

Overview of Trafficking in Persons in Cuba's Medical Brigades

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I. Introduction

Under the guise of “solidarity” and “humanitarianism,” the Cuban State openly and systematically exploits Cuban workers overseas, including doctors, as modern slaves in partnership with governments, international organizations, and private entities. The international community condemns forced labor as a practice similar to but distinct from slavery. Slavery is universally accepted as a “crime against humanity” when committed by public officials against any person, irrespective of circumstances or nationality.

As of September 2021, Cuba had 327 state enterprises exporting services;¹ public detail has since been lacking. They offer the services of temporary workers who are sent on “internationalist missions” abroad: doctors, nurses, medical technicians, teachers, sports trainers, musicians, sailors, architects, geologists, tobacco rollers, construction workers, and others from myriad fields. In effect, the workers are exported as commodities for two to three years in highly unusual and secret agreements with governments or private corporations. The practice is glorified and its darkest aspects obscured with extensive propaganda widely circulated by Cuba, its agents of influence, and allies.

Initially, Cuba used the medical brigades mostly to advance its geostrategic and political goals, but they evolved into generators of enormous proceeds for the dictatorship. Since 2005, export services officially became the country’s primary source of revenues thanks to a massive incursion into Venezuela and other countries of the socialist “Bolivarian” network, as well as continued global expansion through intense diplomatic and marketing efforts.

Aside from hefty profits, Cuba’s “medical internationalism” also derives “symbolic capital (prestige, influence, goodwill)”² that translates into myriad political and economic benefits: strengthened ties with host nations, international support including votes in international organizations, opportunities to spy and recruit agents for Cuba’s intelligence services, assistance, loans, investments, and trade (access to needed imports as well as markets for Cuba’s exports).

The medical missions have typically provided health services to patients from underserved and remote populations free of charge, paid by the national governments of host countries or in triangulation with other governments or international organizations. Some host countries face a scarcity of doctors or local doctors lack sufficient incentives to work/live, especially in certain locations. In certain cases, the Cubans replace local health workers to advance political agendas and provide Cuba financial support. In recent years, Cuba has expanded a lesser-known “health cooperation” modality as private “international clinics” staffed with Cuban health workers.

We will refer to the medical brigades as “BMC,” the Spanish acronym for “Brigada Médica Cubana.”

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

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

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

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



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

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

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

⁴ Enrique García, interview conducted by Maria C. Werlau, Miami, May 1, 2022. (García is a former official of Cuba's Directorate of Intelligence (DI); he was in charge of Chile from 1981 to 1983, had access to all archives and worked with many intelligence officials who had been in Chile during the Allende government (1970-1973).)

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

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

More doctors were later sent to Africa, including with Che Guevara in his clandestine mission to the Congo in the 1960s, and in the 1970s and 1980s, they accompanied Cuban troops in the Angola and Ethiopia wars.¹⁰ Africa was the initial focus because Fidel Castro considered it “the weakest link of imperialism.”¹¹ He believed that the end of European colonialism presented an excellent opportunity for “revolutionary expansion” by essentially moving from tribalism to socialism, facilitated by the absence of an established bourgeoisie that dominated national life including the economy, the universities, and the press.¹²

The Sandinista revolution in Nicaragua also offered an opportunity for expansion in Latin America.¹³ Gradually, and with help from the likes of the Pan American Health Organization, the medical export program evolved from supporting military interventions in underdeveloped countries to responding to natural disasters. After Hugo Chávez assumed the presidency of Venezuela in 1999 and launched, in partnership with Fidel Castro, a “Bolivarian revolution,” Cuba’s medical internationalism greatly expanded with funding from Venezuela’s vast oil wealth. It gradually multiplied to serve any party willing to pay, especially oil-producing countries in the Middle East such as Saudi Arabia, Qatar and Kuwait.

The health workers sent overseas were for decades referred to as “proletarian internationalists” but, as Cuba’s presence became increasingly visible and Cuba’s military regime normalized profits in adopting state capitalism, the “proletarian” qualifier was dropped and “collaborator” or “internationalist” became the norm.

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

⁶ Liz Caridad Conde Sánchez, “Cuba y su colaboración médica: A 58 años de ofrecer vida por el mundo,” *Granma*, May 24, 2021; Steve Brouwer, “The Cuban revolutionary doctor: the ultimate weapon of solidarity,” *Monthly Review*, Jan 01, 2009; “Primer ministro cubano felicitó a los trabajadores de la salud,” *Prensa Latina*, May 23, 2023.

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

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

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

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

¹¹ “Entrevista concedida a Simon Malley, Director General de la revista ‘Afrique-Asie’, el 23 de abril de 1977 en el Hotel Habana Libre,” Fidel Soldado de las Ideas, accedido el 16 de octubre de 2023, <http://www.fidelcastro.cu/es/entrevistas/entrevista-concedida-simon-malley-director-general-de-la-revista-afrique-asi>

¹² Ibid.

¹³ Nuria Barbosa León, “Cuba cura el dolor de los guatemaltecos.” *Granma*, Jul. 31, 2018.

In February 2021, Cuba's Ministry of Public Health (MINSAP), reported that "a third of humanity" had been treated in 58 years of Cuban medical "collaboration," saving 8.7 million lives, and performing over 14.5 million surgeries and 4.5 million deliveries.¹⁴ Similarly outlandish claims are historic and continue.

Countries hosting Cuba's medical brigades

According to Cuba's Minister of Health, by 2006, one hundred governments had entered into bilateral agreements with Cuba for the sustained presence of Cuban health professionals in their countries: 6 in the 1960s; 22 in the 1970s; 11 in the 1980s, 47 in the 1990s, and 15 in 2000-2006.¹⁵ In recent years, Cuba has generally reported 25,000 to 30,000 health workers in 57 to 71 countries, including just for the pandemic. By mid-2023, reports referred to around 23 to 25 thousand health workers in 57 to 59 countries.¹⁶

Cuba's official statistics are consistently contradictory and unverifiable and a list of countries with BMCs is not published, much less the number of "collaborators" in each. Information is particularly lacking on certain countries. In November 2023, the following 50 countries had bilateral agreements to host BMCs (some may only provide educational services):

Algeria	Ghana	Namibia
Angola	Grenada	Nauru
Antigua & Barbuda	Guatemala	Niger
Bahamas	Guyana	Qatar
Barbados	Haiti	Western Sahara
Belize	Honduras	Saudi Arabia
Botswana	Italy	South Africa
Burkina Fasso	Jamaica	St. Vincent & Granadines
Cape Verde	Kenya	Syria
Chad	Kiribati	Tanzania
Congo (DRC)	Kuwait	Timor Leste
Djibouti	Lesotho	Trinidad & Tobago
Dominica	Maldives	Uruguay
Ethiopia	Mali	Venezuela
Eswatini (Swaziland)	Mauritania	Vietnam
Gabon	México	Zimbabwe
Gambia	Mozambique	

¹⁴ "Un tercio de la humanidad ha recibido la mano de los profesionales cubanos de la salud, MINSAP," 22 de febrero de 2021, <https://salud.msp.gob.cu/un-tercio-de-la-humanidad-ha-recibido-la-mano-de-los-medicos-cubanos/>.

¹⁵ "Cuba & Global Health," Cuba & the Global Health Workforce: Health Professionals Abroad, MEDICC, 2007, <https://www.aspeninstitute.org/>, which cites a Memo to Gail Reed from Dr. Ricardo Bagarotti, Unidad de Colaboración Médica, Ministry of Public Health, Havana, June 26, 2006; Speech by Ahmed Maamar, Algerian Ambassador to Cuba, May 24, 2003, Astral Theater, Havana (40th anniversary of Cuban medical team's arrival in Algiers); and "Mirando al futuro desde la Cooperación Internacional," Power Point presentation by Dr. Yiliam Jiménez, 26 June 2006, Havana. (Data on how many pacts are currently in place is unavailable.)

¹⁶ "Ghana appreciates 40 years of professionalism of Cuban doctors," *World Nation*, May 20, 2023; "Ministro saudita destaca labor de médicos cubanos," *Prensa Latina*, May 19, 2023, Liz Caridad Conde Sánchez, "La colaboración médica fortalece los principios de la Revolución," *Agencia Cubana de Noticias*, Jul. 7, 2023.

If Cuba's reports are accurate, the above list is missing seven to nine countries with reported BMCs. In November 2019, Cuba also reported¹⁷ BMCs in Argentina, China, Eritrea, Guinea Bissau, Ivory Coast, Mongolia, and Uganda, but the delivery of health services in those countries has not been confirmed and the report may only be associated with educational services in health. (Cuban educators are typically treated in similar fashion as other medical brigade members who deliver health services to the population).

Number of health “collaborators”

Consistent monitoring of Cuba's official data and reports from host countries and/or their media outlets allow to piece together the actual or approximate number of collaborators in the countries reported to host medical brigades. Data from recent times indicates that the largest BMCs are in the following countries (with the approximate number of workers in parenthesis): Venezuela (19,000), Angola (1,170), Algeria (890), Mexico (841), Qatar (475), Guatemala (441), Saudi Arabia (400), Mozambique (361), Jamaica (300), Italy (171), Guyana (170), Gabon (159), Grenada and Gambia (150), Trinidad & Tobago (140), Belize (117), Namibia (117), Mali (100), and Kuwait (96).

Official sources from Cuba provide diverging reports with statistics that are evidently contradictory and/or implausible. Examples follow with the respective sources of information in parenthesis.

Number of workers at given times

- November 2008: 38,544 Cuban health professionals in 75 countries. (*Granma*.¹⁸)
- 2013: 39,310 health professionals in 60 countries: 34,794 in the Americas, 3,919 in Africa, 554 in Asia and Oceania, and 43 in Europe. (*InterPress Service*, news agency with presence in Cuba.¹⁹)
- 2013: 15,000 doctors, 2,300 ophthalmologists, 15,000 nurses and other licensed personnel, 5,000 technicians, and 800 service personnel, in 60 countries. (*Havana Times*.²⁰)
- 2014: 64,362 collaborators in 91 countries, 80% in Latin America. (*Trabajadores*.)²¹
- August 2019: 38,262 health workers in 66 countries, 18,384 were doctors. (*Granma*.²²)
- November 2019: 29,071 doctors in 63 countries. (MINSAP/AFP.²³)
- March 2020: 28,217 collaborators in 58 countries (*Granma*²⁴ and MINSAP²⁵).

¹⁷ Yoslán Silverio González, “La experiencia médica de Cuba en África Subsahariana: su contribución contra la Covid-19,” *Revista Brasileira de Estudos Africanos*, Porto Alegre, v. 5, n. 10, Jul./Dec. 2020, p. 37-60; Yaima Puig Meneses, “Unión Africana y Cuba, relaciones históricas e indestructibles,” *Granma*, Nov. 22, 2023; Alicia Dunkley-Willis, “‘All lies’: Cuban ambassador slams US report that his country is trafficking medical professionals in Jamaica,” *Jamaica Observer*, Oct 02, 2023. (The piece has a map by Agence France Press.)

¹⁸ S. Brouwer, op. cit.

¹⁹ Patricia Grogg, “Cuban Doctors Bring Eyesight, Healthcare to Haiti,” *Inter Press Service (IPS)*, August 28th, 2013.

²⁰ Fernando Ravsberg, “Cuba’s “all-terrain” doctors arrive in Brazil,” *Havana Times*, August 28, 2013.

²¹ A. Núñez, op. cit.

²² Elson Concepción Pérez, “Esclavos solo del amor por los demás,” *Granma*, Aug. 12, 2019.

²³ A. Dunkley-Willis, op. cit.

²⁴ N. Barbosa León, op. cit.

²⁵ Milagros Pichardo, “Ministro de Salud: La fuerza de la verdad echará siempre por tierra las mentiras,” *Granma*, Sep. 28, 2020.

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- 2020: around 48,000 *health* workers in 62 countries. (Pan American Health Organization, PAHO.²⁶)
- February 2021: 30,407 health professionals in 66 nations in “permanent” and emergency brigades. (MINSAP.²⁷) (Cuba’s Minister of Trade and Foreign Investment used the same data for 2020.²⁸)
- March 2021: more than 28,000 collaborators in 60 countries (MINSAP²⁹) and 29,954 health workers in 74 countries (Cuba’s Minister of Trade and Foreign Investment³⁰).
- May 2022: around 1,900 workers were reportedly still deployed as part of the emergency medical brigade and Cuban medical personnel were present in 77 countries.³¹
- May 2023: 25,688 health professionals in 59 countries. (MINSAP.³²)
- May 2023: 22,000 health collaborators in 58 countries. (Tweet by Cuba’s president.³³)
- July 2023, 23,092 collaborators in 57 countries. (Cuba’s News Agency, ACN.³⁴)

Number of health workers in Venezuela

- 2005 onwards: 30,000 to 40,000 collaborators in “social missions” (including more than health personnel).³⁵
- November 2008: 29,296, workers, of whom 17,697 were doctors. (*Granma*.³⁶)
- December 2008: 29,296 workers: 13,020 doctors, 2,938 odontologists, 4,170 nurses, and 9,168 health technicians. (Venezuela’s Minister of Health.³⁷)
- 2022: around 19,000 health workers. (*Granma*.³⁸)

Number of health workers in Africa³⁹

- August 2023:
 - 4,006 health workers in 29 African countries (54% of the continent), of which 2,608 are doctors.
 - 716 health workers in 12 COVID emergency brigades in 12 African countries.

