Forced/compelled labor (trafficking in persons) by the Cuban state
Information for the 2025 Trafficking in Persons Report

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By Maria C. Werlau

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Introduction

This report focuses on forced/compelled labor by the Cuban State of health workers generating export revenues and in the obligatory Military Service (*Servicio Militar Activo*, SMA), although other forms of trafficking are occurring in Cuba. It takes generously from similar reports by Cuba Archive for prior years.

With respect to health workers, this report is based on objective and credible findings derived from extensive witness testimony obtained directly 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.

The violations described herein meet criteria established in the 2000 Trafficking Victims Protection Act (TVPA), as amended,[1] that defines labor trafficking as 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.

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 of up to three years with other governments or private corporations and sends them to many locations around the world. Temporary workers sent overseas by the Cuban State are referred to as "collaborators" or "internationalists," the term used by the Cuban government; in reality, they are "modern slaves." Revenues derived from their services are reflected in the country's external account as export services, although the accuracy of the official reports is questionable.

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

[1] The 13th Amendment to the US 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 US 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.

system that demands and 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. As a result, for decades, Cuba has sent doctors, educators, construction workers, engineers, sport trainers, architects, electricians, musicians, and many other workers overseas to dozens of countries to earn money for the State for decades. This modality has grown over time as well as the institutionalization of the practice. In 2020, Decree Law No.16 established detailed procedures for the different modalities of international cooperation[2] and the Ministry of Labor and Social Security passed Resolution No. 25/2020, "Rules for the labor and social security treatment of workers participating in actions of international cooperation."[3]

The Center for the Promotion of Foreign Trade and Investment, known as Pro Cuba,[4] an entity attached to the Ministry of Foreign Trade and Foreign Investment, exports workers from different industries through numerous specialized state-owned corporations. In 2015, Pro Cuba listed 85 state companies offering export services.[5] Its publication "Exportable Supply of Goods and Services, 2021-2022 lists many services for export,[6] and a November 2021 presentation by the Minister for Foreign Trade and Investment, Rodrigo Malmierca, referred to 52 services from export companies linked to prioritized sectors.[7] Access to the Pro Cuba site for an updated report has not been possible.

On August 19, 2005, Cuba's Minister for Foreign Investment and Economic Cooperation, Marta Lomas Morales, signed Resolution No. 43/2005 to "establish the Rules for the hiring of Cuban professionals and technicians by foreign entities to provide professional and technical services outside the national territory."[8]

Although much propaganda is associated with Cuba's health and educational brigades, it has long exported workers in other industries in a much more concealed way. Credible reports of tobacco rollers in Bahamas hotels, musicians in cruise ships, and construction workers in Spain have not been verified in recent times and information is very sparse. Anecdotal accounts from individuals who have served in those capacities over the years indicate that the terms of the labor arrangements mimic those in the health and education brigades. In the 2000s companies in several locations of Spain hired construction workers from a Cuban entity that received

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[2] Decree Law No.16/2020 regarding International Cooperation issued on September 24, 2020 by Cuba's Council of State. (Gaceta Oficial No. 85 Ordinaria, Gaceta Oficial de la República de Cuba, Ministerio de Justicia, Dec. 1, 2020.)

[3] Ibid. (Translation from Spanish by the author.)

[4] 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

[5] http://www.cepec.cu/es/perfil-informaci-empresas, accessed Mar. 24, 2015.

[6] See "The exportable offer of goods and services," ProCuba.

[7] "Cuba's exportable offer is presented at the Business Forum," Havana, Nov. 30 2021, Minrex (Cuba's Ministry of Foreign Relations), https://misiones.cubaminrex.cu/en/articulo/cubas-exportable-offer-presented-business-forum

[8] Gaceta Oficial No. 59, Gaceta Oficial de la República de Cuba, Ministerio de Justicia, Dec. 9, 2005. (Translation from Spanish by the author.)

1,500 euros a month per worker while the workers earned 150 euros (10%) and lived in overcrowded conditions subject to strict security and restrictions.

The latest available data found on Cuba's educational service exports is from 2013, when the Director of International Relations at the Ministry of Education, Alfredo Díaz, said that the export of educational services was "one of the strategies of the adjustment plan undertaken to 'update' the country's socialist economy," and reported having 2,326 educators in 43 countries, including 423 in Venezuela, 221 in Equatorial Guinea, and 219 Angola.[9] Díaz had reported $42 million in annualized revenues from educational service exports in 2012.[10]

The state enterprise Selecmar, created in 1995, is a Cuban state enterprise that exports workers for maritime activities and provides seafarers and other qualified personnel to operate mainly on merchant vessels and work in entertainment, bars, restaurants, galleys, and as housekeeping personnel for cruise ships, ferries, and yachts for companies from Europe and the Americas, including the Caribbean. Selecmar has close ties to training and formation centers, primarily the Granma Naval Academy, which specializes in training deck and engine officers.[11]

Juan Alexander Morales, whose last contract was in 2012,[12] worked as a deckhand for 17 years for Selecmar. He was paid in dollars, $400 to $500 a month for eight months per year, of which 80% ($320 to $400) was taken from his wages to send a "family remittance" home exchanged at an official arbitrary and confiscatory rate of 24 worthless Cuban pesos per US dollar, leaving his family just $13.3 to $16.6. When he sailed with other enterprises and foreign officers, which presumably paid Selecmar in hard currency, the workers' medical attention, food, living conditions, treatment, and work schedules were much better. In ships owned by the Cuban shipping company Nordstrand,[13] staffed with Cuban officers, the workers faced food scarcity, had grueling work schedules, and poor or no medical attention. In 2012, having been systematically forced to lift heavy equipment in a Nordstand ship, he suffered two broken vertebrae, neck pain, and other symptoms. Diagnosed with a degenerative neurologic illness of the spinal cord[14] and declared incapacitated, his work contract was terminated and he was

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[9] "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. (Translation from Spanish by the author.)

[10] "Cuba ingresa más de 35 millones de dólares por exportar servicios educativos," *Cuba Sí*, Nov. 21, 2012, https://cubasi.cu/es/cubasi-noticias-cuba-mundo-ultima-hora/item/12614-cuba-ingresa-mas-de-35-millones-de-dolares-por-exportar-servicios-educativos

[11] Ibid.

[12] Juan Alexander Morales González, emails to Maria Werlau, Jan. 2024. (Translated from Spanish by the author.)

[13] In 2015 the firm was described as a "Cuban-linked shipmanager operating out of Piraeus, Greece," and it was reported as having changed its name to Northsouth Maritime. Its website, www.nsmaritime.com, has very little information. It is reportedly owned by the Cuban state company Acemex, incoporated in Vaduz, Liechtenstein in 2007. Acemex sits the top of Cuba's shipping pyramid, managing shell companies that buy and sell ships and move cargo, charter vessels and crews under other countries' flags. It bills in dollars but pays Cuban staff in pesos. (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*, Apr. 1, 2021; Harry Papachristou, "Cuban-linked Piraeus ship management firm Nordstrand rebrands," Athens, *Trade Wind News*, Oct. 2 2015.)

[14] "Syringomyelia," Mayo Clinic, https://www.mayoclinic.org/diseases conditions/syringomyelia/symptoms-causes/syc-20354771.

assigned a pension of 270 Cuban pesos a month. The pension was later increased but by a pitiful amount. For years he has claimed the $60,000 for the incapacity included in his contract, but has been ignored and mistreated. The International Transport Federation, an international labor syndicate, has reviewed this case —and others related to Cuban workers— and agreed of their seeming merits, but report having no authority or presence in Cuba.[15]

A. Export workers in "internationalist" medical missions

Article 4 of Resolution No. 43 of 2005 that established the "Rules for the hiring of Cuban professionals and technicians by foreign entities,"[16] stipulated exporting entities or companies were authorized to contract professional and technical services abroad, listing Central Unit for Medical Collaboration (UCCM), Mercadu S.A., Antex S.A., Cubadeportes S.A., Scientific Educational Exchange (ICE), Technical Assistance Contracting Company (Cubatecnica), D'Arte Agency, Tecnosime, Tecnoazucar, Quality Couriers, Uneca, and National Ballet of Cuba. This list has greatly expanded over time.

In 2011, Comercializadora de Servicios Médicos Cubanos. S.A. (CSMC) was established to commercialize most health and academic medical services throughout Cuba and abroad.[17] Whether or not it is owned by the military corporate conglomerate Grupo de Administración Empresarial (GAESA) is unknown. Some export service contracts are still entered into by Cuba's Ministry of Health, but this is secret. The only other known entity commercializing health export services is Corporación Antillana Exportadora S.A. (Antex),[18] created in December 1989.[19] Purportedly owned by GAESA, it has subsidiaries and provides services in

[15] 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 ship management 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.

[16] Gaceta Oficial No. 59, op. cit.

[17] "About us," Servicios Médicos Cubanos, https://www.smcsalud.cu/en/somos-smc?utm_source=chatgpt.com

[18] 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/. (Antex was created in December 1989, after the execution of General Arnaldo Ochoa, who had led Cuba's military forces in Angola as well as lucrative businesses there. "Corporación Antex de Cuba celebra sus 32 años en Angola," Luanda, *Prensa Latina*, Dec. 18, 2021.

[19] In July 1989, General Arnaldo Ochoa was executed and there was a profound purge of the Ministry of the Armed Forces and Ministry of Interior. Ochoa had led Cuba's military forces in Angola as well as several lucrative businesses there. ("Corporación Antex de Cuba celebra sus 32 años en Angola," Luanda, *Prensa Latina*, Dec. 18, 2021.)

and for Angola,[20] appearing to commercialize export goods and services in at least Turkey[21] and Nigeria.[22]

Cuba very aggressively commercializes its export services, particularly in health. In 2021, its official media reported that CSMC alone had an extensive network of 150 companies in over 50 countries.[23] Its website Comercializadora de Servicios de Salud states (in English):

> "The Cuban National Health System has reached a degree of development in its human resources that allows it to maintain the people's health levels, comply with solidarity commitments and offer the commercialization of medical and health services. (…) The prestige and international interest in Cuban medicine is evident in the world, allowing all actions aimed at developing the export of health services, whether by governmental agreements or private entities, to obtain positive results. (…) 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."[24]

CSMC's website offers similarly worded export medical services, adding: "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 specialized health care transport and consultancy in the management of health care, research and teaching services."

The Ministry of Health has a department, the Central Unit on Medical Collaboration, dedicated to exporting health services and the ministry's organizational structure shows that the Directorate for International Relations and Collaboration reports to one of five Vice

[20] Imbondex Construcciones y Materiales de Construcción S.A., created in 1994, also provides services in Angola. ("Angola cancela contrato de 77 millones de dólares con empresa militar cubana," *CubaNet*, Jan. 11, 2021.)

[21] "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

[22] Imbondex Corporation Establishment a construction materials company registered in Lichenstein in 1990 was created in Angola in 1994, whereas Imbondex General Business and Service Provider was created in 2001, also in Lichenstein. Other companies, such as Imbondex Turística and Imbondex Marítima, appear in documents of 2016 reviewed for an investigation published in 2024. (Annarela Grimal, "Misión de Cuba en Angola (i). El negocio de la «solidaridad»," *El Toque*, Apr. 18, 2024.)

[23] Lissey del Monte Valdés, Comercializadora de Servicios Médicos Cubanos celebra su décimo aniversario*, Cuba Debate*, 13 octubre, 2021, http://www.cuba.cu/salud/2021-10-13/comercializadora-de-servicios-medicos-cubanos-celebra-su-decimo-aniversario/57643

[24] "Medical services abroad," Servicios Médicos Cubanos, https://www.smcsalud.cu/en/servicios-exterior

Ministers.[25] Pro Cuba has listed two types of exportable services of health professionals by CSMC:

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."[26]

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 an essential element of a huge business of the Cuban State deriving myriad benefits to the regime:

1) Economic: hard currency revenues, loans, material assistance, markets for Cuba's exports, and investments.
2) Political: strengthened ties with partnerning governments and institutions, political leverage, influence, support, loyalty, and favorable votes in multilateral institutions.
3) Geostrategic: opportunities for clandestine penetration/influence and intelligence collection in host countries to further the regime's goals.
4) Pro-regime propaganda and disinformation that generate legitimacy, sympathy, and praise for the Cuban dictatorship and its political trademark.

Cuba's health works, knowing they will endure hardship —which they are used to in Cuba— are usually eager to serve in the so-called internationalist missions for two to three years because it is an exceptional opportunity to generate extra income to minimally 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 home on their annual vacation or upon returning from their mission. Some 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. Some plan to use the international mission as a ticket to emigrate permanently.

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 or

[25] Ministerio de Salud Pública, Organigrama, https://salud.msp.gob.cu/?page_id=145 (accessed Feb. 1, 2024.)

[26] "The exportable offer of goods and services," op. cit.

qualifications make; still, they are, in general, considerably more than the miserly wages they earn 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"[27] establishes that an education in medical sciences is exclusive to those with "revolutionary vocation" whose political and moral principles are aligned with the government.[28]/[29] 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 grave faults (Art. 47) that entail extreme consequences. These include rejecting assignments to overseas missions.

Workers who fail to conform to the government's diktats face reprisals for questioning or exposing work practices or conditions. In the health sector, these have been well documented as including expulsion from work or study, withdrawal of educational credentials, inability to obtain work in the health profession, persecution, harassment, imprisonment, search of personal property, acts of repudiation, defamation, restriction from leaving the country, threats, intimidation, discrimination in accessing education, food, housing, health services and others, detention without due process, illegal or unjustified surveillance, interfered communications,[30] and even forced disappearance or death.[31] Workers in other fields face similar restrictions and punishments.

All labor unions in Cuba fall under the state-controlled union, Central de Trabajadores de Cuba (CTC). Independent civic organizations —including labor syndicates— are banned 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.[32]

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[27] "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.)

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

[29] 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.)

[30] Ibid, pp. 42-43.

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

[32] 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

This has been extensively reported by many international human rights organizations and multilateral institutions, as well as by the US Department of State. Finally, Cuba's laws and regulations consider health professionals and scientists "essential" workers for national security and impose on them stringent restrictions from leaving the country, even for short visits abroad.[33]

Cuba's singular brand of modern slavery in medical and other internationalist brigades dates from the 1960s. In 1960, after a devastating earthquake in Chile, Fidel Castro sent, with much public fanfare, a planeload of aid and a few doctors. In May 1963, a medical brigade of 54 (29 doctors, four dentists, 14 nurses and 7 health technicians) was sent to Algeria, essentially in a military capacity, to help the revolutionary government of Ben Bella.[34] The so-called "collaboration" scheme evolved from there, as it proved very effective for propaganda purposes and to help Cuba expand its international influence and presence. 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 grew exponentially with complicity and support from the international community.

The Cuban government exploits a very large pool of oppressed, underpaid, and subordinated health workers who can be ordered to any geographic location, often just hours after a natural disaster or the declaration of a life-threatening epidemic. Cuba's "all-terrain doctors"[35] are also sent where local doctors do not want to go, especially for a low compensation.

The "emergency brigades" have allowed Cuba to advance its strategic interests by establishing a foothold and creating loyalty when countries are most needy and vulnerable, and thus, receptive. On November 3, 1998, Cuba officially launched the Comprehensive Health Program to send Cuban doctors to remote and underserved areas.[36] In 2005, it renamed it the "Henry Reeve International Contingent of Doctors Specialized in Disaster Situations and Grave Epidemics"[37] Cuba asserts that doctors who are part of are specialists in emergency

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revolution," *Human Rights Watch*, 1999. See section on the laws, as most are in place despite statutory changes.

[33] 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.)

[34] "Cuba y Argelia fortalecen sus relaciones de cooperación en el ámbito de la salud," *Cuba Debate*, Feb. 22, 2022; "Cumple 61 años colaboración médica internacional de Cuba," *Sputnik/Jornada*, May 23, 2024.

[35] Fernando Ravsberg, "Cuba's "All-Terrain" Doctors Arrive in Brazil," *Havana Times*, Aug. 28, 2013.

[36] Roberto Jesús Quiñones Haces, "Colaboración médica cubana: facturando en nombre del altruismo," *CubaNet*, Guantánamo, Apr. 30, 2021.

[37] In September 2005, Fidel Castro offered aid to the US 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.

response. But several former participants have confirmed that the "special training for emergencies" is generally a very brief and superficial training for any medical doctor chosen to be part of an emergency brigade. 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,[38] including 3 brigades with 265 collaborators to confront Ebola in Africa.[39] During the COVID pandemic, Cuba sent over 5,000 health workers in 57 brigades to more than 40 countries[40] with varying lengths of stay.

There is insufficient information to confirm this, but Cuba might not have charged certain countries at all for some of its emergency health services after natural disasters or other emergencies, although some of its emergency brigades have been funded by international agencies and/or other governments. One way or the other, they have often evolved into more permanent and profitable arrangements.

For medical and education missions, host country governments typically enter into a bilateral agreement through its Ministry of Public Health with a state-owned entity such as Comercializadora de Servicios Médicos, S.A. or Cuba's Ministry of Health and pays for the Cuban workers to deliver the health services free of charge to the patients. However, there are at least two other modalities of "health cooperation" based on the services of exploited Cuban workers:

1) Triangular cooperation agreements by which since the 1970s and perhaps earlier, many governments and international organizations have funded Cuba's delivery of health services —including exports of medical products— to underdeveloped countries, namely in Africa and the Americas.[41] In these tripartite "collaborations" Cuba is paid by a third party[42] to reportedly provide dutiful, compliant, and relatively cheap workers to deliver healthcare to underserved populations in times of natural disasters and epidemics or in

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[38] "Misiones médicas" cubanas, ¿cuántas, dónde y por qué?," *Deutsche Welle*, Jul. 4, 2020.

[39] "Aniversario 59 de la colaboración médica cubana por el mundo," Ministry of Health (MINSAP), Cuba, May 23, 2022.

[40] Manuel Vázquez, "A sus 60 años, la colaboración médica cubana goza de buena salud," *Prensa Latina*, May 20, 2023.

[41] 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, No. 36, Apr. 2021.

[42] 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.)

remote and hardship areas for which recruiting local or foreign doctors is costly and difficult.[43]

2) International private clinics, that bill local patients or their medical insurance. At year-end 2021, the president of Comercializadora de Servicios Médicos de Cuba, Yamila de Armas, confirmed years of anecdotal accounts that this modality existed. She said that CSMC expected to "expand the export portfolio in all business modalities and certify and promote the accreditation of international clinics.[44] From sparse media reports, social media posts, and anecdotal accounts, it appears that Cuba might have established these private clinics in at least Angola, Barbados, Bolivia, Chile, Colombia, Congo, Dominican Republic, Equatorial Guinea, France, Mauritania, Peru,[45] Portugal, Serbia, and St. Vincent and the Grenadines. They offer services provided primarily by Cuban doctors as well as drugs produced in Cuba; some operate under names such as "Cuban Clinic." There is almost no information in open sources, but the Cuban workers are reportedly subjected to a similar schemes of labor exploitation as in the medical brigades contracted by governments. Agreements would have been reached — or monies paid— for local authorities to certify the Cuban workers to practice medicine, such as for the traditional medical missions, to bypass the traditional requirements; otherwise, the Cuban doctors and other health professionals would be practicing illegally.

