

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

Information for the 2023 Trafficking in Persons Report
for the Office to Monitor and Combat Trafficking in Persons
of the U.S. Department of State

February 1, 2023

by
Free Society Project/Cuba Archive



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

Information for the 2023 Trafficking in Persons Report
Forced/compelled labor (trafficking in persons) by the Cuban state:
the “internationalist medical missions”

By Maria C. Werlau

I. Introduction

This report solely focuses on the forced/compelled labor of Cuban health workers generating export services for the Cuban State although other forms of forced/compelled labor and sex trafficking are believed to be occurring in Cuba. The violations it describes meet the criteria of forced labor or “labor trafficking” under the 2000 Trafficking Victims Protection Act (TVPA), as amended,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 takes generously from prior year reports by Cuba Archive to the Trafficking in Persons Office –in some years in conjunction with partner organizations—and, together with updates for the current reporting period, are based on objective and credible findings derived from:

- 1) extensive witness testimony obtained by Cuba Archive since 2009; and
- 2) reputable secondary sources, including 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 and video evidence appearing in social media.

¹ The 13th Amendment to the U.S. Constitution barred slavery and involuntary servitude in 1865. The Trafficking Victims Protection Act (TVPA) is a federal statute that was passed into law in 2000 by the U.S. Congress and signed by President Bill Clinton. It has been enhanced on a number of occasions with amendments, the latest one in 2018 (see Human trafficking, Key Legislation. United States Department of Justice, <https://www.justice.gov/humantrafficking/key-legislation>).

II. Cuba's trafficking profile

The Government of Cuba does not meet minimum standards for the elimination of labor trafficking and is making no efforts to do so; rather, it actively engages in myriad efforts to expand a gigantic state-owned business that benefits 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 totalitarian system that demands and imposes economic and socio-political subordination to the almighty state guarantees that a large pool of captive low-paid workers are readily available for exploitation as exportable commodities of the state. This explains why Cuba's health workers are usually eager to serve in internationalist medical missions for two to three years despite great hardships—it is their only opportunity to generate some extra income to improve their lot in the simplest of ways, such as to fix a home in disrepair or acquire an appliance. Although for serving abroad they receive higher wages—which vary by country of service—these are generally well below what local medical professionals of equivalent stature make; still they are generally considerably more than the miserly wages paid in Cuba, currently equivalent to US\$36 a month in the informal market² for the highest paid doctors (Grade II specialists).³ 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; in certain countries, some engage in informal businesses, such as reselling clothes or other goods brought back on their annual vacation to Cuba or upon return from their mission. Some health workers accept the 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 in Cuba, demotions, career stagnation, dismissal, and even a permanent ban from employment in the public health system, which is entirely in state hands. Some plan ahead of time to use the international mission as a ticket to emigrate.

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

² On Jan. 29, 2023 the exchange rate in the informal market was 163 Cuban pesos to \$US1. (See <https://eltoque.com/tasas-de-cambio-de-moneda-en-cuba-hoy>) The official rate of CUP 24 to US\$1 is only used as reference certain official purposes; and goods and services are priced and exchanged in the informal market rate. In August 2022, the government started buying dollars from the public at CUP120 to US\$1, as a first step to correcting the disparity between the official and informal market rates. (“Cuba comprará dólares a un cambio cinco veces mayor que la tasa oficial,” *La Habana*, EFE Aug. 03, 2022. https://www.swissinfo.ch/spa/cuba-econom%C3%ADa_cuba-comprar%C3%A1-d%C3%B3lares-a-un-cambio-cinco-veces-mayor-que-la-tasa-oficial/47802164)

³ Grade II specialists earn CUP 5,810; the government sets all salaries according to a scaled table. (*Gaceta Oficial* No. 69 Extraordinaria, Dic. 10, 2020, ANEXO II, Salarios mensuales de los médicos, estomatólogos y enfermeras, p. 63, and pp. 608-609, <http://media.cubadebate.cu/wp-content/uploads/2020/12/goc-2020-ex69.pdf>.)

attitudes, expressions, or behaviors deemed “contrary to the Revolution.” The 1982 Special Regulation for Medical Students “of the Carlos J. Finlay Detachment”⁴ establishes that an education in medical sciences is exclusive to those with “revolutionary vocation” whose political and moral principles are aligned with the government.^{5/6} It also stipulates that all students of medical sciences must “serve the Revolution” and that any manifested contrary attitude or failure to comply with any duty are considered grave faults (Art. 47) with extreme consequences. These include rejecting assignments to overseas missions.

Health professionals who fail to conform to the government’s diktats face extreme reprisals for questioning or exposing work practices or conditions; these include expulsion from work or study, withdrawal of educational credentials, inability to work in the health profession, persecution, harassment, imprisonment, search of personal property, acts of repudiation, defamation, restriction from leaving the country, threats, intimidation, discrimination in accessing education, food, housing, health services and others, detention without due process, illegal or unjustified surveillance, interfered communications,⁷ and even forced disappearance or death.⁸

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.⁹ This has been extensively reported by many international independent human rights organizations and

⁴ “Destacamento Carlos J. Finlay,” <https://instituciones.sld.cu/facultadfinlayalbarran/pregrado/destacamento-carlos-j-finlay/>; Carlos Finlay, https://en.wikipedia.org/wiki/Carlos_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*.)

⁵ “Restricciones a la libertad académica y otros derechos humanos de los universitarios en Cuba,” *Informa*, Observatorio de Libertad Académica, Feb. 2021, pp. 9, 11.

⁶ 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.)

⁷ Ibid, pp. 42-43.

⁸ 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/>

⁹ 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).

multilateral institutions as well as by the U.S. Department of State.¹⁰ 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.¹¹

Official complicity with the trafficking is absolute and government officials at all levels are perpetrators and abettors, including the diplomatic corps and intelligence services. 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 by *Antex* in Angola,¹² some directly by Cuba's Ministry of Health.

An entity attached to the Ministry of Foreign Trade and Foreign Investment of Cuba, the Center for the Promotion of Foreign Trade and Investment,¹³ is dedicated to exporting workers in different industries through numerous specialized state-owned corporations. The state entity, branded as Pro Cuba, publishes a large volume of goods and services offered for export, titled "Exportable Supply of Goods and Services, 2021-2022,"¹⁴ which lists two types of exportable services of health professionals by the company *Empresa Comercializadora de Servicios Médicos Cubanos CSMC, S.A*, located in Miramar, Havana, and whose director is listed as Miladys Orraca Castillo, website www.smcsalud.cu, tel. (+53): 7209 6977 ext. 185, email: smc@smcsalud.cu.

- 1) Hiring of professionals / Tariff item: 8413.70.13. "Services offered by professionals from different medical specialties for more than half a century and in more than 160 countries, that has provided improvements in health indicators in all countries where it has been applied and includes assistance in situations of emergencies and natural disasters."
- 2) Medical services in border / Tariff Item: 8413.70.13. "Services with the recognized professionalism and principles of the Cuban Health System, which has made it possible to achieve the successful health indicators of the Cuban population. It develops the programs adjusted to the needs of the entities that demand them and in correspondence with standards

¹⁰ See "Cuba - Human Rights Country Report," U.S. Department of State, 2019, <https://www.state.gov/reports/2019-country-reports-on-human-rights-practices/>.

¹¹ Cuba's Penal Code prohibits all citizens from leaving the country without government authorization and imposes penalties of up to four years of prison for attempting to do so. Article 25, subpara f. of Cuba's 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.)

¹² <http://www.smcsalud.cu/smc>

¹³ Centro para la Promoción del Comercio Exterior y la Inversión Extranjera en Cuba, currently known as Pro Cuba (formerly known as CEPEC), located at Calle 10 No. 512 e/31 y 5ta Ave. Playa. La Habana, Tel.: + (53) 7214 4340-42 y + (53) 7214 4345, email: procubainfo@mincex.gob.cu, www.facebook.com/procuba, Twitter: @pro_cuba

¹⁴ See <https://www.procuba.cu/en/exportable-offer-from-cuba/>

of Hygiene and Epidemiology and international agreements related to International Health Control. Mode II of Services Export.”¹⁵

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. 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 before being sent back to Cuba in 2019; once back home on the island, she was falsely diagnosed with cancer and subjected to an unneeded hysterectomy.¹⁶

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, as is the case with all other cases of human rights accords it has signed and even ratified. Cuba’s Constitution, modified in 2019, continues to undermine international commitments, as its Article 8 provides that the Constitution supersedes any international treaty. (Language in the prior constitution more explicitly voided Cuba’s international legal commitments.)

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 2000¹⁷ clearly states that abuse of power or of a position of vulnerability for the purpose of exploitation constitutes human trafficking¹⁸ 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,

¹⁵ Ibid, p. 388 and p. 392.

¹⁶ 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 her child and a parent in Cuba.)

¹⁷ 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>.)

¹⁸ 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.

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.”¹⁹

Background

Cuba officially and systematically represents the export health services as medical “missions” or “brigades” of a “humanitarian” and “altruistic” nature and refers to the workers delivering the services as “internationalists” or “collaborators.” The labor exploitation scheme, presented as “collaboration,” is, in fact, a huge profit-seeking enterprise of the Cuban State used to advance myriad objectives:

- 1.) Economic: it generates hard currency revenues, loans, material assistance, markets for Cuba’s exports, and investments.
- 2.) Political: it strengthens ties with host nations and other partners, leading to political leverage, influence, support, loyalty, and favorable votes in multilateral institutions.
- 3.) Geostrategic: it allows for clandestine penetration/influence and intelligence collection in host countries to further the regime’s goals.
- 4.) Pro-regime propaganda: it generates legitimacy, sympathy, and praise for the Cuban dictatorship and its brand of socialism.

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 Algeria²⁰ to help the revolutionary government of Ben Bella, essentially in a military capacity. 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.

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 world, penned by a well-known clique of supportive academics and journalists.²¹ In the U.S.

¹⁹ “What is modern slavery?,” U.S. Department of State
<<https://www.state.gov/j/tip/what/index.htm>>.

²⁰ “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/>

²¹ 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>.

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.²²

How the exploitation scheme works

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 (TCPs)²³ have since the 1970s—and 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.²⁴ 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.²⁵

Cuba's international missions are channeled through the UN system, particularly through the Pan American Health Organization (PAHO), the World Health Organization (WHO), and the United

²² Julie Feinsilver, "The Atlantic Philanthropies -Cuba," The Atlantic Philanthropies, 2020.

²³ 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.)

²⁴ See examples of triangular cooperation with Cuba in Joel Millman, "New prize in Cold War: Cuban doctors," *The Wall Street Journal*, Jan. 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>.

²⁵ 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.)

Nations Children’s Fund (UNICEF), and are promoted in the context of South-South cooperation advanced by the United Nations Development Programme. Beneficiaries of triangular agreements with Cuba include or have included Angola, Haiti, Honduras, Bolivia, Brazil, Burkina Faso, Chad, Mali, Mauritania, Honduras, Nicaragua, Niger, Rwanda, and Equatorial Guinea, Guinea Conakry, Liberia, Sierra Leone, and others.²⁶ Aside from Cuba’s allies —such as Venezuela under Chávez and Maduro or 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 represented as “humanitarian;” to date they have failed to take into account 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,” which are private clinics established by Cuba in third countries, possibly with local partners, that bill local patients or their medical insurance like any other local health provider. There is almost no 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 from Cuba and possibly —or likely— are subjected to the same schemes of labor exploitation as the medical brigades contracted to governments. 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.”²⁷ It appears —from sparse Cuban government and press reports, social media sources, and anecdotal accounts— that these clinics might be operating in Angola, Barbados, Bolivia, Chile, Dominican Republic, Peru, Portugal, Serbia, St. Vincent and the Grenadines, and, likely in other countries. Cuba’s ownership (which might be shared with local partners) is obscured and official links to the Cuban State have not been confirmed to date, however, the most of these clinics operate under names such as “Cuban Clinic” and offer services provided by Cuban doctors as well as drugs produced in Cuba. If the presumptions are correct, agreements have likely been reached with local authorities to certify the Cuban health workers to practice medicine bypassing the traditional requirements, such as those involving the medical brigades in the traditional government-

²⁶ Some of these arrangements are believed to be in force.

²⁷ According to Yamila de Armas Águila, president of Comercializadora de Servicios Médicos de Cuba. (See Lissey del Monte Valdés, “Comercializadora de Servicios Médicos Cubanos celebra su décimo aniversario,” MINSAP, Oct. 12, 2021; and “La Habana dice que necesita continuar fomentando y diversificando las exportaciones como una 'importante fuente de ingresos',” La Habana, *Diario de Cuba*, Oct. 13, 2021.)

to-government agreements; otherwise the Cuban doctors could be practicing illegally, perhaps with the assistance of certain local officials.

