

The systematic violation of the Convention Against Torture of Cuba's "internationalist" medical missions

Submission to the Committee Against Torture

by Free Society Project/Cuba Archive
and Outreach Aid to the Americas

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Centre for Human Rights United Nations
Office 8-14 - Avenue de la Paix
1211 Geneva 10, Suiza

Contact:
Maria C. Werlau
P.O. Box 612224
North Miami, Florida 33261- USA
Info@CubaArchive.org
Tel. (973)219-7000
www.ArchivoCuba.org



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I. Introduction

This report focuses on the Cuban health workers generating export services for the Cuban State under a regime of forced/compelled labor. (Other forms of forced/compelled labor attributed to the Cuban State are not addressed.) It detail why this form of modern slavery qualifies as torture, as per Article 1 of the Convention Against Torture, which reads: "For the purposes of this Convention, the term "torture" means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions."¹

This report describes practices that have been taking place since the early 1960's and have affected tens of thousands of Cuban citizens in the period 2012-2022. Cuban citizenship is presumed for all victims except in cases where the contrary is indicated. The number of victims, the established pattern of grave violations and their lasting consequences for the workers and their families demand an urgent investigation by the Committee Against Torture.

II. Basis for this report

Findings in this report are based on objective and credible findings derived from extensive witness testimony (interviews in person, by phone, and through written correspondence) obtained firsthand by the non-profit organization known as Cuba Archive since 2009 and on a continuing basis, as well as through a critical historical and ongoing review reputable secondary sources including agreements by Cuba with contracting governments, scholarly publications, media reports from publications in countries hosting Cuban medical brigades, other reputable international venues and Cuban state-controlled media, reports by independent non-governmental organizations, and credible accounts as well as photographic or video evidence appearing in social media.

The group *No Somos Desertores* (NSD), founded in October 2017, has also provided Cuba Archive valuable first-hand testimony from many health workers who have overcome their fear of reprisals to share their stories.² This group brings together Cuban professionals from all over the world denied entry to their homeland for abandoning international missions. It has around 11,000 Facebook page followers, many of whom are doctors. The administrators of NSD explain that "many of the exported workers, especially those who are in missions overseas or have returned to Cuba, provide us testimony of rampant abuses but are afraid of reprisals, so we cannot reveal their identities." On numerous occasions, NSD has shared

¹<https://www.unhcr.org/en-us/protection/migration/49e479d10/convention-against-torture-other-cruel-inhuman-degrading-treatment-punishment.html>

² The group No Somos Desertores, <https://nosomosdesertores.com>, advocates for the elimination of Cuban government restrictions separating families, particularly the 8-year prohibition on entering Cuba affecting those who abandon their missions. It denounces their exploitation by the Cuban state and demands the lifting of the Cuban government's embargo on academic records.

with Cuba Archive direct contact with witnesses or their contact information, authorized with an understanding of confidentiality.

This report was prepared by Maria C. Werlau, Executive Director of Free Society Project/ Cuba Archive, a non-profit organization based in the United States of America whose mission is to promote human rights with research and information. The following report takes heavily from other detailed work on this issue available at Cuba Archive.org in the sections for the Cuba Salud project in English and Spanish.³

III. Health workers exported as commodities by the Cuban State

According to Cuba's Ministry of Health, by February 2021, Cuba had sent 420 thousand health workers to 150 countries, boasting that "a third of humanity has been attended to by Cuban health professionals."⁴ Statistical contradictions are common in Cuba's reports on its medical brigades, but, regardless of the exact numbers and capacities, the fact is that many thousands of Cubans have been exploited by their government in the Americas, Sub-Saharan Africa, North Africa, Asia, Middle East, and Europe.

In August 2021, Cuba reported 29,954 health workers in 74 countries,⁵ or 1,686 more workers than in March 2020, when it reported 28,268 workers in medical brigades in 61 countries,⁶ before it started sending COVID brigades. In less than three months, from March to mid-June 2020, Cuba had sent around 2,772 workers to 26 countries "to provide medical care for coronavirus patients."⁷ By mid-January 2022, Cuba reported having sent 58 emergency brigades of around 5,000 health workers to 42 countries to assist with the pandemic;⁸ at least around 3,000 have already returned to Cuba.⁹

The Cuban government can order a large pool of health workers to deploy in just a few hours. The emergency brigades have been particularly effective for propaganda purposes and to help expand Cuba's international influence and presence at a time when countries are most needy, vulnerable, and receptive. According to Cuba's Ministry of Public Health (MINSAP), until the COVID-19 pandemic, more than 7,950 professionals had served in 28 emergency brigades in 22 countries after 16 floods, 8 hurricanes, 8 earthquakes and 4 epidemics.^{10/11} Other official reports from Cuba provide different numbers.

Cuba's medical brigades are composed of a large number of nurses but some also include many doctors; the Venezuela brigade of 21,000 workers reportedly has 11,000 doctors.¹² Personnel not for healthcare

³ <https://cubaarchive.org/cuba-salud/> and <https://cubaarchive.org/es/cuba-salud-es/>.

⁴ "Un tercio de la humanidad ha recibido la mano de los profesionales cubanos de la salud," MINSAP, Feb. 22, 2021, <https://salud.msp.gob.cu/un-tercio-de-la-humanidad-ha-recibido-la-mano-de-los-medicos-cubanos/>

⁵ "La inversión extranjera..." op. cit.

⁶ Abel Reyes Montero, "Cuban international medical brigades focused on solidarity and caution," *Granma*, Mar. 17, 2020.

⁷ This information was derived from multiple Cuban official media and host country reports.)

⁸ "Brigada de enfermeros cubanos llega a Bahamas," *OnCuba*, Jan. 16, 2022.

⁹ "Cuban medical brigades for Covid 19: Number of collaborators," Cuba Archive, <https://docs.google.com/spreadsheets/d/1ubMeQPv5APGP7fy49AS8vCITP4G0CiCnkN4uuFFirg/edit#gid=976424376>.

¹⁰ "Misiones médicas" cubanas: ¿cuántas, dónde y por qué?," *Deutsche Welle* (Germany), Jul. 4, 2020, <https://www.dw.com/es/misiones-m%C3%A9dicas-cubanas-cu%C3%A1ntas-d%C3%B3nde-y-por-qu%C3%A9/a-53054180>.

¹¹ In September 2005, Fidel Castro strategically named the emergency response effort the "Henry Reeve International Contingent of Doctors Specialized in Disaster Situations and Grave Epidemics" when he offered aid to the US after Hurricane Katrina. (Henry Reeve was a New York city native who fought with the Cubans in the First War of Independence from Spain of 1868-1878.)

¹² Cuba reported in August 2021 that the Venezuela medical mission had 21,000 Cuban workers, which constitutes around 70% of the total number of almost 30,000 health internationalists reported by Cuba on that

delivery is also part of the medical brigades and is sent to monitor and control the workers and take on “administrative” or service duties (drivers, cooks, statisticians); this staff is typically counted as part of the medical brigades.¹³ In addition, many health “collaboration” agreements include medicines and medical supplies used by the Cuban workers in the services they deliver.

IV. Cuba’s trafficking profile

The Government of Cuba actively engages in myriad efforts to systematically exploit its citizens in dozens of countries in complicity with other governments, international organizations, and private corporations. Cuba’s export health services are officially represented as medical “missions” or “brigades” of a “humanitarian” and “altruistic” nature and the workers delivering the services are referred to as “internationalists” or “collaborators.” In fact, they are part of a huge profit-seeking enterprise of the Cuban state used to advance its economic, political, and geostrategic objectives through a clever scheme of modern slavery.

Official complicity with the trafficking is absolute and government officials at all levels are perpetrators and abettors, including the diplomatic corps and intelligence services. An entity attached to the Ministry of Foreign Trade and Foreign Investment of Cuba, the Center for the Promotion of Foreign Trade and Investment,¹⁴ is dedicated to exporting workers in different industries through numerous specialized state-owned corporations.¹⁵ The Ministry of Health has a special department, the Medical Collaboration Central Unit, dedicated to exporting health services, which are hired out through the state corporation *Comercializadora de Servicios Médicos Cubanos, S.A.* (CSMC), or *Antillana Exportadora, S.A. (Antex)* in Angola,¹⁶ some directly by Cuba’s Ministry of Health.

Cuba’s singular brand of “health internationalism” dates from the 1960s. In May 1960 Cuba sent a medical brigade to Chile after an earthquake and in May 1963 the first more permanent medical brigade was sent to Algeria¹⁷ to help the revolutionary government of Ben Bella. The scheme was based on “medical brigades” that tend to at first arrive very quickly after a natural disaster or emergency. The practice evolved over time and in the mid-2000s the program received a huge boost from the *chavista* government of Venezuela and grew exponentially. Until 2010 it was a tightly-guarded state secret that Cuba received financial compensation for its internationalist missions.

A captive labor force

Many of Cuba’s health workers are eager to take on internationalist assignments despite great hardships, as it is a way to make some extra income to improve their lot. Others must accept assignments — especially those known for the harshest conditions— feeling they have no choice, as rejecting them can trigger reprisals such as assignments to remote and hardship locations in Cuba, demotions, career stagnation, dismissal, and even a permanent ban from employment in the public health system.

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

¹³ See <https://cubaarchive.org/cuba-salud/cubas-medical-brigades/>.

¹⁴ Centro para la Promoción del Comercio Exterior y la Inversión Extranjera en Cuba, CEPEC.

