹²³ (The one-year contract for the province's 28 Cuban doctors employed for the pandemic had expired in May 2021). A campaign officer for AfriForum added that there was "a long history of extremely questionable cooperation and relations between South Africa and Cuba" and in "a very troubling series of events,"

¹¹⁸ 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>.

¹¹⁹ The Rand to US Dollar exchange rate used for all calculations as of Jan. 28, 2021, FXRate, <https://fx-rate.net/ZAR/USD/>.

¹²⁰ 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>.

¹²¹ 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>.

¹²² "A la basura 16 millones de dólares: la compra de fármacos de Sudáfrica a La Habana" Pretoria, Diario de Cuba, 1 de diciembre de 2021.

¹²³ Marizka Coetzer, SA-based Cuban doctors take home salaries while intern doctors remain unpaid, *The Citizen*, Mar. 7, 2022.

referring to “the scandal” of employing Cuban medical personnel for the pandemic while local doctors were unemployed, to the National Defence Force irregular procurement of Covid drugs from Cuba, and to a recent R50 million (US\$3.4 million) donation to Cuba.

8. U.S. Senators Menendez and Rubio reintroduced legislation to combat human trafficking of Cuban doctors.

In June 2021, Senator Bob Menendez (D-NJ), Chairman of the Senate Foreign Relations Committee, and Senator Marco Rubio (R-FL), Ranking Member of the Senate Foreign Relations Subcommittee on the Western Hemisphere, reintroduced the Combatting Trafficking of Cuban Doctors Act of 2021, legislation to strengthen accountability measures addressing the Cuban regime’s human trafficking and exploitation of Cuban doctors, nurses, and other medical professionals deployed on foreign medical missions.¹²⁴ The bipartisan legislation would require new reporting on the forced labor conditions faced by Cuban doctors in countries around the world as well as reestablish the Cuban Medical Professional Parole Program to permit eligible Cuban medical professionals and their immediate families to come to the United States.

Upon introducing the legislation, Chairman Menendez said: “It is unacceptable that the Cuban regime has continued to exploit doctors and nurses for profit, withholding their passports, retaliating against their families, and manipulating them through other forms of pressure and intimidation.” For his part, Senator Rubio said: “The Castro and Díaz-Canel regime can attempt to disguise these missions as humanitarian efforts, but the reality is they’re state-sponsored human trafficking brigades. ... The U.S. has a moral duty to combat this scheme and hold accountable the perpetrators of these abuses.”

9. Lawsuit against the Pan American Health Organization (PAHO) in the US.

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 the Pan American Health Organization (PAHO) under the Trafficking Victims Protection Act and the Racketeering Influenced and Corrupt Organizations (RICO) Act, alleging conditions of forced labor/trafficking. The lawsuit seeks to recover the remaining portion of the compensation Brazil paid PAHO for the plaintiff’s services and other damages including treble damages (triple compensatory damages) under RICO. It alleges that the PAHO officials circumvented “Brazilian budget, labor, and immigration laws; the Brazilian Constitution; U.S. criminal laws and international laws against forced labor and human trafficking; the U.S. embargo

¹²⁴ “Menendez, Rubio Reintroduce Legislation to Combat Human Trafficking of Cuban Doctors, Jun. 17, 2021,” U.S. Senate, <https://www.foreign.senate.gov/press/chair/release/menendez-rubio-presentan-proyecto-de-ley-para-combatir-la-trata-de-mdicos-cubanos>.

against financial transactions with Cuba; and PAHO's Constitution and by-laws.”¹²⁵ PAHO had acted as intermediary between Brazilian and Cuban authorities, participating in the salary confiscation scheme of the Cuban doctors, had hired 120 “consultants” from Cuba to monitor the Cuban doctors and avoid their defections, and had offered a legal team to counter claims that Cuban doctors were taking to Brazilian courts seeking to be hired and paid directly.¹²⁶

PAHO requested the judicial process be moved to Washington, DC, where, in November 2020, a federal judge 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.¹²⁷

On Aug. 2, 2021, the Human Trafficking Legal Center filed an amicus brief arguing that: “The Center believes that the district court correctly determined that PAHO’s acting as a financial intermediary to facilitate Cuba’s trafficking of medical personnel in Brazil constitutes “commercial activity” for which PAHO may not assert international-organization immunity.”¹²⁸

10. Cuban doctors who had abandoned the medical mission and remain in Brazil.

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 for the program known as *Mais Médicos*. On November 14, 2018, the Cuban government abruptly announced that it would remove all its doctors from Brazil starting the following day.¹²⁹ 836 (10%) of the 8,471 doctors who were in

¹²⁵ Ramona Matos Rodríguez, Tatiana Carballo Gomez, Fidel Cruz Hernández, and Russela Margarita Rivero Sarabia, Plaintiffs, v. Pan American Health Organization, Joaquin Molina, Alberto Kleiman; In the United States District Court Southern District of Florida, Miami Division Caseno: Case 1:18-cv-24995-DPG, Document 9, entered on FLSD Docket 12/26/2018, p. 19.

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

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

¹²⁸ Brief of the human trafficking legal center as amicus curiae in support of affirmance and plaintiffs-appellees, USCA Case #20-7114, Document #1908509, filed Aug. 2, 2021 <https://htlegalcenter.org/wp-content/uploads/Rodriguez-v.-PAHO-brief.pdf>

¹²⁹ Shasta Darlington, “Cuba is pulling doctors from Brazil after ‘derogatory’ comments by Bolsonaro,” *The New York Times*, Nov. 14, 2018.