Most of the “health collaboration” accords are kept secret and are not available for review; they are often very difficult to obtain in the host countries, even by request of 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 practices that confirm the trafficking, such as:

1. denying 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. making payments to the Cuban state entity that implicitly or explicitly are confiscatory of the workers’ wages;
3. paying for the airfare and other travel costs of workers disciplined and repatriated by Cuba; and
4. requiring confidentiality of the agreements.²⁸

Even though the Government of Cuba goes to great lengths to prevent the internationalist 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, forced to return to Cuba, and punished. 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. Over 4,000 abandoned the mission in Brazil or remained in the country after their mission ended or was abruptly terminated by Cuba in November 2018;^{29/30} hundreds or thousands have escaped to Colombia after abandoning their missions in Venezuela and crossed the border.

²⁸ A Cuba-Uruguay agreement no longer in force on orthopedic services had a clause (Art. 5) requiring confidentiality for two years from the date of termination of the agreement that reads: “Both parties agree not to disseminate or disclose or make public any information exchanged between them to which they may have had access on the occasion of this Agreement when this information is not in the public domain, except as required by law or mutual agreement between them.” (“Convenio para la prestación de servicios en la esfera de la salud entre el Ministerio de Salud Pública de la República de Cuba y el Ministerio de Desarrollo Social de la República Oriental de Uruguay,” signed Nov. 28, 2018.)

²⁹ Maria C. Werlau, telephone interviews and text messages with Dr. Anidys Carrandi, President of Doctors Reserve Association, January 2023 and Feb. 1, 2023. (Doctors Reserve Association is an independent international organization of Cuban doctors based in Brazil; over 1,100 of its members reside in Brazil.)

³⁰ Around 20,000 Cuban doctors had worked in Brazil under the program in five years. (76.3% were women). 836 stayed, 10% of the 8,471 doctors in service, when Cuba terminated the mission in November 2018 and ordered them to return, exerting much pressure and even threats. Reportedly, around 3,500 in total abandoned the mission or remained in Brazil, of which at least 1,500 had left for the United States by November 2018. (Gisela Salomon, “Fallo ofrece esperanzas a médicos cubanos que demandan a OPS,” Miami, Associated Press, Mar. 30, 2022. Leticia Martínez Hernández, “El abrazo de Raúl a los héroes que

A very profitable scheme

The economic benefit to Cuba for exporting workers is very high, as the Cuban partner in the “health collaboration” agreements typically retains 95-75% of the payment it receives for the services, generally in hard currency.³¹ The brigades usually have handlers who monitor and control the workers and are usually counted and compensated as members of the medical staff. Some host governments also pay Cuba for administrative staff dedicated to collecting brigade statistics or for logistical support (such as for drivers and cooks) as well as, in some cases, for travel services apparently provided by Cuba.

Cuba’s direct costs in generating the export services are presumed to be quite low, as the contracting party (government, international organization, or private entity) usually also pays per diems to the workers to cover food and personal expenses as well as covers their airfare and, depending on the country, local transportation, housing, internet, health insurance, etc. —the terms and amounts vary by country.

Precise data to properly assess revenues or profitability is not available. Statistics provided by Cuba’s National Office of Statistics and Information (ONEI) and other state entities or authorities as well as in the government-controlled media are ripe with contradictions, cannot be presumed to accurately reflect the export services, are usually published with long time delays, and include no explanation or details of what each category includes. Often, yearly series show unexplained changes in the data that had been provided for prior years. ONEI, however, provides what is, by default, the best information to arrive at any analysis. By all accounts, 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 country’s gross revenues from tourism.³²

A breakdown of exports services was first provided by Cuba’s Office of National Statistics for the year 2018 and successively for 2019, 2020, and 2021; diverse professional services and support services are itemized, as well as “other services not specified,” and services clearly not related to export workers, such as cargo transport, tourism, and telecommunications. In the four years for which this breakdown has been provided (see Table I below), a downward trend is observed in all categories including social and health services until 2021; these had declined steadily, from \$6.4 billion in 2018, to \$5.4 billion in 2019, and to \$4 billion in 2020, until experiencing a slight increase in 2021, to \$4.3 billion, likely thanks to the emergency brigades Cuba sent to numerous countries for the COVID-19 pandemic.

vuelven,” *Granma*, Nov. 23, 2018; “Más de 350 médicos cubanos son autorizados por Brasil para ejercer la profesión en el país”, Brasilia, *Diario de Cuba*, 11 de diciembre de 2020.)

³¹ 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.

³² Trade data derived from countries importing services from Cuba (“mirror statistics”) confirm this.

Table I

| Cuba – National Office of Statistics and Information | | | | |
|---|------------------------|-----------------------|-----------------------|-----------------------|
| 0.8 External Sector – 8.13 Value of external trade by division | | | | |
| | 2018 | 2019 | 2020 | 2021 |
| Judicial and accounting services | \$10,644.40 | \$10,667.80 | \$5,407.20 | \$8,893.3 |
| Other professional, scientific and technical services | \$14,027.80 | \$9,758.20 | \$14,016.80 | \$13,646.7 |
| Educational services | \$250,085.20 | \$305,869.30 | \$161,341.90 | \$142,939.8 |
| Leisure, cultural and sports services | \$60,536.50 | \$59,907.70 | \$21,342.30 | \$13,981.2 |
| Health and social services | \$6,398,538.80 | \$5,382,190.90 | \$3,997,948.30 | \$4,349,907.1 |
| Maint., repair & install. services, not constr. | \$24,620.20 | \$25,012.70 | \$20,300.70 | \$18,312.20 |
| Service exports of temporary workers | \$6,758,452.90 | \$5,793,406.60 | \$4,220,357.20 | \$4,547,680.3 |
| Support services | \$919,030.60 | \$602,942.00 | \$466,804.30 | \$411,523.0 |
| Export workers & Support services | \$7,677,483.50 | \$6,396,348.60 | \$4,687,161.50 | \$4,959,203.30 |
| Other services (unknown) | \$288,141.70 | \$261,822.20 | \$137,203.50 | \$154,229.5 |
| Telecomm, tourism, transport. & other | \$3,349,062.60 | \$3,208,963.70 | \$2,055,299.90 | \$732,540.00 |
| Total export services | \$11,314,687.80 | \$9,867,134.50 | \$6,879,664.90 | \$5,845,972.80 |

A review of the data published by ONEI reflects that, if support services and “other services” are associated to the internationalist missions, their share of total export services rose from 83% in 2018 to 87% in 2021 (\$7.7 billion in revenues in 2018 and \$4.95 billion in 2021). If only health and social services are considered, their percentage of total export services would be 57% in 2018 and 75% in 2021.

Prior to 2018, ONEI did not provide a statistical breakdown for export services, thus, revenues from the export of temporary workers could only be estimated by calculating gross export services and subtracting tourism revenues, which ONEI has historically reported, as per Table II. 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 with reportedly large medical brigades. This table shows the decline in export service revenues net of tourism beginning in 2014, presumably from lower payments per worker for the very large medical mission in Venezuela, which has experienced a financial crisis since at least that year,³³ 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.³⁴

³³ Cuba reported in August 2021 that the Venezuela medical mission had 21,000 Cuban workers, which constituted 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.)

³⁴ 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

Cuba claims that its international medical brigades are meant to generate revenues to sustain its public health system. However, having generated billions from the export services of its health workers, the government has made huge investments in repression, propaganda, international diplomatic presence,³⁵ and luxury real estate for tourism³⁶ while investments in health and social services have been miniscule. The obviously skewed allocation of state resources has been extensively denounced on social media and digital media dedicated to Cuba. For instance, after mass protests in July 11, 2021, the very large number of security vehicles and trucks on display all over the Island received widespread condemnation because ambulances and garbage collection vehicles have been acutely lacking. In 2021, the Cuban State tripled its reported investment in “public administration, defense and security,” which rose to \$1,566.9 million from \$487.9 million in 2020, representing nearly six times the 2017 investment of \$267 million. The 5-year investment of \$3,021.6 million in government administration and security in 2017-2021 was more than three times the \$727 million investment in social services and health in the same period.³⁷

Table II
Cuba Export Services
In Cuban pesos
equivalent to \$US: 1 to 1

| Year | Total export services | Gross tourism revenues | Export services net of tourism |
|------|-----------------------|------------------------|--------------------------------|
| 2003 | \$2,845 | \$1,999 | \$845 |
| 2004 | \$3,634 | \$2,114 | \$1,521 |
| 2005 | \$6,550 | \$2,399 | \$4,152 |
| 2006 | \$6,667 | \$2,235 | \$4,433 |
| 2007 | \$7,952 | \$2,236 | \$5,715 |
| 2008 | \$8,566 | \$2,347 | \$6,220 |
| 2009 | \$7,763 | \$2,082 | \$5,680 |
| 2010 | \$9,660 | \$2,218 | \$7,442 |
| 2011 | \$10,281 | \$2,503 | \$7,778 |
| 2012 | \$12,760 | \$2,613 | \$10,147 |
| 2013 | \$13,027 | \$2,608 | \$10,419 |
| 2014 | \$12,663 | \$2,546 | \$10,117 |
| 2015 | \$11,369 | \$2,829 | \$8,550 |
| 2016 | \$11,102 | \$3,069 | \$8,033 |
| 2017 | \$11,128 | \$3,169 | \$7,960 |
| 2018 | \$11,290 | \$2,192 | \$9,098 |
| 2019 | \$9,837 | \$2,645 | \$7,222 |
| 2020 | \$6,879 | \$1,152 | \$5,727 |
| 2021 | \$5,846 | \$417 | \$5,429 |

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

In 2021, with the pandemic in full swing, Cuba spent US\$17 billion on construction and set-up of “professional services and rental and real estate activities,” representing 82.4% of total annual investments; the total for the five years from 2017 to 2021 was \$56,407 million, while only \$727 million, just 1%, was spent in social services and health. (See Table III.) These warped priorities go back decades. In 1997, the U.S. Department of State reported that “Cuba’s imports totaled \$2.8 billion dollars, yet only \$46 million dollars —only 1.5% of overall foreign purchases— were for

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.)

³⁵ Cuba, a technically bankrupt state, has more embassies than most countries its size and even larger and much richer, including Canada, Italy, Spain, and Mexico. See “Cuba’s diplomatic presence - comparative table,” Cuba Archive, June 2022, <https://cubaarchive.org/wp-content/uploads/2022/12/Table-Embassies-for-website.pdf>.

³⁶ *Anuario Estadístico de Cuba 2021, Construcción e Inversiones*, op. cit. Also see “La estructura de las inversiones en Cuba profundiza su deformación: 50,3% al turismo,” *Diario de Cuba*, La Habana, May 23, 2021 (citing Cuban economist Pedro Monreal).

³⁷ All data in this paragraph is taken from *Anuario Estadístico de Cuba 2021, Construcción e Inversiones, edición 2022*, op. cit. See Table 12.3. Valor ejecutado en construcción y montaje por actividad económica.

medical imports for a population of 11 million; in contrast, the Dominican Republic had spent \$208 million dollars on medical imports for its 7.5 million citizens in 1995.”³⁸

Table III
**Investment in social
services incl. health
2014-2021**

Cuban pesos = \$US

| Year | Millions | % invst. |
|-------------|-----------------|-----------------|
| 2014 | \$103.9 | 0.9% |
| 2015 | \$190.0 | 0.9% |
| 2016 | \$232.6 | 3.2% |
| 2017 | \$50.0 | 1% |
| 2018 | \$51.5 | 1% |
| 2019 | \$27.7 | 0.6% |
| 2020 | \$40.4 | 1% |
| 2021 | \$557.4 | 2% |

*Source: Anuario Estadístico de Cuba,
Oficina Nacional de Estadísticas e Infor-
mación, Republic of Cuba & ECLA (UN)*

Monthly salaries for health workers are pitiful. For doctors, these range from CUP4,610 (US\$28) for recent medical graduates without a specialization to CUP5,810 for Grade II, the highest, specialists (US\$36).³⁹ Meanwhile, Communist Party authorities of the provincial “Organs of Peoples Power” earn monthly CUP 5,820 to 9,010 and prison guards (“penal educators”) are recruited at monthly salaries starting at CUP 6,690.⁴⁰

The emergency brigades

The Cuban government can choose from a very large pool of oppressed, underpaid, and subordinated health workers who can be ordered to deploy in just a few hours and, thus, exploits this capability in so-called “emergency brigades” that have been particularly useful since Cuba first sent a few doctors 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. Cuba asserts that the internationalists sent in its emergency brigades are specialists in emergency response and part of the “Henry Reeve International Contingent of Doctors Specialized in Disaster Situations and Grave Epidemics.”⁴¹ Yet, Cuban health workers have reported that the so-called “special training for emergencies” is generally very brief and superficial.

