

Forced/compelled labor (trafficking in persons)
by the Cuban state
Information for the 2024 Trafficking in Persons Report

for the
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By Maria C. Werlau

I. Introduction

This report focuses on forced/compelled labor by the Cuban State, mostly of workers generating export services in the health field. Other forms of trafficking are believed to be occurring in Cuba, including forced labor of prisoners to produce marabou for export and in hotel construction.

The violations described herein meet criteria established in the 2000 Trafficking Victims Protection Act (TVPA), as amended,¹ whereby labor trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purposes of involuntary servitude, peonage, debt bondage, or slavery.

For the purposes of this report, workers sent overseas as temporary workers by the Cuban state are referred to as “collaborators” or “internationalists,” the term used by the Cuban government; in reality, they are “modern slaves.”

This document takes generously from prior year reports by Cuba Archive and is based on objective and credible findings derived from extensive witness testimony obtained directly by Cuba Archive since 2009; agreements and official information from Cuba and contracting partner governments; and reputable secondary sources such as scholarly publications, media and social media reports, and reports by independent non-governmental organizations.

II. Cuba’s trafficking profile

The Cuban state is engaged in a gigantic state-run trafficking business that hires out Cuban citizens as temporary workers in bilateral arrangements with governments or private corporations and sends them to many locations around the world, including ships (merchant marine or hospitality industry). Cuba refers to most of these workers as “international collaborators.” Revenues derived from their services are purportedly reflected in the country’s external account as export services.

Export workers in “internationalist” health and education missions

The Cuban Communist state is the sole employer in key sectors, including healthcare, in which workers may not practice privately or independently. The totalitarian system that demands and

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

imposes economic and socio-political subordination to the state is, thus, able to guarantee that a large pool of captive low-paid workers is readily available for exploitation, including as exportable commodities of the state. This explains why Cuba's workers are usually eager to serve in internationalist missions for two to three years despite great hardships; it is an opportunity to generate extra income to improve their lot or escape.

Many "internationalists" save their meager stipends to take back home to Cuba electronic equipment and other goods nearly impossible to get on the Island or available at exorbitant prices; in certain countries, some engage in informal businesses, such as reselling clothes or other goods brought back on their annual vacation to Cuba or upon return from their mission. Some health workers accept the assignments—especially those known for the harshest conditions—feeling they have no choice, as rejecting them can trigger reprisals such as assignments to remote and hardship locations in Cuba, demotions, career stagnation, dismissal, and even a permanent ban from employment in the public health system, which is entirely in state hands. Some plan to use the international mission as a ticket to emigrate.

Although workers serving abroad receive higher wages—which varies significantly by country of service—these are generally well below what local workers of equivalent stature make; still, they are generally considerably more than the miserly wages paid in Cuba.

Cuban workers cannot legitimately and safely express grievances, denounce irregularities, file complaints, or seek protections. They are censored, repressed, and punished for attitudes, expressions, or behaviors deemed "contrary to the Revolution." In the health sector, the 1982 Special Regulation for Medical Students "of the Carlos J. Finlay Detachment"² establishes that an education in medical sciences is exclusive to those with "revolutionary vocation" whose political and moral principles are aligned with the government.^{3/4} It also stipulates that all students of medical sciences must "serve the Revolution" and that any manifested contrary attitude or failure to comply with any duty are considered grave faults (Art. 47) with extreme consequences. These include rejecting assignments to overseas missions.

Workers who fail to conform to the government's diktats face extreme reprisals for questioning or exposing work practices or conditions. In the health sector, these have been well documented to include expulsion from work or study, withdrawal of educational credentials, inability to work in the

² "Destacamento Carlos J. Finlay," <https://instituciones.sld.cu/facultadfinlayalbarran/pregrado/destacamento-carlos-j-finlay/>. (Carlos Juan Finlay (1833-1915) was a Cuban epidemiologist recognized as a pioneer in the research of yellow fever, determining that it was transmitted through the mosquito *Aedes aegypti*. (Carlos Finlay, https://en.wikipedia.org/wiki/Carlos_Finlay.)

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

⁴ Students of medical sciences must demonstrate "unconditionality" towards any assigned task, international proletarianism, strict compliance with the values of the socialist society, profound collectivist sentiments, and respect for socialist legality. As per Art. 11, they must express their disposition and permanent commitment to serve the Revolution unconditionally in any part of the national territory or abroad. (Ibid, p. 12.)

health profession, persecution, harassment, imprisonment, search of personal property, acts of repudiation, defamation, restriction from leaving the country, threats, intimidation, discrimination in accessing education, food, housing, health services and others, detention without due process, illegal or unjustified surveillance, interfered communications,⁵ and even forced disappearance or death.⁶ Workers in other fields face similar restrictions and punishments.

All labor unions are under the state-controlled union, *Central de Trabajadores de Cuba* (CTC). Independent civic organizations—including independent labor unions—that could fill in the gaps, are banned in Cuba and individuals exposing abuses are threatened, persecuted, imprisoned, forced into exile and, in some cases, even killed or disappeared. The judicial system is entirely subordinated to the executive branch. All defense lawyers must practice law within state-controlled “collective law offices,” the courts lack independence, impartiality, or adequate procedural guarantees, and claimants are not allowed to bring lawsuits seeking remedies for human rights violations.⁷ This has been extensively reported by many international independent human rights organizations and multilateral institutions, as well as by the U.S. Department of State. Finally, Cuba’s laws and regulations consider health professionals and scientists “essential” workers to national security and impose on them stringent restrictions for leaving the country, even for short visits abroad.⁸

An entity attached to the Ministry of Foreign Trade and Foreign Investment of Cuba, the Center for the Promotion of Foreign Trade and Investment, known as Pro Cuba,⁹ is dedicated to exporting workers in different industries through numerous specialized state-owned corporations. It offers a large volume of goods and services offered for export, such as in its latest publication titled “Exportable Supply of Goods and Services, 2021-2022.”¹⁰ In 2015, Pro Cuba was offering export services by 85 state companies.¹¹ Cuba sends construction workers, engineers, and electricians

⁵ Ibid, pp. 42-43.

⁶ See a summary of selected cases at “Repression of scientists and health professionals in revolutionary Cuba,” [Cuba Archive](#), June 17, 2021. A group of independent doctors recently formed in Cuba, Free Union of Cuban Doctors, is also collecting information on persecuted health professionals and publishing a list of documented cases, see <https://gremiomedicocubanolibre.com/listado-de-personal-perseguido-2/>

⁷ A *Human Rights Watch* report of 1999 provides a useful and relevant summary of how Cuba’s laws restrict human rights: “[Cuba’s repressive machinery: human rights forty years after the revolution](#),” *Human Rights Watch*, 1999. See section on the laws, as most are in place despite statutory changes.

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

⁹ Centro para la Promoción del Comercio Exterior y la Inversión Extranjera en Cuba, currently known as Pro Cuba (formerly known as CEPEC), located at Calle 10 No. 512 e/31 y 5ta Ave. Playa. La Habana, Tel.: +(53) 7214 4340-42 y +(53) 7214 4345, email: procubainfo@mincex.gob.cu, www.facebook.com/procuba, Twitter: [@pro_cuba](https://twitter.com/pro_cuba)

¹⁰ See “[The exportable offer of goods and services](#),” ProCuba.

¹¹ <http://www.cepec.cu/es/perfil-informaci-empresas>, accessed Mar. 24, 2015.

overseas, to the likes of Angola and Dominica,¹² exports educational services to many countries (the number reported in official sources is from 30 to 43).¹³ The state enterprise Selecmar, created in 1995, is devoted to providing seafarers, qualified personnel to operate mainly on merchant vessels, as well as in select hotels, in entertainment, bars, restaurants, galleys, and housekeeping personnel for cruise ships, ferries, and yachts for companies from Europe and the Americas, including the Caribbean. It has close ties to training and formation centers, primarily the Granma Naval Academy, which specializes in deck and training engine officers.¹⁴

The Ministry of Health has a dedicated department, the Medical Collaboration Central Unit, dedicated to exporting health services, however it does not appear in the organizational structure on the ministry's site.¹⁵ Most health workers are hired out through the state corporation *Comercializadora de Servicios Médicos Cubanos* (CSMC) or by *Antex* in Angola,¹⁶ some directly by Cuba's Ministry of Health. Pro Cuba lists two types of exportable services of health professionals by the company CSMC:

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- 1) Hiring of professionals/Tariff item: 8413.70.13. "Services offered by professionals from different medical specialties for more than half a century and in more than 160 countries, that has provided improvements in health indicators in all countries where it has been applied and includes assistance in emergency situations and natural disasters."
 - 2) Medical services in border/Tariff Item: 8413.70.13. "Services with the recognized professionalism and principles of the Cuban Health System, which has made it possible to achieve the successful health indicators of the Cuban population. It develops the programs adjusted to the needs of the entities that demand them and in correspondence with standards of Hygiene and Epidemiology and international agreements related to International Health Control. Mode II of Services Export."¹⁷
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CSMC's website offers the following medical services abroad: "Personnel can be exported either in groups of up to three years or by sending itinerant teams from different branches of medicine according to the client's demand. Packages combined with products from Cuban companies are included, for which alliances have been established between different entities and organizations: Biocubafarma, Labiofam, Inversiones Gamma and MINDUS. Furthermore, consultancy services are provided for the design, construction, equipment, assembly and start-up of health care and teaching facilities, repair and maintenance of medical equipment, consultancy for the operation of

¹² "Cuba to send workers to help in reconstruction of Dominica," Roseau, Dominica, *Jamaica Observer*, Mar. 4, 2018.

¹³ "ESCÁNER: Educación cubana más allá de fronteras," La Habana, *Prensa Latina*, Cuba, Feb. 9, 2022; "Cuba exporta servicios educativos a 43 países," *Martinoticias*, Nov. 21, 2013.

¹⁴ Ibid.

¹⁵ Ministerio de Salud Pública, Organigrama. <https://salud.msp.gob.cu/organigrama/> (accessed Feb. 1, 2024.)

¹⁶ <http://www.smcsalud.cu/smc>; Antex, XA Comercializadora de bienes y servicios y representación de instituciones cubanas en el exterior, <https://www.facebook.com/antexsa/>

¹⁷ The exportable offer of goods and services, op. cit.

specialized health care transport and consultancy in the management of health care, research and teaching services.”

Cuba officially and systematically represents its export service workers, particularly in health and education “missions” or “brigades,” as part of a “humanitarian” and “altruistic” effort and refers to the workers delivering the services as “internationalists” or “collaborators.” However, the labor exploitation scheme is part of a huge business of the Cuban State used to advance myriad objectives. In particular, the medical missions derive the following benefits:

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

Cuba’s singular brand of modern slavery in medical and other internationalist brigades dates from the 1960s. After the 1960 emergency brigade to Chile, in May 1963 the first more permanent medical brigade was sent to Algeria¹⁸ to help the revolutionary government of Ben Bella, essentially in a military capacity. The scheme grew and evolved, but until 2010 it was a tightly-guarded state secret that Cuba received financial compensation for its internationalist missions. In the mid-2000s the program received a massive boost from the *chavista* government of Venezuela and it has grown exponentially with complicity and support from the international community.

The Cuban government exploits its control over a very large pool of oppressed, underpaid, and subordinated health workers who can be ordered to any location, often in just hours after natural disasters or to assist during life-threatening epidemics. Cuba’s “all-terrain doctors”¹⁹ can be sent to any location that local doctors do not want to go, especially for low compensation.

The so-called “emergency brigades” have allowed Cuba to advance its strategic interests by establishing a foothold and creating loyalty when countries are most needy, vulnerable, and receptive. Cuba might not have charged at all for some of its emergency health services in certain countries after natural disasters and other emergencies —there is insufficient information to confirm this. However, many of these emergency brigades have been funded by international agencies or other governments and they have often evolved into profitable health “collaboration” arrangements.

The strategy was first employed when Cuba sent a few doctors with humanitarian aid to Chile in May 1960 after an earthquake. It proved very effective for propaganda purposes and to help Cuba

¹⁸ “Cuba y Argelia fortalecen sus relaciones de cooperación en el ámbito de la salud,” *Cuba Debate*, Feb. 22, 2022.

¹⁹ Fernando Ravsberg, “Cuba’s “All-Terrain” Doctors Arrive in Brazil,” *Havana Times*, Aug. 28, 2013.

expand its international influence and presence. Cuba asserts that the internationalists sent in its emergency brigades are specialists in emergency response and part of the “Henry Reeve International Contingent of Doctors Specialized in Disaster Situations and Grave Epidemics.”²⁰ Yet, Cuban health workers have reported that the so-called “special training for emergencies” is generally very brief and superficial. According to Cuba’s Ministry of Public Health (MINSAP), until the COVID-19 pandemic, more than 7,950 professionals had served in 28 emergency brigades in 22 countries after 16 floods, 8 hurricanes, 8 earthquakes and 4 epidemics,²¹ including 3 brigades with 265 collaborators to confront Ebola in Africa.²² For the pandemic, Cuba sent over 5,000 health workers in 57 brigades to more than 40 countries,²³ with varying lengths of stay.

For medical and education missions, the government of the host country typically enters into a bilateral agreement with the Government of Cuba through its Ministry of Public Health or a state-owned entity and pays for the Cubans to deliver the health services free of charge to the patients. However, there are at least two other known modalities of “health cooperation” or schemes with the services of exploited Cuban workers.

Triangular cooperation agreements (ICPs)²⁴ have since the 1970s—and perhaps earlier—allowed for many governments and international organizations to fund Cuba’s delivery of comprehensive health services (including exports of medical products) to underdeveloped countries namely in Africa and the Americas.²⁵ These tripartite “collaborations” pay Cuba to provide dutiful, compliant, and relatively cheap workers to deliver healthcare to underserved populations in remote

²⁰ In September 2005, Fidel Castro offered aid to the U.S. government after Hurricane Katrina, which was turned down, and named Cuba’s emergency response workers after Henry Reeve, a New York city native who fought with the Cubans in the First War of Independence from Spain of 1868-1878.

²¹ “Misiones médicas” cubanas, ¿cuántas, dónde y por qué?,” *Deutsche Welle*, Jul. 4, 2020.

²² “Aniversario 59 de la colaboración médica cubana por el mundo,” *Ministry of Health (MINSAP)*, Cuba, May 23, 2022.

²³ Manuel Vázquez, “A sus 60 años, la colaboración médica cubana goza de buena salud,” *Prensa Latina*, May 20, 2023.

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

²⁵ See examples of triangular cooperation with Cuba in Joel Millman, “New prize in Cold War: Cuban doctors,” *The Wall Street Journal*, January 15, 2011; Freddy Cuevas, “Maduro: médicos cubanos se quedarán otro año en Honduras,” *Associated Press*, Tegucigalpa, Aug. 31, 2005; Julie Feinsilver, “Cuban medical diplomacy: when the left has got it right,” COHA - Council on Hemispheric Affairs, Oct. 30, 2006; Marimón Torres, Nestor, and Evelyn Martínez Cruz. “Cooperación Técnica entre Cuba y la OPS/OMS. Su Historia y Futuro,” *Editorial Ciencias Médicas*, No. 8, 200; Nestor Marimón Torres and Evelyn Martínez Cruz, “Evolución de la colaboración médica cubana en 100 años del Ministerio de Salud Pública,” *Revista Cubana de Salud Pública*, Vol. 36, No.3, Ciudad de La Habana Jul.-Sep. 2010; Jenry Carreño Cuador and Esther Paredes Esponda, “Cooperación triangular en la diversificación de la exportación de servicios médicos cubanos,” *Revista de Información científica para la Dirección en Salud*, La Habana, Núm. 36, Abril 2021.

and hardship areas for which recruiting local or foreign doctors is costly and difficult or in times of natural disasters and epidemics.²⁶

International private clinics. Another modality of what Cuba denominates “health cooperation” are the “international clinics,” which are private clinics established by Cuba in third countries, possibly with local partners, that bill local patients or their medical insurance like any other local health provider.²⁷ It appears—from sparse Cuban government and press reports, social media sources, and anecdotal accounts—that these clinics might be operating in Angola, Barbados, Bolivia, Chile, Dominican Republic, Peru, Portugal, Serbia, St. Vincent and the Grenadines, and, likely in other countries. Cuba’s ownership (which might be shared with local partners) is obscured and official links to the Cuban State have not been confirmed to date, however, most of these clinics operate under names such as “Cuban Clinic” and offer services provided by Cuban doctors, as well as drugs produced in Cuba. There is almost no information in open sources on these clinics; presumably, the owners are companies or entities of the Cuban state or their figureheads. The clinics are staffed with health personnel from Cuba and possibly, or likely, are subjected to the same schemes of labor exploitation as the medical brigades contracted to governments. Agreements would have likely been reached—or monies paid—for local authorities to certify the Cuban health workers to practice medicine, bypassing the traditional requirements; otherwise, the Cuban doctors could be practicing illegally.

Other export workers

Cuba has long exported workers in industries other than health, providing education, maritime, construction services. There are reports of tobacco rollers in Bahamas hotels, musicians in cruise ships, and construction workers in Spain, but information is much sparser than for the health workers. Other than for educational services, to a degree, the Cuban government conceals this activity, as it has negative propaganda value.

Anecdotal accounts over the years from individuals who have served in those capacities all indicate that the terms of the labor arrangements mimic those in health. Colleagues living in Spain reported to Cuba Archive in the 2000s that companies in several locations of Spain hired construction workers from a Cuban entity; Cuba reportedly received 1,500 euros a month per worker while the workers earned 150 euros a month (10%) and lived in overcrowded conditions subject to strict security and restrictions.

²⁶ On November 3, 1998, Cuba officially launched the Comprehensive Health Program to send Cuban doctors to remote and underserved areas. (Roberto Jesús Quiñones Haces, “Colaboración médica cubana: facturando en nombre del altruismo,” *CubaNet*, Guantánamo, Apr. 30, 2021.)

²⁷ At year-end 2021, Yamila de Armas Águila, president of Comercializadora de Servicios Médicos de Cuba, said that CSMC expected to “expand the export portfolio in all business modalities and certify and promote the accreditation of international clinics. (See Lissey del Monte Valdés, “Comercializadora de Servicios Médicos Cubanos celebra su décimo aniversario,” MINSAP, Oct. 12, 2021; and “La Habana dice que necesita continuar fomentando y diversificando las exportaciones como una 'importante fuente de ingresos',” *La Habana, Diario de Cuba*, Oct. 13, 2021.)