¹⁵ See <https://www.procuba.cu/en/exportable-offer-from-cuba/>

¹⁶ <http://www.smcsalud.cu/smc>

¹⁷ “Cuba y Argelia fortalecen sus relaciones de cooperación en el ámbito de la salud,” *Cuba Debate*, Feb. 22, 2022, <http://www.cubadebate.cu/noticias/2022/02/22/cuba-y-argelia-fortalecen-sus-relaciones-de-cooperacion-en-el-ambito-de-la-salud/>

The Cuban Communist system demands totalitarian economic and socio-political subordination to the State and guarantees a large pool of captive low-paid and comworkers for exploitation as exportable commodities. The State is the sole employer in the health sector and health workers may not practice privately or independently. Cuba's laws and regulations consider health professionals and scientists "essential" workers to national security and impose on them stringent restrictions for leaving the country even for short visits abroad.¹⁸

Compensation for Cuban health workers is extremely low and insufficient to meet basic needs. Cuba has one of the lowest monthly disposable salaries in the world according to global rankings.^{19/20} While Cuban workers are paid in Cuban Pesos (CUP), most food and consumer goods are priced in a hard currency equivalence (MLC, Moneda Libre Convertible) tied to the US dollar, making them forbiddingly expensive for most of the population earning pesos. Even basic staples are scarce and most families live in dire conditions. (A large part of the population depends on remittances and assistance from family members abroad, as around 10-20% of Cuba's population has emigrated.)

Even the best-paid doctors are unable to survive on just their salaries. As of January 1, 2021, the table of monthly salaries for health workers, which varies according to the degree of specialization, includes salaries ranging in CUP4,610 (US\$46) for recent medical graduates without a specialization to CUP5,810 for Grade II, the highest, specialists (US\$58); nurses earn between CUP4,010 and 4,610 (US\$40-46).²¹ As a result, even doctors depend on family remittances and informal secondary activities or must go work abroad two to three years to make ends meet.

The monetary unification implemented by decree in Cuba starting January 1, 2021 has represented a further an progressive erosion of the compensation fixed by decree for all workers, including in the health sector, as the government fixed an artificial exchange rate that does not correspond to what can be purchased in the market. In August 2021, a Cuban economist calculated the cost of a basket of basic living expenses relative to the salaries of doctors and nurses and determined that their purchasing power had eroded significantly—before the unification doctors had a disposable salary of 38% after paying for the basic basket but only 14% afterwards; nurses' salaries had been insufficient to cover the basic basket by 4%, whereas after the unification their deficit was 8%.²² The economist concluded that "the real salary of doctors and nurses has been eroding when they are most needed"²³ (due to the pandemic). This situation has continued to deteriorate since last August. The economic crisis, with rampant inflation and pervasive shortages, together with the poor compensation, impose additional strains on the health

¹⁸ Cuba's Penal Code prohibits all citizens from leaving the country without government authorization, imposing penalties of up to four years of prison for attempting to do so, and Article 25, subpara f. of the Migration Decree-Law, No. 302, imposes a stricter prohibition on those lacking "the established authorization by virtue of preserving the necessary workforce for the economic, social and scientific-technical development of the country and for the security and protection of official information." (Decreto-Ley No. 302 Modificativo de la Ley No. 1312, "Ley de Migración" de 20 de septiembre de 1976, Gaceta Oficial, Oct. 6, 2012, p. 1357.)

¹⁹ 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>.

²⁰ The average monthly salary in 2021 was CUP3,838, which is equivalent to US\$159 at the official exchange rate of CUP24 per US\$1 and to US\$38 at the actual market rate of CUP100 per US\$1. ("Los salarios aumentan en Cuba a 87 dólares el mínimo y 396 el sueldo máximo," *Infobae*, 31 de diciembre de 2020. "Tasas de Cambio de Moneda en Cuba Hoy," *El Toque*, <https://eltoque.com/tasas-de-cambio-de-moneda-en-cuba-hoy>, Mar. 15, 2022.)

²¹ 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.)

²² See, for instance, Rafaela Cruz, "Tarea Ordenamiento, un virus para médicos y enfermeros cubanos," *La Habana, Diario de Cuba*, Aug. 7, 2021.

²³ *Ibid.*

professionals. They must find time to spend hours in long lines to buy food or pay “coleros,” who make a living lining up for hours each day.

In January 2022, Dr. Luis Ángel Adán, a well-connected doctor within the Communist Party and the first openly gay parliamentarian to Cuba’s National Assembly of People’s Power, announced on his Facebook page that he was abandoning his profession as a doctor at a Havana hospital because it did not guarantee him “a decent salary.”²⁴

Health workers serving abroad accumulate “bonus” wages in a bank account at a Cuban state institution that they may access only upon their return to Cuba having completed the mission successfully. This entices them to see the international missions as a way to save in order to, when they return, fix a home in disrepair or improve their lot in ways that are otherwise impossible. Internationalists in some countries also engage in illicit businesses, such as selling clothes or other goods in Cuba brought back on their annual vacation or upon return from their mission, and many save their meager stipends to take back home electronic equipment and other goods nearly impossible to get in Cuba or available at exorbitant prices; some plan ahead of time to use the international mission to emigrate.

Very poor work conditions also make practicing medicine very difficult and stressful. There are frequent reports of from medical professionals at all levels of the public health system in independent news sites and social media of unsafe and unsanitary facilities, lack of basic safety protection for treating COVID and other infectious patients, lacking medical and support staff, and unavailable medical supplies, equipment and medicines to treat patients.

Cuban health workers have no way to legitimately and safely express grievances, denounce irregularities, file complaints, or seek protections. They are censored, repressed, and punished for attitudes, expressions or behaviors deemed “contrary to the Revolution.” The 1982 Special Regulation for Medical Students “of the Carlos J. Finlay Detachment”²⁵ establishes that an education in medical sciences is exclusive to those with “revolutionary vocation” and whose political and moral principles are aligned with the government.^{26/27} It also stipulates that all students of medical sciences must “serve the Revolution” and that any manifested contrary attitude or a failure to comply with any duties are considered grave faults (Art. 47) with extreme consequences. This includes serving in overseas missions.

Health professionals who fail to conform to the government’s diktats face extreme reprisals for questioning or exposing work practices or conditions: expulsion from work or study, withdrawal of educational credentials, inability to work in the health profession, persecution, harassment, imprisonment, searches of personal property, acts of repudiation, defamation, restrictions from leaving the country, threats, intimidation, discrimination in access to education, food, housing, health services

²⁴ <https://www.facebook.com/luisanel.adanroble/posts/1613144319029528>; “Un ex diputado cubano abandona la Medicina porque no le alcanza para vivir,” La Habana, *Diario de Cuba*, Jan. 26, 2022.

²⁵ “Destacamento Carlos J. Finlay,” <https://instituciones.sld.cu/facultadfinlayalbarran/pregrado/destacamento-carlos-j-finlay/>. Carlos Juan Finlay (1833-1915) was a Cuban epidemiologist recognized as a pioneer in the research of yellow fever, determining that it was transmitted through mosquitoes *Aedes aegypti*. (Carlos Finlay, https://en.wikipedia.org/wiki/Carlos_Finlay.)

²⁶ “Restricciones a la libertad académica y otros derechos humanos de los universitarios en Cuba,” *Informa*, Observatorio de Libertad Académica, Feb. 2021, pp. 9, 11.

²⁷ 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.)

and others, detentions without due process, illegal or unjustified surveillance, interference in communications,²⁸ and even forced disappearance or death.²⁹

Despite facing severe consequences for expressing their views and complaints, some do so openly. In August 2021, around fifty doctors from the eastern province of Holguín took to social media to demand resources and respect for their work; a few weeks earlier, they had organized to pay home visits outside working hours and called themselves “Support Commission of Street Doctors” (“Comisión de Apoyo Médicos en las Calles,” CAMC).³⁰ But dissenters have been expelled and their medical titles invalidated.³¹ In February 2021, Dr. Johan Pérez Leyva, a General Internist from Las Tunas, posted in social media on shortages of medicine and medical supplies; he was interrogated by State Security, sanctioned with a 10% reduction in his salary, and threatened with worse consequences.³² In April 2021, Dr. Alexander Figueredo Izaguirre, a General Internist from the eastern city of Bayamo, was terminated from his employment at a clinic and forbidden from practicing his profession for at least five years for making Facebook posts critical of the public health system.³³ Dr. Manuel Guerra endured increasing police persecution for his demands on social media for human rights, in October 2021 was arbitrarily arrested by State Security and expelled from his job as an obstetrician at a hospital in Holguín;³⁴ in March 2022, he felt forced to leave the country.³⁵

Characteristics of the “medical missions”

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

Triangular cooperation agreements (TCP)³⁶ have since the 1970s —perhaps earlier— allowed for many governments and international organizations to fund Cuba’s delivery of comprehensive health services (including exports of medical products) to underdeveloped countries namely in Africa and the

²⁸ Ibid, pp. 42-43.

²⁹ See a summary of selected cases at CubaArchive.org “Repression of scientists and health professionals in revolutionary Cuba,” Cuba Archive, June 17, 2021. A group of independent doctors recently formed in Cuba, Free Union of Cuban Doctors, is also collecting information on persecuted health professionals and publishing a list of documented cases. See <https://gremiomedicocubanolibre.com/listado-de-personal-perseguido-2/>

³⁰ Patrick Oppmann, “Cuban doctors voice rare criticism of government's Covid-19 handling,” *CNN*, Aug. 22, 2021; Sarah Marsh, “Rare doctors' outcry highlights Cuba's COVID crisis, growing dissent,” *Reuters*, Aug. 18, 2021.

³¹ A recent example is reported in “Alexander Figueredo’s Doctor of Medicine degree disabled for political reasons,” *Codelist*, Nov. 23, 2021. The disbarred doctor is a source for this study.

³² “Alexander Figueredo’s Doctor of Medicine degree disabled for political reasons,” *Codelist*, Nov. 23, 2021; “Repression of scientists and health professionals in revolutionary Cuba,” *Cuba Archive*, June 17, 2021, <https://cubaarchive.org/wp-content/uploads/2021/06/Repression-of-doctors-and-scientists.pdf>.

³³ Ibid.

