

# CUBA'S INTERNATIONAL MEDICAL MISSIONS

## A Critical Resource and Advocacy Guide



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# Executive Summary

In the early 1960s, shortly after Fidel Castro's takeover, Cuba's revolutionary government began sending trained health workers to help African and other Latin American countries in a gesture of solidarity. Since then, thousands of Cuban doctors and other health specialists have served in dozens of "like-minded," lesser developed countries following natural disasters, outbreaks of infectious diseases, and calamities such as the Chernobyl nuclear accident, in the process reaching underserved, often rural populations with improved health services. Cuba has reaped international praise for these efforts, and in doing so has leveraged its diplomatic ties to block criticism of its atrocious human rights record by international bodies such as the United Nations.

This report explores the darker side of Cuba's international medical missions as revealed by findings from independent researchers and more than 600 first-hand testimonies and claims by Cuban doctors and other medical workers. The Cuban government's motives for offering health workers to foreign countries have, over time, evolved from humanitarian and political to a desperate need to generate foreign exchange as its economy has failed.

Cuba has been rewarded for its "humanitarian" medical efforts through revenues at time reaching six billion dollars a year paid by cooperating countries. Unfortunately, the financial benefits sharply favor the Cuban state that pockets most of the funding, leaving little for the doctors and other health workers who are paid 10-25 percent of their contracted cost. As well, the medical workers often live in abysmal conditions, deprived of basic rights.

Cuban medical workers, who earn a pittance at home, are often coerced into the missions, and then find that they have lost their internationally recognized human rights of expression, independent movement and the ability to see their family members at home. Often the Cuban workers are denied copies of their service agreements. To ensure strict compliance, Cuba sends intelligence personnel to monitor the activities of its foreign workers. Many Cuban medical workers admit that their motive to join the program is simply to be able to defect once they are abroad, which happens frequently. They do so at a great cost, however, as defectors are restricted from returning to Cuba for at least eight years.

There are significant questions about the impact of the medical missions in receiving countries due to lack of program transparency as well as in Cuba, where the government claims it uses program revenues to shore up an inadequate and financially troubled healthcare system. There is no indication, however, that a significant portion of the billions of dollars of program revenues is being invested in the health sector given the continued horrendous conditions of Cuban hospitals and clinics, the lack of medicines and supplies, and the shortage of qualified health workers, who have instead been sent overseas to generate revenues for the state.

The international community, which at times has praised the program absent any detailed understanding of these underlying issues, is finally waking up to the systematic and blatant human rights abuses committed through this system that has been referred to as “modern-day slavery.” In recent years, Brazil and Ecuador canceled their medical mission agreements and sent thousands of Cuban workers home. UN human rights officials have raised many of the inherent human rights issues with the Cuban government.

The Pan American Health Organization (PAHO), which was paid to market the medical missions, is being sued in U.S. courts for, as the lawsuit

describes, “enabling, managing, and enforcing illegal human trafficking of Cuban medical professionals in Brazil.” And last year, Human Rights Watch published a report accusing the Cuban government of violating the “fundamental rights” of Cuban doctors through its medical missions.<sup>1</sup>

This report and the recommendations that follow are intended to promote advocacy for Cuba’s medical workers and encourage further research and international actions that will require the Cuban government to comply with all UN and other international human rights standards in the future program operations.\*

\* *This report is based on information obtained from Prisoners Defenders, the Victims of Communism Memorial Foundation, Cuba Archive, and the Foundation for Human Rights in Cuba. Outreach Aid to the Americas is grateful for the collaboration and research made available that enabled the production of this report.*

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1 “Cuba: Repressive Rules for Doctors Working Abroad,” Human Rights Watch, July 23, 2020. <https://www.hrw.org/news/2020/07/23/cuba-repressive-rules-doctors-working-abroad>

# Introduction

For more than 60 years, Cuba's revolutionary government has deployed thousands of medical workers to other countries in response to emerging humanitarian challenges, including infectious disease outbreaks such as Ebola and COVID-19, devastating natural disasters and even the Chernobyl nuclear plant meltdown. In a show of "international solidarity," Cuba's medical workers have worked in the most rural, underserved areas of Africa and Latin America to deliver much-needed medical services to marginalized families. Not surprisingly, Cuba's seemingly heroic efforts have been lauded within the international community. But below the surface, there is clear evidence that the Cuban government's humanitarian objectives have been superseded by a darker, more selfish agenda, one that turns Cuban doctors and other health workers into pawns in a system of modern-day slavery.

Although the Cuban government presents a façade of patriotic Cuban medical workers committed to humanitarianism, the details reveal a different story. Cuban health workers are often pressed into service. The conditions of their service are not transparent, and after they arrive in their host country, the workers discover that they are paid a fraction of what their local counterparts are paid. They are, in effect, prisoners of the program and are constantly being monitored and denied their internationally recognized rights of expression, free movement, and ability to see their family members at home.

Many admit that their motive to serve is simply to find a way to defect from Cuba – which they frequently do.

It is also disturbing to understand the physical risks to the workers, when they are put on the frontlines of an infectious disease crisis, such as COVID-19, or are sent to Chernobyl's radioactive zone, or are deployed to crime-ridden neighborhoods in Venezuela, where 68 Cuban workers were killed in a seven-year period, or are sent to countries where they are placed in grave danger, as demonstrated by the two doctors who remain kidnapped after they were deployed to Kenya.<sup>2</sup> Cuba's government apparently views such risks as a marketing opportunity and clearly does not



Team of Cuban doctors at the Chernobyl nuclear plant site in 1992 (Source: [www.Cubadebate.cu](http://www.Cubadebate.cu))

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2 "Casi dos años después, el Gobierno continua 'las gestiones' para rescatar a los médicos cubanos secuestrados en Kenia", *Diario de Cuba*, February 25, 2021. [https://diariodecuba.com/cuba/1614252142\\_29104.html](https://diariodecuba.com/cuba/1614252142_29104.html)

value the lives and rights of individual medical workers. Countries that purchase these services gladly send Cuban medical mercenaries into harm's way rather than put their own citizens at risk.

But the main incentive for Cuba to export its workers has become the government's desperation arising from its failed economic system and resulting foreign exchange crisis. Cuba sells its medical services, gives a fraction to its workers and pockets the rest. In recent years, the revenues reached six billion dollars a year, an important infusion into Cuba's floundering budget.

The Cuban government says that the revenues are used to strengthen its health sector, despite clear evidence that Cuba's health system is failing, and that Cubans can expect only minimal standards of service from some of the region's worst hospitals, understaffed with so many doctors engaged in the foreign missions.

There are some positive signs that the world is waking up to this travesty. Faced with the facts, and at times under pressure from local medical associations, countries are cancelling their agreements and sending home thousands of Cuban workers. UN human rights experts are raising workers' rights issues with the Cuban government. And the Pan American Health Organization (PAHO), paid as a marketing intermediary for the medical missions, is facing legal action "for enabling, managing, and enforcing illegal human trafficking."

This resource and advocacy guide is intended to inform U.S., regional and international audiences about current research and analysis on the multitude of issues arising out of the Cuban government's medical services scheme.

OAA and its collaborators hope that this report advances human rights advocacy and leads to further research and international actions that will require the Cuban government to put its program on a track that fully complies with all UN and other international human rights standards. Cuba's medical workers, their families and the people of Cuba deserve nothing less.



# Historical Background

Cuba's international medical missions began in the early 1960s, when the island nation sent a medical brigade to Algeria during its civil war. In 1963, Cuba and a newly independent Algeria signed the first bilateral cooperation agreement, through which Cuba sent 56 health workers to the African country. This diplomatic initiative, as well as Cuba's decision to send health workers to Chile in 1960 following a terrible earthquake, in part grew out of the revolutionary government's professed commitment to international solidarity. In the years since, Cuba has sent medical personnel to other nations, mostly in Latin America and Africa, in response to emergencies and natural disasters — for example, to treat children affected by the 1986 Chernobyl disaster, to aid Haiti following the 2010 earthquake, and to help contain the Ebola outbreak in West Africa in 2014. Cuba's ability to undertake these missions grew out of an early prioritization of training of medical personnel at home, and over time the supply of doctors and other health professionals exceeded the Government of Cuba's (GOC) needs within Cuba.

Following its interventions in Chile and in Algeria, the young revolutionary government soon realized the potential of these kinds of

missions to burnish its image abroad (Cuba expert Maria Werlau calls it an “advertisement for socialism” and award-winning Cuban journalist Yoani Sánchez calls it a “marketing operation”) and to strengthen ties with sympathetic governments and gain favor among members of the international community.<sup>3 4</sup> The latter objective has paid off, for example, in the UN Human Rights Council, of which Cuba is a member, through the GOC's largely successful efforts to block criticism of the dire human rights situation in Cuba.

Initially, the Cuban government provided health services through its medical brigades at a relatively low cost, gaining not just diplomatic goodwill and praise, but perhaps more importantly since the U.S. imposed its embargo, much needed hard currency (exported health services is only one category of government service exports, albeit the largest).<sup>5</sup> The financial rewards from the export of health services became especially important for Cuba during its Special Period following the collapse of the Soviet Union and the services have remained a major source of revenue for the Cuban government in the face of a struggling economy.

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3 Maria Werlau, “Cuba's Healthcare Diplomacy: The Business of Humanitarianism.” *World Affairs*, vol. 175, no. 6, 2013, 57–67.

4 Yoani Sánchez, “Los médicos cubanos arriesgan sus vidas para escapar de las carencias,” *DW*, March 31, 2020. <https://www.dw.com/es/los-m%C3%A9dicos-cubanos-arriesgan-sus-vidas-para-escapar-de-las-carencias/a-52971511>

5 “Unos 64,362 profesionales cubanos trabajan en 91 países,” *Nuevo Herald*, July 4, 2014. <https://www.elnuevoherald.com/ultimas-noticias/article2036671.html>



A classroom in Cuba's Latin American School of Medicine (Adalberto Roque/AFP)

The program slowed down as a result of the economic tightening experienced during the Special Period, but it was revitalized by the late 1990s as Cuba regained some modest financial footing.<sup>6</sup> The number of Cuban medical personnel abroad jumped dramatically during the first decade of this century, going from 3,800 in 2001 to 29,809 in 2007.<sup>7</sup>

## CUBA'S MEDICAL TRADITION

Cuba has a proud medical tradition, one that goes back long before 1959. During the 18th century, Cuba could boast of numerous distinguished practitioners who received their training abroad, often in Spain and Mexico. One of Cuba's great medical figures was the epidemiologist Carlos Finlay, who in the late 19th century discovered that yellow fever was transmitted to healthy human beings through the bite of a certain species of mosquito. Dr. Finlay built on this discovery to generate groundbreaking knowledge about infectious diseases and their treatment.