A former worker²⁸ for Selecmar (employment agency for seafarers) whose last contract was in 2012 reports the seafarers do not sign contracts with the ship owners, so they do not know how much Selecmar receives for their services. Their contracts were generally for 8 months but could be for 7 or 9 months. According to the contract the workers sign and a Collective Bargaining Agreement, Cubans seafarer have rights and protection, but they are not complied with.

He was paid in dollars as per the contract, at \$400 to \$500 a month as a deckhand, but 80% was taken by the Cuban State for a family remittance and exchanged at the official (arbitrary) rate of one dollar for 24 Cuban pesos (in other words, subject to an automatic confiscation). In other words, the 80%, which comes to \$320 to \$400, would be exchanged into Cuban pesos equivalent to \$13.3 to \$16.6 respectively. In addition, his retirement was “another robbery,” not paid in dollars but rather at initially CUP 270 a month and currently CUP 1,578 (\$5.59 at the current market rate of CUP 282 to US \$1). Sometimes, Nordstrand (a Cuban shipping company based in Greece but with Cuban officers and crew) would not pay us for three or more months. He says he worked only for one trip with Nordstrand, but the seamen who usually did complained a lot about that.

He consistently sailed with “foreign companies,” i.e. enterprises established overseas. The medical attention on the ships is generally good. When the ship’s officers were Cuba, it was “misery,” and the food was always scarce. When the officers were foreigners, the deckhands had better living conditions, were paid a little more for working overtime, and had better food and treatment because “we were generally good workers.” Work schedules were better and they were allowed to rest until the following day before having to start at mid-morning or noon after special situations such as night maneuvers; with the Cuban officers, they had to work 8 hours for night maneuvers and start working again at 8 in the morning. With Nordstrand, they had to work 12 straight hours in bad weather. Once, he suffered an accident on the way from China to Cuba and had to continue working for 52 days of travel even though they knew he was in bad shape and bleeding. He reports that “it was disastrous, there was a doctor onboard who did not care at all.”

Systemic and ongoing violations

The “collaboration” accords are generally kept secret and are usually very difficult to obtain even in host countries with democratic systems, even by request of the legislative branch or under transparency and accountability laws. A few health agreements made public or otherwise obtained for legal cases or journalistic investigations (with PAHO/Brazil, Guatemala, Ecuador, Uruguay, and Kenya) include clauses that confirm the trafficking, such as having the host government agreeing to:

1. deny the Cuban health workers permission to reside in the country or obtain credentials to work in the public health system outside the labor arrangement with the Cuban state entity;
2. make payments to the Cuban state entity implicitly or explicitly confiscating the workers’ wages;
3. pay for airfare and other travel costs of workers disciplined and repatriated by Cuba; and
4. require confidentiality.

²⁸ Juan Alexander Morales González, emails to Maria Werlau, January 2024 (translated from Spanish).

Workers in Cuba's health and educational international missions in different countries are systematically subjected to the following violations —current and historic— regardless of the destination country. Other export workers reportedly face many of the same prohibitions, however, this has not been systematically documented by Cuba Archive.

1. Suppression of labor rights.

The workers abroad are subjected to the same suppression of their rights as in Cuba, in open disregard of the laws of the host country and of international law. Among many other prohibitions, they may not peacefully protest, form independent unions, strike, engage in collective bargaining, or enter into direct employment in the public health sector or at all. In some countries they face extreme hardship and must work very long hours without adequate rest. Ironically, they are required to pay monthly dues to the state-controlled Syndicate of Health Workers,²⁹ which represents the Cuban Communist government's interests rather than the workers'.

2. Restriction of movement: migration controls.

Cuban citizens face entry and exit restrictions to and from their own country and health workers are subject to especially stringent restrictions that include:

- Article 283 of Cuba's Penal Code (Law No. 151, as amended in 2022³⁰) forbids citizens from leaving or entering the country without government permission and punishes attempting to do so with one to three years of prison.
- Article 176 of Cuba's Penal Code punishes with three to eight years of prison intending to abandon or actually abandoning a post abroad, refusing to return to Cuba when ordered, or traveling to another country without authorization.
- Resolution No. 168, "Disciplinary Regulation for Cuban civil workers who provide services abroad as collaborators,"³¹ obligates them to return to Cuba after completing their assignments.
- Articles 23, 24, and 25 of the 'Migration law,' (Law No. 302 of 2012) regulates the entry and exit to the country of Cuban professionals in "vital activities for the economic, social, and scientific-technical development of the country in strategic programs, research projects, and health services."
- Law No. 306 of 2012 establishes that health professionals seeking to emigrate must request authorization to leave the country and wait at least five years if granted; medical professionals may only travel abroad with special government permission.
- Workers sent overseas are issued a special passport in a different color (red) that may only be used for travel to Cuba and the host country, and that is often retained by supervisors.
- Citizens' passports to leave and enter the country must be renewed every two years; by law, these may be denied for "national security" reasons.

²⁹ Sindicato de Trabajadores de la Salud, <https://salud.msp.gob.cu/tag/sindicato-nacional-de-trabajadores-de-la-salud/>

³⁰ Gaceta Oficial de la República de Cuba, La Habana, Edición Ordinaria, Sep. 1, 2022, Year CXX.

³¹ "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.

3. Withheld credentials.

- Cuba's Ministry of Health forbids giving health workers their educational and professional credentials, so they may not work overseas other than through Cuban government sponsorship.³²
- Collective lawyers' offices (equivalent to the law firms of open societies) may not legalize any academic or other document for health professionals or technicians serving in collaboration missions or attending international events anywhere in the world, including those granted permission for a temporary trip abroad. (The sole exception is for health professionals authorized to leave the country definitively.)

4. Coercive, deceptive, and leveraged recruitment practices.³³

Health workers are usually not informed of the terms of their work contracts until presented with agreements they must sign at the last minute, often right before they embark on flights to the destination country and without access to legal advice; some are not given a copy of the agreement they signed, still, some are never provided an agreement. Many are informed only upon embarking or reaching the destination of the compensation they will receive or of their expected living and work conditions. In countries where missions include different locations, such as small towns or remote villages, their assignment is announced upon arriving in the country and just before leaving for the designated location.

5. Forced family separation.

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

If a worker abandons his/her mission while abroad —considered a “desertion”— or stays in the host country at the end of the mission, or fails to abide by any of the terms of service, he/she is denied entry into Cuba for at least eight years and loses the accumulated wages held frozen in Cuba.

³² 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>.

³³ 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.

Their family members in Cuba often suffer reprisals and systematic harassment, and even spouses and children may not be allowed for years to leave the country to join them. The non-profit civil society group *No Somos Desertores* reports that thousands of members from all over the world have been prevented from entering their own country, even to attend to health emergencies and funerals of close family members including parents.³⁴

6. Surveillance, control, and punishment.

Most workers abroad are subjected to constant surveillance and threats by supervisors and “minders” who are trained Cuban agents and spies/collaborators from the host country and whose job is to prevent desertions and make sure the internationalists follow the rules.³⁵ Some of the medical workers, including doctors, are trained intelligence (clandestine) officers. The workers must report on their peers and live in an environment of fear, harassment, threats, and constant stress.

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

Many workers are assigned to extremely dangerous environments or locations presenting extreme hardship: to remote and impoverished areas such as in the mountains of Haiti³⁶ or Venezuela’s Amazonian jungle, entirely lacking electricity and running water, or to violence-ridden and dangerous neighborhoods in Haiti, Venezuela, Jamaica, Guatemala, Mexico, and others, or to war zones such as in Kenya or Azerbaijan. Many are exposed to deadly infectious diseases (such as Ebola, Covid, malaria), others do not have an adequate diet and/or lack adequate medical equipment, supplies, and medicines to care for patients or for themselves. Many have been killed,³⁷ robbed, raped, and injured; some have been kidnapped. In some countries, they must share shabby and cramped accommodations with numerous co-workers or local families, lacking privacy, suffering extreme heat, and even lack food for an adequate diet.

Some internationalists have died in mysterious circumstances or have been suspiciously reported as suicides. Cuba Archive has partially documented 59 deaths in just the last ten years to year-end 2023, of which 4 are suspected or potential extrajudicial killings.³⁸

8. Arbitrary restrictions and disciplinary actions.

The internationalists face additional restrictions—they are forbidden from accepting gifts, driving a car, marrying a local, staying overnight other than in their residence, leaving home after a certain

³⁴ NoSomosDesertores.org. (Cuba Archive is also in regular touch with the group’s Administrators.)

³⁵ An October 2020 piece in the digital daily *Diario de Cuba* features the testimony of a Cuban doctor who served both in Venezuela and Brazil and focuses on this aspect. Among other things, she relates that after a fellow doctor abandoned the mission in Brazil: “they kept us locked up in the house, like prisoners, for a week. Every day, the mission supervisors for our state came to interrogate us, always asking the same things, to see if we were hiding something.” (Antonio Rodríguez Paz, “Los médicos cubanos siempre sentimos que alguien nos está vigilando,” *Diario de Cuba*, Holguín, Oct. 24, 2020.)

³⁶ See, for instance, Maria C. Werlau, “Cuba’s business of humanitarianism: the medical mission in Haiti,” *Cuba in Transition: Volume 21*, Papers and Proceedings of the 21st Annual Conference of the Association, <https://www.ascecuba.org/c/wp-content/uploads/2014/09/v21-werlau.pdf>

³⁷ See database.CubaArchive.org for individual records of documented cases of deaths.

³⁸ Ibid.

hour, speaking to journalists (except as instructed in support of the government narrative), or associating with any person in the host country who does not support revolutionary ideals. They face disciplinary actions for all sorts of “violations” and must abide by a code of conduct for overseas workers: Resolution No. 168, approved in 2010, titled “Disciplinary rules for Cuban civil workers who provide services abroad as collaborators” (first approved by the Minister of Foreign Investment and Economic Collaboration as Resolution No. 38 of 2005).³⁹ Complaining or refusing to follow orders, such as to misreport procedures or work long hours without rest, leads to serious reprisals.

9. Wage confiscation.

Payments for the internationalist workers’ services are generally made directly to a Cuban state entity (usually the CSMC) or to the Ministry of Health; in certain countries, such as Uruguay, Qatar, and Saudi Arabia, the internationalists are paid by direct deposit into bank accounts in their name in the host country but are forced to turn over to the Cuban employment entity the greater part of the funds. Either way, all workers receive a small fraction of the amount paid for their services —the percentages vary per arrangement and country but have ranged from just 5-7% to a maximum of around 25%. In 2022, for instance, Cuba was reportedly earning from 128-strong medical brigade to Equatorial Guinea \$15,000 a month for each Cuban collaborator (doctors or nurses), yet the workers received only around US\$1,000, paid in local currency, representing 6.6%,⁴⁰ and generating net revenues for Cuba of \$21.5 million a year.

In the past, internationalist health workers received a large portion of this compensation as a “bonus” deposited in an account in a Cuban bank (a state entity), from which funds could only be withdrawn upon returning to Cuba at the end of a mission completed successfully. According to several doctors who are serving or have served recently, this is no longer the case after January 2021, when the monetary unification process converted existing bonuses. At that time, many internationalists saw most of their savings in the frozen bank accounts evaporate, as they had been held in a now defunct “convertible” currency, the CUC, and a forced conversion was imposed at a very devalued official rate.⁴¹

Workers are also systematically required to “donate” a portion of their pay with monthly deductions for Communist Party-controlled mass organizations such as the Syndicate of Health Workers, the Committee for the Defense of the Revolution, and others. A doctor serving in Venezuela in 2017-2019 reported having \$10 systematically deducted from the monthly salary of \$200 (paid in Cuba) as

³⁹ “Reglamento disciplinario,” op. cit.

⁴⁰ “Injusticias de la misión médica cubana en Guinea Ecuatorial,” Letter to *CiberCuba*, Mar. 17, 2022.

⁴¹ On December 15, 2020, as part a monetary unification process, the Cuban government forced the automatic conversion into Cuban Pesos of the funds held in accounts in Cuba in the hard-currency equivalent CUC. The internationalists were given 14 days to convert the funds into euros or US dollars at the low official exchange rate of 24:1 as the informal market exchange rate was at least double (40 to 47 CUP-US\$1). Also, they could not withdraw these funds for months and were offered a certificate of deposit with an annual interest of 0.15%). The state promised that stores with prior authorization would take CUCs until June 2021 but in practice, most stores did not. (“Gobierno de Cuba convirtió en CUP ahorros del sector privado, de médicos en misión y "estímulos",” *Ciber Cuba*, Jan. 8, 2021.)

a forced “donation” to the clinic assigned to her address of residence in Cuba.⁴² One in Angola who served until 2017 had to donate \$20 to the Union of Communist Youth,⁴³ whereas one who served in Venezuela until 2019 had to donate 4% of the in-country monthly wages to the Union of Communist Youth.⁴⁴

The monthly amounts paid at the destination have always varied by country and the Cuban health workers rarely know for sure and only hear rumors about how much Cuba is paid for their services. Sometimes, local media or politicians report the amount. In recent times, Cuba is said to have commanded monthly for a general doctor around \$900 in Guatemala,⁴⁵ \$2,461 in Ecuador,⁴⁶ \$4,500 in Uruguay (the doctors also receiving \$1,000 directly),⁴⁷ \$3,000 in Namibia, \$5,000 in Angola, around \$5,000 in Kenya, \$15,000 in Equatorial Guinea (the doctors receiving 1,000),⁴⁸ \$2,042 in Mexico and 3,500 euros (plus a stipend for the doctors of 1,200) in Italy.⁴⁹ Much higher amounts are paid for specialists, such as \$10,000 for an eye surgeon in Angola and \$25,000 for a plastic surgeon in Saudi Arabia.

In most countries, the Cuban health workers receive much lower wages than local workers in equivalent positions while Cuba is paid a much larger sum for their services. The host country also typically provides furnished accommodations and pays the workers a monthly per diem to cover their food, utilities, transportation to work, and other living expenses. In many countries, most living expenses are covered by the host governments (federal or local). The overall costs associated with the medical missions (travel, housing, administrative and other costs) are often higher—at times considerably—for the host government than hiring local staff with equivalent qualifications.

The stipends are often insufficient and are sometimes tied to required expenses. In Guatemala, the workers must pool their per diems to hire cooks to prepare their meals. In particular in Venezuela, the local stipend does not cover the most basic needs and doctors report that food and other gifts received from patients help them survive. In Venezuela in 2019, doctors had to purchase with their own meager resources the paper and pen with which they had to file their daily work reports.

Complaints by the internationalists of the exploitative arrangements, the hardships they endure, and the Cuban government’s “pilfering” of their wages are frequently found in social media posts, media

⁴² M. Werlau, telephone testimony of Anonymous Source #3. (Anonymous Source 3 is a female doctor in her early 30s who served in the medical mission to Venezuela in 2017-2019 and currently lives in the U.S., fearing reprisal for her child and a parent in Cuba.)

⁴³ Cuba Archive confidential survey of registered doctors in its program “Medicos Cubanos Libres,” January 2023.

⁴⁴ Ibid.

⁴⁵ Maria C. Werlau, “Guatemala y la Diplomacia Médica Cubana,” *Archivo Cuba*, Oct. 13, 2020.

⁴⁶ Mauricio Alarcón Salvador y Edwin Cacuango Cahueñas, “Reporte sobre las misiones médicas cubanas en Ecuador,” Fundación Ciudadanía y Desarrollo, 2020.

⁴⁷ Agreement between the Republic of Cuba and the Republic of Uruguay, MIDES, Nov. 28, 2018.

⁴⁸ “Injusticias de la misión médica cubana en Guinea Ecuatorial,” op. cit.

⁴⁹ “Llegan a Italia 50 de los 500 médicos cubanos contratados en agosto,” *La Habana*, *14ymedio*, Dec. 29, 2022.

reports, and other venues.⁵⁰ Promises made by Cuban authorities of compensation for their overseas service are sometimes not kept even after the workers have successfully completed their assignments and returned home, having honored their part of the contract with the hiring Cuban state entity.

10. Sexual harassment.

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

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

Health workers sent to many countries are instructed to systematically report inflated statistics to meet quotas—number of procedures undertaken, patients seen, and medicines and medical supplies used—and to provide unneeded health procedures and improperly dispense medicine or supplies to patients and even destroy these in order to account for imaginary services that increase performance ratios and Cuba's political and pecuniary benefit. The doctors and other Cuban health providers must make up patient names and ID numbers and sign off on these forms daily. These fraudulent practices are unethical and illegal, expose the health workers to mental anguish, and put them at risk of potential criminal prosecution in the host country.

12. Forced political duties.

Before leaving on an international mission, the workers are required to take a five-day course hosted by the Cuban Communist Party to reinforce their “revolutionary” commitment. While serving abroad, they must inform on co-workers who offend the “honor of the motherland and its symbols” or engage in any suspicious behavior that might indicate they are planning to desert. They must also serve as propaganda props at political ceremonies and meetings, where they must wave flags and bear banners or photographs of Fidel Castro and Che Guevara, wear white coats even for long air travel, and have their image in photographs and/or videos used for propaganda. They must attend regular meetings of a political nature (the frequency depending on the country) to receive instructions and hear the official version of news from Cuba and world events. In some countries, they must engage in their communities to spread political propaganda, promote socialism and the Cuban Revolution, and recruit votes and support for the local government's party. In Venezuela, some have been forced to deny medical services to patients who do not support the government and to send patient information to Cuba with data such as their blood type.⁵¹

13. Improper training for assigned medical duties.

Many health workers report being assigned duties for which they are ill-prepared or have no training in, “specializations” are alleged with insufficient training, and medical experts and associations in host countries have reported for years that Cuba's exported doctors lack proper training. Aside from subjecting the patients to undue risks, these practices cause excessive mental and emotional strain to

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

⁵¹ Juan Juan Almeida, “Más ‘cooperantes’ a Venezuela y base de datos con donantes de sangre,” *Martí Noticias*, Nov. 7, 2016.

the health workers and risk potential mistakes that can end their career, cause extreme trauma, and even lead to criminal prosecution.