²⁶ “Estrategia de Cooperación OPS/OMS 2018-2022: Cuba, 2018-2022,” Pan American Health Organization.

²⁷ “Un tercio de la humanidad,” op. cit.

²⁸ “La inversión extranjera en Cuba: apenas 25 negocios en dos años,” La Habana, *Diario de Cuba*, Dec. 20, 2021.

²⁹ Según la viceministra de Salud Pública, doctora Regla Angulo Pardo, al intervenir en el VII Evento Virtual Continental Africano de Solidaridad con Cuba. (“Cuba ratificó voluntad de reforzar cooperación y amistad con África,” La Habana, *Prensa Latina*, Oct. 7, 2021.)

³⁰ “La inversión extranjera en Cuba: apenas 25 negocios en dos años,” La Habana, *Diario de Cuba*, Dec. 20, 2021.

³¹ See Cuban Medical Brigades (BMC) for COVID-19: Mar. 2020 - Apr. 2022, Number of “collaborators,” Cuba Archive.org.

³² “Ghana appreciates,” op. cit.; Ministro saudita destaca labor de médicos cubanos,” op. cit.

³³ <https://twitter.com/DiazCanelB/status/1660991669112537090>

³⁴ L. Conde Sánchez, op. cit.

³⁵ See details in Maria C. Werlau, “Cuba-Venezuela’s health diplomacy: the politics of humanitarianism,” Cuba in Transition: Volume XX (Papers and Proceedings of the XXth Annual Conference of the Association for the Study of the Cuban Economy, Miami, Florida, July 29–31, 2010.

³⁶ S. Brouwer, op. cit. (Brouwer cites *Granma* for Nov. 3, 2008.)

³⁷ “Minsalud desmiente a Provea: 30 mil médicos, odontólogos y técnicos cubanos están en Venezuela,” Radio Mundial, Dec. 10, 2008.

³⁸ José Llamas Camejo & Yudy Castro Morales, “Cuba, Venezuela adentro,” *Granma*, May 10, 2022.

³⁹ Ministerio de Salud Pública de Cuba, José Angel Portal Miranda, Facebook, Aug. 30, 2023, https://www.facebook.com/MINSAPCuba/posts/71057333111951?ref=embed_post

Cumulative/historic number of “collaborators”

*Presumably, civilians deployed with Cuba's historic military interventions in Angola, Ethiopia, and other countries are included in the official reports of the history of Cuba's “collaboration.”

- 1963 - 2003: 52,000 in 93 countries. (Source: Fidel Castro.⁴⁰)
- 1963- 2009: 134,849 health collaborators in 108 countries (45,488 in 37 countries of Africa, 79,717 in 38 countries of the Americas, and 9,644 in 29 Euro-Asian and Middle Eastern countries. (Source: Academic piece published in Cuba.⁴¹)
- 2014: 836,142 in 167 nations, 75% in the health sector. (Source: Cuban official daily *Trabajadores*.⁴²)
- 1961 - July 2016: 513,472 collaborators in 157 countries, of whom 255,431 were health workers deployed to 107 countries. (Source: Cuba's Ministry of Trade and Foreign Investment.⁴³)
- May 1963 - July 2018: 407,419 health collaborators in 164 countries. (Source: *Granma*, citing MINSAP's Central Collaboration Unit.)⁴⁴
- May 1963 - November 2018: 600,000 sent to 164 nations, including over 400,000 health workers in 134 countries. (Source: *Granma*.)
- February 2021: more than 420 thousand health professionals in 150 countries. (Source: MINSAP.⁴⁵)
- May 1963 - May 2021: around 450 thousand health professionals in about 160 countries. (Source: *Granma*.⁴⁶)
- May 1963 - May 2023: 605,698 health collaborators in 65 countries. (Source: Prensa Latina, Cuba's state-controlled news agency.⁴⁷)
- August 2023: Since the start of the “collaboration” (presumably in May 1963), 56,144 Cuban health workers have served in 42 African countries.⁴⁸

The emergency brigades: pandemic as opportunity

Cuba has a large pool of “all terrain”⁴⁹ health workers it can order to deploy in just a few hours and who are forced to serve in dangerous and remote locations with no guarantees for their safety and comfort.

⁴⁰ “Los pueblos dirán la última palabra,” discurso pronunciado por el Comandante en Jefe Fidel Castro Ruz en Santiago de Cuba el 26 de julio del 2003 por el 50 Aniversario del Asalto a los Cuarteles “Moncada” y “Carlos Manuel de Céspedes”. Oficina de Publicaciones del Consejo de Estado, La Habana, 2003, <http://www.fidelcastro.cu/pt-pt/node/10608>; “Cuba demanda sustitución de organismos financieros internacionales,” *Prensa Latina*, La Habana, Feb. 5, 2003.

⁴¹ The authors are the Director of the Chair of Public Health of the National School of Public Health of Cuba with another professor. See Nestor Marimón Torres y Evelyn Martínez Cruz, “Cooperación técnica entre Cuba y la OPS/OMS. Su historia y futuro,” *Revista de Información científica para la Dirección en Salud, Infodir*, No. 8, 2009.

⁴² Alberto Núñez, “Más de 64 000 colaboradores cubanos en 91 países,” *Trabajadores*, Jul. 3, 2014.

⁴³ Ministerio del Comercio Exterior y la Inversión Extranjera, República de Cuba, http://www.ecured.cu/Ministerio_del_Comercio_Exterior_y_la_Inversi%C3%B3n_Extranjera, accedido el 8 de julio de 2016.

⁴⁴ N. Barbosa León, op. cit.

⁴⁵ “Un tercio de la humanidad,” op. cit.

⁴⁶ Ibid; y L. Conde Sánchez, op. cit.

⁴⁷ “Primer ministro cubano felicitó,” op. cit.

⁴⁸ Ministerio de Salud Pública de Cuba, José Angel Portal Miranda, Facebook, op. cit.

⁴⁹ F. Ravensberg, “Cuba's “all-terrain” doctors arrive in Brazil,” op. cit.

The Cuban government apparatus is very well rehearsed in responding immediately to emergencies such as natural disasters at a time when recipient countries are most vulnerable and receptive. In September 2005, Fidel Castro strategically renamed this emergency response the “Henry Reeve International Contingent of Doctors Specialized in Disaster Situations and Grave Epidemics,” or “Henry Reeve Brigades,” when he offered aid to the United States after Hurricane Katrina. Henry Reeve was a New York City native who fought with the Cubans in the First War of Independence from Spain of 1868-1878.⁵⁰



According to Cuba's Ministry of Public Health, until the COVID-19 pandemic, more than 7,950 Cuban professionals had served in 28 emergency brigades in 22 countries after 16 floods, 8 hurricanes, 8 earthquakes, and 4 epidemics.⁵¹ Cuba's Minister of Health, for his part, wrote that from 2005 to 2019, 25 Henry Reeve brigades of 9,428 collaborators had worked in 21 countries.⁵² Emergency brigades were to Liberia, Equatorial Guinea, and Sierra Leone during the Ebola outbreak of 2014.

The COVID pandemic provided the Cuban regime an opportunity to significantly expand its international medical presence, which reached 86 countries at the height of the global emergency. It immediately offered numerous countries medical brigades purportedly specialized in emergencies. Medical teams arrived in many countries already hosting a BMC and at least 14 more countries, “new “markets” that received Cuban medical personnel for the first time or after a long interval: Andorra, Anguilla, Azerbaijan, Bahamas, Barbados, British Virgin Islands, Italy, Martinique, Monserrat, Panama, Togo, Turks and Caicos, and

⁵⁰ “Misión Henry Reeve,” FidelCastro.cu,

<http://www.fidelcastro.cu/es/internacionalismo/mision-henry-reeve>

⁵¹ “Diario de la pandemia,” #CubaSalva por el mundo,

<http://www.escambray.cu/especiales/coronavirus/cubasalva/>

⁵² José Angel Portal Miranda, “16 años del contingente médico Henry Reeve: Ustedes han estado donde más se les ha necesitado, y no han fallado,” Ministerio de Relaciones Exteriores de Cuba, Sep. 20, 2021.

United Arab Emirates. COVID brigades were deployed as follows, starting when the World Health Organization (WHO) declared the pandemic in mid-March 2020:

- June 2020: around 2,770 workers to 26 countries;
- September 2020: 52 emergency brigades to 39 countries (22 in the Americas);⁵³
- September 2021: 57 emergency brigades of 4,982 workers in 40 nations, including 716 workers in 12 African countries.⁵⁴
- May 1, 2022: 5,200 workers in emergency brigades;
- July 2023: 58 emergency brigades in 42 countries.⁵⁵

Cuba has found the emergency medical brigades very effective for establishing a foothold in new markets, as they often lead to many years of profitable “collaboration.”

III. A trafficking business in humanitarian disguise

Cuba portrays this export business as humanitarian, altruistic, voluntary, and free “cooperation.” That it has received payment was essentially considered a state secret until 2010, when it started dropping most claims that it is provided for “free” to the host countries.

In November 2019, Cuba’s Ministry of Health reported to *AFP* that it was providing “free service financed by Cuba” to the following 14 countries: in the Americas, to Belize, Guatemala, Guyana, Honduras, and Nicaragua; and in Africa, to Burkina Faso, Chad, Ethiopia, Gabon, Guinea, Niger, Tanzania, Western Sahara, Zimbabwe.⁵⁶ However, governments such as Guatemala’s are known to pay for Cuba’s brigade,⁵⁷ so that information is highly questionable.

Cuba might not charge some governments for some health services, such as for emergency brigades in instances of natural disasters, still, other governments or international organizations have been known to foot that bill (in triangular agreements) or Cuba subsequently secures a more permanent lucrative contract that makes an initially “free” component a worthwhile investment.

Typically, government to government bilateral health agreements are entered into that use public funds to pay for the BMCs. The Cuba state-owned corporation *Comercializadora de Servicios Médicos, S.A.*, is the leading contractual party and largest state enterprise exporting services. It has an extensive sales network of 150 companies in more than 50 countries and in Cuba (health tourism) offering seven types of services including health services overseas and educational and scientific events on the Island. In Angola, the Cuban *Corporación Antillana Exportadora, S.A.* (Antex) is the contractual party. In some cases, the bilateral agreements are with Cuba’s Ministry of Health.

⁵³ “Diario de la pandemia,” op. cit.

⁵⁴ J. A. Portal Miranda, “16 años,” op. cit.

⁵⁵ “Cuba denuncia que EE. UU. lanza convocatoria con fondos millonarios para fomentar campaña contra colaboración médica,” *Granma*, 22 de julio de 2023.

⁵⁶ A. Dunkley-Willis, op. cit.

⁵⁷ Maria C. Werlau, “Guatemala y la diplomacia médica cubana,” *Archivo Cuba*, 13 de octubre de 2023.

The host government typically pays Cuba (or a state entity) for the “salaries” of the workers and pays for their airfare to and from Cuba (including for an annual vacation), housing, kitchen appliances and utensils, a stipend for food and personal expenses, electricity, water, cooking gas, domestic transportation, malpractice and health/dental insurance, internet and, sometimes, even drivers and security—benefits and conditions vary greatly by country. Most if not all of the BMCs have handlers that monitor the health workers; Cuba is usually paid for their services equivalent to the medical staff and they enjoy similar or better benefits. Some host governments might also pay Cuba for its administrative and logistical support for the BMCs, as Cuba’s external sector economic reports itemize “support services” since 2018 without clarifying what the line item involves.

The cost of the BMCs for host governments is rarely made public but can be very steep and much higher than if local doctors were hired. In October 2023, the Kenyan government announced that it would not renew its agreement for a Cuban BMC, giving in to the local Kenya Medical Practitioners, Pharmacists and Dentists’ Union (KMPDU), which had waged a 5-year long battle, including in the courts, and obtained support in the national parliament. A Cuban medical brigade had been contracted by Kenya in 2018 during a strike of underpaid local doctors. 120 Cuban doctors were costing around \$13,000 each per month, or five times what local doctors earn, 5,000 of whom are unemployed. What’s more, the Cuban doctors needed translators, were family doctors not trained to perform surgeries, and cases of incompetence had been reported.⁵⁸ (The current BMC agreement presumably ends on April 25, 2024.)

In South Africa’s case, hiring 187 Cuban health workers for the COVID pandemic may not have cost more than hiring local doctors (that is not established one way or the other for lack of data), but it did displace local doctors. Local activists complained that 625 unemployed or temporarily-employed qualified South African doctors and nurses were ready to help fight Covid-19 but found no employment.⁵⁹ The Cuban emergency brigade reportedly cost at least \$29 million for one year, or around \$155 thousand per worker for their salaries (\$84,716), registration, housing, and other expenses.⁶⁰

In 2020, Guatemala was paying Cuba around \$3,000 per month for each of the 441-person strong BMC (including non-medical support staff), while Guatemalan doctors in the public health system earned just \$900 a month (Q7,000); their salaries were not exempt of taxes and they did not receive housing, insurance, transportation, telephone, travel, and other benefits the Cubans enjoyed.⁶¹ What’s more, Guatemala was paying inordinately high gasoline costs to transport the members of the BMC locally as well as hugely expensive airfare and travel expenses for the Cubans arrival and departure travel, as well as their annual travel to and from Cuba for vacation.