Systemic and ongoing human rights' violations

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

1. deny the 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 (which pays their wages);
3. pay for airfare and other travel costs of workers disciplined and repatriated by Cuba; and
4. require confidentiality.

On June 27, 2005, Cuba's Minister for Foreign Investment and Economic Cooperation, Marta Lomas Morales, signed Resolution No. 38/2005, "Foreign Investment and Economic

[43] R. Quiñones Haces, "Colaboración médica cubana," op. cit.

[44] 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.

[45] In Peru, private clinics have been reported as operating illegally, and local authorities have raided several clinics in past years, yet they continue to operate. "Clínica Médicos Cubanos" has three clinics in different locations in Lima. Its website prominently features signs that read "Cuban Medical Missions" and states that the clinics were opened by "a group of medical specialists from Cuba." See https://clinicamedicoscubanos.com/; https://www.facebook.com/ClinicaMedicosCubanos/ accessed Jan. 30 2024. "Conócenos," https://clinicamedicoscubanos.com/nos-esforzamos-por-ser-mejores/ (accessed Jan. 30, 2024).

Collaboration,[46] which details the Regulation for "Cuban civilian workers who provide service abroad as internationalist collaborators and those who provide it through a technical assistance contract protected by an International Collaboration Agreement." This was updated, given "the experience acquired in the application" of Resolution 38 "and the need to strengthen the order of labor, the education of collaborators and the confrontation of indiscipline when they fulfill their respective collaboration missions abroad," and published in 2010 as a stricter "Disciplinary Rules for Cuban Civil Workers Who Provide Services Abroad as Collaborators."[47] (Additional or tightened rules forbid leaving the country of service, speaking with the press or participating in social or political activities without instructions or permission, socializing or associating with other Cubans not part of the mission or with foreigners "who assume hostile or contrarian positions towards the Cuban revolution," and complying with a Code of Ethics.) In 2020, it was replaced by the "Disciplinary Rules for collaborators que serve overseas," as approved by the Ministry of Foreign Trade and Investment's Resolution No. 368.[48]

The workers are granted certain rights, such as free health care, vacations, the right to know the payment to be received, to be informed of the country of service and its customs, and to know the rules. But the responsibilities are extensive and, while some have to do with reasonable professional behavior, many others include having to comply with the provisions of officials in charge of the collaboration, informing superiors on their peers and "with sufficient advance notice" of the intention to marry in the country of service.

Workers in Cuba's health and educational international missions are systematically subjected to the following violations regardless of the destination country (other export workers reportedly face similar circumstances, but Cuba Archive has not systematically documented it).

1. Suppression of labor rights.

Workers sent abroad face the suppression of their rights as if they were 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

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[46] Resolution No. 38/2005 on "Foreign Investment and Economic Collaboration," or Regulation for Civilian internationalist Collaborators, in Gaceta Oficial No. 59, op. cit.

[47] "Reglamento disciplinario para los trabajadores civiles cubanos que prestan servicios en el exterior como colaboradores," Resolución No. 168/2010, http://juriscuba.com/resolucion-no-168-2010/

[48] "Reglamento Disciplinario para los cooperantes que prestan servicios en el exterior," approved by Resolution 368/2020 of the "Ministerio de Comercio Exterior e Inversión Extranjera" (MINCEX). (The Resolution and Rules cannot be found in any official sites of the Cuban government including the Gaceta Oficial; see www.prisonersdefenders. org/wp-content/uploads/Resolucion-368-20-Reglamento-Disciplinario-Cooperantes.pdf). It replaced Resolution 168 de 2010 y el anterior "Reglamento disciplinario para los trabajadores civiles cubanos que prestan servicios en el exterior como colaboradores," http://juriscuba.com/resolucion-no-168-2010/.

Health Workers,[49] which represents the Cuban Communist government's interests rather than the workers'.

2. Restriction of movement and 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:

a) Article 283 of Cuba's Penal Code (Law No. 151, as amended in 2022[50]) forbids citizens from leaving or entering the country without government permission and punishes attempting to do so with one to three years of prison.
b) 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.
c) 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."
d) 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.
e) 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 is often retained by supervisors.
f) Citizens' passports to leave and enter the country must be renewed every two years; by law, these may be denied for "national security" reasons.
g) The "Disciplinary Rules"[51] obligate the workers to return to Cuba after completing their assignments, forbids them from driving any means of transport without authorization or from traveling to other locations within the country of service, and from flying home without authorization from superiors even for family emergencies.

Even though the Cuban regime 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 made their way to the United States. 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

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[49] Sindicato de Trabajadores de la Salud, https://salud.msp.gob.cu/tag/sindicato-nacional-de-trabajadores-de-la-salud/

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

[51] "Reglamento disciplinario," 2020, op. cit.

[52] Maria C. Werlau, telephone interviews and text messages with Dr. Anidys Carrandi, President of Doctors Reserve Association, Jan. 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

Colombia after abandoning their missions in Venezuela and crossed the border. In 2006 to 2017, the Cuban Medical Professional Parole Program (CMPPP) authorized special visas and quick residence to Cubans working in medical missions in third countries.[54] From fiscal years 2010 to 2015, the US granted 6,737 visas under the CMPPP (no subsequent data has been found):[55]

- Oct. 1, 2009 to Sept. 30, 2010: 523
- Oct. 1, 2010 to Sept. 30, 2011: 519
- Oct. 1, 2011 to Sept. 30, 2012: 943
- Oct. 1, 2012 to Sept. 30, 2013: 1,351
- Oct. 1, 2013 to Sept. 05, 2014: 1,738
- Oct. 1, 2014 to Sept. 30, 2015: 1,663

3. Withheld credentials.

Cuba's Ministry of Health forbids providing health workers their educational and professional credentials so they may not work overseas other than through the official programs.[56] Collective lawyers' offices (Cuba's state-controlled law firms) may not legalize any academic or other document for health professionals serving in 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.[57]

Health workers have no choice over the terms and conditions of their service abroad. They are usually not informed of the terms of their work contracts until presented with agreements

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]President Obama ended it on the last days of his presidency, on January 12, 2017. He also repealed two other policies unique to Cuban nationals: a measure granting automatic residency to virtually every Cuban who arrived in the US, even without a visa, which prevented expedited removal proceedings for Cuban nationals apprehended at ports of entry or near the border, "dry foot". (Fact Sheet, Press Office, Department of Homeland Security, Jan. 1, 2017, https://www.dhs.gov/sites/default/files/publications/DHS%20Fact%20Sheet%20FINAL.pdf)

[55] Information provided to the author by the Office of Cuban Affairs, US Department of State. Also see William E. Gibson, "Cuban doctors flee foreign missions to Florida," *Sun Sentinel*, Oct. 5, 2014; Jeff Mason and Daniel Trotta, "US considers ending programme that lures Cuban doctors to defect," *Reuters*, Washington/Havana, Jan 8, 2016.

[56] 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.

[57] 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.

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 after they sign; others report never being provided an agreement. Many are informed only upon embarking or reaching the destination of the compensation they will receive or of the living and work conditions they will have to accept. In countries where missions include different geographic locations, such as small towns or remote villages, their assignment is announced upon arriving in the country and often just before leaving for the designated place.

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 doctors and nurses sent abroad are women, often single mothers who leave behind very young children. After at least eleven months of service successfully completed, the workers are usually flown home once a year for a month of "paid" vacation (compensated at the miserly monthly rate they usually receive). In very few countries, family members may visit for a limited amount of time if the worker finds ways to pay for their travel and other expenses. The resulting long separations cause heartbreak and psychological trauma to the workers 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.

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 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.[58]

If a worker abandons his/her mission while abroad —which is considered a "desertion"—, 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 typically denied entry into Cuba for at least eight years and loses the accumulated wages held frozen in Cuba. Their family members in Cuba often suffer reprisals and systematic harassment, and even spouses and children may not be allowed for years to leave the country to join them.

6. Surveillance, control, and punishment.

Most workers abroad are under constant surveillance and threats by supervisors, minders, and spies/collaborators from the host country whose job is to prevent desertions and make sure the internationalists follow the Rules.[59] Minders and even some of the medical workers,

[58] NoSomosDesertores.org. (Cuba Archive is also in regular touch with the group's Administrators.)

[59] 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.)

including doctors, are trained intelligence (clandestine) officers. The workers must report on their peers or face reprisals; many live in a stressful environment of fear, harassment, and threats.

7. Unsafe living conditions and hardships that can lead to illness and/or death.

Many workers are assigned to dangerous environments and locations of extreme hardship. In some countries, they are assigned to remote and impoverished areas, such as in the mountains of Haiti[60] or Venezuela's Amazonian jungle, which lack electricity and running water. Many are placed in violence-ridden and dangerous neighborhoods such as in Haiti, Venezuela, Jamaica, Guatemala, and Mexico, or even to war zones, such as most recently in Kenya or Azerbaijan. Many are exposed to deathly infectious diseases (such as Ebola, Covid, malaria), 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,[61] 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 scarce food for an adequate diet. Some internationalists have died in mysterious circumstances or have been suspiciously reported as suicides. Cuba Archive has documented 63 deaths of exported healthcare workers in just the last ten years to year-end 2024, of which 4 are potential or suspected extrajudicial killings.[62]

8. Arbitrary restrictions and disciplinary actions.

All international collaborators face disciplinary actions for all sorts of "violations." According to the Rules cited earlier,[63] infractions include failing to treat coworkers and superiors with due respect (which, in practice, includes complaining about work conditions), spreading or propagating opinions or rumors detrimental to the morale or prestige of the group or any colleague, having social relations with citizens or residents of the host country not in accordance with "our principles and social values," and receiving visits by family members or driving a vehicle without prior authorization. The Rules in place earlier, from 2010 to 2020,[64] were more specific regarding certain behaviors, some of which are still not allowed but are now not in writing. These included infractions such as "maintaining friendly relations or other ties with Cubans who have abandoned the mission or have used it to leave Cuba permanently," failing to inform superiors of gifts received from locals, arranging invitations with locals or relatives or any third parties to visit them.

The disciplinary framework is spelled out in a scale of progressive measures: a.) public reprimand; b.) a fine of up to 25% of the salary paid in Cuba for a period of up to six months; c.) loss of the salaries or incentives paid in Cuba; d.) transfer within the same geographic area to work with inferior conditions; e.) transfer within the same country to a position with inferior

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[60] 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

[61] See database.CubaArchive.org for individual records of documented cases of deaths.

[62] Ibid.

[63] "Reglamento disciplinario," 2020, op. cit.

[64] "Reglamento disciplinario," 2010, op. cit.

working conditions; f.) removal from the position g.) revocation of the mission and h.) expulsion from the mission. Some imply immediate return to Cuba, loss of accumulated compensation, and the impossibility of being part of an internationalist mission for at least five years (or ever, if so determined). When the indiscipline is also considered an infraction against any laws, of Cuban or the host country, the person is also subject to the corresponding judicial tribunals.

9. Wage confiscation.

Payments for the internationalist workers' services are generally made directly to a Cuban state entity (usually CSMC or Antex in Angola) or the Ministry of Health; in some countries, such as Uruguay, Qatar, and Saudi Arabia, the internationalists are paid into bank accounts in their name but are forced to turn the greater part of the funds over to an officer of the Cuban embassy or the Cuban employment entity. 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 2.5%[65] to a maximum of around 25%.

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,[66] $2,461 in Ecuador,[67] $4,500 in Uruguay (the doctors receiving an additional $1,000 directly),[68] $3,000 in Namibia, $5,000 in Angola,[69] around $5,000 in Kenya, $10,000 in Equatorial Guinea (the doctors receiving 1,000),[70] $2,042 in Mexico, and 3,500 euros in Italy.[71] Higher amounts are paid for specialists, with past reports of $10,000 for an eye surgeon in Angola and $25,000 for a plastic surgeon in Saudi Arabia.

A large portion of the health workers' compensation is deposited in an account in a Cuban bank (a state entity), from which funds may only be withdrawn upon returning to Cuba at the end of a mission completed successfully. After January 2021, many internationalists saw most of their savings in their frozen bank accounts evaporate, as they had been denominated in a

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[65] Cuban doctors stationed in Equatorial Guinea earned $250 a month while Cuba was paid $10,000 for their services (verified in documents that some of them saw fortuitously).

[66] Maria C. Werlau, "Guatemala y la Diplomacia Médica Cubana," Archivo Cuba, Oct. 13, 2020.

[67] Mauricio Alarcón Salvador and Edwin Cacuango Cahueñas, "Reporte sobre las misiones médicas cubanas en Ecuador," Fundación Ciudadanía y Desarrollo, 2020.

[68] Agreement between the Republic of Cuba and the Republic of Uruguay, MIDES, Nov. 28, 2018.

[69] A 2024 report estimated that Cuba's military enterprise Antex made $1.8 billion in 12 years 2012-2023 from the wage confiscation of Cuba's medical workers in Angola, who were paid $200 to $685 a month, as Cuba received from Angola $5,000. Currently, Cuban health workers in Angola earn $500 to $1200 a month, for an average of $750. (A. Grimal, "Misión de Cuba en Angola (i), op. cit.)

[70] In 2022, Cuba was reportedly earning from 128-strong medical brigade to Equatorial Guinea $15,000 a month for each Cuban collaborator (doctors or nurses), who received only around US$1,000, paid in local currency, representing at best 6.6% (which would have generated net revenues for Cuba of $21.5 million a year). "Injusticias de la misión médica cubana en Guinea Ecuatorial," Letter to *CiberCuba*, Mar. 17, 2022.

[71] "Llegan a Italia 50 de los 500 médicos cubanos contratados en agosto," La Habana, *14ymedio*, Dec. 29, 2022. (The doctors each receive a stipend of 1,200 euros.)

now defunct "convertible" currency, the CUC, and a forced conversion was imposed at a very devalued official rate.[72]

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 a forced "donation" to the clinic assigned to her address of residence in Cuba.[73] One in Angola who served until 2017 had to donate $20 to the Union of Communist Youth,[74] whereas one who served in Venezuela until 2019 had to donate 4% of the in-country monthly wages to the Union of Communist Youth.[75]

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 stipend 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 what it would cost to hire local staff with equivalent qualifications.

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

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.

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[72] 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.)

[73] 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.)

[74] Cuba Archive confidential survey of registered doctors in its program "Medicos Cubanos Libres," Jan. 2023.

[75] Ibid.

10. Sexual harassment.

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

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

Health workers sent to many countries are instructed to systematically report inflated statistics to meet mandated quotas, such as for the number of procedures undertaken, patients seen, and medicines and medical supplies used. They must also 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, workers are typically 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 have to 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 are obliged to attend regular meetings of a political nature (the frequency depending on the country) in order 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 doctors have been forced to deny medical services to patients who do not support the government and have had to send patient information to Cuba with data such as their blood type.[76]

13. Improper training for assigned medical duties.

Many health workers report being assigned duties for which they are ill-prepared or have no training; some are officially qualified as having certain "specializations" for which they have insufficient training. Medical associations and other medical experts from host countries have long reported that Cuba's exported doctors lack proper training. Aside from subjecting the patients to undue risks, their lack of proper training causes excessive mental and emotional strain to the health workers and risk potential mistakes that can end their career, cause extreme trauma, and even lead to criminal prosecution.

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[76] Juan Juan Almeida, "Más 'cooperantes' a Venezuela y base de datos con donantes de sangre," *Martí Noticias*, Nov. 7, 2016.

A very profitable scheme for the Cuban regime

The Cuban entity in the "collaboration" agreements typically retains 97 to 75% of the payment it receives in hard currency for the health services,[77] thus, the economic benefit to Cuba for exporting health workers is very high. It appears that in certain countries Cuba is also paid for the travel services of the international brigades by way of corporations registered in the host country that might be owned by figureheads to conceal the involvement of the Cuban State or its government officials.

Many host governments also pay for the administrative staff dedicated to collecting brigade statistics or involved in logistical support. Cuba typically receives the same pay for doctors, nurses, health technicians, security personnel, and even cooks and drivers who are also relocated as part of the medical missions and who, generally, are agents or collaborators of the security services.

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 stipends to the workers to cover food and personal expenses, as well as their airfare and, depending on the country, local transportation, housing, internet, health insurance, and others —the terms and amounts vary by country.

Precise data to accurately assess revenues or estimate profitability is not available. Statistics provided by Cuba's National Office of Statistics and Information (ONEI) and other state entities and authorities, or appearing in the government-controlled media, are ripe with contradictions, are usually published with long delays, have no explanation or details of what each category includes, and cannot be presumed to accurately reflect actual export service revenues. Often, the annual series show unexplained changes in the data already reported for prior years. However, ONEI's data is, by default, the only information available to analyze.

By official 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.[78] ONEI did not provide a statistical breakdown for export services until it reported the year 2018. Subsequently, in its table for export services for 2023, the names of most of the categories were changed and some of the data previously reported was modified without explanation. This is, according to former regime officials, a tactic used to confuse things when convenient.

In the five years 2018-2022 for which ONEI provided the original breakdown (see Table I below), a downward trend is observed in all categories, including educational and social and health services, although the latter showed some gains in 2021 and 2022, perhaps from the emergency brigades Cuba sent to numerous countries for the COVID-19 pandemic and a very aggressive campaign to expand the missions. Overall, Social and Health services declined from

[77] 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.

[78] Trade data from countries importing services from Cuba ("mirror statistics") confirm this.

$6.4 billion in 2018 to $4.4 billion in 2023, whereas Educational Services declined from $250 million in 2018 to $139 million in 2022 and were not itemized for 2023. For 2023, the category Health and Social Services was no longer reported and instead appears retitled as "Personal, Cultural, and Recreational Services" and presumably includes Educational and Judicial & Accounting services previously reported separately (although the reported prior years' line items do not exactly add up). Despite the added services in the expanded line item for "Personal, Cultural, and Recreational" a total of $4,449,265.9 reflects a decrease of $600,387.5 from the $5,049,653.4 these services added to in 2022, which likely means that Social and Health services, which includes the revenues from the medical brigades, declined.

Export service revenues net of tourism began to increase rapidly after 2005 —when many health workers were sent to Venezuela— and peaked in 2014, after which a considerable decline apparently owes to lower payments per worker by Venezuela as a result of its own financial crisis. Also, in November 2018, the Cuban government suddenly terminated its large medical mission in Brazil that generated up to $400 million annually starting in 2013; the mission had around 8,100 doctors when it was terminated and around 14,000 doctors at its height.[79] The medical mission in Mexico has not compensated for that lost revenue, as the numbers (around 3,100 in November 2024) are considerably lower and the payment per doctor is also lower.