Even though the Government of Cuba goes to great lengths to prevent the internationalist workers from “deserting” their missions abroad, over the course of decades, thousands have abandoned or overstayed their assignments. In some countries, they must bribe local Immigration and Customs authorities to avoid being turned over to Cuba’s State Security, forced to return to Cuba, and punished. Many have made their way to the United States, especially from 2006 to 2017, through the Cuban Medical Professional Parole program that authorized special visas and quick residence to several thousand Cubans working in medical missions in third countries. Over 4,000 abandoned the mission in Brazil or remained in the country after their mission ended or was abruptly terminated by Cuba in November 2018;^{52/53} hundreds or thousands have escaped to Colombia after abandoning their missions in Venezuela and crossed the border.

A very profitable scheme for the Cuban State

The economic benefit to Cuba for exporting workers is very high, as the Cuban partner in the “collaboration” agreements typically retains 95 to 75% of the payment it generally receives in hard currency for the services.⁵⁴ The brigades usually have handlers who monitor and control the workers and Cuba usually receives the same amount for doctors, nurses, health technicians, security personnel, and even cooks and drivers who are sent as part of the medical missions. Some host governments also pay Cuba for administrative staff dedicated to collecting brigade statistics or for logistical support (such as for drivers and cooks) as well as, in some cases, for travel services apparently provided by Cuba.

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

⁵² Maria C. Werlau, telephone interviews and text messages with Dr. Anidys Carrandi, President of Doctors Reserve Association, January 2023 and Feb. 1, 2023. (Doctors Reserve Association is an independent international organization of Cuban doctors based in Brazil with over 1,100 members who reside in Brazil.)

⁵³ Around 20,000 Cuban doctors had worked in Brazil under the program in five years. (76.3% were women). 836 stayed, 10% of the 8,471 doctors in service, when Cuba terminated the mission in November 2018 and ordered them to return, exerting pressure and even threats. Reportedly, around 3,500 in total abandoned the mission or remained in Brazil, of which at least 1,500 had left for the United States by November 2018. (Gisela Salomon, “Fallo ofrece esperanzas a médicos cubanos que demandan a OPS,” Miami, Associated Press, Mar. 30, 2022. Leticia Martínez Hernández, “El abrazo de Raúl a los héroes que vuelven,” *Granma*, Nov. 23, 2018; “Más de 350 médicos cubanos son autorizados por Brasil para ejercer la profesión en el país”, Brasilia, *Diario de Cuba*, Dec. 11, 2020.)

⁵⁴ Estimating costs is very difficult given the lack of public data but these would include promotion and logistical/operational costs for the diplomatic corps, intelligence services, and propaganda apparatus.

Precise data to properly assess revenues or profitability is not available. Statistics provided by Cuba's National Office of Statistics and Information (ONEI) and other state entities or authorities, as well as in the government-controlled media are ripe with contradictions, cannot be presumed to accurately reflect the export services, are usually published with long time delays, and include no explanation or details of what each category includes. Often, yearly series show unexplained changes in the data that had been provided for prior years. ONEI, however, provides what is, by default, the best information to arrive at any analysis. By all accounts, since 2005, export services constitute Cuba's largest official source of revenues—more than any other sector of the Cuban economy and almost three times the country's gross revenues from tourism.⁵⁵

Table I

Cuba: Service exports 2018-2022					
<i>US\$ millions</i>					
	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
Maint., repair & install. services, not constr.	\$24,620.2	\$25,012.7	\$20,300.7	\$18,312.2	\$14,189.0
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>
Support services	\$919,030.6	\$602,942.0	\$466,804.3	\$411,523.0	\$323,165.8
Sub-total: Service exports of temporary workers	\$7,965,909.3	\$6,658,177.5	\$4,824,365.0	\$5,113,432.8	\$5,592,746.5
Passenger transport services	\$280,114.9	\$238,481.1	\$83,187.2	\$73,964.1	\$81,781.9
Sub-total: Export workers + other potentially related 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

** Cargo transportation, postal, telecom, and hospitality services presumed by Cuba Archive to not be related to exported workers.*
"Source: Statistical Yearbooks for 2018 and 2022, External Sector, External trade value of export services, by category, Oficina Nacional de Estadísticas e Información (ONEI), Republic of Cuba.

A breakdown of export services was first provided by Cuba's Office of National Statistics for the year 2018 and successively until 2022 (to date); diverse professional services and support services are itemized, as well as "other services not specified," and services clearly not related to export workers, such as cargo transport, tourism, and telecommunications. Prior to 2018, ONEI did not provide a statistical breakdown for export services.

Export service revenues net of tourism began to increase rapidly after 2005 --when a very large medical mission was sent to Venezuela and peaked in 2014—after which a considerable decline

⁵⁵ Trade data from countries importing services from Cuba ("mirror statistics") confirm this.

apparently owes to lower payments per worker by Venezuela as a result of its own financial crisis. According to Cuba, the Venezuela medical mission of 21,000 Cuban workers in 2021 was around 70% of the total number of around 30,000 health internationalists.⁵⁶ Cuba also terminated its large medical mission in Brazil, which generated around \$400 million annually from 2013.⁵⁷

In the five years for which this breakdown has been provided (see Table I above), a downward trend is observed in all categories, including educational, as well as social and health services (the latter until 2021). Educational services have declined from \$250 million in 2018 to \$139 million in 2022. Social and health services have declined from \$6.4 billion in 2018 to \$4.8 billion in 2022. Emergency brigades Cuba sent to numerous countries for the COVID-19 pandemic and an aggressive campaign by Cuba to continue expanding the medical brigades brought some recovery beginning in 2021.

Health and social services were 74% of total export services in 2021 (when more medical brigades were sent overseas and tourism had collapsed as a result of the pandemic) and leveled down to 69% in 2022, which is considerably higher than 57% in 2018 and 54% in 2019, indicating that its share of export revenues has grown.

Forced labor in the compulsory military service⁵⁸

Cuba is one of about 25 countries with compulsory military service and one of only two — along with the other communist dictatorship of North Korea— where minors must serve. The Cuban Constitution, amended in 2019, requires military service “in accordance with the law” and provides that conscientious objection cannot be invoked to evade compliance. Law No. 75 of National Defense, approved December 21, 1994, establishes (Art. 67) a two-year “Active Military Service” (SMA) for male resident citizens from January 1st of the year they turn 17 until December 31st of the year in which they reach the age of 28. After completing the SMA, they enter the “Military Reserve Service” until age 45 (Art. 72) and may be mobilized for up to one year in one or more periods. Those called to active duty, including in the reserve, may perform military service in peacetime for no more than three years.⁵⁹

⁵⁶ Carlos Armando Cabrera, “Se filtran los datos personales de más de 11 mil médicos cubanos en Venezuela,” *Periódico Cubano*, Aug. 9, 2021; “La inversión extranjera en Cuba: apenas 25 negocios en dos años,” La Habana, *Diario de Cuba*, Dec. 20, 2021.

⁵⁷ Brazil’s President-elect, Jair Bolsonaro had said during his presidential campaign that he would modify the terms and conditions of the *Mais Medicos* program to hire the Cuban doctors directly, allow them to bring their families and require validation of their credentials. (Leydis María Labrador Herrera, “Questions and answers about the end of Cuban participation in Brazil’s More Doctors program,” *Granma*, Dec. 18, 2018; Shasta Darlington, “Cuba is pulling doctors from Brazil after ‘derogatory’ comments by Bolsonaro,” Sao Paulo, *The New York Times*, Nov. 14, 2018.)

⁵⁸ This section on the compulsory military service is summarized from: Maria C. Werlau, “Cuba’s compulsory military service: human trafficking with a deadly toll,” *Cuba Archive*, Oct. 20, 2023.

⁵⁹ “Ley No. 75 de la Defensa Nacional Capítulo VII Servicio Militar,” *Cuba Defensa*, <https://web.archive.org/web/20191124070051/http://www.cubadefensa.cu/?q=ley75-capitulo-vii&b=d1>

In 2024 it was reported that women who wished to pursue a career in journalism would have to complete a year of military service beginning in the school year 2024-2025; apparently the directive has also been in place for female students of International Relations.⁶⁰

Minors, males under age 18, are forced to serve, although the Convention on the Rights of the Child Article 9 reads: “States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child.” However, Labor Code, Law 116, Chapter V, Article 86 provides a special authorization for youngsters aged 15 and 16 who have graduated from technical school or are not studying for incapacity or who have been referred to for work, or have been designated for work by the Ministry or the Interior and “other causes established by law.”⁶¹

All eligible young men must complete one year of compulsory military service (SMA) to access “a superior level of study,” post high school. A medical commission must approve exemptions and they are very rare. Any men of military age admitted to a university must first serve for 14 months.

The Military Penal Code sanctions evasion of the military service with five years of prison. The Penal Code stipulates monetary fines and prison sanctions of six months to two years for preventing, hindering, or helping evade the military service of a subordinate, and for anyone failing to comply with the obligation to register for active or reserve service, or engaging in any other acts to evade the military service. The Migration Law restricts issuing passports for reasons of compliance with the military service or defense and national security. The revolutionary government has for decades prohibited the departure from the country of military-age males and enforced the restrictions strictly, albeit selectively to allow for opportunistic waves of mass migration.

Military recruits are exploited as cheap labor, most forced to work long hours for paltry wages in agriculture, including harvesting marabou or cutting cane, carrying blocks for hotel construction, fumigating against dengue and chikungunya, and in other hard tasks. Many recruits are assigned to remote units far from their families to live and work in deplorable conditions, with lacking medical care and a very poor and scarce diet—the recruits often go hungry. Work hours are excessively long, often under the hot sun for ten to twelve hours daily or in humid caves with inadequate clothing and equipment. Accidents are rife due to a lack of training, protection, safety measures, and other negligence. Many are put to work as prison guards and, when mass protests erupted across Cuba in July 2021, thousands were mobilized and ordered to beat protesters with sticks. Currently, recruits are paid CUP 320 a month, equivalent to US\$1.13.⁶²

⁶⁰ “Una fuente oficialista confirma el servicio militar obligatorio para las estudiantes en Periodismo,” *La Habana, 14ymedio*, Jan. 31, 2024.

⁶¹ Ley No. 116, Código de Trabajo, versión actualizada de la de 20 de diciembre de 2013, publicada en la Edición de la Gaceta Oficial Extraordinaria No. 29, Jun. 17, 2013, Asamblea Nacional del Poder Popular, Gaceta Oficial, Ministerio de Justicia, República de Cuba, Feb. 20, 2020.

⁶² Asociación Sindical Independiente de Cuba, ASIC, op. cit.

The Youth Labor Army (EJT for the Spanish acronym of *Ejército Juvenil del Trabajo*) is a paramilitary organization attached to the Ministry of Defense, MINFAR. Under the National Defense Law 75 of 1994, the EJT is part of the FAR's ground troops and among its main missions are productive activities and "protection of the environment and use of natural resources." Many young people who complete high school and attain entry into the university for a degree are assigned to the EJT, where they are assigned to work after just a few weeks of military training. They are civilian workers for the military but are subject to military laws and regulations and receive salaries and compensation as provided by the Armed Forces. The EJT is also sent in internationalist missions; it has built military airports in Angola and Syria.

The EJT is organized into unarmed divisions, regiments, and battalions, live in military barracks and receive food and uniforms similar to recruits in the SMA, and are deployed to areas where labor is scarce due to low wages and poor working conditions: agriculture, planting trees, construction, electrification, railway and road repairs, and running the State agricultural markets. It is, in essence, a form of enslavement of young people unsuitable for military life due to health or other problems, or for having a lower educational level or needing discipline and "reeducation" for "deviancy," antisocial behavior, or "ideological problems."⁶³

Recruits are supposed to receive the typical salary of a civilian doing the same job and are entitled to one month of vacation a year,⁶⁴ but for decades have been paid a fixed "salary" of seven pesos a month. According to the independent labor union Asociación Sindical Independiente de Cuba, ASIC, currently, members of the EJT earn CUP 2,200 a month (the minimum wage is CUP 2100), equivalent to US\$7.80, young men in the military service with the Ministry of the Interior who work in prisons and detention centers earn CUP 280 a month (around \$1), and those in the Armed Forces earn CUP 320 a month (\$1.13).⁶⁵ In 2022, the average salary was CUP 4,209 and the salary for working in agriculture was 3,625, for working in mines and quarries, CUP 7,061 and for construction CUP 5,025.⁶⁶

Superiors often mistreat and abuse the recruits. Home passes are arbitrarily suspended and indiscipline leads to punishment cells and years-long prison sentences. Deserters and escapees are severely punished, including with execution. Given the usually lacking unskilled labor experience of military and EJT recruits, quality is affected and numerous injuries and accidents occur, too many are fatal.

⁶³ Luis Cino, "Ejército Juvenil del Trabajo (EJT): otro ejemplo de explotación laboral en Cuba," La Habana, *CubaNet*, Aug. 3, 2020; "Youth Labor Army [Ejército Juvenil del Trabajo]," *Global Security*, <https://www.globalsecurity.org/military/world/cuba/ejt.htm>

⁶⁴ "Youth Labor Army," op. cit.

⁶⁵ Asociación Sindical Independiente de Cuba, ASIC, op. cit.

⁶⁶ 7.4 - Salario medio mensual en las entidades estatales y mixtas por clase de actividad económica, p. 12, *Anuario Estadístico de Cuba 2022, Empleo y Salarios*, Edición 2023, Oficina Nacional de Estadísticas, República de Cuba.

Due to the terrible conditions, many recruits harm or mutilate themselves seeking a discharge; they cut themselves or swallow sharp objects, shoot themselves in the feet or hands, chop their ankles or knees with a machete, and even fracture their bones. In 2019, the Supreme People's Court published in the Official Gazette that, given the "increase in acts of self-harm committed by soldiers," recruits who resort to this practice would be punished. Suicide, which point to a high level of despair and hopelessness is believed to be very high. Attempted suicide is now considered an attempted desertion that may be punished with more than 10 years in prison.

Deaths in Cuba's compulsory military service for over six decades could be in the hundreds, perhaps thousands, in addition to fatalities from Cuba's international wars and other armed interventions. There are no official figures or a historical and systematic documentation effort, but Cuba Archive has documented 57 cases, including 4 of recruits under 18 years of age; causes include 2 firing squad executions and 15 extrajudicial executions (confirmed or presumed). In the year 2023 and in January 2024, reports of 11 deaths of SMA recruits include 1 extrajudicial execution, 2 from denial of medical care, 7 suicides, and 3 accidents.⁶⁷

Forced labor is intrinsic to Cuba's compulsory military service, whether in the SMA or the EJT, and constitutes human trafficking perpetrated by the State. It has two aggravating factors: 1.) minors are exploited, and 2.) coercion or force are employed to collect blood, which is per se considered a form of human trafficking.

Blood is aggressively collected in the Armed Forces and military units must meet donation quotas. The recruits are also coerced or forced to "donate" blood despite their poor diet and hard work regime. One former recruit related that soldiers must fast until they can donate blood on the designated days and entire units of starving youth must wait for transportation, sometimes for long hours and into the afternoon. He explained: "After a week of eating a pittance, you can't spend a day fasting." The bread with ham and a can of cola usually given to donors after the blood extraction "keeps people from rioting on the spot."⁶⁸ Sometimes, recruits have been so hungry that they rush to donate blood just to access the meager snack.⁶⁹ Home passes, routinely for two days every two weeks, are highly valued to alleviate hunger, but some recruits must donate blood to secure them; others obtain "stimulus" passes for donating blood.^{70/71}

The entire structure of the military apparatus turns against recruits who refuse to donate "voluntarily" —they are detained, ridiculed, accused of being "counterrevolutionaries," threatened with permanent retention for insubordination, and finally transferred to a military hospital where

⁶⁷ See CubaArchive.org/database.

⁶⁸ Maria C. Werlau, telephone interview with Anonymous Source #6, Apr. 19, 2021. (Presumably, in Cuba fasting is promoted before donating blood to ensure better blood quality. This contradicts what is recommended in many countries to safeguard the energy level and health of the donors.)

⁶⁹ Maria C. Werlau, telephone interview with Anonymous Source #5, Oct. 26, 2014.

⁷⁰ Maria C. Werlau, interview with Anonymous Source #7, San Juan, Aug. 11, 2016. (This individual was in the military service in the 1990s.)

⁷¹ Maria C. Werlau, interview with Anonymous Source #4, San Juan, Aug. 14, 2013. (This individual was in the military service in the 2000s).

they are forced to give blood. According to a 2017 report,⁷² the FAR is the only sector of Cuban society that complies with the blood donation program because it treats it as a matter of national security. The perennial blood collection campaigns in Cuba have a supposedly altruistic purpose but actually seek to supply raw material for the State's biotechnology industry for a multimillion-dollar export business of blood and plasma-derived medicines.⁷³ Forced blood collection is considered human trafficking.

Violations of Cuba's legislation and international law

The labor practices affecting export workers and recruits in the compulsory military service, as described above, violate Cuba's Labor Code, Law No. 116, of 2013,⁷⁴ which:

- Guarantees workers an employment contract, equal pay, daily and weekly rest and paid annual vacations, safety and health at work, and measures to prevent accidents and occupational diseases.
- Grants workers the right to work in safe and hygienic conditions and to be provided with personal protective equipment.
- Obligates employers to prevent, control, investigate, and report to the corresponding authorities work accidents or illnesses contracted at work and to provide services, in kind and monetary benefits, for accidents or illnesses at work.
- Regulates time for work, rest and personal needs, as well as night work, working hours, schedules, and breaks.
- Guarantees a minimum monthly wage for full-time work and provides that workers are not obliged to perform extraordinary work, except in compelling cases of social interest (which lists, such as for defense of the country, in cases of catastrophe, accident or breakdown of production or services, in urgent work when health or life is in danger

The Cuban State deliberately ignores international instruments signed, and even ratified, by the Republic of Cuba and Article 8 of Cuba's Constitution has a legal loophole, which reads (translated from Spanish): "Commitments made by the Republic of Cuba in international treaties are part of or are integrated, as appropriate, into the national legal system. The Constitution of the Republic of Cuba takes precedence over said international treaties." Individual or collective rights do not exist per se, as Article 5 of the Constitution establishes that the Communist Party is the superior and leading force of society and the State, as multiple constitutional provisions annul freedoms considered contrary to "the purposes of the socialist State" and "socialist legality." Every "right" is implicitly conditioned and subordinated to these purposes.