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;⁴² in May 2022 it reported that since the founding of the Henry Reeve emergency contingent in 2005, 88 emergency brigades had been sent to 56 countries

³⁸ “The U.S. embargo and health care in Cuba: myth versus reality,” Press Statement by Nicholas Burns/Spokesman, Office of the Spokesman, U.S. Department of State, May 14, 1997.

³⁹ At an exchange rate of CUP163 of US\$1 on Jan. 29, 2023. (Tasas de cambio de moneda en Cuba hoy, *El Toque*, Jan. 29, 2023.)

⁴⁰ “Médicos ganan menos que los carceleros en Cuba,” *Radio Televisión Martí*, Jan. 19, 2021.

⁴¹ In September 2005, Fidel Castro strategically gave this named to Cuba’s emergency response workers when he offered aid to the U.S. government after Hurricane Katrina, which was turned down. Henry Reeve was a New York city native who fought with the Cubans in the First War of Independence from Spain of 1868-1878.

⁴² “Misiones médicas” cubanas, ¿cuántas, dónde y por qué?,” *Deutsche Welle*, Jul. 4, 2020, <https://www.dw.com/es/misiones-m%C3%A9dicas-cubanas-cu%C3%A1ntas-d%C3%B3nde-y-por-qu%C3%A9/a-53054180>.

with 13,467 collaborators, including 3 brigades with 265 collaborators which confronted Ebola in Africa.⁴³ 5,517 more than the pre-COVID number is around the estimated total number of personnel sent by Cuba to many countries for the COVID pandemic, with varying lengths of stay in different countries.

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

Overview of systemic and ongoing violations

The labor arrangements of the Cuban internationalists violate the 2000 Trafficking Victims Protection Act (TVPA), as amended, and numerous agreements and standards, including:

- 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 International Labor Organization (ILO) 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;
- Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, ratified by Cuba in 1995;
- Convention on the Rights of the Child, ratified by Cuba in 1991.

Cuba Archive can attest from many in-depth interviews and other extensive communications and exchanges from 2009 to date with numerous doctors and some nurses who have served in Cuba's international medical missions in different countries that they are systematically subjected to the following violations—current and historic—regardless of the country of their assignment:

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 the public health sector or at all. In some countries they face extreme hardship and must work very long hours without adequate rest. Ironically, they

⁴³ "Aniversario 59 de la colaboración médica cubana por el mundo," MINSAP, May 23, 2022, <https://salud.msp.gob.cu/aniversario-59-de-la-colaboracion-medica-cubana-por-el-mundo/>

are required to pay monthly dues to the state-controlled Syndicate of Health Workers,⁴⁴ which represents the Cuban Communist government's interests rather than the workers'.

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 that include:

- Article 283 of Cuba's Penal Code (Law No. 151, as amended in 2022⁴⁵) forbids citizens from leaving or entering the country without government permission and punish attempting to do so with one to three years of prison.
- Article 176 of Cuba's Penal Code punishes with three to eight years of prison intending to abandon or abandoning a post abroad, refusing to return to Cuba when ordered, or traveling to another country without authorization.
- Resolution No.168, "Disciplinary Regulation for Cuban civil workers who provide services abroad as collaborators,"⁴⁶ obligates them to return to Cuba after completing their assignments.
- Articles 23, 24, and 25 of the 'Migration law,' (Law No. 302 of 2012) regulates the entry and exit to the country 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 overseas are issued a special passport in a different color (red) that may only be used for travel to Cuba and the host country and that 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.

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.⁴⁷

⁴⁴ Sindicato de Trabajadores de la Salud, <https://salud.msp.gob.cu/tag/sindicato-nacional-de-trabajadores-de-la-salud/>

⁴⁵ Gaceta Oficial de la República de Cuba, La Habana, Edición Ordinaria, Sep. 1, 2022, Year CXX.

⁴⁶ "Reglamento disciplinario para los trabajadores civiles cubanos que prestan servicios en el exterior como colaboradores," República de Cuba, Ministerio de Comercio Exterior e Inversión Extranjera, Resolución No. 168 de 2010.

⁴⁷ Michel Suárez, "Bloqueada la legalización de títulos para médicos emigrantes," *Diario de Cuba*, Feb. 19, 2010; Resolución Ministerial No. 1 de 8 de enero de 2010 Ministerio de Salud Pública de Cuba; "Regulan documentos docentes y laborales para el exterior a profesionales de la salud," <http://cubalegalinfo.com/documentos-docentes-medicos>.

- Collective lawyers' offices (equivalent to the law firms of 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.⁴⁸

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, still some are never provided an agreement. Many are informed only upon embarking or reaching the destination of the compensation they will receive or of their expected living and work conditions. In countries where missions include different locations such as small towns or remote villages, their assignment is announced upon arriving the country and just before leaving for the designated 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. The majority of the doctors and nurses sent abroad are women, often single mothers who leave behind very young children. They are usually 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 emotional trauma and develop learning, behavioral, and psychological problems.

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 is denied entry into Cuba for at least eight years and loses the accumulated wages held frozen in Cuba. 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 thousands of members from all over the world prevented

⁴⁸ See “The role of recruitment fees and abusive and fraudulent recruitment practices of recruitment agencies in trafficking in Ppersons,” 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.

from entering their own country, even to attend to health emergencies and funerals of close family members including parents.⁴⁹

6. Surveillance, control, and punishment.

The health workers abroad are subjected to constant surveillance and threats by supervisors and “minders” who are trained Cuban agents and spies/collaborators from the host country and whose job is to prevent desertions and make sure the internationalists follow the rules.⁵⁰ 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, under constant stress.

7. Unsafe living conditions and hardships that, at times, lead to illness and/or death.

Cuba’s medical brigades are promoted as “all-terrain doctors”⁵¹ who can be quickly deployed (ordered) to any location after natural disasters or to assist during life-threatening epidemics. Many are assigned to extremely dangerous environments or locations presenting extreme hardship: to remote and very poor areas such as in the mountains of Haiti or Venezuela’s Amazonian jungle that are entirely lacking of electricity and running water, or to violence-ridden and dangerous neighborhoods or war zones. Many are exposed to deathly infectious diseases (Ebola, Covid, malaria, etc.), others do not have an adequate diet and/or lack adequate medical equipment, supplies, and medicines to care for patients or for self-protection. Many have been killed,⁵² robbed, raped, and injured; some have been kidnapped. In some countries, they must 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.

Some health internationalists have died in mysterious circumstances or have been suspiciously reported as suicides. In the five-year period 2018-2022, Cuba Archive has documented 38 deaths (believed to be a partial count) of which 6 are suspected or potential extrajudicial killings, 2 were assassinated, and most are from medical causes such as malaria, COVID, cancer and other conditions that go untreated, and even heart attacks induced by extreme stress.⁵³

⁴⁹ NoSomosDesertores.org. (Cuba Archive is also in regular touch with the group’s Administrators.)

⁵⁰ 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.)

⁵¹ Fernando Ravsberg, “Cuba’s “All-Terrain” Doctors Arrive in Brazil,” *Havana Times*, Aug. 28, 2013, <https://havanatimes.org/features/cubas-terrain-doctors-arrive-brazil/n> (The author is BBC’s longtime correspondent in Cuba.)

⁵² See database.CubaArchive.org for individual records of documented cases of deaths.

⁵³ *Ibid.*

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).⁵⁴ 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 (usually the CSMC) 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%.

In the past, internationalist health workers received a large portion of this compensation as a “bonus” deposited in an account in a Cuban bank (a state entity), from which funds could only be withdrawn upon returning to Cuba at the end of a mission completed successfully. According to several doctors who are serving or have served recently, this is no longer the case after January 2021, when the monetary unification process converted existing bonuses. At that time, many internationalists saw most of their savings in the frozen bank accounts evaporate, as they had been held in a now defunct “convertible” currency, the CUC, and a forced conversion was imposed at a very devalued official rate.⁵⁵

Workers are also systematically required to “donate” a portion of their pay with monthly deductions for Communist Party controlled mass organizations such as the Syndicate of Health Workers, the Committee for the Defense of the Revolution, and others. A doctor serving in Venezuela in 2017-

⁵⁴ “Reglamento disciplinario,” op. cit.

⁵⁵ On December 15, 2020, as part a monetary unification process, the Cuban government forced the automatic conversion into Cuban Pesos of the funds held in accounts in Cuba in the hard-currency equivalent CUC. The internationalists were given 14 days to convert the funds into euros or US dollars at the low official exchange rate of 24:1 as the informal market exchange rate was at least double (40 to 47 CUP-US\$1). Also, they could not withdraw these funds for months and were offered a certificate of deposit with an annual interest of 0.15%. The state promised that stores with prior authorization would take CUCs until June 2021 but in practice, most stores did not. (“Gobierno de Cuba convirtió en CUP ahorros del sector privado, de médicos en misión y "estímulos",” *CiberCuba*, Jan. 8, 2021.)

2019 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.⁵⁶ One in Angola who served until 2017 had to donate US\$20 to the Union of Communist Youth,⁵⁷ whereas one who served in Venezuela until 2019 had to donate 4% of the in-country monthly wages to the Union of Communist Youth.⁵⁸

The monthly amounts paid at the destination have always varied by country, thus, Cuba’s revenues vary greatly depending on the country. For a general doctor, it has reportedly commanded monthly, at different recent times periods, around US\$900 in Guatemala,⁵⁹ US\$2,461 in Ecuador,⁶⁰ US\$4,500 in Uruguay (with the doctors also receiving \$1,000 directly),⁶¹ US\$3,000 in Namibia, US\$5,000 in Angola, and \$9,000 in Kenya. Much higher amounts are commanded for specialists, such as \$10,000 for an eye surgeon in Angola and \$25,000 for a plastic surgeon in Saudi Arabia.

The case of an ophthalmology surgeon in Angola some years back, which Cuba Archive documented in 2022 (from two extensive interviews and in copies of contracts, pay stubs, etc.) allows for a more precise calculation. A 2-year contract (renewable) between the Cuban entity Antex and the surgeon signed in 2005 stipulates a monthly wage of US\$685, of which 30% was for deposit in a bank account in Cuba with allowed withdrawals of up to 50% of accumulated funds during his annual vacation and 100% upon conclusion of the mission (these accumulated funds could be retained if disciplinary measures were imposed or he was returned to Cuba).⁶² This doctor successfully completed a 3 year mission and has a letter from Antex confirming that he received \$26,605.03 in total pay for three years of work. A direct hire in the same hospital in the same function had a monthly salary of \$14,911. Assuming Angola paid that amount to Antex (Cuba), the doctor was receiving just 4.6%. If Cuba was, in turn, only receiving US\$10,000 a month, as the doctor reported having heard anecdotally, he would have been receiving 6.85%. In sum, Cuba would have been receiving for this doctor \$120,000 a year, while paying him \$8,220 in the local currency, kwanza; in fact, his net salary was lower, as he was forced to accept a monthly deduction of US\$15 for the Cuban Communist Party (CCP) and an amount he does not recall for the Workers Union, both payable in US dollars from the salary paid in Angola. In addition, the doctor’s usual salary was paid in Cuba in Cuban pesos, less deductions

⁵⁶ M. Werlau, telephone testimony of Anonymous Source 3, op. cit.

⁵⁷ Cuba Archive, confidential survey of registered doctors in its program “Medicos Cubanos Libres,” Jan. 2023.

⁵⁸ Ibid.

⁵⁹ 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,” *Cuba Archive*, Oct. 13, 2020, <https://cubaarchive.org/wp-content/uploads/2020/10/Informe-Guatemala-FINAL-10.13.2020.pdf>.)

⁶⁰ Mauricio Alarcón Salvador y Edwin Cacuango Cahueñas, “Reporte sobre las misiones médicas cubanas en Ecuador,” Fundación Ciudadanía y Desarrollo, 2020.

⁶¹ Agreement between the Republic of Cuba and the Republic of Uruguay, MIDES, Nov. 28, 2018.

⁶² The contract also stipulates that the worker could also be held liable to reimburse for \$5000 to the Cuban employer, Antex, for committing any faults during the mission.

“in support of the motherland,” averaged the equivalent of around US\$25 a month, for an annual US\$300 less deductions.

In most countries, the Cuban health workers receive much lower wages than local workers in equivalent positions while 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 per diem for them to cover their own food, utilities, transportation to work, and other living expenses. In some countries, such as Qatar and Uruguay, most living expenses are covered by the host government. In Guatemala, the workers must pool their per diems to hire cooks to prepare their meals. In certain countries, particularly in Venezuela, 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. What’s more, a doctor who served in Venezuela until 2019 reports that the doctors were required to purchase with their own meager resources the paper and pen with which they had to file the daily reports of their work.