⁵⁸ Salomé Garnier, “An army of white coats: exploring the implications of Cuban medical diplomacy,” *Harvard International Review*, Dec. 23, 2020; Emmanuel Iguana, Kenya ends arrangement to swap doctors with Cuba. The deal was unpopular with Kenyan doctors, *Associated Press*, Oct. 11, 2023; Kelvin Karani, Why MPs want Cuban doctors out of country, *The Standard*, Oct. 14, 2023.

⁵⁹ *Ibid*; Jackie Cameron, “Herman Mashaba: Finding jobs for thousands of unemployed doctors, nurses, as hospitals creak at seams,” *Business News*, Jan. 20, 2021.

⁶⁰ Azarrah Karrim, “South Africa spent at least R400m on Cuban Medical Brigade deployment,” *News 24*, Apr. 29, 2020. (Housing costs were reportedly paid by the governments of the provinces hosting the internationalists.)

⁶¹ M. Werlau, “Guatemala y la diplomacia médica cubana,” *op. cit.*

Many health “cooperation” agreements include educational services to train medical students in Cuba or send Cuban instructors to the contracting country. Since Fidel Castro founded the Latin American School of Medicine (ELAM for its Spanish acronym) in November 1999, Cuba has also reportedly graduated as doctors 29,749 students from 115 nations (although other reports cite 6,848 ELAM graduates with degrees in Comprehensive General Medicine and 2,135 graduates in other specialties⁶²). Educational services delivered overseas are reported itemized since 2018, although it is not clear how Cuba accounts for educational services delivered in third countries in the medical field.

The lesser-known phenomena of **private “international clinics”** appears to have expanded in recent years. It encompasses private institutions staffed with health workers exported from Cuba by the State that provide medical services for profit (rather than delivering them to patients free of charge, usually paid for by their national government). Information on these clinics is greatly lacking –they are presumably owned or partly owned by Cuban state entities or officials and are believed to operate in at least Angola, Portugal, Dominican Republic, Serbia, Peru, and Bolivia.⁶³ If these clinics are investments other countries by Cuban State entities or individuals (officials in their private capacity), revenues would not be reported as “export services,” and may not be reported at all by Cuba’s Office of National Statistics (ONEI).

Revenues

Historic data on Cuba’s service exports is greatly lacking but in 1980, annual earnings were estimated at \$100 million.⁶⁴ Data for 1982 shows earnings from medical services to Angola of \$5.6 million (\$4.9 of which were for the civilian health system and \$661,392 for the military), which were part of around \$15 million in total “civilian assistance” services in Angola.⁶⁵

Currently, service exports generate more earnings than any other sector of the official Cuban economy and almost three times the average gross revenues from tourism, however, remittances and other aid from the diaspora and illegal activities are not reported, both of which could be higher.

2018 was the first year for which Cuba’s official statistics itemized health export services. (See table below.) In 2018, export services net of gross tourism revenues generated \$8.5 billion, with professional services (of health workers scientists, educators, etc.) making up the largest portion, \$7.2 billion, with the share of health and social missions totaling \$6.4 billion. (There is no way of calculating just export service revenues for the medical missions, as that is not duly itemized.)

⁶² “ELAM: 20 years true to Fidel’s humanist thought,” *Granma*, Nov. 14, 2019.

⁶³ At the end of 2021, the president of CSMC, Yamila de Armas, told Cuban official media that Cuba was hoping to expand this modality of “cooperation.” (“La Habana dice que necesita continuar fomentando y diversificando las exportaciones como una importante fuente de ingresos,” *La Habana, Diario de Cuba*, Oct. 13, 2021.)

⁶⁴ J. Feinsilver, *op. cit.*, p. 184.

⁶⁵ *Ibid*, p. 185. (Feinsilver, who traveled to Cuba on numerous occasions to conduct her research, cites an internal report of the Comité Estatal de Colaboración Económica (on a footnote in page 263).

Revenues from health and social missions declined in 2019 and 2020, as Cuba was likely receiving Venezuela lower pay per collaborator due to the economic crisis there, and in 2018-2019, international medical missions had 9,597 less workers after the governments of Bolivia, Ecuador, and El Salvador⁶⁶ terminated the medical missions and Cuba's abrupt cessation of its mission in Brazil.⁶⁷ However, with the COVID pandemic, starting in March 2020 Cuba sent dozens of emergency brigades that remained up to 2022 in certain countries, increasing revenues in health and social service exports to \$4.4 billion and \$4.9 billion in 2021 and 2022 respectively. The government also embarked in intense efforts to expand its medical internationalism, adding a large "permanent" new mission to, for instance, Mexico.

Cuba: Service exports by category, 2018-2022					
\$ million					
	2018	2019	2020	2021	2022
Judicial and accounting services	\$10,644.4	\$10,667.8	\$5,407.2	\$8,893.3	\$14,219.1
Other professional, scientific and tech. services	\$14,311.9	\$9,758.2	\$14,016.8	\$13,646.7	\$13,120.3
Educational services	\$250,085.2	\$305,869.3	\$161,341.9	\$142,939.8	\$139,316.9
Leisure, cultural and sports services	\$60,536.5	\$59,907.7	\$21,342.3	\$13,981.2	\$13,882.9
Health and social services	\$6,398,538.8	\$5,382,190.9	\$3,997,948.3	\$4,349,907.1	\$4,882,234.5
Maintenance, repair & installation services, not construction	<u>\$24,620.2</u>	<u>\$25,012.7</u>	<u>\$20,300.7</u>	<u>\$18,312.2</u>	<u>\$14,189.0</u>
Sub-total: Service exports of temporary workers	\$6,758,737.0	\$5,793,406.6	\$4,220,357.2	\$4,547,680.3	\$5,076,962.7
Support services	\$919,030.6	\$602,942.0	\$466,804.3	\$411,523.0	\$323,165.8
Passenger transport services	\$280,114.9	\$238,481.1	\$83,187.2	\$73,964.1	\$81,781.9
Other services (unknown)	<u>\$288,141.7</u>	<u>\$261,828.9</u>	<u>\$137,203.5</u>	<u>\$154,229.5</u>	<u>\$192,618.0</u>
Sub-total: Export workers + Other potentially related support services	\$8,246,024.2	\$6,896,658.6	\$4,907,552.2	\$5,187,396.9	\$5,674,528.4
<i>Services not associated with export workers</i>	<u>\$3,068,947.7</u>	<u>\$2,970,482.6</u>	<u>\$1,972,112.7</u>	<u>\$696,781.4</u>	<u>\$1,389,361.3</u>
Total Service Exports	\$11,314,971.9	\$9,867,141.2	\$6,879,664.9	\$5,884,178.3	\$7,063,889.7

**Nota: Las estadísticas anteriores aparecen reagrupadas en torno a las que representan o se piensa que pudieran representar servicios rendidos por trabajadores cubanos exportados o en torno a las misiones internacionalistas de Cuba.*

Fuente: Anuarios Estadísticos para 2018 y 2022, 0.8 Sector Externo, 8.13 Valor del comercio exterior de servicios exportados por divisiones, Oficina Nacional de Estadísticas e Información (ONEI), República de Cuba.

The table on the following page includes all export services net of tourism from 2003 to 2022. It reflects fluctuations corresponding to generally reported trends in the number of exported health workers. "Export

⁶⁶ The Bolivia medical mission had 725 Cuban "collaborators", Ecuador's had 382, and El Salvador had 19.

⁶⁷ In November 2018, the Cuban government abruptly terminated the medical mission in Brazil, which had 8,471 doctors, before the inauguration of president-elect, Jair Bolsonaro, who had promised during his campaign to hire the workers directly and allow them to bring their families from Cuba. 836 of the doctors refused to return to Cuba, joining over 1,000 who had already abandoned their assignments. (See "Thousands of Cuban doctors stranded in Brazil with nowhere to go," *EPA/ EFE*, Sao Paulo, Feb 4, 2019.)

Table 2: Cuba's Export Services

*in million Cuban Pesos
US dollar 1:1*

Year	Total export services	Gross tourism revenues	Export services net of tourism
2003	\$2,845	\$1,999	\$845
2004	\$3,634	\$2,114	\$1,521
2005	\$6,550	\$2,399	\$4,152
2006	\$6,667	\$2,235	\$4,433
2007	\$7,952	\$2,236	\$5,715
2008	\$8,566	\$2,347	\$6,220
2009	\$7,763	\$2,082	\$5,680
2010	\$9,660	\$2,218	\$7,442
2011	\$10,281	\$2,503	\$7,778
2012	\$12,760	\$2,613	\$10,147
2013	\$13,027	\$2,608	\$10,419
2014	\$12,663	\$2,546	\$10,117
2015	\$11,369	\$2,829	\$8,550
2016	\$11,102	\$3,069	\$8,033
2017	\$11,128	\$3,169	\$7,960
2018	\$11,290	\$2,192	\$9,098
2019	\$9,837	\$2,645	\$7,222
2020	\$6,879	\$1,152	\$5,727
2021	\$5,846	\$417	\$5,429
2022	\$7,064	\$1,050	\$6,014

Sources: External Balance of Goods & Services and Tourism, Statistical Yearbooks 2009 to 2022, Oficina Nacional de Estadísticas e Información, República de Cuba.

services net of tourism” would include health export services and all other services itemized in the table in the previous page not related to tourism.

The costs for Cuba associated with delivering professional services are very low, as the workers’ compensation is a small fraction of what Cuba receives for their services; therefore, net revenues, although impossible to calculate without needed data, are assumed to be very high.

Cuba also derives revenues for “administrative” staff that includes security officers sent to monitor and control the BMC members as well as technicians who tabulate statistics on patients, procedures, and supplies used, which are systematically manipulated to overstate results and overbill the host government. Cuba even sends drivers and cooks for some of the brigade. All support staff is typically paid for as if they were medical professionals.

In Bolivia, after a new government ended the agreement with Cuba, the Minister of Health revealed that the BMC was engaged in systematic espionage, that fake medical titles for its members had been found, and that the Morales government had paid Cuba \$147 million in 13 years for 702 individuals, of whom only 250 had a professional degree --the rest were drivers, cooks, and others.⁶⁸ In Guatemala in 2020, 20% of the 441 member BMC was support staff, including 6 drivers, 4 cooks and 8 “administrators” or “statisticians,” for whom Cuba received the same pay as the 286 doctors and 74 nurses.⁶⁹

Salary confiscation

Payments to Cuba for its medical workers vary widely. For a general doctor, assorted reports indicate that Cuba commands monthly around \$3,000 in Namibia, \$5,000 in Angola, \$5,000 to \$10,000 in Qatar, \$8,000 to \$12,000 in Saudi Arabia (\$25,000 for a plastic surgeon). The workers, in turn, receive varying amounts

⁶⁸ “Bolivia deja en libertad a jefa de Brigada Médica de Cuba,” *ADNCuba*, Nov. 16, 2019.

⁶⁹ M. Werlau, “Guatemala y la diplomacia médica cubana,” *op. cit.*

in compensation depending on the country, often in local currency they must convert to use outside the country.

The pay is usually more in the oil-producing countries, such as Qatar and Saudi Arabia, where they receive in local currency the equivalent of almost \$1,000 a month and also live in better conditions in most other missions. Doctors sent to Mexico as part of the COVID emergency brigade in 2020 were paid \$220 a month, equivalent to around \$10 a day per work day.⁷⁰ The 14 doctors and one “administrator” sent to the French territory of Martinique for the COVID pandemic each received 23 euros a day, or less than 25% of what the cleaning staff earned at the hospital where they were working.⁷¹

Examples of the estimated rates of salary confiscation follow:

- Kenya is reportedly paying Cuba \$3,450 per doctor, who, in turn, received just 20%, or \$850 per month. The annual gross profit for Cuba for the 120 doctors would come to \$3.7 million.⁷²
- In Qatar, around 475 Cuban workers staffing an entire hospital in Dukhan receive around \$1,000 a month, or 10% of what other foreign medical professionals make working in government hospitals. Qatar is estimated to pay Cuba between \$5,000 and \$10,000 a month for each member of the BMC.⁷³ The confiscation rate of 80-90% represents annual profits for Cuba of \$22.8 to \$51.3 million.
- For Cuba's emergency COVID brigade, South Africa paid \$7,060 per month and the Cuban workers received \$1,583 (22%), of which half, \$791, was deposited into a bank account in Cuba with withdrawal limits.^{74/75} If those reports are correct, Cuba would have pocketed a net \$12.3 million for the year 187 doctors served in the pandemic brigade.
- In 2020, Guatemala paid Cuba around \$3,000 per month for each BMC member (including support staff such as drivers and cooks), who, after paying required amounts for food and living expenses, were left with around \$200. The family in Cuba received around \$50 a month and \$200 a month would accumulate in a bank account in Cuba, which could only be retrieved if the mission was completed successfully and the individual returned to Cuba.⁷⁶

⁷⁰ The only compensation the doctor received was around \$600 in cash upon leaving Cuba for Mexico for a 3-month assignment and almost \$500 when it was extended for two more months. Allegedly, he would have an unknown sum accumulating in Cuba, however, he and his peers were not told how much. Since he defected and did not return to Cuba, he does not know if this fund actually existed. A journalist who had contact with members of the medical mission in Mexico reported a \$660 payment before leaving for Mexico that many exhausted paying for food there; they expected to have a CUC 360 a month (equivalent to \$360) accumulating in Cuba. (Maria C. Werlau, telephone interviews with Anonymous Source #2, a medical doctor who abandoned the mission in Mexico and eventually arrived in the US, May 2022. Also see Carlos Cabrera Perez, “Gobierno cubano obligó a firmar contrato con salario en blanco a sanitarios enviados a México,” *CiberCuba*, Jun. 2, 2020.)