³⁴ “Expulsado el médico cubano Manuel Guerra de su puesto laboral: 'esto es otra causa para el 15N,” *Holguín, Diario de Cuba*, Oct. 21, 2021.

³⁵ Yoani Sanchez, “I Left Cuba Because I Felt Alone in My Struggle,” Says Dr. Manuel Guerra. *14ymedio.com/Translating Cuba*, March 17, 2022.

³⁶ Triangular cooperation normally involves a traditional donor from the ranks of the OECD's Development Assistance Committee, an emerging donor in the South, and a beneficiary country in the South. (Guido Ashoff, “Triangular Cooperation: Opportunities, risks, and conditions for effectiveness,” Special Report, Development Outreach, World Bank Institute, Oct. 2010.)

Americas.³⁷ These tripartite “collaborations” pay Cuba to provide dutiful, compliant, and relatively cheap workers to deliver healthcare to underserved populations in remote and hardship areas for which recruiting local or foreign doctors is costly and difficult or in times of natural disasters and epidemics.³⁸ They are channeled through the UN system, particularly through the Pan American Health Organization (PAHO), the World Health Organization (WHO), and the United Nations Children’s Fund (UNICEF), and occur in the context of South-South cooperation promoted by the United Nations Development Programme.³⁹ Many democratic governments, including France, Australia, Brazil, Norway, Germany, Luxembourg, Japan, Mexico, and South Africa, as well as assorted international organizations have entered into these triangulation arrangements. The arrangements involve all the usual aspects of the trafficking described in this report but are officially considered “humanitarian;” to date they have failed to consider the rights of the exploited Cuban workers, the resulting impact on the Cuban population of funneling human resources, services, and supplies to other countries, or negative aspects they represent for the host country.

Another modality of what Cuba denominates “health cooperation” are the “international clinics,” private clinics established by Cuba in third countries that bill local patients or their medical insurance like any other local health provider. There is little information in open sources on these clinics; presumably, the owners are companies or entities of the Cuban state or their figureheads. The clinics are staffed with health personnel brought from Cuba likely subjected to the same schemes of labor exploitation as the medical brigades contracted to governments. From anecdotal accounts and media reports, it appears that these clinics are operating in at least Angola, Dominican Republic, Serbia, Peru, and Portugal and, until 2019, in Bolivia.⁴⁰

Most of the “health collaboration” accords are not available for review and are difficult to obtain in host countries even by legal means, such as by request from the legislative branch or under transparency and accountability laws. A few agreements made public or otherwise obtained for legal cases or journalistic investigations (with PAHO/Brazil, Guatemala, Ecuador, Uruguay, and Kenya) include clauses by which host governments agree to trafficking practices that:

³⁷ See examples of triangular cooperation with Cuba in Joel Millman, “New prize in Cold War: Cuban doctors,” *The Wall Street Journal*, January 15, 2011; Freddy Cuevas, “Maduro: médicos cubanos se quedarán otro año en Honduras,” Associated Press, Tegucigalpa, Aug. 31, 2005; Julie Feinsilver, “Cuban medical diplomacy: when the left has got it right,” COHA - Council on Hemispheric Affairs, Oct. 30, 2006; Marimón Torres, Nestor, and Evelyn Martínez Cruz. “Cooperación Técnica entre Cuba y la OPS/OMS. Su Historia y Futuro.” *Editorial Ciencias Médicas*, No. 8, 2009, <http://www.revinfodir.sld.cu/index.php/infodir/article/view/370>; Nestor Marimón Torres and Evelyn Martínez Cruz, “Evolución de la colaboración médica cubana en 100 años del Ministerio de Salud Pública,” *Revista Cubana de Salud Pública*, Vol .36, No.3, Ciudad de La Habana Jul.-Sep. 2010; Jenry Carreño Cuador and Esther Paredes Esponda, “Cooperación triangular en la diversificación de la exportación de servicios médicos cubanos,” *Revista de Información científica para la Dirección en Salud*, La Habana, Núm. 36, Abril 2021, <http://portal.amelica.org/ameli/jatsRepo/445/4452352024/html/index.html>.

³⁸ On November 3, 1998, Cuba officially launched the Comprehensive Health Program, to send Cuban doctors to remote and underserved areas; analysts believe this was made official in order to neutralize complaints by medical associations of the host countries against the presence of the Cuban doctors. (Roberto Jesús Quiñones Haces, “Colaboración médica cubana: facturando en nombre del altruismo,” *CubaNet*, Guantánamo, Apr. 30, 2021.)

³⁹ Some of these arrangements are believed to be in force.

⁴⁰ The international clinics would fall under modality number 7.) of the Cuban state entity *Comercializadora de Servicios Médicos Cubanos* (CSMC) titled “Professional services associated with medical and health services abroad.” At year-end 2021, Yamila de Armas, president of CSMC informed Cuban state media that the company expected to “expand the export portfolio in all business modalities and certify and promote the accreditation of international clinics. (See Lissey del Monte Valdés, “Comercializadora de Servicios Médicos Cubanos celebra su décimo aniversario,” Redacción MINSAP, 12 de octubre de 2021; and “La Habana dice que necesita continuar fomentando y diversificando las exportaciones como una 'importante fuente de ingresos',” *La Habana, Diario de Cuba*, 13 de octubre de 2021.)

1. deny the Cuban health workers permission to reside in the country or obtain credentials to practice or work in the public health system outside the employment arrangement with the Cuban state entity;
2. make payments to the Cuban state entity that implicitly or explicitly involve wage confiscation;
3. pay for their airfare and other travel costs of disciplined workers repatriated by Cuba;
4. keep the agreements confidential.⁴¹

Even though the Government of Cuba goes to great lengths to prevent workers from “deserting” their missions abroad, punish those who do, and workers who emigrate face enormous hurdles to practice their trade, thousands have abandoned or overstayed their assignments. Many made their way to the United States, especially from 2006 to 2017 through the Cuban Medical Professional Parole program that authorized special visas and quick residence to several thousand Cubans working in medical missions in third countries. Around 2,000 Cuban doctors remained in Brazil after Cuba terminated its large mission there November 2018; it had been established there since 2013.^{42/43}

Motives and incentives for the Cuban State

The Government of Cuba derives a multitude of important benefits from its medical missions: economic; political leverage, support, loyalty, and influence (including votes in multilateral institutions; a channel for the collection of intelligence in host countries and to further through clandestine intelligence work the regime’s goals; and propaganda to elicit international praise, legitimacy, and sympathy for the Cuban dictatorship and its brand of socialism —inside Cuba it deflects the population’s disappointment with their country’s health system and government.

The economic benefit to Cuba for the export services of medical workers is very high, as the Cuban partner in the agreements typically retains 95-75% of what it receives in payment for the services and the associated costs are presumed to be quite low.⁴⁴ Cuba receives gross payment in hard currency from which it pays the health workers a fraction that ranges from 5% to 25% of which the largest portion of this amount is retained in Cuba and may only be withdrawn if the worker return to the island having successfully completed the international mission.

⁴¹ An agreement Cuba-Uruguay on orthopedic services has a clause (Art. 5) requiring confidentiality for two years from the date of termination of the agreement that reads: “Both parties agree not to disseminate or disclose or make public any information exchanged between them to which they may have had access on the occasion of this Agreement when this information is not in the public domain, except as required by law or mutual agreement between them.” (“Convenio para la prestación de servicios en la esfera de la salud entre el Ministerio de Salud Pública de la República de Cuba y el Ministerio de Desarrollo Social de la República Oriental de Uruguay,” signed on Nov. 28, 2018.)

⁴² In 2013, the government of Dilma Rousseff had hired over 11,000 Cuban doctors to live and work for three years in underserved areas of Brazil, using PAHO as an intermediary for the program known as *Mais Médicos*. On November 14, 2018, the Cuban government abruptly announced that it would remove all its doctors from Brazil starting the following day. Incoming President Jair Bolsonaro had promised during his presidential campaign to hire the workers directly and allow them to bring their families to Brazil. 836 (10%) of the 8,471 doctors who were in Brazil on Nov. 2018 stayed despite strong pressures from the Cuban government. (Shasta Darlington, “Cuba is pulling doctors from Brazil after ‘derogatory’ comments by Bolsonaro,” *The New York Times*, Nov. 14, 2018; Leticia Martínez Hernández, “El abrazo de Raúl a los héroes que vuelven,” *Granma*, Nov. 23, 2018.)

⁴³ 836 (10%) of the 8,471 doctors who were in Brazil on Nov. 2018 decided to stay despite great pressures on them and their families from Cuban authorities; they joined many others who had previously abandoned their missions. (“Thousands of Cuban doctors stranded in Brazil with nowhere to go,” *EPA/ EFE*, Sao Paulo, Feb 4, 2019, <https://www.efe.com/efe/english/world/thousands-of-cuban-doctors-stranded-in-brazil-with-nowhere-to-go/50000262-3887868>.)

⁴⁴ 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.

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

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

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

Statistics provided by the Cuban government or cited in the government-controlled media are ripe with contradictions and discrepancies and likely do not effectively reflect export services; they are also published with long delays in time and little detail. However, they are the only data available for analysis and indicate that since 2005, export services constitute Cuba's largest official source of revenues—more than any other sector of the Cuban economy and almost three times the gross revenues from tourism.⁴⁵ The medical missions have also allowed Cuba to strengthen ties with host nations and other partners that have led to assistance, loans, investments, and markets for Cuba's exports.

According to Yamila de Armas, president of Cuba's state enterprise *Comercializadora de Servicios Médicos Cubanos*, health export services in 2020 were 50% of all export services, which, in turn, amounted to 80% of all exports.⁴⁶ A breakdown of exports services was first provided by Cuba's Office of National Statistics for the year 2018 and successively for 2019 and 2020; it itemized diverse professional services, support services, and "other services not specified." In just 2018 to 2020, export revenues from health services amounted to \$15.8 billion: \$6.4 billion in 2018, \$5.4 billion in 2019, and \$3.99 billion in 2020.^{47/ 48} If the reported support services and "other services" are associated to the internationalist missions, these would bring total revenues for these export services from \$8.1 billion in 2018 to \$4.9 billion in 2020, as these have also suffered a downward trend.