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.⁶³ 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.

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 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

⁶³ See, for instance: “¿Qué más tenemos que pagarles?»: médicos cubanos emigrados responden a Israel Rojas,” *La Habana, Diario de Cuba*, Nov. 18, 2020.

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.

12. Forced political duties.

Before leaving on an international mission, the workers are required to take a five-day course hosted by the Cuban Communist Party to reinforce their “revolutionary” commitment. While serving abroad, they must 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 also 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 in 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.⁶⁴

13. Improper training for assigned medical duties.

Many health workers report being assigned duties for which they are ill prepared. Examples abound: a young military recruit was asked to volunteer to go to Venezuela as a “doctor” after a six-month course, 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.⁶⁵ Aside from subjecting the patients to undue risks, these practices cause excessive mental and emotional strain to the health workers and risk potential mistakes that can end their career, cause extreme trauma, and even lead to criminal prosecution.

⁶⁴ Juan Juan Almeida, “Más ‘cooperantes’ a Venezuela y base de datos con donantes de sangre,” *Martí Noticias*, Nov. 7, 2016.

⁶⁵ Maria C. Werlau, first-hand accounts from Anonymous Sources cited in this report and others.

III. Further negative impact of the trafficking⁶⁶

1. For Cuba's citizens, in Cuba

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 world⁶⁷ and Cuba's so-called medical achievements, including the international medical missions, are a most favored topic of extensive propaganda.

A broken public health system.

Relying on medical and other international "brigades" to generate export services is detrimental to the 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. In fact, 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, which have been detailed in prior year reports.

Excessive external dependence and diminished pressure for needed economic reforms.

Since 2006, a very large share of Cuba's GDP is derived from export services. The president of *Comercializadora de Servicios Médicos Cubanos*, Yamila de Armas, reported in October 2021 that in 2020 health export services amounted to 80% of all exports and 50% of all export services.⁶⁸ In 2022, a University of Havana economist indicated that export services comprised around 70% of Cuba's total exports.⁶⁹

Services have low multiplier effects and are generally not conducive to stable and healthy economic development –in the case of Cuba they greatly diminish pressure to make needed structural economic reforms and thwart an allocation of resources to productive activities for a more sustainable development. What's more, export services of temporary workers are especially

⁶⁶ 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.

⁶⁷ Maria C. Werlau, *The Panamerican Health Organization and Cuba: A Controversial Collaboration*, Free Society Project, Oct. 27, 2022, pp. 40-46, <https://cubaarchive.org/wp-content/uploads/2022/10/PAHO-and-Cuba-report-no-images.pdf>.

⁶⁸ "Comercializadora de Servicios Médicos Cubanos celebra su décimo aniversario", MINSAP, Oct. 12, 2021, <https://salud.msp.gob.cu/comercializadora-de-servicios-medicos-cubanos-celebra-su-decimo-aniversario/>.

⁶⁹ Dr. Antonio F. Romero Gómez, "Desafíos del sector externo en un contexto de crisis económica en Cuba: la imperiosa transformación integral," Cuba Capacity Building Project, Columbia University, Jul. 19, 2022, <https://horizontecubano.law.columbia.edu/news/desafios-del-sector-externo-en-un-contexto-de-crisis-economica-en-cuba-la-imperiosa> (Dr. Romero is an economist and president of the Faculty for the Caribbean of the University of Havana.)

vulnerable to a sudden demise, as they depend on a scheme of exploitation that can quickly decline or entirely end for legal and/or political reasons affecting Cuba or its partners. This makes the Cuban economy extremely vulnerable to a risky external factor, with grave consequences to the economy.

Cuba also uses the international medical missions to boost exports of pharmaceutical produced in Cuba, as these are often offered as a “package deal” to countries hosting its medical brigades. Pharmaceutical exports associated with the medical brigades have a further negative impact in Cuba, as they exacerbate the chronic scarcity of medication in Cuba, as many drugs manufactured by Cuba are exported and not available to the local population.⁷⁰ The state-owned biotechnology and conglomerate *BioCubaFarma* reported exports to 41 countries in 2021⁷¹ and in 2020, the last year for which trade data is available, Cuba exported \$23.3 million in pharmaceutical products.⁷² This exacerbates the problem of health apartheid, by which most citizens are forced to contend with under-staffed and decrepit, filthy, facilities chronically lacking essential medications, medical supplies and equipment while, the nomenklatura (top Communist Party members) and hard-currency paying foreigners⁷³ have access to exclusive facilities with superior services, equipment, supplies and medication.

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.

2. For citizens of other countries

Aside from human rights and ethical concerns involving complicity in the trafficking and support for a repressive dictatorship, the missions have additional negative implications for host countries:

Questionable credentials

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

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

⁷⁰ See M. Werlau, *The Panamerican Health Organization and Cuba: A Controversial Collaboration*, op. cit.

⁷¹ Liz Conde Sánchez, “BioCubaFarma: la vida como primera prioridad,” *Granma*, Mar. 5, 2022.

⁷² Observatory of Economic Complexity, https://oec.world/en/visualize/tree_map/hs92/export/cub/show/6/2020/

⁷³ See CubaforHealth.com and CubaHeal.com.

Cuba's medical services and products are persistently overbilled based on fraudulent reporting; the paying party 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 public health 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. This demoralizes local doctors and discourages the study and practice of the medical profession.

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.⁷⁴

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.⁷⁵

⁷⁴ "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>.

⁷⁵ 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.)

IV. Updates and salient events of the reporting period (April 1, 2022 - March 30, 2023).

The status quo at best

In the reporting period, Cuba Archive conducted several in-depth interviews --mostly in person, some by telephone-- with doctors who had recently arrived from Cuba and/or who had served in medical missions in Angola, Brazil, Mexico, Sierra Leone, and Venezuela. In addition, it conducted an online survey in late January 2023 from its list of doctors interested in working independently to seek data on compensation —receiving 29 responses— and continuously monitored the situation of medical brigades around the world, as officially reported by Cuba’s authorities and in host country media, as well as stayed in regular contact with the administrators of the group *No Somos Desertores*, which has many members who served or are serving in medical missions. This somewhat comprehensive view leads to the conclusion that conditions for Cuban health workers on the island have worsened, and that conditions for those serving in international medical missions have not improved and, in some countries, might be worse than in the prior reporting period. As a result, reasons persist for a Tier 3 designation for Cuba the U.S. Department of State since 2019 and as expressed in the 2022 Trafficking in Persons Report:

“The Government of Cuba does not fully meet the minimum standards for the elimination of trafficking and is not making significant efforts to do so... during the reporting period, there was a government policy or pattern to profit from labor export programs with strong indications of forced labor, particularly its foreign medical missions’ program. The government continued to deploy Cuban workers to foreign countries using deceptive and coercive tactics and failed to address labor violations and trafficking crimes despite an increasing number of allegations from credible NGOs, 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 passports, professional credentials, and salaries; and threatened medical professionals and their family members if participants left the program. In addition, Cuban law did not explicitly prohibit labor trafficking as defined in international law, and the government did not report having procedures to identify victims of forced labor.”⁷⁶

In the current reporting period, the Government of Cuba has again made no effort to address the labor trafficking in medical missions or in other internationalist missions, cannot meet minimum standards for the elimination of this trafficking, 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. There are no indications that it has entered into any effective, transparent, partnerships or cooperative arrangements or agreements resulting in concrete and measurable outcomes with any domestic civil society organizations, private sector entities, or international nongovernmental

⁷⁶ Trafficking In Persons Report, Department of State, United States of America, July 2022, p. 193.

organizations, or entered into multilateral or regional arrangements or agreements to assist in the prevention of this form of trafficking, protect its victims, or punish traffickers.

The administrators of *No Somos Desertores* reiterated the following statement, as in three 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.”⁷⁷

Cuban government officials and their partners in the agreements understand the true nature of this form of trafficking and are well aware of numerous claims of the violations, which they forcefully reject. Yet, they continue to justify and promote the labor trafficking and use state resources to repress, silence, and threaten the victimized workers with the help of international partners and accomplices. For instance, in December 2022, Cuba’s president Miguel Diaz-Canel wrapped up a three-day official visit to St Vincent and the Grenadines and said during a tour of the Modern Medical Diagnostic Centre (MMDC), a medical facility in Georgetown reportedly “constructed with help from Cuba,” that Cuban professionals working in St. Vincent and the Grenadines are “doing so of their own volition and are not part of any human trafficking arrangement” and described the Cuban medical mission as “noble and beneficial, not only to Vincentians but also to Cuban professionals.”⁷⁸ At the event, St. Vincent’s Prime Minister, Dr. Ralph Gonsalves, also rejected the claim that healthcare personnel sent by the Cuban government to work in countries around the world are victims of human trafficking and called on the U.S. government to stop lying.⁷⁹ According to a report published by Cuba’s Office of the President, Gonsalves also stated that the Cuban medical workers were there out of conviction and that “the Yankees don’t understand solidarity,” prevented from understanding the citizens’ concerns by the hegemonic and selfish ways of the empire and blamed the trafficking claims on “southern Florida politicking by governors, senators and members of Congress opposed to the Cuban Revolution.”⁸⁰

The Cuban State continues to export medical workers

Cuba’s Statistical Yearbooks on Health do not report the internationalists separately. The 2021 Yearbook (year of the last official report) reported 106,131 doctors, 20,903 dentists, and 86,983 nurses and nursing staff; the number of health technicians was not reported. It also reported a declining rate of population per doctor from 125 in 2016 to 105 in 2021 but did not indicate that

⁷⁷ Annarela Grimal, Administrator, *No Somos Desertores*, text of Feb. 1, 2023.

⁷⁸ “Cuban President rejects US Human Trafficking claims,” Searchlight, Dec. 9, 2022, <https://www.searchlight.vc/front-page/2022/12/09/cuban-president-rejects-us-human-trafficking-claims/>

⁷⁹ Ibid.

⁸⁰ Yaima Puig & René Tamayo, “Los Estados Unidos de América no comprenden el carácter internacionalista, solidario y desinteresado del pueblo cubano,” Website of the President and Government of Cuba, Dec. 4, 2022. <https://www.presidencia.gob.cu/es/noticias/los-estados-unidos-de-america-no-comprenden-el-caracter-internacionalista-solidario-y-desinteresado-del-pueblo-cubano/> (Translation from Spanish.)

the overall population has suffered a decline. This data indicates that there were 2,296 more doctors, 314 more dentists and 2,002 more nurses than reported in 2020, an increase of 4,616 if all three categories are lumped together.⁸¹ A growing number of total medical facilities was also reported in 2017-2021, from 12,042 to 13,454.⁸² This is hard to reconcile with reports from Cuba, such as alarming claims in social media and digital news that the province of Ciego de Avila had an extreme scarcity of doctors and medical students had left the country or refused to work under prevailing conditions.⁸³ Curiously, in late January 2023 Cuba's state media reported that a "medical brigade" "formed voluntarily" by 23 doctors recently graduated from the University of Medical Sciences of Guantánamo was going to Ciego de Avila to "consolidate primary health care" over the next three years.⁸⁴

In December 2022, Cuba's state media cited Cuban Prime Minister Manuel Marrero Cruz as declaring at the XX meeting of the chiefs of overseas missions that in its history of international "collaboration" Cuba had sent over 605,000 workers in 165 countries.⁸⁵ In February 2021, Cuba's Ministry of Health had reported having sent to date 420,000 health workers to 150 countries, boasting that "a third of humanity has been attended to by Cuban health professionals."⁸⁶ The increase in 185,000 health workers in less than two years is clearly not possible or credible. In August 2019, Cuban state media had reported that a lesser number of health professionals (407,000) had served in more countries (164).⁸⁷ Cuban authorities and institutions hyperbolic language to portray the medical brigades is typically rampant with statistical contradictions.

In reality, staff that counts (mostly altered) statistics, monitor and control the brigades, or perform administrative and other duties such as driving and cooking, is typically counted as part of the medical brigades when Cuba and the host countries report the number of "health collaborators."⁸⁸ Regardless of the exact numbers and capacities, the fact is that many thousands of Cubans have been and continue to be exploited in the Americas, Africa, Africa, Asia, Middle East, and Europe. On

⁸¹ 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.

⁸² Anuario Estadístico de Cuba de 2021, Cap. 19: Salud y Asistencia Social, Edición 2022, Oficina Nacional de Estadísticas e Información, http://www.onei.gob.cu/sites/default/files/19_salud_publica_y_asistencia_socia_2021-.pdf.