Cuban medical professionals were also pioneers in family medicine, practiced largely by doctors treating patients in historically underserved rural areas. This strong medical tradition goes some way toward explaining the island nation's achievements in public health. Before the 1959 revolution, Cuba was already a leader in the Americas when it came to health indicators such as life expectancy at birth and the number of doctors per capita. However, these strengths were enjoyed disproportionately by Cuba's urban population, with most doctors and medical facilities located in the capital and other densely populated communities.<sup>8</sup> Still, the nation's healthcare system did make some advances under the revolutionary government. For example, the number of hospitals and other healthcare facilities grew significantly, expanding to rural communities that had previously lacked access to healthcare. Another positive change was the shift to a proactive posture focused on prevention of disease and serious medical problems in communities, an approach that has continued to define the island's healthcare system.

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6 John Kirk and Michael Erisman, *Cuban Medical Internationalism: Origins, Evolution, and Goals*. Palgrave Macmillan, 2009.

7 *Ibid.*

8 Gott, Richard. *A New History*. Yale University Press, 2004.



# CUBAN MEDICAL CAREERS: MIXED MOTIVES TO SERVE

Partly because of ideological commitments intrinsic to the regime's revolutionary program, but also because of the heavy reliance on revenues from increased exports of its medical services during the 2000s, Cuba has elevated the importance of the medical profession, encouraging, and often pressuring, young Cubans to enter the field. Medical schools graduate large numbers of doctors and other health professionals each year, and every province in the nation has a medical school, though there are legitimate questions about the quality of medical education and preparation given the overall collapse of Cuba's institutions.<sup>9</sup> The growth in the number of doctors in Cuba is a decades-long trend: since the 1959 revolution, the number has increased tenfold during a period when overall population growth has been only 63 percent.<sup>10</sup>

Certainly, many Cubans who pursue a career in medicine are motivated by a sense of solidarity and by a commitment to improving lives by providing healthcare, but many others enter the field for less idealistic reasons, some of which are a testament to the oppressive nature of the regime. Some are lured into the missions by the chance of being able to earn more money than they can earn in Cuba, where doctors often work other jobs, such as driving cabs, to be able to support their families. Doctors in Cuba earn between \$40 and \$70 per month.<sup>11</sup> Some doctors are so destitute that they cannot even afford one daily meal.<sup>12</sup> Another reason many become doctors is because of the opportunity to go abroad and flee authoritarian Cuba. As one 36-year-old doctor who defected from Venezuela put it: "I didn't arrive in Venezuela to work; I arrived and deserted right away."<sup>13</sup> Of course, the government continues to deny vehemently that its medical professionals are motivated by anything other than a sense of duty and solidarity.<sup>14</sup>

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9 Section VII.1 discusses questions about the lack of qualifications of medical mission workers, including one cited investigation that revealed that of 702 Cuban medical professionals working in Bolivia, only 205 held a medical degree, and most were technicians not doctors.

10 "How Cuba's Health Care Sector Aims to Gain a Greater Foothold," Wharton School, University of Pennsylvania, February 12, 2015.  
<https://knowledge.wharton.upenn.edu/article/how-cubas-health-care-sector-aims-to-gain-a-greater-foothold/>

11 Pete Pattison, "Cuba's secret deal with Qatar to take up to 90% of doctors' wages," *The Guardian*, November 8, 2019.  
<https://www.theguardian.com/global-development/2019/nov/08/cuba-secret-deal-to-monetise-medics-working-in-qatar>

12 Yoani Sánchez, "Los médicos cubanos arriesgan sus vidas para escapar de las carencias," DW, March 31, 2020.

13 Michael Ceaser, "Cuban doctors working abroad defect to the US," *The Lancet*, vol. 369, issue 9569, April 14, 2007.  
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(07\)60577-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(07)60577-7/fulltext)

14 Ricardo Alonso Venereo, "Médicos cubanos: esclavos solo del deber," *Granma*, February 13, 2020.  
<https://www.granma.cu/cultural/2020-02-13/medicos-cubanos-esclavos-solo-del-deber-13-02-2020-23-02-11>

# International Medical Missions: A Lucrative State Enterprise

Over the years Cuba's international medical missions have grown into a highly lucrative enterprise and a critical source of revenue for the Cuban government. In fact, in the 2000s the export of health services became the government's largest foreign exchange revenue stream, surpassing tourism, and, beginning in 2008, bringing around three times the earnings from the tourism industry.<sup>15</sup> The government has at least 85 state-run companies dedicated to exporting professional services, most of which are healthcare services, according to research by the organization Cuba Archive.<sup>16</sup> In 2014, revenues from all export services were expected to reach more than eight billion dollars, with most of this amount coming from the services of the health workers, who at times constituted around three quarters of the Cuban professionals stationed abroad. Similar numbers have continued in recent years, with

the export of health personnel bringing around six billion dollars in revenue in 2018.<sup>17</sup> As this report discusses further below, a major source of Cuba's earnings from its medical services has come from Venezuela, especially under the Chávez government, which brought Cuban medical professionals to participate in the Misión Barrio Adentro program launched in 2003. Over the past 20 years, around 250,000 Cuban medical personnel have worked in Venezuela, according to official Cuban media, and Venezuela has paid around \$40 billion for Cuba's export services, a large part of which was medical professionals.<sup>18 19</sup>



Then Venezuelan president Hugo Chavez with a Cuban doctor on his daily program "Aló Presidente" (Photo Source: Diario Exterior)

15 Maria Werlau, "Cuba's Healthcare Diplomacy," 60.

16 Cuba Archive. Fact Sheet Overview of Cuba's medical "collaboration." June 15, 2020. <https://cubaarchive.org/wp-content/uploads/2020/06/FACT-SHEET-Cubas-Medical-Diplomacy-1.pdf>

17 Nora Gámez Torres, "Bolivia severs relations with Cuba over dispute about controversial medical program," *Miami Herald*, January 24, 2020. <https://www.miamiherald.com/news/nation-world/world/americas/cuba/article239609628.html>

18 Venezuela highlights work of Cuban doctors against COVID-19," *Prensa Latina*, March 27, 2020. <https://www.plenglish.com/index.php?o=rn&id=53888&SEO=venezuela-highlights-work-of-cuban-doctors-against-covid-19>

19 Issac Nahón-Serfaty, "Debunking the Myth of the Cuban Medical Mission in Venezuela," *Caracas Chronicles*, April 12, 2019. <https://www.caracaschronicles.com/2019/04/12/debunking-the-myth-of-the-cuban-medical-mission-in-venezuela/>

# The Medical Workers

## Coercion and Human Rights Abuses

Coercion to serve in international medical missions begins long before mission participants leave the island. Cuban medical professionals face numerous pressures to join the missions. Refusing the efforts of a recruiter, for example, can taint a professional in the eyes of the government and therefore limit or damage their career prospects. Saying no to a recruiter would “mark you as unreliable,” explains Julio Cesar Alfonso, president of the South Florida-based nonprofit organization *Solidaridad sin Fronteras*.<sup>20</sup> In testimonies of current and former medical mission workers collected by the human rights advocacy organization Cuban Prisoners Defenders (CPD), a majority of participants report having been coerced into the missions. One doctor who works at a clinic in Cuba said, “It’s like they’re pushing us to enlist in international missions, the business of Cuba.”<sup>21</sup>

More than two-thirds of mission participants interviewed also said that they either were not given a copy of the signed contract or were never shown the contract.

Once recruited, health workers are denied a Cuban passport and given a specially issued “mission passport,” which is confiscated upon their arrival in the host country, leaving the worker without legal identification. The family of the workers are unable to visit because of restrictions on their ability to leave the island, and the workers are not allowed to visit family on the island except in cases of the death of a parent or a child. If a health worker decides to leave the mission and return to Cuba, or if, after completing the mission, does not return to Cuba, he or she is considered a “deserter” and is punished with three to eight years in prison, in accordance with Cuba’s criminal code. And if a health worker engages in “hostile” or “counterrevolutionary” behavior abroad, the Cuban government prohibits them from reentering Cuba for eight years, and alerts authorities in the host government of their defection, removing their visas, thereby leaving them in migratory limbo.

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21 Alejandro Tarre, “The Stethoscope Diaspora,” *Americas Quarterly*. 2015. <https://www.americasquarterly.org/content/dispatches-cubas-medical-missions>

22 “How does Cuba manage to achieve first-world health statistics?” *El País*, February 10, 2017. [https://english.elpais.com/elpais/2017/02/10/inenglish/1486729823\\_171276.html](https://english.elpais.com/elpais/2017/02/10/inenglish/1486729823_171276.html)

The government heavily regulates the missions through a set of oppressive laws that violate numerous international human rights agreements. For example, Article 135 of the criminal code penalizes participants who refuse to return from a mission after its completion with three to eight years in prison for attempting to defect while abroad. The same punishment applies to those who, while on a mission abroad, travel to another country without permission. This punitive approach that treats workers as a dispensable commodity contrasts with the efforts of other governments, for example, the Philippines, to put in place laws, processes and bilateral agreements that aim to protect their migrant workers, including many health professionals, who serve in recruiting countries.<sup>22</sup>

Although the agreements between the Cuban government and the host countries are kept secret, information about them has been brought to light through various investigations and through former and current participants who willingly provided information. These investigations and testimonies paint a grim picture. The Cuban government subjects tens of thousands of healthcare professionals—besides others whose services are marketed to other countries, such as teachers, engineers, and athletes—to coercion, forced and exploitative labor, and to inhumane working and living conditions, with human rights experts referring to the professionals as “indentured workers.”<sup>23</sup> These abuses are in clear violation of numerous international human rights standards, and UN officials have acknowledged that the Cuban government’s practices through its medical missions constitute trafficking in persons and modern slavery.<sup>24</sup>

## Modern Day Slavery

The medical workers are allowed to keep only 10 to 25 percent of the amount paid by the host country to Cuba. For example, doctors who fled Venezuela in 2012 claimed that each doctor received from \$900 to \$1,740 a year — a fraction of the \$5,000 a month that the government of Venezuela paid to Cuba for each doctor.<sup>25</sup> A similar situation is reported by Cuban medical professionals in Qatar, where they earn just over \$1,000 per month while the Cuban government is paid somewhere between \$5,000 and \$10,000 a month per doctor. The amount earned by the Cuban doctors reportedly is a tenth of what other doctors make in the Persian Gulf nation.<sup>26</sup>

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22 By 2017, the number of international migrant workers reached 258 million, and the largest share was from “south” countries. United Nations, DESA, Population Division (2017). International Migration Policies: Data Booklet (ST/ESA/SER.A/395).

23 Maria Werlau and Mark Lagon, “Cuba’s Human Trafficking Business: A Huge State-Run Enterprise,” Human Rights Foundation and Cuba Archive, April 14, 2017. <https://cubaarchive.org/wp-content/uploads/2020/08/HRF-Cuba-Archive-for-UN-Rapporteur-4.2017-1.pdf>

24 Some of those standards violated include the Convention on the Rights of the Child, the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, the 1926 Convention on the Abolition of Slavery, and the 1930 Convention on Forced Labour, which Cuba ratified.