Table I

Cuba: professional export services 2018-2023
$ millions

	2018	2019	2020	2021	2022	2023*
Judicial and accounting services	$10,644.4	$10,667.8	$5,407.2	$8,893.3	$14,219.1	$0.0
Other professional, scientific & tech. services	$14,311.9	$9,758.2	$14,016.8	$13,646.7	$13,120.3	$469,522.0
Educational services	$250,085.2	$305,869.3	$161,341.9	$142,939.8	$139,316.9	$0.0
Leisure, cultural and sports services	$60,536.5	$59,907.7	$21,342.3	$13,981.2	$13,882.9	$0.0
Health and social services*	**$6,398,538.8**	**$5,382,190.9**	**$3,997,948.3**	**$4,349,907.1**	**$4,882,234.5**	**$4,449,265.9**
Other export services**	$4,916,433.1	$4,484,950.3	$2,881,716.6	$1,534,271.2	$2,181,655.2	$2,378,085.8
Total export of services	**$11,314,971.9**	**$9,867,141.2**	**$6,879,664.9**	**$5,884,178.3**	**$7,063,889.7**	**$6,827,351.7**
Total export of goods	$2,372,779.0	$2,062,469.0	$1,702,812.0	$1,966,040.0	$2,170,009.0	$1,583,002.0
Total export of goods and services	$13,687,750.9	$11,929,610.2	$8,582,476.9	$7,850,218.3	$9,233,898.7	$8,410,353.7
Export services to total exports	**83%**	**83%**	**80%**	**75%**	**77%**	**81%**

** For 2023, ONEI renamed these services as "personal, cultural and recreational" and grouped into one category some previously itemized.*
*** Other export services include transportation, postal services, telecommunications, and hospitality.*
Source: Statistical Yearbooks for 2018, 2022 and 2023, External Sector, External trade value of export services, by category, Oficina Nacional de Estadísticas e Información, República de Cuba.

[79] 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.)

Altogether, Cuba's total exports of goods and services have declined $4.5 billion in the six years 2018-2023 (from $11.3 billion to $6.8 billion). In 2023 service exports were $1.95 billion lower than in 2018, but their share of total exports remained very high, at 81% (83% in 2018 and 2019, 80% in 2020, 75% in 2020, and 77% in 2021).

Health and social services constitute the largest share of total export services: 69% in 2022, 74% in 2021, 58% in 2020, 54.5% in 2019 and 56.5% in 2018.[80] The new category reporting "Personal, Cultural, and Recreational services" was in 2023 (including health) $4.4 million, or 65% of total export services of $6.8 million. Two pie charts published by ONEI report Health services alone as 54.5% of total export services in 2019 and 58.1% in 2020[81] (there is no data for other years).

The Cuban government claims that its international medical brigades are meant to generate revenues to sustain its public health system. However, investments in health and social services have been miniscule with respect to reported total investment by the State and to revenues derived from the export of health and social services. In comparison, huge investments have been made in luxury real estate and hotels and considerable investments in security (repression), propaganda, and diplomatic presence.[82]

Table II

Cuba: Investment in Health and Social Services
2018-2023
In millions of Cuban pesos / US dollars
CUP 1: $1dollar

Year	*Health and social export services**	*Investment in health & social services*	*% of total investment*	*% of export services invested in health & social services*
2018	$6,398.5	$51.5	1.0%	0.08%
2019	$5,382.2	$27.7	0.6%	0.05%
2020	$3,997.9	$40.4	1.0%	1.00%
2021	$4,349.9	$557.4	2.0%	12.80%
2022	$4,882.2	$789.3	2.0%	16.20%
2023	$4,449.3	$780.9	1.60%	17.50%

*In 2023 the name was changed from "Services in human health and social attention" to "Personal, cultural, and recreational services."

Sources: Yearbook of Statistics for 2018, 2022 & 2023, Office for National Statistics and Information, Republic of Cuba.

**Note: ONEI published its official 2023 report with significantly different numbers from its Preliminary report for 2023 and earlier annual reports, changing data of several years.*

[80] Ibid.

[81] 8.13 Gráfico: Estructura de las exportaciones de servicios, Oficina Nacional de Estadísticas e Información, República de Cuba.

[82] See "Cuba's outsized international presence," Cuba Archive, 2023.

In Cuba, ambulances and garbage collection vehicles are acutely lacking, but there is a very large number of security vehicles, as displayed during the mass protests of July 11, 2021. Furthermore, in 2021, reported investment in "public administration, defense and security," tripled to $1,566.9 million from $487.9 million in 2020; after dropping in 2022 to $655.6 million, it rose again to $1,606.6 million, representing six times the 2017 investment of $267 million. Meanwhile, the highest investment in health and social services of the 6-year period in 2017-2023 was reported in 2022, for $789.3 million, despite the reported export revenues of $4.9 billion in health and social services.[83]

See below the table published by Cuba's Office for National Statistics in the original Spanish on the Executed Value of Construction and Investment by Economic Activity, which reflects the skewed allocation of state resources. It demonstrates that in 2021, with the pandemic in full swing, Cuba spent $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 it invested $18.9 billion and a similar amount again in 2023, for a total of $54.9 billion in just the three years 2021 to 2023.[84] The seven-year total for 2017 to 2022 was $94.2 billion; just 2.3% of that amount, $2.2 billion, was spent in health and social services.

Table III

12.3 - Valor ejecutado en construcción y montaje por actividad económica

Millones de pesos

ACTIVIDAD ECONÓMICA	2019	2020	2021	2022	2023
Total	6 053,3	6 348,7	33 388,1	41 231,4	47 842,0
Agricultura, ganadería, caza y silvicultura	166,4	241,1	882,7	1 060,9	1 624,6
Pesca	14,4	19,8	158,1	274,0	436,8
Explotación de minas y canteras	60,2	70,1	2 381,0	1 493,0	1 421,6
Industria azucarera	130,6	127,1	162,9	223,7	251,7
Industria manufacturada (excepto la industria azucarera)	515,6	709,1	4 522,4	7 361,5	9 192,6
Suministro de electricidad, gas y agua	274,0	296,9	1 840,0	3 641,1	4 306,3
Construcción	634,1	540,9	602,3	349,9	339,3
Comercio; reparación de efectos personal	218,0	203,7	821,6	1 395,8	1 723,5
Hoteles y restaurantes	104,4	107,3	456,0	1 397,9	3 317,2
Transporte, almacenamiento y comunicaciones	196,6	178,3	882,4	1 858,6	1 397,4
Servicio empresariales, actividades inmobiliarias y de alquiler	3 094,6	3 196,3	17 096,3	18 944,4	18 978,2
Administración pública, defensa, seguridad social	456,0	487,9	1 566,9	655,6	1 606,6
Ciencia e innovación tecnológica	32,8	30,0	165,9	251,4	222,6
Educación	34,5	24,7	351,7	345,8	623,4
Salud pública y asistencia social	27,7	40,4	557,4	789,3	780,9
Cultura; deporte	47,0	40,3	551,2	823,8	1 225,5
Otras ac.de servicios comunales, de asociaciones y personal	46,5	35,1	389,2	364,62	393,8

Fuente: ONEI

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

[84] This unexplained and sudden increase in investment/construction in real estate and hotels and a correspondingly marked historical departure in reported annual investment cannot be reasonably explained and points to a likely scheme of money laundering.

These warped priorities go back decades. In 1997, the US 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."[85]

Further negative impact of the trafficking of health workers: for the Cuban population[86]

That a very large share of Cuba's GDP is derived from the export services of temporary workers poses an excessive external dependence and makes the country very vulnerable to a sudden demise of the internationalist mission scheme. Because it violates international law and depends on the current Cuban government's political alliances, it could suddenly decline or entirely end for legal and/or political reasons affecting Cuba or its partners.

In addition, services tend to have low multiplier effects in an economy and are generally not conducive to stable and healthy economic development —in the Cuban case they greatly diminish the pressure to make needed structural economic reforms and thwart the allocation of resources to more productive activities that can bring about a more sustainable development.

Cuba also uses the international medical missions to boost the export 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 on the Island are exported and not available to the local population.[87] Cuba exported $25.1 million in pharmaceutical products in 2022[88] and economic statistics reported for 2023 do not break down pharmaceutical exports.

Most Cuban citizens are forced to contend with under-staffed and decrepit, filthy, facilities chronically lacking essential medications, medical supplies, and equipment, while the nomenklatura (top Communist Party members) and hard-currency paying foreigners[89] have access to exclusive facilities with superior services, equipment, supplies and medication.

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. Persistent reports from Cuba speak of extreme scarcity of doctors and of doctors

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[85] "The US embargo and health care in Cuba: myth versus reality," Press Statement by Nicholas Burns/Spokesman, Office of the Spokesman, US Department of State, May 14, 1997.

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

[87] See Maria C. Werlau, *The Panamerican Health Organization and Cuba: A Controversial Collaboration*, Cuba Archive, Oct. 27, 2022, pp. 40-46.

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

[89] See CubaforHealth.com and CubaHeal.com.

quitting, refusing to work under prevailing conditions, and emigrating or looking to emigrate.[90] In July 2023, survey results were published that indicate that 57.6% of respondents faced serious difficulties in obtaining medical attention (only 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.[91]

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.

Further negative impact of the trafficking of health workers: 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:

i.) 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.

ii.) 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.

iii.) 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.

iv.) 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.

v.) 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.

vi.) National and international security concerns. Some of the workers in the internationalist missions are trained by Cuba's intelligence services to monitor the host

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[90] 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.

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

country and diffuse opposition to the revolutionary-socialist model. Most, if not all, the missions have a proselytizing role, and some are actively used to spread propaganda and exert political influence to undermine democracy. In Latin America, the medical missions' program is part of the Bolivarian Alliance for the Americas (ALBA), which seeks to undermine democracies with the political, economic, and social integration of the Caribbean and Latin American countries in the neo-communist "21st century socialism." In May 2019, OAS Secretary General Luis Almagro publicly declared that Cuba used the medical missions to export repression in Latin America.[92]

vii.) 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.[93]

B. **Forced labor in the compulsory military service**[94]

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 occasions. Those called to active duty, including in the reserve, may perform military service in peacetime for no more than three years.[95]

Minors, males under age 18, are forced to serve, even though 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." 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 due to incapacity, who have been referred to for work, who have been designated for work by the Ministry or the Interior, or for "other causes established by law."[96]

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[92] "Almagro: Misión médica cubana sirve para exportar métodos represivos en América Latina," *NTN24*, May 15, 2019.

[93] 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.)

[94] 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.

[95] "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

[96] 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.

All eligible young men must complete one year of compulsory military service (SMA) to access "a superior level of study," post high school. A medial commission must approve exemptions and they are very rare. Any men of military age admitted to a university must first serve for 14 months. 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.[97]

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 has 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 —they 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 gear, safety measures, and other forms of 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 500 Cuban pesos a month, which is equivalent to US$1.47.[98]

The Youth Labor Army (EJT for the Spanish acronym of *Ejército Juvenil del Trabajo*) is a paramilitary organization attached to the Ministry of Defense, (Ministerio de las Fuerzas Armadas, MINFAR). Under the National Defense Law 75 of 1994, the EJT is part of the ground troops of the Armed Forces (FAR) 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 are admitted to the university to work for a degree are assigned to the EJT, where they start to work after just a few weeks of military training.

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. The EJT is also sent in internationalist missions and has built military airports in

[97] "Una fuente oficialista confirma el servicio militar obligatorio para las estudiantes en Periodismo," La Habana, *14ymedio*, Jan. 31, 2024.

[98] Reported to Cuba Archive by Alfredo González, administrator of the Facebook Group "No Al Servicio Militar Obligatorio en Cuba", Jan 27, 2025. The current market rate is 340 Cuban pesos per US dollar (ElToque.com).

Angola and Syria. They are civilian workers for the military but subject to military laws and regulations and receiving salaries and compensation as provided by the Armed Forces.

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."[99]

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,[100] but it appears that at least the compensation has never met that standard. For decades, recruits were paid a fixed "salary" of seven pesos a month. According to the independent labor union Asociación Sindical Independiente de Cuba, ASIC, in 2024 salaries in the Armed Forces and Ministry of the Interior were reviewed and were to be adjusted starting on January 1, 2025, although this is not public.[101] The pay scale is at the highest for Generals and Admirals, $100,000 a month (US$294 at the free market rate), mid-range for Lt. Colonels and Mayors, earning $50,000 ($147), to the lowest ranked soldiers, earning from $5,000 to $10,000 ($14.70 to $29.41). The table provided by ASIC does not list the pay for recruits of the mandatory military service.[102]

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

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 own 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 also believed to be very high. Attempted suicide is now considered an attempted desertion that may be punished with more than 10 years in prison.

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[99] 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

[100] "Youth Labor Army," op. cit.

[101] "Ejército y Esclavitud," Asociación Sindical Independiente de Cuba, La Habana, Feb. 2, 2025 (report sent to Cuba Archive).

[102] In 2023 ASIC, members of the EJT were earning CUP 2,200 a month, young men in the military service with the Ministry of the Interior working in prisons and detention centers earned CUP 280 a month, and those in the Armed Forces earned CUP 320 a month. (Asociación Sindical Independiente de Cuba, ASIC, report to Cuba Archive, Jan. 31, 2024.) In 2023, the average civilian salary was CUP 4,648 and the salary for working in agriculture was 4,455, for working in mines and quarries, CUP 7,717 and for construction CUP 6,260. (2. Salario medio mensual en las entidades estatales y mixtas por clase de actividad económica, p. 5, *Anuario Estadístico de Cuba 2023, Empleo y Salarios*, Edición 2024, Oficina Nacional de Estadísticas, República de Cuba.)

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 85 cases, including 4 of recruits who were 17-year-old minors; causes include 2 firing squad executions, 1 forced disappearance, and 16 extrajudicial executions (confirmed or presumed), 21 suicides, 5 from medical conditions or medical negligence, and 32 in accidents, most evidently resulting from gross or criminal negligence.[103]

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 another form of human trafficking.

Blood is aggressively collected in the Armed Forces and military units must meet donation quotas. The recruits are 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, apparently to in order to collect purer blood. 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."[104] Sometimes, recruits have been so hungry that they rush to donate blood just to access the meager snack.[105] 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.[106]/[107]

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 they are forced to give blood. According to a 2017 report,[108] 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

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[103] CubaArchive.org/database.

[104] 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.)

[105] Maria C. Werlau, telephone interview with Anonymous Source #5, Oct. 26, 2014.

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

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

[108] 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").

biotechnology industry for a multimillion-dollar export business of blood and plasma-derived medicines.[109]

I. Violations of Cuba's legislation and international law

The labor practices affecting export workers and recruits in the compulsory military service described above violate Cuba's Labor Code, Law No. 116, of 2013,[110] 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, such as for defense of the country, in cases of catastrophe, accident or breakdown of production or services, or for 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.

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"[111] on June 20, 2013, and has been ratified by many of its partner nations

[109] 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.)

[110] Ley No. 116, Código de Trabajo, op. cit.

[111] 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

in the labor agreements.[112] 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 consent[113] of the victim to the intended exploitation is irrelevant once it is demonstrated that deception, coercion, force or other prohibited means have been used."[114]

- 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*."[115] Cuba's Penal Code, in its Chapter VI. "Forced or Mandatory Labor," section 6, reflects this same language.
- 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 (1989), ratified by Cuba on August 21, 1991,[116] 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

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

[112] 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)

[113] Also see "The role of 'consent' in the Trafficking in Persons Protocol," Issue Paper, United Nations Office on Drugs and Crime, Vienna, 2014.

[114] 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?," US Department of State, https://www.state.gov/j/tip/what/index.htm.)

[115] 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

[116] Convention on the Rights of the Child, https://www.ohchr.org/es/instruments-mechanisms/instruments/ convention-rights-child

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 that 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." Its Art. 38 specifies: "States Parties shall refrain from recruiting any person who has not attained the age of fifteen years into their armed forces. In recruiting among those persons who have attained the age of fifteen years but who have not attained the age of eighteen years, States Parties shall endeavour to give priority to those who are oldest."

The compulsory military service violates Cuba's own laws regarding minors:

- The Family Code, Law No. 156, 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."[117]
- Cuba's 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).

The Government of Cuba denies 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."[118] Cuba's National Action Plan to Prevent and Combat Trafficking in Persons and Protect Victims 2022-2024, he said, is "a fundamental tool for coordinated action between the State and Cuban civil society organizations to address this serious crime" that has reportedly been updated and was pending approval of the Council of State. 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),[119] wrote to the Government of Cuba expressing concern

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[117] 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. (Also see "La ONU recomienda a Cuba aumentar la mayoría de edad," Ginebra, Agencias/Diario de Cuba, Jun. 21, 2011.)

[118] 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.

[119] Letter 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

and requesting clarification of "presumed human rights abuses of medical personnel and other professionals from Cuba participating in internationalist missions," listing complaints brought to his attention and attaching an Annex on certain pertinent aspects of international law. Copies were also sent to the governments of Spain, Italy, and Qatar. The tone of the letter was diplomatic and cordial. On January 19, 2024, Cuba responded officially rejecting the claims, indicating it had already responded officially to similar claims in January of 2020, denounced the misuse of UN special mechanisms and the "slanderous campaigns promoted by the Government of the United States," and argued in detail in a 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.

In fact, 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 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.[120] 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 but 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 hysterectomy she came to believe was unneeded.[121]

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, they are not be enforced, as is the case

[120] 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/.

[121] M. Werlau, telephone testimony of Anonymous Source #3, op. cit.

with all other cases of human rights accords it has signed and even ratified. As we have seen, 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 alleged achievements in healthcare and education as its official statistics are filled with discrepancies and the country depends on humanitarian aid from abroad for its essential medical infrastructure. Most world governments and international organizations participate in the ruse. The United Nations Children's Fund (UNICEF) fails to raise objections regarding the forced labor of minors in the military service or on the separation of children from their parents, exported as temporary workers. PAHO, WHO, and many scholars laud Cuba's health system as a model for the world and[122] the UN Development Program 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 simultaneously and with similar language all over the world, penned by a well-known claque of supportive academics and journalists.[123] In the US 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.[124]

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, Gambia, Guinea Corky, Haiti, Honduras, Liberia, Mali, Mauritania, Nicaragua, Niger, Rwanda, Sierra Leone, and others.[125] Aside from Cuba's allies —such as Venezuela under Chávez and Maduro or Libya under Qadhafi— many democratic governments, including France, Australia, Brazil, Nigeria, 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.

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[122] See M. Werlau, *The Panamerican Health Organization and Cuba,* op. cit., pp. 6-10).

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

[124] Julie Feinsilver, "The Atlantic Philanthropies - Cuba," The Atlantic Philantropies, 2020.

[125] Some of these arrangements are believed to be in force. See, for instance, J. Carreño Cuador and E. Paredes Esponda, op. cit.

III. Salient events of the reporting period: April 1, 2024 - January 30, 2025

A. Medical missions

Continuing trafficking and continuing denials

Cuba continues to warrant a Tier 3 designation in the annual Trafficking in Persons Report by the US Department of State because in the current reporting period the Government of Cuba has made no effort to cease the forced labor trafficking in its internationalist missions or the compulsory military service.

The "human trafficking in Cuba's labor export program" was selected among the issues highlighted in the 2024 TIP Report as "Topics of Special Interest," and this author received a 2024 TIP Hero Award in recognition of longstanding efforts to monitor and combat the forced labor trafficking. The report prominently provided, aside from the country pages for Cuba and trafficking partner countries, a detailed 5-paragraph explanation describing the export worker trafficking, the violations, and the overall plight of these workers and categorically declares: "These practices are unethical, negligent, exploitative, and risk the lives of those they serve."

All governments partnering with Cuba in the labor agreements are well aware of the trafficking and other human rights violations and also deserve Tier 3 designations.