⁸³ "Espantados por las condiciones de trabajo, decenas de cubanos renuncian a los estudios de Medicina," *La Habana, 14ymedio*, Nov. 5, 2022, https://www.14ymedio.com/cuba/Espantados-condiciones-renuncian-estudios-Medicina_0_3417858189.html.

⁸⁴ "Guantanamo doctors to strengthen services in Ciego de Ávila," *Radio Surco*, Jan. 24, 2023, <https://www.radiosurco.icrt.cu/guantanamo-doctors-to-strengthen-services-in-ciego-de-avila-photos/>.

⁸⁵ Nuria Barbosa León, "Cuba, un faro de solidaridad," *Granma*, Dec. 27, 2022.

⁸⁶ "Un tercio de la humanidad ha recibido la mano de los profesionales cubanos de la salud," *MINSA*, Feb. 22, 2021, <https://salud.msp.gob.cu/un-tercio-de-la-humanidad-ha-recibido-la-mano-de-los-medicos-cubanos/>

⁸⁷ Elson Concepción Pérez, "Esclavos solo del amor por los demás," *Granma*, Aug. 12, 2019.

⁸⁸ See <https://cubaarchive.org/cuba-salud/cubas-medical-brigades/>.

January 3, 2023 Cuba's official media reported 23,792 health collaborators in 56 countries.⁸⁹ In May 2022, Cuba's Ministry of Health had reported 25,688 serving in 59 countries.⁹⁰ At year end 2021, 29,954 health workers had been reported in overseas missions.⁹¹ The declining number responds to a repatriation of most of the COVID emergency brigades. 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;⁹² at least around 3,000 had already returned to Cuba⁹³ and many followed suit. Some of had opened 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, Maldives, Martinique, Mexico, Monserrat, Panama, Togo, Turks & Caicos, and perhaps others. This paved the way for more permanent agreements in at least Mexico (for 610 workers in Phase I),⁹⁴ Italy's (for 500 workers in Phase I),⁹⁵ and Maldives (for 26 workers).⁹⁶

Cuba's medical brigades are composed of a large number of nurses but some also include many doctors, such as the ones in Angola, Mexico, Qatar, Saudi Arabia, and Venezuela.

Cuba's revised Penal Code

A revised Penal Code was passed as Law No. 151 on May 15, 2022, published and presumably coming into force on September 1, 2022; it maintained all prior provisions that criminalize leaving or entering the country without government permission, intending to abandon or abandoning an overseas assignment, refusing to return to Cuba when ordered, or traveling to another country without authorization; punishments range in years of prison and an 8-year ban on entering the

⁸⁹ "En 2022 los profesionales del sector debieron superar grandes dificultades en el ámbito interno del país, señaló el ministro de Salud Pública," *Granma*, Jan. 3, 2023.

⁹⁰ "Aniversario 59 de la colaboración médica cubana por el mundo," Ministry of Health (MINSAP), May 23, 2022, <https://salud.msp.gob.cu/aniversario-59-de-la-colaboracion-medica-cubana-por-el-mundo/> Compartir lo que tenemos, el altruismo y humanismo

⁹¹ "La inversión extranjera en Cuba: apenas 25 negocios en dos años," *La Habana, Diario de Cuba*, Dec. 20, 2021.

⁹² "Brigada de enfermeros cubanos llega a Bahamas," *OnCuba*, Jan. 16, 2022.

⁹³ "Cuban medical brigades for Covid 19: Number of collaborators," Cuba Archive, <https://docs.google.com/spreadsheets/d/1ubMeQPv5APGPr7fy49AS8vClTP4G0CiCnkN4uuFFirg/edit#gid=976424376>.

⁹⁴ By the end of January 2023, 552 Cuban doctors had arrived in Mexico under Phase I of a bilateral agreement to deliver 610 doctors and had been deployed to the states of Colima, Guerrero, Michoacán, Oaxaca, Zacatecas, Morelos and others. Details of planned deployment for further phases are unknown. ("Health Pulse: Rise in COVID-19 cases and 124 Cuban doctors arriving," *Nation World News*, Jan. 17, 2023, <https://nationworldnews.com/health-pulse-rise-in-covid-19-cases-and-124-cuban-doctors-arriving/>; "Más de 500 médicos cubanos ya prestan servicios en México," *Granma*, Jan. 31, 2023.

⁹⁵ The agreement between Cuba and Italy's regional government of the southern Calabria was signed in August 2022 for a 500 strong medical brigade in the first phase. The first 52 Cuban workers had arrived by January 2023. ("Llegan a Italia 50 de los 500 médicos cubanos contratados en agosto," *La Habana, 14ymedio*, Dec. 29, 2022; Manish Rai, "Italy turns to Cuban doctors to avoid hospitals closure," *TeleSur*, Jan. 9, 2023, <https://www.telesurenglish.net/news/Italy-Turns-To-Cuban-Doctors-To-Avoid--Hospitals-Closure-20230109-0008.html>.)

⁹⁶ "Al menos 16 médicos cubanos llegaron a Maldivas tras acuerdo de cooperación entre ambos países," *CiberCuba*, Mar. 7, 2022.

country, as described earlier. Members of Cuba's medical mission in Venezuela reported that supervisors had instructed them to support the new Penal Code on social media.⁹⁷

Compensation for Cuban health workers remains extremely low

Cuba has one of the lowest monthly disposable salaries in the world according to global ranking,⁹⁸ which continues to assure that a captive workforce is available to send in the international brigades. The average monthly salary in 2021-2022 was CUP3,838,⁹⁹ which is equivalent to US\$159 at the official exchange rate of CUP24 per US\$1 and to just US\$23.54 at the actual market rate of CUP163 per US\$1.¹⁰⁰ It has been devaluing steadily since January 2021, when the government-decreed monetary unification became a reality. 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, or in US dollars, making them forbiddingly expensive and unaffordable for most of the population, that earns pesos, especially to those without access to remittances or tips in the limited foreign economy. 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. The current table listing monthly salaries for health workers, which varies according to the degree of specialization, includes salaries ranging in CUP4,610 (US\$28) for recent medical graduates without a specialization to CUP5,810 for Grade II, the highest, specialists (US\$36); nurses earn between CUP4,010 and 4,610 (US\$25-28).¹⁰¹ 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.

The ration book, which is supposed to guarantee a basic basket of food and essentials, allows for only one pound of chicken to be purchased per person per month at a cost of CUP 35 pesos, while the *Supermarket 23* online store, which operates in hard currency (dollars, euros, etc.), a 5.2-pound chicken—a family meal—cost US\$14.6 in July 2022,¹⁰² or 26% of the monthly salary of the highest-paid medical specialist.

⁹⁷ “Obligan a médicos cubanos en Venezuela a apoyar nuevo Código de Familias y Misión en redes sociales,” *Ciber Cuba*, Feb. 23, 2022, <https://www.cibercuba.com/noticias/2022-02-24-u1-e208060-s27061-obligan-medicos-cubanos-venezuela-apoyar-nuevo-codigo-familias>

⁹⁸ 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>.

⁹⁹ “Los salarios aumentan en Cuba a 87 dólares el mínimo y 396 el sueldo máximo,” *Infobae*, 31 de diciembre de 2020.

¹⁰⁰ “Tasas de cambio de moneda en Cuba hoy,” *El Toque*, <https://eltoque.com/tasas-de-cambio-de-moneda-en-cuba-hoy>, Jan. 29, 2023.

¹⁰¹ *Ibid.*

¹⁰² Mónica Rivero, “Los pollos son escasos en Cuba y los pocos que llegan son de... Estados Unidos,” *Infobae*, 12 de junio de 2022; “Ministerio del Comercio Interior informa sobre distribución de canasta familiar normada,” *Cuba Debate*, 30 junio 2022.

In 2022, Cuban citizens continued to decry the lack of doctors, particularly specialists and a continuing decrease in standards to train doctors for export. The monetary unification implemented since January 1, 2021 has led to a progressive and steep 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 scarce goods they can purchase in the market. The economic crisis, with rampant inflation and pervasive shortages, together with the poor compensation, imposes additional strains on the health professionals, as they must find time to spend hours in long lines to buy food or pay “coleros,” persons who make a living lining up for hours each day.

A Cuban economist wrote a lengthy piece explaining the steep erosion in health workers salaries and declaring it a miracle that any specialist can be found working in Cuba at all. In the past, he explains, doctors were relatively better paid than the rest of the population. In March 2014, after the defection of a Cuban doctor from a new medical mission in Brazil attracted much media attention, Cuba more than doubled, to 154%, the salaries of Cuban doctors on the island (from CUP 573 to CUP 1,460) as the average monthly salary was CUP 737. Still, this was equivalent to only US\$60 but it was before the monetary unification wreaked havoc on local wages. However, since 2019, salaries of health workers began to slide in relation to other sectors and the 2021 monetary unification essentially leveled them with other state workers; since then growing inflation and devaluation have, in real terms, diminished health workers salaries to half of what they earned in 2014.¹⁰³

In August 2002, Cuban doctor Alina Arcos Fernández-Brito, wrote a post on her Facebook page titled “I’m a victim of wage slavery” that went viral, had over 200 supportive comments, and was covered in the most circulated digital newspaper on Cuba, *CiberCuba*.¹⁰⁴ Having practiced medicine for 30 years, she decried her miserly salary, in a dollar equivalence of US\$49, deprived of any purchasing power (it has further devalued to date), and described a litany of ills endured by the population. She also remarked that there is no legal and peaceful way to change a system that exploits her and most of the population. Her eloquent statement speaks for the situation of Cuba’s medical workers, and workers in general:

“I, like the vast majority of state workers in this so-called socialist legal state, am the victim of wage slavery. I have no access to foreign exchange revenues. My nuclear family lives on what the socialist state euphemistically calls a salary that, by constitutional decree, should be sufficient to lead a dignified life. But thanks to the economic and social policies of the current government, it leaves us in a condition of hardship. In socialist Cuba, the revolutionary government has for over 63 years developed its “social justice” project with all the impunity that its absolute power confers, armored with a repressive apparatus of

¹⁰³ Rafaela Cruz, “Encontrar un médico con calidad en Cuba es ya un milagro,” *La Habana, Diario de Cuba*, Dec. 7, 2022.

¹⁰⁴ Soy víctima de una especie de esclavitud asalariada', denuncia una médico cubana con 30 años de trabajo, *La Habana, Diario de Cuba*, Aug. 18, 2022.

indoctrinated soldiers and civilians, protected by a Penal Code it modifies at its convenience, sanctioning with draconian penalties any vestige of dissent, as the absolute owner of mass media and commander of an electoral system that guarantees its perpetuity in power; it has informed us in a television program that we will live with a very poor salary that will make our subsistence even more miserable than it is now.”

Conditions in Cuba also make practicing medicine very difficult and stressful. In 2022, 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.

In response to the explosive situation, it was reported that a resolution by the Ministry of Health was to be expected that would prevent doctors with specializations, dentists, and medical technicians from traveling out of the country or emigrating.¹⁰⁵

Wage confiscation

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 where funds are deposited in local bank accounts in the workers’ name. In many countries, Cuba is said to receive the same amount for doctors, nurses, health technicians, security personnel, and even cooks and drivers who travel as part of the medical missions.