25 Werlau, “Cuba’s Healthcare Diplomacy,” 65.

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



The Cuban Hospital in Qatar (Pete Pattison/The Guardian)

In 2019, Qatar had a GDP per capita level of around \$62,000, according to the World Bank.<sup>27</sup> This, then, is virtually slave labor in an extremely wealthy country (per capita income is twice that of Saudi Arabia), a reality that flies in the face of claims that this is humanitarian assistance to a poor, politically aligned country. Although some Cuban medical professionals are satisfied with their reduced wages, accepting the questionable premise that the share that goes to the Cuban government is reinvested into the island's health care system, many others protest the withholding of the majority of the wages due to them. This plus the knowledge that other doctors doing the same work they are doing earn many more times what they earn makes them "feel like a slave," as one doctor who defected from his cohort in Qatar put it.<sup>28</sup>

These grossly unfair payment structures set up by the Cuban government have been specifically condemned by human rights officials at the United Nations, who cite international human rights standards such as the right to a "just salary" and fair wages.<sup>29</sup>

## Lack of Transparency and Integrity

Many doctors and other health professionals who have participated or continue to participate in the missions report being instructed and pressured by their supervisors to falsify statistics, such as the numbers of patients treated and lives saved, to meet quotas in order to justify enlarging the mission operations and to request larger payments

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<sup>27</sup> World Bank national accounts data, and OECD National Accounts data files. Accessed at. <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=QA>

<sup>28</sup> Pattison, "Cuba's secret deal with Qatar to take up to 90% of doctors' wages."

<sup>29</sup> UN Human Rights Council, Special Communication to Government of Cuba, November 6, 2019. <https://spcommreports.ohchr.org/TMResultsBase/DownloadPublicCommunicationFile?gld=24868>



from the host governments.<sup>30</sup> This creates a conflict of interest between the professionals, who object to unethical practices, and their supervisors, who sometimes demand that figures be boosted even at the expense of patients, some of whom were given treatments they did not need and prevented from receiving needed treatments at other hospitals.

Perhaps most alarming is the practice of destroying or disposing of medicines and supplies to manipulate figures and continue to charge host country entities for their cost. In being forced to do this, mission participants are coerced into acting contrary to every ethical professional and personal tenet.

In some cases, the Cuban government engages in outright deceit of host governments. Carlos Moises Avila, a Cuban doctor who worked in Venezuela, said, “Medicines arrived from Cuba out of date, so we had to destroy and bury them before including them in the inventory as used so they could be charged for.” This intentional waste takes place even as most Cubans on-island find it extremely difficult, if not impossible, to obtain medical supplies and medicines.

## Work and Living Conditions

Once overseas, the medical workers are subject to unreasonably strict restrictions not just in their day-to-day work but also in their personal lives. To give just a couple of examples, according to Resolution 168 of the Ministry of Foreign Trade, the workers must receive permission to travel within the country (this permission is difficult to obtain) and must inform their superiors with whom they socialize and where. Workers are required to arrive and leave work at certain times and on certain days that often seem excessive or unreasonable, and they are not allowed to receive visitors or family members from other countries without authorization. These restrictions, in addition to those described elsewhere in this document, amount to a significant curtailment of the personal liberties of the workers, conditions that drive many of them to defect. Another difficulty the workers experience is favoritism by their supervisors, who allow perks or give leeway to cooperative workers, and punish those they deem problematic by posting them in challenging and dangerous neighborhoods and regions.

Working conditions often are harsh and dangerous. The professionals are often made to work an excessive number of hours and under constant surveillance by their supervisors. They also are made to share space with local families or other co-workers. In some cases, they are made to work in areas with high crime rates, at great risk to their safety. This has especially been the case for workers in Venezuela, where they have been assaulted, raped, and killed. From 2003 to 2010, 68 Cuban doctors were killed in Venezuela.<sup>31</sup> Mission participants have faced similar conditions in Haiti, where many have been sent to work in areas where even local Haitian doctors do not go because of safety concerns. One Cuban doctor, who did not speak Creole, reported living in a clinic with no running water in an isolated mountain region.<sup>32</sup>

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<sup>30</sup> James Badcock, “The hidden world of the doctors Cuba sends overseas,” *BBC*, May 14, 2019. <https://www.bbc.com/news/uk-48214513>

<sup>31</sup> Werlau, “Cuba’s Healthcare Diplomacy,” 65.

<sup>32</sup> Maria Werlau, “Cuba’s Business of Humanitarianism: The Medical Missions in Haiti,” *Association for the Study of the Cuban Economy*, November 30, 2011. [https://www.ascecuba.org/asce\\_proceedings/cubas-business-of-humanitarianism-the-medical-mission-in-haiti/](https://www.ascecuba.org/asce_proceedings/cubas-business-of-humanitarianism-the-medical-mission-in-haiti/)

# Politically-motivated Accolades by International Actors

Various supporters and allies of the Cuban regime have contributed to building Cuba's reputation as a global health champion – a façade that falls apart under the most basic level of scrutiny. These allies include not only some governments and international organizations, but also academic institutions and NGOs. In March 2020, for example, NGOs based in the Netherlands wrote letters to the World Health Organization (WHO) and PAHO praising Cuba's contributions through its medical missions over the years.<sup>33</sup> The UN has held up Cuba's medical missions as a prime example of South-South cooperation, and its Office of South-South Cooperation (UNOSSC) published a 2018 book, "From Cuba to the World," which celebrates the accomplishments of Cuba's medical teams.<sup>34 35</sup> As the GOC has been increasingly exposed for human rights abuses and violations of development principles, it is not clear whether the UN and other past supporters have subsequently reconsidered their endorsements.

The Cuban government was praised for its response to the Ebola crisis in 2014, when it sent hundreds of healthcare professionals to West Africa in response to the outbreak.<sup>36</sup> Praise came from various places, and even the head of the WHO. Yet the WHO offers a good example of how such praise can be politically motivated, or at least not meaningful. Cuba is a member of the WHO, and the WHO gets its information from the member countries themselves. This is one of the structural problems that "make the organization vulnerable to misinformation and political influence," as a reporter for The Atlantic put it in an article about the WHO's complicity in China's cover-up about the origins of Covid-19.<sup>37</sup> Moreover, the WHO is the parent organization of PAHO, which, as mentioned above, is currently being sued in a U.S. court for its role in trafficking of Cuban health professionals who worked in Brazil.

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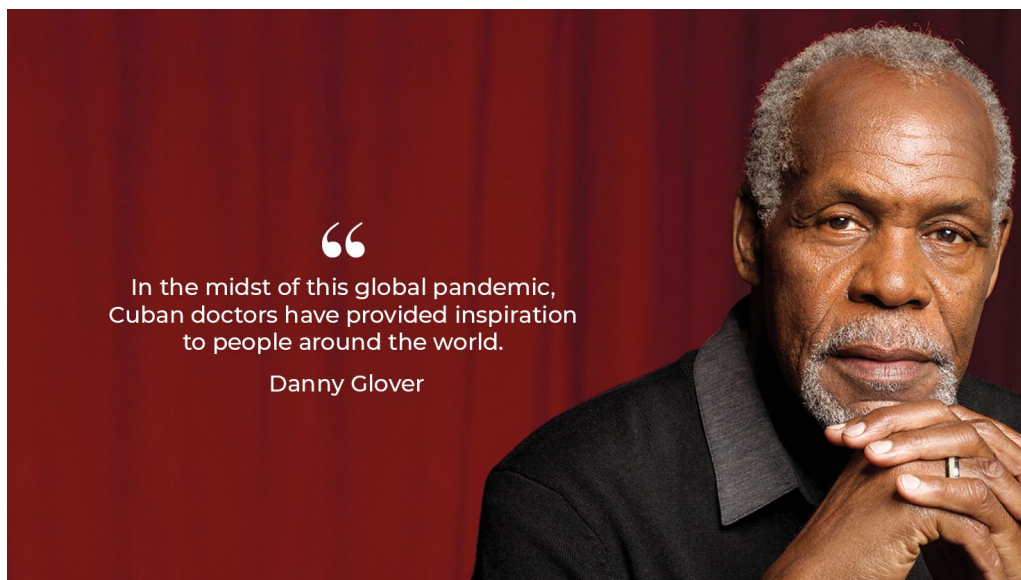
33 Campaign against Cuban medical cooperation rejected in the Netherlands," *Prensa Latina*, March 27, 2020. <https://www.plenglish.com/index.php?o=rn&id=53892&SEO=campaign-against-cuban-medical-cooperation-rejected-in-netherlands>

34 UN, International Day for South-South Cooperation, September 12, 2020. <https://www.un.org/en/observances/south-south-cooperation-day>

35 UNOSSC. *From Cuba to the World* (2018). <https://www.unsouthsouth.org/2018/05/07/south-south-in-action-from-cuba-to-the-world-2018/>

36 Jon Lee Anderson, "Cuba's Ebola Diplomacy," *New Yorker*, November 4, 2014. <https://www.newyorker.com/news/daily-comment/cubas-ebola-diplomacy>

37 Kathy Gilsinan, "How China Deceived the WHO," *The Atlantic*, April 12, 2020. <https://www.theatlantic.com/politics/archive/2020/04/world-health-organization-blame-pandemic-coronavirus/609820/>



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In the midst of this global pandemic,  
Cuban doctors have provided inspiration  
to people around the world.  
Danny Glover

Image from a campaign to award the Nobel Peace Prize to Cuba's medical brigades  
(Source: [www.Cubanobel.org](http://www.Cubanobel.org))

Others see in Cuba's medical missions, especially during the pandemic, ammunition for their arguments against U.S. policy toward Cuba. These persons and organizations argue that the U.S. must lift its trade embargo on Cuba as a humanitarian imperative. In the UK, for example, British trade unions and more than 50 Members of Parliament in 2020 organized letters and petitions urging the lifting of the embargo.<sup>38 39</sup>

The Covid-19 pandemic has presented Cuba with an opportunity to reinvigorate its medical missions program. At the time of the writing of this report, Cuba has sent more than 4,000 medical professionals to more than 50 countries to assist with the response to the pandemic, according to official government sources.<sup>40</sup>

Defenders of the GOC seized on Cuba's global deployment of its health workers to lead a worldwide campaign to obtain the nomination of the medical brigades for the Nobel Peace Prize. This politically driven campaign, launched by a French organization that facilitates travel to Cuba and the object of which was to further inflate the image of Cuba as a humanitarian champion of the global poor, failed when the deadline for the nomination passed earlier this year.<sup>41 42</sup>

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38 "Cuban Doctors Are The World's Heroes – Their Nation Needs Us Now," *The Morning Star*.