Cuba does not meet minimum standards for the elimination of both forms of trafficking — internationalist missions and compulsory military service; it has done nothing to prosecute perpetrators or protect the victims. At all levels of the State apparatus the victimized workers are misinformed, exploited, repressed, silenced, and threatened. The Government of Cuba continues to aggressively promote its labor export services and avoid accountability for the labor exploitation in the international missions as well as in the compulsory military services. It devotes extensive state resources to doing with a huge diplomatic-propaganda-intelligence apparatus entirely disproportionate to the country's size and economic standing.[126]

Cuba Archive lacks the resources for an ongoing and systematic documentation effort of the pay, wage confiscation, and other variables by medical mission/country, but has credible and convincing information that the conditions and terms have not varied significantly if at all. Violations are constantly reported in Cuba's independent media, social media, and, at times, in international media, including from countries hosting medical brigades.

It appears that some doctors who had defected have been allowed to enter Cuba for family visits before the usual 8-year freeze. This is a welcome improvement but there is no formal announcement of any policy changes and it appears to be a word-of-mouth development. It is likely a well-designed tactic to defuse the denunciations by the victims, as this change has produced a perceptible unwillingness to publicly denounce the trafficking or to provide testimony to researchers.

[126] "Cuba's outsized international presence," Cuba Archive, 2023

In the reporting period, Cuba has been much more secretive regarding the number of workers in its medical missions and data on the number of members, where they are posted, and what they are doing are mostly unavailable. Certain governments and/or media of certain host countries provide the number of members of the mission, but little else was found, including confirmation that certain missions reported in recent years continues.

Table IV

Estimated number of Cuban health internationalists
25,925 in 56 countries
Updated Feb. 3, 2025

	No.		No.
Algeria	890	Italy	447
Angola	1243	Jamaica	300
Antigua & Barbuda	72	Kuwait	96
Bahamas	37	Lesotho	33
Barbados	70	Maldives	16
Belize	88	Mali	100
Botswana	80	Mauritania	60
Burkina Faso	18	México	3101
Cambodia	10	Mozambique	361
Cape Verde	79	Namibia	98
Chad	44	Niger	7
China	?	Qatar	1232
Congo	67	Sahrawi Arab Dem. Rep.	17
Djibouti	84	Saudi Arabia	750
Dominica	64	Seychelles	38
Equatorial Guinea	27	South Africa	229
Eritrea	?	St. Lucia	26
Ethiopia	4	St. Vincent & Granadines	34
Gabon	159	Swaziland (Eswatini)	35
Gambia	150	Syria	27
Ghana	30	Tanzania	40
Grenada	30	Timor Leste	160
Guatemala	441	Trinidad & Tobago	131
Guinea Bissau	34	Uruguay	21
Guinea , Republic of	38	Venezuela	14000
Guyana	370	Vietnam	20
Haiti	68	Yemen	31
Honduras	177	Zimbabwe	17

**Green for teaching brigades.*

In May 2024, official Cuban sites reported 22,600 health collaborators working in 54 brigades,[127] in January 2023, 23,792 working in 56 countries,[128] and at year-end 2021, 29,954 in all overseas missions.[129] This represents a decrease of 7,354 health workers in overseas missions in around three years.

Cuba's Ministry of Foreign Relations reported in June 2024 that Cuba was providing health services in 27 African countries and 15 Caribbean countries.[130] In October 2024, Cuban official media reported 3,633 Cuban health workers in 27 African nations (50% of Africa), 2,354 (65%) of whom were doctors.[131]

On the other hand, in July 2024, at the annual meeting of heads of medical brigades, the director of the 2023 Yearbook of Medical Cooperation, Felipe de Jesús Delgado Bustillo, is quoted as stating that medical missions are present "with over 37 thousand employees in 59 countries." The discrepancy in the numbers is unexplained. At the gathering, the following medical missions were given awards for "the discipline, organization and efficiency with which they carried out their work in the period from July 2023 to June 2024": Algeria, China, Djibouti, Dominica, Gambia, Guatemala, Guinea Bissau, Italy, Qatar, Tanzania, Trinidad and Tobago, Saint Lucia, Uruguay, and Venezuela.[132]

Most of Cuba's medical brigades are not reported with a number of members or a 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 mostly unavailable.

Cuba Archive estimates the number of exported workers in medical missions at around 25,000 in 54 to 56 countries, as per the table above. However, the data is not all derived from updated official sources and cannot be regarded as accurate. It is based primarily on the latest reports available, gathered piecemeal from secondary sources, including Cuba's institutions and official media, government institutions from host countries, international media including from host countries, and other international venues. It's likely that the workers sent on internationalist missions to teach health-related subjects at medical schools and other

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127 Nuria Barbosa León, "Los médicos cubanos continúan allí, donde más los necesitan," *Granma*, May 22, 2024; "Recuerdan inicio de colaboración médica de Cuba en el mundo," La Habana, May 23, 2024, http://www.cuba.cu/salud/2024-05-23/recuerdan-inicio-de-colaboracion-medica-de-cuba-en-el-mundo/65412.

128 "Cuba abrió 2023 con profesionales de la Salud en 56 países," Minrex, Jan. 5, 2023, https://misiones.cubaminrex.cu/es/articulo/cuba-abrio-2023-con-profesionales-de-la-salud-en-56-paises-0. A May 2023 tweet by Cuba's president reported 22,000 health workers in 58 countries. (Tweet by Cuban president Miguel Díaz Canel, May 23, 2023, https://twitter.com/DiazCanelB/status/1660991669112537090)

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

130 "Cuba mantiene su disposición de ampliar la colaboración en Salud con el mundo," La Habana, Minrex, Jun. 1, 2024, https://cubaminrex.cu/es/cuba-mantiene-su-disposicion-de-ampliar-la-colaboracion-en-salud-con-el-mundo

131 Karina Marrón González, "Portal Miranda: Angola es un capítulo entrañable de colaboración de Cuba en África," *Cuba Debate*, Oct. 31, 2024.

132 Dailenis Guerra Pérez. "Cuba. Concluye XXII Reunión de Jefes de Misiones Médicas en el Exterior," *Resumen Latinoamericano*, Jul. 13, 2024.

institutions are reported as part of the medical brigades. Cubans providing those educational services could include more workers in at least Bahamas (up to 60), Eritrea (unknown number), Honduras (123), Sahrawi Arab Democratic Republic (11), and Tanzania (15). The total number of workers in private clinics is unknown; only one is Congo Brazzaville is known to have 160.

A growing shortage of doctors and other medical personnel in Cuba

Cuba's Statistical Yearbooks on Health do not report the number of internationalist health workers. The 2023 Statistical Yearbook (the last official edition)[133] reported 80,763 doctors, 13,303 less than in 2022 (94,066), which was 12,065 less than in 2021. It reported 14,532 dentists, 3,125 less than in 2022, which was 3,246 less than in 2021; and 73,284 nurses, or 6,285 less than in 2022, which was 7,414 less than in 2021. The number other health professionals in 2023 was also lower across the board. 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; which appears to indicate that the former includes those sent overseas, although they are not itemized. The total number of nurses is unknown, yet thousands are known to be serving abroad. The 2023 Yearbook on Health also reports a population per doctor of 127 and 705 per dentist[134] but does not clarify if personnel serving overseas was included in the count.

Cuba has one of the lowest monthly disposable salaries in the world according to global ranking,[135] 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, which 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.

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.

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[133] 19.2 - Personal Facultativo del Ministerio de Salud Pública, *Anuario Estadístico de Cuba de 2023*, Edición 2024, Oficina Nacional de Estadísticas e Información, p. 415.

[134] 19.3 – Habitantes por médico y estomatólogo, *Anuario Estadístico de Cuba de 2023,* Edición 2024, Oficina Nacional de Estadísticas e Información, p. 416.

[135] 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 current monthly salary for recent medical graduates without a specialization is CUP (Cuban pesos) 4,610 ($13.55) and the highest-paid doctors (Grade II specialists),[136] earn CUP 5,810, or $17 a month.[137] Nurses earn between CUP 4,010 and 4,610 ($12-13.5).[138] In December 2023, the Cuban government announced additional monthly payments to workers in the health field starting January 2024, but the hourly work pay for night shifts (7 p.m.-7 a.m.) is CUP 50 for doctors and dentists, CUP 40 for Nursing Staff, and CUP 30 for other health workers, which translates, for 40 hours a week, to just $24.7 a month for doctors, $19.7 for nurses, and $14.8 for other workers. Additional payment for "special working conditions" (listed) range from CUP 504 to 1,512 per month for doctors ($1.5 to $4.4) working 40 hours a week.[139] Meanwhile, Communist Party authorities of the provincial "Organs of Peoples Power" earn monthly CUP 5,820 to 9,010 ($17-$26), prison guards ("penal educators") are recruited at monthly salaries starting at CUP 6,690 ($19.7),[140] and members of the police earn from CUP 7 to 8 thousand to 15 to 16 thousand ($20.5-$47), depending on the rank.[141]

As the ration book, which is supposed to guarantee a basic basket of food and essentials, allows the purchase of less and less food in pesos, it's a mystery to figure out how Cubans paid in pesos not receiving family assistance from abroad can feed themselves and their families.

Conditions in Cuba also make practicing medicine very difficult and stressful. In the reporting period, 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.

Internationalists who died during the reporting period

Cuba Archive learned of at least three members of medical missions who died during the reporting period.

- Dr. Yaneydis Barea Gregori (Ph.D. in Psychology), died July 4, 2024 of malaria in Cuba after returning from a medical mission in Angola. Diagnostic testing and treatment were delayed for days even after she became ill and her condition worsened progressively. The General Directorate of Health of Las Tunas informed that, due to the "dissatisfactions" of the family, it would create a medical commission to analyze and clarify her death.
- Dr. Jorge Luis Dupré Zanetti, age 32, died in Venezuela on January 4, 2025, of a heart attack. He was serving as the health director in the municipality of Carrizal, Miranda state.

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

137 On Feb. 1, 2024, the exchange rate in the informal market was 340 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.

138 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.)

139 Trabajo y Seguridad Social, Resolución 21/2023, Gaceta Oficial No. 92 Extraordinaria de 29 de diciembre de 2023, Ministerio de Justicia, República de Cuba.

140 "Médicos ganan menos que los carceleros en Cuba," *Radio Televisión Martí*, Jan. 19, 2021.

141 ASIC, report to Cuba Archive, op. cit.

- Dr. Asiel Pérez Rosillo, died "suddenly" in Puebla, Mexico on January 11, 2025, with the Cuban embassy in Mexico providing no further details.

The bodies of four Cuban health collaborators who died of COVID in Angola in 2020-2021 (during the pandemic), have yet to be repatriated:[142] Alberto Alcántara Paisán, José Alonso Méndez, Francisco Matos Figueredo, and Carlos Odio Soto.[143]

Kidnapped internationalists

Two Cuban doctors, Assel Herrera and Landy Rodríguez, kidnapped in 2019 by the Islamist fundamentalist terrorist group Al-Shabaab remain in captivity or have died. They were part of the Cuban Medical Mission in Kenya that had been deployed to Mandera, a dangerous zone near the northern border with Somalia where local doctors refused to serve. Reportedly, an initial ransom of $1.5 million had been demanded for their release.[144]

In February 2024, Al-Shabaab published on the messaging platform Telegram a claim that the two doctors had been killed in a US drone attack near the town of Jilib town, Lower Juba region.[145] US Africa Command, AFRICOM, confirmed the airstrike on February 15, 2024 and put out a statement that, having completed a review of available information, it assessed that it had not resulted in civilian harm.[146]

Updates on selected countries' medical brigades

Updates per country in which there is a Cuban medical brigade are not possible, thus, a few countries are selected for varied reasons: relevance, salient events, and/or available news. Cuba Archive has, over time, also published in-depth reports on medical brigades in Venezuela, Haiti, Angola, Guatemala, and Argentina.

Angola

The 2024 US Department of State's Trafficking in Persons Report (TIP report) classified Angola as a Tier 2 country that "does not fully meet the minimum standards for the elimination of trafficking but is making significant efforts to do so."[147] Regarding the partnership with Cuba in the forced labor brigades, it reads: "According to the Cuban government, in 2023, there were 2,056 government-affiliated Cuban workers in Angola, including 1,171 Cuban medical professionals, 582 workers in education, 212 workers in companies, and 91 workers in other

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[142] Annarella Grimal, "Empeora la situación de cubanos contratados por Antex en Angola," *El Toque*, Jan. 31, 2025.

[143] See case details at CubaArchive.org/database.

[144] Verah Okeyo, "Kenya: Revealed - Secrets of the Kenya-Cuba Doctors Deal," Nairobi, *Daily Nation*, Oct. 1, 2020.

[145] Harun Mar, "Al-Shabab reports Cuban hostages killed by US airstrikes," *Voice of America*, Feb. 19, 2024.

[146] Harun Maruf, "AFRICOM denies US airstrike killed Cuban doctors," *Voice of America*, Jun. 11, 2024.

[147] 2024 Trafficking in Persons Report: Angola, US Department of State, https://www.state.gov/reports/2024-trafficking-in-persons-report/angola/

sectors. The Cuban government may have forced government-affiliated civilian personnel to work in Angola."[148]

In fact, Angola is likely the second most lucrative market for Cuba's labor export services after Venezuela, which is the largest one, but has a lower profitability per worker. Cuba's enterprises in Angola operate under the umbrella of Antex (Corporación Antillana Exportadora S. A.), which is purportedly owned by Cuba's military conglomerate GAESA, and its network of at least 9 companies registered in Angola operates with the names Antex and Imbondex.[149] Antex's Director for Business Development wrote in his LinkedIn page: "In my intermediation activity, I have had the opportunity to negotiation projects and commercial operations in various sectors of the economy and manage portfolios of contracts of more than 200 million MMUSD per year. ...I have visited 14 countries on commercial and business missions."[150]

That CSMC is not the provider of Cuba's health export services in Angola likely stems from Cuba's 16-year military intervention (1975-1991), when several high-ranking Cuban military officers developed multimillion dollar businesses in Angola.[151]

An extraordinary in-depth investigation by journalist Annarella Grimal published by El Toque and Connectas[152] revealed information from an extensive batch of leaked documents. It confirmed that Cuba is present in 30 economic sectors in Angola, including health, education, energy, oil, hydraulic resources, highway and bridge construction, transportation, mining, real estate, fishing, and electronics, activities for which Cuba provides export workers. The Government of Angola even hires Cubans for sensitive posts in strategic government agencies and ministries including the Armed Forces, Ministry of the Interior, intelligence service, the president's security detail, the national police, immigration services, penitentiary and civil protection, fire control services, and criminal investigations.[153] According to the El Toque/Connectas investigation, from 2004 to 2020, Cuba derived at least $6.7 billion in revenue from these businesses in Angola.

Cuba also derives revenues from three other business lines:

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[148] Ibid.

[149] Imbondex takes its name from the national tree of Angola, the imbondeiro, a giant species also called baobab. (A. Grimal, "Misión de Cuba en Angola (i), op. cit.)

[150] Adonis Norberto De los Santos Siveright, LinkedIn, https://www.linkedin.com/in/adonis-norberto-de-los-santos-siveright-9730b291/ (the reference to $200M was removed and the text edited after the el Toque investigation was published; Annarela Grimal, screen shot of Adonis Norberto De los Santos LinkedIn page, Mar. 18, 2024, sent to the author, Feb. 3, 2025.

[151] Cuba acted as a proxy of the former Soviet Union (USSR) and sent 377,033 military personnel and over 50,000 civilian aid workers during the conflict, many of whom died or were injured. It was a very profitable operation for Cuba, as the USSR provided all the war material and Cuba was paid by Angola per soldier, officer and aid worker, the State retaining most the payment. It also developed other profitable businesses in Angola (wood, ivory, etc.) that altogether generated revenues estimated at several hundred million a year. ("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)

[152] A. Grimal, "Misión de Cuba en Angola (i)," op. cit. (Cuba Archive cooperated with this investigation, which also used at least two of its reports.)

[153] Internal records obtained for the investigation reflect 276 Cubans hired by the Angolan government in different sensitive positions. (A. Grimal, "Misión de Cuba en Angola (i), op. cit.)

a. The education of Angolans in Cuba, especially in Medicine, paid by the Angolan State. 280 Angolans were studying in Cuba in 2022 at an annual cost of $18,000 each ($5 million in total). 16,500 had reportedly graduated as of October 2024.[154]
b. The sale of tourism and health tourism services for Angolans to travel to Cuba.
c. Travel, transportation, and cargo services provided by Cuba for its collaborators in Angola (paid by the Government of Angola or by the Cuban workers themselves).

The number of Cuban collaborators in Angola has been quite steady at the 2,000 range in the seven years to 2023, but it was up to double that amount for four years in 2013-2016. (See Table on the left.) The customary discrepancies arise in Cuba's official media reports of the numbers. In August 2024, when Cuban President Miguel Díaz-Canel visited Angola, it was reported that 2,056 Cubans were working in there, of whom 1,171 were doctors and 582 were professors.[155] Three weeks earlier, during Cuba's Prime Minister's visit to Angola, the number was reported at 2,700.[156] (There was no explanation for the discrepancy.) Also in August 2024, 1,732 collaborators were reported in health, education, and hydraulic resources,[157] but workers in other sectors were not mentioned. An October 2024 report refers to over 1,243 Cuban health professionals.[158] In late 2023 and again in 2024, 2,056 workers were reported, including 1,171 in the health sector, 582 in education "helping to train 3,000 Angolans as doctors," 212 "in companies" and 91 in other sectors.[159]

Number of Cuba's export workers in Angola

Year	No.
2012	1,066
2013	4,000
2014	4,602
2015	3,000
2016	3,023
2017	2,243
2018	2,000
2019	2,091
2020	2,050
2021	2,000
2022	2,000
2023	2,056
Total	*30,131*

Source: Official documents provided to Annarela Grimal, 2023.

The leaked documents confirm that Cuban health workers are posted in 26 locations all over Angola:[160]

1. Centro Oftalmológico Internacional de Benguela
2. Hospital Público De Bocoio, Benguela
3. Hospital General Provincial, Benguela
4. Hospital Público De Vouga, Bie
5. Hospital General Provincial, Cabinda
6. Hospital General Provincial de Ndalatando, Cuanza Norte
7. Hospital Público de Camabatela, Cuanza Norte
8. Brigada Médica Cubana, Cunene
9. Hospital General Provincial Lubango, Huila
10. Facultad de Medicina, Huila
11. Hospital Publico Dona Maria Pia, Luanda
12. Meditex Serviços Médicos e Farmacêuticos, Luanda
13. Hospital do Prenda, Luanda
14. Clínica Multiperfil, Luanda

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[154] "Presidente angolano inaugura hospital Comandante Raúl Díaz Argüelles," *Cuba Debate*, Oct. 21, 2024.

[155] "Díaz-Canel dialogó con cooperantes de Cuba en Angola," Luanda, *Prensa Latina*, Aug. 20, 2024.

[156] "Marrero conversa con colaboradores cubanos en Angola," *Radio Angulo*, Aug. 3, 2024.

[157] "Primer ministro de Cuba conversó con colaboradores en Angola," *Trabajadores*, Aug. 4, 2024.