Cuba also derives benefit by selling pharmaceutical products to many countries hosting the medical brigades, often as a "package deal" part of the agreement. In 2019, the last available year of trade data, Cuba exported \$22.5 million in pharmaceutical products⁴⁹ and Cuba's state biotechnology and conglomerate *BioCubaFarma* reported to have exported its products

⁴⁵ Trade data derived from countries importing services from Cuba ("mirror statistics") confirm this.

⁴⁶ "Comercializadora de Servicios Médicos Cubanos celebra su décimo aniversario", MINSAP, Oct. 12, 2021, <https://salud.msp.gov.cu/comercializadora-de-servicios-medicos-cubanos-celebra-su-decimo-aniversario/>.

⁴⁷ Anuario Estadístico de Cuba, Sector Externo, Oficina Nacional de Estadísticas e Información, República de Cuba, 8.13. Valor del comercio exterior de servicios exportados por divisiones.

⁴⁸ The decline in revenues began in 2014 and is presumably attributed to a lower payment per worker for the very large medical mission in Venezuela, which has experienced a financial crisis since at least that year, as well as to the end of a large contingent from 2013 to 2018 in Brazil that had around 8,500 Cuban doctors when Cuba suddenly terminated the agreement in November 2018.

⁴⁹ Observatory of Economic Complexity, https://oec.world/en/visualize/tree_map/hs92/export/cub/show/630/2019/

to 40 countries in 2020.⁵⁰ Meanwhile, the Cuban population has faced increasing and extreme medicine shortages, including of the most basic drugs or for COVID.^{51/52}

A false humanitarian narrative to justify the trafficking

Although Cuban officials declare that the country exports medical services to fund the national public health system, the Cuban population has seen little benefits from the huge service exports revenues in healthcare.

In stark contrast to the vast resources that Cuba has reported receiving in export revenues from health and social services since at least 2005, its investment in healthcare and social services in Cuba constitutes a declining and miniscule share of its reported GDP: in 2014: \$103.9 million (0.9%), in 2015: \$190 million (0.9%), in 2016: \$232.6 million (3.2%), in 2017: \$160.3 million (3.3%), in 2018: \$146.7 million (0.8%), and in 2019: \$96.9 million.⁵³

Health workers, including doctors, have also been sent abroad to the detriment of health services for the local population. Cuba declares that it can help other countries because it has 100% medical staff coverage for its population. Yet, since the mid-2000s, complaints have abounded throughout the island of Cuba of lacking medical personnel, particularly specialists. The reported doctor-patient ratio, however, appears to be based on all trained doctors including those abroad,⁵⁴ as Cuba's Health Yearbooks do not report the internationalists separately. In 2009-2010 there was a sudden reduction of 46,160 health "technicians and auxiliaries" and 6,590 "nurses and nursing auxiliaries." In 2010-2011, the number of family doctors in Cuba decreased by a whopping two-thirds (a sudden drop of 23,111 family doctors from 36,478 in 2010 to 13,367 in 2011). In those years, the number of Cuban health personnel sent to Venezuela was increasing precipitously.⁵⁵

During the pandemic, Cuba stepped up sending doctors and nurses to many other countries to generate financial resources.⁵⁶ Reports on independent news sources and social media of a shortage of medical personnel on the island were especially frequent in 2021. A September 2021 *Diario de Cuba* report indicates that the León Cuervo Rubio Hospital in Pinar del Río only had three doctors for 300 patients

⁵⁰ BioCubaFarma: bringing Cuban biopharma to the world, Accessed Mar. 8, 2022, <https://www.nature.com/articles/d43747-020-00522-5>

⁵¹ See "Cubans, amid medicine scarcity, turn to herbal remedies and bartering," *Reuters*, Apr. 21, 2021; Guillermo Martínez and Sarah Marsh, "Cuban diaspora sends medicines to alleviate dire shortages," *Reuters*, Aug. 12, 2021; "Cuba faces "tense situation" due to shortage of medicines," *OnCuba*, Jul. 6, 2020; Nora Gámez Torres, "Food shortages, a decrepit economy, and now the coronavirus: harder times ahead for Cuba," *The Miami Herald*, Mar. 28, 2020.

⁵² Even the drugs made in Cuba are scarce for the local population, as they are exported for profit. In January 2022, the president of the state-owned *BioCubaFarma*, Dr. Eduardo Martínez, reported that Cuba had over-achieved its export projection for 2021 of Cuban-produced medications⁵² as the extreme drug shortages on the island resulted primarily from a 50% deficit in the "financing" needed to import required raw materials and inputs. (Susana Antón Rodríguez, "En junio debe comenzar a mejorar producción de medicamentos," *Granma*, Jan. 30, 2022.)

⁵³ "Cuba: gasto en salud del gobierno central, 2000-2015 (en porcentajes del PIB)," Comisión Económica de América Latina (CEPAL), <https://observatoriosocial.cepal.org/inversion/es/paises/cuba>.

⁵⁴ The government reports to have trained, since the start of the Revolution on January 1, 1959 until the last graduating class of doctors in 2019, 376,608 health professionals, of which 171,362 are doctors. ("El país de las batas blancas anda de hermano." *Granma*, Mar. 21 2020.)

⁵⁵ Anuario Estadístico de Cuba, Oficina Nacional de Estadística e Información.

⁵⁶ Cuban medical brigades for Covid-19 (Mar. 2020 - Feb. 2022), Number of "collaborators," Cuba Archive, <https://docs.google.com/spreadsheets/d/1ubMeQPv5APGPr7fy49AS8vCITP4G0CiCnkN4uuFFirg/edit#gid=976424376>

who also had to deal with an extreme lack of medication.⁵⁷ The open secret has even crept into Cuban media official; the Cuban Communist Party daily *Granma* featured in August 2021 an interview with the director of the largest hospital in Guantánamo province, Hospital Agostinho Neto, acknowledging serious deficiencies in medical services, including that his hospital only had two doctors and some nurses to attend to the 150 patients arriving daily.⁵⁸

Making matters worse, the Cuban health system is based on apartheid. Most citizens are forced to contend with under-staffed and decrepit, filthy, facilities chronically lacking essential medications, medical supplies and equipment—many even lack running water and patients must bring their own bed sheets and food to the hospital. Meanwhile, the nomenklatura (top Communist Party members) and hard-currency paying foreigners lured by health tourism services⁵⁹ have access to exclusive facilities with superior services, equipment, and supplies.

Finally, the very large share of Cuba’s GDP derived from export services, around 80%, embeds the economy with excessive external dependence and diminished pressure for needed structural economic reforms and thwart the allocation of resources to productive activities inducing a more sustainable development.

V. Overview of systemic and ongoing violations

In addition to extensive work by Cuba Archive since 2009 documenting the following violations with direct testimony, several major news organizations have provided extensive coverage validating its findings. Emblematic pieces in English include:

- Nicholas Casey, “Is Unspeakable’: How Maduro Used Cuban Doctors to Coerce Venezuela,” *The New York Times*, March 17, 2019.
- “The hidden world of the doctors Cuba sends overseas,” *BBC News*, 14 May 2019,
- Pete Pattison, “Cuba’s secret deal with Qatar to take up to 90% of doctors’ wages,” *Dukhan, The Guardian*, 8 Nov 2019.

A letter of August 2021 to the Norwegian Nobel Committee by 54 health professionals, mostly doctors, who had served in Cuba’s medical missions⁶⁰ refers to some of the systematic and pervasive violations—current and historic— detailed below.

1. Restriction of movement: migration controls

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

- Articles 215, 216, and 217 of Cuba’s Penal Code (Law No. 62) forbid citizens from leaving or entering the country without government permission and punish attempting to do so with years of prison.

⁵⁷ Osmel Almaguer, “La mayoría de los médicos había enfermado; muchos renunciaban al tratamiento para dárselo a los pacientes,” *La Habana, Diario de Cuba*, Sep. 8, 2021.

⁵⁸ Gladys Leidys Ramos, ¿Cómo la COVID-19 ha impactado los hospitales?, *Granma*, Aug. 25, 2021.

⁵⁹ See CubaforHealth.com and CubaHeal.com.

⁶⁰ “Letter to the nobel committee from cuban health professionals,” sent by email to the Nobel Committee website on Aug. 19, 2021 at 6:55PM EST, Cuba Archive, <https://cubaarchive.org/wp-content/uploads/2021/11/Letter-to-the-Nobel-Committee-8.19.2021.pdf>

- Article 135 of Cuba's Penal Code punishes with up to eight years of prison the "dereliction of duty," such as intending to abandon or abandoning a post abroad or not returning to Cuba after completing an assignment.
- Law No. 302 of 2012, which modified the 'Migration law' (Law No. 1312), includes three new articles (Art. 23, 24, and 25) aimed at regulating the entry and exit of Cuban professionals in "vital activities for the economic, social, and scientific-technical development of the country in strategic programs, research projects, and health services."
- Law No. 306 of 2012 establishes that health professionals seeking to emigrate must request authorization in order to leave the country and wait at least five years if granted; medical professionals may only travel abroad with special government permission.
- Workers sent in labor arrangements overseas are issued a special passport in a different color (red) that prevents them from traveling anywhere but to Cuba and the host country; it is often retained by supervisors.
- Citizens' passports to leave and enter the country must be renewed every two years; by law, these may be denied for "national security" reasons.
- Resolution No.168, "Disciplinary Regulation for Cuban civil workers who provide services abroad as collaborators,"⁶¹ obligates the exported workers to return to Cuba after completing their assignments.