<https://morningstaronline.co.uk/article/f/trade-unions-lead-call-end-us-blockade-cuba-fight-against-pandemic>

39 Cuba Solidarity Campaign Press Release, April 15, 2020. <https://cuba-solidarity.org.uk/news/article/3989/press-release-british-mps-call-for-us-blockade-to-be-suspended-during-coronavirus-pandemic>

40 Regresan a Cuba unos 160 médicos tras polémica 'misión' en México", *Diario de Cuba*, March 2, 2021. [https://diariodecuba.com/cuba/1614691810\\_29234.html](https://diariodecuba.com/cuba/1614691810_29234.html)

41 "La prensa oficial revela la identidad del autor de la campaña del Nobel para sus 'misiones médicas'", *Diario de Cuba*, March 24, 2021. [https://diariodecuba.com/cuba/1616541744\\_29807.html](https://diariodecuba.com/cuba/1616541744_29807.html)

42 "Cuban doctors began to arrive, without asking for anything in return," Codepink. [https://www.codepink.org/cuban\\_doctors\\_began\\_to\\_arrive\\_without\\_asking\\_for\\_anything\\_in\\_return](https://www.codepink.org/cuban_doctors_began_to_arrive_without_asking_for_anything_in_return)

# Assessing the Global Health Impact

Despite the horrendous conditions they face and their loss of basic rights, Cuban doctors and other health workers have provided important care and improved many lives through their work in the missions, especially among people in rural areas who traditionally lack adequate access to health care. In 2015, for example, the then Cuban minister of public health claimed that through the missions Cuba had provided healthcare to 1.2 billion people.<sup>43</sup> However, the overall impact of the missions is almost certainly not what its proponents claim. First, it is difficult to evaluate with certainty the impact that the missions have had on global health because official statistics provided by Cuban government authorities connected with the missions are unreliable. As explained elsewhere, the medical professionals themselves have reportedly been instructed to falsify statistics such as the number of patients seen or treated. In addition, for obvious reasons the Cuban government is hardly an objective source on the impact of its medical missions.

As Maria Werlau explains: “A serious or comprehensive analysis of health results of the Cuban medical missions is impossible because statistics are systematically tampered with and most reports by Cuban official sources are loaded with revolutionary hyperbole and are inconsistent, even contradictory.”<sup>44</sup> Impact evaluations of the missions in individual countries may in some cases be possible. But even the success of the program in Venezuela, for example—the setting of a major part of the missions over the past two decades—remains highly in doubt. According to a study by Professor Jorge Díaz Polanco of Universidad Central de Venezuela of the impact of the missions in Venezuela from 1999 to 2013, for the amount of money and other resources that were invested in it, the program had little to show in terms of results.<sup>45</sup>

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43 MEDICC. “Cuba’s Global Health Cooperation: Facts and Figures,” 2015.  
file:///C:/Users/javsp/OneDrive/Desktop/MEDICC%20Cuba's%20global%20health%20cooperation%202015.pdf

44 Free Society Project. “Cuba’s Export Services: A State-Run Trafficking Business.” 2018.

45 Jorge Díaz Polanco, “Evaluación de las misiones durante el régimen de Hugo Chávez: Obstáculos, alcances y resultados, con base en el caso de la Misión Barrio Adentro,” CENDES, Universidad Central de Venezuela, 2014.  
[https://www.ide.go.jp/library/Japanese/Publish/Download/Report/2013/pdf/B102\\_ch3.pdf?fbclid=IwAR179Bv8C6zK0\\_YSkNC4\\_3I08MEFiAakqJSv3fYJAvp-K04zdHBM6bHhrBc](https://www.ide.go.jp/library/Japanese/Publish/Download/Report/2013/pdf/B102_ch3.pdf?fbclid=IwAR179Bv8C6zK0_YSkNC4_3I08MEFiAakqJSv3fYJAvp-K04zdHBM6bHhrBc)



Doctors in Brazil protest hiring of Cuban doctors in Rio de Janeiro in 2013.

## Criticism from Local Medical Associations

One group that has almost invariably criticized the missions in part because of the little value that they bring is professional medical organizations such as associations and unions in countries hosting the missions. These groups have frequently claimed that the Cuban professionals are poorly trained and they complain about the unfairness of paying for foreign professionals while nationals who can do the same jobs go without work or earn much less than their foreign counterparts. As such, the Cuban medical missions are undermine widely development principles requiring that external actors not undermine local health sector capacity and planning.

In Brazil, physician associations have accused Cuban doctors of not being appropriately trained, and have also claimed that the Mais Médicos program violated domestic rules for certifying foreign doctors.<sup>46</sup>

Local Brazilian doctors also accused the government, led by then President Dilma Rousseff, of using the Cuban doctors as a short-term, superficial measure that disincentivizes measures to ensure sustainability, such as investing in hospitals and raising doctors' wages.<sup>47</sup> In addition, public provision of inexpensive Cuban medical services can undermine the development of local markets that should increasingly be filled by private practitioners.

<sup>46</sup> "Brazil Prosecutor Blasts 'More Doctors' Program, *Associated Press*, November 4, 2014, <https://apnews.com/e9c91575a90d4b42ad5e69525ea23564>

<sup>47</sup> Jonathan Watts, "Brazil's doctors jeer at Cuban medics arriving to work in rural health scheme," *The Guardian*, August 28, 2013. <https://www.theguardian.com/world/2013/aug/28/brazil-doctors-jeer-cubans>



It can also distort health sector planning. In Uruguay, gaps in training and a lack of credentials among Cuban medical professionals sometimes went undetected because of authorities' failure to use rigorous recertification and testing standards. Eventually the local Uruguayan medical community discovered these deficiencies in training, and that a large number of the Cubans were not even actual doctors.<sup>48</sup> A similar situation was discovered in Bolivia, where, according to an investigation by the Cuban digital outlet *14ymedio*, of the 702 Cuban medical professionals in the country, only 205 held a medical degree, and most of these were technicians, not doctors.<sup>49</sup>

Medical associations in Brazil and Paraguay have protested that local doctors earn much less than what the host country pays for each Cuban professional.

In Paraguay, medical professionals groups have claimed that patients have been flown to Cuba to receive treatments that local doctors could have provided at a tenth of the cost.<sup>50</sup> Medical associations in Uganda and Kenya have protested similarly, pointing to the many domestic doctors who are willing and able to work, when their governments announced plans to bring medical professionals for Cuba.<sup>51</sup> More troublingly, doctors in Ecuador, Mexico and Venezuela have reported being fired and replaced by Cuban doctors following the establishment of a medical cooperation agreement with Cuba.<sup>52</sup> More than 10,000 employees in Mexico were dismissed for this reason, according to some reports.<sup>53</sup>

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48 Camila Bello, "Operación Milagro Rodeada de Dudas Pierden Prueba en Udelar," *El País*, December 8, 2019. <https://www.elpais.com.uy/que-pasa/operacion-milagro-rodeada-dudas-medicos-cubanos-pierden-prueba-udelar.html>

49 "De los 702 cubanos de la misión médica en Bolivia, solo 205 tenían títulos," *14ymedio*, November 29, 2019. [https://www.14ymedio.com/internacional/cubanos-mision-medica-Bolivia-titulo\\_0\\_2774722501.html](https://www.14ymedio.com/internacional/cubanos-mision-medica-Bolivia-titulo_0_2774722501.html)

50 Werlau, "Cuba's Health-Care Diplomacy," 66.

51 Frances Martel, "Doctors in Uganda Protest Plans to Import 'Slave Doctors' from Cuba," *Breitbart*, April 26, 2018. <https://www.breitbart.com/national-security/2018/04/26/doctors-uganda-protest-plan-import-slave-doctors-cuba/>

52 Werlau, "Cuba's Health-Care Diplomacy," 66.

53 Mamela Fiallo Flor, "Mexico: AMLO Lays Off Mexican Healthcare Workers to Hire Cuban Slave Doctors," *PanAm Post*, July 10, 2019. <https://panampost.com/mamela-fiallo/2019/07/10/mexico-amlo-lays-off-mexican-healthcare-workers-to-hire-cuban-slave-doctors/>

## Medical Workers in Exile

Medical professionals who defect from their mission often face new hurdles and challenges before they can settle in a new country (they are not allowed back in Cuba for several years). Many find themselves in limbo as they wait to be granted visas or refugee status. Doctors who defected from Venezuela to Colombia, for example, received assistance from the UN High Commission for Refugees as they waited to be given U.S. visas, but many of them were still not granted refugee status.<sup>54</sup> Another example is that of Dr. Dairon Elisondo Rojas, a 28-year-old Cuban physician who was recalled by the Cuban government from the mission in Venezuela after he began expressing opposition to the Maduro government. Barred from practicing medicine in Cuba, he left with his family and made his way to the U.S. seeking asylum.

As of December 2019, he was treating patients in Mexico while waiting on a decision on his case by U.S. immigration authorities.<sup>55</sup> In Brazil, following the termination of the program by the Cuban government in response to criticism by President Jair Bolsonaro (more on this below), around 1,800 doctors (out of more than 8,000) voluntarily remained in Brazil. Eventually, Bolsonaro's government directly rehired many those who remained in order to continue to provide health care to parts of Brazil with insufficient numbers of homegrown medical personnel.<sup>56</sup> Yet even here Cuban medical workers find themselves in a tenuous position, as they do not have the option to renew their contracts after two years.<sup>57</sup>



Doctor Rojas at a migrant camp in Mexico in 2019 (Ilana Panich-Linsman/New York Times)

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54 Michael Ceaser, "Cuban doctors working abroad defect to the US," April 14, 2007, *The Lancet*. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(07\)60577-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(07)60577-7/fulltext)

55 Miriam Jordan and Mitchell Ferman, "Stranded on Border, This Migrant Became the Camp Doctor," *New York Times*, December 22, 2019. <https://www.nytimes.com/2019/12/22/us/migrant-cuban-doctor-mexico.html>

56 "Cuba president greets returning doctors after Brazil feud," *AFP*, November 23, 2018. <https://www.france24.com/en/20181123-cuba-president-greets-returning-doctors-after-brazil-feud>

57 "Brazil's Bolsonaro Says Cuban Doctors in Asylum in Brazil Can Practice for 2 Years Without Option for Renewal," *Yahoo! News/Reuters*, March 20, 2020. <https://news.yahoo.com/brazils-bolsonaro-says-cuban-doctors-115833794.html>

# Political and Intelligence Activities, Diplomatic Backlash

One of the most pernicious aspects of Cuba's medical missions program is the way it is used as a political tool to influence the domestic politics of host nations. The medical professionals themselves are instructed to support particular political objectives, forced to carry out dual functions—actively working for the benefit of the ruling government (for example, before and during elections), even as they provide medical services.<sup>58</sup> The Cuban government has even been known to send intelligence personnel as part of the medical cohorts. These intelligence workers are tasked with reporting on activities and persons that are considered threatening to friendly host governments or to the Cuban government itself.

The Cuban government's exploitation of its healthcare professionals for political purposes has been most egregious in Venezuela. Here, for example, doctors have been instructed by their superiors to praise the leaders of the ruling party while seeing patients.<sup>59</sup> Through interviews with the *New York Times*, medical workers alleged that they were instructed to withhold urgently needed care to opposition supporters and to dole out life-saving services closer to the election in order to help the ruling Chavista party.<sup>60</sup> Doctors and other health workers also reported being forced to go door-to-door offering services and reminding people to vote for the ruling party.