[158] Ibid.

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

[160] Official documents leaked to Annarela Grimal, shared with the author, Feb. 3, 2025.

15. Clínica Girasol, Luanda
16. Clínica Caridad Nova Vida, Luanda
17. Clínica Rosymed, Luanda
18. Facultad de Medicina, Malanje
19. Hospital Central Provincial, Malanje
20. Centro de Medicina Física y Rehabilitación, Malanje
21. Centro de Investigacion e Informacion de Medicamentos y Toxicologia (CIMETOX), Malanje
22. Hospital Materno Infantil, Malanje
23. Hospital Provincial Ngola Kimbanda, Namibia
24. Hospital Provincial de Zaire, Zaire
25. Facultad de Medicina, Benguela (only education)
26. Instituto Superior de Ciencias de la Salud, Cuando Cubango (only education)

Some of the Cuban health workers are assigned to private clinics owned by Cuba included in the above list. Meditex clinic in Luanda (capital of Angola), promoted as "100% Cuban medical care," was apparently one of the first companies created when Antex took control of Cuba's businesses in Angola in 1989. Under the corporate name Meditex Servicios Médicos y Farmacéuticos, S. A., the clinic offers more than 30 specialties. According to a Cuban doctor who worked there from 2013 to 2015, Meditex's prices were "excessively high" even though its infrastructure and equipment were lacking. Meditex also owns pharmacies that sell medical and pharmaceutical products as well as perfumes produced in Cuba;[161] it has branches such as the dental clinic Meditex-Alvalade Stomatological Clinic and two Ophthalmological Centers attended by Cuban specialists (listed above).[162] The Cuban staff chosen to work at Meditex includes high-level doctor specialists many of whom are part of Cuba's Armed Forces and Ministry of the Interior, and almost all are members of the Cuban Communist Party (membership is by invitation only after careful screening and is highly selective); they are strictly controlled by Cuba's State Security, "more than the rest of the collaborators."[163]

Angola reportedly pays Cuba per health worker a monthly base salary equivalent to $5,000 (it might be more for certain specialists).[164] In 2022, the National Union of Angolan Doctors reported that Angolan doctors earned eight times less than the Cuban doctors.[165] (A 2021 report from a human rights organization cited testimony that Cuba was paid $6 to $7 thousand monthly per collaborator assigned to education and cultural activities.[166]) If the reported number of collaborators is 2,056, Antex is receiving from Angola an estimated $137.2 million

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[161] See https://www.facebook.com/MeditexLuanda/.

[162] A. Grimal, "Misión de Cuba en Angola (i)," op. cit.

[163] Ibid.

[164] "Cada médico cubano a trabalhar em Angola aufere anualmente mais 23 milhões kz do que um profissional nacional," *Isto É Noticia*, Apr. 20, 2022.

[165] The National Union of Angolan Doctors (SINMEA) reported that Cuban doctors in Angola were earning a monthly base salary of US$5,000 (approx. 2.1 million kwanzas), while Angolan doctors were earning eight times less, 270,000 kwanzas. ("Cada médico cubano a trabalhar em Angola aufere anualmente mais 23 milhões kz do que um profissional nacional," *Isto É Noticia*, Apr. 20, 2022.)

[166] Sergio Angel, Omara Isabel Ruiz Urquiola, et. al., *Misión educativa cubana en Angola: Instrumento de explotación académica*, Observatorio de Libertad Académica, Informe No. 13, Aug. 2021.

annually in gross wages.[167] But, it has not been a smooth ride; a 2017 report by Cuba Archive describes historic problems with payments by Angola and a resulting back-and-forth with the Cuban brigades.[168]

How much does Antex keep in net revenues? The vast majority. In late 2023, Cuban health workers in Angola were paid $500 to $1,200 a month, or an average of roughly $750 for eleven months, as their one-month vacation in Cuba is paid in worthless Cuban pesos and is currently equivalent to around $20 a month for specialists at the top of the pay scale;[169] this represents 9.8% to 13.8% of the $5 to $7 thousand reportedly paid to Cuba per worker. (A table of the actual wages paid to 1,065 workers derived from the leaked documents[170] shows that only 34.8% were paid $750 or more, and 10.3% were paid $500-$550 a month, 50.2% were paid $600-$660 a month, 23% were paid $950 a month, and only .09% were paid $1,200 a month; the weighted average was $744.41.)

Nonetheless, that reduced pay is then subject to many deductions: a stipend paid in local currency equivalent to around $200, a 3% to 10% "contribution" for the Cuban Communist Party, occasional pressured "donations" for natural disasters or large accidents occurring in Cuba (eg. $5 to 20 per occurrence), travel expenses and meals for travel to and from Havana by the workers who reside in other provinces, certain expenses in Angola (sheets, meals, uniforms, food, safety, and hygiene products). As a result, only around 64% of the average $750 monthly gross salary, $477, is left to send for a required deposit into a bank account in Cuba denominated in Cuban convertible pesos (to the US dollar), which is subject to arbitrary and disadvantaged exchange rates far removed from the US dollar to Cuban peso market rate. A case reviewed in the El Toque/Connectas investigation shows that the collaborator lost 44% annually ($3,205 of $5,724) just in the exchange rates applied by Antex to the monthly deposits. The workers, thus, end up with only 4% of the wages paid by Angola, representing just $200 a month for the average doctor. Since this report was published, the net amount of compensation has been further reduced given further devaluation of the Cuban peso.

Bringing goods back home is one of the important benefits of serving abroad, but the workers are typically restricted to bringing back just one 23 kg suitcase and a 10 kg carry-on. Antex further profits from the collaborators by charging them for transporting cargo back home. These shipments are often "lost."[171] Two hundred collaborators who returned to Cuba after completing their mission in Angola have been waiting since 2021 for their goods (equipment and appliances) for which they each paid Antex $5 to $10 thousand.[172]

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[167] With 2,056 collaborators reported by Cuba in 2023 and 2024 the calculation is as follows: $70,320,0000 (1,172 medical workers paid at $5k a mo. or $60k a year); $43,680,900 (586 workers in education and other sectors paid at $6.5k a mo. or $78k a year); and $23,244,000 (remaining 298 workers paid at $6.5k a mo., $78k a year).

[168] "Cuba in Angola: an old and lucrative business of the Castros," Cuba Archive, Aug-Sep. 2017.

[169] "A. Grimal, Misión de Cuba en Angola (I)," op. cit. (The highest paying doctors earn around CUP 5810 a month plus a small bonus, which at the current market rate is equivalent to around US$20.)

[170] Official documents leaked to Annarela Grimal, op. cit.

[171] A. Grimal, "Empeora la situación," op. cit. (Of 31 containers sent from Angola during the pandemic, 11 were still on their way by mid 2024.)

[172] A. Grimal, "Misión de Cuba en Angola (I)," op. cit.; and A. Grimal, "Empeora la situación," op. cit.

A January 31, 2025 update of the investigation by Grimal[173] published by El Toque reports that political persecution and control by State Security has noticeably increased since their investigation of the Angola mission was published in April 2024. Stricter "resolutions" now subject the workers in Angola to more control and punishment.

Cuban doctors and educators working in Angola have recently indicated that their monthly stipend is currently just the equivalent of $100 in local currency, paid at a lower than market rate, and is insufficient to even cover their nutritional requirements. This forces them to take added risk by turning to cheaper but dangerous markets to buy their essentials; they can be robbed and even assaulted (some have been). Antex representatives reportedly tell the workers that Angola is not paying them or is delaying the payments. What's more, the workers in Angola cannot verify if their monthly wages have indeed been deposited in the bank account in Cuba, as they have no access to their account.

Furthermore, Grimal reports that many workers have had their annual one-month vacation in Cuba postponed by many months, others who have completed their mission have been waiting months to travel back home. Antex alleges it has no money to pay for their travel expenses. Because workers may only access their bank account balance when they return to Cuba, that is also pushed back. The delays also impose additional family separation and suffering: children left without a parent or two for very long periods, divorces proliferating, and older parents dying alone. According to Grimal, the bodies of the four collaborators who died in Angola of COVID in 2020-2021 have also yet to be repatriated.

The problems are longstanding. In October 2023, Cuban doctors in Angola had similarly complained[174] that for about five months they had been receiving just 50% of their contractually agreed stipend of $100 in local currency, which was insufficient to cover their expenses. They also reported that their accommodations were "precarious" and that 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 and had been told that "the Angolans were not paying the Cuban state company."

Cuba has doubled down on its efforts to enhance "cooperation" with Angola; likely it seeks to export more workers there and/or speed up payment collection from its government if Angola is truly behind in paying. In August 2023, Cuban President Miguel Díaz-Canel visited Angola and signed three bilateral agreements to strengthen cooperation. These included memoranda of understanding in pharmaceutical regulation and investment promotion between their respective economic zones.[175] In August 2024, Díaz-Canel visited again, and in 2024 three more high ranking Cuban officials visited: Prime Minister Manuel Marrero, the president of the National Assembly of People's Power, Esteban Lazo, and Health Minister José Ángel Portal Miranda.[176] In July 2019, Angolan President João Lourenço had paid an

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[173] A. Grimal, "Empeora la situación," op. cit.; "Presidente angolano inaugura hospital," op.cit.; "Primer ministro de Cuba conversó con colaboradores en Angola," op. cit., "Díaz-Canel dialogó con cooperantes de Cuba en Angola," Luanda, *Prensa Latina*, Aug. 20, 2024.

[174] "Un médico cubano destacado en Angola denuncia los malos tratos de Antex, filial de Gaesa," Madrid, *14ymedio*, Oct. 07, 2023.

[175] "Angola and Cuba open new cycle of cooperation," *Africa-Press – Angola*, Sep. 4, 2023.

[176] A. Grimal, "Empeora la situación," op. cit.

official visit to Cuba, signing several bilateral agreements and delivering a lecture at the University of Havana.[177]

Angola not only partners with the Cuban dictatorship in the exploitation of Cuban workers, but also supports the Cuban regime politically, fails to defend the human rights of the Cuban people, and seemingly pays no attention to its strategic interests with the United States in doing so. The Government of Angola maintains a strategic alliance with Cuba particularly in Africa, where it is a regional leader, and Latin American. Angola has consistently supported Cuba in international forums, including in the annual resolutions of the United Nations General Assembly against the US embargo against Cuba. In October 2024, Angola's president inaugurated a modern 200-bed hospital in Cuanza-Sul province hospital, an investment of $66 million,[178] that he named after Raúl Díaz Arguelles, the Cuban military officer sent by Fidel Castro in 1965 to support Marxist guerrilla movements in Africa, particularly in Angola.[179] Cuba's broader strategy of international revolution led to its early involvement in the Angola war against factions backed by the United States.

Meanwhile, since 2022, the US has greatly enhanced its engagement with the Angolan government in multiple areas. In 2023, high-level visits of US officials to Angola included the US Secretary of Defense Lloyd Austin, the US Agency for International Development (USAID) Administrator Samantha Power, the US International Development Finance Corporation CEO Scott Nathan, and the US Export Import Bank Chair Reta Jo Lewis. The US has delivered extensive and growing assistance to Angola, including military assistance of over $18 million in the four years 2020 to 2023.[180] Just the non-military US assistance to Angola more than covers the totality of Angola's payments to Cuba for their joint exploitation of Cuba's workers on Angolan soil. Just in the last two years US aid, financing, and technical assistance to Angola, among others, includes (mostly from USAID):[181] $1 million to develop transportation infrastructure; $13.3 million in emergency assistance to three provinces affected by drought; $5 million to support agricultural development focused on women smallholder farmers; over $23 million for AIDS Relief in fiscal year 2023 alone; $5 million to address road traffic injuries and deaths; nearly $5 million for a "Mobile Money is Better" project; $10 million from US, local, and international private sector partners spearheaded by USAID to support communities in the Okavango Delta; $10.9 million vaccine dose donations; and $4 million bed nets to protect Angolans against malaria. Recently approved US financing to Angola includes $900 million by EXIM Bank for solar projects and $42 million to support the export of FM transmitters, towers, training, and others to Radio Nacional de Angola, as well as $363 million to fund 186 prefabricated bridges. Technical support of unknown monetary value includes CDC training of over 400 Angolan laboratory technicians on HIV and COVID and of over 8,000 health workers to diagnose and treat malaria, US Department of Treasury support to reduce Angola's debt vulnerabilities, and US Geological Survey Institute scientific collaboration to advance Angola's potential as a producer of critical minerals.

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[177] "Angolan president visits Cuba," *OnCuba*, Jul. 1, 2019.

[178] "Presidente angolano inaugura hospital Comandante Raúl Díaz Argüelles," *Cuba Debate*, Oct. 21, 2024

[179] "Raúl Díaz Arguelles," Ecured, https://www.ecured.cu/Ra%C3%BAl_D%C3%ADaz_Arg%C3%BCelles

[180] "Fact Sheet: The US– Angola Partnership," US Embassy in Luanda, Dec. 13, 2023.

[181] Summarized from ibid.

Bahamas

**See an updated report and copies of agreements at https://cubaarchive.org/cuba-salud/bahamas/*

The 2024 US Department of State's Trafficking in Persons Report (TIP report) classified The Bahamas as a Tier 1 country that "fully meets the minimum standards for the elimination of trafficking," yet, the report[182] reads: "In January 2022, the government signed an official agreement with the Cuban government to temporarily host 50 medical workers to provide medical care during the pandemic; the government reported the medical workers were working in the country during the reporting period. According to press reports, an additional 37 Cuban medical professionals arrived in 2023. Government-affiliated Cuban workers, including medical professionals may have been forced to work by the Cuban government." It recommends improving efforts to equitably identify victims and refer them to services, particularly among vulnerable groups, including … Cuban nationals working on government-sponsored programs."

Cuba's Ministry of Foreign Relations confirmed in April 2024 that "more than one hundred" Cuban collaborators were working on nine islands of the Bahamian archipelago.[183] In December 2024, the same Ministry reported that The Bahamas' Minister of Health and Wellness, Dr. Michael Darville, and the General Director of the Public Hospitals Authority, Dr. Aubynette Rolle, had met with representatives of Cuba's Comercializadora de Servicios Médicos and had agreed on the positive progress of the bilateral health collaboration and the desire to strengthen it in the future.[184] In late 2023, Bahamas had reported hiring 37 Cubans as laboratory technicians, X-ray technicians, physical therapists, nurses, and biomedical engineers at centers such as Princess Margaret Hospital and Rand Memorial Hospital.[185]

Cubans are also hired out as educators. In August 2024, 40 Cuban teachers joined the Bahamian public education system ahead of the new school year.[186] In February 2020, The Bahamas Ministry of Education had announced plans to engage 60 teachers from Cuba to fill gaps in subjects such as agricultural science, auto mechanics, biology, chemistry, electrical installation, mathematics, Spanish, and French.[187] Complaints by the Bahamian Teachers Union that the Cubans had language problems seem to have been ignored or dealt with.[188]

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[182] https://www.state.gov/reports/2024-trafficking-in-persons-report/bahamas/

[183] "The Bahamas and Cuba strengthen educational cooperation," Nassau, Minrex, Apr. 17, 2024,

[184] "Visita de representantes Servicios Médicos Cubanos a Las Bahamas," Nassau, Minrex, Dec. 21, 2024

[185] "Darville: 50 nurses from Ghana and Cuba to bring relief next week," *The Tribune*, Oct. 23, 2023.

[186] Joshua Willians, "B.U.T. president: 46 Cuban teachers join the education system," Nassau, *Our News*, Sep. 8, 2024, https://ournews.bs/b-u-t-president-46-cuban-teachers-join-the-education-system/?utm_source=chatgpt.com

[187] Earyel Bowleg, "60 Cuban teachers to cover shortages," *The Tribune*, Feb. 24, 2020

[188] The Bahamian Teachers Union has complained that the Cubans deployed to Abaco, Grand Bahama and New Providence have language problems in English but Education Minister Glenys Hanna-Martin announced that if any language barriers proved unresolvable, appropriate measures would be taken to ensure effective teaching and learning. (Aygen Marsh, "Doctors are sent to the Bahamas, while Cuban hospitals are rarely staffed," Amico Hoops, Oct. 26, 2023; "Hay un conflicto entre el sindicato de docentes y el Gobierno de Bahamas por los maestros cubanos," Nassau, *Diario de Cuba*, Sep 9, 2023; https://www.facebook.com/watch/?v=281310631353465)

In June 2024, The Bahamas' Ambassador to Cuba, Elliston Rahming, was interviewed in Havana on the occasion of the 50th anniversary of his country's diplomatic relations with Cuba. While stating there was no Cuban medical brigade in his country, he indicated that "several doctors are there to diagnose those who will travel to Cuba mainly to receive treatment in ophthalmological diseases," clarifying that 30 to 50 Bahamians "engage in medical tourism here" each week.[189] The Ambassador might have been attempting to conceal his country's partnership with a Tier 3 country in the exploitation of Cuban workers in Bahamian soil. But, aside from the published annual TIP reports denouncing the forced labor arrangements, in October 2023, Cuba Archive wrote to Dr. Darville, Minister of Health of The Bahamas, to inform him of the human rights violations surrounding Cuba's brigades, contrary to the Protocol on Trafficking in Persons, ratified by The Bahamas in 2008.[190] 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.

In his interview, Ambassador Rahming focused on the anniversary celebrations in Cuba (concerts, a parade and other activities)[191] and made no mention of the human rights of the Cuban people, which have been systematically ignored by his government. Instead, he declared: "Cubans are very hospitable, just like us. We both love music, dancing and drinking rum. Cubans are very resilient, very talented and supportive. There is a lot of security in Cuba, and peace and harmony, something that Bahamians like."[192] He also gloated: "Our government, in all the votes taken at the United Nations against the blockade, stands by Cuba. … We are also against the inclusion of Cuba in the list of countries sponsoring terrorism because it hinders trade and normal relations between two neighboring nations and with other states."[193]

In 2024, the Bahamian government deported back to Cuba the 22-year-old Marco Antonio Alfonso Breto despite his legitimate request for political asylum. Alfonso had been sentenced to five years of correctional labor with confinement for participating in the July 11, 2021 peaceful mass demonstrations; he had escaped and, after hiding for around four months, had set out to sea attempting to reach the United States. Upon arriving, he was incarcerated at State Security headquarters in Havana, Villa Marista.[194]

Several Cuba-Bahamas bilateral agreements encompass immigration, training of customs professionals, prisoner transfers, training of dogs specialized in inspections at airports and places of entry, and courses for prison officers. To date, the US has rewarded The Bahamas with a Tier 1 TIP classification and many millions of dollars in disaster relief, humanitarian

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[189] Nuria Barbosa León, "Cuba y Bahamas similares en lo diverso," *Granma*, Jun. 6, 2024. (Translation from Spanish by the author.)

[190] Cuba Archive also requested copies of all the agreements and a breakdown of all payments and expenses to host the Cuban workers.

[191] Ibid and "Cuba and The Bahamas unite to celebrate half a century of diplomatic relations," Ministry of Foreign Affairs of the Bahamas, Mar. 8, 2024, https://mofa.gov.bs/cuba-and-the-bahamas-unite-to-celebrate-half-a-century-of-diplomatic-relations/

[192] Nuria Barbosa León, "Cuba y Bahamas similares en lo diverso," *Granma*, Jun. 6, 2024. (Translation from Spanish by the author.)