Two doctors currently in medical missions, in Qatar and Venezuela respectively, report receiving their salary in Cuban pesos in Cuba (both left children in Cuba), and a salary at the destination in local currency; the one in Qatar, a specialist, is paid 5,000 Cuban pesos in Cuba (equivalent to US\$30.67 in the informal market¹⁰⁶) and the equivalent of US\$1,000 a month in Qatar; the one in Venezuela, also a specialist, is paid monthly CUP 5,400 (equivalent to US\$33.12) in Cuba and 930 bolivars in Venezuela, equivalent to US\$43.¹⁰⁷

In December 2022, however, a Cuban doctor who had deserted the medical mission in Venezuela told a journalist that she was only earning 700 bolivars a month, equivalent to around US\$32 (the conversion would likely be more favorable on the street in Venezuela and she reported it was around US\$70).¹⁰⁸ A Cuban health worker reported from Venezuela in mid-March 2022 that he understood

¹⁰⁵ Carlos Cabrera Perez, “Gobierno cubano impedirá la salida de especialistas médicos, estomatólogos y técnicos,” *CiberCuba*, Jan. 30, 2023, <https://www.cibercuba.com/noticias/2023-01-30-u191143-e191143-s27061-gobierno-cubano-impedira-salida-especialistas-medicos>

¹⁰⁶ Exchange rate CUP 163:US\$1 on Jan. 29, 2023. See <https://eltoque.com/tasas-de-cambio-de-moneda-en-cuba-hoy?1643316703671&1644517881061>

¹⁰⁷ <https://themoneyconverter.com/es/VES/USD>

¹⁰⁸ “Migrantes cubanos en la selva del Darién denuncian abusos de las autoridades panameñas,” *CiberCuba*, Dec. 12, 2022.

that the current pay for most doctors in Venezuela was bolivars 196 a month, equivalent to US\$45.85, whereas other health workers received 186 bolivars per month, equivalent to US\$43.51.¹⁰⁹ In Equatorial Guinea Cuba was reportedly earning US\$15,000 per month for each Cuban collaborator (doctors or nurses) of a 128-member brigade, yet the workers received only around US\$1,000, paid in local currency, representing 6.6%.¹¹⁰

An August 2022 agreement between Cuba and Italy's regional government of the southern state of Calabria calls for payments of 4,700 euros monthly per member of a Cuban medical brigade of 500, of which 3,500 euros will be paid directly to Cuba while 1,200 euros are reportedly for food, housing, trips and training (presumably paid to the workers but no details are available as to how those payments will be made).¹¹¹

Many international health workers continue facing very dangerous and stressful conditions

Many Cuban health workers currently endure dire and stressful working and living conditions, as reported earlier. Many serving in Venezuela, Haiti, and Kenya, are at grave risk and, perhaps, others in other countries for which information is not readily available.¹¹²

As of January 2022,¹¹³ the last public data that could be found, the medical brigade in Haiti was 278-member strong. Cuba has maintained a large presence of medical workers in Haiti since 1998 despite rampant violence and increasing kidnappings, especially of foreigners. They face cholera outbreaks, devastating earthquakes and hurricanes, political strife, epidemics, and increasingly dangerous environment; some doctors are sent to very remote rural locations to work and live with no running water or electricity.¹¹⁴ In 2021, the country had the highest kidnapping rate per capita in the world¹¹⁵ and in 2022, the situation only worsened.¹¹⁶ In January 2022, a female Cuban doctor had been

¹⁰⁹ 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 a member of the medical brigade in Venezuela.) (The exchange rate was calculated at <https://www.exchange-rates.org/Rate/VES/USD>.)

¹¹⁰ "Injusticias de la misión médica cubana en Guinea Ecuatorial," Letter to *CiberCuba*, Mar. 17, 2022

¹¹¹ "Llegan a Italia 50 de los 500 médicos cubanos contratados en agosto," op. cit.

¹¹² For instance, two medical brigades of 115 and 117 members were sent to Azerbaijan during the Covid pandemic as a full-scale war had broken out with Armenia.

¹¹³ "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>.

¹¹⁴ 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>

¹¹⁵ "Haiti - Insecurity: Haiti is the country with the highest rate of kidnappings per capita," *Haiti Libre*, Dec. 16, 2021; "About 96,000 Haitians flee homes to escape gangs and kidnapping, UN says," Port-au-Prince, Associated Press, Oct. 28, 2022.

¹¹⁶ Chris Dalby, "Haiti's kidnapping crisis grows ever more desperate in 2022," *Insight Crime*, Apr. 11, 2022, <https://insightcrime.org/news/haitis-kidnapping-crisis-grows-ever-more-desperate-in-2022/>

kidnapped and released ten days later after the Cuban government presumably paid a ransom.¹¹⁷ On January 23, 2023, another member of the Cuban medical mission, a driver, was kidnapped by a gang in Port au Prince.¹¹⁸ The Haiti medical mission is believed to be very lucrative for Cuba revenue and propaganda-wise, as many governments are provide funding as Cuba pays the workers extremely low wages.

In Kenya, two Cuban doctors kidnapped in 2019 by the Islamist fundamentalist group Al-Shabaab remain in captivity; a ransom of US\$1.5 million was reportedly demanded for their release.¹¹⁹ In March 2022, the driver of the vehicle, a Somali hired by the Mandera County Government, was sentenced to life in prison for the abduction, for aiding a terrorist act in which one of two police officers assigned to guard the Cuban doctors was shot dead, and for obtaining an Identity Card fraudulently.¹²⁰ The kidnapping led to a withdrawal of Cuban doctors from Kenyan counties bordering Somalia and heightened security for the doctors in other counties,¹²¹ but in July 2021, Cuba renewed its bilateral health cooperation agreement with Kenya¹²² and agreed to send 79 more doctors to Kenya to join the 53 already there, for a total of 101 doctors.¹²³

Kenya's need for Cuban doctors has been questioned by doctors' unions since the Kenyan government signed an agreement in 2018 to hire a Cuban medical mission. In November 2022 at the annual meeting of the Kenya Medical Practitioners Pharmacists and Dentists Union (KMPDU), the government was called on to release the agreement with Cuba as well as information on how much Kenya is paying for it. It again requested that the government employ local specialists instead of bringing more expensive doctors from other countries, especially as 5,000 local doctors needed employment.¹²⁴ Reportedly, the Kenyan government pays the salaries of the Cuban specialists as

¹¹⁷ Initially, it was reported that the kidnapers 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," Port au Prince, *Diario de Cuba*, Jan. 20, 2022.)

¹¹⁸ "Ministerio de Salud informa sobre secuestro de colaborador cubano en Haití," *Granma*, Jan. 31, 2023.

¹¹⁹ Verah Okeyo, "Kenya: revealed - secrets of the Kenya-Cuba doctors deal," Nairobi, *Daily Nation*, Oct. 1, 2020, <https://allafrica.com/stories/202010010536.html>.

¹²⁰ John Osoro, "Somali driver handed life sentence over abduction of Cuban doctors by Al Shabaab from Mandera," *Capital News*, Mar. 23, 2022 <https://www.capitalfm.co.ke/news/2022/03/somali-driver-handed-life-sentence-over-abduction-of-cuban-doctors-by-al-shabaab/>; "Kenya: life sentence for driver implicated in kidnapping of two Cuban doctors," *OnCuba*, Mar. 26, 2022. <https://oncubanews.com/en/cuba/kenya-life-sentence-for-driver-implicated-in-kidnapping-of-two-cuban-doctors/>

¹²¹ Ibid.

¹²² "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>

¹²³ "Más médicos cubanos llegan a Kenia pese al secuestro de Landy Rodríguez y Assel Herrera," Nairobi, *Periódico Cubano*, Oct. 19, 2021.

¹²⁴ "KMPDU now wants Cuban doctors deal made public," *The Star*, Nov. 15, 2022, <https://www.the-star.co.ke/news/realtime/2022-11-15-kmpdu-now-wants-cuban-doctors-deal-made-public/>

well as their flights to Kenya and back during annual leaves and final departure and their accommodation, ground transport, and other work-related expenses.¹²⁵

Venezuela is such a hardship assignment that in recent years Cuban authorities have mandated that health workers must first go to Venezuela as a condition before being allowed to serve in more appealing countries. Precise numbers are clearly not available, as their number has been reported by Cuba's state media in 2020 to 2022 as "more than 22,000," or "more than 20,000" or "more than 19,000 collaborators," in descending order.¹²⁶ Many of the Cuban workers there live and work in very dangerous crime-infested neighborhoods where firearms constantly go off and live in awful conditions, especially in the Amazonian jungle. 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.¹²⁷ This has reportedly led to several suicides and preventable deaths,¹²⁸ while some doctors who develop cancer go untreated.¹²⁹

Their compensation package is particularly dire and the miserly per diems are insufficient to cover basic needs; many know to arrive from Cuba for their mission in Venezuela 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.¹³⁰ A nurse who had defected from the Venezuela mission and was crossing the Darien jungle in Panama seeking to reach the United States reported that, aside from the labor exploitation they had to endure, they faced great ethical dilemmas, as they were forced to use expired vaccines and medication and were threatened with being sent back to Cuba (punished) if they complained.¹³¹

In June 2022, Cuban supervisors collected the passports of the all the health collaborators in Venezuela after 17 Cuban doctors were arrested trying to flee to neighboring Colombia and were transferred to Cuba as detainees under threat of sentencing them to up to eight years in prison for abandoning their duties. A doctor from the Venezuela mission, interviewed by Camila Acosta, an independent journalist from Cuba, declared on condition of anonymity: "We live in misery, this is

¹²⁵ Ibid; "Inside the Kenya-Cuba doctors deal," *The Star*, May 10, 2018, https://www.the-star.co.ke/news/2018/05/10/inside-the-kenya-cuba-doctors-deal_c1756414

¹²⁶ José Llamas Camejo and Yudy Castro Morales, "Como parte de su agenda oficial en esta nación, el Primer Ministro intercambió con colaboradores y empresarios presentes en tierra bolivariana," *Granma*, May 10, 2022; Yosdany Morejón Ortega, "Inmunizados más del 95% de los colaboradores cubanos en Venezuela," *Cuba Debate*, Mar. 31, 2021; Jorge Pérez Cruz, "Así honran a Fidel colaboradores cubanos en Venezuela," *Trabajadores*, Aug. 12, 2020.

¹²⁷ M. Werlau, interview with Anonymous Source 2, op. cit.

¹²⁸ Camila Acosta, "Vivimos en la miseria, esto es un infierno y, encima de eso, nos tienen secuestrados aquí, nos quitaron los pasaportes y se dice que hay muchos militares cubanos y venezolanos custodiando los pasos fronterizos" *La Habana, CubaNet*, Jun. 2, 2022.

¹²⁹ "Devastador testimonio de doctora cubana enferma de cáncer en Venezuela: "Aguantamos hasta el final", *CiberCuba*, Mar. 27, 2021.

¹³⁰ Ibid.

¹³¹ "Migrantes cubanos en la selva del Darién," op. cit.

hell and, on, what's more, they have us kidnapped here, they took our passports and we are told that many Cuban and Venezuelan soldiers are guarding the border crossings to prevent the Cubans from abandoning their missions. We are their slaves, they hold us because we are the ones generating income for Cuba.”¹³²

In 2022 at least 5 members of Cuba's internationalist medical brigades reportedly died while serving overseas



Damián Fonseca Marlutica died in April 2022 in the Orinoco state of Venezuela. The male nurse died while trying to save a minor from drowning in the Amazonian Orinoco River. He had been in Venezuela for only a month and left a small child. Members of Cuba's medical brigades have reported that their living and work conditions in the Amazons are extremely precarious and dangerous.

See <https://cubaarchive.org/database/?caseid=11415>



Andy Martínez Rodríguez, age 39, died on July 4, 2022 in Caracas, Venezuela, of an alleged heart attack. He was a warehouse worker for medical supplies of Cuba's brigade. His relatives complained that they had found out about his death from friends and had not been provided any information by the authorities. His salary, which had to be deposited in his bank account in Cuba to support his seven-year-old daughter, had not been received. See <https://cubaarchive.org/database/?caseid=11436>



Berkys Arencibia Ruisanchez died in August 2022 in Jalapa, Guatemala. A cause of death was not officially provided. Coworkers reported that she had "died suddenly from cancer." A Clinical Laboratory professional, she was working at an Ophthalmological Center in Jalapa, in southwestern Guatemala and had been participating in Cuba's medical missions in Venezuela and Guatemala for three years. She left a daughter. See <https://cubaarchive.org/database/?caseid=11450>

¹³² Camila Acosta, “Vivimos en la miseria, esto es un infierno y, encima de eso, nos tienen secuestrados aquí, nos quitaron los pasaportes y se dice que hay muchos militares cubanos y venezolanos custodiando los pasos fronterizos” La Habana, *CubaNet*, Jun. 2, 2022; Annarella Grimal, “Detienen a doctores cubanos que huían de misión médica en Venezuela,” *CiberCuba*, May 31, 2022.



Marina Copo González, age 34, died in August 2022 of a reported heart attack during or after a difficult crossing of the Darién Strait in Panama on the way to the United States. She had deserted from a Cuban medical mission to the state of Zulia, Venezuela, and had a degree in Clinical Laboratory. See <https://cubaarchive.org/database/?caseid=11451>



Rodolfo Gámez Cruz died on September 12, 2022 in Maputo, Mozambique. The Cuban nurse specialist in intensive care died suddenly of unknown causes. See <https://cubaarchive.org/database/?caseid=11459>

Problems in Equatorial Guinea went public

Cuba failed to repatriate the bodies of four internationalists (two doctors, one nurse, and one sports trainer) for many months. They had died in Equatorial Guinea from October 2020 to June 2021 of COVID, the sports trainer of malaria, and were only repatriated to Cuba in April 2022,¹³³ when 128 members of a COVID medical brigade to Equatorial Guinea returned to Cuba. This delay furthered the pain and anguish of family members, who complained bitterly in social media that the Cuban government was ignoring their requests to bring their bodies back for burial.¹³⁴

The members of the brigade had served without vacations for 30 months and, at least for some, their stay had exceeded the term of their agreed assignment. Cuban authorities had argued that there were no flights to return them to Cuba.¹³⁵ Furthermore, one of its members wrote to *CiberCuba* that the agreement between the Cuban government and Equatorial Guinea called for a payment of US\$15,000 per month for each Cuban collaborator (doctors or nurses), yet they only received around US\$1,000, which was paid in local currency. What's more, the Bank of Equatorial Guinea refused to exchange the national currency into dollars, which forced them to go to the black market,

¹³³ Noel Martínez, Regresan a Cuba colaboradores de la Salud, *Radio Reloj*, Apr. 14, 2022, <https://www.radioreloj.cu/noticias-radio-reloj/salud/regresan-a-cuba-colaboradores-de-la-salud/>. The four were: Dr. Ricardo Romero Sanchez, died October 2021 from Covid 19; Isabel Bencomo Blen, a nurse, died June 2021 of an "acute cardiopulmonary event" suspected to be caused by COVID 19; Dr. Medardo Santovenia Hernández, died October 2021 from Covid 19; and Roger Leyva Cecilio, a sports trainer, died Oct. 17, 2020 of malaria.