⁷¹ Claire Meynial, “Le mystère des médecins cubains,” *Le Pointe*, Sep. 9, 2020.

⁷² S. Garnier, op. cit.

⁷³ Pete Pattison, “Cuba's secret deal with Qatar to take up to 90% of doctors' wages,” *The Guardian*, Nov. 8, 2019.

⁷⁴ “R239m - That's how much taxpayers will cough up for Cuban doctors,” *IOL News*, Jun 9, 2020.

⁷⁵ Carlos Cabrera Pérez, “Sudáfrica pagará a Cuba más de 14 millones de dólares por salarios de la brigada médica,” *CiberCuba*, Jun. 9, 2020.

⁷⁶ M. Werlau, “Guatemala y la diplomacia médica cubana,” op. cit.

- In Venezuela in 2007-2009, at the height of the “collaboration” program, with around 30,000 workers in social missions, health workers received monthly a \$110 to \$200 stipend in local currency, their family in Cuba received \$25 (a local salary in pesos), and \$50 to \$325 (depending on year of service) accumulated in a frozen account). In other words, the compensation was \$185 to \$550 per month while Venezuela was reportedly paying Cuba \$5,000 per month per worker, or 96.3% to 89%. Assuming the number of workers was the reported 30,000, this represented net revenues for Cuba of \$133.5 to 144.4 million a month, or \$1.6 to \$1.7 billion a year. (How much Venezuela is presently paying Cuba is unknown.)

Triangulation

Tripartite collaboration, or triangulation has since at least the 1970s allowed for many governments and international organizations to pay for Cuba's health and educational services in certain underdeveloped countries. The information is not readily available and must be mined meticulously from scattered publications in different languages.

During the 2014 Ebola epidemic, WHO paid for Cuba's medical missions to Liberia, Sierra Leone, and Guinea Conakry, while the US Agency for International Development (USAID) funded a medical unit in Monrovia staffed by Cubans.⁷⁷ WHO/PAHO have paid for many projects or activities of Cuba's “health cooperation” in many countries, including in the regular medical brigades. A 25-doctor team from Cuba funded by PAHO was sent to Angola for six months in 2005 to combat polio.⁷⁸ PAHO paid to provide technical capacity to 20 Haitian medical graduates from Cuba's Latin America School of Medicine (ELAM),⁷⁹ and for a very extensive list of projects in Ecuador, Peru, Brazil, Guatemala, El Salvador, Colombia, Bolivia, Jamaica, Dominican Republic, Haiti, Panama, Belize, Costa Rica, and Honduras.⁸⁰ Germany, France and Japan, working through PAHO, paid \$400 per month for each Cuban doctor plus medicines for the Cuban brigade sent to Honduras after a hurricane in 2005.⁸¹ From 2013 to 2018, PAHO was paid a 5% fee by the Brazilian government to serve as a conduit for a program that, at its peak, had 11,400 Cuban doctors in Brazil generating Cuba around US\$400 million a year and intended to skirt internal obstacles to the forced labor scheme.

Many governments have paid for Cuba's medical “collaboration” with underdeveloped countries. In the early 2000s, Libya and Nigeria were paying for BMCs with 170 Cuba health “collaborators” in Niger,

⁷⁷ Cuban health workers in Liberia, World Health Organization, Oct. 31, 2014, <https://www.afro.who.int/news/cuban-health-workers-liberia-0>; J. Stephen Morrison and Steph Gannon, “Health Cooperation in the new US-Cuba relationship,” *Health Affairs*, Apr. 29, 2015; “West Africa - Ebola Outbreak - Fact Sheet #7 (Fy 15),” USAID, Nov. 12, 2014, <https://www.usaid.gov/Ebola/Fy15/Fs07>

⁷⁸ Jenry Carreño Cuador and Esther Paredes Esponda, “Triangular cooperation in the diversification of the export of Cuban medical services,” *Revista de Información científica para la Dirección en Salud, INFODIR*, Ed. Ciencias Médicas, Cuba, No.36, May 2021, <http://portal.amelica.org/ameli/>; and N. Marimón, *op. cit.*

⁷⁹ N. Marimón, *op. cit.*

⁸⁰ Informes de Proyectos CTP/TCC Projects Final Reports, 1999-2005, Pan American Health Organization, <https://www3.paho.org/spanish/d/csu/InformesFinalesTCC.htm>; TCC Projects Final Reports - Biennium 2006-2007, Pan American Health Organization, <https://www3.paho.org/spanish/d/csu/InfFinalesProyectosTCC06-07.htm>

⁸¹ Joel Millman, “New prize in Cold War: Cuban doctors,” *The Wall Street Journal*, Jan. 15, 2011.

Burkina Faso, Chad, and Mali.⁸² In 2005, South Africa was paying for a BMC of 34 to Rwanda.⁸³ Aid from Germany has paid for BMCs in Honduras and Niger, and from Japan and France for the BMC to Honduras.⁸⁴ France, Japan, Norway, Brazil, and other governments have paid for the BMC to Haiti.⁸⁵ During the COVID pandemic, an emergency medical brigade of 15 to Martinique, a French territory, was reported in Cuba as triangular cooperation, although the source of the funding was not disclosed.⁸⁶ Turkey paid for safety gear for the BMC in Equatorial Guinea during the pandemic.⁸⁷ Financing from Saudi Arabia was reportedly going to help fund a BMC in Mauritania.⁸⁸

Pharmaceuticals exported with the medical brigades

Cuba had “Comprehensive Health Program” with 28 countries in 2018, which presumably include selling its medical products for use by its brigades. In the initial months of the pandemic, many emergency brigades were sent in a package deal requiring the purchase of Cuba’s interferon alpha 2b, a so-called “wonder drug” for COVID-19 of unproven effectiveness subject of a propaganda blitz.⁸⁹ When it became clear it did not help, it was not mentioned again publicly. South Africa’s Armed Forces had rushed to purchase \$15 million, which went unused after the country’s regulatory authorities denied its approval.⁹⁰

In 2020, *BioCubaFarma*, the state biotechnology conglomerate, was reportedly commercializing 300 products in 43 countries. However, Cuba’s pharmaceutical exports have declined considerably since totaling \$104 million in 2016: to \$19 million in 2020 and \$25 million in 2021 (the last year reported).⁹¹

⁸² Ibid, citing Zequeira J. “Informe final de su misión como Vice Director General Administrativo y representante de Cuba en el Programa Sur-Sur,” Ministerio de Salud Pública de Cuba, Oct. 2008.

⁸³ Ibid, citing data from Cuba’s Unidad Central de Colaboración Médica, MINSAP, Dec. 2008.

⁸⁴ Germany, France and Japan, working through PAHO, paid \$400 per month for each Cuban doctor plus medicines for the Cuban brigade sent to Honduras after a hurricane in 2005. (Joel Millman, “New prize in Cold War: Cuban doctors,” *The Wall Street Journal*, January 15, 2011; Freddy Cuevas, “Maduro: médicos cubanos se quedarán otro año en Honduras,” *Associated Press*, Tegucigalpa, Aug. 31, 2005.) Japan also donated US\$57 million to equip a hospital in Honduras staffed by Cuban specialists. (Julie Feinsilver, “Cuban medical diplomacy: when the left has got it right,” *COHA - Council on Hemispheric Affairs*, Oct. 30, 2006.)

⁸⁵ “Acuerdos de Cuba y universidades brasileñas para ayudar a Haití,” *Juventud Rebelde*, Nov. 23, 2010; “Cuba y Noruega firmarán acuerdo para apoyar cooperación sanitaria en Haití,” *La Habana, La Información*, Jun. 25, 2023; Eloy A González, “La OPS-OMS y los acuerdos de triangulación que comprometen al gobierno de Cuba,” <http://medicinacubana.blogspot.com/2013/10/la-ops-oms-y-los-acuerdos-de.html>; Maria C. Werlau, “Cuba’s business of humanitarianism: the medical mission in Haiti.” *Cuba in Transition: Volume 21*, 2014, Papers and Proceedings of the 21st Annual Conference of the Association, <https://www.ascecuba.org/c/wp-content/uploads/2014/09/v21-werlau.pdf>.

⁸⁶ J. Carreño, op. cit.

⁸⁷ “Turquía apoyará a los médicos cubanos que enfrentan el Covid-19 en Guinea Ecuatorial,” *GuineaInfomarket*, Jan. 1, 2021.

⁸⁸ “Mauritania recibe una donación de Arabia Saudita y permite el regreso de médicos cubanos,” *14ymedio*, Dec. 12, 2021.

⁸⁹ See Maria C. Werlau, “Cuba in the time of coronavirus: exploiting a global crisis: Part III. Interferon, Cuba’s so-called “wonder drug” for COVID-19,” *Cuba Archive*, May 2020, <https://cubaarchive.org/wp-content/uploads/2020/05/PART-III-Interferon.pdf>

⁹⁰ Chris Szabo, “Heberon drugs returned to Cuba as Portfolio Committee reveals incompetence and waste,” *DefenceWeb*, Jan. 27, 2022.

⁹¹ Cuba trade profile, Observatory of Economic Complexity, <https://oec.world/en/profile/country/cub>

IV. Systematic and widespread human rights' abuses

The following practices have been consistently reported by many doctors and other health professionals interviewed by Cuba Archive since 2009, regardless of the country or period of time in which they served, going as far back as the 1970s and as recently as 2023. Their testimony is consistent with many reports appearing in the media. These abuses make them, according to a Cuban doctor, “the best qualified slave labor force in the world.”⁹²

Cuba's bilateral agreements with host governments generally have a confidentiality clause, thus, in most cases, their terms and conditions can only be elucidated from the testimonies of individuals involved. However, some contracts have been made public or otherwise obtained for legal purposes and journalistic investigations, such as those with PAHO/Brazil, Guatemala, Ecuador, Uruguay, South Africa, and Kenya. All have included clauses by which host governments agree to deny the Cuban health workers residence or authorization/credentials to work in the public health system outside the employment arrangement with the Cuban state entity. In addition, the agreements implicitly or explicitly agree to the confiscation of the workers' wages by the Cuban party (Ministry of Health or state entity such as CMS) and to pay for the travel costs of any workers disciplined and repatriated by the Cuban party.⁹³

Even though Cuba makes great efforts to prevent workers from abandoning or “deserting” their missions, many thousands have done so. From 2006 to 2017 the US had a Cuban Medical Professional Parole program to grant special visas (and eventual residence) to Cubans working in medical missions in third countries; around seven thousand visas were awarded but the precise number of “deserting” workers is unknown, as family members are believed to be included in that number).⁹⁴ In countries like Venezuela, fleeing doctors must bribe customs authorities to avoid being turned over to Cuba's State Security and forced back to Cuba.

1. A captive labor force

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

⁹² Dr. Julio C. Alfonso, telephone interview conducted by Maria C Werlau, 2009. (Dr. Alfonso is exiled from Cuba in Miami and co-founded in 2004 of the non-profit organization “Barrio Afuera.”)

⁹³ An agreement Cuba-Uruguay on orthopedic services has a clause (Art. 5) requiring confidentiality for two years from the date of termination of the agreement that reads: “Both parties agree not to disseminate or disclose or make public any information exchanged between them to which they may have had access on the occasion of this Agreement when this information is not in the public domain, except as required by law or mutual agreement between them.” (“Convenio para la prestación de servicios en la esfera de la salud entre el Ministerio de Salud Pública de la República de Cuba y el Ministerio de Desarrollo Social de la República Oriental de Uruguay,” signed Nov. 28, 2018.)

⁹⁴ Cuban Medical Professional Parole program had approved, since its beginnings in August 2006, to January 2016, 7,117 applications. (Jeff Mason, Daniel Trotta, “US considers ending program that lures Cuban doctors to defect,” Washington/Havana, *Reuters*, Jan. 8, 2016.)

work or study, withdrawal of educational credentials, inability to work in the health profession, persecution, harassment, imprisonment, searches of personal property, acts of repudiation, defamation, restrictions from leaving the country, threats, intimidation, discrimination in access to education, food, housing, health services and others, arbitrary detentions, illegal or unjustified surveillance, interference in communications,⁹⁵ and even forced disappearance or death.⁹⁶



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

Accepting overseas assignments is encouraged and the Ministry of Health has a special department, the Central Unit for Medical Collaboration, dedicated to health service exports. Meanwhile, wages barely guarantee the workers' survival, much less if they have children and other family to support. Most live in dire conditions and many depend on remittances and assistance from family members abroad. (A large percentage of the population has emigrated and a historic mass exodus is underway since 2021.)

Cuba's health professionals are paid one the lowest—if not the lowest—wages in the world. The best paid medical doctors on the Island, Grade II specialists, currently receive a monthly salary of Cuban pesos 5.810, equivalent to around \$22 a month,⁹⁷ but most staples, food, and consumer goods are very scarce and priced in a hard currency denomination, which makes them inaccessible to most of the population.

⁹⁵ Ibid, pp. 42-43.