[193] Ibid.

[194] "Bahamas devuelve a Cuba al preso del 11J que se fugó de la cárcel," La Habana, *14ymedio*, Feb. 5, 2024.

aid, economic development, health and environmental support, and for myriad exchanges and collaborations.[195] In 2019, after Hurricane Dorian, the US sent The Bahamas nearly $25.8 million in aid (around $17.3 million disaster relief efforts and emergency food assistance (USAID) and nearly $8.5 million from the Department of Defense to support relief operations, including logistics and transportation;[196] and supported an Inter-American Development Bank $100 million contingency loan to assist with humanitarian and reconstruction efforts.[197] In 2023 alone, Bahamas received at least $3.7 million in aid from the US, including $1.4 million from the Department of Defense and $1 million for an "Advanced Landscape and Ecosystem Monitoring Project" at Florida International University.[198] Furthermore, in June 2023, US Vice President Kamala Harris announced at a meeting in The Bahamas that the US would invest more than $100 million in the Caribbean region to alleviate Haiti's humanitarian crisis and crack down on weapons smuggling and human trafficking, support climate change initiatives, and boost emergency response and preparedness across the region[199] —presumably some of these funds would benefit the Bahamas.

Congo Brazzaville

The 2024 U.S. Department of State's Trafficking in Persons Report (TIP report) classified the Republic of the Congo as a Tier 2 Watch List country; among others, it specifies that "Cuban government-affiliated medical professionals working in the Republic of the Congo may have been forced to work by the Cuban government." The Prioritized Recommendations for the country include: "Proactively identify trafficking victims, including by screening for trafficking indicators, especially among vulnerable populations, including ... Cuban government-affiliated workers. … screen Cuban overseas workers, including medical professionals and refer them to appropriate services."[200]

The Cuban government has had a close relationship with the Republic of Congo (Congo-Brazzaville) since the mid-1960s, with considerable influence and presence there.[201]' It was one of the earliest targets for Fidel Castro's unique brand of health diplomacy that, since the 1960s, included vaccination of Congolese children for polio. In 1979, Castro claimed that Cuba's

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[195] "US Relations with The Bahamas," Bilateral Relations Fact Sheet, Bureau of Western Hemisphere Affairs, U.S, Department of State, Jul. 10, 2023.

[196] "Bahamas: Response to Hurricane Dorian," Congressional Research Service, Updated October 1, 2019.

[197] "Hurricane Dorian: IDB provides $100 million in emergency funding line to The Bahamas," Interamerican Development Bank, Sep. 6, 2019.

[198] US Foreign Assistance: Bahamas, https://www.foreignassistance.gov/cd/bahamas/?utm_source=chatgpt.com

[199] Dánica Coto, "US vice president announces more than $100M to help Caribbean during official visit to Bahamas," San Juan, *Associated Press*, Jun. 8, 2023.

[200] https://www.state.gov/reports/2024-trafficking-in-persons-report/republic-of-the-congo/

[201] In 1965, Castro sent a 250-strong force to Congo-Brazzaville to defend its nationalist government and help Che Guevara, who had established a Marxist guerrilla front in the eastern borders, in Congo-Leopoldville (that failed). The men also began to train other guerrilla groups, in particular, Aghostino Neto's Marxist-Leninist MPLA (People's Movement for the Liberation of Angola); from Brazzaville, three columns joined the Angolan guerrillas. See Enrique Ros, *La Aventura Africana de Fidel Castro* (Miami: Ediciones Universal, 1999) and Juan Benemelis, Las guerras secretas de Fidel Castro (Coral Gables: Grupo de Apoyo a la Disidencia, 2003; "Jorge Risquet Valdés," Ecured, https://www.ecured.cu/Jorge_Risquet_Vald%C3%A9s).

"technical assistance" to Congo-Brazzaville was entirely free.[202] There is little information on that, but assuming it were true, at some point, it is fair to conclude that it turned into a business for Cuba.

In 2008, a Cuban medical brigade of 14 was in the country, in the departments of Brazzaville, Niari, and Cuvette.[203] It grew to 72 in 2014 and was reported to have grown to 67 members in 2018.[204] In 2013-2014, Cuba also offered to train 1,000 Congolese students in medicine, with scholarships apparently paid by the government of Congo-Brazzaville; the first group of graduates returned in 2020, but missing 142 who had been deported in 2019 for leading a riot to protest their poor conditions in Cuba.[205]

There is currently a Cuban medical brigade working in the public health system, contracted out to the host government, deployed to at least Brazzaville and the town of Oyo, in the Cuvette Department. Its current number of members is unknown. In addition, around 160 Cuban health professionals —doctors, nurses, and technicians— are working in similar conditions of modern slavery in a private facility in Brazzaville inaugurated on April 15, 2024, the Nouvelle Vie Médicité Hospital.[206] Cuba Archive has received a first hand, well-documented, and convincing testimony to that effect; it is reported as anonymous to protect the source from reprisals.

The clinic is run despotically by Tariq Hussein. Its owner is said to be the son of Congo's President, Denis Sassou Nguesso, the country's authoritarian ruler for 39 years. A Cuban doctor from Camaguey, Dr. Pedro Expósito Moreno, who has been in the Congo for over 15 years, recruited the health workers in Cuba. Barely getting by with the miserly salaries paid in Cuba, they seized the opportunity to improve their lot and travel overseas to work independently. The workers were allowed to relocate to Brazzaville with their families, including children, which is impossible in the State-run international missions.

That these workers could obtain a passport and were allowed to leave the country is highly unusual. Many specialists were hired for the private clinic in the Congo, yet, they are considered essential health personnel and "regulados," restricted from traveling without a special authorization that is very hard to get. Before leaving Cuba, the health workers were asked to sign a contract in French, for which they did not get an official or written translation, the opportunity to procure legal advice, or a copy. The contract said they could not work in the Congo other than in the Nouvelle Vie clinic, which they accepted. Upon arriving, at the airport their passports were retained. Once they started working, they found that they had

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[202] Piero Gleijeses, *Visions of Freedom: Havana, Washington, Pretoria, and the struggle for Southern Africa 1976-1991* (Chapel Hill: The University of North Carolina Press, 2013), p. 108-109 (citing Memcom (Castro, Neto) Jan. 26, 1979, Consejo de Estado).

[203] Quentin Loubou, "Des médecins cubains au Congo pour renforcer les prestations médicales du pays," Congo-Brazzaville, *Les dépêches de Brazzaville*, Jul. 10, 2008.

[204] "Coopération : une troisième brigade médicale de Cuba en République du Congo," Adiac Congo, Apr. 2014; Lydie Mireille Bouilama, "Le Congo attend une mission de médecins cubains," *Vox*, Oct. 20, 2018.

[205] "Congo: 142 étudiants congolais expulsés de Cuba rentre au bercail," JournaldeBrazza.com, May 8, 2019; "Dejan Cuba cientos de estudiantes de Medicina del Congo sobrevivientes de la purga de 2019," La Habana, *Diario de Cuba*, May 4, 2024.

[206] See https://nouvelleviemedicite.com/

grueling schedules and had to see an inordinate number of daily patients, were assigned repeated guards with very little rest, and were threatened with repatriation if they complained. They have not been provided written authorization to legally work in the country and are concerned about their legal exposure.

Doctors who are specialists received an initial pay in local currency of XAF 600,000 (US$945) per month, which is reportedly around 21-24% of the average salary of a doctor in Brazzaville with 10 to 20 years of experience (the salary of a specialist in unknown); it was subsequently raised to 1,000,000 (US$1,575) or around 40-35% of the local average monthly salary.[207] With that low compensation, they must pay for food and all other expenses except lodging, including school for those who have children. Although their lodging is provided, it is sub-standard; two doctors or four nurses (in 2 bunk beds) must share a small bedroom; 16 to 17 persons share a kitchen and family room per floor.

A de facto wage confiscation in this private clinic arrangement is apparently operating under a scheme similar to the government-to-government agreements. The clinic might be paying the Cuban regime the portion of the standard wages that is not paid to the Cuban workers or a finders' fee per worker; or the regime and/or high-ranking Cuban officials might have partial ownership of the clinic (which might be under the name of figureheads) and derive a greater profit based on the lower labor costs. Another possibility —that seems less likely— is that the recruitment and exploitation of the Cubans responds solely to individual corruption with the participation of Cuban officials on the Island and in the Congo in a personal capacity. This poses a similar conundrum as trying to determine who is behind the recruitment of Cubans as mercenaries for Russia in the war in Ukraine. Given the lack of transparency, finding who is behind these arrangements has not been possible. What is certain is that in a totalitarian country like Cuba, they cannot happen without high-ranking official participation.

The private clinic modality of forced labor/trafficking of Cuba's export health workers appears to be expanding to more countries, as noted in the report/information submission (see pages 9-10). This model is being implemented in at least a few private facilities in Angola under the standard government-to-government agreement. To date Cuba Archive has not obtained any testimony from Cuban doctors working in seemingly similar circumstances in private facilities in other countries suspected to have these arrangements: Barbados, Bolivia, Chile, Colombia, Dominican Republic, Equatorial Guinea, France, Mauritania, Peru, Portugal, Qatar, Serbia, and St. Vincent and the Grenadines.

Italy

The 2024 U.S. Department of State's Trafficking in Persons Report (TIP report) classified Italy as a Tier 2 country because "the Government of Italy does not fully meet the minimum standards for the elimination of trafficking but is making significant efforts to do so." It stated: "There are strong indicators of forced labor in Cuba's labor export program, including the medical missions. In 2023, there were approximately 172 Cuban government-affiliated medical workers in Calabria who may have been forced to work by the Cuban government." Its

[207] A doctor in Brazzaville with 10 to 20 years of experience reportedly earns around CAR 30 to 35 million a year. (Average Doctor Salary in Brazzaville, Congo for 2025, World Salaries, https://worldsalaries.com/average-doctor-salary-in-brazzaville/congo/?utm_source=chatgpt.com

Prioritized Recommendations included: "Given significant concerns about forced labor indicators in the Cuban labor export program, screen Cuban government-affiliated overseas workers, including medical professionals, and refer them to appropriate services."

As described in greater detail in last year's report, the poorly managed and inefficient Italian national health system that offers its workers poor pay, low pensions, grueling work shifts, inadequate infrastructure, and a cumbersome bureaucracy has fueled a mass exodus of health professionals towards richer countries and pushed many doctors into the private sector or early retirement. Staffing has decreased considerably in recent years,[208]especially in the poorer provinces. During the pandemic, the government relaxed hiring standards to bring in foreign health personnel not certified in the European Union. Two Cuban medical brigades worked for several months in the northern provinces of Lombardia and Piamonte.[209]

Cuba's COVID brigade paved the way for an August 2022 3-year agreement with the government of the southern Italian state of Calabria, one of the poorest in Western Europe, for the deployment of a 500-strong Cuban medical brigade, which was announced as "a first phase." In December 2024, 333 Cuban doctors were reportedly serving in 27 hospitals in five Calabrian provinces, providing services in 23 specialties: 117 in Cosenza, 55 in Catanzaro, 41 in Crotone, 77 in Reggio Calabria, and 43 in Vivo Valentia. They had arrived in phases: 51 doctors in December 2022 (part of a 63-member brigade), a second group of 126 arrived in May or August 2023, and a third group of 120 in August 2023 or January 2024. In September 2024, 66 doctors arrived in Calabria (perhaps replacing the first batch),[210] and presumably 167 other members of the brigade make up the 500 contracted. As with the COVID brigades, the Cuban regime and its friends have splurged on worldwide propaganda for its medical brigade in Calabria. Certainly, having a foothold in the European Union adds considerable credibility to its "medical diplomacy."

In January 2025, *L'Unione Sarda* reported[211] that the Italian island of Sardinia would soon receive 128 doctors and 30 nurses from Cuba, who were already in Italian language training. Yet, no news of this brigade's arrival has surfaced. In September 2024, *L'Unione Sarda* reported that the activists who had led the effort to bring the Cuban brigade had relaunched it with a letter to the President of the Region, the Health Councilor, and the Regional Council asking to make the agreement operational; it had bipartisan approval in the previous legislature.

Cuba is reportedly paid 4,700 euros a month per collaborator, of which 3,500 euros are paid directly to Cuba while 1,200 euros are paid as a stipend to the workers, of which a certain amount is likely paid locally for food and other expenses. Additional living, travel, and other expenses associated with their stay, if averaged at 73% of their salary (as in the recent Kenya brigade, but not necessarily a reliable figure) would bring the monthly cost per worker to at

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[208] "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.)

[209] See "Cuba in the time of coronavirus: exploiting a global crisis," op. cit.

[210] Catherin López, "Cuban doctors save lives in Calabria," *Radio Habana Cuba*, Dec. 23, 2024: María Josefina Arce, "Reconocen en Italia labor de más de 300 médicos cubanos en Calabria," Roma, Prensa Latina, Dec. 9, 2024.

[211] "Sardinian hospitals in trouble, 128 white coats arriving from Cuba," *L'Unione Sarda*, Jan. 14, 2024.

least $8,131, or $97,572. Meanwhile, the Cuban health workers themselves are grossly underpaid.

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.

There is a very extensive and active network of solidarity groups with Cuba; one of the prominent entities is the National Association of Italy-Cuba Friendship (ANAIC), which operates through regional circles, and has a widespread network across the country. Numerous local associations, political parties, and trade union organizations also engage in the solidarity movement with the Cuban regime.[212]

The author was invited to speak at an event in the Italian Senate in Rome last May 2024. This led to private conversations on the topic of the medical brigade in Calabria with a few Italian political figures, including at a high level in President Melloni's party. The feedback was that the region of Calabria is governed by the mafia and there was nothing the federal government could do (or, perhaps, was willing to do?).[213]

Calabria, however, is part of Italy, which is part of the European Union., which has strong legal safeguards to prevent human trafficking. Using the established mechanisms –with the required procedures-- within the legal framework of the EU seems like the proper approach to denounce this brigade. 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.[214]

On January 30, 2024, Antonio López-Istúriz, a Member of the EU Parliament, introduced an amendment to the Annual Report of the Committee on Foreign Affairs of the European Parliament intending to add the following: "in particular, emphasizes the "Cuban medical brigade" employed in some European countries as a persecution of fundamental rights and freedoms and a way of slavery and forced labour" to the phrase "condemns in the strongest terms, the systematic human rights violations and abuses perpetrated by the Cuban regime." He tweeted about it and asked, "guess who voted against?" Although at least one digital media venue covered the amendment as a fact,[215] it appears it was voted down, as the official documents for the January 20, 2024 meeting and the Annual Report do not reflect it.[216]

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[212] M. J. Arce, op. cit.

[213] Marinellys Tremamuno, "María Werlau: "Las brigadas médicas cubanas son una vía para infiltrar a la sociedad," *CubaNet*, Jun. 4, 2024.

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

[215] "El Parlamento Europeo condena la explotación de los médicos cubanos," Madrid, *Diario de Cuba*, Feb 1, 2025.

[216] Draft Report on the implementation of the common foreign and security policy - 2024 annual report (2024/0000(INI), Committee on Foreign Affairs, Rapporteur: David McAllister, Jan. 10.2024, https://www.europarl.europa.eu/doceo/document/AFET-PR-765084_EN.html; "The EU must

Aside from the forced labor violations affecting the Cuban workers, bypassing the accreditation requirements puts EU citizens at risk. That violation should also be channeled through the appropriate mechanisms of the EU by experienced and professional practitioners.

Kenya

Last year's information submission for the TIP report included a profile on Kenya with details of its agreement with Cuba for the deployment of around 100 Cuban doctors beginning 2018 and specialized training for 50 Kenyan doctors in Cuba for 3 years starting in 2021. It described how the Kenya Medical Practitioners, Pharmacists, and Dentists Union (KMPPDU) fought the agreement from the start and how, after five years of persistent efforts and eventual support in the Parliament, the Government of Kenya finally caved and announced it was cancelling the agreement with Cuba.[217]

The Cuban medical brigade was to fly home sometime in the Spring of 2024, when the contract ended. No news has been found confirming this, but the Cuban government would have naturally concealed it as much as possible and the government of Kenya was no doubt relieved to move on from the scandal. If the Cuban doctors had not left Kenya in 2024, it is safe to assume that the KMPPDU would have reported it. The training of Kenyan doctors in Cuba had also been denounced as a waste of human resources, as they must undergo two years of additional training before the medical board can allow them to practice in Kenya. For their part, the doctor trainees in Cuba have also denounced the deplorable conditions on the Island and their insufficient stipend of just $350 a month. It is unknown if this aspect of the collaboration was also cancelled.

To summarize, since the bilateral agreement was announced in 2017, the KMPPDU denounced that it made no sense, given that several thousand Kenyan doctors were unemployed. It filed a lawsuit in 2018, but it was dismissed by a court in Nairobi. Over the years, it denounced the Cuban doctors inadequate training and cases of malpractice. In 2019, the Ministry of Health had to require that local doctors accompany the Cubans (apparently poorly trained) "to guarantee the advisory aspects of the collaboration."[218] An eventual parliamentary investigation revealed that the monthly compensation paid to Cuba for each doctor ($5,300) was up to three times higher than what local doctors earned ($1,600 to $2,300). (Of course, the Cuban doctors were receiving 20% of the compensation, at best.) Additionally, Kenya was spending around $9,200 per month per doctor in benefits that local doctors did not receive, such as accommodations, utilities, travel, health insurance, and indemnity insurance; plus, each Cuban medical team had security, a vehicle with a driver, and translators. The bilateral agreements also had clauses pointing to the trafficking, such as a local

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defend its interests on the global stage," Press Releases, AFET, Jan. 30, 2025, https://www.europarl.europa.eu/news/en/press-room/20250127IPR26491/the-eu-must-defend-its-interests-on-the-global-stage; Procedure file, 2024/2080(INI), Full procedure, Implementation of the common foreign and security policy – annual report 2024, https://oeil.secure.europarl.europa.eu/oeil/en/procedure-file?reference=2024/2080(INI)#section4.

[217] Derrick Okubasu, "Govt blocks foreign medical graduates from interning in Kenya," *Kenyans*, Jan. 24, 2024; Charles Ebikeme, "Kenya scraps controversial doctor exchange programme with Cuba," *Mail & Guardian*, Dec. 12, 2023.

[218] "Ministerio de Salud de Kenia emite orden sobre médicos cubanos que molesta a doctores locales," *Radio Televisión Martí*, Sep. 10, 2019.

government agreement to deny the Cubans residence or work in the public health system outside the arrangement and holding Kenya responsible to pay for repatriation of doctors disciplined at Cuba's discretion.

What happened with the Cuban medical brigade in Kenya is worth noting. The irrational scheme is repeated in other countries whose governments allege needing the Cuban doctors, concealing what is essentially an assistance program for the Cuban dictatorship to extract funds, propaganda, influence, and intelligence, at hidden costs to the local population. It took a persistent campaign by a local organization, with help from opposition members of parliament in the, and media coverage to have the agreement cancelled.