⁷² Carlos Trujillo Herrera, "Donaciones de sangre, 'tarea de choque' para los reclutas del Servicio Militar", La Habana, *Diario de Cuba*, Jul. 13, 2017. (The journalist reports that the names of the recruits were changed to avoid a military sentence for "collaboration with the enemy").

⁷³ Cuba has exported blood and blood products since the 1960s. Available international statistics indicate that Cuba exported \$826.4 million from 1995 to 2021. (See Observatory of Economic Complexity, oec.world.)

⁷⁴ Ley No. 116, Código de Trabajo, op. cit.

Labor arrangements surrounding export workers/internationalists violate numerous agreements and standards, including:

- Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime, of 2003 (one of three Palermo Protocols), to which Cuba subscribed its “accession”⁷⁵ on June 20, 2013, and has been ratified by many of its partner nations in the labor agreements.⁷⁶ Its Article 3. a) establishes that: “Trafficking in persons’ shall mean 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, ... forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.” Subparagraphs c) and d) further define trafficking in persons as the exploitation of any person under 18 “even if this does not involve any of the means set forth in subparagraph (a) of this article.” Moreover, (Art. 3 subpara.(b.) establishes that “the consent⁷⁷ of the victim to the intended exploitation is irrelevant once it is demonstrated that deception, coercion, force or other prohibited means have been used.”⁷⁸
- International Labor Organization (ILO) Convention No. 29 concerning Forced or Compulsory Labor (1930), ratified by Cuba in 1953. It defines forced or compulsory labour as “all work or service which is exacted from any person under the menace of any penalty and for which the said person has not offered himself voluntarily. Point a) any work or service exacted in virtue of compulsory military service laws for work *of a purely military character*.”⁷⁹ Cuba’s Penal Code, in its Chapter VI. “Forced or Mandatory Labor,” section 6, reflects this same language.

⁷⁵ Art. 16 of the Protocol on TIP opens it for Accession. "Accession" is the act by which a state accepts the offer or the opportunity to become a party to a treaty already negotiated and signed by other states. It has the same legal effect as ratification. Accession usually occurs after the treaty has entered into force. The conditions under which accession may occur and the procedure involved depend on the treaty’s provisions. (As per Arts.2 (1) (b) and 15, Vienna Convention on the Law of Treaties 1969]. In: Glossary of terms relating to Treaty actions, United Nations Treaty Collection, https://treaties.un.org/pages/overview.aspx?path=overview/glossary/page1_en.xml

⁷⁶ Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention Against Transnational Organized Crime. (See United Nations Convention against Transnational Organized Crime and the Protocols Thereto, Adopted by the UN General Assembly: 15 November 2000, by resolution 55/25, Entry into force: 29 September 2003, in accordance with article 38, <https://www.unodc.org/unodc/en/treaties/CTOC/signatures.html>)

⁷⁷ Also see “The role of ‘consent’ in the Trafficking in Persons Protocol,” Issue Paper, United Nations Office on Drugs and Crime, Vienna, 2014.

⁷⁸ Compelling someone to forced labor —understood as involving force or physical threats, psychological coercion, abuse of the legal process, deception, or other coercive means— is trafficking regardless of “the person’s prior consent to work for an employer.” (“What is modern slavery?,” U.S. Department of State, <https://www.state.gov/j/tip/what/index.htm>.)

⁷⁹ C029 - Forced Labour Convention, 1930 (No. 29), 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

- ILO Convention No. 95 on the Protection of Wages (1949), ratified by Cuba in 1952.
- Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, ratified by Cuba in 1995; Convention on the Rights of the Child, ratified by Cuba in 1991.
- Trafficking in Persons Victims Protection Act (TVPA).
- The Convention on the Rights of the Child, of which Cuba is a signatory. Its Article 9 stipulates that “a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child.” Article 10 stipulates that “applications by a child or his or her parents to enter or leave a State Party for the purpose of family reunification shall be dealt with by States Parties in a positive, humane and expeditious manner. States Parties shall further ensure that the submission of such a request shall entail no adverse consequences for the applicants and for the members of their family.”

Cuba’s compulsory military service also violates the Convention on the Rights of the Child, ratified by Cuba on August 21, 1991,⁸⁰ which establishes that “a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier” and requires States Parties to “protect the child against all other forms of exploitation prejudicial to any aspects of the child’s welfare.” In addition, the compulsory military service violates Cuba’s own laws regarding minors:

- The Family Code, Law No. 156,⁸¹ which stipulates (Art. 29.1): “The full capacity to exercise rights and carry out legal acts is acquired upon reaching the legal age of 18.”⁸²
- Cuban Labor Code, Law No. 116, which prohibits child labor and provides special protection to young people between fifteen and eighteen years old. Chapter V on “Special Protection at Work for Young People from Fifteen to Eighteen Years” states that they cannot be employed in jobs in which they are exposed to physical and psychological risks, work at night or underground or in the water, in dangerous heights or in closed spaces, with heavy loads, exposed to dangerous substances or high or low temperatures or to noise levels or vibrations that are harmful to their health and integral development (Art. 68) and that their workday cannot exceed seven hours a day, or forty hours a week (Art. 65)

II. Absent protections for Cuba’s victims of trafficking

The Government of Cuba actively engages in myriad efforts to expand its gigantic state-owned business that benefits from the systematic exploitation of its workers in Cuba. Official complicity

⁸⁰ Convention on the Rights of the Child, <https://www.ohchr.org/es/instruments-mechanisms/instruments/convention-rights-child>

⁸¹ Ley 156/2022, “Código de las Familias,” Asamblea Nacional del Poder Popular, Gaceta Oficial No. 99 Ordinaria, Sep. 27, 2022, Ministerio de Justicia, República de Cuba.

⁸² “La ONU recomienda a Cuba aumentar la mayoría de edad,” Ginebra, *Agencias/Diario de Cuba*, Jun. 21, 2011.

with the trafficking is absolute and government officials at all levels and members of the armed forces are perpetrators and abettors.

Legal guarantees and protections or remedies for victims are, essentially, entirely lacking. The police state is not accountable to civil society, and the judicial system is subordinated to the executive branch and courts lack independence or impartiality and operate without adequate procedural guarantees. Even defense lawyers are all employees of the State. Independent organizations are banned and civil society actors, including human rights activists, are threatened, persecuted, imprisoned, forced into exile, and even killed or disappeared.⁸³ Given that the State is the perpetrator, official complicity is absolute and prevention, protection, and assistance to victims or witnesses of forced labor and trafficking in persons are non-existent.

Public awareness on trafficking in all its forms, as well as victim and witness protections are all absent in Cuba. To the contrary, the state directs a great deal of propaganda and public relations — inside and outside Cuba— to promoting and glorifying the trafficking. An “International Commission” is supposed to attend to the needs of the internationalist workers, however, it is merely a bureaucratic body that addresses worker requirements and requests for the satisfaction of “revolutionary” priorities. The workers (victims of trafficking) are not aware of their rights and do not understand what constitutes trafficking in international law. Some face extreme reprisals for questioning the rules. A young female doctor assigned to Venezuela who refused to sign fraudulent medical forms endured as punishment sexual harassment, assignment to a dangerous and crime-infested location, and even interrogation, psychiatric torture, and a weeklong confinement before being sent back to Cuba in 2019; once back home on the island, she was falsely diagnosed with cancer and subjected to an unneeded hysterectomy.⁸⁴

The Government of Cuba does not cooperate with other governments in the investigation and prosecution of this form of trafficking and any bilateral, multilateral, or regional law enforcement cooperation and coordination arrangements it might have entered into with other governments to combat the trafficking —if they exist— would not be enforced, as is the case with all other cases of human rights accords it has signed and even ratified. Article 8 of Cuba’s Constitution supersedes any international treaty, undermining international commitments.

Cuba has to date enjoyed near-total impunity for its extensive abuses of export workers in all fields of activity. It devotes extensive resources to disinformation and propaganda of Cuba’s alleged achievements in healthcare and education as its official statistics are filled with discrepancies and depends on humanitarian aid from abroad for essential medical infrastructure. Most world governments and international organizations participate in the ruse. The United Nations Children’s Fund (UNICEF) fail to raise objections regarding the forced labor of minors in the military service or the separation of children from their parents, exported as temporary workers. PAHO, WHO and

⁸³ Cuba Archive’s Truth and Memory Project documents deaths and disappearances attributed to the Cuban revolution. See <https://cubaarchive.org/truth-and-memory/the-project/>.

⁸⁴ M. Werlau, telephone testimony of Anonymous Source #3, op. cit.

many scholars laud Cuba's health system as a model for the world and⁸⁵ the UN Development Programme promotes Cuba's internationalist missions in the context of South-South cooperation.

Many governments, organizations, politicians, academics, and journalists worldwide are aware that the Cuban dictatorship reaps huge financial rewards from the highly unusual labor agreements, yet treat the issue with complacency—at best—and parrot the talking points on Cuba's "solidarity" and "altruism." Cuba's huge machinery for concerted influence and propaganda controls and manipulates the narrative, which unfolds with simultaneously and with similar language all over the world, penned by a well-known clique of supportive academics and journalists.⁸⁶ In the U.S. alone, several well-funded non-governmental organizations promote the idea of Cuba's superior healthcare. One organization based in Oakland, California, Medical Education Cooperation with Cuba - MEDICC (medicc.org) "promotes US-Cuba health collaboration and highlights Cuba's public health contributions to global health equity and universal health." One of its many funders, The Atlantic Philanthropies, awarded MEDICC \$17 million in grants in recent years.⁸⁷

PAHO and WHO have been used since the 1970s to channel Cuba's medical and educational missions. Beneficiaries of triangular agreements with Cuba include or have included Angola, Bolivia, Brazil, Burkina Faso, Chad, Equatorial Guinea, Guinea Conakry, Haiti, Honduras, Liberia, Mali, Mauritania, Nicaragua, Niger, Rwanda, Sierra Leone, and others.⁸⁸ Aside from Cuba's allies—such as Venezuela under Chávez and Maduro or Libya under Qadhafi—many democratic governments, including France, Australia, Brazil, Norway, Germany, Luxembourg, Japan, Mexico, Saudi Arabia, and South Africa, as well as assorted international organizations, have entered into these triangulation arrangements. The arrangements involve the usual aspects of the trafficking described in this report while officially being represented as "humanitarian" and failing to consider the rights of the exploited Cuban workers, the impact on the Cuban population of funneling human resources, services, and supplies to other countries, or the negative aspects for the host country.

IV. Further negative impact of the trafficking of teachers and health workers⁸⁹

1. For the Cuban population

In August, right before the start of the 2023-2024 school year, Cuba's Minister of Education acknowledged that the system was missing 10,000 teachers; by the end of September, the General Director for Basic Education reported that the actual deficit was 17,278 teachers.⁹⁰ Certain subject

⁸⁵ See Maria C. Werlau, *The Panamerican Health Organization and Cuba: A Controversial Collaboration*, Cuba Archive, Oct. 27, 2022, (see pp. 6-10).

⁸⁶ See "Cuba in the time of coronavirus: exploiting a global crisis, Part I: Pandemic as opportunity," *Cuba Archive*, April 7, 2020.

⁸⁷ Julie Feinsilver, "The Atlantic Philanthropies - Cuba," The Atlantic Philanthropies, 2020.

⁸⁸ Some of these arrangements are believed to be in force.

⁸⁹ This section was mostly derived from "[Overview of human trafficking in Cuba's medical brigades](#)," Cuba Archive, Nov. 2023.

⁹⁰ "Por falta de maestros, no se dan aún varias asignaturas dos meses después del inicio del curso en Cuba," Madrid, *14ymedio*, Oct. 23, 2023.

matters were not being covered in schools around the country. Yet, Cuba continues to export teachers to obtain revenues and export its influence.⁹¹ In December 2023, *The Guardian* reported from Havana that the mass emigration, at historic levels, is causing “an unprecedented brain drain: health and education, long seen as the “pillars” of the Revolution, are fraying as qualified personnel empty out.”⁹²

On the healthcare front, the government of Cuba continues to insist that it has 100% medical coverage for its population and can, thus, help other countries. The reported doctor-patient ratio, however, is apparently based on all trained doctors, including those sent to work abroad. In fact, since the mid-2000s, when the number of health internationalists grew considerably, complaints have abounded throughout the island of lacking medical personnel, particularly specialists.

Cuba’s Statistical Yearbooks on Health do not report the number of internationalist health workers. The 2022 Yearbook (the last official edition) reported 94,066 doctors, 12,065 less than in 2021; 17,657 dentists, 3,246 less than in 2021; and 79,569 nurses, 7,414 less than in 2021. The number of medical and lab technicians and other health professionals in 2022 was also lower by 9,086, which would reflect the historic level of mass migration since 2021. The table on health personnel has a footnote stating that the report is for the total number of doctors and dentists, whereas only personnel working in the public health system is reported for the other categories; this seems to indicate that the former includes those sent overseas, which are not itemized. Also, the total number of nurses is unknown, yet thousands are known to be serving abroad.

The Yearbook on Health also reports a population per doctor of 118.⁹³ This is hard to reconcile with reports from Cuba, such as alarming claims in social media and digital news of extreme scarcity of doctors as reports grow of doctors quitting, refusing to work under prevailing conditions, and emigrating or seeking to emigrate.⁹⁴ In July 2023, results of a survey were published that indicate that 57.6% of respondents reported facing serious difficulties obtaining medical attention (only

⁹¹ “Los maestros que escasean en Cuba podrían ser exportados por el Gobierno a Jamaica,” Kingston, *Diario de Cuba*, Sep. 26, 2023.

⁹² Ed Augustin, “Cuba health and education hollowed out as staff join emigration exodus,” Havana, *The Guardian*, Dec. 6, 2023. (The piece incorrectly states that “Cuba invests more in health and education than any other Latin American country” and places a disproportionate blame for the economic crisis in Cuba on what it designates as “US maximum pressure sanctions.”)

⁹³ 19.1 Personal Facultativo del Ministerio de Salud Pública, en 31 de diciembre, p. 8, *Anuario Estadístico de Cuba de 2022, Cap. 19: Salud y Asistencia Social*, Edición 2023, Oficina Nacional de Estadísticas e Información.

⁹⁴ See, for instance, “Why do so many Cuban professionals abandon their jobs?,” *Havana Times*, Oct. 23, 2023; Olea Gallardo, “What’s it like now for doctors & patients at Cuban hospitals?,” *14ymedio/Havana Times*, Dec. 4, 2023; Pedro Espinosa, “Los médicos del Pediátrico de El Cerro renuncian en masa por las malas condiciones de trabajo,” *La Habana*, *14ymedio*, Dec. 28, 2023; Natalia López Moya, “Somos decenas los médicos ‘regulados’ en Guantánamo que queremos irnos de Cuba,” *La Habana*, *14ymedio*, Sep. 18, 2023; Mayle González Mirabal, “El médico y opositor Ramón Zamora sale de Cuba: “Es un exilio forzado,” *Martí Noticias*, Dec. 16, 2023.

12.4% had no difficulty and 14.4% reported having had no need for medical attention; 46.7% found it very difficult to find needed medication for purchase and only 4.3% had no such difficulty.⁹⁵

The Cuban government also claims that its international medical brigades are meant to generate revenues to sustain its public health system. However, having generated billions from the export services of its health workers, the government has made huge investments in repression, propaganda, international diplomatic presence,⁹⁶ and luxury real estate for tourism, while investments in health and social services have been miniscule.

Table II

Cuba: Construction and Investment 2017-2022				
<i>Cuban pesos equivalent to \$US million</i>				
<i>Year</i>	<i>Health & social services</i>	<i>% of total investment</i>	<i>Real estate</i>	<i>% of total investment</i>
2017	\$50.0	1%	2,221.80	50.0%
2018	\$51.5	1%	2,889.10	49.9%
2019	\$27.7	0.6%	3,094.60	51.1%
2020	\$40.4	1%	3,196.30	50.3%
2021	\$557.4	2%	17,096.30	51.2%
2022	\$789.3	2%	18,944.40	45.9%

The obviously skewed allocation of state resources has been extensively denounced on social media and digital media dedicated to Cuba. For instance, after mass protests in July 11, 2021, the very large number of security vehicles and trucks on display all over the Island received widespread condemnation because ambulances and garbage collection vehicles have been acutely lacking. In 2021, year of mass demonstrations all over the country in the month of July, the Cuban State tripled its reported investment in “public administration, defense and security,” which rose to \$1,566.9 million from \$487.9 million in 2020, representing nearly six times the 2017 investment of \$267 million. In 2022, this investment was reported as decreasing to \$655.6 million, but still 2.5 times higher than in 2017. The highest investment in health and social services of the 6-year period in 2017-2022 was reported in 2022 for \$789.3 million. However, the 6-year investment of \$3.7 billion in government administration, defense, and “social” security was almost three times the \$1.5 billion investment in social services and health.⁹⁷

⁹⁵ *Encuesta anónima y confidencial sobre salud integral y legitimidad política en Cuba*, CubaData, August 2022. (2050 individuals participated in the survey in the entire national territory).

⁹⁶ See “[Cuba’s outsized international presence](#),” Cuba Archive, 2023.

⁹⁷ All data in this paragraph is from *Anuario Estadístico de Cuba 2022, Construcción e Inversiones*, Ed. 2023, Oficina Nacional de Estadísticas, República de Cuba (see 12.3 Valor ejecutado en construcción y montaje por actividad económica, p. 7).

In 2021, with the pandemic in full swing, Cuba spent US\$17 billion on construction and set-up of “professional services and rental and real estate activities,” representing 51.2% of total annual investments. In 2022, the investment rose again to a historic \$18.9 billion. The six-year total for 2017 to 2022 was \$75.3 billion, compared to \$1.5 billion spent in health and social services.

It should be noted that in 2021, Cuba reported an unexplained increase of \$27 billion in total investment (which is reported annually by economic activity), pointing to a very marked historical departure in reported annual amounts invested. In 2022, there was a further increase of \$7.8 billion. Given the sorry state of the Cuban economy, this points to a probable scheme of money laundering reported through a steep increase in the real estate and hotel sectors but also in other economic activities that have not shown signs of any such investments (manufacturing, mining, supply of electricity, water, and gas, transport & telecommunications). In sum, it demonstrates that the Cuban state can generate billions of dollars that are not devoted to economic activities in health, social services, education, agriculture, and others that improve the citizens’ lives.