2. Withheld credentials.

Cuba's Ministry of Health forbids giving health workers their educational and professional credentials, so they may not work overseas other than through Cuban government sponsorship.⁶²

Collective lawyers' offices (equivalent to law firms in open societies) may not legalize any academic or other document for health professionals or technicians serving in overseas 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.)

3. Coercive, deceptive, leveraged, and forced recruitment practices.⁶³

Workers are usually not informed of the terms of their work contracts until presented with agreements they must sign at the last minute, often right before they embark on flights to the destination country and without access to legal advice; some are not given a copy of the agreement they have signed. Many are informed only upon reaching the destination of the housing and living conditions, work conditions, wages, and other compensation they will receive. In countries with multiple locations that include small towns or remote villages, they are informed of their final assignment upon arriving the country, right before leaving for the location.

⁶¹ "Reglamento disciplinario para los trabajadores civiles cubanos que prestan servicios en el exterior como colaboradores," Republica de Cuba, Ministerio de Comercio Exterior e Inversión Extranjera, Resolución No. 168 de 2010.

⁶² Resolución Ministerial No. 1 de 8 de enero de 2010 Ministerio de Salud Pública de Cuba; Michel Suárez, "Bloqueada la legalización de títulos para médicos emigrantes," *Diario de Cuba*, Feb. 19, 2010; "Regulan documentos docentes y laborales para el exterior a profesionales de la salud," <http://cubalegalinfo.com/documentos-docentes-medicos>.

⁶³ 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.

Certain locations have always been more coveted and there is a black market to bribe or entice supervisors in Cuba to obtain the best assignments. Assignments in Venezuela, where the majority of the export workers are sent, present an extreme situation, especially in recent years. Due to the increasing economic crisis in both Venezuela and Cuba, their cash-strapped governments are paying a miserly compensation to the Cuban workers and their living and working conditions are dire. As a result, Cuban authorities require health workers to agree to serve in Venezuela as a condition to obtain later assignments in more appealing locations where the pay is better.⁶⁴ Some doctors are simply ordered to Venezuela or face severe reprisals.⁶⁵

4. Forced family separation.

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

5. Surveillance, control, and punishment.

The workers abroad are subjected to constant surveillance and threats by supervisors and “minders” who are trained agents and spies/collaborators (Cubans who are part of the medical mission or locals assisting Cuba) and whose job is to prevent desertions and make sure the internationalists follow the rules.⁶⁶ Some of the medical workers, including doctors, are themselves trained intelligence (clandestine) officers. The health workers must report on their peers and live in an environment of fear, harassment, and threats is a constant source of stress.

If a worker abandons his/her mission while abroad —considered a “desertion”— or stays in the host country at the end of the mission, or fails to abide by any of the terms of service, he/she loses accumulated wages held frozen in Cuba and is denied entry into Cuba for at least eight years. The family members in Cuba often suffer reprisals and systematic harassment and even spouses and children may not be allowed for years to leave the country to join them. The non-profit civil society group *No Somos Desertores* reports having thousands of members all over the world prevented from entering their own country, even to attend to health emergencies and funerals of very close family members.⁶⁷

⁶⁴ Maria C Werlau, Testimony of Anonymous Source #1, Miami, November 23, 2019 and March 16, 2022. (Anonymous Source 1 is a female doctor in her 40s who served in medical missions to Haiti and Venezuela for a total of 10 years and currently lives in the U.S. but fears reprisal for close family members in Cuba. She remains in touch with many colleagues serving in the medical mission in Venezuela.)

⁶⁵ Maria C Werlau, Testimony of Anonymous Source #2, Miami, March 17, 2022. (Anonymous Source 2 is a female doctor in her early 30s who served in the medical mission to Venezuela in 2017-2019 and currently lives in the U.S. but fears reprisal for a son and a mother in Cuba.)

⁶⁶ An October 2020 piece in the digital daily *Diario de Cuba* features the testimony of a Cuban doctor who served both in Venezuela and Brazil and focuses on this aspect. Among other things, she relates that after a fellow doctor abandoned the mission in Brazil: “they kept us locked up in the house, like prisoners, for a week. Every day the mission supervisors for our state came to interrogate us, always asking the same things, to see if we were hiding something.” (Antonio Rodríguez Paz, “Los médicos cubanos siempre sentimos que alguien nos está vigilando,” *Diario de Cuba*, Holguín, Oct. 24, 2020.https://diariodecuba.com/cuba/1603555174_25900.html.)

⁶⁷ NoSomosDesertores.org.

A young female doctor assigned to Venezuela who refused to sign fraudulent medical forms endured as punishment sexual harassment, assignment to a dangerous and crime-infested location, and even interrogation, psychiatric torture, and a weeklong confinement in 2019 before being sent back to Cuba; once back home on the island, she was falsely diagnosed with cancer and subjected to an unneeded hysterectomy.⁶⁸

Juan Obana Borges, M.D., an intensive care and internal medicine specialist was expelled from Cuba's medical mission to Mauritania for refusing to release a patient early from the ICU. He died September 11, 2019 at the Charles de Gaulle airport in Paris after his asylum request was denied by France while being escorted back to Cuba by Cuban State Security officials; reportedly, he had a heart attack, but the circumstances were strange.⁶⁹

Complaining or refusing to follow orders, such as to misreport procedures or work long hours without rest, leads to serious reprisals.

6. Unsafe living conditions and hardships.

Many health workers are assigned to remote, unsafe, and very poor areas—at times systematically lacking electricity and running water—including extremely dangerous violence-ridden neighborhoods. Many, especially in Venezuela, have been killed,⁷⁰ robbed, raped, and injured. Many have died of rare diseases or of treatable medical conditions from lack of adequate medical facilities in the remote areas where they must live and work.

In some countries they have to share shabby and cramped accommodations with numerous co-workers or local families, lacking privacy, suffering extreme heat (with no air conditioning), and lack even food for an adequate diet and basic supplies such as toilet paper. In Haiti, whose mission currently has 278 Cuban medical workers,⁷¹ many doctors are sent to remote locations and assigned to work and live in a small house with no running water and electricity or internet and telephone connection; they have to find creative ways to get food and must cook with wood—the house is also the clinic, which lacks basic medical supplies and equipment.⁷²

In Haiti, Cuban doctor Helen Pérez Alabedra was kidnapped on January 13, 2022 and held for ten days,⁷³ released after the Cuban government presumably paid a ransom.⁷⁴ Cuba has maintained a large presence of medical workers in Haiti since 1998 despite the extremely harsh conditions and the political strife, epidemics, hurricanes, and earthquakes the Cuban workers have had to face.⁷⁵ It currently has almost 300

⁶⁸ M. Werlau, telephone testimony of Anonymous Source 2, op. cit.

⁶⁹ See case record for Juan Obana Borges, M.D., <https://cubaarchive.org/database/?caseid=6729>.

⁷⁰ See database.CubaArchive.org for individual records of documented cases of deaths.

⁷¹ “Cuba solidaria con Haití pese a adversidades,” *Prensa Latina*, Jan. 15, 2022, <https://www.prensa-latina.cu/2022/01/15/cuba-solidaria-con-haiti-pese-a-adversidades>.

⁷² Maria C. Werlau, testimony of two doctors, one male, one female, who served at different times in Haiti.

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

⁷⁴ Initially, it was reported that the kidnappers were requesting \$1 million, then \$100,000; it was eventually reported that Cuba paid \$10,000, although this was not officially confirmed. (“La prensa haitiana afirma que el Gobierno cubano retiró a 78 integrantes de su brigada,” *Puerto Príncipe, Diario de Cuba*, Jan. 20, 2022.

⁷⁵ For details of the Cuban medical mission in Haiti, see Maria C. Werlau, “Cuba’s business of humanitarianism: the medical mission in Haiti,” *Cuba in Transition: Volume 21*, Papers and Proceedings of the 21st Annual Conference of the Association, <https://www.ascecuba.org/c/wp-content/uploads/2014/09/v21-werlau.pdf>

workers in its medical brigade despite the extremely dangerous environment, especially for foreigners; in 2021, Haiti was the country with the highest kidnapping rate per capita.⁷⁶

Hardship conditions are alarming for most of the “more than” 21,000 collaborators that Cuba reports in Venezuela.⁷⁷ These have recently led to several suicides and preventable deaths (not adequately documented for lack of verifiable information). A young female doctor in Venezuela (2017-2019) was assigned to Petare, a Caracas neighborhood so crime-ridden and dangerous that firearms go off all day and night and only the Cuban doctors who have befriended the local criminals may, with their protection, get on a bus to leave the area.⁷⁸ At most neighborhood clinics or small hospitals, known as CDI (*Centros Diagnósticos Integrales*), where the Cuban doctors practice, there is no equipment for diagnosis and almost nothing to treat patients.⁷⁹

A current member of the Cuban medical brigade in Venezuela, a male in his mid 30s, reported that he was sent for the first year to serve in the Amazonian jungle in conditions so terrible he thought he would not be able to endure it. Forced to live and work without electricity, the power in the clinic could only be turned on to complete lab tests for no more than two hours a day. He also had to report false treatments (for Cuba to bill Venezuela) that he was unable to provide due to the lacking electricity. He could only visit patients, whose homes were located on the water, by canoe and had to barter with the local Indians for fish or crocodile tail to get some protein occasionally. In 2021, he able to obtain a transfer only after completing one year of service in those conditions and was sent to a city in Venezuela, where he continues to work for the medical mission in less dire but still very difficult conditions. His plan is to save as much as possible so he can try to find a way to make it to the United States.⁸⁰

In the African continent, stories abound of danger and illness, especially of malaria. In Kenya, two Cuban doctors, Assel Herera Correa, a general M.D., and Landy Rodriguez, a surgeon, were kidnapped in 2019 by the Islamist fundamentalist group Al-Shabaab; they remain in captivity and a ransom of US\$1.5 million is demanded for their release.⁸¹ The kidnapping led to the withdrawal of Cuban doctors from Kenyan counties bordering Somalia and heightened security for the doctors in other counties.⁸² The precautions were apparently temporary, as in July 2021, Cuba renewed its bilateral health cooperation agreement with Kenya⁸³ and agreed to send 79 more doctors to join the 53 already there, to reach a total of 101 doctors.⁸⁴

The number of health internationalists who have lost their lives in overseas assignments is likely in the many hundreds. In March of 2010, the Cuban and Venezuelan governments honored 68 Cuban doctors

⁷⁶ According to the 2021 report “Gang hegemony and increase in crime” prepared by the Center for Analysis and Research in Human Rights (CARDH), a Haitian civil society organization with consultative status with the UN. (“Haiti - Insecurity: Haiti is the country with the highest rate of kidnappings per capita,” *Haiti Libre*, Dec. 16, 2021.)