Brazil¹³⁰ decided to stay despite great pressures on them and their families from Cuban authorities; they joined many others who had previously abandoned their missions.¹³¹ In total, around 2,000 Cuban doctors who remained in Brazil were faced with very difficult conditions and unable to work legally. In July 2019, the Government of Brazil 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.¹³² 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 *Mais Medicos* program to work in 24 municipalities in 24 states.¹³³

As of January 2018, there were 159 pending lawsuits in Brazilian labor courts associated with claims by 198 Cuban doctors regarding their labor rights when they served in the *Mais Medicos* program.¹³⁴ In 2021, the U.S.-based non-profit legal defense fund Global Liberty Alliance¹³⁵ reported that it was still representing claims of human rights abuses by approximately 100 Cuban health workers formerly of the *Mais Medicos* program and that Brazil's Minister of Justice and Public Safety had agreed to an investigation, whose results are pending.¹³⁶

11. International exposure of the trafficking aspects of Cuba's medical missions.

Independent media outlets focused on Cuba covered the human trafficking issue frequently and comprehensively during the reporting period. Yet, international media coverage decreased considerably and most was focused on Cuba's COVID brigades as a result of a huge public relations and media campaign by Cuba and its friends and allies. It was particularly strong in support of the nomination of Cuba's emergency medical brigades for the Nobel Peace Prize. Numerous progressive organizations and Solidarity-with-Cuba groups from all over the world participated in the effort and hundreds of

¹³⁰ 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.)

¹³¹ "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>.

¹³² "Brasil ofrece residencia y permiso de trabajo a médicos cubanos en ese país," *Cuba Net*, Jul. 29, 2019.

¹³³ "Más de 350 médicos cubanos son autorizados por Brasil para ejercer la profesión en el país," *Brasília, Diário de Cuba*, Dec. 11, 2020.

¹³⁴ See Reports of the External Auditors for 2017 and 2018, op. cit.

¹³⁵ See <https://www.globallibertyalliance.org/brazil-cuban-docs.html>. (GLA is also working on behalf of Cuban health workers in medical missions in Uruguay, Guatemala, Honduras, and Nicaragua.)

¹³⁶ "Brazil's Justice minister agrees to review forced labor claims of Cuban medical workers in Brazil," Global Liberty Alliance, Sep. 4, 2020.

nominations were sent to the Norwegian Nobel Committee.¹³⁷ In the U.S., the organization Code Pink: Women for Peace dedicated significant resources to the campaign.¹³⁸

Cuba Archive devoted extensive efforts to inform the Norwegian Nobel Committee of the dark truths surrounding Cuba's medical missions including coordination of a letter sent to the Committee in August 2021 by 54 health professionals, mostly doctors, who had served in medical missions in different countries.¹³⁹ The missive detailed nine systematic violations to which the internationalists were submitted during their service.

The Nobel Committee awarded the 2021 Nobel Peace Prize to Maria Ressa (Philippines) and Dmitry Muratov (Russia) "for their efforts to safeguard freedom of expression, which is a precondition for democracy and lasting peace."¹⁴⁰

V. Recommendations

1. Properly reflect the TIP classification for all countries whose governments allow Cuban medical personnel in their national territory under any bilateral, multilateral, or triangular agreement or allow for the exploitation of Cuban medical workers in "international" clinics operating in the national territory. Many, not all, were mentioned in the 2021 TIP report.
2. 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), 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,¹⁴¹ political asylum requests or visas, press reports from destination countries, etc.

¹³⁷ 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>.)

¹³⁸ <https://www.codepink.org/nobelcuba>.

¹³⁹ "Letter to the nobel committee from cuban health professionals," sent by email to the Nobel Committee website on Aug. 19, 2021 at 6:55PM EST, Cuba Archive, <https://cubaarchive.org/wp-content/uploads/2021/11/Letter-to-the-Nobel-Committee-8.19.2021.pdf>

¹⁴⁰ Nobel Peace Prize, <https://www.nobelprize.org/prizes/peace/>

¹⁴¹ 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.)

- c) working with other governments to review 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.
3. 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.
 4. 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.
 5. Work within the international system to combat this form of trafficking and assist the victims:
 - a) Demand that international organizations of which the United States is a member stop supporting or funding 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) Promote awareness within the international system (UN, OAS, WHO, PAHO, ILO, etc.) to combat this form of labor trafficking.
 - e) 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.
 - f) 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).¹⁴²
 6. Allocate U.S. government funds to NGOs that investigate and combat labor trafficking by Cuba:
 - a) Researching and documenting the trafficking.
 - b) Developing a list of guidelines or best practices.
 - c) Conducting international advocacy and educational initiatives to combat the trafficking and protect the victims.
 - d) Enlisting international partners.

¹⁴² 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.

- e) Designing and implementing appropriate mechanisms to report violations.
- f) Providing legal support to the victims in the US and in third countries.
- g) Supporting host countries that currently host medical missions in developing legal and ethical ways to maintain needed health services.
- h) Establishing guidelines to confirm credentials of Cuban health professionals and providing adequate legal protections to healthcare recipients in the host countries.