¹³⁴ "Repatrian cuerpos de cubanos fallecidos desde 2020 en misión oficial de Guinea Ecuatorial," *CiberCuba*, April 14, 2022. Also see case records at [CubaArchive.org/database](https://cubaarchive.org/database).

¹³⁵ Annarella Grimal, "Repatrian a enfermera cubana fallecida en misión en Guinea Ecuatorial," *CiberCuba*, Apr. 17, 2022.

which entailed risks and dangers, where they could obtain a less favorable exchange rate, further reducing their monthly salary.¹³⁶

A continuing political scandal in South Africa

Problems detailed in the prior report continued in the current reporting period. In November 2022, Haena Ismail, a member of Parliament on the portfolio committee on health, wrote to the Minister of Health demanding the release of the 2021-2022 annual report of the Nelson Mandela Fidel Castro Medical Collaboration Programme: “While the programme might have originated from a genuine goal of strengthening South Africa’s health sector, it seems the most recent use is another avenue to ensure funds are routed to Cuba. ... Just over the past few years, the ANC government has tried every trick in the book to ensure taxpayer money reaches Cuban shores, from illegally importing Interferon [Heberon Alpha-2B] via the SA National Defence Force’s Operation Thusano, which has made payments of R1.4-billion to Cuba, to extending a R63-million ‘economic assistance package’ loan to Cuba in the previous financial year, to the cumulative R308-million to employ 229 doctors and 65 Cuban engineers, to the R50-million in food donation which formed part of a larger donation of R350-million.”¹³⁷

Aftermath to the former Cuban medical mission to Brazil (2013-2018)

Lawsuits in Brazil

In 2022, the U.S.-based non-profit legal defense fund Global Liberty Alliance¹³⁸ 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 still pending.¹³⁹ 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.¹⁴⁰

Lawsuit against the Pan American Health Organization in the U.S.

The Pan American Health Organization (PAHO) had been an intermediary between Brazilian and Cuban authorities to enable a Cuban medical mission to Brazil, which lasted from 2013 to 2018 as part of a new program called “More Doctors” (“Mais Médicos”). Among other things, PAHO had transferred Brazil’s payments for the doctors’ services to Cuba for a 5% commission, which Cuba

¹³⁶ “Injusticias de la misión médica cubana en Guinea Ecuatorial,” Letter to *CiberCuba*, Mar. 17, 2022

¹³⁷ Bongani Mdakane, “DA wants Cuban medical programme annual report released,” *Sunday World*, Nov. 14, 2022, <https://sundayworld.co.za/politics/da-demands-release-of-cuban-medical-programme-annual-report/>

¹³⁸ See <https://www.globallibertyalliance.org/brazil-cuban-docs.html>.

¹³⁹ “Brazil’s Justice minister agrees to review forced labor claims of Cuban medical workers in Brazil,” Global Liberty Alliance, Sep. 4, 2020.

¹⁴⁰ See Reports of the External Auditors for 2017 and 2018, op. cit.

had appropriated to the tune of around 75%.¹⁴¹ Aside from that and other activities to enable the mission, PAHO had hired 120 “consultants” from Cuba to monitor the Cuban doctors and avoid their defections, as well as offered a legal team to counter Cuban doctors’ claims in Brazilian courts seeking to be hired and paid directly.¹⁴²

In November 2018, four former members of the Cuban medical mission filed a lawsuit in the Southern District of Florida against PAHO under the Trafficking Victims Protection Act and the Racketeering Influenced and Corrupt Organizations (RICO) Act, alleging conditions of forced labor/trafficking. The lawsuit claims that PAHO conspired to exploit them and seeks to recover the remaining portion of the compensation Brazil paid PAHO for the plaintiff’s services and other damages including treble (triple compensatory) damages under RICO. It accuses PAHO officials of circumventing “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 against financial transactions with Cuba; and PAHO’s Constitution and by-laws.”¹⁴³ PAHO successfully requested the judicial process be moved to Washington, D.C.

In November 2020, a federal judge rejected arguments that PAHO enjoyed international-organization immunity (special protections) under the UN Charter and the Constitution of the World Health Organization, allowing the lawsuit to continue. In March 2022, a unanimous three-judge panel of the U.S. Circuit Court of Appeals for the DC Circuit agreed and ruled that PAHO had engaged in commercial activity and, thus, its status as an international organization did not make it immune to accusations of financial misconduct within the US.¹⁴⁴

Cuban doctors remaining in Brazil

In total, around 4,000 thousand Cuban doctors deserted the mission in Brazil (which lasted five years) or remained after its sudden termination by Cuba in November 2018.¹⁴⁵ Most were faced with very difficult conditions and unable to work legally. Many have emigrated over time, especially to the United States but around 2,800 remain in Brazil; around 1,700 found work in the Mais Medicos

¹⁴¹ Rolando Cartaya, “El año en que se deshizo la leyenda rosa de las misiones médicas de Cuba, *Radio Televisión Martí*, Dec. 25, 2020; 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>.

¹⁴² José Alberto Gutiérrez, “Organización Panamericana de la Salud intervino para frenar a médicos cubanos “rebelados” en Brasil,” *CiberCuba*, Oct. 21, 2019.

¹⁴³ 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.

¹⁴⁴ Brendan Pierson, Public health org must face Cuban doctors' trafficking claims, Reuters, Mar. 30, 2022. <https://www.reuters.com/legal/litigation/public-health-org-must-face-cuban-doctors-trafficking-claims-2022-03-29/>

¹⁴⁵ See M. Werlau, *The Panamerican Health Organization and Cuba*, op. cit., pp. 104-122.

program and around 1,100 are unable to work as doctors and most are facing economic hardship.¹⁴⁶ 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,¹⁴⁷ however, they had to meet three conditions including being employed at the time of Cuba's termination of the mission.¹⁴⁸ In January 2023, a court ordered the renewal for the year left in the three-year commitment for the ones employed in the Mais Medicos program.¹⁴⁹ It is very difficult for the Cuban doctors to revalidate their titles, as the exam is said to require months of study, is expensive, and can only be taken in certain big cities, whereas most doctors live in small towns and remote locations where they had been working for Mais Medicos.

In January 2023 the Brazilian media reported that the Lula government had vowed to hire thousands of doctors to reinvigorate the Mais Medicos program, giving priority to professionals registered with regional councils, then offering unfilled vacancies to Brazilian physicians trained abroad and, finally, allowing foreign physicians to fill remaining vacancies.¹⁵⁰ Seeking to neutralize a potential desire to bring back a Cuban medical mission, Cuba Archive wrote to Brazil's Minister of Health, Nisia Trindade Lima, offering the services of Cuban doctors with medical degrees from Cuba who have registered for the organization's initiative "Freed Cuban Doctors" ("Medicos Cubanos Libres"), expressing their willingness to work abroad independently.¹⁵¹

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

On the 90th Session of the UN Committee on the Rights of the Child,¹⁵² held in May 2022 at UN Human Rights Council headquarters in Geneva, members of the Committee including its President, Luis Ernesto Pedernera, questioned the Cuban delegation on issues affecting children related to the international medical missions. Regarding the 8-year ban on entering Cuba for workers who abandon their medical missions, Mr. Pedernera said it "seems to have no legal basis but operates de facto ... preventing many mothers and fathers from being able to see their little ones and share their

¹⁴⁶ M. Werlau, telephone interviews and text messages with Dr. A. Carrandi, op. cit.

¹⁴⁷ Ibid; "Brasil ofrece residencia y permiso de trabajo a médicos cubanos en ese país," *Cuba Net*, Jul. 29, 2019.

¹⁴⁸ M. Werlau, telephone interviews and text messages with Dr. A. Carrandi, op. cit.

¹⁴⁹ Basília Rodrigues, "Justiça determina contratação de médicos cubanos do programa Mais Médicos," *CNN Brasil*, Jan. 28, 2023, <https://www.cnnbrasil.com.br/nacional/justica-determina-recontratacao-de-medicos-cubanos-do-programa-mais-medicos/>

¹⁵⁰ Raphael Felice, "Governo Lula vai voltar com o Mais Médicos em versão reformulada," *Correio Braziliense*, Jan. 5, 2023, <https://www.correiobraziliense.com.br/politica/2023/01/5063914-governo-lula-vai-voltar-com-o-mais-medicos-em-versao-reformulada.html>.

¹⁵¹ Carlos Cabrera Pérez, "Organización Archivo Cuba ofrece médicos cubanos a Brasil," *CiberCuba*, Jan. 5, 2023.

¹⁵² The Committee on the Rights of the Child is a United Nations body of 18 independent experts that monitors implementation of the Convention on the Rights of the Child by its States parties and the implementation of the Optional Protocols to the Convention. (See <https://www.ohchr.org/en/treaty-bodies/crc>.)

lives' moments," expressing concern over its impact and the psychological stability of the children.¹⁵³ Likewise, he stated that he had information of certain discriminatory practices within Cuba for the children of parents who had decided to desert activities abroad and asked how this problem will be dealt with in Cuban legislation and asked what regulatory changes the authorities planned to implement to guarantee family reunification and to guarantee that these children can enjoy growing up with their parents. Another member of the Committee, Clarence Nelson, expressed concern that the international missions could deprive Cuban children of access to needed health personnel and inquired whether they led to a shortage of pediatricians and doctors in Cuba. The Cuban delegation¹⁵⁴ responded with evasions and generalities and did not admit to a state policy separating parents from their children. Reportedly, the Committee had received a report from the Cuban opposition working group *Justicia 11J*.

The Convention on the Rights of the Child is a binding legal document and the family separation institutionalized in Cuba's international missions is in clear violation of its spirit and intent as well as many of its articles, including, specifically, Articles 2, 3, 5, 6, 9, 10, 16, 19, 37 and 39. Importantly, Article 9 reads: "States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child." Article 10 reads: "In accordance with the obligation of States Parties under article 9, paragraph 1, applications by a child or his or her parents to enter or leave a State Party for the purpose of family reunification shall be dealt with by States Parties in a positive, humane and expeditious manner. States Parties shall further ensure that the submission of such a request shall entail no adverse consequences for the applicants and for the members of their family."

In November 2022, the Deputy Director for the Americas of the European External Action Service (EEAS), Duccio Bandini, alluded during a session of the European Parliament Delegation for Relations with Central American Countries the European Union to complaints by organizations and industry professionals and said that workers' rights had to be respected, although he stressed: "The important thing is to underline that the EU values the humanitarian nature of these medical missions, which have been praised by the World Health Organization (WHO)."¹⁵⁵

¹⁵³ Annarella Grimal, "ONU cuestiona a Cuba sobre separación familiar forzada por abandono de misiones internacionales," *CiberCuba*, May 5, 2022. (Translation from Spanish.)

¹⁵⁴ Cuba signed the Convention on the Rights of the Child, that entered into force in September 2, 1990, on Jan. 26, 1990 and ratified it on August 21, 1991. (See https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?CountryID=44&Lang=EN)

¹⁵⁵ "La UE pide a Cuba que respete los derechos laborales de los médicos en sus misiones internacionales, Bruselas," *EFE/14ymedio*, Nov. 17, 2022, https://www.14ymedio.com/internacional/Union-Europea-misiones-medicas-cubanas-cumplan-laborales_0_3425057469.html.

During 2022, independent media digital outlets focused on Cuba covered the human trafficking issue frequently, certain countries covered the medical brigade in-country, and overall international media coverage decreased considerably after most of Cuba's COVID brigades returned to the Island and news of Cuba's Covid vaccine candidates disappeared given WHO approval was not forthcoming.