These warped priorities go back decades. In 1997, the U.S. Department of State reported that “Cuba’s imports totaled \$2.8 billion dollars, yet only \$46 million dollars —only 1.5% of overall foreign purchases— were for medical imports for a population of 11 million; in contrast, the Dominican Republic had spent \$208 million dollars on medical imports for its 7.5 million citizens in 1995.”⁹⁸

That a very large share of Cuba’s GDP is derived from export services, especially of temporary workers, also represents excessive external dependence and makes the country very vulnerable to a sudden demise. The revenues are based on a scheme of exploitation that violates international law and depends on the current Cuban government’s political will and relations; it could suddenly decline or entirely end for legal and/or political reasons affecting Cuba or its partners.

In addition, services have low multiplier effects and are generally not conducive to stable and healthy economic development —in the Cuban case they greatly diminish pressure to make needed structural economic reforms and thwart allocating resources to productive activities for a more sustainable development.

Cuba also uses the international medical missions to boost exports of pharmaceuticals produced in Cuba, as these are often offered as a “package deal” to countries hosting its medical brigades. This exacerbates the chronic scarcity of medication in Cuba, as many drugs manufactured by Cuba are exported and not available to the local population.⁹⁹ Cuba exported \$25.1 million in pharmaceutical products in 2022.¹⁰⁰ It illustrates the problem of health apartheid, by which most citizens are forced to contend with under-staffed and decrepit, filthy facilities chronically lacking essential medications,

⁹⁸ “The U.S. embargo and health care in Cuba: myth versus reality,” Press Statement by Nicholas Burns/Spokesman, Office of the Spokesman, U.S. Department of State, May 14, 1997.

⁹⁹ See M. Werlau, *The Panamerican Health Organization and Cuba*, *op. cit.* pp. 40-46.

¹⁰⁰ Observatory of Economic Complexity, https://oec.world/en/visualize/tree_map/hs92/export/cub/show/6/2020/

medical supplies and equipment, while the nomenklatura (top Communist Party members) and hard-currency paying foreigners¹⁰¹ have access to exclusive facilities with superior services, equipment, supplies and medication.

Finally, there is a black market surrounding the medical brigades, by which supervisors in Cuba are bribed to obtain favored assignments in destination countries for which the pay is higher and/or living and working conditions are best.

2. For citizens of other countries

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

- a) Questionable credentials. Host governments typically waive national requirements for issuing credentials to work despite claims of accelerated and inadequate training curricula of Cuban health professionals, especially doctors, from medical associations in many host countries. This puts patients at risk.
- b) Lacking liability protection. Patients in most host countries generally have no information on the qualifications of the Cuban health workers and little or no legal recourse for malpractice.
- c) Overbilling. Cuba's medical services and products are persistently overbilled based on fraudulent reporting; the paying party is often the government of an underdeveloped country with very scarce resources.
- d) Questionable performance results. Performance statistics are systematically tampered and reports from Cuban official sources are inconsistent, even contradictory, and loaded with revolutionary hyperbole. This impedes a serious and comprehensive analysis to assess effective resource allocation in the host country's public health system.
- e) Distortions in the host economies and discrimination of local health workers. Some host countries have sufficient doctors and nurses, including ones who are unemployed or underemployed, yet the Cuban doctors are imported—presumably to support both the local government and/or the Cuban government and for political reasons. Some countries pay the Cuban health workers considerably more than what local workers are paid. This demoralizes local doctors and discourages the study and practice of the medical profession.
- f) National and international security concerns. Some of the workers in the internationalist missions are trained by Cuba's intelligence services to monitor the host country and diffuse opposition to the revolutionary-socialist model. Most, if not all, the missions have a proselytizing role, and some are actively used to spread propaganda and exert political influence to undermine democracy. In Latin America, the medical missions' program is part of the Bolivarian Alliance for the Americas (ALBA), which seeks to undermine democracies with the political, economic, and social integration of the Caribbean and Latin American countries in the neo-communist "21st century socialism." In May 2019, OAS Secretary

¹⁰¹ See CubaforHealth.com and CubaHeal.com.

General Luis Almagro publicly declared that Cuba used the medical missions to export repression in Latin America.¹⁰²

- g) Encouraging authoritarian partner governments and dishonest practices. Cuba's extreme dependence on service exports implies, among other things, incentives for Cuba to keep propping up the authoritarian governments or allies and agents within democracies that skirt rules, laws, and best practices to favor Cuba.¹⁰³

V. Salient events of the reporting period: April 1, 2023 - January 30, 2024

Continuing trafficking despite continuing denials

Cuba deserves a Tier 3 designation for the 2023 TIP report by the U.S. Department of State because in the current reporting period, the Government of Cuba has again made no effort to address the labor trafficking in medical missions or in other internationalist missions, does not meet minimum standards for the elimination of this trafficking, has not put in place any effective mechanisms –legal or otherwise— to protect against it, and has done nothing to prosecute perpetrators or protect the victims. There are no indications that it has entered into any effective, transparent, partnerships or cooperative arrangements or agreements resulting in concrete and measurable outcomes with any domestic civil society organizations, private sector entities, or international nongovernmental organizations, or entered into multilateral or regional arrangements or agreements to assist in the prevention of this form of trafficking, protect its victims, or punish traffickers.

Cuba continues to promote the labor trafficking and use state resources to repress, silence, and threaten the victimized workers with the help of international partners and accomplices. Cuba's authorities, diplomatic missions and state-controlled news agencies, an apparatus that is hugely disproportionate in size and resources to the country's size and economic standing, devote extensive efforts to promoting the medical missions internationally.¹⁰⁴ Cuba Archive has information from export workers in different missions and secondary sources that the Cuban state continues to impose arbitrary restrictions on export workers amply described in this and prior reports and retains or confiscates 75 to 95% of the wages paid for the workers. The organization has not compiled specific examples in this reporting period of the specifics of the wage confiscation by country, as organizations with projects funded by the U.S. government are much better equipped to embark on a systematic and rigorous documentation effort to that effect if so desired. Other violations are also constantly reported in Cuba's independent media, by victims in social media, and at times in international media, including from countries hosting brigades. To cite just one of many examples, Dr. Carlos Lea posted in the site NoSomosDesertores.com that he had been warned by a source

¹⁰² "Almagro: Misión médica cubana sirve para exportar métodos represivos en América Latina," [NTN24](#), May 15, 2019.

¹⁰³ See, for instance, Cuba's support for the Venezuelan dictatorship in: Maria C. Werlau, *Cuba's intervention in Venezuela: a strategic occupation with global implications*, Free Society Project/Cuba Archive, 2019. (Especially see chapters V, VI, VII and IX.)

¹⁰⁴ "Cuba's outsized international presence," Cuba Archive, 2023

close to high medical authorities in Cuba to not enter the country, as he was on a blacklist and might not be allowed to leave. Dr. Lea had abandoned a medical mission in 2015 and, as he was past the 8-year period of restricted entry, he had planned to enter Cuba to attend his father's funeral.¹⁰⁵

The administrators of the group *No Somos Desertores* reiterated: “Many of the exported workers in missions overseas or who have returned to Cuba continue to attest to widespread and rampant abuses reported historically. The Cuban government believes it is immune to consequences.”¹⁰⁶

The Government of Cuba continues to deny the trafficking and reports a “Zero Tolerance” policy with respect to any form of human trafficking. In August 2023, Cuba’s Ministry of Foreign Relations reported on 20 laws and regulations aside from the Constitution and Penal Code that criminalize or ban trafficking in accordance with “the spirit of the Palermo Convention.” It referred to Cuba’s National Action Plan to Prevent and Combat Trafficking in Persons and Protect Victims 2022-2024, “a fundamental tool for coordinated action between the State and Cuban civil society organizations to address this serious crime,” and reported that it has been updated and was pending approval of the Council of State.¹⁰⁷ Essentially, it is just empty text for which selective actions can be taken to appear to comply with international law.

On November 2, 2023 the United Nations Special Rapporteur for Contemporary Forms of Slavery Tomoya Obokata (of Japan),¹⁰⁸ wrote to the Government of Cuba expressing concern and requesting clarification of “presumed human rights abuses of medical personnel and other professionals from Cuba participating in internationalist missions,” attaching an Annex highlighting certain pertinent aspects of international law. Copies were also sent to the governments of Spain, Italy, and Qatar. The tone of the letter is diplomatic and cordial, clarifying: “It is my responsibility, in accordance with the mandate given to me by the Human Rights Council, to attempt to clarify the allegations brought to my attention. In this regard, I would be very grateful for your cooperation and comments on the following matters.” The Rapporteur proceeds with a list of complaints brought to his attention. On January 19, 2024, Cuba’s Permanent Mission to the UN and International Organizations in Switzerland in Geneva responded officially. It rejected the claims, indicating it had already officially responded to similar claims in January of 2020, denounced a misuse of UN special mechanisms and the “slandorous campaigns promoted by the Government of the United States,” and argued in detail over the 19-page letter that Cuba’s workers overseas were in full compliance with international law and providing a humanitarian service to the world. The mandate of the Special Rapporteur does not contemplate taking any direct action against any State Parties and depends on the will and cooperation of the individual states to address any issues raised.

¹⁰⁵ Luis Perdomo, “Tras 8 años, médico “desertor” no pudo ir a Cuba a enterrar a su padre: “aún estaba en la lista negra”, *Cubanos por el mundo*, Oct. 2, 2023.

¹⁰⁶ Annarela Grimal, Administrator, No Somos Desertores, text of Feb. 1, 2024.

¹⁰⁷ Informe Nacional de Cuba sobre Prevención y Enfrentamiento a la Trata de Personas y Protección, *Ministerio de Relaciones Exteriores de la República de Cuba*, Aug. 16, 2023.

¹⁰⁸ [Letter](https://spcommreports.ohchr.org/TMResultsBase/DownloadPublicCommunicationFile?gId=28579) to “Your Excellency” from Tomoya Obokata, United Nations Special Rapporteur for Contemporary Forms of Slavery, Nov. 2, 2023
[fhttps://spcommreports.ohchr.org/TMResultsBase/DownloadPublicCommunicationFile?gId=28579](https://spcommreports.ohchr.org/TMResultsBase/DownloadPublicCommunicationFile?gId=28579)

Cuba's partner governments in the labor agreements understand the true nature of the trafficking and are aware of claims of violations; thus, they also deserve Tier 3 designations.

Number of exported medical workers

Table III

**Number of “collaborators” in Cuba’s medical brigades (estimate)
January 2024**

**Partial data, including from unofficial sources*

COUNTRY	Total BMC	Doctors			Total BMC	Doctors
Algeria	890			Maldives	16	16
Angola	1,171			Mali	100	100
Antigua & Barbuda	72			Mauritania	60	
Bahamas	37			México	841	391
Barbados	70			Mozambique	361	
Belize	117			Namibia	117	
Botswana	80			Nauru	15	15
Cape Verde	79			Niger	7	
Chad	44	44		Peru	?	
Djibouti	80			Qatar	475	
Dominica	64			Sahrawi Arab Dem. Rep.	17	12
Equatorial Guinea	?			Sao Tome	?	
Ethiopia	4	4		Saudi Arabia	400	
Gabon	159	105		Sierra Leone	?	
Gambia	150			South Africa	213	
Ghana	30			St. Lucia	26	
Grenada	150			St. Vincent/Grenadines	34	
Guatemala	441	299		Swaziland (Eswatini)	35	
Guinea Bissau	0			Syria	27	27
Guyana	170			Tanzania	40	
Haiti	68			Timor Leste	71	
Honduras	177			Trinidad & Tobago	78	
Italy (Calabria)	347	299		United Arab Emirates	?	
Jamaica	300			Uruguay	21	
Kenya	100			Venezuela	13,000	
Kiribati	17			Vietnam	20	20
Kuwait	96			Zimbabwe	17	11
Lesotho	33					
Total BMC: 20,787	4796				15991	

On May 23, 2023 Cuban president Miguel Díaz Canel tweeted that there were 22,000 health workers in Cuba's missions in 58 countries.¹⁰⁹ BBC reported that in early 2023 Cuba's Ministry of Foreign Relations had reported almost 24,000 health collaborators in 56 countries.¹¹⁰ On January 3, 2023 Cuba's official media had reported 23,792 health collaborators in 56 countries,¹¹¹ which was over 6,000 less than an official report at year-end 2021 of 29,954 health workers in overseas missions.¹¹²

Typically, the staff that counts (and alters) statistics, monitors and controls the health workers, or performs administrative and other duties such as driving and cooking, is typically counted as part of the medical brigades when number of "health collaborators" are reported. Regardless of the exact numbers and capacities, the fact is that many thousands of Cubans have been and continue to be exploited in the Americas, Africa, Asia, Middle East, and Europe.

Most of Cuba's medical brigades are not reported with the breakdown in number of doctors and/or nurses, much less the administrative staff that is part of the brigade. Some reportedly include many doctors, such as in Angola, Mexico, Qatar, Saudi Arabia, and Venezuela, but this data is infrequently available in media and other reports and almost never officially.

Extremely low compensation

Cuba has one of the lowest monthly disposable salaries in the world according to global ranking,¹¹³ which continues to assure that a captive workforce is available to send in the international brigades.

While Cuban workers are paid in Cuban Pesos (CUP), most food and consumer goods are priced in a hard currency equivalence (MLC, Moneda Libre Convertible) tied to the US dollar or in US dollars, making them forbiddingly expensive and unaffordable for most of the population, that earns pesos, especially to those without access to remittances or tips in the limited foreign economy. Even basic staples are scarce and most families live in dire conditions. A large part of the population depends on remittances and assistance from family members abroad, as around 10-20% of Cuba's population has emigrated. Even the highest-paid doctors depend on family remittances and informal secondary activities or must go work abroad two to three years to make ends meet.

¹⁰⁹ <https://twitter.com/DiazCanelB/status/1660991669112537090>.

¹¹⁰ José Carlos Cueto, "El singular Hospital Cubano que se construyó en medio del desierto de Qatar, Qatar," *BBC News Mundo*, Apr. 27, 2023.

¹¹¹ "En 2022 los profesionales del sector debieron superar grandes dificultades en el ámbito interno del país, señaló el ministro de Salud Pública," *Granma*, Jan. 3, 2023.

¹¹² "La inversión extranjera en Cuba: apenas 25 negocios en dos años," *La Habana, Diario de Cuba*, Dec. 20, 2021.

¹¹³ See, for instance, "Cost of living > Average monthly disposable salary > After tax: Countries Compared," Nation Master, <https://www.nationmaster.com/country-info/stats/Cost-of-living/Average-monthly-disposable-salary/After-tax>.

The monetary unification implemented since January 1, 2021, has led to a progressive and steep erosion of the compensation fixed by decree for all workers, including in the health sector, as the government has fixed an artificial exchange rate that does not correspond to what scarce goods they can purchase in the market. The economic crisis, with rampant inflation and pervasive shortages, together with the poor compensation, imposes additional strains on health professionals, as they must find time to spend hours in long lines to buy food or pay “coleros,” persons who make a living lining up for hours each day.

The current monthly salary for recent medical graduates without a specialization is CUP (Cuban pesos) 4,610 (\$16) and the highest-paid doctors (Grade II specialists),¹¹⁴ earn CUP 5,810, or \$20.6 a month,¹¹⁵ which is almost half of the already miserly \$36 a month this salary represented in dollars a year ago. Nurses earn between CUP 4,010 and 4,610 (\$14-16).¹¹⁶ In December 2023, the Cuban government announced additional monthly payments to workers in the health and educational fields starting January 2024, however, for health workers (doctors, nurses, dentists, psychologists, technicians), the additional sums only ranged from CUP 1,000 (\$3.5) for the top tier with five years of service to the highest, CUP 3,000 (\$10.63), for the top tier doctors with 30 years of service.¹¹⁷ Meanwhile, Communist Party authorities of the provincial “Organs of Peoples Power” earn monthly CUP 5,820 to 9,010 and prison guards (“penal educators”) are recruited at monthly salaries starting at CUP 6,690,¹¹⁸ and members of the police earn from CUP 7 to 8 thousand to 15 to 16 thousand, depending on the rank.¹¹⁹

The ration book, which is supposed to guarantee a basic basket of food and essentials, allows for only one pound of chicken to be purchased per person per month at CUP 35 pesos, while the *Supermarket 23* online store, which operates in hard currency (dollars, euros, etc.), 5 pounds of chicken thighs—for a standard family meal—cost \$8.74 in February 2024,¹²⁰ or 42.4% of the monthly salary of the highest-paid medical specialist, or 28% if they have 30 years of service and are receiving the highest monthly bonus.

¹¹⁴ The government sets all salaries according to a scaled table. (*Gaceta Oficial* No. 69 Extraordinaria, Dic. 10, 2020, Anexo II, Salarios mensuales de los médicos, estomatólogos y enfermeras, p. 63, and pp. 608-609).

¹¹⁵ On Jan. 25, 2024, the exchange rate in the informal market was 282 Cuban pesos to \$US1. (See “Mercado informal de divisas en Cuba (en tiempo real),” *El Toque*. The official rate of CUP 24 to US\$1 is only used as reference for certain official purposes; and goods and services are priced and exchanged in the informal market rate. In August 2022, the government started buying dollars from the public at CUP120 to US\$1, as a first step to correcting the disparity between the official and informal market rates. (“Cuba comprará dólares a un cambio cinco veces mayor que la tasa oficial,” La Habana, *EFE*, Aug. 03, 2022.)

¹¹⁶ A una tasa de cambio de CUP68 por cada US\$1 al 8 de diciembre de 2021. (Tasas de Cambio de Moneda en Cuba Hoy, *El Toque*, op. cit.)

¹¹⁷ Randy Alonso Falcón, “En detalles, el incremento de ingreso para los sectores de salud y educación,” *Cuba Debate*, Dec. 28, 2023

¹¹⁸ “Médicos ganan menos que los carceleros en Cuba,” *Radio Televisión Martí*, Jan. 19, 2021.

¹¹⁹ Asociación Sindical Independiente de Cuba, ASIC, reported in writing to Cuba Archive, Jan. 31, 2024. (The CUP-US\$ exchange rate is taken from *El Toque*, Jan. 25, 2024.)