⁷⁷ Yosdany Morejón Ortega, “Inmunizados más del 95% de los colaboradores cubanos en Venezuela,” *Cuba Debate*, Mar. 31, 2021.

⁷⁸ M. Werlau, testimony of Anonymous Source 2, op. cit.

⁷⁹ *Ibid.*

⁸⁰ *Ibid.*

⁸¹ V. Okeyo, op. cit.

⁸² *Ibid.*

⁸³ “Cuba and Kenya signed important agreements for the provision of health care services,” *TeleSur*, Jun. 8, 2021, <https://www.telesurenglish.net/news/Cuba-and-Kenya-Sign-Important-Medical-Collaboration-Agreements-20210608-0021.html>

⁸⁴ “Más médicos cubanos llegan a Kenia pese al secuestro de Landy Rodríguez y Assel Herrera,” *Nairobi*, Oct. 19, 2021.

who had already died in Venezuela in the previous seven years.⁸⁵ Cuba Archive has documented 46 cases of members of the international medical brigades in 2012-2022 and more deaths have been reported anecdotally for which detailed information is not yet available. Two are suspected extrajudicial killings by agents of the Cuban State in Venezuela. The remaining deaths were from criminal violence, accidents, health reasons, at times mysterious illnesses (some of malaria and other diseases the government refused to acknowledge), and for unknown causes⁸⁶—many doctors, especially in Venezuela, were forced to treat COVID patients with no protective gear. Cuba does not provide any information on death of internationalists while on overseas' assignments.

See Annex I for case profiles and a full list.

7. Suppression of labor rights and protections for the victims of trafficking

The workers abroad are subjected to the same suppression of their rights as in Cuba, in open disregard of the laws of the host country and of international law. Among many other prohibitions, they may not peacefully protest, form independent unions, strike, engage in collective bargaining, or enter into direct employment. In some countries they face considerable hardships, even great dangers, and must work very long hours without adequate rest. Ironically, they are required to pay monthly dues to state-controlled mass organizations; in recent times in Venezuela a doctor had to pay dues to the Syndicate of Health Workers;⁸⁷ these organizations represent the Cuban Communist government's interests rather than of the workers'.

Public awareness on trafficking in all its forms or victim and witness protections are all absent in Cuba. To the contrary, the state directs a great deal of propaganda and public relations—inside and outside Cuba—to promoting and glorifying the trafficking. An “International Commission” is supposed to attend to the needs of the internationalist workers, however, it is merely a bureaucratic body that addresses worker requirements and requests for the satisfaction of “revolutionary” priorities. The workers are not aware of their rights and do not understand what constitutes trafficking in international law. Labor unions are all under the state-controlled *Central de Trabajadores de Cuba* (CTC). Independent civic organizations—including independent labor unions—that could fill in the gaps, are banned in and individuals exposing abuses are threatened, persecuted, imprisoned, forced into exile and, in some cases, even killed or disappeared. The judicial system is entirely subordinated to the executive branch. All defense lawyers must practice law within state-controlled “collective law offices,” the courts lack independence, impartiality, or effective procedural guarantees, and claimants are not allowed to bring lawsuits seeking remedies for human rights violations.⁸⁸ This has all been extensively reported by many international independent human rights organizations and multilateral institutions as well as by the U.S. Department of State.⁸⁹

⁸⁵ In April 2010, Cuba's Vice Minister of Health, Joaquín García, attended a ceremony in Caracas commemorating the 7th anniversary of the Barrio Adentro program, and honored 69 doctors killed. (“Reconocen muerte de 69 médicos cubanos en Venezuela,” *El Universal*, Caracas, Apr. 16, 2010.)

⁸⁶ See “83 cases of death and disappearances reported in 2021 attributed to the Cuban state,” Cuba Archive, <https://cubaarchive.org/wp-content/uploads/2022/02/Documented-deaths-in-2021-EDITED.pdf>; and Database of Documented Deaths and Disappearances, <https://cubaarchive.org/database/>.

⁸⁷ Sindicato de Trabajadores de la Salud, <https://salud.msp.gob.cu/tag/sindicato-nacional-de-trabajadores-de-la-salud/> (M. Werlau, Testimony of Anonymous Source 2, op. cit.)

⁸⁸ A *Human Rights Watch* report of 1999 provides a useful and relevant summary of how Cuba's laws restrict human rights: “Cuba's Repressive Machinery: Human Rights Forty Years After the Revolution,” *Human Rights Watch*, 1999. See section on the laws at https://www.hrw.org/reports/1999/cuba/Cuba996-03.htm#P576_78223 (most are in place despite statutory changes).

⁸⁹ See “Cuba - Human Rights Country Report,” U.S. Department of State, 2019, <https://www.state.gov/reports/2019-country-reports-on-human-rights-practices/>.

8. Arbitrary restrictions and disciplinary actions.

The internationalists face additional arbitrary restrictions —they are forbidden from accepting gifts, driving a car, marrying a local, staying overnight other than in their residence, leaving home after a certain hour, speaking to journalists (except as instructed in support of the government narrative), or associating with any person in the host country who does not support revolutionary ideals. They face disciplinary actions for all sorts of “violations” and must abide by a code of conduct for overseas workers: Resolution No. 168, approved in 2010, titled “Disciplinary rules for Cuban civil workers who provide services abroad as collaborators” (first approved by the Minister of Foreign Investment and Economic Collaboration as Resolution No. 38 of 2005).⁹⁰

9. Wage confiscation.

All workers receive a small fraction of the amount Cuba receives for their services —the percentages vary per arrangement and country but have ranged from just 5-7% to a maximum of around 25%. The health workers receive a large portion of this compensation as a “bonus” that is deposited in an account in a Cuban bank (a state entity), which they can only withdraw at the end of their mission if they have completed it successfully and returned to Cuba.

Cuba’s revenues for the health services vary greatly by country. For a general doctor, it reportedly commands monthly around US\$900 in Guatemala,⁹¹ US\$3,000 in Namibia, US\$5,000-\$10,000 in Angola, \$9,000 in Kenya, and \$25,000 for a plastic surgeon in Saudi Arabia. South Africa paid US\$8,500 monthly for doctors in the Covid brigade (May 2020-2021)⁹² and continues to pay US\$5,227-\$6,099 for doctors in the regular mission.⁹³ As of September 2020 Guatemala paid Cuba around US\$3,000 per month for all members of the 441-person medical brigade there, including 286 doctors, 74 nurses and support staff (6 drivers, 4 cooks and 8 administrators/statisticians).⁹⁴ Meanwhile, the workers earned 8% of that sum, or around US\$250 a month.

In many countries, Cuba receives the same amount from the local partner (government or other) for doctors, nurses, health technicians, security personnel (intelligence officials and minders who monitor the other workers), and even cooks and drivers who travel as part of the medical missions.

Payments for the export services are generally made directly to a Cuban state entity or to the Ministry of Health; in certain countries, such as Uruguay, Guatemala, Qatar, and Saudi Arabia, the internationalists are paid by direct deposit into bank accounts in their name in the host country but are forced to turn

⁹⁰ “Reglamento disciplinario,” op. cit.

⁹¹ The workers reportedly receive around US\$250 a month, or 28%, however, in Guatemala, it appears that Cuba might be generating very high revenues from travel services for its medical brigade. (See Maria C. Werlau, “Guatemala y la Diplomacia Médica Cubana,” *Archivo Cuba*, Oct. 13, 2020, <https://cubaarchive.org/wp-content/uploads/2020/10/Informe-Guatemala-FINAL-10.13.2020.pdf>.)

⁹² Payments to Cuba for a 187 member COVID emergency brigade (May 2020-May 2021) were R439,916,337, equivalent to around US\$155 thousand per worker for salaries, registration, housing, and other expenses. Salaries for the 116 family physicians, R172,767,798, were equivalent to \$102,293 annually, or \$8,524 monthly per doctor. The Cuban health workers received 19% or US\$1,583 monthly, of which half (US\$791) was deposited in a bank account in Cuba. (See Azarrah Karrim, “South Africa spent at least R400m on Cuban Medical Brigade deployment,” *News 24*, Apr. 29, 2020; “R239m - That's how much taxpayers will cough up for Cuban doctors,” *IOL News*, Jun 9, 2020. (Housing costs were reportedly covered by the governments of the provinces hosting the internationalists.)

⁹³ Marizka Coetzer, SA-based Cuban doctors take home salaries while intern doctors remain unpaid, *The Citizen*, Mar. 7, 2022; Jackie Cameron, “Herman Mashaba: Finding jobs for thousands of unemployed doctors, nurses, as hospitals creak at seams,” *BizNews.com*, Jan. 20, 2021.

⁹⁴ Maria C. Werlau, “Guatemala y la diplomacia médica cubana,” *Cuba Archive*, Oct. 13, 2020.

over to the Cuban employment entity the greater part of the funds. In most countries, the Cuban health workers receive much lower wages than local workers in equivalent positions.