⁹⁶ See a summary of selected cases at CubaArchive.org “Repression of scientists and health professionals in revolutionary Cuba,” Cuba Archive, Jun. 17, 2021. A group of independent doctors recently formed in Cuba, Free Union of Cuban Doctors, also collects information on persecuted health professionals and publishing a list of documented cases. (List of documented cases of health professionals who died of COVID while vaccinated with Cuban vaccines, Gremio Médico Cubano Libre. <https://gremiomedicocubanolibre.com/listado-de-personal-perseguido-2/>.)

⁹⁷ Market rate on Nov. 14, 2024. (See <https://eltoque.com/tasas-de-cambio-de-moneda-en-cuba-hoy/>.) The official rate is 24:1, but almost nothing is sold in Cuban pesos.

As a result, most workers seek to go abroad for two to three years despite the long family separation and great hardships. It is considered the only way to improve their lot and obtain marginal benefits, such as saving funds to fix their house in disrepair. Some go with a secret plan to escape and emigrate permanently.

Workers have no way to legitimately and safely express grievances, denounce irregularities, file complaints, or seek protections. Health workers are particularly censored, repressed, and punished for attitudes, expressions, or behaviors deemed “contrary to the Revolution.” The 1982 Special Regulation for Medical Students “of the Carlos J. Finlay Detachment”⁹⁸ establishes that an education in medical sciences is exclusive to those with “revolutionary vocation” and whose political and moral principles align with the government.^{99/100} It stipulates that all students of medical sciences must “serve the Revolution” and considers grave faults any manifested contrary attitude or a failure to comply with duties (Art. 47), calling for extreme consequences. Rejecting overseas’ assignments can trigger reprisals, such as postings to remote and hardship locations in Cuba, ostracism at work, demotion, career stagnation, dismissal, and even a permanent ban from employment in the public health system, which is entirely in state hands.

2. Restriction of movement and migration controls

Cuban citizens face entry and exit restrictions to and from their own country. Health workers are subject to especially strict restrictions; they may not leave the country without a special government permission, which is very difficult to obtain, and those who seek to emigrate are denied exit permits for at least five years. The legal restrictions include:

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- Article 284.1 of the Cuban Penal Code forbids citizens from leaving or entering the country without government permission and punish inciting, planning, organizing, or attempting to do so with 1 to 8 years of prison, depending on the nature of the “crime.”
 - Law No. 302 of 2012, the Migration Law, denies passports and forbids leaving the country for numerous reasons including undefined matters of public interest and national security (i.e. for political reasons) and “according to rules that seek to preserve the qualified labor force for the economic, social, and scientific-technical development of the country and for securing and protecting official information.”
 - A passport renewable every two years is required to leave or enter the national territory.
 - Internationalists are issued a special passport in a different color (red) that prevents them from traveling anywhere but to Cuba and the host country and is often retained by supervisors.
 - A Ministry of Health regulation restricts medical doctors who are specialists from traveling abroad.

⁹⁸ “Destacamento Carlos J. Finlay,” <https://instituciones.sld.cu/facultadfinlayalbarran/pregrado/destacamento-carlos-j-finlay/>. (Carlos Juan Finlay (1833-1915) was a Cuban epidemiologist recognized as a pioneer in the research of yellow fever, determining that it was transmitted through mosquitoes *Aedes aegypti*. (Carlos Finlay, https://en.wikipedia.org/wiki/Carlos_Finlay.)

⁹⁹ “Restricciones a la libertad académica y otros derechos humanos de los universitarios en Cuba,” *Informa*, Observatorio de Libertad Académica, Feb. 2021, pp. 9, 11.

¹⁰⁰ 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.)

- Resolution No. 168 – “Disciplinary Regulation for Cuban civil workers who provide services abroad as collaborators,”¹⁰¹ obligates internationalists to return to Cuba after their assignments.

3. Withheld credentials

A Ministry of Health resolution forbids providing health workers their educational and professional credentials, so they may not work overseas other than through Cuban government sponsorship.¹⁰² Collective lawyers’ offices (state-controlled law firms) may not legalize any documents for health professionals serving abroad or authorized to attend international events. (The sole exception is for health professionals authorized to leave the country definitively.) Local authorities in BMC host countries are accomplices of this “hijacking” of their professional skills by agreeing to grant credentials only to workers that Cuba “certifies” as part of its brigades, for which standard requirements for educational and professional credentials are typically waived.

4. Coercive, deceptive, and leveraged recruitment practices¹⁰³

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

The workers are usually not informed of the terms of their overseas’ assignment. Most are told only upon reaching the destination of their housing and living conditions, work location and conditions, or actual compensation. In countries with multiple locations such as small towns or remote villages, they are informed of their assignment upon arriving the country and just before leaving for the location. During the COVID pandemic, the destination country could be decided the day before departure, as hundreds of health professionals were concentrated in residence at the Medical Collaboration Unit “concentration” facility in Havana,¹⁰⁴ waiting for orders to depart (depending on which agreements Cuba had secured). A doctor who worked for Cuba’s Armed Forces reports having been “selected” —in other words, instructed— to serve in Africa during the 2014 Ebola epidemic and in 2020 in Mexico for the pandemic.¹⁰⁵

Some of the workers receive no written contract at all but most are presented with short written agreements and required to sign them at the last minute, often right before embarking on flights to the destination country and without access to legal advice. Some are not given a copy of the agreement they signed. In

¹⁰¹ “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.

¹⁰² 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>.

¹⁰³ See “The Role of Recruitment Fees and Abusive and Fraudulent Recruitment Practices of Recruitment Agencies in Trafficking in Persons,” United Nations Office on Drug and Crimes, Vienna, 2015, https://www.unodc.org/documents/human-trafficking/2015/Recruitment_Fees_Report-Final-22_June_2015_AG_Final.pdf.

¹⁰⁴ The doctors were boarded at the Polytechnic University José Antonio Echevarría, known for its acronym CUJAE.

¹⁰⁵ Maria C. Werlau, interview with Dr. Rotceh Ríos, May 10, 2022, Miami.

certain cases, such as for emergency brigades, they are given no contract at all or parts of the contract, such as the compensation, remain blank.

5. Confiscated wages

Compensation varies widely by country and has changed over time. The Cuban party of the bilateral health agreements (Ministry of Health or state entity) generally keeps between 95% to 75% of the payment received for each worker. The workers, thus, get just 5% to 25%, a portion of which accumulates in an account in Cuba only accessible if they return having completed the mission successfully; in some cases, authorized family members in Cuba may withdraw limited amounts. The accumulating “bonus” was generally \$50 to \$200 monthly until 2020, after which it has reportedly diminished. The portion of the compensation actually paid out monthly is usually in local currency and in certain countries is not sufficient to cover basic needs. The family back home typically receives the meager peso salary paid in-country.

The compensation (paid and in an accumulating frozen fund) tends to be much lower than what local doctors and other health workers earn in the host country even when Cuba is paid more than the local workers are paid. The workers are generally not paid directly for their services while abroad. In certain cases, such as when the services are triangulated through WHO or PAHO or in certain countries such as Saudi Arabia, payment is deposited in a worker’s bank account. However, Cuban handlers forced them to remit the larger share to the Cuban State.

In some countries, the amount Cuban workers receive is comparatively attractive, such as in the \$1,000 a month in missions in Qatar and Saudi Arabia. In missions such as to Venezuela, Cuban health workers in Venezuela in 2019 were paid in local currency the equivalent of around \$3 a month,¹⁰⁶ which was not enough to feed themselves. In recent years, Cuban authorities have, as a result, required service in Venezuela as a condition for subsequent assignments to more appealing locations.

Depending on opportunities in the host country, some of the internationalists increase their earnings marginally by bringing back to Cuba clothes and consumer goods to sell at a markup. Many also try to save their meager stipends to take home electronic equipment and other goods nearly impossible to get in Cuba or available at exorbitant prices.

6. Forced family separation and exile

The workers must usually leave their families in Cuba for the two to three years of their mission. They are generally flown home for a month of paid vacation annually, although this “benefit” can be disregarded by the authorities.¹⁰⁷ In very few countries, such as Qatar, family members may visit for a limited amount of time if the worker can afford to pay for their travel.

Even in cases of grave illness or death of a close family member, they may not travel back to Cuba unless authorized and at his/her own cost. The resulting long family separations cause heartbreak and

¹⁰⁶ Maria Werlau, telephone testimony of Anonymous Source #1, medical doctor whose name is withheld to protect sources, November 23, 2019.

¹⁰⁷ In October 2023, a member of the medical brigade in Angola reported that they were not being flown home on vacation and that local supervisors said this was because Angola was not paying Cuba on time. (“Un médico cubano destacado en Angola denuncia los malos tratos de Antex, filial de Gaesa,” Madrid, *14ymedio*, Oct. 7, 2023.)

psychological trauma to the workers, their spouses, children, and other loved ones. Many marriages fail, parents miss seeing their children grow up, and children develop learning and behavioral problems. Most doctors and nurses sent abroad are women, often single mothers, who must leave very young children in the care of relatives.

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



Manorey Rojas, an orthopedic traumatologist, abandoned the medical mission in Ecuador in 2015 and has been prevented from entering Cuba to see his two children, including his daughter while in intensive care fighting for her life.

7. Control, intimidation, and surveillance

The health workers are under constant surveillance from their Cuban handlers/supervisors —most are intelligence officials— or by local collaborators and spies of Cuba's intelligence services. Most, if not all, brigades have personnel from State Security, usually quite openly. The workers face punishments for breaking the rules, are obligated to watch and inform on their own peers for offenses to the “honor of the motherland and its symbols” or if they are suspected of intending to abandon the mission. Some, including doctors, are themselves clandestine intelligence officers. As a result, the health workers live in constant stress in an environment of fear, harassment, and threats.

8. Unsafe or substandard conditions

The health workers live and work in extremely harsh conditions abroad and are often subjected to political strife, epidemics, hurricanes, earthquakes, and even wars. Many are assigned to remote, unsafe, and very poor areas —some lacking electricity and running water— including crime-ridden and dangerous locations. In certain countries, they face great hardships, lack an adequate diet, have to share shabby and cramped accommodations with numerous co-workers or local families, and are deprived of privacy and entertainment. Many have been killed, robbed, raped, kidnapped, and injured, especially in Venezuela. Some have died in mysterious circumstances, reported as suicides but suspected killed extrajudicially by security personnel. Dozens died in the Angola war during the Cuban intervention (1975-1991), in which Cuba officially reports

204 civilians killed—including doctors and paramedics—¹⁰⁸ but experts believe many more died.¹⁰⁹ Cuba Archive has documented 56 deaths of health internationalists in 2014-2023 and believes the actual number to be much higher; 3 are strongly suspected as extrajudicial killings presumably by agents of the Cuban State.¹¹⁰

9. Arbitrary restrictions

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

10. Improper training for assigned medical duties

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

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

To increase performance ratios and bolster Cuba’s political and pecuniary benefit, BMC members are typically ordered to systematically report inflated statistics to meet quotas on number of procedures undertaken, patients seen, and medicines and medical supplies used. Doctors must often sign fake forms with made-up patients and destroy valuable medical supplies and drugs to account for the fake services. In some cases, the workers are instructed to provide unneeded health procedures or improperly dispense medicine or supplies to patients. These fraudulent practices expose the health workers to mental anguish, and put them at risk of potential criminal prosecution in the host country.¹¹¹

12. Forced political duties

The workers must serve as propaganda props, waving flags or bearing banners and photos of Fidel Castro and Che Guevara at political events, and are forced to wear white coats even for long travel by air. Their images are used at the discretion of the Cuban State. At the destination country, they must participate in frequent—at times, daily—political meetings to receive instructions and hear the official version of news from Cuba and on world events. In certain countries, they must help build pro-Cuba and pro-socialist

¹⁰⁸ Osmaira González Consuegra, “Angola, 40 años después,” *La Vanguardia*, Aug. 24, 2007.

¹⁰⁹ “Cuba in Angola: an old and lucrative business of the Castros,” Cuba Archive, Aug.-Sep. 2017, <https://cubaarchive.org/wp-content/uploads/2020/07/Cuba-in-Angola.pdf>

¹¹⁰ See “The systematic violation of the Convention Against Torture of Cuba’s “internationalist” medical missions,” Submission to the Committee Against Torture by Free Society Project/Cuba Archive and Outreach Aid to the Americas, March 2022, <https://cubaarchive.org/wp-content/uploads/2022/04/2012-2022-CAT-Report-on-medical-missions-FINAL.pdf>. (For individual records of victims, see “Database of documented deaths and disappearances.” CubaArchive.org/database.)

¹¹¹ A doctor who served in Venezuela reports having fallen in disgrace and facing extensive and grave reprisals for refusing to sign off on the daily sheets used to report procedures and patients seen. What’s more, she said, they were required to buy with their meager resources the paper and pen with which they had to file the daily reports. (M. Werlau, telephone testimony of Anonymous Source #3, a medical doctor whose name is withheld to protect her family in Cuba, March 17, 2022.)

loyalties, inform on patients, and coerce the locals to vote for Cuba-friendly candidates; in Venezuela, they must deny medical services or supplies for political reasons.