Cuba has used its missions programs to interfere in other countries' politics, too. In Bolivia, for example, the government in November 2019 found that numerous members of the Cuban medical brigade had thousands of dollars they planned to use to support anti-government protests.<sup>61</sup> Partly as a result of these activities, in addition to the exposure of abuses the professionals are subjected to through these missions, some governments in Latin America have terminated their agreements with Cuba for the provision of medical services.

In Bolivia, citing the need to have mutually respectful relations with the Cuban government, the current government announced in November 2019 the expulsion of more than 700 Cubans, including doctors and other medical professionals who came to the country as part of a medical missions program established in 2006 under then President Evo Morales.<sup>62</sup>

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58 Werlau, "Cuba's Health-Care Diplomacy," 66.

59 Torre, "The Stethoscope Diaspora."

60 Nicholas Casey, "How Maduro Used Cuban Doctors to Coerce," *New York Times*, March 17, 2019, <https://www.nytimes.com/2019/03/17/world/americas/venezuela-cuban-doctors.html>

61 "Cien agentes cubanos entraron a Bolivia como personal médico, revela ministra," *Radio Televisión Martí*, November 15, 2019. <https://www.radiotelevisionmarti.com/a/cien-agentes-cubanos-entraron-a-bolivia-como-personal-m%C3%A9dico-revela-ministra/252395.html/>

62 Jim Wyss, "Brazil's new government expels Cuban officials, recalls its diplomatic staff from Venezuela," *Miami Herald*, November 15, 2019. <https://www.miamiherald.com/news/nation-world/world/americas/article237405369.html>

In the same month, Ecuador announced it was suspending current and future agreements with Cuba, which began in 2013 under then President Rafael Correa. The Ecuadorian government also said that it would investigate the entry into the country of 250 persons holding official Cuban passports during violent protests against cuts to gas subsidies that took place in October.<sup>63</sup> In 2019, the government of El Salvador terminated its program after claims were made that Cuban doctors were practicing without proper authorization.<sup>64</sup>

In October 2018, President Bolsonaro strongly criticized Cuba's treatment of its doctors in Brazil, saying they suffered "slavery-like" conditions. He declared that any doctor who worked in Brazil had to revalidate credentials according to the country's requirements (Cuban doctors had been exempted). He also said that Brazil would pay the Cuban doctors in the Mais Médicos program directly and grant visas for their families to join them. In response, on November 14, 2018, the Cuban government terminated its cooperation agreement with Brazil and announced it would recall all its doctors stationed there, almost 8,500 at the time of the announcement.

## Venezuela: "Aid-for-oil" agreement

In the 2000s, Cuba greatly expanded its medical missions by entering into an "aid-for-oil" agreement with Venezuela through which Cuba received large quantities of oil, at times reaching 100,000 barrels per day, in return for tens of thousands of Cuban professionals, many of whom were healthcare workers, who were sent to traditionally underserved communities.

The earnings that came through this agreement accounted for much of the approximately 700 percent increase in Cuba's export revenues from 2003 to 2010.<sup>65 66</sup>



Colombian migration authorities detain José Manuel Peña García, who conducted espionage after entering the country in 2014 as a member of a Cuban medical brigade (Source: 14ymedio)

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63 Nora Gámez Torres and Mario Pentón, "Ecuador shuts down Cuban medical program," *Miami Herald*, November 13, 2019. <https://www.miamiherald.com/news/nation-world/world/americas/cuba/article237298334.html>

64 Rachel Krygier, "The U.S. is pushing its Latin American allies to send their Cuban doctors packing — and several have," *Washington Post*, January 21, 2020.

65 Central Intelligence Agency. (2019). Cuba. World Factbook.

66 Werlau, "Cuba's Health-Care Diplomacy," 60.

# U.S. Government Response

In 2006, the George W. Bush administration created the Cuban Medical Professional Parole program, which granted special visas and residency in the U.S. to Cuban medical professionals who defected from medical missions abroad. At least 7,000 doctors were granted residency through this program, which President Obama ended in one of his last acts as president.<sup>67</sup>

Although the U.S. Department of State for several years has reported on the abuses suffered by Cuban medical professionals, the Trump administration elevated this issue publicly. In 2019, the State Department held an event where medical professionals who participated in the missions shared about the abuses they suffered, and announced that the U.S. government would impose visa restrictions on Cuban government officials responsible for the “exploitative and coercive labor practices” used in medical missions.<sup>68</sup>

U.S. government officials, including then Secretary of State Mike Pompeo, also began calling on governments hosting Cuban medical professionals to terminate their agreements with the Cuban government or to pay the medical workers directly. U.S. officials also accused the government of Cuba for taking advantage of the Covid-19 pandemic to expand its missions and exploit its medical professionals.<sup>69</sup>



Cuban doctors Yerenia Cedeño and Carlos Amigo arrive in Miami on February 6, 2017, entering the U.S. through the Cuban Medical Professional Parole program. (Carl Juste/Miami Herald via AP)

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67 Frances Robles. “Cuban Doctors Accuse International Agency of Profiting From Their Work,” New York Times, November 29, 2018. <https://www.nytimes.com/2018/11/29/world/americas/cuban-doctors-lawsuit-brazil.html>

68 U.S. Department of State, “Visa Actions Against Cuban Officials,” July 26, 2019. (Link not provided because page no longer exists.)

69 See, for example: Tweet by @USEmbCuba: “El régimen de La Habana aprovecha #COVID19 para continuar explotación de trabajadores médicos cubanos. Los gobiernos que aceptan médicos cubanos deben pagarles directamente. Si no, al pagar al régimen, ayudan al gobierno cubano a beneficiarse del tráfico de personas.” May 5, 2020.



# Lawsuits and Other Legal Actions

## Doctors Sue for Mistreatment in Brazil

In 2017, more than 150 Cuban doctors in Brazil under the Mais Médicos program established by the left-leaning Rousseff administration filed lawsuits in Brazilian courts in order to leave the program and be treated as independent contractors. According to a Brazilian lawyer who studied some of the doctors' contracts, the terms were incompatible with the Brazilian constitution's equality protections. Many judges sided with the doctors, with one calling the program "a form of slave labor."<sup>70</sup>

## Foundation for Human Rights in Cuba (FHRC) Files Suit Against PAHO, PDVSA

In November 2018, with the support of the Foundation for Human Rights in Cuba, a group of Cuban doctors who worked in Brazil filed a lawsuit against the Pan American Health Organization, a UN agency, for its role in brokering and supervising the Cuba-Brazil agreement. The suit alleges that not only were the doctors' full salaries illegally withheld, but also that PAHO profited from the scheme, earning \$75 million.

The Miami-based journalist and commentator Andres Oppenheimer wrote that if the charges are true, then this is a case of "a UN agency running a for-profit slave-trade business."<sup>71</sup> In November 2020, a U.S. federal judge ruled that the suit could move forward in the courts given that PAHO could not claim immunity because of the commercial nature of its role as an intermediary between the governments of Cuba and Brazil.<sup>72</sup>

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70 Ernesto Londoño, "Cuban Doctors Revolt: 'You Get Tired of Being a Slave'," *New York Times*, September 29, 2017. <https://www.nytimes.com/2017/09/29/world/americas/brazil-cuban-doctors-revolt.html>

71 Andres Oppenheimer, "Cuban doctors in Brazil file lawsuit claiming U.N. agency made \$75 million from 'slave trade.' If true, it's criminal," *Miami Herald*, November 29, 2019. <https://www.miamiherald.com/news/local/news-columns-blogs/andres-oppenheimer/article222374760.html>

72 Nora Gamez Torres, "Federal judge green-lights Cuban doctors' human-trafficking lawsuit against health group," *Miami Herald*, <https://www.miamiherald.com/news/nation-world/world/americas/cuba/article247174309.html>

In December 2018, a group of Cuban doctors similarly filed a class action lawsuit against Venezuela’s state-run oil company PDVSA, which administered the Barrio Adentro program that was created in 2003 under the Chávez government. The doctors, who remained unnamed, sued for exploitation of labor—they allege that their living stipends were “unreasonable,” insufficient to cover living expenses, and that in some cases they were not paid at all—and for “deprivation of fundamental liberties.”

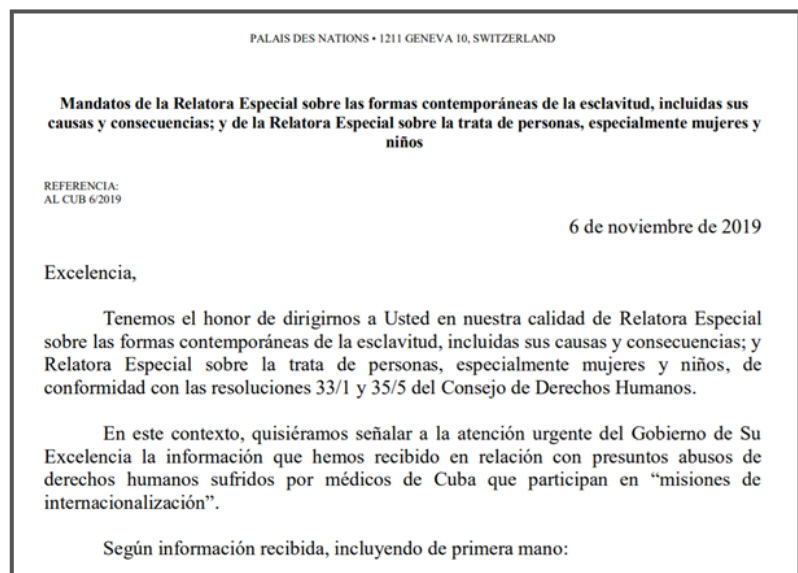
Because this is a class action lawsuit, other doctors and health workers who participated in the Venezuela program may still join as plaintiffs.<sup>73</sup>

## Claims Presented Before the UN and ICC

On May 8, 2019, the Spain-based human rights NGO Cuban Prisoners Defenders (CPD) filed complaints before the United Nations (UN) and the International Criminal Court (ICC), alleging human rights abuses, including trafficking in persons and modern slavery, and, before the ICC, “crimes against humanity.” These claims were based on a thorough investigation by CPD into the international medical missions, through which it obtained copies of agreements between Cuba and host countries, copies of participants’ contracts, and more than 100 signed testimonies by victims detailing the abuses they suffered.

After the UN Human Rights Council reviewed the complaint, on November 6, 2019, the Special Rapporteur on modern slavery and the Special Rapporteur on trafficking in persons sent Cuba a communication requesting more information related to the allegations. Because the Cuban government did not respond by the date

requested, the UN Special Procedures made the communication public in January 2020. (When the Cuban government finally responded, it defended the program, calling the allegations against it part of “false campaigns led by the United States”).<sup>74</sup> Regarding its claim before the ICC, CPD says the court gave positive feedback and is currently examining the complaint.