Starting January 1, 2021, the bonus Cuba pays the internationalists in theoretical dollars at an artificial official exchange rate has been losing market value precipitously and is currently 25% of the official rate CUP (Cuban Pesos) 24 per US\$1. The workers are also required to “donate” with monthly deductions a portion of their pay to Communist Party controlled mass organizations such as the Syndicate of Health Workers. A doctor serving in Venezuela in 2017-2019 also reported having US\$10 systematically deducted from the monthly salary of US\$200 (paid in Cuba) as a forced “donation” to the clinic assigned to her address of residence in Cuba.⁹⁵

With Venezuela hosting the largest Cuban medical mission, by far, the compensation package for the more than 21,000 Cuban health workers there is particularly dire. A Cuban health worker reported from Venezuela in mid-March 2022 that he understood that the current pay for most doctors in Venezuela was bolivars B196 a month, equivalent to US\$45.85, whereas other health workers received B186 per month, equivalent to US\$43.51.⁹⁶ This pay, as in past years, is insufficient to cover basic needs and many workers know to arrive for their mission there with food in their suitcases (bags of rice, pasta, and other staples); they survive with money sent from their families in Cuba and patients’ gifts or must find other ways to make do.⁹⁷

The doctors in Venezuela also currently receive in Cuba their stipulated meager regular salary in Cuban pesos, which is set by decree in a table referred to earlier, as well as US\$180 a month that can be withdrawn with debit cards denominated in the convertible currency MLC;⁹⁸ these cards can be used to purchase most food and other goods by their families on the island or when they travel back to Cuba on vacation. However, the Cuban government converts the dollars to MLC at the official exchange rate of CUP24 to US\$1; which currently translates into CUP4,320 or \$43 a month at the current 100:1 exchange rate—this is the market rate with real purchasing power in Cuba and Venezuela. Because the local stipend paid in Venezuelan bolivars is insufficient to cover basic needs, the internationalists rely on their families in Cuba to send them dollars, which, to make things worse, must be converted from MLC in the black market. Finally, an additional US\$180 accumulates in an account in Cuba as a sort of bonus which they may only access if the return to Cuba having completed the mission successfully; this amount is also exchanged at the official rate of 24:1, which means that if they worked for 14 months since the new policies were implemented on January 1, 2021, the US\$180 a month bonus would equal CUP 60,480, or just US\$604 at the official exchange rate.

Faced with the above situation, in February 2022, several Cuban health workers in Venezuela expressed their outrage on social media, complaining that, despite their sacrifice and service during COVID, a large share of their hard-earned wages is lost in the forced exchange into Cuban pesos at the official artificial exchange rate, denounced that they are unable to purchase most food and essential goods in Cuban pesos, and asked to be paid in dollars.⁹⁹

The host country also typically provides the Cuban health workers with furnished living accommodations and pays them a monthly sum or per diem to cover their food, utilities, transportation to work, and other

⁹⁵ M. Werlau, telephone testimony of Anonymous Source 2, op. cit.

⁹⁶ Maria C. Werlau, telephone testimony of Anonymous Source 3, Mar. 16, 2022. (Anonymous Source 3 is a male in his early thirties, a health specialist and current member of the Medical Brigade in Venezuela.) (The exchange rate was calculated at <https://www.exchange-rates.org/Rate/VES/USD>.)

⁹⁷ Ibid.

⁹⁸ Moneda Libre Convertible (Freely Convertible Currency)

⁹⁹ Annarella Grimal, "Necesitamos respuestas: Exigen médicos cubanos en Venezuela," *CiberCuba*, Feb. 10, 2021.

living expenses for services not provided directly. In certain countries, the local stipend is insufficient to cover even their most basic needs and doctors report that food and other gifts received from patients help them survive.

The overall costs associated with the Cuban medical missions (travel, housing, local health insurance for the internationalists, administrative costs, etc.) are often higher —at times considerably— for the host country than the cost of hiring local staff with equivalent or higher qualifications. This creates problems with local doctors and medical associations, harbors resentment and causes stress for Cuban doctors who are not even receiving the compensation generating the hostility.

Complaints by the internationalists of the exploitative arrangements, the hardships they endure, and the Cuban government’s “pilfering” of their wages have greatly increased in recent years and are frequently found in social media posts, media reports, and other venues. Promises made by Cuban authorities of compensation for their overseas service are sometimes not kept even after the workers have successfully completed their assignments and returned home having honored their part of the contract with the hiring Cuban state entity. Some internationalists have reported not having received a promised new home or car as well as the promised amount in the hard currency account frozen in Cuba.

10. Sexual harassment.

According to Cuba, women make up over 50% of the doctors serving in the missions. In Brazil’s Mais Médicos program, nearly 20,000 Cuban doctors worked in Brazil in five years from 2013-2018 and 76.3% were women.¹⁰⁰ Many women are victims of sexual harassment and other abuses, including rape, by supervisors and minders or at the hands of criminals.

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

Health workers sent to many countries are instructed to systematically report inflated data and statistics to meet quotas — number of procedures undertaken, patients seen, and medicines and medical supplies used— and to provide unneeded health procedures and improperly dispense medicine or supplies to patients and even destroy these in order to account for imaginary services that increase performance ratios and Cuba’s political and pecuniary benefit. The doctors and other Cuban health providers must make up patient names and ID numbers and sign off on these forms on a daily basis. These fraudulent practices are unethical and illegal, expose the health workers to mental anguish, and put them at risk of potential criminal prosecution in the host country.¹⁰¹

12. Forced political duties.

Before leaving on an international mission, the workers are required to take a five-day course of the Cuban Communist Party to reinforce their “revolutionary” commitment. While serving abroad, the health workers are required to inform on co-workers who offend the “honor of the motherland and its symbols” or engage in any suspicious behavior that might indicate they are planning to desert. They must serve as propaganda props at political ceremonies and meetings, where they must wave flags and bear banners or photographs of Fidel Castro and Che Guevara, wear white coats even for long air travel, and have their image in photograph and/or video used for propaganda. They must attend regular meetings of a political nature (the frequency depending on the country) to receive instructions and hear the official

¹⁰⁰ Leticia Martínez Hernández, “El abrazo de Raúl a los héroes que vuelven,” *Granma*, Nov. 23, 2018.

¹⁰¹ A doctor who served in Venezuela reports having fallen in disgrace and facing extensive and grave reprisals for refusing to sign off on the daily sheets used to report procedures and patients seen. What’s more, she said, they were required to buy with their meager resources the paper and pen with which they had to file the daily reports. (M. Werlau, tel. testimony of Anonymous Source 2, op. cit.)

version of news from Cuba and world events. In some countries, they must engage their communities to spread political propaganda, promote socialism and the Cuban Revolution, and recruit votes and support for the local government's party. In Venezuela, some have been forced to deny medical services to patients who do not support the government and to send patient information to Cuba with data such as their blood type.¹⁰²

In November 2019, when an interim government replaced the Bolivian government of Evo Morales, an ally of Cuba, it reported to the media that only 205 of the 702 so-called Cuban health workers actually held titles as medical doctors, for which public monies had been assigned, and most were carrying out intelligence and political duties.¹⁰³

The overtly political nature of the medical missions creates tensions with the local population that rejects the Cuban intrusion and may put the Cuban workers at risk.

13. Improper training for assigned medical duties.

Many health workers report being assigned duties for which they are ill prepared. Examples abound: a veterinarian served in Africa as a "medical doctor" after undergoing a six-month course, a general doctor had to perform an eye surgery in Venezuela for which she had no training, a physical therapist was sent in another capacity to Ecuador after a short course, medical students were sent as "doctors" to Venezuela with two years remaining of their medical training in Cuba, and an M.D. Intensive Care "specialist" had only passed a six month course rather than the standard specialization of at least two years.¹⁰⁴ The internationalists part of the emergency brigades are allegedly specialists in emergency response but their so-called training for emergencies is generally brief and superficial. Aside from subjecting patients to undue risks, this results in excessive mental and emotional strain for the health workers and potential mistakes that can end a career, cause extreme trauma, and lead to criminal prosecution.

V. International law

The labor arrangements described above violate the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, signed by Cuba on January 27, 1986 and ratified May 17, 1995.

They are contrary to numerous other agreements and standards, including the Supplement to the United Nations' Convention against Transnational Organized Crime (Trafficking in Persons Protocol, one of three Palermo Protocols¹⁰⁵), ratified by Cuba on February 9, 2007, as well as by many of its partner nations in the labor agreements. Claims that Cuba's health workers are "willing" or "volunteer" participants are contrary to the Protocol, which states that abuse of power or of a position of vulnerability

¹⁰² Juan Juan Almeida, "Más 'cooperantes' a Venezuela y base de datos con donantes de sangre," *Martí Noticias*, Nov. 7, 2016.

¹⁰³ "El gobierno interino de Bolivia denunció que solo 205 de 702 supuestos médicos cubanos tenían título," *Infobae*, Nov. 28, 2019; "Bolivia afirma que varios médicos cubanos cumplían con labores de inteligencia y desestabilización," www.radiotelevisionmarti.com, Jan. 9, 2020.

¹⁰⁴ María C. Werlau, first-hand accounts from several anonymous sources cited in this report and others.

¹⁰⁵ 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>.)

for the purpose of exploitation constitutes human trafficking¹⁰⁶ and reads: “The consent of the victim to the intended exploitation is irrelevant once it is demonstrated that deception, coercion, force or other prohibited means have been used.” (Art. 3 subpara.(b.) According to international law, compelling someone to forced labor —understood as involving force or physical threats, psychological coercion, abuse of the legal process, deception, or other coercive means—is trafficking regardless of “the person’s prior consent to work for an employer.”¹⁰⁷

They also violate several ILO (International Labor Organization) conventions including Convention No. 29 concerning forced or compulsory labor (1930), ratified by Cuba in 1953, and ILO Convention No. 95 on the Protection of Wages (1949), ratified by Cuba in 1952.