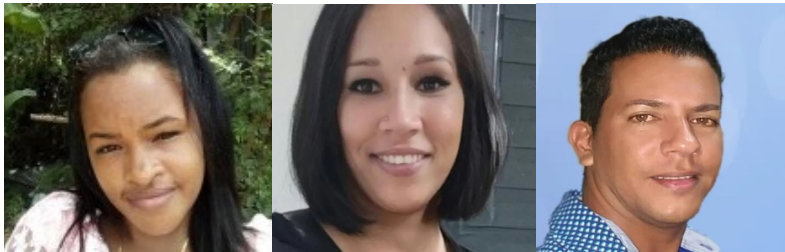
¹²⁰ Supermarket23.com, <https://www.supermarket23.com/es/buscar?q=pollo>, accessed Feb. 5, 2024.

Conditions in Cuba also make practicing medicine very difficult and stressful. In 2023, there were numerous and frequent reports from medical professionals and patients in independent news sites and social media of very poor conditions at all levels of the public health system.

Deaths of internationalists and injuries from criminal acts

Cuba Archive learned of at least three members of medical missions who died during the reporting period. Cuba does not report these deaths and they have to come to attention from social media posts or independent media reports.

- Dr. Narlys Martínez died June 1, 2023, purportedly after an insect bite that was not adequately treated, shortly after being repatriated to Cuba from a medical mission in Venezuela. She left behind a small daughter.
- Dr. Yamislai Bueno Soler, age 32, died Oct. 15, 2023, in a traffic accident in Venezuela. She left two children.
- Adrián Díaz Araujo died November 20, 2023 in Guatemala. The nurse specialized in anesthesiology was reported as dying “suddenly” without further details.



From left to right: Narlys Martínez, Yamislai Bueno and Adrián Díaz

53-year-old doctor Alfredo Batista Salgado, a member of Cuba’s medical brigade was assaulted by three unknown men, stabbed, and seriously injured on July 1, 2023 at Kingstown, the capital of St. Vincent & the Grenadines.¹²¹ Ten days later, two more Cuban doctors were attacked, the male was chopped in the hands and the female struck in the nose with a stone in the northeastern town of Georgetown.¹²²

A sailor victim of trafficking, incapacitated and abandoned

Juan Alexander Morales González, a Cuban sailor who was injured after working for 17 years for Cuba’s Selemar (state enterprise that exports workers for maritime activities), reached out again to Cuba Archive in December 2023 requesting support to make this case to the international community. Since 2018, Cuba Archive has been in touch with him, sent him humanitarian assistance on two occasions, and referred his case to several organizations that have more resources, hoping

¹²¹ Lee Yan LaSur, “Cuban doctor brutally wounded in knife attack in St Vincent,” *St. Vincent Times*, Jul. 1, 2023.

¹²² Ernesto Cooke, “Two Cuban medical workers attacked in Georgetown,” *St. Vincent Times*, Jul. 12, 2023.

they could assist him. Mr. Morales reports his situation as follows. He was last deployed on a ship operated by the shipping company Nordstrand (today apparently known as NorthSouth Maritime, registered in Greece but owned by Cuban state company Acemex (sanctioned by OFAC). He was systematically forced by his supervisors to lift heavy equipment. In 2012, he suffered two broken vertebrae and developed neck pain, vomiting, and other symptoms. After arriving on land, he was diagnosed with a degenerative neurologic illness of the spinal cord¹²³ and declared incapacitated. His work contract was terminated with a pension of only CUP 270 pesos a month, later increased to CUP 1,500 (which is currently equivalent to US\$5.32). His work contract reportedly called for a compensation of \$60,000 in case of incapacity resulting from work. He has for years made repeated claims at many Cuban government entities and has been ignored, lied to, and mistreated. He claims that around 80% of his salary was retained by the shipping company for over 17 years. The International Transport Federation, an international labor syndicate, has reviewed this case—and others related to Cuban workers—and agreed on their seeming merits but report having no authority or presence in Cuba.¹²⁴

Deaths in compulsory military service, not in combat¹²⁵

Cuba Archive was able to obtain information on at least eight young men who died while in the compulsory military service. It is a partial count, as the government does not report these deaths.

Suicide

- Arcia Hernández, Maikol. San José de las Lajas, May 28, 2023
- Guerrero Silva, Juan. Gibara, Holguín, Jun. 2023
- López Avila, Gabriel. San Germán, Holguín, Aug. 8, 2023
- Paz, Danilo. Apr. 2023.
- Rodríguez, Alex Javier. Jul. 7, 2023

Criminal negligence & Accidents

- Cabrales Valdés, Dariel. Aguada de Pasajeros, Cienfuegos, Apr. 13, 2023
- Hechavarría Silva, Ennier. Holguín, Jun. 18, 2023
- Rodríguez, Humberto. Jun. 15, 2023

Cuban mercenaries fighting for Russia in Ukraine¹²⁶

¹²³ “Syringomyelia,” Mayo Clinic, <https://www.mayoclinic.org/diseases-conditions/syringomyelia/symptoms-causes/syc-20354771>.

¹²⁴ J.A.Morales González, emails to M. Werlau, op. cit.; Kevin G. Hall and Nora Gámez Torres, “From Liechtenstein to Hong Kong: How Cuba uses shell companies to thumb its nose at embargo,” *The Miami Herald* (TNS), Apr. 1, 2021; “Cuban-linked Piraeus shipmanagement firm Nordstrand rebrands,” *Trade Winds*, Oct. 2, 2015; Waldo Fernández Cuenca, “Un ex marino cubano lleva casi una década exigiéndole a GAESA que lo indemnice por enfermedad,” *La Habana, Diario de Cuba*, Mar 22, 2022.

¹²⁵ Search individual cases by name at CubaArchive.org/database.

¹²⁶ M. Werlau, “Cuba’s compulsory military service,” op. cit. (For individual cases, search by name at CubaArchive.org/database.)

The Cuban regime's comprehensive alliance with Russia and its support for its invasion of Ukraine opened the door for desperate Cubans to join a battle in foreign lands in which Cuba has no stake. In 2023, it was reported that Cubans were signing contracts as mercenaries of the Russian armed forces, promised around \$29,000 a year, the possibility of obtaining residency in Russia with their families, and assorted benefits (housing, insurance, etc.) that are unheard of in Cuba.

The Cuban government issued an official statement on September 5, 2023 that Cuba was not part of the war conflict in Ukraine and reported that the Ministry of the Interior was dismantling a network to recruit mercenaries operating from Russia.¹²⁷ Criminal proceedings were allegedly filed against 3 Cuban citizens belonging to the recruitment scheme “directed from abroad” and 14 recruits. By the end of January 2024, the young men said to have been imprisoned had apparently been released.¹²⁸ This would bypass Cuba's Penal Code,¹²⁹ which penalizes mercenaryism with prison sanctions of ten to thirty years, life imprisonment, or death. That same sanction applies to anyone who directly or indirectly collaborates or directly participates in mercenaryism. (Mercenaryism is defined as “seeking to obtain payment or another type of remuneration or personal benefit to join military formations or private military companies to act in the territory of other States.”)

Senior Cuban officials have entered into public contradictions over Cuban mercenaries recruited by or for Russia, and there are continuing and assorted reports of Cubans fighting for Russia in Ukraine. However, the number of Cuban recruits is unknown and the direct involvement and potential profit for the Cuban State or any Cuban authorities has not been officially established. It can be presumed as highly likely given the open recruitment in different parts of the island --where State Security has a strong control-- and the approved departure from the country of large groups of young men despite the legal restrictions on men of military age described earlier.

Two Cubans have already been reported killed in the war.

- [Raibel Palacio Herrera](#), age 21, killed January 12, 2024.
- [Yansiel Morejón Díaz](#), age 26, killed Jan. 9, 2024.

*See case details at CubaArchive.org/database.

Updates on selected countries

Algeria

The Cuban Medical Brigade in Algeria has around 890 people. The Official Gazette of the People's Democratic Republic of Algeria published on May 21, 2020, the decree regulating the principles of

¹²⁷ Declaración del Ministerio de Relaciones Exteriores, Sep. 5, 2023, <https://cubaminrex.cu/es/declaracion-del-ministerio-de-relaciones-exteriores>

¹²⁸ “El régimen libera a implicados en la red de mercenarios para la guerra de Rusia en Ucrania,” Miami, *Diario de Cuba*, Feb. 1, 2024.

¹²⁹ Ley 151/2022 “Código Penal,” Asamblea Nacional del Poder Popular, Gaceta Oficial de la República de Cuba, Ministerio de Justicia, No. 93 Ordinaria, 1ro. de septiembre de 2022.

Cuban medical collaboration.¹³⁰ It details the terms of the 3-year health agreement with Cuba signed Jan. 2018 (renewable in 3-year periods), the annual payments to Cuba for numerous health services, which are itemized, and the medical supplies, equipment, and resources Algeria is to provide. According to a calculation by *La Joven Cuba*, a blog linked to the Cuban regime, the Cuban State pockets 61.7 million euros for all the services detailed in the agreement.¹³¹

Angola

Export services to Angola are provided by two Cuban state entities, Antex, S.A. (Antillana Exportadora)¹³² and Imbondex. At least Antex appears to also commercialize export goods and services in certain other countries.¹³³ Even the health workers in Angola are hired out by Antex, rather than the Comercializadora de Servicios Médicos, CMS. This could be an exclusive privilege of some high military authority(ies) dating from Cuba's 16-year military intervention in Angola (1975-1991),¹³⁴ which was very profitable. Cuba acted as a proxy of the former Soviet Union (USSR) in a Cold war scenario and sent 377,033 military personnel and over 50,000 civilian aid workers during the conflict, of which 2,085 Cubans died, including 204 civilians (doctors, paramedics, and teachers).¹³⁵ The USSR provided all the war material as Cuba was paid by Angola, retaining most the payment. In addition to other businesses the Cubans developed in Angola, the war proved extremely profitable for Cuba and generated revenues estimated at several hundred million a year.¹³⁶

In late 2023 it was reported that there were 2,056 Cuban internationalists in Angola, including 1,171 health care workers, of which 582 are teachers "helping to train 3,000 Angolans as doctors," 212 are "in companies" and 91 are in other sectors.¹³⁷ Cuban doctors in Angola reportedly earn a monthly base salary of \$5,000 (approx. 2.1 million kwanzas),¹³⁸ which would represent \$56.2 million a year for Cuba at a net rate of 80% (the lowest generally reported to Cuba Archive), and \$70.2 million in gross revenues, from just the 1,171 medical workers. The National Union of Angolan Doctors reported that Angolan doctors were earning eight times less than the Cuban doctors.¹³⁹

¹³⁰ Journal Officiel de la République Algérienne No 30, May 21, 2020, Conventions et accords internationaux, lois et décrets, arrêtés, décisions, avis, communications et annonces (traduction français), p. 4-30.

¹³¹ José Manuel González Rubines, ¿Mucha gira y pocas nueces? *la Joven Cuba*, Dec. 7, 2022.

¹³² <https://www.procuba.cu/empresa/corporacion-antillana-exportadora-s-a/>

¹³³ "ANTEX S.A. executives participate in the 4th Türkiye-Africa Economic and Business Forum." Cuba's Ministry of Foreign Relations, Oct. 16, 2023, <https://misiones.cubaminrex.cu/en/articulo/antex-sa-executives-participate-4th-turkiye-africa-economic-and-business-forum>

¹³⁴ Miguel Rivero, "Morir por Angola," Lisboa, *Encuentro en la Red*, Aug. 24, 2007.

¹³⁵ "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>

¹³⁶ *Ibid.*

¹³⁷ Seth Galinsky, "Cuba trip to Angola, South Africa marks overthrow of apartheid," *The Militant*, Vol. 87/No. 34, Sep. 11, 2023.

¹³⁸ "Cada médico cubano a trabalhar em Angola auferem anualmente mais 23 milhões kz do que um profissional nacional," *Isto É Notícia*, Apr. 20, 2022.

¹³⁹ The National Union of Angolan Doctors (SINMEA) reported that Cuban doctors in Angola were earning a monthly base salary of US\$5,000 (approx. 2.1 million kwanzas), while Angolan doctors were

In October 2023, Cuban doctors in Angola complained¹⁴⁰ that for about five months they had been receiving just 50% of the stipend equivalent to \$100 in local currency, as they had contractually agreed (with the Cuban state entity). This was insufficient to cover their expenses. Also, they reported that their accommodations were “precarious” and up to three or four collaborators had to live in one room. Many of the members of the medical brigade had been unable to take their vacations due to lacking charter flights, for which they had been told that “the Angolans were not paying the Cuban state company.” While bringing goods back home is one of the important benefits of serving abroad, workers who had been able to travel were restricted to only one 23 kg suitcase and a carry-on of 10 kg, and 200 had been waiting for the transfer of their household goods since returning to Cuba from their mission in 2021.

Bahamas

37 Cubans were hired in late 2023 and are apparently in Bahamas, working as laboratory technicians, X-ray technicians, physical therapists, nurses, and biomedical engineers at centers such as Princess Margaret Hospital and Rand Memorial Hospital. Around 60 educators have also teaching there for several years apparently in nursing and perhaps other fields and the Bahamian Teachers Union has complained that the Cubans deployed to Abaco, Grand Bahama and New Providence have language problems in English.¹⁴¹

On October 24, 2023, the author of this report, Cuba Archive’s Executive Director, wrote to the Minister of Health of the Bahamas, Michael Darville, to inform him of the documented human rights violations surrounding Cuba’s medical brigades, including of the Protocol on Trafficking in Persons, ratified by The Bahamas on September 26, 2008, and requested copies of all agreements with Cuba regarding and a breakdown of all payments and expenses for the Cuban workers. The letter also offered to contact Cuban health professionals eager to find work independently and willing to relocate immediately. No response has been received to date.

Barbados

Cuba has workers in health and sports brigades to Barbados, for which there is little public information. The medical brigade’s Facebook page has photographs and posts indicating that the workers are deployed in at least two hospitals: The Queen Elizabeth Hospital and the Harrison Point Hospital.¹⁴²

earning eight times less, 270,000 kwanzas. (“Cada médico cubano a trabalhar em Angola auferia anualmente mais 23 milhões kz do que um profissional nacional,” *Isto É Notícia*, Apr. 20, 2022.)

¹⁴⁰ “Un médico cubano destacado en Angola denuncia los malos tratos de Antex, filial de Gaesa,” Madrid, *14ymedio*, Oct. 07, 2023.

¹⁴¹ Aygen Marsh, “Doctors are sent to the Bahamas, while Cuban hospitals are rarely staffed,” *Amico Hoops*, Oct. 26, 2023, [L](#); “Hay un conflicto entre el sindicato de docentes y el Gobierno de Bahamas por los maestros cubanos,” Nassau, *Diario de Cuba*, Sep 9, 2023.

¹⁴² Randy Bennett, “Site of isolation centre to be used for medical tourism,” *Barbados Today*, Apr. 27, 2022. (The Harrison Point Hospital was, according to Prime Minister Mia Mottley in April 2022, to become a facility devoted to medical tourism once it was not needed for COVID patients.)

Cuba Archive sent a letter in November 2022 to Barbados' Minister of Health requesting copies of all agreements regarding the Cuban medical brigade, a list of members with their professional titles, and a breakdown of all payments. As of February 1, 2023, there has been no response.

Guyana

In 2023, 80 nurses from Cuba were hired to undertake an intensive 3-month before starting to work in the public health system. In December 2023, the government of Guyana announced that it 2024 it would bring 200 nurses from Cuba in 2024.¹⁴³

Before the pandemic, Cuba reported a medical brigade with 200 members covering the entire territory of Guyana.¹⁴⁴ Before 30 more members arrived in late 2016, 80 of the 170 collaborators were doctors of different specialties located in Health Centers, CDIs, and hospitals, deployed in different regions.¹⁴⁵

Honduras¹⁴⁶

On February 1, 2024, Honduran authorities announced the arrival of 89 Cuban doctors, expected 20 days later, and the signing of an agreement with Cuba to hire specialized personnel for two years for ophthalmology centers and geriatric hospitals. Following the model successfully entrenched in Uruguay, the director of the National Institute of Retirement and Pensions for Employees and Officials of the Executive Branch, explained that “as a welfare institute, we have adhered to this agreement to enable the geriatrics service for our affiliates nationwide.” The agreement included sending 127 general practitioners from Honduras to specialize in Cuba.

¹⁴³ Shamar Meusa, Cuba to send 200 nurses early next year to help mitigate shortage, *Jamaica Observer*, Dec. 30, 2023; “El Gobierno de Guyana anuncia que contratará 200 enfermeros cubanos en 2024,” San Juan, *Swiss Info*, Dec. 30, 2023.

¹⁴⁴ Ramón Barreras Ferrán, “Cuba-Guyana: 40 años de colaboración médica,” *Trabajadores*, May 27, 2016.

¹⁴⁵ “Cuba incrementa cooperación médica en Guyana,” *Prensa Latina*, Dec. 31, 2016.

¹⁴⁶ Sources were consulted for this summary include: “Firmaron Cuba y Honduras acuerdo en el sector educativo,” *Granma*, 28 de diciembre de 2022; “El opositor Partido Nacional de Honduras califica de ‘injerencia ideológica’ la labor de maestros cubanos en ese país,” Madrid, *Diario de Cuba*, Jan. 12, 2023; “Comitiva cubana llega al país para evaluar el programa de alfabetización ‘Yo sí puedo’,” Tegucigalpa, *El Heraldo*, 10 de abril 2023; “No es solidaridad y Cuba vende bien caro a Honduras su programa de maestros,” Madrid, *14ymedio*, Mar. 29, 2023; “Las alcaldías de los lugares de destino deberán proveer a los maestros ‘habitación, casa y algunos utensilios’,” Tegucigalpa, *Diario de Cuba*, Jan. 19, 2023; Mayle González Mirabal, “Polémica en Honduras por la contratación de casi un centenar de médicos cubanos,” *Martí Noticias*, Nov. 22, 2023; “Honduras consolida su alianza con Cuba con la contratación de otros 89 médicos,” Madrid, *14ymedio*, Feb. 2, 2024; “Activistas respaldan presencia de brigada médica de Cuba en Honduras,” Tegucigalpa, *Cuba Minrex*, May 6, 2020; Martha Ríos, “Médicos cubanos recibirán alta distinción de Congreso de Honduras,” La Habana, *Radio Habana Cuba*, Aug. 14, 2020; “En suspenso contratación de médicos cubanos en Honduras,” *Martí Noticias*, May 7, 2019.