13. Sexual harassment

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

14. Systematic denial of labor rights

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

V. International law and human trafficking

Cuba is a police state lacking judicial remedies and accountability to civil society. Its judicial system is entirely subordinated to the Executive branch and the courts lack independence, impartiality, and adequate procedural guarantees. Even defense lawyers all work for the state and no claimants are allowed to bring lawsuits seeking remedies for human rights violations. In essence, there are no individual or collective rights per se. Cuba's Constitution (Art. 5) stipulates that the Communist Party is the superior and commanding force of the society and of the State. Constitutionally, the State guarantees "the effective equality in the enjoyment and exercise of rights" and "the full dignity of the people and their integral development" but multiple constitutional provisions nullify freedoms deemed contrary to "the goals of the socialist State," "socialist legality," or "the construction of socialism and the advancement towards communism." All rights are implicitly conditioned by and subordinated to this stipulation. Independent organizations are banned and civil society actors, including human rights activists, are threatened, persecuted, imprisoned, forced into exile and, in some cases, even killed or disappeared.¹¹²

Cuba's national legislation is not harmonized with its international commitments on human rights and the government often invokes its sovereignty as a justification for non-compliance. The constitution itself undermines international obligations ratified by Cuba, as it provides that it "overrides international treaties." The government is the perpetrator and the labor trafficking is promoted and even glorified in the state-controlled media and institutions. Protections and assistance for trafficking victims or witnesses are inexistent and official complicity is absolute.

Cuba's "health diplomacy" schemes violate the Universal Declaration of Human Rights and numerous international law norms and agreements including the following.

¹¹² Cuba Archive's Truth and Memory Project documents deaths and disappearances. <https://cubaarchive.org/truth-and-memory/>

Trafficking in Persons Protocol (2003), supplement to the UN *Convention against Transnational Organized Crime* (one of three Palermo Protocols), defines trafficking as “the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.” Art. 3 (a.): “The consent of the victim to the intended exploitation is irrelevant once it is demonstrated that deception, coercion, force or other prohibited means have been used.” Art. 3 subpara.(b.)

Servitude

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

Bondage

Debt bondage is a form of slavery.¹¹³ A person becomes a bonded laborer when their labor is demanded as a means of repayment for a loan. The Cuban government alleges that health workers owe the State their “free” training.

The US Trafficking Victims Protection Act's (TVPA)

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

According to the TPVA, the US Department of State reports annually on how other countries are treating human trafficking. The latest Trafficking in Persons (TIP) report, for 2022,¹¹⁴ kept Cuba in the lowest tier, Tier 3, along with 21 other countries that did not meet the minimum standards for the elimination of trafficking. Furthermore, Cuba was included with eleven other governments “with a documented ‘policy or pattern’ of human trafficking, trafficking in government-funded programs, forced labor in government-affiliated medical services or other sectors.”¹¹⁵

¹¹³ Debt bondage in the world: an underestimated and forgotten scourge,” <http://www.gaatw.org>.

¹¹⁴ 2022 Trafficking in Persons Report, United States Department of State, <https://www.state.gov/reports/2022-trafficking-in-persons-report/>.

¹¹⁵ The emphasis on state-sponsored trafficking stems from a congressional amendment of 2019 to the TVPA requiring acknowledgment of a “government policy or pattern” of human trafficking, including forced labor in government-affiliated medical services or other sectors. The ten other governments are: Afghanistan, Burma, China (People’s Republic of), Eritrea, Iran, Korea (Democratic People’s Republic of), Russia, South Sudan, Syria, and Turkmenistan.

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

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

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

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

Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment, ratified by Cuba in 1995¹¹⁶

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



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

Convention on the Rights of the Child, ratified by Cuba in 1991¹¹⁷

Article 9.1.: “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.”

¹¹⁶ See “The systematic violation of the Convention Against Torture of Cuba’s “internationalist” medical missions,” op. cit.

¹¹⁷ Convention on the Rights of the Child, ratified by Cuba in 1991, <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>

VI. Additional concerns

Problems for host countries

1. Unverified, questionable, and even fake credentials

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

The massive and accelerated training of Cuban health professionals for export has lessened the quality of medical training. Some poorly trained or unqualified health workers are assigned overseas. Cuba Archive has documented many such cases: a veterinarian served in Africa as a "medical doctor" after undergoing a six-month course, a general doctor had to perform an eye surgery in Venezuela for which she had no training, a physical therapist was sent in a more advanced capacity to Ecuador after a short course, medical students were sent as "doctors" to Venezuela two years before completing their training, and M.D. Intensive Care "specialists" merely take a six-month course rather than the standard specialization of at least two years.¹¹⁸ Regarding the emergency brigades, several doctors who have been part of several such contingents, including to treat COVID, have reported having received no special training. WHO and PAHO trained Cuba's 2014 Ebola contingent before it left Cuba and after arriving Africa.

2. Lacking accountability and liability protection

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

3. Overbilling

Countries with bilateral agreements of health "cooperation" that pay Cuba for medical procedures and products; many doctors report persistent overbilling for fabricated patients and procedures to increase Cuba's revenues for the medical brigade.

4. Excessive costs and intentional economic distortions

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

¹¹⁸ Maria C. Werlau, first-hand accounts from anonymous sources cited in this report and others.

Cuban doctors more than what it pays local doctors and incurs considerable additional costs — international and local transportation, furnished housing, a monthly stipend, health insurance and medical expenses, and repatriation of remains in case of death.

5. Questionable outcomes

Cuban health workers are ordered to systematically alter reported data on patients treated, medical procedures performed, and lives saved. Tampered statistics make impossible a sober and comprehensive analysis of the health outcomes of the Cuban medical missions.

6. Security concerns

Some BMC members accredited as health workers are actually military and intelligence personnel, while some are indeed health professionals but also clandestine agents who collect intelligence, monitor and influence the host country, and diffuse opposition to the socialist model. Cuban health workers must all help advance Cuba's political agendas with patients and local citizens.

The BMCs fund a dictatorship that not only deprives Cubans of their fundamental freedoms but also expands internationally, threatening global security. The BMCs in counties of the Bolivarian Alternative for the Americas (ALBA), advance a regional project that undermines democracy. ALBA seeks the political, economic, and social integration of Latin American and the Caribbean in the neo-communist model relabeled “21st c. socialism.” In the case of Venezuela, Cuba's extreme dependence on its service exports to that country significantly incentivizes propping up the Maduro authoritarian government by all possible means.

Further costs to Cuban society

International health organizations such PAHO, WHO and UNICEF legitimize Cuba's official information and statistics, filled with discrepancies, lagoons, and manipulation, failing to report and address critical public health problems in Cuba. They laud its health system as a model for the world¹¹⁹ and praise its so-called medical achievements, including the international medical missions, yet the apparent deficiencies of the Cuba's broken health system are legendary. Aside from the aforementioned problems, the export of medical services and products comes at a great cost to Cuban society in other ways, summarized below.

Lacking medical personnel in Cuba

Cuba declares that it has 100% medical staff coverage for its population and that it “can help all the needy countries of the world requesting our services” but official data fails to report the internationalists separately. The reported doctor-patient ratio may be based on all trained doctors including those sent

¹¹⁹ Selections in English may be found in “PAHO/WHO acknowledges public health achievements in Cuba,” Special Magazine, Cuba's Ministry of Health, Pan American Health Organization, World Health Organization, May 2009, https://www.paho.org/cub/dmdocuments/Revista_100_Anos.pdf; “Margaret Chan impressed by Cuba's healthcare achievements,” *Granma*, Jul. 16, 2014; “Dr. Lea Guido awarded the friendship medal in Cuba,” PAHO.org; Interview of PAHO/WHO representative in Cuba, Dr. José Luis di Fabio by Cuba state media, in “Es increíble lo que Cuba puede hacer”, dice la OMS sobre ayuda frente al Ébola,” *Cuba Debate*, Oct. 24, 2014.

abroad¹²⁰ or some other fabricated numbers. The fact is that since the mid-2000s, complaints have abounded throughout the Cuba of lacking medical personnel, particularly of specialists. At times, foreign medical students without experience and proper training have been the only “doctors” available.

In 2009-2010 a sudden reduction of 46,160 health “technicians and auxiliaries” and 6,590 “nurses and nursing auxiliaries” was reported. In 2010-2011, the number of family doctors decreased by a whopping two-thirds (suddenly dropping by 23,111, from 36,478 in 2010 to 13,367 in 2011). In those years, health personnel were precipitously sent to Venezuela in large numbers.¹²¹ From 2005 (when the BMC to Venezuela greatly increased) to 2020, the total number of doctors reportedly increased by 33,241, however, many have left the country or abandoned internationalist missions while others have retired or died.¹²²

The shortage of doctors and nurses is getting worse. In 2022, Cuba reported 281,098 health workers of whom 127,769 were doctors, 17,657 were dentists, and 79,569 were nurses (the rest were pharmacists and technicians). This is 10,929 less doctors, 3,246 less dentists, and 7,414 less nurses than in 2021,¹²³ which likely reflects, if accurate, the mass exodus and continued export of medical staff.

In addition to staffing problems, the Cuban health system is based on institutionalized apartheid. Most citizens are forced to contend with under-staffed and decrepit, filthy, facilities chronically lacking essential medications, medical supplies and equipment —many even lack running water and patients must bring their own bed sheets and food. Meanwhile, the nomenklatura (top Communist Party members) and hard-currency paying foreigners lured by health tourism services¹²⁴ enjoy exclusive well-staffed facilities with superior services, equipment, and supplies. Many medications produced in Cuba are exported, often to countries with the medical brigades, and unavailable to the local population.

Acute under-investment in healthcare

Although Cuban officials claim that exports of medical services are meant to fund the national public health system, investment in healthcare is miserly. Official data from Cuba and the UN Economic Commission on Latin America (ECLA) reveals that in 2014-2022, Cuba’s investment in “social services including health” amounted to a very small fraction of the Gross Domestic

Investment in social services including health 2014-2022

Cuban pesos = \$US

<i>Year</i>	<i>Millions</i>	<i>% invst.</i>
2014	\$103.9	0.9%
2015	\$190.0	0.9%
2016	\$232.6	3.2%
2017	\$ 50.0	1.0%
2018	\$ 51.5	1.0%
2019	\$ 27.7	0.6%
2020	\$ 40.4	1.0%
2021	\$557.4	2.0%
2022.	\$789.3	2.0%

Source: Yearbooks of Statistics, National Office of Statistics, Rep. of Cuba & ECLA (UN)

¹²⁰ The government reports to have trained, since the start of the Revolution on January 1, 1959 until the last graduating class of doctors in 2019, 376,608 health professionals, of which 171,362 are doctors. (“El país de las batas blancas anda de hermano,” *Granma*, Mar. 21 2020.)

¹²¹ Anuario Estadístico de Cuba, Oficina Nacional de Estadística e Información.

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

¹²³ 19.1 Personal Facultativo del Ministerio de Salud Pública, en 31 de diciembre, Anuario Estadístico de Cuba 2022, Cap. 19: Salud y Asistencia Social, Edición 2023, Oficina Nacional de Estadísticas e Información.

¹²⁴ See CubaforHealth.com and CubaHeal.com.

Product (GDP), ranging from 0.6% in 2019 (\$103.9 million) to 3.2% in 2016 (\$232.6 million), for a total of just \$1.5 billion in 2018 to 2022.¹²⁵ Meanwhile, export services in those five years amounted to \$25 billion (see table on page 12) and \$45 billion was invested in real estate projects (rentals for foreigners and hotels).¹²⁶

Excessive external dependence and less pressure for needed economic reforms

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

Corruption

In certain BMC destinations, the pay is higher and living and working conditions are better. As a result, there is a black market to bribe or entice supervisors in Cuba to obtain the favored assignments.



Jose Castro

April 7 at 11:48 AM · 🌐

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

¹²⁵ As per Cuba's Annual Yearbook of Statistics. The UN's Economic Commission in Latin America reports slightly different figures. See "Cuba: gasto en salud del gobierno central, 2000-2015 (en porcentajes del PIB)," Comisión Económica de América Latina (CEPAL), <https://observatoriosocial.cepal.org/inversion/es/paises/cuba>.

¹²⁶ Anuario Estadístico de Cuba 2022, Ed. 2023, Oficina Nacional de Estadísticas e Información. (See table: Construcción e Inversiones, 12.3 Valor ejecutado en construcción y montaje por actividad económica, p. 7.)

VIII. Recommendations

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

2. The governments of the United States, Canada, the European Union, and other countries with high standards against trafficking should:
 - A. Demand that international organizations such as WHO and PAHO immediately stop funding and/or supporting all arrangements that exploit Cuban workers.
 - B. Sanction with visa prohibitions Cuba’s Minister of Health, Director of the Medical Collaboration Unit, and Legal Counsel of the Ministry of Health, as well as the Ministers of Health from partner governments.
 - C. Request from their embassies in countries hosting Cuban medical and other such missions (of Cuban exported workers) to actively document the practice and request from host governments the implementation of best practices to prevent this form of forced labor.
 - D. Condition foreign assistance to third countries to non-participation in the trafficking.
 - E. Require transparency from private entities under their jurisdiction regarding any agreements hiring Cuban workers and enforce their compliance with anti-trafficking laws.
 - F. Allocate funds to competent NGOs with experience investigating and combatting labor trafficking.

3. The international community, including the UN, ILO, and OAS, should:
 - A. Demand accountability from the Cuban government and its partners in forced labor agreements.
 - B. Promote international awareness to combat this form of labor trafficking and assist the victims.
 - D. Work bilaterally and multilaterally to launch programs that help the transition of Cuban health internationalists who wish to stay in the host country working independently. Economic support or loans could be awarded to the Cuban doctors and nurses for them to revalidate their credentials in exchange for a commitment to serve disadvantaged populations for a determined amount of time.