Screenshot of the 2019 communication by UN mandate holders regarding Cuba’s medical missions.

73 Frances Martel, “Cuban Slave Doctors Sue Venezuela’s State Oil Company for Wages,” *Breitbart*, December 18, 2018. <https://www.breitbart.com/latin-america/2018/12/18/cuban-slave-doctors-sue-venezuelas-state-oil-company-wages/>

74 Rachel Krygier, “U.S. pushes its Latin American allies to send Cuban doctors packing”, *Washington Post*, January 21, 2020. [https://www.washingtonpost.com/world/the\\_americas/the-us-is-pushing-latin-american-allies-to-send-their-cuban-doctors-packing--and-several-have/2020/01/20/62f8e04a-37e2-11ea-a1ff-c48c1d59a4a1\\_story.html](https://www.washingtonpost.com/world/the_americas/the-us-is-pushing-latin-american-allies-to-send-their-cuban-doctors-packing--and-several-have/2020/01/20/62f8e04a-37e2-11ea-a1ff-c48c1d59a4a1_story.html)

# Impact in Cuba

As is the case with other difficulties that Cubans endure on-island, the Cuban government and its supporters often blame U.S. government policies for the severe shortages in medical supplies and products and for the poor state of Cuba's healthcare infrastructure. In fact, the reasons for the challenges faced by Cuba's healthcare system are various, and one of these—and not an insignificant one—is the government's failure to reinvest the significant revenues gained from the international medical missions into the health sector. This results in a woefully underfunded and neglected public health infrastructure and a wholesale drain of health professionals and medical equipment and supplies from Cuba. The following section provides more information on the status of the public health system in the island.

Healthcare in Cuba is a two-tier system in which the best hospitals, clinics, and treatment are available only for tourists and foreigners, who can pay in hard cash, while ordinary Cubans have no other choice but to go through the regular system. This already inferior system is plagued by acute shortcomings that affect almost every aspect of the sector – a clear indication that inadequate funding from the Cuba medical missions is being reinvested in on-island health care.



Laura Torres Céspedes and Dania Pupo wait outside a family doctor office in Holguín, in 2016.  
(Photo: Fernando Donate/Cubanet)

# Public Health Impact

## Reduced Access to Primary Care

A major factor contributing to reduced access to primary care is the decline in the number of health professionals, largely as a result of their being sent abroad on missions in order to maintain the much-needed revenues.<sup>75</sup> Since the mid-2000s, there has been a precipitous decline in the number of doctors, particularly specialists, and this decline has continued.<sup>76</sup> According to the Cuban government's own official statistics, between 2009 and 2014 the number of family doctors dropped from 34,261 to 12,842—a 62% decline.<sup>77</sup>

The number of other health professionals, such as nurses and technicians, has also declined steeply—by 20 percent and 58 percent, respectively, in the last decade.<sup>78</sup> The quality of primary care has also been affected by rationing of electricity to family doctor facilities. This is one of many cost-saving measures the government has taken in response to a worsening economy.<sup>79</sup>

## Fewer Hospitals, Reduced Ambulance Service

The overall healthcare infrastructure in Cuba—the availability of resources as well as their quality—has gravely deteriorated. Over the past 20 years, there has been a precipitous decline in the number of hospitals and hospital beds, according to official statistics. The number of hospitals fell from about 270 in 2000 to 150 in 2017, and the number of hospital beds dropped from 58,713 in 2000 to 46,851 — a reduction seen throughout Cuba, including in rural areas.<sup>80</sup> Where there are hospitals and adequate healthcare facilities, they are often in a state of deplorable hygienic conditions. It is not uncommon, for example, for water tanks containing potable water in hospitals to contain waste and discarded supplies.<sup>81</sup>

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75 Werlau, “Cuba’s Healthcare Diplomacy,” 63.

76 Ibid, 66.

77 Alvaro Fuente, “How does Cuba manage to achieve first-world health statistics?” *El País*, February 10, 2017. [https://english.elpais.com/elpais/2017/02/10/inenglish/1486729823\\_171276.html](https://english.elpais.com/elpais/2017/02/10/inenglish/1486729823_171276.html)

78 Mesa-Lago, Carmelo, y Sergio Díaz-Briquets, “La Salud en Cuba: Presente y Futuro,” Presentation given at VI Convivencia Conference, February 15, 2020.

79 Rodríguez, Jorge Enrique. “El Gobierno raciona la electricidad a los Consultorios del Médico de la Familia,” *Diario de Cuba*, April 9, 2019. [https://diariodecuba.com/cuba/1554812591\\_45638.html](https://diariodecuba.com/cuba/1554812591_45638.html)

80 Fernández, Mirta, y Pablo Díaz Espí. “Reinvierte el Gobierno cubano en el sistema de salud todo lo que gana por la exportación de servicios médicos?” *Diario de Cuba*, November 22, 2018. [https://diariodecuba.com/cuba/1542840388\\_43142.html](https://diariodecuba.com/cuba/1542840388_43142.html)

81 Mario Pentón, “Prensa oficial confirma hallazgo de cadáver en descomposición en la cisterna de un hospital en Cuba,” *Nuevo Herald*, April 23, 2019. <https://www.elnuevoherald.com/noticias/mundo/america-latina/cuba-es/article229607614.html>

Hospitals in Sancti Spíritus province, for example, continued to evidence poor conditions in their facilities and an acute lack of supplies and medicines, despite the infusion of funds taken from residents' wages that represented a significant financial sacrifice to themselves and their families.<sup>82</sup> The quality of care Cubans receive is often poor, and at times results in serious harm to patients who go without the needed treatment. In one alarming example, a man lost an eye because no hospital in Havana had the equipment to perform the surgery he needed.

A much reported issue confronting many Cubans is the steep deterioration in ambulance services.<sup>83</sup> There are not enough ambulances, and when there is ambulance service, patients almost invariably face long wait times, which has at times resulted in preventable medical complications and even death.<sup>84</sup> Another factor contributing to reduced access to healthcare for Cubans is the prioritization being given in hospitals to Covid-19 cases, resulting in care providers turning away individuals needing attention. According to one Havana doctor, she and her colleagues have to tell patients even with serious health issues to "calm down, drink lots of water, and go home to rest."<sup>85</sup>



Bed in a hospital in Havana province (CUBANET)

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82 "¿A dónde va el dinero que donan los trabajadores cubanos a los hospitales?" *Diario de Cuba*, October 6, 2019. [https://diariodecuba.com/cuba/1570391425\\_866.html](https://diariodecuba.com/cuba/1570391425_866.html)

83 "Cubano pierde un ojo y ningún hospital en La Habana tenía recursos para operarlo," *Cibercuba*, October 29, 2019. <https://www.cibercuba.com/noticias/2019-10-29-u1-e186450-s27061-cubano-pierde-ojo-porque-ningun-hospital-habana-tenia-recursos>

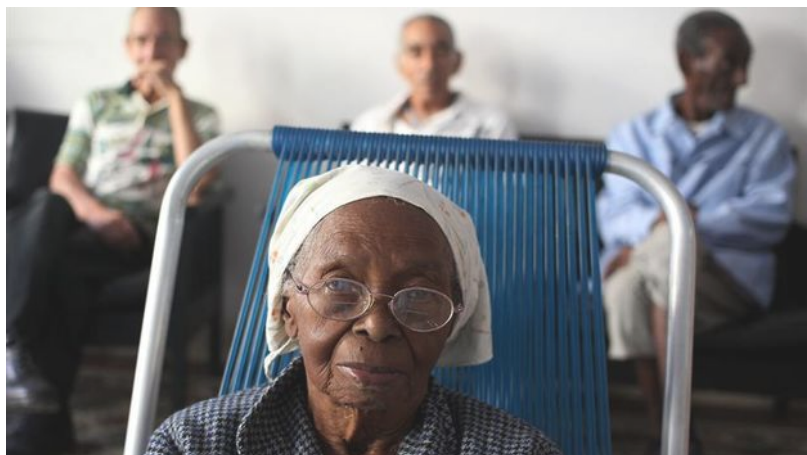
84 "Cubanos mueren por insuficiente servicio de ambulancias," *Radio Televisión Martí*, December 4, 2017. <https://www.radiotelevisionmarti.com/a/cuba-ambulancias-insuficiente-servicio-muertes-/157578.html>

85 "Los hospitales cubanos están al borde del colapso por el covid y la falta de insumos", *14ymedio*, April 3, 2021. [https://www.14ymedio.com/cuba/hospitales-cubanos-colapso-falta-insumos\\_0\\_3069293046.html](https://www.14ymedio.com/cuba/hospitales-cubanos-colapso-falta-insumos_0_3069293046.html)



## Poor Attention to the Elderly

As members of the oldest population in the Americas (those age 60 and older make up about 20 percent of the population, a proportion that continues to grow), the elderly in Cuba are disproportionately affected by the problems that plague the nation's healthcare system. Older Cubans are more reliant on various medications and treatments to help with ailments such as hypertension, diabetes, and prostate issues for men that are in increasingly short supply. The elderly are also less able to wait in long lines in order to receive care or buy supplies.



Elderly woman in Cuba (EFE)

## Weakened Epidemiological Control

In the face of its many difficulties, Cuba's healthcare system has been found unequal to the challenge of resurgent epidemiological diseases such as dengue and Zika. Even as the number of cases of people affected rises, the government suppresses information about these outbreaks, denying their occurrence, refusing to publish statistics, and even enlisting family doctors and health personnel in its efforts to quell concerns.<sup>86</sup> Efforts to treat affected patients are also hampered by the insufficient number of hospitals and other healthcare facilities and by the paucity of medical personnel. These limitations alarmed many when dengue swept through Guantánamo province in the fall of 2019.<sup>87</sup>

And when patients are able to go to a hospital, they sometimes refuse to do so because of the facility's dangerously unsanitary conditions. For example, one mother who took her son to a hospital in Villa Clara province left immediately upon seeing the condition the hospital was in.<sup>88</sup> In another instance, a woman reported that in a pediatric hospital in Holguín province where her niece was admitted, conditions were so poor that many children were made to sleep in the hallways.<sup>89</sup>

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86 Nora Borges, "Preocupación entre los cubanos por el dengue," *CiberCuba*, October 9, 2019. <https://www.cibercuba.com/noticias/2019-10-09-u198872-e42839-s27061-preocupacion-cubanos-propagacion-dengue-esta-da-al-pecho>

87 Manuel Alejandro León Velázquez, "Guantamo: las instalaciones hospitalarias son insuficientes para atender los casos de dengue," *Diario de Cuba*, September 24, 2019. [https://diariodecuba.com/cuba/1569341930\\_427.html](https://diariodecuba.com/cuba/1569341930_427.html)

88 "Más mosquitos y menos fumigaciones: Aumentan el zika y el dengue en Santiago," *Cibercuba*, October 22, 2018. <https://www.cibercuba.com/noticias/2018-10-22-u1-e42839-s27061-mosquitos-menos-fumigaciones-aumentan-zika-dengue-santiago>