As of January 2018, there were 159 pending lawsuits in Brazilian labor courts associated with claims by 198 Cuban doctors who had served in Cuba’s medical missions there (*Mais Medicos* program) regarding their labor rights.¹⁰⁸ In 2021, the U.S.-based non-profit legal defense fund Global Liberty Alliance¹⁰⁹ reported that it was still representing claims of human rights abuses by approximately 100 Cuban health workers formerly of the *Mais Medicos* program and that Brazil’s Minister of Justice and Public Safety had agreed to an investigation, whose results are pending.¹¹⁰

The violations described in this report meet the criteria of forced labor or “labor trafficking” under the 2000 Trafficking Victims Protection Act (TVPA)¹¹¹ of the United States that establishes that labor trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purposes of involuntary servitude, peonage, debt bondage, or slavery.

The U.S. Department of State’s Trafficking in Persons Report¹¹² assigned Cuba a Tier 3 classification in both 2020 and 2021, which is for “countries whose governments do not fully meet the TVPA’s minimum standards and are not making significant efforts to do so.” Only the following countries were designated Tier 3 in 2021: Afghanistan, Algeria, Burma, China, Comoros, Cuba, Eritrea, Guinea-Bissau, Iran, Korea, North, Malaysia, Nicaragua, Russia, South Sudan, Syria, Turkmenistan, Venezuela.

The 2020 Trafficking in Persons Report marked the first time the U.S. Department of State applied a new provision reflecting a 2019 congressional amendment to the TVPA that acknowledged that governments can also act as traffickers and Cuba was found to have a “policy or pattern” of trafficking together with 11 other governments. In the 2021 Trafficking in Persons Report, the government of Cuba was again included with the governments of 10 other countries: Afghanistan, Burma, China, Eritrea, North Korea, Iran, Russia, South Sudan, Syria, and Turkmenistan.

Regarding Cuba, the U.S. Department of State’s 2021 Trafficking in Persons Report stated:

¹⁰⁶ See “The role of ‘consent’ in the Trafficking in Persons Protocol,” Issue Paper, United Nations Office on Drugs and Crime, Vienna, 2014, https://www.unodc.org/documents/human-trafficking/2014/UNODC_2014_Issue_Paper_Consent.pdf.

¹⁰⁷ “What is Modern Slavery?,” U.S. Department of State, <https://www.state.gov/j/tip/what/index.htm>.

¹⁰⁸ See Reports of the External Auditors for 2017 and 2018, op. cit.

¹⁰⁹ See <https://www.globallibertyalliance.org/brazil-cuban-docs.html>. (GLA is also working on behalf of Cuban health workers in medical missions in Uruguay, Guatemala, Honduras, and Nicaragua.)

¹¹⁰ “Brazil’s Justice minister agrees to review forced labor claims of Cuban medical workers in Brazil,” Global Liberty Alliance, Sep. 4, 2020.

¹¹¹ The TVPA is a federal statute passed into law in 2000 by the U.S. Congress and signed by President Bill Clinton.

¹¹² <https://www.state.gov/reports/2021-trafficking-in-persons-report/>

“During the reporting period, there was a government policy or government pattern to profit from labor export programs with strong indications of forced labor, particularly its foreign medical missions program. ... in 2020, the government capitalized on the pandemic by increasing the number and size of medical missions and refused to improve the program’s transparency or address labor violations and trafficking crimes despite persistent allegations from observers, former participants, and foreign governments of Cuban officials’ involvement in abuses. The government failed to inform participants of the terms of their contracts, which varied from country to country, confiscated their documents and salaries, and threatened medical professionals and their family members if participants left the program. Within Cuba, the government did not report investigating, prosecuting, or convicting trafficking crimes. Authorities did not report identifying victims and lacked a comprehensive package of housing and other services for victims and did not protect potential trafficking victims from being detained or charged for unlawful acts their traffickers coerced them to commit. The government did not criminalize all forms of forced labor or sex trafficking.”¹¹³

In November 2018, four former members of the Cuban medical mission in the Brazilian program of *Mais Médicos* filed a lawsuit in the Southern District of Florida against the Pan American Health Organization (PAHO) under the Trafficking Victims Protection Act and the Racketeering Influenced and Corrupt Organizations (RICO) Act, alleging conditions of forced labor/trafficking. The lawsuit seeks to recover the remaining portion of the compensation Brazil paid PAHO for the plaintiff’s services and other damages including treble damages (triple compensatory damages) under RICO. It alleges that the PAHO officials circumvented “Brazilian budget, labor, and immigration laws; the Brazilian Constitution; U.S. criminal laws and international laws against forced labor and human trafficking; the U.S. embargo against financial transactions with Cuba; and PAHO’s Constitution and by-laws.”¹¹⁴ PAHO had acted as intermediary between Brazilian and Cuban authorities, participating in the salary confiscation scheme of the Cuban doctors, had hired 120 “consultants” from Cuba to monitor the Cuban doctors and avoid their defections, and had offered a legal team to counter claims that Cuban doctors were taking to Brazilian courts seeking to be hired and paid directly.¹¹⁵

PAHO requested the judicial process be moved to Washington, DC, where, in November 2020, a federal judge rejected PAHO’s arguments that it enjoys special protections under the UN Charter and the Constitution of the World Health Organization and decided that the lawsuit could continue. Citing official documents from Brazil, Judge Boasberg indicated that PAHO had transferred through its Citibank account in Washington, DC, \$1.5 billion in payments by Brazil for the services of the doctors that were appropriated by Cuba. For this mediation, PAHO had obtained 5% of those funds as a commission, about \$75 million. According to the judge, this commercial activity reinforced the complaints of the Cuban doctors.¹¹⁶

On Aug. 2, 2021, the Human Trafficking Legal Center filed an amicus brief arguing that: “The Center believes that the district court correctly determined that PAHO’s acting as a financial intermediary to

¹¹³ Trafficking In Persons Report, Department of State, United States of America, June 2021, Cuba: p. 197-198, <https://www.state.gov/reports/2021-trafficking-in-persons-report/cuba/>.

¹¹⁴ Ramona Matos Rodríguez, Tatiana Carballo Gomez, Fidel Cruz Hernández, and Russela Margarita Rivero Sarabia, Plaintiffs, v. Pan American Health Organization, Joaquin Molina, Alberto Kleiman, In the United States District Court Southern District of Florida, Miami Division Caseno: Case 1:18-cv-24995-DPG, Document 9, entered on FLSD Docket 12/26/2018, p. 19.

¹¹⁵ José Alberto Gutiérrez, “Organización Panamericana de la Salud intervino para frenar a médicos cubanos “rebelados” en Brasil,” *Ciber Cuba*, Oct. 21, 2019.

¹¹⁶ Rolando Cartaya, “El año en que se deshizo la leyenda rosa de las misiones médicas de Cuba,” *Radio Televisión Martí*, Dec. 25, 2020.

facilitate Cuba's trafficking of medical personnel in Brazil constitutes "commercial activity" for which PAHO may not assert international-organization immunity."¹¹⁷

In June 2021, Senator Bob Menendez (D-NJ), Chairman of the Senate Foreign Relations Committee, and Senator Marco Rubio (R-FL), Ranking Member of the Senate Foreign Relations Subcommittee on the Western Hemisphere, reintroduced the Combatting Trafficking of Cuban Doctors Act of 2021, legislation to strengthen accountability measures addressing the Cuban regime's human trafficking and exploitation of Cuban doctors, nurses, and other medical professionals deployed on foreign medical missions.¹¹⁸ Upon introducing the bipartisan legislation, Chairman Menendez said: "It is unacceptable that the Cuban regime has continued to exploit doctors and nurses for profit, withholding their passports, retaliating against their families, and manipulating them through other forms of pressure and intimidation." Senator Rubio said: "The U.S. has a moral duty to combat this scheme and hold accountable the perpetrators of these abuses."

VI. Conclusion

Cuba's huge machinery of influence and propaganda propagates a narrative that portrays Cuba's dictatorship as humanitarian and its medical services as altruistic.¹¹⁹ It unfolds throughout the world in concerted fashion thanks to its many international solidarity groups, allies and agents. ¹²⁰ These extensive efforts seek to disguise persistent, extensive, grave, and systematic human rights violations and tremendous suffering. However, there tens of thousands of real stories from the victims cannot be silenced. It is time to see an end to this impunity and demand direct and independent contracts, fair working and living conditions, and equal justice for Cuba's health workers who choose to practice their profession outside of their home country.

See Annex attached.

¹¹⁷ Brief of the human trafficking legal center as amicus curiae in support of affirmance and plaintiffs-appellees, USCA Case #20-7114, Document #1908509, filed Aug. 2, 2021 <https://htlegalcenter.org/wp-content/uploads/Rodriguez-v.-PAHO-brief.pdf>

¹¹⁸ "Menendez, Rubio Reintroduce Legislation to Combat Human Trafficking of Cuban Doctors, Jun. 17, 2021," U.S. Senate, <https://www.foreign.senate.gov/press/chair/release/menendez-rubio-presentan-proyecto-de-ley-para-combatir-la-trata-de-mdicos-cubanos>.

¹¹⁹ See "Cuba in the time of coronavirus: exploiting a global crisis, Part I: Pandemic as opportunity, Cuba Salud/Cuba Archive, April 7, 2020, <https://cubaarchive.org/wp-content/uploads/2020/05/Cuba-in-the-time-of-coronavirus-Part-I-FINAL-1.pdf>.

¹²⁰ In the U.S. alone, several non-governmental organizations dedicate enormous resources to promoting 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. (Julie Feinsilver, "The Atlantic Philanthropies -Cuba," The Atlantic Philanthropies, 2020.)