Works cited

- 8.13. Valor del comercio exterior de servicios exportados por divisiones. Anuario Estadístico de Cuba, Sector Externo, Oficina Nacional de Estadísticas e Información, República de Cuba.
- 19.1. Personal facultativo del Ministerio de Salud Pública. Anuario Estadístico de Cuba 2018, 2019 and 2020, Oficina Nacional de Estadísticas e Información, República de Cuba. "
- 2022 Trafficking in Persons Report. United States Department of State, <https://www.state.gov/reports/2022-trafficking-in-persons-report/>
- "Acuerdos de Cuba y universidades brasileñas para ayudar a Haití." *Juventud Rebelde*, Nov. 23, 2010, <https://www.juventudrebelde.cu/internacionales/2010-11-23/acuerdos-de-cuba-y-universidades-brasilenas-para-ayudar-a-haiti>
- Alfonso, Julio C., M.D. Telephone interview with Maria C. Werlau, 2009.
- Andrew, Christopher and Vasili Mitrokhin. *The world was going our way: the KGB and the battle for the Third World*. New York: Basic Books, 2005.
- Anuario Estadístico de Cuba de 2020. Cap. 19: Salud y Asistencia Social, Edición 2021, Oficina Nacional de Estadísticas e Información.
- Anuario Estadístico de Cuba 2022, Ed. 2023, Oficina Nacional de Estadísticas e Información.
- Barbosa León, Nuria. "Cuba cura el dolor de los guatemaltecos." *Granma*, Jul. 31, 2018.
- "Bolivia deja en libertad a jefa de Brigada Médica de Cuba." ADNCuba, Nov. 16, 2019.
- Brouwer, Steve. "The Cuban revolutionary doctor: the ultimate weapon of solidarity." *Monthly Review*, Jan 01, 2009.
- Cabrera Pérez, Carlos. "Gobierno cubano obligó a firmar contrato con salario en blanco a sanitarios enviados a México." *CiberCuba*, Jun. 2, 2020.
- Cabrera Pérez, Carlos. "Sudáfrica pagará a Cuba más de 14 millones de dólares por salarios de la brigada médica." *CiberCuba*, Jun. 9, 2020.
- Cameron, Jackie. "Herman Mashaba: Finding jobs for thousands of unemployed doctors, nurses, as hospitals creak at seams." *BizNews*, Jan. 20, 2021.
- Carlos Finlay, https://en.wikipedia.org/wiki/Carlos_Finlay.
- Carreño Cuador, Jenry and Esther Paredes Esponda. "Triangular cooperation in the diversification of the export of Cuban medical services." *Revista de Información científica para la Dirección en Salud*, INFODIR, Ed. Ciencias Médicas, Cuba, No.36, May 2021, <http://portal.amelica.org/amei/>
- Castro, José. Facebook, 7 de abril de 2020. Imagenes del Hospital Provincial Camilo Cienfuegos, Sancti Spiritus, Cuba.
- "Chile." Fidel, soldado de las ideas. <http://www.fidelcastro.cu/es/internacionalismo/chile>.
- Código Penal (Anteproyecto). Tribunal Supremo Popular, La Habana, 28 de febrero de 2022. <https://www.radioreloj.cu/en-portada/aprueban-nuevo-codigo-penal/>.

Overview of Trafficking in Persons in Cuba's Medical Brigades

- Concepción Pérez, Elson. “Esclavos solo del amor por los demás.” *Granma*, 12 de agosto de 2019.
- Conde Sánchez, Liz Caridad. “Cuba y su colaboración médica: A 58 años de ofrecer vida por el mundo.” *Granma*, 24 de mayo de 2021.
- “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.
- Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment. United Nations. <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-against-torture-and-other-cruel-inhuman-or-degrading>
- Convention on the Rights of the Child. United Nations. <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>
- “Cost of living > Average monthly disposable salary > After tax: Countries Compared.” *Nation Master*, <https://www.nationmaster.com/country-info/stats/Cost-of-living/Average-monthly-disposable-salary/After-tax>, Accessed Jan. 14, 2020.
- “Cuba & the Global Health Workforce: Health Professionals Abroad.” Cuba & Global Health, MEDICC 2007, <https://www.aspeninstitute.org/>.
- Cuba Archive. Truth and Memory Project. <https://cubaarchive.org/truth-and-memory/>
- “Cuba demanda sustitución de organismos financieros internacionales.” *Prensa Latina*, La Habana, Feb. 5, 2003.
- “Cuba denuncia que EE. UU. lanza convocatoria con fondos millonarios para fomentar campaña contra colaboración médica,” *Granma*, 22 de julio de 2023; <https://www.granma.cu/cuba/2023-07-22/cuba-denuncia-que-ee-uu-lanza-convocatoria-con-fondos-millonarios-para-fomentar-campana-contra-colaboracion-medica>
- Cuba: Exports 2017, Observatory for Economic Complexity, <https://oec.world/en/profile/country/cub/#Exports>
- CubaforHealth.com.
- CubaHeal.com.
- “Cuba: gasto en salud del gobierno central, 2000-2015 (en porcentajes del PIB).” Comisión Económica de América Latina (CEPAL), <https://observatoriosocial.cepal.org/inversion/es/paises/cuba>.
- “Cuba in Angola: an old and lucrative business of the Castros.” Cuba Archive, Aug.-Sep. 2017, <https://cubaarchive.org/wp-content/uploads/2020/07/Cuba-in-Angola.pdf>
- “Cuba informa por primera vez ingresos en divisas por salud, hotelería y otros servicios.” La Habana, *Reuters*, Aug. 2, 2019.
- “Cuba mantiene una vigilancia activa sobre la salud de todos sus colaboradores.” *Granma*, Mar. 21, 2020.
- “Cuba ratificó voluntad de reforzar cooperación y amistad con África.” La Habana, *Prensa Latina*, Oct. 7, 2021, <https://www.prensa-latina.cu/index.php?o=rn&id=480585>.
- “Cuban health workers in Liberia.” World Health Organization, Oct. 31, 2014, <https://www.afro.who.int/news/cuban-health-workers-liberia-0>

Overview of Trafficking in Persons in Cuba's Medical Brigades

- Cuban Medical Brigades (BMC) for COVID-19: Mar. 2020 - Apr. 2022, Number of “collaborators.” Cuba Archive.org, <https://docs.google.com/spreadsheets/d/1ubMcQPv5APGPr7fy49AS8vCITP4G0CiCnkN4uuFFirg/edit?usp=sharing>.
- “Cuba refuerza brigada médica en Haití.” *Prensa Latina*/Radio Bayamo, Aug. 25, 2021.
- Cuba’s Repressive Machinery. *Human Rights Watch*, 1999, https://www.hrw.org/reports/1999/cuba/Cuba996-03.htm#P576_78223.
- CubaSalud.org, an initiative of Free Society Project/Cuba Archive.
- “Cuba solidaria ante propagación del coronavirus en el mundo.” *TeleSur TV*, Mar. 20, 2020.
- Cuba trade profile. Observatory of Economic Complexity, <https://oec.world/en/profile/country/cub>
- “Cuba y Noruega firmarán acuerdo para apoyar cooperación sanitaria en Haití.” *La Habana, La Información*, Jun. 25, 2023, https://www.lainformacion.com/asuntos-sociales/cuba-y-noruega-firmaran-acuerdo-para-apoyar-cooperacion-sanitaria-en-haiti_7HPCnCqQkrOYNU9Jsyh11/
- Cuevas, Freddy. “Maduro: médicos cubanos se quedarán otro año en Honduras.” *Associated Press*, Tegucigalpa, Aug. 31, 2005.
- Database of documented deaths and disappearances. Cuba Archive. CubaArchive.org/database.
- “Debt bondage in the world: an underestimated and forgotten scourge,” <http://www.gaatw.org>.
- “Declaración del Ministerio de Salud Pública: Cuba anuncia salida del Programa Más Médicos de Brasil.” Ministerio de Salud Pública, *Granma*, Nov. 14, 2018.
- Decreto-Ley No. 302 modificativo de la Ley No. 1312, “Ley de Migración” de 20 de septiembre de 1976. <https://www.acnur.org/fileadmin/documentos/bdl/2012/8950.pdf>.
- “Destacamento Carlos J. Finlay,” <https://instituciones.sld.cu/facultadfinlayalbarran/pregrado/destacamento-carlos-j-finlay/>.
- “Diario de la pandemia.” #CubaSalva por el mundo, <http://www.escambray.cu/especiales/coronavirus/cubasalva/>
- “Dr. Lea Guido awarded the friendship medal in Cuba,” PAHO.org. https://www3.paho.org/hq/index.php?option=com_content&view=article&id=5608:2011-dra-lea-guido-distinguida-medalla-amistad-cuba&Itemid=135&lang=en
- Dunkley-Willis, Alicia. “'All lies': Cuban ambassador slams US report that his country is trafficking medical professionals in Jamaica.” *Jamaica Observer*, Oct 02, 2023.
- “ELAM: 20 years true to Fidel’s humanist thought.” *Granma*, Nov. 14, 2019.
- “El país de las batas blancas anda de hermano.” *Granma*, Mar. 21, 2020.
- “El Parlamento cubano aprueba un nuevo Código Penal que castiga la subversión.” *La Habana, Agence France Press (AFP)*, May 15, 2022.
- “El salario mínimo en Cuba se incrementó a 400 pesos y el medio a \$1067.” *America Teve*, Jun. 27, 2019.
- “Entrevista concedida a Simon Malley, Director General de la revista ‘Afrique-Asie’, el 23 de abril de 1977 en el Hotel Habana Libre.” Fidel Soldado de las Ideas, accedido el 16 de octubre de 2023, <http://www.fidelcastro.cu/es/entrevistas/entrevista-concedida-simon-malley-director-general-de-la-revista-afrique-aside>

Overview of Trafficking in Persons in Cuba's Medical Brigades

- “Es increíble lo que Cuba puede hacer”, dice la OMS sobre ayuda frente al Ébola.” *Cuba Debate*, Oct. 24, 2014.
- “Estrategia de Cooperación OPS/OMS 2018-2022: Cuba, 2018-2022.” Pan American Health Organization.
- Facebook post by José Castro, Apr. 7, 2020. Images of the Camilo Cienfuegos Provincial Hospital of Sancti Spiritus, Cuba.
- Feinsilver, Julie. “Cuban medical diplomacy: when the left has got it right.” *COHA - Council on Hemispheric Affairs*, Oct. 30, 2006.
- Feinsilver, Julie. *Healing the masses: Cuban health politics and home and abroad*. Berkeley: University of California Press, 1993.
- Fernández Cuenca, Waldo. “Entre el robo y el desamparo: la misión médica cubana en Arabia.” *La Habana, Diario de Cuba*, Mar. 29 2019.
- Freire Santana, Orlando. “BioCubaFarma: Exportar o traficar con las necesidades del pueblo.” *La Habana, CubaNet*, Mar. 11, 2020.
- Glejjeses, Piero. “Cuba's First Venture in Africa: Algeria, 1961-1965.” *Journal of Latin American Studies*, Vol. 28, No. 1 (Feb., 1996), pp. 159-195.
- García, Enrique. Interview with Maria C. Werlau, Miami, May 1, 2022.
- Garnier, Salomé. “An army of white coats: exploring the implications of Cuban medical diplomacy.” *Harvard International Review*, Dec. 23, 2020.
- González Consuegra, Osmaira. “Angola, 40 años después.” *La Vanguardia*, Aug. 24, 2007.
- González Eloy. “La OPS-OMS y los acuerdos de triangulación que comprometen al gobierno de Cuba.” <http://medicinacubana.blogspot.com/2013/10/la-ops-oms-y-los-acuerdos-de.html>
- Grogg, Patricia. “Cuban Doctors Bring Eyesight, Healthcare to Haiti.” *Inter Press Service (IPS)*, Aug. 28th, 2013.
- Igunza, Emmanuel. “Kenya ends arrangement to swap doctors with Cuba. The deal was unpopular with Kenyan doctors.” *Associated Press*, Oct. 11, 2023, <https://apnews.com/article/kenya-health-cuban-doctors-462962ecefba15b01ce1147678f4d3b4>
- “Informes de Proyectos CTP/TCC Projects Final Reports, 1999-2005.” Pan American Health Organization, <https://www3.paho.org/spanish/d/csu/InformesFinalesTCC.htm>
- International Labor Organization (ILO) Convention No. 29 concerning forced or compulsory labor (1930). https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C029#:~:text=The%20illegal%20exaction%20of%20forced,adequate%20and%20are%20strictly%20enforced.
- International Labor Organization (ILO) Convention No. 95 on the Protection of Wages (1949). https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C095#:~:text=Wages%20shall%20be%20paid%20regularly,collective%20agreement%20or%20arbitration%20award.
- Karani, Kelvin. “Why MPs want Cuban doctors out of country.” *The Standard*, Oct. 14, 2023, <https://www.standardmedia.co.ke/coast/article/2001481558/why-mps-want-cuban-doctors-out-of-country>