89 José Nacher, "Impactantes imágenes revelan el mal estado de los baños del Hospital Pediátrico de Holguín," *Cibercuba*, October 8, 2019. <https://www.cibercuba.com/videos/noticias/2019-10-08-u157374-e157374-s27061-impactantes-imagenes-revelan-mal-estado-banos>

Since late 2020, Cubans have also experienced a recurrence of cases of scabies, affecting more than half of the island's provinces. The rise in the incidence of this parasitic skin condition is due primarily to poor hygiene and hygienic conditions, which are wanting in many healthcare facilities. In addition, Cubans suffering from this condition are frequently unable to procure the medical treatment they need, with many finding themselves forced to self-medicate using methods that pose other health risks.<sup>90</sup>

Related to authorities' efforts to confront disease, Cubans have also expressed doubts about the reliability of reported numbers of Covid-19 infections and deaths. Many believe that deaths attributed to pneumonia and other diseases were actually caused by Covid-19.<sup>91</sup> Those who testify to falsification of documents also includes healthcare personnel in various institutions who speak of an "internal list and a public list."<sup>92</sup>

## Shortages of Medical Supplies and Drugs

The shortage of medical supplies and medicines has led to a spike in prices, with these sometimes quadrupling. Cubans find themselves having to turn to the black market and to family and friends abroad to get medicines and supplies, which they then stockpile to prepare for future, and perhaps worse, shortages. Visitors have reported having to bring over-the-counter medicines for children and items such as inexpensive reading glasses because these are in such short supply in Cuba.<sup>93</sup> The lack of medicines in Cuba has become so acute that Venezuela has stepped up to meet this need even as it continues to suffer from its own humanitarian crisis.<sup>94</sup>



Photo from a pediatric hospital in Holguin province (Cibercuba)

One patient in Cuba shares her experience: "The situation is becoming unsustainable... we have to bring everything ourselves. I just bought a light bulb for the hospital room. I have called home so that they can bring me bedding, towels and even toilet paper. There aren't even stretchers, I saw a family carrying their sick son into a room."<sup>95</sup>

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90 "No hay medicamentos para controlar la sarna, y nos embuten con el cuento de la vacuna contra el coronavirus," *Diario de Cuba*, March 2, 2021. [https://diariodecuba.com/cuba/1614687736\\_29207.html](https://diariodecuba.com/cuba/1614687736_29207.html)

91 "Falsificación de la causa de muerte de enfermos de Covid-19 en Cuba, ¿es posible denunciar?" *Diario de Cuba*, March 26, 2021. [https://diariodecuba.com/cuba/1616778161\\_29880.html](https://diariodecuba.com/cuba/1616778161_29880.html)

92 Una enfermedad se 'expande' por los certificados de defunción en Cuba y pone en duda el conteo oficial de muertes por Covid-19," *Diario de Cuba*, March 20, 2021. [https://diariodecuba.com/cuba/1616179844\\_29712.html](https://diariodecuba.com/cuba/1616179844_29712.html)

93 Andy Laperriere, "The Real Cuba Is a Land of Extreme Deprivation," *Wall Street Journal*, February 28, 2020. <https://www.wsj.com/articles/the-real-cuba-is-a-land-of-extreme-deprivation-11582910965>

94 "Pese a sus enormes carencias internas, Venezuela manda medicinas a Cuba," *14ymedio*, March 2, 2020. [https://www.14ymedio.com/internacional/Pese-carencias-Venezuela-medicinas-Cuba\\_0\\_2831116865.html?platform=hootsuite](https://www.14ymedio.com/internacional/Pese-carencias-Venezuela-medicinas-Cuba_0_2831116865.html?platform=hootsuite)

95 Ibid.

## Social Impact

The medical missions impose long and difficult separations on Cuban families. Mission participants already endure strict restrictions on visiting and being visited by family members, but those who refuse to return to Cuba after completing a mission or who travel to another country without authorization are charged with “abandonment” and are prohibited from returning to Cuba for up to eight years. Their families in Cuba frequently face reprisals, as mentioned above, and are prohibited from leaving the island to join their family abroad for at least five years.<sup>96</sup> This punishment is explicitly prescribed by Article 135 of the Cuban criminal code.

These conditions, not to mention the punishment faced by participants who defect, inflict severe emotional and psychological stress on everyone involved, especially on elderly family members and children. According to the above-mentioned testimonies collected by the NGO Cuban Prisoners Defenders as well as other reports, a large number of those who leave Cuba for missions abroad have children in Cuba who are minors.<sup>97</sup> One woman, for example, did not return to Cuba to renew her contract because she was pregnant and did not want to travel. Even though she has an 11-year-old daughter in Cuba, the government barred her from returning to the country for at least eight years.<sup>98</sup>

In some cases, the medical professionals are unable to communicate with family members back home because they are posted in areas with little or no access to communication tools. For example, a Cuban doctor in Haiti who was posted in a remote mountain region was unable to call his wife and child for five months.<sup>99</sup>

In other cases, the medical professionals are prevented from even visiting family members who are sick or dying. One emotionally wrenching example is that of Ernesto Alonso, who in 2016 was barred from reentering Cuba at the airport and was unable to see his ailing mother, who died shortly after.<sup>100</sup> Cases like those of Ernesto Alonso are not uncommon among medical professionals who are prohibited from reentering Cuba. The UN has acknowledged the effect of the separations, and especially the punishment of being unable to return to Cuba for eight years, on the medical professionals’ families. In the above-mentioned November 2019 communication to the Cuban government, the UN Special Rapporteurs noted that the separation of families affects their well-being and that families of medical professionals who are prohibited from re-entering Cuba often face reprisals as a consequence of the actions of the “deserters.”<sup>101</sup>

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96 “Cuba’s export workers: A state-run labor trafficking business.” Free Society Project. 2018. <https://cubaarchive.org/files/FACT-SHEET-TRAFFICKING-IN-PERSONS.pdf>

97 “En Cifras: Pobreza, coerción, vigilancia férrea y sufrimiento familiar en las ‘misiones’ médicas cubanas,” *Diario de Cuba*, May 15, 2019.

98 Isabela Dias, “Brazil’s Squandered Doctors,” *Slate*, April 14, 2020. <https://slate.com/news-and-politics/2020/04/cuban-doctors-brazil-coronavirus.html>

99 Maria Werlau, “Cuba’s Business of Humanitarianism: The Medical Missions in Haiti.”

100 “Régimen impidió a médico cubano ver su madre moribunda,” *Cubonet*, December 26, 2019. <https://www.cubonet.org/noticias/regimen-impidio-a-medico-cubano-ver-a-su-madre-moribunda/>

101 Comunicación a Gobierno de Cuba. Naciones Unidas, 6 de noviembre de 2019. <https://spcommreports.ohchr.org/TMResultsBase/DownloadPublicCommunicationFile?gId=24868>



Manoreys Rojas, a Cuban doctor who defected while on mission in Ecuador, with his children, whom he is unable to see because of the eight-year law. Rojas's is one of the testimonies collected and presented to the UN and the ICC by Prisoners Defenders.

## Economic Impact

With earnings from its export of medical services reaching around six billion dollars in recent years, Cuba's international medical missions have been a boon to its economy. The flip side is that the Cuban economy's dependence on this revenue stream makes it vulnerable in significant ways, some of which the nation has already begun to experience.

Venezuela is a clear example of this. It was largely because of the expansion of the medical missions program in Venezuela that the revenue from Cuba's export services surpassed that from tourism by 2005.<sup>102</sup> Much of Venezuela's payment is in the form of crude oil, which has become a lifeline for the regime in Cuba. But these flows have been severely disrupted by the ongoing political and economic crisis in Venezuela, which has been forced to reduce its payments to Cuba. Earnings from medical missions have also been hit by the above-mentioned expulsions of its medical personnel from several Latin American nations.

According to one estimate, revenues from the export of medical services nosedived by 74 percent from 2016 to 2019.<sup>103</sup>

Moreover, the economic health of Cuba's healthcare sector also suffers as a result of the government's focus on propping up its medical missions. Doctors in Cuba have long faced low wages, which has forced many to take other jobs, as mentioned above. However, even if the government wanted to raise wages for doctors and other healthcare workers, it would find it difficult to do so because it continues to divert significant resources into efforts to support and expand the medical missions.

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<sup>102</sup> Werlau, 60.

<sup>103</sup> Mario Pentón. "Acorralada por la crisis de divisas, Cuba busca nuevos mercados para sus medicos," Nuevo Herald, February 18, 2020, <https://www.elnuevoherald.com/noticias/mundo/america-latina/cuba-es/article240403491.html>

# Conclusion

Researchers who are revealing the uncomfortable facts, including human rights abuses, on Cuba's medical missions are to be commended for uncovering the reality of Cuba's medical missions. Of course, the doctors and medical workers who have spoken out and shared about their experience at risk to themselves and their families are the most deserving of praise. While the Cuban government would like to manage its program without the nuisance of international scrutiny, we know that when human rights are being abused that the program cannot be allowed to operate in the shadows. The reality is that many other countries are transparently engaged in the gigantic global labor market of overseas foreign workers. As an example, during 2019, the Philippines had 2.2 million of its nationals, many nurses, working in receiving countries including under intergovernmental Memoranda of Understanding (MOUs) that set out worker rights conditions.<sup>104</sup> Of this total, 96 percent were working under contracts that stipulate the conditions of employment and protect the worker.

There are stark differences between Cuba's international medical missions and how the global export services marketplace is governed. The Cuba program is controlled by the government and the workers are pressed into service primarily for the benefit of the government. In contrast, other countries allow their citizens to decide freely if, when, and where they choose to serve. In Cuba, the terms of employment are opaque by design, the financial benefits for the workers are minimal, and the government does not actively protect the rights and interests of the workers.