Honduras' Minister of Health explained that the Secretariat of Strategic Planning would undertake the hiring. The official communiqué indicated that “the Cuban humanitarian brigade does not affect Honduran doctors, because they are specialists in branches lacking in the country.” Yet, the same day, the Honduran Medical Association denounced the dismissal of 30 workers for ideological reasons.

The contingent of 89 Cuban specialists reportedly includes surgeons, orthopedists, neurosurgeons, vascular surgeons, oncological surgeons, internists, psychiatrists, epidemiologists, family physicians, and geriatricians. They will be assigned to the Escuela and Catarino Rivas hospitals in Tegucigalpa and San Pedro Sula, the country's two main cities.

In January 2022, Xiomara Castro, an ally of the Government of Cuba, became President of Honduras. In August 2022, the arrival on September 1st of a brigade of 86 Cuban health professionals was announced in the context of Cuba-Honduras agreements for projects in health, including a collaboration to produce in Honduras medicines with Cuban technology (a national laboratory of generic medicines and Covid vaccines) and the ophthalmologic program Operation Miracle.

The announcement generated strong criticism from local medical associations and political parties. The president of the Honduran Medical Association (CMH), Helga Codina, explained that some 11,000 professionals registered with the CMH were unemployed and declared that the CMH was totally opposed to these political decisions. She told the media: “If they want to help, the one they have to help is their country, their doctors.” In November 2022, Codina denounced that Cubans were arriving without informing the CMH, a professional body, and pointing to the risks of not being able to verify that the Cubans were really doctors and reporting that two or three local doctors could be paid for the cost of each Cuban. She also said that many were giving consultations and problems of mismanagement had been detected.

In December 2022, a brigade of 123 Cuban teachers was deployed throughout the municipalities of Honduras. Honduran newspapers with access to the Cuba-Honduras agreement reported that it was signed between on October 21, 2022, and was for three years, until 2025. The Government of Honduras was to pay Cuba 50 million lempiras a year, of which around 25% would go to the monthly payments of the 123 Cuban teachers. 10,000 lempiras per month (about \$405) would be disbursed to pay the stipends of each of the 123 Cuban teachers, or around 40 million lempiras (\$1.6 million) in the three years.

The Cuban teachers were hired to implement “Yo Sí Puedo,” a literacy method created in Cuba and exported to some 43 countries, and the goal was to teach 700,000 people to read and write. The state-controlled Granma reported a twitter from Cuba's embassy in Tegucigalpa that Cuba and Honduras had signed an Accord for “Cubans with doctorates in Education will advise in the re-foundation of the Honduran educational system.” Experts in Honduras warned that “if the roles are not properly agreed upon,” indoctrination could creep into the counseling. The program has

raised public controversy since its announcement. Politicians and academics reject the initiative, recommending hiring unemployed local teachers to implement existing Honduran programs such as Educatodos and the Adult Literacy Program in Honduras (Alfacit). The opposition, led by the National Party of Honduras (PNH), called it “Cuban interference,” “ideological interference,” and “shady deals.”

Background. The first Cuban medical brigades arrived Honduras after Hurricane Fifi in 1974 and returned in 1998 in the wake of Hurricane Mitch. The Honduran government signed 2-year agreements since 1998 to contract Cuba’s medical services until the last accord expired April 30, 2019. The Cuban regime was reportedly paid around a thousand dollars per month for each doctor, who in turn earned between \$350 and \$400. Some of the Cubans stayed in Honduras, apparently defecting from the mission or staying after its end. In 2020, the Honduran Congress unanimously approved a proposal of the leftist Liberty and Refoundation Party (Libre) to hire a Cuban medical brigade during the Covid pandemic. The brigade of 20 collaborators from April to September 2020 was composed of a dozen nurses, four physicians, an epidemiologist, the head of the brigade, and a logistician. In December 2020, a team of 25 collaborators was in Honduras for three months to assist victims of tropical storms.

Italy¹⁴⁷

The coronavirus pandemic created a perfect storm in the poorly managed and inefficient national health system in Italy. Low pensions, grueling shift patterns, poor pay, inadequate infrastructure, and cumbersome bureaucracy have exacerbated a mass exodus of doctors, nurses, and other health professionals towards richer countries —such as Switzerland, France, Germany, UK, and UAE— or pushed many others into either retiring early or switching to the private sector. The medical staff of the Italian Health Service decreased by 41 thousand units between 2008 and 2018, with a parallel progressive increase in the average age, which in 2020 it was 51 years for doctors and 47 for nurses.¹⁴⁸ The pandemic led the government to relax hiring standards, allowing foreign health personnel not residents or certified in the European Union instead of creating better working conditions and wages for the locals. Italy started to import foreign healthcare workers with lesser qualifications, including two Cuban medical brigades in the northern provinces of Lombardia and

¹⁴⁷ Sources for this section include: Angela Giuffrida, " 'Giving us oxygen': Italy turns to Cuba to help revive ailing health system," Polistena, *The Guardian*, Jan. 16, 2024; “Llegan a Italia 50 op.cit.; “Italy turns to Cuban doctors to avoid hospitals closure,” *TeleSur*, Jan. 9, 2023; “Cuba regala tarjeta magnética con \$14 a médicos que regresan de Italia,” *Diario Las Américas*, Jul. 30, 2020; “El Gobierno de Cuba exportará 497 médicos a Italia, en una operación que fue mantenida en secreto,” Roma, *Diario de Cuba*, Aug. 17, 2022; Italy and Cuba Sign Medical Cooperation MOU, *CUBANEWS/ACN*, May 24, 2023; “Recibe Italia otros 120 médicos cubanos en apoyo sanitario a Calabria,” *Prensa Latina*, Aug. 6, 2023.

¹⁴⁸ “Doctors who go, doctors who come,” *Breaking Latest*, Nov. 4, 2023. (The article cites Italian doctors including Paolo Viganò, infectious disease specialist and long-time director of the infectious diseases department of the Legnano hospital.)

Piamonte. The need for doctors will only grow; according to Italian unions, a quarter of the 102,000 Italian doctors working in the public health system will reach retirement age.¹⁴⁹

Italy has strong legal safeguards to prevent trafficking in persons as a member of the European Union. Article 5 of the EU Charter of Fundamental Rights bans trafficking in persons including forced or compulsory labour and the EU's the anti-trafficking directive, adopted in 2011, draws on the UN's Protocol on trafficking in persons and the Council of Europe's Convention against Human Trafficking.¹⁵⁰ Yet, 171 Cuban doctors and apparently 18 other Cuban workers are currently working in Italy under the usual forced labor arrangements with the Cuban State. They have skirted the usual requirements and 18-month accreditation of their titles. What's more, Cuba has used its medical missions to Italy for extensive worldwide propaganda, with claims such as this: "It's remarkable that a country in the South with a level of prosperity at least ten times lower than Italy's and living under the strictest and longest blockade in world history has proven capable of intervening effectively in Italy's health crises, first during the Covid pandemic in the north of the country and now, for over a year, in the south."¹⁵¹

A 3-year agreement of August 2022 between Cuba and Italy's regional government of the southern state of Calabria, one of the poorest in Western Europe, calls for a 500-strong medical brigade in the first phase. The first 52 Cuban doctors arrived by January 2023 and took up service in Locri, Polistena, Gioia Tauro, and Melito di Porto Salvo. The brigade reportedly had 63 members, so presumably, at least 12 are not doctors. On May 29, 2023 it was announced that 126 more doctors would be arriving in Calabria to serve in the provinces of Crotona, Vibo, and Catanzaro, and maybe Cosenza, and that 2,163 more doctors were needed. In August 2023, it was reported that 120 more doctors had joined 51 already there since December 2022 (6 additional members of the brigade are presumably not doctors). Cuba will reportedly be paid 4,700 euros a month per collaborator, of which 3,500 euros will be paid directly to Cuba while 1,200 euros will be a stipend, presumably paid to the workers, for food, housing, trips, and training. (Italian doctors earn around 6.7 thousand euros a month).

In January 2025, *L'Unione Sarda* reported¹⁵² that the Italian island of Sardinia would very soon receive 128 doctors and 30 nurses from Cuba, who were currently receiving Italian language training. It was also reported that the activist group SOS Barbagia-Mandrolisai had contacted earlier in 2023 the local health authorities to demand an immediate solution and the hiring of Cuban doctors.

Any Cuban doctor with a specialization or not and other members of the Cuban medical mission to Italy are costing at least 56,400 euros a year without taking into account the additional living,

¹⁴⁹ Marc Vandepitte, Toon Danhieux, "Médicos cubanos acuden en ayuda de la Italia de Meloni," *Rebelión*, Jan. 29, 2024. (Artículo original: <https://www.dewereldmorgen.be/artikel/2024/01/26/cubaanse-dokters-komen-extreemrechts-italie-te-hulp/>)

¹⁵⁰ The EU's work to combat human trafficking, European Council, Council of the European Union.

¹⁵¹ M. Vandepitte, op. cit.

¹⁵² <https://www.unionesarda.it/en/sardinia/sardinian-hospitals-in-trouble-128-white-coats-arriving-from-cuba-r87k3qc9>

travel, and other expenses associated with their stay not covered by the 1,200 euros. Meanwhile, the average annual salary for a doctor in Italy with a specialization is reportedly \$82,000.¹⁵³ This means that any saving for Italy, if any, is minimal. Meanwhile, the Cuban health workers who have worked or are working in Italy are grossly underpaid in comparative terms. Cuban doctors who served in the COVID medical brigades in northern Italy in 2020 during the pandemic had each received as sole compensation a magnetic card with \$14 and a promise to give them some money later.¹⁵⁴

Although the current agreement is with a local government, the federal government seems to have no problem with it. On May 23, 2023, Cuba's Health Minister, Jose Angel Portal, and his Italian counterpart, Orazio Schillaci, penned a Memo of Understanding on bilateral cooperation in healthcare and medical sciences at the 76 World Health Assembly in Geneva to strengthen links between the two ministries.

Kenya¹⁵⁵

Kenya's government announced in October 2023 that it would not renew a bilateral agreement with Cuba that, since 2018, had deployed up to 100 Cuban family doctors and specialists in Kenya and sent 50 Kenyan doctors to Cuba for specialized training (initially for 2 years and extended to 3 years in 2021). When the medical brigade would return to Cuba was not announced, but it will likely be in June 2024, as the first Cuban doctors first arrived in Kenya in June 2018 (the first agreement was signed in April 2018, and was renewed successively).

The Kenyan government had used a local doctors' strike to justify the initial hiring of Cuban doctors. However, from the start, the Kenya Medical Practitioners, Pharmacists, and Dentists Union (KMPPDU) had opposed the decision and urged the Ministry of Health to hire several thousand unemployed Kenyan doctors. It filed a lawsuit in 2018, and a court in Nairobi issued a temporary stay but eventually ruled that the rights of Kenyans to access these doctors overrode concerns by local doctors.

In March 2023, the Secretary General of the KMPPDU reported cases of malpractice by the Cuban doctors, who he said were prepared only to practice family medicine and not trained to perform surgeries. In September 2023, the chair of the Health Committee of Kenya's National Assembly

¹⁵³ "Calabria contrató médicos cubanos por "desesperación", dicen las autoridades italianas," *La Habana, 14ymedio*, Oct. 4, 2023 (The average annual salary for a doctor with a specialization is \$99,000 in France, \$156,000 in the UK and \$172,000 in Germany.)

¹⁵⁴ "Cuba regala tarjeta magnética con \$14 a médicos que regresan de Italia," *Diario Las Américas*, Jul. 30, 2020.

¹⁵⁵ Sources for this section are primarily from media in Kenya, for which selected links follow (as well as from independent Cuban media): Lillian Mutavi, "Kenya doing badly': Government defends importation of Cuban doctors," *The Star*, Apr. 22, 2018; "Inside the Kenya-Cuba doctors deal," *The Star*, May 10, 2018; Manny Anyango, "KMPDU now wants Cuban doctors deal made public," *The Star*, 15 Nov. 2022; Kelvin Karani, "Why MPs want Cuban doctors out of country," *The Standard*, Sep. 2023; Charles Ebikeme, "Kenya scraps controversial doctor exchange programme with Cuba," *Mail & Guardian*, Dec. 12, 2023; Emmanuel Igunza, "Kenya ends arrangement to swap doctors with Cuba. The deal was unpopular with Kenyan doctors," *Nairobi, AP*, Oct. 11, 2023.

reported that the Kenyan government was paying \$4,257 per Cuban doctor, \$851 for salary, and \$3,406 as a “contribution” (to Cuba). However, Kenya’s Salaries and Remuneration Commission reported that each Cuban doctor was paid a monthly salary of about \$5,300 whereas local doctors in the same category received between \$1,600 and \$2,300. In addition, the county governments where the doctors were deployed were spending around \$9.2 thousand per month per doctor in benefits that Kenyan doctors did not receive: accommodations, furniture, kitchen appliances and utensils, electricity, water, cooking gas, annual RT tickets home, health insurance and indemnity insurance. In addition, each Cuban medical team had security, a vehicle with a driver, and translators. The medical brigade was intermittently reported as having 101 or 100 doctors, so it is likely that at least one was just a “minder,” for whom Cuba typically demands similar compensation and benefits.

The union had denounced that the 50 Kenyan doctors who completed their training in Cuba were a “waste of human resources” as they had to undergo two years of training before the medical board could allow them to practice in Kenya. The doctor trainees had long denounced living in “deplorable conditions” in Cuba and, in 2019, had threatened to quit their studies due to the poor food and housing conditions they endured. Cuba received \$1,400 a month for each doctor-student whereas they were barely “surviving” on a stipend of \$350 a month. In March 2019, a young doctor was found dead in his room in Cuba a few hours before embarking back home, leaving a wife and eight-month-old child in Kenya, after complaining bitterly of the harsh conditions. The family put the official report of his suicide in doubt.¹⁵⁶

In Kenya, two Cuban doctors kidnapped in 2019 by the Islamist fundamentalist group Al-Shabaab remain in captivity; a ransom of US\$1.5 million had been reportedly demanded for their release.¹⁵⁷ In April 2023, EFE reported that Somali intelligence sources affirmed that there had been no news in two years, but that the Cuban Government could exert more pressure to find out.¹⁵⁸

Mexico

Mexico’s media conducts regular investigative reporting of the health collaboration agreements with Cuba and covers this regularly in diverse venues.

According to the head of Mexico’s Social Security Institute (IMSS), Zoé Robledo, Mexico had hired in 2023, 806 Cuban doctors with 36 specializations¹⁵⁹ who were serving in at least 12 states. The first 610 doctors arrived in February 2023. The initial agreement was that they would be sent to remote and marginal areas, such as “Montaña de Guerrero,” one of the most violent areas of the

¹⁵⁶ Graham Kajilwa, “Outrage as Kenyan doctor dies in Cuba,” *Standard*, Mar. 2019; Winnie Atieno, “Family speaks as doctor who died in Cuba buried,” *The Nation*, Mar. 22, 2019.

¹⁵⁷ Verah Okeyo, “Kenya: Revealed - Secrets of the Kenya-Cuba Doctors Deal,” Nairobi, *Daily Nation*, Oct. 1, 2020.

¹⁵⁸ “Sin pistas de los dos médicos cubanos secuestrados en Kenia hace cuatro años,” Mogadiscio, *EFE/14ymedio*, Apr. 12, 2023.

¹⁵⁹ “Los profesionales cubanos ya están en Acapulco, auxiliando a los afectados por el huracán Otis, dice la secretaria de Gobernación,” Ciudad de México, *Diario de Cuba*, Nov. 1, 2023.

country. As of April 2023, 43 specialists had arrived there, but mostly to form “mental health caravans” in the region. A few months later, journalists had obtained evidence of the Cubans’ lodging, “a la carte dinners,” and free transportation in several states and reported of complaints about their lacking professional training or capacities or licenses to practice. Geriatricians and psychiatrists without their professional licenses had been sent instead of the required cardiologists, gastroenterologists, and pediatricians. Furthermore, local doctors and nurses were complaining that the Cubans were paid more. While Comercializadora de Servicios Médicos Cubanos was being paid by Mexico \$2,042 per month for each Cuban specialist and \$1,722 per month for each Cuban general practitioner, local doctors were reeling from huge pay cuts: from \$1,224 a month to \$491 for general practitioners and \$1,487 to \$ 647 for specialists.¹⁶⁰

It had been publicly announced that the Cuban doctors were being brought to serve in remote and dangerous areas where local doctors did not want to go; this justification has often been used in other countries to neutralize complaints by medical associations and others. However, hurricane Otis in October 2023 revealed that only 52 Cuban doctors of the promised 610 specialists had been sent to the southern state of Guerrero; only then were the first 20 and then another 35 Cuban doctors sent to assist the victims of the devastating hurricane.¹⁶¹

It was reported in November 2023 that Cuban specialists who had arrived in January 2023 in the Mexican state of Morelos touting their prior experience in other missions, had not taken up their duties because they lacked a professional license. The president of the “Colegios Federados de Medicina” told *14ymedio* that around 20 “doctors” had already been returned to Mexico City, and their specialty “did not correspond to what was required in the hospitals” where they had been assigned. An official letter from the Union of the Secretary of Health of Morelos said they should not be hired due to their lacking certification as a source confirmed that no payments to Cuba had been stopped. In March 2023, the head of the Health Secretariat Union denounced that the specialists from the Island “had no experience” and provided specific examples.¹⁶² Cases of malpractice were also reported.¹⁶³

In August 2023, health authorities of the state of Tamaulipas announced that 15 to 20 Cuban doctors would be arriving to serve local hospitals and remote and dangerous locations where Mexican doctors don’t want to serve, and said that 1,500 placements would be funded by the federal government.¹⁶⁴ It was not clarified if these doctors will be arriving from Cuba.

¹⁶⁰ Ángel Salinas, “Médicos cubanos pregonan una cirugía de vesícula en un hospital de México donde faltan enfermeras,” México, *Diario de Cuba*, May 23, 2023.

¹⁶¹ “Los profesionales cubanos ya están en Acapulco,” op. cit; “Envían a Acapulco a 20 médicos cubanos tras el paso del huracán Otis,” *14ymedio*, La Habana, Oct. 27, 2023. 1

¹⁶² Ibid.