Mexico

The 2024 U.S. Department of State's Trafficking in Persons Report (TIP report) classified Mexico as a Tier 2 country because "the Government of Mexico does not fully meet the minimum standards for the elimination of trafficking but is making significant efforts to do so." The Prioritized Recommendations include: "Increase efforts among front-line officials to proactively identify victims among vulnerable groups in Mexico and overseas – including ... Cuban government-affiliated workers." The report is quite detailed and extensive on the matter of the labor trafficking of Cuban workers: "authorities did not screen Cuban government-affiliated workers in Mexico, including medical professionals, for indicators of forced labor, despite evidence the Cuban government may have forced some of them to work. Immigration officials had formal SOPs to screen for, identify, and assist potential trafficking victims during initial immigration verification. (…) Mexican authorities continued to employ Cuban government-affiliated medical professionals but did not report efforts to prevent forced labor among these workers." It goes on to detail media and NGO reports on the payment by the Government of Mexico to the Cuban government that left the workers only 6 percent of their salaries.

Mexico had publicly announced that the Cuban doctors would be sent to remote, marginal areas, and violent areas of the country where local doctors did not want to serve. This justification has often been used to neutralize complaints by medical associations and other groups when the arrival of a medical brigade is announced. Yet, when hurricane Otis hit Mexico in October 2023, only 52 Cuban doctors of the promised 610 had been sent to the southern state of Guerrero.[219]

Official information on the number of doctors, their specializations and compensation, the costs of the medical brigade to the federal and/or regional governments, and other details has been sparse and contradictory, however, media coverage and statements by Mexican government officials have been much more plentiful than in most other countries. Mexican journalists cover the Cuban medical brigades frequently and have reported extensively on complaints —even from medical associations— of their lacking professional training, qualifications, experience, and licenses, of having certain doctors assigned to cover specialties

[219] "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. l

they lack, of displacing local doctors, of paying the Cubans more than the local doctors and nurses, and of cases of malpractice.[220]

By September 2024, at least 3,101 Cuban doctors with 35 specialists had been reportedly hired by Mexico's federal government or the different provinces; an official told the 14y medio digital newspaper that the goal was to hire 5,223 doctors as soon as possible.[221] Other workers not doctors who are likely also deployed have not been reported. The Cubans are deployed all over the country, using the same model favored in countries such as Brazil and Angola. From 2022 to December 2023, at least 48 doctors had escaped.[222]

Mexico is said to be paying an average 100.000 Mexican pesos a month (equivalent to US$5,125) to Cuba plus 27.000 pesos to each worker (around US$1,300) in an account in Havana.[223] The Cuban entity entering into the agreements is Comercializadora de Servicios Médicos Cubanos, S.A. 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)[224] despite loud protests from medical professionals and patients and even refusals to use it.[225] 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, where the numbers have diminished: the US, Spain, Germany, and UK.[226] Mexico's Foreign Relations Secretariat announced that the governments of Cuba, Mexico, and Colombia are advancing in the creation of a Latin American and Caribbean Drug Administration (or Agency).[227] Finally, the Mexican government sent several oil shipments to Cuba in 2024 and President Claudia Sheinbaum has confirmed that Mexico is supporting Cuba for humanitarian reasons and will continue providing it 400,000 barrels of oil from its daily production of 1.6 and 1.8 million barrels.[228]

Meanwhile, the US provided Mexico $232 million in aid in 2023, including $28 million in humanitarian aid, $1.5 million for women protection and health, and $1.5 million to combat

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[220] See a recent report: José Luis Ramos, "Académico mexicano expresa preocupación por la calidad de los médicos cubanos," *MartiNoticias*, Feb. 5, 2025.

[221] México contratará otros 3.800 médicos cubanos, para llegar a un total de 5.000, 14ymedio, Jul. 29, 2024; "México pagó a Cuba más de 23.000.000 de euros por 610 médicos especialistas por casi dos años," *14ymedio*, Sep. 22, 2024.

[222] "México pagó a Cuba más de 23.000.000," op. cit.

[223] Ibid; "México desembolsa por cada uno de los 3.101 médicos cubanos más de 5.000 dólares mensuales," Ciudad de México*, Diario de Cuba*, Oct. 10, 2024.

[224] "Reforzarán en México campaña anticovid-19 con dos millones de dosis de Abdala," *Cuba Debate / Granma*, Jan. 29, 2024.

[225] Angel Salinas, "Los mexicanos huyen de la vacuna cubana Abdala y hacen cola para la Pfizer," México, Dec. 21, 2023.

[226] "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; "Cuba, prioridad de AMLO: Las becas de México para estudiar Medicina en la Isla crecen un 142%," Ciudad de México, *Diario de Cuba*, 10 Oct 2023.

[227] "Colombia, Cuba y México preparan agencia de fármacos de capacidades tecnológicas y organizacionales," *Prensa Latina/Granma*, Mar. 19, 2023.

[228] "President of Mexico announces that she will assist Cuba with fuel: "For humanitarian reasons," *CiberCuba*, Jan. 11, 2024.

human trafficking,[229] which did not take into account the trafficking. Moreover, the United States-Mexico-Canada Agreement (USMCA) has strong language against labor trafficking. Its Labor Rights Chapter (Chapter 23) requires all three countries to adopt and enforce labor laws that comply with International Labor Organization (ILO) standards, including prohibitions on forced labor and human trafficking. The Forced Labor Ban (Article 23.6) specifically commits all three countries to prohibit the importation of goods made with forced labor. (The equivalence of services provided by forced labor in the national territory could be argued as equivalent.) The agreement also has "Stronger Enforcement Mechanisms" which gives the US more power to investigate and take action against labor rights violations, including labor trafficking.

Qatar

Qatar was designated a Tier 2 country in the 2024 TIP report because "the Government of Qatar does not fully meet the minimum standards for the elimination of trafficking but is making significant efforts to do so." The report states that there were "approximately 400 Cuban nationals working at the Cuban Hospital in Dukhan who may have been forced to work by the Cuban government," and describes an NGO report that Cuban workers employed in Qatar "were vulnerable to abuses including sexual harassment, coerced enrollment into the medical mission program, surveillance, exploitation, restriction of movement, and passport confiscation." Its Prioritized Recommendations included proactively identifying trafficking victims by screening for trafficking indicators among vulnerable populations, including … Cuban government-affiliated workers, including medical professionals."

Currently, around 1,232 Cuban health professionals work in Qatar, distributed across 13 institutions," including 550 in "the Cuban Hospital" in Dukhan, a town near the capital, Doha.[230] The hospital, a modern facility, officially opened in January 2012, and is reportedly gradually expanding. It is a "joint project" and "partnership" of the governments of Cuba and Qatar and is inserted into Qatar's public health system, but accepts patients paying privately or covered by private insurance.[231]

As reported in previous years, the Cuban workers live and work in much better conditions than in most other brigades and are paid, according to the last available report, $1,000 per month. However, Cuba is said to be paid at least $10,000 per month per member of the brigade (doctor, nurse or technician). This would leave Cuba net revenues (after paying the workers) at least $133 million a year, not counting additional funds from forced donations and arbitrary exchange rates imposed on the workers. Thus, the medical brigade in Qatar is one of the most profitable for Cuba.

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[229] https://www.foreignassistance.gov/cd/mexico/

[230] Alina Perera Robbio, René Tamayo, "En Catar todos hablan de los médicos cubanos," *Cuba Debate*, Dec. 3, 2023; Concluyó XXII reunión de Jefes de Misiones Médicas, La Habana, Juventud Rebelde, Jul. 13, 2024.

[231] The Cuban Hospital, https://hamad.qa/EN/Hospitals-and-services/The-Cuban-Hospital/About/Pages/default.aspx?utm_source=chatgpt.com

Qatar, of course, is a very rich nation, so it does not receive aid from the United States and can afford to hire well paid doctors from all over the world. The US has important and varied ties with Qatar: defense, security, geostrategic, economic, political.

South Africa

The 2024 U.S. Department of State's Trafficking in Persons Report (TIP report) classified South Africa as a Tier 2 country because "the Government of South Africa does not fully meet the minimum standards for the elimination of trafficking but is making significant efforts to do so." Among the issues it highlights is the matter of Cuba's export workers: "There were 432 Cuban government-affiliated medical workers in South Africa at the end of 2022. Authorities continued to partner with the Government of Cuba to hire medical professionals to provide services in all provinces. South African officials indicated workers were in control of their passports and credentials and reported contracting and paying workers directly. However, it was unclear if Cuban workers controlled their own bank accounts, and there was no information on the contracts the workers signed with the Cuban government."[232] Among the Prioritized Recommendations are: "Using the SOPs for victim identification and referral to care, proactively identify trafficking victims by screening for trafficking indicators during law enforcement operations and labor inspections, and among vulnerable populations, including … Cuban government-affiliated medical workers, and systematically refer trafficking victims to care."

As described in earlier reports, the Government of South Africa and/or the governments of certain provinces enter into labor contracts with the Cuban regime, which provides them doctors, engineers, specialists in hydraulic and electrical generation, in mining and food production. The latest breakdown in numbers found are from late 2022 and mid 2023. In November 2022, South Africa media reported that 229 doctors and 65 engineers from Cuba were part of the collaboration agreements.[233] In May 2023, Cuba state-owned media reported that the Cuban Medical Brigade had 213 collaborators, including 4 directors.[234] 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.[235]

The collaboration agreements have been steeped in controversy for years. Civil society organizations such as unions and opposition parties, particularly Democratic Alliance (DA), have questioned the government's close relationship with Cuba and have uncovered and denounced several aspects of the collaboration. It costs South Africa an estimated $25.9

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[232] https://www.state.gov/reports/2024-trafficking-in-persons-report/south-africa/

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

[234] "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.)

[235] "SA commends Cuba's support in water sector," *SA News* (South African government news agency), Dec. 1, 2023.

million a year just in wages for the medical brigade (assuming 432 members), not counting all the travel, housing, transportation, and administrative costs of relocating the Cubans.

In Gauteng, the Democratic Alliance (DA) has been complaining bitterly about the Cuban medical brigade. Guateng is the most populous province in South Africa, with more than a quarter of the national population and containing the largest city, Johannesburg, which is the administrative capital of Pretoria. In 2024, the DA complained that the Health Department was paying about R14 million (US$755 thousand) each year for eleven Cuban doctors[236] that had no specialist skills while local doctors faced huge levels of unemployment.[237] It also slammed the Department for gross mismanagement, lack of accountability, incompetence, and probable corruption for paying R3.9 million (US$210 thousand) in salaries to seven Cuban doctors for a year after they left the country having participated in a COVID brigade of 28 Cuban doctors.[238] (Despite contacting the Cuban government to recover the money, R2.7 million was outstanding on September 2024.) As described in earlier reports, hiring Cuban health workers during the Covid pandemic at a very high cost per doctor was also loudly criticized because many local doctors went unemployed.

Jack Bloom, the DA's shadow MEC (Member of the Executive Council) for health,[239] complained in a video interview of April 2024[240] that the unemployment of local doctors is a longstanding problem, with at least 600 to 1,000 local doctors unemployed nationwide. Newly graduated doctors who have done their community service, he said, "don't have a public service job they're actually very willing to work in the public health sector and as we can see there's actually 11 Cuban doctors filling positions that could be filled by South African doctors now." He reported that other provinces had opted out of the Cuban doctor training program and from employing Cuban doctors. Students who go to Cuba, he explained, must spend a whole year learning Spanish and, upon returning to South Africa, still have to do two more years at a local medical school. This is hugely expensive, costing more than double to train a doctor in Cuba than to do it locally, and the training is also not appropriate to the local conditions. Insisting that the Cuban doctors don't have irreplaceable skills, he added: "We have excellent medical training schools, we have people graduating from them every year, and every year we've got community service. …It's just an absolute scandal and these are plum positions, some of them are in Johannesburg. … I really think that these contracts need to be cancelled. … [It's] important that any money available for health in Guaden and in South Africa as a whole should be spent where the priorities are, not with this treaty with Cuba."

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[236] This means that the Health Department of Guateng is paying $68.6 thousand a year per doctor, or $5,719 per month, just in wages.

[237] "Health Dept slammed for favouring Cuban doctors over local talent," *BizCommunity*, 16 Apr 2024.

[238] Instead of their contracts terminating on 14 May 2021, the seven doctors had their contracts extended and they continued to receive salaries without working until May 2022. (Corné van Zyl, "Cuban Doctors paid millions after leaving South Africa," *Pretoria Rekord /Citizen*, Sep. 26, 2024; "DA laments millions paid to 'unemployed' Cuban doctors," SABC News, Sep. 26, 2024.)

[239] A Shadow MEC is the opposition party's counterpart to the MEC (Member of the Executive Council), responsible for monitoring and critiquing the ruling party's policies and performance in that portfolio. The Shadow MEC provides alternative policies and holds the government accountable.

[240] Gauteng Health spending millions of rands per year on Cuban doctors: Jack Bloom, weighs in, SABC News/YouTube, Apr. 18, 2024, https://www.youtube.com/watch?v=tb0x64lJhYM

During the interview, he also said that he had yet to see the skills transfer plan for the Cuban nationals employed in the country demanded from the Labor Department by a colleague.

The South African Institution of Civil Engineering, a trade union, has also publicly opposed hiring Cuban engineers; together with assorted experts, it argues that the country has sufficient engineers and cites Cuba's grave water and sanitation problems.[241] The current 5-year agreement lapses in 2025 but South African government officials have said that they plan to renew it.

The South African Military Health Service, part of the National Defence Force (SANDF), cancelled the Cuban Medical Training Programme, describing it as wasteful expenditure. It said it will not send additional medical students to Cuba but that students already there will be allowed to complete their medical courses.[242] It was part of a Cuba-South Africa collaboration agreement, Project Thusano,[243] that since 2015 has Cubans assisting South Africa's National Defence Force (armed forces) in the repair and refurbishment of Army vehicles, aviation equipment, Air Force armament, medical equipment for the Military Health Service, and training of South African military in Cuba. As of August 2021, there were 105 SANDF personnel in Cuba, 30 enrolled in the Cuban equivalent of the South African Security and Defence Studies Programme (SDSP) and 75 doing "various vocational/cadet training".[244] The agreement ended in January 2025 with an accumulated cost until then of R2.7 billion[245] (around US$143.7 million[246]). A renewal has not been reported, however, it was announced in December 2024 that military training in Cuba, apparently the latest of two agreements part of Project Thusano, would be discontinued.

The South African Air Force (SAAF) had been sending cadets for training in Cuba, but terminated the program due to its incompatibility with South African protocols and standards. Training in Cuba was conducted on Russian or Eastern European-type aircraft and followed a doctrine "dramatically different from the Western aircraft and flight training standards of the SAAF." The pilots-cadets trained in Cuba had to be sent for administrative work and further integration flight training. South Africa had spent R359 million (US$19.4 million), excluding the travel back and forth to Cuba, which had a cost of R136.4 million (US $7.4 million) for 32 flights chartered from SAA since 2017.[247] An Auditor-General 2022/23 annual report to Parliament stated that medical training for South African troops in Cuba was 136% more expensive to an equivalent course in South Africa, and over R122 million (US$$6.6

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[241] 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.

[242] "SANDF cancels Cuban Medical Training Programme," *SABC News*, Nov. 27, 2024.

[243] Thusano means "help" or "assistance" in Sesotho, a language spoken in South Africa.

[244] Sarah Lesedi, "SAAF ends Cuban training for cadets," *Military Africa*, Dec. 23, 2024.

[245] From 2015 to 2021, the cost Project Thusano to South Africa was R1.4 billion (US$74 million) and the 2022-2025 agreement cost R1.3 billion (IS$69.4 million). "Project Thusano to cost SA close to R3 billion," *DefenceWeb*, Aug. 18, 2022; "Cubans and "Tiffies" thanked for refurbishing SA Army prime mission equipment defence," *DefenceWeb*, Oct. 30, 2023.

[246] Exchange rate on Feb. 5, 2024. https://www.forbes.com/advisor/money-transfer/currency-converter/zar-usd/

[247] S. Lesedi, op. cit.

million) could have been saved if soldiers studied locally.[248] A military spokesperson, Siphiwe Dlamini, defended the training program stating it strengthened bilateral ties.[249]

Cuba has many friends –and likely agents—within the South African government and Armed Forces who celebrate the two countries strong friendship and solidarity. Aside from collaboration agreements that seemingly make no economic sense for South Africa, they have attempted other forms of assistance for the Cuban dictatorship. In October 2023, a court stopped an intended R50m (US$2.7 million) donation as humanitarian assistance to the Cuban government, declaring it illegal for skipping standard procedures. The civil rights organization AfriForum, which obtained an urgent interdict to prevent donation, argued: "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."[250]

South Africa can afford its largesse with Cuba thanks in great part to the United States government, which provided South Africa $440 million in aid in 2023, $364 million of which was dedicated to health projects.[251]

Timor-Leste (East Timor)

The 2024 US Department of State's Trafficking in Persons Report (TIP report) classified Timor-Leste a Tier 2 country because its government "does not fully meeting the minimum standards for the elimination of trafficking but making significant efforts to do so." However, it acknowledged that there were approximately 160 Cuban medical workers there in 2023 who "may have been forced to work by the Cuban government," and included among its Prioritized Recommendations: "Screen government-affiliated Cuban workers, including medical professionals for trafficking indicators."

Cuba indeed has a medical brigade of 160 workers in Timor-Leste (East Timor), a Southeast Asian country of only 1.3 million inhabitants. The Cubans are present at a hospital and a medical school in the capital of Dili, as well as in every municipality.[252] According to doctors who served in the Timor Leste mission until 2024,[253] it operates like all other missions: the health workers have the greater part of their wages confiscated, are subjected to labor exploitation, hardships, arbitrary restrictions, vigilance, threats, repression, and more abuses. At least eight reportedly deserted the mission in 2024: seven doctors and one nurse.

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[248] 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.

[249] S. Lesedi, "SAAF ends Cuban training for cadets," op. cit.

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

[251] https://www.foreignassistance.gov/cd/south%20africa/

[252] Tania Izquierdo Pamias, "Colaboración médica cubana en Timor Leste," CNICM-Infomed, Jan. 21, 2025, https://www.scu.sld.cu/pol30nov/2025/01/21/colaboracion- medica-cubana-en-timor-leste-fuente-cnicm-infomed-21-enero-2025-0-comentarios-responsable-tania-izquierdo-pamias/

[253] Cuba Archive has had extensive contact with these doctors, has seen documents proving their credentials and obtained their detailed testimony. Their identity is undisclosed to avoid reprisals.

The doctors who deserted from the mission in Timor received a salary of around $900 a month, which they believed to be around 20% of what the Cuban government was receiving for their services. With that, they had to pay for all their expenses including food, although housing and utilities were covered for them. They were assigned to live next door to the hospital where they worked, in a small bungalow of 2 bedrooms and 1 bathroom shared with another Cuban doctor they met after arriving. It was made of some kind of plastic and had no air conditioner, so it was very hot. One, a certain specialist, had to work extremely long hours for endless days without rest and was suffering from exhaustion; he was not allowed to complain and was threatened with being sent back to Cuba if he did. Their passports were retained right after their arrival. Their one-month vacation after eleven months of service —a contractual obligation by the Collaboration Unit of Cuba's Ministry of Health— was a formality; they had to work for many more months without any breaks before they were flown home on vacation (they were not allowed to travel anywhere else). They understand that the $900 wage for the month of vacation is now being paid after the doctors return from vacation in Cuba, as an added obstacle to prevent defections (there are no Cuba-Timor direct flights and the minders have not been able to control their every move during overnight stopovers).