Problems at border crossings in the US

Cuba Archive has interviewed several Cuban doctors who in 2022 attempted to obtain asylum in the United States whose claims for asylum were ignored; instead, they were allowed to enter the country with a visa status preventing them from working as well as extending for years their court hearings to determine whether they may remain in the US. Two had suffered political persecution and had been terminated from their employment in Cuba for criticizing the public health system on Facebook and their cases had been amply covered in the media. Others had abandoned medical missions in different countries which have been specifically reported as forced labor by the US Department of State's Trafficking in Persons Office, in accordance to US law (IPVA).

It appears that:

- 1) US Customs officials ignore the validity of claims by persecuted Cuban health professionals and/or are too overwhelmed to do a cursory inquiry at the border; and
- 2) Cuban health professionals are not aware of their rights to asylum given their legitimate claims of persecution, including those escaping medical missions as victims of trafficking.

On the other hand, it appears that there has been no adequate vetting, if at all, of Cubans arriving at border crossings and allowed to enter the country. In December 2022, Dr. Yoel Vázquez Ortiz,¹⁵⁶ the head of Cuba's medical brigade in Caracas, Venezuela, had reportedly deserted the mission the prior month and reached Tapachula, Mexico, where he awaited a permit to enter the United States—he was well known to have abused many doctors under his direction.¹⁵⁷ Cuba Archive has received several reports of repressors and high officials of the Cuban Communist Party and the government who have gained free entry to the US. Doctors working for the Cuban military interviewed by Cuba Archive were also not questioned to this respect.

Uruguay

Meanwhile, Cuba reported in October 2022 a medical brigade of 22 Cuban workers at Uruguay's Eye Hospital.¹⁵⁸ Uruguay is a ratifying party to the Protocol to Prevent, Suppress, and Punish Trafficking

¹⁵⁶ <https://www.facebook.com/yoel.vazquezortiz.73>

¹⁵⁷ “Desertó el jefe de la misión médica de Cuba en Venezuela y busca entrar a los Estados Unidos,” *Infobae*, Dec. 8, 2022, <https://www.infobae.com/america/america-latina/2022/12/08/deserto-el-jefe-de-la-mision-medica-de-cuba-en-venezuela-y-busca-entrar-a-los-estados-unidos/>

¹⁵⁸ Orlando Oramas Leon, “Cubanos curan ojos en Uruguay,” *Montevideo, Prensa Latina*, Oct. 13, 2022. <https://www.prensa-latina.cu/2022/10/13/cubanos-curan-ojos-en-uruguay>

in Persons, Especially Women and Children, that supplements the United Nations Convention Against Transnational Organized Crime Protocol Against Trafficking. Cuban medical brigades have been in Uruguay since 2007 but given the change of government in 2020 from one that was very friendly to Cuba, requesting a reevaluation seemed in order.

Global Liberty Alliance filed a complaint in 2020 with Uruguay's National Human Rights Institution and the Ombudsman of the country to investigate the alleged trafficking of Cuban doctors and disclose records related to their hiring.¹⁵⁹ In 2022, Cuba Archive embarked on several good faith efforts to directly request from the Government of Uruguay a change in the terms of the Cuban medical brigade to cease the labor exploitation and other human rights violations implicit in the Uruguay-Cuba agreements and to respect international and local laws forbidding trafficking. A December 19, 2022 letter to the president of Uruguay, Luis Lacalle Pou, co-signed by Global Liberty Alliance, followed informative exchanges with the Ambassador and the Deputy Chief of Mission and a meeting at Uruguay's embassy in Washington, DC with Cuba Archive. No response has been received to date.

Angola

An April 2022 news report from Angola covering a doctors' strike asserted that the National Union of Angolan Doctors (SINMEA) reported that Cuban doctors in Angola were earning a monthly base salary of US\$5,000 (approx. 2.1 million kwanzas), while Angolan doctors were earning eight times less, 270,000 kwanzas.¹⁶⁰ SINMEA was demanding better wages and benefits such as health insurance and an improvement in work conditions in the country's hospitals. The last data found in open sources indicates that in 2020 there were 800 Cuban health workers and 1,127 educators in Angola.¹⁶¹ A historically large number of "collaborators" in Angola has decreased over time; in 2013-2014, 4,000 were reported, of which 800 were said to be doctors, but there were many educators, engineers, construction workers and others. Angola has in recent years reportedly delayed payments to Cuba.

English-speaking Caribbean countries: Barbados and St. Vincent & Grenadines

Prompted by comments by Barbados' Ambassador to Caricom that his government could easily provide the details of the payment and terms of service of Cuba's health workers in Barbados, Cuba

¹⁵⁹ <https://www.globallibertyalliance.org/uruguay.html>

¹⁶⁰ "Cada médico cubano a trabalhar em Angola aufere anualmente mais 23 milhões kz do que um profissional nacional," *Isto É Notícia*, Apr. 20, 2022, <https://www.istoenoticia.info/cada-medico-cubano-a-trabalhar-em-angola-aufere-anualmente-mais-23-milhoes-kz-do-que-um-profissional-nacional/>

¹⁶¹ "Angola anula un contrato millonario con Cuba por "incumplimiento" de sus obligaciones," *La Habana, 14ymedio*, Jan. 10, 2021, https://www.14ymedio.com/cuba/Angola-millonario-Cuba-incumplimiento-obligaciones_0_3019498023.html

Archive sent a letter (see Annex) on November 27, 2022 to Barbados' Minister of Health of Barbados requesting:

- 1) copies of all agreements regarding the Cuban medical brigade;
- 2) a listing of the capacity in which each member of the Cuban medical brigade was authorized to provide services and an explanation of how their professional credentials were verified;
- 3) a breakdown of all payments made or agreed to for services rendered by the Cuban health workers in as well as any expenses related to their hiring and stay in their countries and their travel back and forth to Cuba.

Prompted by comments by of St. Vincent & Grenadines' Prime Minister regarding the Cuban medical brigade hosted by his government, on December 5, 2022 Cuba Archive wrote to the Prime Minister and the Minister of Health, with a similar request.

Private clinics in Peru offering services by Cuban doctors

In Peru, the media has reported on private clinics operating illegally and local authorities have raided several clinics, yet it appears they continue to operate. In 2021, Peru's Superintendency of Health, Susalud, had raided three such clinics operating under the name 'Clínica Internacional Médicos Cubanos' as part of an operation named "Zero tolerance for informality in healthcare." Peru's media reported that they found expired medical supplies and professionals who could not certify their credentials.¹⁶² In May 2022, Peru's media reported that the same clinics were operating with doctors who were not accredited to work in Peru and issuing prescriptions without a license and the police raided at least one of the clinics for "illegal exercise of the medical profession."¹⁶³ A Peruvian journalist who called several of these clinics in June 2022 verified they were in operation and offering services delivered by "Cuban doctors" whose names were provided.¹⁶⁴ Ownership by a Cuban state entity or individual(s) has not been established and would require a proper investigation. As of January 2023, the institution "Clínica Médicos Cubanos" is in operation and, according to Google, it has three clinics in different locations in Lima.¹⁶⁵ The website prominently features signs that read "Cuban Medical Missions."

¹⁶² "Susalud interviene tres locales de la Clínica Internacional Médicos Cubanos," *La República*, Jan. 12, 2021, <https://larepublica.pe/sociedad/2021/01/12/susalud-interviene-locales-de-la-clinica-internacional-medicos-cubanos>

¹⁶³ "Denuncian que Clínica Médicos Cubanos atiende a pacientes con doctores que no tienen colegiatura en el Perú," *El Comercio*, May 23, 2022; "Policía allana Clínica Médicos Cubanos tras denuncia sobre doctores sin colegiatura ni especialidad," *El Comercio*, May 25, 2022; "Clínica de Médicos Cubanos: Doctores firman recetas con números de colegiaturas que no existen o son suplantados," *Infobae*, May 23, 2022. Also see "Clínica Médicos Cubanos atiende a pacientes con doctores que no tienen colegiatura en el Perú," *Cubanos por el Mundo*, Jun. 15, 2022, <https://www.youtube.com/watch?v=sKF3Vn3ybE8>.

¹⁶⁴ Maria C. Werlau, telephone call and text messages with Anonymous Source 4, June 2022.

¹⁶⁵ <https://clinicamedicoscubanos.com/>, accessed Jan. 26, 2023. It lists three clinics: Main location at Jr. Cuzco 121, Cercado de Lima (Esquina con Jr. de la Unión), Phone: +51 923 418 506; Lima Center location at Av. Abancay 772, Piso 2 – Cercado de Lima (Frente al C.C. El Hueco); and Lima Northern location at Av. Carabayllo 470, Urb. El Parral – Comas (Altura de la UGEL 04).

A note on other medical missions

Cuba Archive has information on many more of Cuba’s medical missions than specifically addressed in this report and is available to address any questions or provide further information.

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 in any way participate or allow for the exploitation of Cuban medical workers in “international” clinics operating in the national territory.
2. Provide Customs and Border Patrol adequate information to consider asylum requests of Cuban health professionals as well as a list of Cuban government leaders, representatives, and supervisors responsible for the labor trafficking who should not be admitted into the United States.
3. Provide support services for victims/survivors of the trafficking who have arrived in the United States and may require counseling and other assistance to overcome psychological trauma.
4. 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,¹⁶⁶ political asylum requests or visas, press reports from destination countries, etc.
 - 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.
5. 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.
6. 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.

¹⁶⁶ 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.)

7. Work within the international system to combat this form of trafficking:
- 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).¹⁶⁷
8. 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.
 - 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.

¹⁶⁷ 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.

Annex I
Email of Dec. 5, 2022 to St. Vincent and the Grenadines

The Honorable Ralph Goncalves
Prime Minister
The Office of the Prime Minister
St. Vincent & Grenadines
Kingstown, St. Vincent

Your Excellency Dr. Goncalves,

Our non-profit organization based in the United States has since 2009 investigated Cuba's international health "collaboration" and documented human rights violations surrounding Cuba's medical brigades.

We understand that your country currently hosts a Cuban medical brigade of 77 workers as well as 4 additional workers in the construction industry. Given your repeated referrals to the services they provide as disinterested assistance from the Cuban government, we trust you will provide us details of any payments for these workers, whether to Cuban state entities or to the workers themselves, as well as all other terms related to their services and stay in your country.

We would greatly appreciate:

1. copies of all agreements between St. Vincent and the Grenadines and Cuba regarding the Cuban workers who have provided or are providing services in your country;
2. a listing of the capacity in which each member of the Cuban medical brigade was authorized to provide services in your country and an explanation of how their professional credentials were verified;
3. a breakdown of all payments made or agreed to by your government--or any third parties-- for services rendered by the Cuban health workers in as well as any expenses related to their hiring and stay in your country and their travel back and forth to Cuba.

Your prompt attention to this matter will be very appreciated.

With best wishes and anticipated thanks.

Maria C. Werlau
Executive Director
Free Society Project / Cuba Archive

C: Hon. St. Clair Prince, Minister of Health

Sent to: pmosvg@vincysurf.com, generaloffice.pmosvg@gmail.com, mohesvg@gov.vc and mohesvg@gmail.com

Annex II
Email of Nov. 27, 2022 to Barbados

Subject line: Important request for the Minister of Health

Maria Werlau <mariacwerlau@gmail.com>

Nov. 27, 2022 5:23 PM

to ps-secretary, editor, bcc: Peter

Senator Dr. the Most Hon. Jerome X. Walcott, Fb, J.P.
Minister of Health and Wellness
Barbados

Dear Dr. Walcott,

David Comissiong, Barbados' Ambassador to Caricom, has stated in *Barbados Today* this past November 19th that you or other members of your government could easily provide the details of the payment and terms of service of Cuba's health workers in your country

Our non profit organization based in the United States has since 2009 investigated Cuba's international health "collaboration" and documented human rights violations surrounding Cuba's medical brigades. We would, therefore, greatly appreciate:

1. copies of all agreements between Barbados and Cuba regarding the Cuban medical professionals who have provided or are providing services in your country since 2020;
2. a listing of the capacity in which each member of the Cuban medical brigade was authorized to provide services in your country and an explanation of how their professional credentials were verified;
3. a breakdown of all payments made or agreed to by Barbados --or any third parties-- for services rendered by the Cuban health workers in as well as any expenses related to their hiring and stay in Barbados and their travel back and forth to Cuba.

Your prompt attention to this matter will be very appreciated.

With best wishes and anticipated thanks.

Maria C. Werlau
Executive Director
Free Society Project / Cuba Archive

C: Editor, Barbados Today

Maria C. Werlau
Executive Director
Free Society Project / Cuba Archive
info@CubaArchive.org
Tel. +1(973)701-0520
Mobile +1 (973)219-7000
www.CubaArchive.org