¹⁶³ Ibid; “Doctora cubana es acusada de negligencia en México,” *Asere*, Jul. 24, 2023.

¹⁶⁴ Jesús Alberto García, “Tamaulipas tendrá 20 médicos cubanos y basificarán a mil 500,” *Tampico, Milenio*, Ago. 26, 2023.

The Mexican government has also helped Cuba by buying its COVID vaccines (2.8 million in October 2023 and 2.8 million in January 2024)¹⁶⁵ despite loud protests and even refusals from medical professionals and patients. It has also greatly increased the number of students on government scholarships to study in Cuba (504 in 2023), especially medicine, paying a higher price than in the historically preferred locations: the U.S., Spain, Germany, or the UK.¹⁶⁶

Peru

In Peru, private clinics have been reported in the media as operating illegally, and local authorities have raided several clinics in past years, yet they continue to operate. As of January 2024, the institution “Clínica Médicos Cubanos” is in operation. According to Google, it has three clinics in different locations in Lima.¹⁶⁷ The website prominently features signs that read “Cuban Medical Missions” and states that the clinics were opened by “a group of medical specialists from Cuba.”¹⁶⁸

Portugal¹⁶⁹

Cuba’s president, Miguel Díaz-Canel, stopped in Portugal en route to a summit in Brussels of the European Union and the Community of Latin American and Caribbean States, making the first visit of a Cuban leader to that country. He arrived in Lisbon in the midst of a controversy over the plan to hire 300 Cuban doctors for three years to reinforce the battered Portuguese national health system, suffering from a serious lack of doctors. In his speech at the presidential palace, Portuguese President Marcelo Rebelo de Sousa defended hiring Cuban doctors and recalled that it had already happened in the past “with both left-wing and right-wing governments.” He expressed his desire to strengthen relations between Portugal and Cuba and reiterated Portugal’s historic rejection of the U.S. “blockade” suffered by Cuba. However, numerous public objections have been aired and, in an opinion article in *Publico*, analyst Pedro Norton wrote that there is “not the slightest shadow of freedom in this sordid exploitation of specialized migrants.” A date for the arrival of the Cuban doctors has not been announced.

¹⁶⁵ “Reforzarán en México campaña anticovid-19 con dos millones de dosis de Abdala,” *Cuba Debate / Granma*, Jan. 29, 2024.

¹⁶⁶ “Cuba monopoliza los becarios mexicanos y les cobra más que Reino Unido, Francia o EE UU,” *14ymedio*, México, Jan. 18, 2024; José Luis Reyes, “La Comercializadora de Servicios Médicos Cubanos, el principal socio educativo de México,” Madrid, *Diario de Cuba*, Jan. 18, 2024.

¹⁶⁷ <https://clinicamedicoscubanos.com/>; <https://www.facebook.com/ClinicaMedicosCubanos/> accessed Jan. 30 2024. The clinics’ locations listed are Sede Principal: Jr. Cuzco 121, Cercado de Lima (Esquina con Jr. de la Unión), Sede Lima Cercado: Av. Abancay 772, Piso 2 (Frente al C.C. El Hueco), Sede Comas: Av. Carabayllo 470, Urb. El Parral (Cruce Av. Universitaria con Av. México) y Sede San Martín De Porres: Av. Canta Callao Mz. B Lote 22 Urb. Filadelfia, I Etapa (Cruce con Av. Pacasmayo).

¹⁶⁸ “Conócenos,” <https://clinicamedicoscubanos.com/nos-esforzamos-por-ser-mejores/> (accessed Jan. 30, 2024).

¹⁶⁹ “Portugal contratará 200 o 300 médicos de América Latina y dice que se respetarán sus derechos,” *EFE/14ymedio*, Lisboa, Jul. 26, 2023; Tereixa Constenla, “El presidente cubano visita Portugal entre críticas por la contratación de médicos de la isla para la sanidad lusa,” Lisboa, *E/País*, Jul. 14, 2023.

South Africa

In November 2022, media in South Africa reported 229 doctors and 65 engineers from Cuba as part of the collaboration agreements.¹⁷⁰ However, in May 2023, Cuba state media reported that the Cuban Medical Brigade had 213 collaborators, including 4 directors,¹⁷¹ and South Africa's Water and Sanitation Deputy Minister reported in December 2023 that 25 Cuban engineers were in the country as part of the 2020 cooperation agreement assisting in electrical and mechanical operations and maintenance of pump stations and systems, dams, and reservoirs associated with the electricity generation, mining industries and food production.¹⁷² There has been widespread public opposition, such as from the South African Institution of Civil Engineering, a trade union, and assorted experts, arguing that the country has sufficient engineers and citing Cuba's grave water and sanitation problems,¹⁷³ yet, the Deputy Minister said that a new 5-year agreement was expected when the current one lapsed in 2025.

Another Cuba-South Africa collaboration agreement from 2012 extended to January 2025, known as Project Thusano, has Cubans assisting the South African armed forces (National Defence Force) in repairing and refurbishing Army vehicles, maintaining and repairing aviation equipment and armament for the Air Force, as well as medical equipment for the Military Health Service, and training South African military in Cuba. By 2021, more than 11,000 vehicles had been repaired by the Cubans at an estimated cost to the South African government of over R2.6 billion¹⁷⁴ (\$139 million¹⁷⁵).

South Africa's Auditor-General 2022/23 annual report to Parliament stated that a review of the Project Thusano 2022-23 financial statements indicated that medical training for South African troops in Cuba was 136% more expensive when compared to an equivalent course in South Africa, and over R122 million could have been saved if soldiers studied locally.¹⁷⁶

¹⁷⁰ Bongani Mdakane, "DA wants Cuban medical programme annual report released," *Sunday World*, Nov. 14, 2022.

¹⁷¹ "Celebran en Sudáfrica aniversario 60 de colaboración médica cubana," Bloemfontein, South Africa, *Prensa Latina*, May 20, 2023. (A total of 1,548 Cubans had reportedly completed a medical mission in South Africa since 1996.)

¹⁷² "SA commends Cuba's support in water sector," *SAnews* (South African government news agency), Dec. 1, 2023.

¹⁷³ Jenni Evans, "Solidarity wants Lindiwe Sisulu to suspend Cuban engineer programme to fix water infrastructure," *News24*, Apr. 26, 2021; "Why are Cuban engineers better than South African ones?," *SpeciFile*, retrieved Feb. 1, 2024.

¹⁷⁴ "Cubans and 'Tiffies' thanked for refurbishing SA Army prime mission equipment defence," *DefenceWeb*, Oct. 30, 2023.

¹⁷⁵ Exchange rate on Feb. 1, 2024. <https://www.forbes.com/advisor/money-transfer/currency-converter/zar-usd/>

¹⁷⁶ Chris Hattingh, Executive Director of the Centre for Risk Analysis, [Linked In post](#) citing: "SANDF sent soldiers to Cuba for medical training that was 136% more expensive than local," *News24*, Oct. 16, 2023.

The Cuba-South Africa collaboration agreements have been steeped in controversy for several years. Civil society organizations such as unions, together with opposition parties in South Africa have questioned aspects of the government's close relationship with Cuba and have in past years uncovered and denounced the illegal importing of a Cuba-produced interferon, Heberon Alpha-2B, by the SA National Defence Force and hiring of Cuban health workers during the Covid pandemic at a very high cost when local doctors were unemployed.

In October 2023, a court stopped an intended R50m donation by the South African government as humanitarian assistance to the Cuban government. The judgment noted its "illegality," as the decision to make the donation had not been taken by a quorum advisory committee, whereas it was considered an executive decision in nature subject to legal scrutiny. In 2022, The civil rights organization AfriForum had obtained an urgent interdict to prevent donation, arguing that the decision had been made without parliamentary approval. A spokesperson from AfriForum, explained: "A country with a struggling economy and government on the verge of running out of money cannot hand out tens of millions to its friends."¹⁷⁷

St. Vincent & Grenadines

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

Uruguay

Cuba's medical brigades have been in Uruguay since 2007, initially invited by the leftist alliance Frente Amplio. Despite claims by certain Lacalle government officials that the Cuban medical mission was no longer in the country, Cuba's news agency Prensa Latina reported in November 2023, Cuba's news that a 21-member Cuban brigade at Montevideo's Eye Hospital included 10 doctors, four nursing graduates, an optometrist, an electro-medicine specialist, a driver, and a cook.¹⁷⁸ The report provided photos of the members of the brigade and the name of the head doctor, Dr. Evelyn Almira. It, thus, appears that the Cuban medical mission remains in Uruguay with a center-right government not an ally of Cuba disregarding the country's obligations as a ratifying party to the Protocol to Prevent, Suppress, and Punish Trafficking in Persons.

The U.S.-based organization Global Liberty Alliance filed a complaint in 2020 with Uruguay's National Human Rights Institution and the country's Ombudsman to investigate the alleged trafficking of Cuban doctors and disclose records related to their hiring.¹⁷⁹ A response has yet to be received. In 2022, Cuba Archive made several efforts directly requesting from the Government of Uruguay a change in the terms of the Cuban medical brigade to cease the labor exploitation and

¹⁷⁷ Zelda Venter, Court sets aside South Africa's R50m donation to Cuba following review application brought by AfriForum, *IOL/Pretoria News*, Oct. 27, 2023.

¹⁷⁸ "Eye Surgery Mission celebrates its creation in Uruguay," Montevideo, Prensa Latina, Nov. 27, 2023.

¹⁷⁹ <https://www.globallibertyalliance.org/uruguay.html>

other human rights violations implicit in the Uruguay-Cuba agreements and to respect international and local laws forbidding trafficking. A December 19, 2022 letter to the president of Uruguay, Luis Lacalle Pou, co-signed by Global Liberty Alliance, followed informative exchanges with the Ambassador and the Deputy Chief of Mission and a meeting at Uruguay's embassy in Washington, DC, with Cuba Archive. No response has been received to date.

Venezuela

In the last 2-3 years, official sources and state media from Cuba and Venezuela have mostly avoided reporting the number of collaborators in the medical mission in Venezuela. In 2020 to 2022, Cuba had reported “more than 22,000,” “more than 20,000,” and “more than 19,000,” in descending order over time.¹⁸⁰ In December 2023, Cuba's state media reported that 13,000 were part of the Cuban medical brigade and 161,000 health collaborators had served in Venezuela to date. In March 2023 the Ministry of Foreign Relations of both Cuba and Venezuela reported that 260,000 Cuban collaborators had served in Venezuela, undertaking 480 projects in strategic sectors such as health, education, culture, sports, energy and others.¹⁸¹ Cuba's Ministry of Health also reported 671 Cuban brigades, 23 of which were located in remote areas and border points and present in 572 Comprehensive Diagnostic Centers, 586 rehabilitation rooms, and 35 high technology centers.¹⁸²

Conditions in Venezuela for the Cuban workers described in greater detail in prior periods have not improved. If anything, they have continued to worsen. Venezuela is a hardship assignment that in recent years has been mandated by Cuban authorities before workers are allowed to serve in more appealing international missions. Once they arrive, their passports are typically retained by supervisors and those caught trying to flee are arrested and sent back to Cuba, threatened with prison sentences of up to eight years. Cuban and Venezuelan soldiers guard the border crossings to prevent the Cubans from abandoning their missions.

Many of the Cuban workers in Venezuela live and work in very dangerous crime-infested neighborhoods where firearms constantly go off and live in awful conditions, especially in the Amazonian jungle. At most neighborhood clinics or small hospitals, known as CDI (*Centros Diagnósticos Integrales*), where most Cuban doctors practice in the cities, there is usually no equipment for diagnosis and almost nothing to treat patients. This has led to several suicides and preventable deaths, as doctors who develop cancer and other illnesses go untreated.

¹⁸⁰ José Llamas Camejo and Yudy Castro Morales, “Como parte de su agenda oficial en esta nación, el Primer Ministro intercambió con colaboradores y empresarios presentes en tierra bolivariana,” *Granma*, May 10, 2022; Yosdany Morejón Ortega, “Inmunizados más del 95% de los colaboradores cubanos en Venezuela,” *Cuba Debate*, Mar. 31, 2021; Jorge Pérez Cruz, “Así honran a Fidel colaboradores cubanos en Venezuela,” *Trabajadores*, Aug. 12, 2020.

¹⁸¹ “Venezuela podrá contar siempre con Cuba,” [Ministerio de Relaciones Exteriores](#), República de Cuba, Caracas, Mar. 6, 2023; Evelio Carmenate Cisneros, “Misión Médica cubana en Venezuela: dos décadas llevando salud en defensa de la vida,” [Colaboración Médica Cubana en el Exterior](#), República Bolivariana de Venezuela, Mar. 7, 2023.

¹⁸² “Misión Médica cubana en Venezuela: dos décadas llevando salud en defensa de la vida,” Ministerio de Salud Pública, República de Cuba, Mar. 7, 2023.

The compensation package is particularly dire and the miserly per diems the workers receive are insufficient to cover basic needs; many collaborators arrive from Cuba for their mission in Venezuela with food in their suitcases (rice, pasta, and other staples) and survive with money sent from their families in Cuba and patients' gifts. They faced great ethical dilemmas, as they must alter statistics and are forced to use expired vaccines and medication.

V. Recommendations

On September 22, 2023, five Cuban doctors participated in a private meeting in Miami with Cindy Dyer, Ambassador-at-Large of the Office to Monitor and Combat Trafficking in Persons, Karin Lang, Coordinator for Cuban Affairs of the U.S. Department of State, and members of their staff, to hear about their experiences as former participants of Cuba's medical brigades. On November 7, 2023, the five doctors sent a list of recommendations to Ambassador Dyer, at her request, in a letter prepared with help from Cuba Archive, which had coordinated the meeting in conjunction with the American Museum of the Cuban Diaspora. (The letter is [online](#) at Cuba Archive's site without the doctors' names to protect them and their families from reprisals.) Ambassador Dyer responded in detail regarding her commitment and that of the U.S. government to addressing this problem and the numerous efforts that are being devoted to monitoring and combatting the trafficking.

Following is the list of recommendations extracted from the doctors' letter:

- 1) Provide information to all U.S. embassies in countries hosting Cuban internationalist missions—medical and otherwise—describing the underlying exploitative arrangements and request their continued assistance in documenting the trafficking of Cuban workers in their respective countries.
- 2) Sanction the following Cuban officials with at least the prohibition to enter the U.S.: Minister of Health (José Ángel Portal Miranda), Director of the Medical Collaboration Unit (Dr. Michael Cabrera Laza), Legal Counsel of the Ministry of Health (Dagmara Cejas Bernet), and the heads of Cuba's international medical brigades.
- 3) Request from governments hosting Cuban medical brigades that reliable independent domestic mechanisms be put in place to monitor and audit statistics reported by the Cuban medical brigade of the medical services delivered and supplies used.
- 4) Inform governments needing medical personnel of initiatives such as "Free Cuban Doctors" that may facilitate the independent hiring of Cuban health workers as an alternative to state-controlled brigades.
- 5) Request from governments hosting Cuban internationalist brigades the implementation of best practices to prevent the trafficking/forced labor of Cuban workers, including:

- a) making public all “cooperation” agreements with Cuba, including all associated financial agreements and costs (salaries, international and national transportation, housing, insurance, administrative expenses, etc.);
 - b) effectively verifying that Cuban workers are not subjected to trafficking in accordance with local laws and international agreements, including to arbitrary measures restricting their rights, such as withholding of passports and provisions of Resolution 168, and put an immediate end to any violations uncovered; and
 - c) providing asylum/residence to trafficked Cuban workers who request it, as well as humanitarian material and psychological assistance, and the possibility for family reunification.
- 6) Sanction officials of countries hosting or sponsoring internationalist missions or brigades of Cuban workers engaged in human trafficking, and prohibit, at a minimum, entry visas to the United States for their Ministers of Health or their families, well as the potential freezing of any assets they have in the U.S.
- 7) Ask Immigration and Customs Enforcement (ICE) to circulate an information bulletin for its officers at all border points to consider granting humanitarian parole into the U.S. to any Cuban providing credible evidence that he/she is a health professional fleeing exploitation in a third country as an active member of a Cuban brigade or mission.
- 8) Request for all U.S. embassies to adopt a standard procedure for asylum requests by Cuban victims of labor trafficking in third countries and publish an explanatory sheet of the required steps and documentation to apply for asylum.
- 9) Lead a joint effort with countries that have high anti-trafficking standards, such as Canada and those of the European Union, to:
- a) demand that international organizations such as World Health Organization (WHO) and Panamerican Health Organization (PAHO) stop funding and/or supporting schemes and agreements that exploit Cuban health workers; and
 - b) condition the humanitarian assistance they provide on a preclusion of trafficking of Cuban workers by or in governmental or private entities.
- 10) Develop a tailored program to assist Cuban doctors granted asylum in the United States to revalidate their degrees such as, for instance, by designing special study programs with the help of local medical associations and providing loans in exchange for a commitment to work for a certain time in needed locations. Encourage third countries to do the same and provide them, when appropriate, assistance as per the TPVA.

Cuba Archive adds the following recommendations:

- 11) Properly reflect the TIP classification for all countries whose governments allow Cuban personnel in their national territory who in any way part of forced labor schemes and link U.S. foreign assistance to recipient countries’ compliance with the TPVA.

- 12) Name a U.S. Special Envoy on Cuba Human Rights Issues and have his/her mandate prioritize the forced labor trafficking.
- 13) Devote greater efforts to expose and denounce the trafficking in Cuba's compulsory military service and of human body parts such as blood and others.
- 14) Deny entry into the U.S. of all Cuban government officials of a certain rank from state institutions that engage in the trafficking and deny parole and visitor visas to individuals involved in educational, commercial, or other activities that condone or promote the trafficking.
- 15) Work within the international system:
 - a) requiring transparency by international agencies or private entities in their agreements with Cuba, to ensure Cuban workers are not trafficked and/or goods and services imported from Cuba are not provided from exploited labor;
 - b) coordinate and co-launch programs with selected countries to directly hire and retrain, as necessary, Cuban health professionals wishing to work overseas independently.
- 16) Allocate U.S. government pro-democracy funds to non-governmental organizations working with individuals with demonstrated knowledge, credibility, integrity, and experience, request an appropriate strategic plan prioritizing effectiveness and sensitivity for the victims, and implement accountability mechanisms to verify the accuracy of reports and impact of the activities.