Cuba also trains medical students from East Timor and reports having already graduated over 1,100 doctors. The country had just gained its sovereignty and independence in 2002 after a long conflict when Fidel Castro seized a unique opportunity to share his special brand of "health diplomacy," seeking to obtain influence, gain political capital and deploy an effective vehicle to plant intelligence agents and collaborators. He committed with its new president and current president,[254] then Minister of Foreign Business, to train 1,000 doctors.

There is another medical brigade from China that is working jointly with the Cuban doctors. According to one of the doctors who worked there: "the Cuban regime spreads its tentacles to penetrate the social fabric of the country."[255] Its influence is such that "when President Ramos Horta and other personalities in the country fall ill, they are cared for by selected doctors from the Cuban Medical Mission under the Chief of Mission's command."[256]

A study of Human Resources for Health (HRH) in post-independence East Timor in 1999–2018 confirms the strategic importance of Cuba's tactical investment: "In terms of actors, there was a shift over time as the relevance of external players faded in favour of that of internal actors and institutions. As in other settings during the immediate post-conflict phase, Western donors and multilateral organisations were essential and influential in the aftermath of the violence to provide financial and technical support to the nascent Republic, including supporting HRH systems. Later, Cuba became a prominent player, and despite their professed

[254] José Ramos-Horta was awarded the Nobel Peace Prize in 1996 for advancing his country's self-determination and Indonesia's eventual withdrawal after an occupation from 1975-1999 following its independence from Portugal. "José Ramos-Horta, Facts," The Nobel Peace Prize, https://www.nobelprize.org/prizes/peace/1996/ramos-horta/facts/

[255] Text from Anonymous Source # 8 to the author, Feb. 5, 2025. (Translation from Spanish by the author.)

[256] Ibid.

disengagement from 'politics', their views and approaches (e.g. gender and geographical balance of students selected) undoubtedly influenced policy-making."[257]

The United States has been one of those initial major donors sidelined by Cuba, that, in turn, gets paid for its services. In 2023, the US provided approximately $28.89 million in official development assistance to Timor-Leste, making it the country's second-largest donor after Australia.[258] Since 2002, the US has provided $500 million in assistance for, among others, staff training at the Ministries of Finance, Health, Tourism, and Agriculture, support for farming and agriculture, nutrition, healthcare, military education and training, governance, tourism, private sector productivity, and digital connectivity. In addition, the Millennium Challenge Corporation (MCC) agreed in July 2022 to invest $420 million for a $484 million for water sanitation and education project for which Timor-Leste will invest only $64 million.[259] The MCC was created by the US Congress to provide time-limited grants promoting economic growth, reducing poverty, and strengthening institutions for the world's poorest countries "that are committed to just and democratic governance, economic freedom and investing in their populations."[260] The US is also a major donor to several multilateral agencies active in Timor-Leste, such as the United Nations, Asian Development Bank, and World Bank.[261]

This largesse seems to have been of no consequence in preventing the Government of Timor-Leste from exploiting Cuba's health workers in its territory, a practice the US government must monitor and combat by law. To the contrary, in June 2024, Cuban Foreign Minister Bruno Rodríguez sent a letter of thanks to the President of East Timor, José Ramos-Horta, for his "rejection of the US government's inclusion of the island in the list of nations allegedly sponsoring terrorism." [262] Ramos-Horta had sent a letter urging the US government to definitively stop the sanctions against Cuba, enter into a dialogue with Cuba, and normalize relations. He noted that, "for decades, Cuba had sent tens of thousands of doctors to various countries in Africa, Latin America and Asia" and saved millions of lives.[263]

Trinidad and Tobago

The 2024 US Department of State's Trafficking in Persons Report (TIP report) classified Trinidad and Tobago as a Tier 2 country whose government "does not fully meet the minimum standards for the elimination of trafficking but is making significant efforts to do so." Yet, the country page acknowledges: "The government reported it signed a technical cooperation agreement with the Government of Cuba in 2018 to guide the recruitment and employment of Cuban medical workers in the country. The government reported that under the agreement, it directly interviewed and chose the workers, provided employment on a contractual basis under

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[257] Maria Paola Bertone, Joao S. Martins, et. al. "Understanding HRH recruitment in postconflict settings: an analysis of central-level policies and processes in Timor-Leste (1999–2018)," *Human Resources for Health*, 2018, https://doi.org/10.1186/s12960-018-0325-5

[258] https://foreignassistance.gov/cd/timor-leste/current/obligations/

[259] "Timor-Leste: Background and US Relations," Congressional Research Service, Jul. 26, 2024.

[260] https://www.mcc.gov/about/ and https://www.mcc.gov/about/values/

[261] "US Relations With Timor-Leste: Bilateral Relations Fact Sheet," Bureau of East Asian and Pacific Affairs. US Department of State, Apr. 25, 2022; "About MCC," https://www.mcc.gov/about/

[262] Beatriz Montes de Oca, "Cuba appreciates Timor Leste's support against US hostility," Havana, *Radio Habana Cuba* (RHC), Jun. 22, 2024. (Translation from Spanish by the author.)

[263] Ibid.

terms and conditions of the chief personnel officer; paid salaries commensurate with those of Trinbagonian counterparts directly into the medical professionals' own local bank accounts; and granted the employees vacation time, sick leave, paid local and Cuban holidays, overtime, housing, transportation, and meals.[264] This appears to have been accepted face value and would certainly prove untrue. The TIP report also states: "According to press reports, in 2023 there were 78 government-affiliated Cuban medical professionals in the country who may have been forced to work by the Cuban government." Its Prioritized Recommendations were silent on the matter.

In fact, since 2003 Trinidad and Tobago and Cuba have had a "Compensated Technical Assistance Programme"; by 2015, 200 Cuban health workers had already served in Trinidad and Tobago.[265] Cuba's presence has seemingly grown since then, as in August 2024, the medical brigade had a staff of 116 collaborators made up of a doctor, oncologists, maxillofacial specialists, and nursing staff, with 15 more doctors expected soon.[266]

Although the amount paid by the Government of Trinidad and Tobago per collaborator is unknown, $3,000 a month per worker would total $4.7 million a year and $4,000 per month would total $6.3 million a year. Thus, the Cuban medical brigade was easily funded with equivalent US government assistance of $5.2 million in fiscal year 2023 that included $1.3 million for the health sector (HIV/AIDS).[267] Additional costs to the US taxpayer may also be implied in the numerous projects reported by the US Department of State by which the US government provides technical assistance to the Government of Trinidad and Tobago.[268]

In December 2022, USAID opened a satellite office there, so the Government of Trinidad Tobago must have expected to continue facing no consequences for exploiting Cuban workers in its territory, as in January 2025, it the extended the health cooperation agreement with Cuba for five years.[269]

Uruguay

The 2024 US Department of State's Trafficking in Persons Report (TIP report) classified Uruguay as a Tier 2 Watch List country because its government "does not fully meet the minimum standards for the elimination of trafficking but is making significant efforts to do so." The Watch List status was assigned for a number of reasons including not dedicating adequate resources to combat labor trafficking, but "including potential trafficking crimes associated with foreign-flagged fishing vessels in Uruguayan waters or docked at the Port of Montevideo." Among other things, the report weakly referred to the Cuban medical brigade: "Cuban nationals

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[264] https://www.state.gov/reports/2024-trafficking-in-persons-report/trinidad-and-tobago/

[265] "Cuba's Lucrative Medical Aid Programme," *Global Voices*, Sep. 16, 2015, https://iwpr.net/global-voices/cubas-lucrative-medical-aid-programme

[266] Ricardo R. González, "Corazones villaclareños en Trinidad y Tobago," *Vanguardia*, Aug. 19, 2024.

[267] https://www.foreignassistance.gov/cd/trinidad%20and%20tobago/

[268] "US Relations With Trinidad and Tobago: Bilateral Relations Fact Sheet," Bureau of Western Hemisphere Affairs, US Department of State, Aug. 18, 2023, https://www.state.gov/u-s-relations-with-trinidad-and-tobago/

[269] "Realiza Brigada Médica en Trinidad Tobago balance de su trabajo anual," Minrex, Puerto España, Jan. 25, 2025.

working in Uruguay may be forced to work by the Cuban government." It also failed to include the issue in the Prioritized Recommendations.

Uruguay has had a Cuban medical mission since 2007. A small team dedicated to orthopedic equipment was pulled out in 2021, but the medical (ophthalmological) brigade remains based at Montevideo's Eye Hospital. In 2024, it was reportedly responsible for 50% of the surgeries at the Eye Hospital and some of its members crisscrossed the country continually to find or operate on ophthalmological patients.[270] The last available breakdown of the number of brigade members is from November 2023, when Cuba's state-owned media reported that the 21-member Cuban brigade at the Eye Hospital included 10 doctors, four nursing graduates, an optometrist, an electro-medicine specialist, a driver, and a cook.[271]

The U.S.-based organization Global Liberty Alliance, GLA, 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.[272] GLA has not received a response.[273] In 2022, Cuba Archive made several efforts with Uruguay's highest level diplomats in the US and wrote a letter to the President of Uruguay, jointly signed by GLA, requesting that the government cease the labor exploitation and other human rights violations implicit in the Uruguay-Cuba agreements and, if need be, hire the Cubans directly. No response was received.

During 2024, Foundation for Human Rights in Cuba, citing government officials of the center-right government of Luis Lacalle Pou (March 2020 to present) reported that the medical mission had been terminated. However, Cuba Archive continues to receive credible information indicating that the brigade is in place, including effusive and extensive propaganda from Uruguay's pensioner association and leftist groups, including several Uruguayan solidarity groups nurtured by the Cuban regime for many years.

President Lacalle is no fan of the Cuban dictatorship and Uruguay is party to the Protocol to Prevent, Suppress, and Punish Trafficking in Persons. Yet, he did not end his country's participation in the exploitation. His party was recently defeated in the presidential election of November 1, 2024 and with that, a good opportunity to end the labor exploitation appears to have slipped away. The leftist Frente Amplio returns to power on March 1, 2025 when Yamandú Orsi assumes as President (having won with 52% of the vote). The Frente Amplio has a very strong relationship with Cuba.

The cost to Uruguay of the Cuban brigade is unknown, but agreements going back to 2016, uncovered by legislators or through transparency requests, fix a payment to Cuba for doctors of $4,500 a month and $2,500 for all other collaborators, plus a $1,000 stipend paid locally to doctors and $790 to all others; this would bring the annual cost in wages for 21 workers to

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[270] The brigade's leader is still Dr. Evelyn Almira. ("Uruguayos y cubanos realizan jornada científica oftalmológica", Montevideo, Prensa Latina, Nov. 30, 2024; María Candela, "A médicos cubanos los adoran en Uruguay, dice líder de jubilados," Radio Habana Cuba, Dec. 8, 2024.)

[271] "Eye Surgery Mission celebrates its creation in Uruguay," Montevideo, *Prensa Latina*, Nov. 27, 2023.

[272] https://www.globallibertyalliance.org/uruguay.html

[273] Jason Poblete, telephone conversation with the author, Feb. 6, 2024.

$1,094,280. Additionally, if the Kenya brigade is used as a measure, the costs of travel, lodging, food, health insurance, and other expenses add to 73% of the wages per collaborator, bringing the total cost to around $1.9 million a year, minus any increases that might have been agreed to after 2016. The cost of the Cuban doctors, $9,511 monthly each, may exceed the cost of hiring local specialists, who are much better qualified.[274]

As Cuba is paid Uruguay for its health "collaboration" and also receives humanitarian aid from its solidarity network in Uruguay, the US donated to Uruguay over $15 million in a Humanitarian Assistance Program (HAP) since 2004 for different projects including the construction of two clinics and a community center and provided Uruguay, and the International Military Education and Training (IMET) program for 236 members of the Uruguayan military cost $4.96 million from 2015 to 2023. In 2023, the US also donated one large reverse-osmosis machine and six smaller machine to assist Uruguay in purifying water in response to the historic drought in 2023.[275]

B. Compulsory military service

Conditions in the compulsory military service remain abhorrent and, in fact, have reportedly worsened, as expected in a systemic crisis experiencing a downward spiraling. Pushback by affected families has grown and there has been increased coverage of the problems in Cuban independent media and social platforms.

Deaths in compulsory military service, not in combat[276]

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

- Julio Acuña Torres, age 19, April 2024, accidental.
- Alberto Mejías, April 4, 2024, suicide.
- Nesky Escalona Ortiz, age 18, October 26, 2024, extrajudicial killing.
- Flavio Alonso Piedra, age 21, August 7, 2024, suicide.
- Leandro Muñoz Zamora, age 20, June 12, 2024, suicide.

Two more recruits died in 2024 prior to April 1, 2024 (considered for the 2024 reporting period):

- Alain Roberto Lao, age 17, March 16, 2024
- Leodanis Verdecia, January 20, 2024.

Cuban mercenaries have been killed fighting for Russia in Ukraine. Cuba Archive has documented five cases in 2024.[277] Presumably, men with military training who served Cuba's

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[274] Camila Bello, "La "operación milagro" rodeada de dudas: médicos cubanos pierden prueba de la Udelar," *El País*, Dec. 8, 2019.

[275] "US Relations With Uruguay: Bilateral Relations Fact Sheet," Bureau of Western Hemisphere Affairs, US Department of State, Jul. 18, 2024.

[276] Search individual cases by name at CubaArchive.org/database.

[277] CubaArchive.org/database.

compulsory service —or given the option to avoid it— are being recruited with misleading or false promises.[278]

V. Recommendations

The 2024 TIP report made general recommendations: "Governments that utilize Cuba's labor export programs despite the serious concerns with the program should at a minimum conduct frequent and unannounced labor inspections to screen these workers for trafficking indicators and employ victim-centered interviewing techniques. These host governments should ensure all Cuban workers are subject to the same laws, regulations, and protections as for other migrant workers ... Officials should ensure workers maintain complete control of their passports and medical certifications and can provide proof of full salary payment to bank accounts under the workers' control. They should scrutinize medical reports produced by these workers, offer protection for those who face retaliation and punishment for terminating their employment, and raise awareness of trafficking risks for all foreign workers, including government-affiliated Cuban workers." These recommendations are reasonable if there existed any will to implement them, but because they would essentially invalidate the export worker scheme, the host/partner governments have no intention to do so.

Years of denunciations and diplomatic pressure have produced no results; in fact, some medical brigades have grown in size and/or rate of compensation to Cuba, and new markets for the exploitative scheme have been established, including in the European Union.

Following are recommendations that recognize that governments have vested interests to continue with the trafficking unless they face consequences:[279]

1) Sanction the following Cuban officials by disallowing visas to enter the US and freezing any local assets, warning that further sanctions will include others down the line:[280]
    - Ministry of Health: José Ángel Portal Miranda, Minister of Health; Dr. Marcia Cobas Ruiz, Vice Minister of Health (responsible for International Collaboration); Dr. Nestor Marimón Torres, Director for International Relations and Collaboration; Michael Cabrera Laza, Director of the Medical Collaboration Unit; Dagmara Cejas Bernet, Legal Counsel.
    - Comercializadora de Servicios Médicos: Yamila de Armas Águila, President; Beatriz Areñas Fraga, First Vice President; Víctor Felipe Tamayo, Vice President of Business; Alina Vicente Gaínza, Economic Vice President; and Aixa Díaz Miqueli, Legal Director.

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[278] Eva Hart, "Putin's passport trap: The Cubans caught in Moscow's endless war," *Politico*, Jan. 13, 2025.

[279] Some are included in "Recommendations for Ambassador Cindy Dyer, Director of the Office to Monitor and Combat Trafficking in Persons Office, US Department of State, Nov. 7, 2023 (published by Cuba Archive and drafted by the author.)

[280] For instance, there are five Commercial Specialists in International Medical Services at CMSC. Head of the brigades could also be sanctioned. (Comercializadora de Servicios Médicos, Board of Directors, https://www.smcsalud.cu/en/somos-smc)

- Corporación Antillana Exportadora, Antex: Carlos Santiago Martínez Rodríguez, Executive President; Pedro Jaime Bonilla Linares, VP for Angola; Jorge Acosta Carballo, nominal owner; Ana Margarita Ibañez Mestre, VP for Political Work (representative of Cuba's Communist Party).

2) Deny parole and visitor visas to individuals involved in educational, commercial, or other activities that promote the forced labor/trafficking.

3) For the 2025 TIP report, designate all the countries partnering with Cuba in the forced labor/trafficking as Tier 2 Watch List, standardize the language in each country's page, and include the matter in the Prioritized Recommendations.

4) Inform Ministers of Health and of Foreign Relations of governments that partner with Cuba in the forced labor/trafficking that their country will receive a Tier 3 designation if the exploitation of Cuban workers is not terminated by December 31, 2025 and that sanctions will be considered including conditioning US humanitarian and development aid on a preclusion of the forced labor/trafficking in the export brigades.

5) Inform governments truly needing medical personnel that Cuban health workers can be hired independently and refer them to programs or initiatives that facilitate their hiring.

6) Request that governments hiring Cuban workers to implement best practices to prevent the trafficking/forced labor, and protect local patients, workers, and public health system by:
   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. allocating reliable independent mechanisms to monitor and audit statistics reported by the Cuban medical brigade of services delivered and supplies used;
   c. verifying with effective and comprehensive procedures that Cuban workers are not subjected to trafficking in accordance with local laws and international agreements;
   d. providing asylum to trafficked Cuban workers who request it, humanitarian material and psychological assistance, and the possibility for family reunification; and
   e. screening the Cuban workers carefully to verify their qualifications and experience before allowing them to treat local patients.

7) Provide information to all US embassies in countries hosting Cuban internationalist missions —medical and otherwise— that describes the exploitative arrangements, and request their assistance in documenting the trafficking.

8) Request that all US embassies adopt a standard procedure to address asylum requests by Cuban victims of labor trafficking in third countries (mindful of the level of local complicity with Cuban authorities) and publish an explanatory sheet in Spanish of the required steps and documentation to apply for local and international help and asylum.

9) Ask Immigration and Customs Enforcement (ICE) to circulate an information bulletin for officers at all border points to evaluate in considering humanitarian parole of any Cubans

providing credible evidence that he/she is a health professional fleeing exploitation from an active Cuban international medical mission.

10) Develop a program tailored to assisting Cuban doctors granted asylum in the United States in revalidating their degrees —for instance, 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.

11) Allocate US government assistance to non-governmental organizations with demonstrated knowledge, credibility, integrity, and experience, requesting appropriate strategic plans that prioritize effectiveness and sensitivity for the victims, and implement accountability mechanisms to verify the accuracy of reports and impact of the activities.

12) Consider naming a US Special Envoy on Human Rights for Cuba and have his/her mandate prioritize the forced labor trafficking.

<u>Other</u>

13) Devote greater efforts to document/monitor and combat the forced labor trafficking in Cuba's compulsory military service and other export industries (such as marabou wood charcoal) and of human body parts.