Overview of Trafficking in Persons in Cuba's Medical Brigades

- Karrim, Azarrah. "South Africa spent at least R400m on Cuban Medical Brigade deployment." *News 24*, Apr. 29, 2020.
- Llamos Camejo, José & Yudy Castro Morales. "Cuba, Venezuela adentro." *Granma*, May 10, 2022.
- "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
- "La inversión extranjera en Cuba: apenas 25 negocios en dos años." La Habana, *Diario de Cuba*, Dec. 20, 2021.
- "Los pueblos dirán la última palabra," discurso pronunciado por el Comandante en Jefe Fidel Castro Ruz en Santiago de Cuba el 26 de julio del 2003 por el 50 Aniversario del Asalto a los Cuarteles "Moncada" y "Carlos Manuel de Céspedes". Oficina de Publicaciones del Consejo de Estado, La Habana, 2003, <http://www.fidelcastro.cu/pt-pt/node/1060>.
- Maamar, Ahmed. Speech by Algerian Ambassador to Cuba, May 24, 2003, Astral Theater, Havana (40th anniversary of Cuban medical team's arrival in Algiers).
- Marimón Torres, Nestor & Evelyn Martínez Cruz. "Cooperación técnica entre Cuba y la OPS/OMS. Su historia y futuro." No. 8, 2009, <http://www.revinfodir.sld.cu/index.php/infodir/article/view/370>.
- Mason, Jeff & Daniel Trotta. "US considers ending program that lures Cuban doctors to defect." Washington/Havana, *Reuters*, Jan. 8, 2016.
- "Margaret Chan impressed by Cuba's healthcare achievements." *Granma*, Jul. 16, 2014.
- "Mauritania recibe una donación de Arabia Saudita y permite el regreso de médicos cubanos." *14ymedio*, Dec. 12, 2021.
- Meynial, Claire. "Le mystère des médecins cubains." *Le Pointe*, Sep. 9, 2020.
- Millman, Joel. "New prize in Cold War: Cuban doctors." *The Wall Street Journal*, January 15, 2011
- "MINCEX: Cuba tiene muchas potencialidades para incrementar exportaciones," *Cuba Debate*, Oct. 12, 2021.
- Ministerio del Comercio Exterior y la Inversión Extranjera, República de Cuba, http://www.ecured.cu/Ministerio_del_Comercio_Exterior_y_la_Inversi%C3%B3n_Extranjera, accedido el 8 de julio de 2016.
- Ministerio de Salud Pública de Cuba, José Angel Portal Miranda, Facebook, Aug. 30, 2023, https://www.facebook.com/MINSAPCuba/posts/71057333111951?ref=embed_post
- "Minsalud desmiente a Provea: 30 mil médicos, odontólogos y técnicos cubanos están en Venezuela." *Radio Mundial*, 10 diciembre 2008, <http://www.radiomundial.com.ve/yvke/noticia.php?t=16023>.
- "Misión Henry Reeve, Antecedentes históricos." <http://www.fidelcastro.cu/es/internacionalismo/mision-henry-reeve>.
- "'Misiones médicas' cubanas: ¿cuántas, dónde y por qué?," *Deutsche Welle*, Jul. 4, 2020.
- "Mirando al futuro desde la Cooperación Internacional." Power Point presentation by Dr. Yiliam Jiménez, 26 June 2006, Havana.
- Morejón Ortega, Yosdany. "Inmunizados más del 95% de los colaboradores cubanos en Venezuela," *Cuba Debate*, Mar. 31, 2021.
- Morrison, Stephen J. and Steph Gannon. "Health Cooperation in the new US-Cuba relationship." *Health Affairs*, Apr. 29, 2015, <https://www.healthaffairs.org/doi/10.137>

Overview of Trafficking in Persons in Cuba's Medical Brigades

- Noda Alonso, Sheila. "Intervienen autoridades cubanas en Conferencia de ministros de Salud de Iberoamérica." Ministerio de Salud Pública de Cuba, 28 de octubre de 2021, <https://salud.msp.gob.cu/intervienen-autoridades-cubanas-en-conferencia-de-ministros-de-salud-de-iberoamerica/>.
- Núñez, Alberto. "Más de 64 000 colaboradores cubanos en 91 países." *Trabajadores*, Jul. 3, 2014.
- Okeyo, Verah. "Revealed: Secrets of the Kenya-Cuba doctors deal." *Nation*, Oct 1, 2020, <https://nation.africa/kenya/news/secrets-of-the-kenya-cuba-doctors-deal-2453570>.
- "PAHO-Cuba-Brazil: a lucrative triangulation," pp. 100-117, in Maria C. Werlau, *The Pan American Health Organization and Cuba: A Controversial Collaboration*, Washington, D.C., Free Society Project/Cuba Archive, 2022, PAHO-and-Cuba-report-no-images.pdf
- "PAHO/WHO acknowledges public health achievements in Cuba." Special Magazine, Cuba's Ministry of Health, Pan American Health Organization, World Health Organization, May 2009. https://www.paho.org/cub/dmdocuments/Revista_100_Anos.pdf
- Pattisson, Pete. "Cuba's secret deal with Qatar to take up to 90% of doctors' wages." *The Guardian*, Nov. 8, 2019.
- "Personal Sanitario Fallecido por COVID," Gremio Médico Cubano Libre, <https://gremiomedicocubanolibre.com/listado-de-fallecido-covid/>
- Pichardo, Milagros. "Ministro de Salud: La fuerza de la verdad echará siempre por tierra las mentiras." *Granma*, 28 de septiembre de 2020.
- Portal de inversión social en América Latina y el Caribe, Cuba. <https://observatoriosocial.cepal.org/inversion/es/paises/cuba>
- Portal Miranda, José Angel. "16 años del contingente médico Henry Reeve: Ustedes han estado donde más se les ha necesitado, y no han fallado." Ministerio de Relaciones Exteriores de Cuba, Sep. 20, 2021, <https://misiones.cubaminrex.cu/es/articulo/16-anos-del-contingente-medico-henry-reeve-ustedes-han-estado-donde-mas-se-les-ha>
- Puig Meneses, Yaima. "Unión Africana y Cuba, relaciones históricas e indestructibles." *Granma*, Nov. 22, 2023, <https://www.granma.cu/cuba/2023-11-22/union-africana-y-cuba-relaciones-historicas-e-indestructibles>
- "Primer ministro cubano felicitó a los trabajadores de la salud." *Prensa Latina*, May 23, 2023, <https://www.prensa-latina.cu/2022/05/23/primer-ministro-cubano-felicito-a-los-trabajadores-de-la-salud>
- Ravsberg, Fernando. "Cuba's "all-terrain" doctors arrive in Brazil." *Havana Times*, August 28, 2013.
- "R239m - That's how much taxpayers will cough up for Cuban doctors." *IOL News*, Jun 9, 2020.
- "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.
- "Regulan documentos docentes y laborales para el exterior a profesionales de la salud." <http://cubalegalinfo.com/documentos-docentes-medicos>.
- "Repression of scientists and health professionals in revolutionary Cuba." Cuba Archive, Jun. 17, 2021. <https://cubaarchive.org/wp-content/uploads/2021/06/Repression-of-doctors-and-scientists.pdf>
- Resolución Ministerial No. 1 de 8 de enero de 2010. Ministerio de Salud Pública de Cuba.

Overview of Trafficking in Persons in Cuba's Medical Brigades

- “Restricciones a la libertad académica y otros derechos humanos de los universitarios en Cuba.” *Informa*, Observatorio de Libertad Académica, Feb. 2021.
- Reyes Montero, Abel. “Cuban international medical brigades focused on solidarity and caution.” *Granma*, Mar. 17, 2020.
- Ríos, Rotcheh, M.D. Interview conducted by Maria C. Werlau, Miami, May 10, 2022.
- Rodríguez Milán, Yisell. “Ministerio de Salud Pública: No está declarada Cuba en la fase epidémica.” *Granma*, Mar. 29, 2020.
- Silva Correa, Yenia. “Cuba pudo, puede y podrá cumplir su deuda con la humanidad de salvar vidas.” *Granma*, May 20, 2020.
- Silverio González, Yoslán. “La experiencia médica de Cuba en África Subsahariana: su contribución contra la Covid-19.” *Revista Brasileira de Estudos Africanos*, Porto Alegre, v. 5, n. 10, Jul./Dec. 2020, p. 37-60, <https://seer.ufrgs.br/rbea/article/view/104992>.
- Suárez, Michel. “Bloqueada la legalización de títulos para médicos emigrantes.” *Diario de Cuba*, Feb. 19, 2010.
- Szabo, Chris. “Heberon drugs returned to Cuba as Portfolio Committee reveals incompetence and waste.” DefenceWeb, Jan. 27, 2022, <https://www.defenceweb.co.za/featured/heberon-drugs-returned-to-cuba-as-portfolio-committee-reveals-incompetence-and-waste/>
- “TCC Projects Final Reports -Biennium 2006-2007.” Pan American Health Organization, <https://www3.paho.org/spanish/d/csu/InfFinalesPryectosTCC06-07.htm>
- “Tasas de cambio de moneda en Cuba hoy.” El Toque, <https://eltoque.com/tasas-de-cambio-de-moneda-en-cuba-hoy>, accessed May 16, 2022 and May 23, 2022.
- Tharoor, Ishaan. “How Fidel Castro was at the heart of Middle East politics.” *The Washington Post*, Nov. 29, 2016.
- “The Role of Recruitment Fees and Abusive and Fraudulent Recruitment Practices of Recruitment Agencies in Trafficking in Persons.” 2015, https://www.unodc.org/documents/human-trafficking/2015/Recruitment_Fees_Report-Final-22_June_2015_AG_Final.pdf
- “The systematic violation of the Convention Against Torture of Cuba’s “internationalist” medical missions.” Submission to the Committee Against Torture by Free Society Project/Cuba Archive and Outreach Aid to the Americas, Mar. 2022, <https://cubaarchive.org/wp-content/uploads/2022/04/2012-2022-CAT-Report-on-medical-missions-FINAL.pdf>.
- “Thousands of Cuban doctors stranded in Brazil with nowhere to go.” *EPA/ EFE*, Sao Paulo, Feb 4, 2019, <https://www.efe.com/efe/english/world/thousands-of-cuban-doctors-stranded-in-brazil-with-nowhere-to-go/50000262-3887868>.)
- Trafficking in Persons Protocol, Supplement to the UN Convention against Transnational Organized Crime. United Nations Convention against Transnational Organized Crime and the Protocols Thereto, <https://www.unodc.org/unodc/en/organized-crime/intro/UNTOC.html>
- “Turquía apoyará a los médicos cubanos que enfrentan el Covid-19 en Guinea Ecuatorial.” *GuineaInfomarket*, Jan. 1, 2021, <https://www.guineainfomarket.com/wp-content/uploads/2020/07/Cuba-sanitarios-Africa-covid19.jpg>
- “Un médico cubano destacado en Angola denuncia los malos tratos de Antex, filial de Gaesa.” Madrid, *14ymedio*, Oct. 7, 2023.)

Overview of Trafficking in Persons in Cuba's Medical Brigades

- “Un tercio de la humanidad ha recibido la mano de los profesionales cubanos de la salud.” MINSAP (Ministerio de Salud Pública de Cuba), 22 de febrero de 2021, <https://salud.msp.gob.cu/un-tercio-de-la-humanidad-ha-recibido-la-mano-de-los-medicos-cubanos/>.
- “Viajar al extranjero y regresar a Cuba. Liberación de médicos.” Juriscuba, Dec. 11, 2015 <http://juriscuba.com/viajar-extranjero-liberacion-medicos/>
- Werlau, Maria C. “Cuba’s business of humanitarianism: the medical mission in Haiti.” *Cuba in Transition: Volume 21*, 2011, Papers and Proceedings of the 21st Annual Conference of the Association, Miami, Aug. 4-6, 2011.
- Werlau, Maria C. “Cuba in the time of coronavirus: exploiting a global crisis. Part II: Coronavirus in Cuba: a perfect storm.” *Cuba Archive*, CubaSalud.org, Apr. 15, 2020.
- Werlau, Maria C. “Cuba in the time of coronavirus: exploiting a global crisis. Part III. Interferon, Cuba’s so-called “wonder drug” for COVID-19.” *Cuba Archive*, CubaSalud.org, May 2020.
- Werlau, Maria C. “Cuba-Venezuela’s health diplomacy: the politics of humanitarianism.” *Cuba in Transition: Volume XX*, 2010, Papers and Proceedings of the XXth Annual Conference of the Association for the Study of the Cuban Economy, Miami, Jul. 29–31, 2010.
- Werlau, Maria C. “Guatemala y la diplomacia médica cubana.” *Cuba Archive*, Oct. 13, 2020, <https://cubaarchive.org/wp-content/uploads/2020/09/Informe-Guatemala-FINAL-1.pdf>
- Werlau, Maria C. *The Pan American Health Organization and Cuba: A Controversial Collaboration*. Washington, D.C., Free Society Project/Cuba Archive, 2022, PAHO-and-Cuba-report-no-images.pdf
- Werlau, Maria C. Telephone interview with Anonymous Source #1, Nov. 23, 2019.
- Werlau, Maria C. Telephone interviews with Anonymous Source # 2, May 2022.
- Werlau, Maria C. Telephone interview with Anonymous Source #3, Mar. 17, 2022.
- “West Africa - Ebola Outbreak - Fact Sheet #7 (Fy 15),” USAID, November 12, 2014, <https://www.usaid.gov/Ebola/Fy15/Fs07>
- “What is Modern Slavery?” US Department of State, <https://www.state.gov/j/tip/what/index.htm>.
- Xiqués Cutiño, Delfín. “Desde hace 60 años la solidaridad médica de Cuba llega a pueblos del mundo.” *Granma*, 3 de julio de 2020.



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