In this light, by exposing the facts about Cuba's international medical program, the intention is not to deprive the right of qualified Cubans to work in countries that can benefit from their skills. However, Cubans are not entitled by their government to work as free agents in the international marketplace. Instead, the Cuban government is the sole intermediary between powerless Cuban medical personnel and countries needing their services who, unfortunately, often ignore the human rights abuses they are supporting

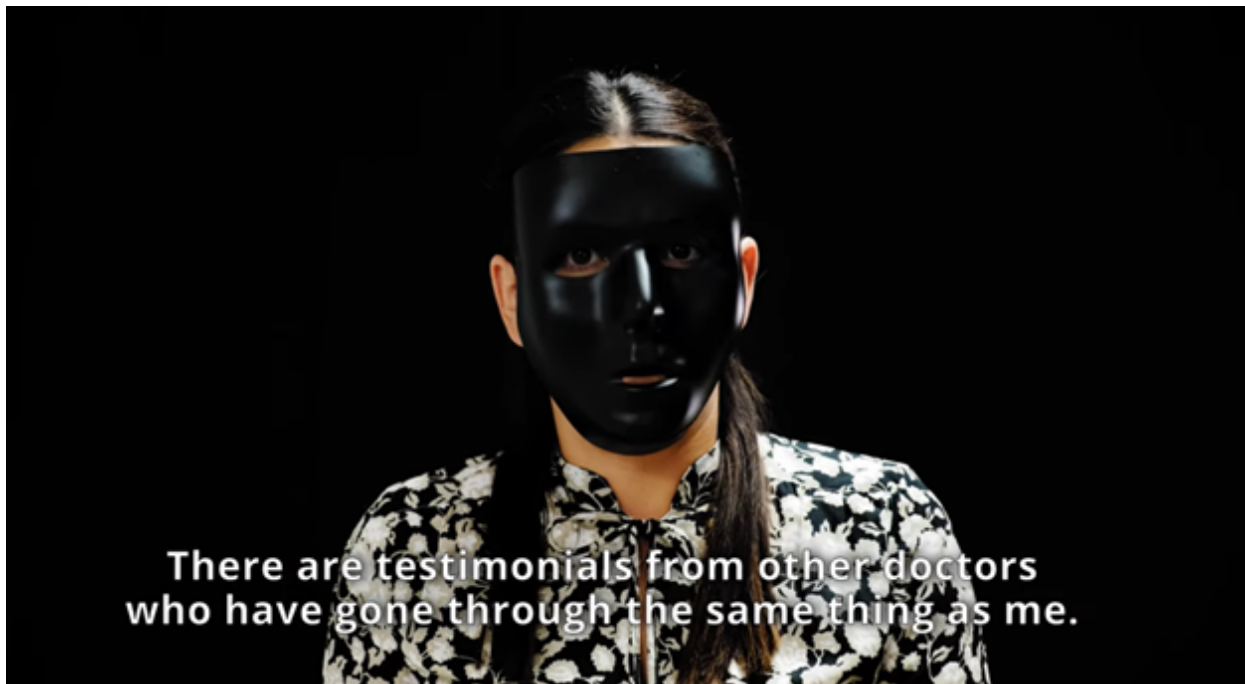
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104 The Philippines Statistical Authority, March 21, 2021. <https://psa.gov.ph/statistics/survey/labor-and-employment/survey-overseas-filipinos>



in the short run, the Cuban government must place the interests of its workers ahead of the state's interests, including what it desperately perceives as its need to generate foreign exchange and gain diplomatic cover in multilateral bodies such as the UN. Governments serve to protect the welfare of their citizens. In Cuba, the government is failing in that mission. In the longer term, Cubans must be allowed to determine their own economic destiny, whether that is in Cuba or as part of the large global contingent of overseas foreign workers.

Although the Cuban government is not transparent about its state-run programs, international researchers have been able, including through the assistance of brave medical workers who are willing to testify, to understand the details of Cuba's program. The work continues, with its success possibly affecting the fate and welfare of thousands of Cubans who have sacrificed so much for their families and for a government that has failed to protect their interests.



Still from a video released in July 2020 featuring the testimony of a Cuban doctor who defected from a mission.<sup>105</sup>

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<sup>105</sup> This video may be viewed here: <https://www.youtube.com/watch?v=1LjK422JDY4&t=12s>

# Recommendations

As stated at the outset, this guide is intended to inform U.S., regional and international audiences regarding the complex and disturbing issues regarding Cuba's medical missions. International stakeholders can apply pressure to end the GOC's exploitative and coercive practices.

Theoretically, by acting proactively and transparently, the Cuban government can reshape its services export scheme to comply with international standards. Undoubtedly, those changes will affect the "bottom line" of revenues that the GOC reaps from the current model that depends on cheap labor and workers pressed into service. The benefit for Cuba would be that the reforms would begin to reverse the damages caused by a flawed program that undermines Cuba's already tarnished human rights record while creating a daunting public relations nightmare for an already overwhelmed government. The GOC cannot continue to exploit its own citizens, nor should the international community continue to condone, tolerate or be complicit in the program's shocking abuses.

To this effect, the following are recommendations for stakeholders with an interest in the Cuba medical missions:

## Government of Cuba

The GOC can choose to align its medical missions programs with international standards for exported migrant services. Several initial steps are required:

### Recommendation 1

**GOC Transparency:** The GOC should "open its books" on the Cuba medical missions programs. The GOC purposely confounds objective analysis when it treats the program as a state secret, and only through the testimony of doctors and other health professionals have the details regarding program administration, qualifications of health workers, and the harsh treatment of participants come to light. Public transparency would be a logical first step towards program reform. Transparency should include the details and statistics on the Cuba public health system given the direct budgetary, workforce and policy relationships with the overseas mission programs. It should also include data on qualifications of mission health workers, host country medical mission program performance, and rules that govern the program and conditions of employment.

## Recommendation 2



**UN Support for Reform:** The GOC should engage the UN system, including the International Labour Organisation, to assist with evaluating the missions program and offering recommendations to bring it in line with international migrant labor services standards. As a member of the UNHRC, Cuba should engage UN Special Mandate holders for key human rights in any program evaluation.

## Recommendation 3

**Program Principles:** The GOC should consider publishing a public document that lays out the key principles that guide the missions program. This would include objectives for the treatment of program participants that ensure Cuba doctors and other health providers are free to voluntarily choose to participate in the program and they and their family members at home can enjoy essential freedoms while on the workers are on assignment. The GOC should seek public feedback prior to publishing the principles.

## Host Country Clients of Cuban Services

Many countries have benefitted from Cuban medical services but in the process have become unintentional facilitators of a program that depends on forced labor and unacceptable worker conditions:

## Recommendation 4

**Program Agreements:** Host countries should insist that Cuban medical mission program agreements meet international standards designed to protect worker rights and interests. As well, those agreements should be made public to ensure transparency and buy-in from Cuban workers and host country citizens, medical associations and ministries of health. Transparency will also better ensure that the mission programs support, and do not undermine, local health sector sustainability planning.

## Recommendation 5

**Mercenary Uses of Workers:** Host countries should avoid the use of Cuban doctors and other health personnel to take on hazardous duties in place their own citizens. Cuban health workers are often forced into service and pressured by the cash-strapped GOC to take on dangerous mercenary roles. When disasters or other humanitarian responses require health professionals, host governments must ensure that workers are truly volunteers that benefit from appropriate wages and other incentives commensurate to the challenges and risks.

## Recommendation 6



**Local Health Sector Buy-in:** Host governments should engage both public and private health officials in needs assessments and the design of any Cuban medical missions. Narrow political considerations should not take precedent over responsible health sector planning. Governments should engage with local medical associations, which best represent private practitioners, to ensure that their perspectives are taken into account.

## Multilateral Organizations

The UN and OAS are already playing a role in exposing flaws in the Cuba medical missions programs. It is essential that this work continue and be expanded:

## Recommendation 7

**Human Rights Defense:** As a member of the UNHRC, Cuba needs to get its own house in order before it can play a legitimate and conscientious role evaluating other country human rights practices and conditions. The UN Special Mandate holders for various human rights, including on contemporary forms of slavery, and the OAS, are to be commended for speaking out on the abusive human rights practices of the GOC under the medical missions programs. Their scrutiny and reporting need to continue and be expanded. As well, the UN Special Mandate holders should consider a medical missions program evaluation allowing them to travel to host countries to interview the medical workers, local health officials and private practitioners with informed views on program operations. The evaluation results would likely lead to new pressure on the GOC and more rapid program reforms.



## Recommendation 8

**South-South Cooperation (SSC):** Although the UN human rights Special Mandate holders have recently paid new attention to human rights abuses under the Cuban program, UN development specialists have simultaneously praised the program as a model of South-South cooperation. This “left hand, right hand” disconnect should be corrected. SSC principles are increasingly setting standards for cooperation between developing countries to ensure long term sustainability. However, those principles prioritize respect for human rights, including worker rights. As designed and operated, the missions program systematically coerces workers, deprives them of the right to refuse to serve, and curtails their rights to free expression, free movement and workplace organization and advocacy. Until the Cuban program satisfactorily addresses these issues, the program should not be promoted as an SSC model or success story.

## Recommendation 9

**OAS Engagement:** In a 2019 event at the OAS entitled “The Dark Reality Behind the Cuban Medical Missions,” co-sponsored by the Victims of Communism Foundation, U.S. Ambassador Carlos Trujillo called out the Cuban regime for “the scam of modern-day slavery” and called for OAS member states to take action against this “intolerable and profoundly unacceptable” injustice. The event and Ambassador’s call for action are examples of the appropriate role that OAS can take given that the missions are a flawed product of the region that has spread around the world. The OAS and its Inter-American Commission on Human Rights should take a leadership role in exposing the program’s worker rights abuses and pushing for reforms through buy-in from OAS member states. The OAS is the appropriate body to monitor and report on the situation with PAHO that is being tried in U.S. courts.

## Cuba’s Medical Mission Workers

The medical workers have the most to gain from reforms to the GOC’s mission program. Like all workers in Cuba, they are prohibited from forming unions and otherwise organizing to advocate for improved workplace conditions:

## Recommendation 10

**Blow the Whistle:** These workers have already taken a brave first step in discussing their experiences with Cuban Prison Defenders. Their first-hand testimony is the most important contribution to understanding the abusive practices of the GOC and the plight of each worker forced into service. Hopefully, this will serve as inspiration for the workers. They need to continue to speak out, to coordinate, and to advocate for change – even if it must be done from the shadows. Although the GOC represses independent civil society and prohibits collective worker action, international standards and agreements protect the rights of all workers to have a voice. Concerted action by the Cuban health workers can be an important precedent for all workers in Cuba.

## U.S. Government

The USG has played an important role in exposing unethical GOC program practices and abuse of Cuban health workers, countering Cuba’s efforts to present a façade of humanitarian achievement. In absence of a commitment on the part of Cuba to reform its missions program, the USG must continue to report on the program and lead international advocacy for change:

## Recommendation 11

**Comprehensive Reporting and Advocacy:** As documented in this report, the Cuban medical missions pattern of abuse is not a just a problem in Western Hemisphere host countries. The missions take place around the globe. The U.S. Department of State should request its embassies in countries where Cuba’s medical missions have taken place to actively document and report those experiences and local feedback. This would include interviews, as possible, with the Cuban health professionals, but also with local medical associations, ministry of health officials and journalists. U.S. embassies also can play a significant role in advocating with host governments for reforms in program agreements, worker rights and other actions to address concerning program aspects.



## Recommendation 12

**Mission Worker Asylum:** The USG should consider relaxing restrictions on asylum requests for Cuban medical mission workers. Not only do these individuals deserve consideration of support from their suffering at the hands of their government but facilitating their asylum and visa requests would likely accelerate desertions and put additional pressure on Cuba to reform the program.

## Recommendation 13

**Diplomatic Engagement:** The Department of State should pursue opportunities to raise awareness and advocate for Cuban medical mission workers' well-being. This includes multilateral fora such as the UNHRC and other UN meetings, the OAS, and in PAHO. Hopefully, this report provides sufficient information and analysis to equip DOS representatives with talking points for that engagement.