

116TH CONGRESS  
2D SESSION

**S.** \_\_\_\_\_

To respond to international trafficking of Cuban medical professionals by the Government of Cuba, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

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Mr. MENENDEZ (for himself and Mr. RUBIO) introduced the following bill; which was read twice and referred to the Committee on

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**A BILL**

To respond to international trafficking of Cuban medical professionals by the Government of Cuba, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the  
5 “Combating Trafficking of Cuban Doctors Act of 2020”.

6 (b) TABLE OF CONTENTS.—The table of contents for  
7 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Findings.
- Sec. 3. Sense of Congress.

Sec. 4. Annual report and determination on international trafficking of Cuban medical personnel.

Sec. 5. Reestablishing the Cuban Medical Professionals Parole Program.

Sec. 6. Role of the Pan American Health Organization.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) In 2019, the Government of Cuba main-  
4 tained an estimated 34,000 to 50,000 medical per-  
5 sonnel in more than 60 countries under conditions  
6 that represent forced labor, according to the Depart-  
7 ment of State.

8 (2) Since the outbreak of the COVID–19 pan-  
9 demic in early 2020, the Government of Cuba has  
10 deployed approximately 1,500 medical personnel to  
11 at least 20 countries.

12 (3) The Department of State’s 2020 Traf-  
13 ficking in Persons report ranked Cuba in Tier 3 and  
14 included evidence regarding Cuba’s foreign medical  
15 missions and the Government of Cuba’s long-  
16 standing failure to criminalize most forms of forced  
17 labor, specifically noting allegations that Cuban au-  
18 thorities coerced some participants to remain in for-  
19 eign medical missions by—

20 (A) “withholding their passports and med-  
21 ical credentials”;

22 (B) “using ‘minders’ to conduct surveil-  
23 lance of participants outside of work”;

1 (C) “restricting their movement”;

2 (D) “retaliat[ing] against their family  
3 members in Cuba if participants leave the pro-  
4 gram”; or

5 (E) “impos[ing] criminal penalties, exile,  
6 and family separation if participants do not re-  
7 turn to Cuba as directed by government super-  
8 visors”.

9 (4) On July 26, 2019, the United States im-  
10 posed visa restrictions under section 212(a)(3)(C) of  
11 the Immigration and Nationality Act (8 U.S.C.  
12 1182(a)(3)(C)) against certain Cuban officials and  
13 other individuals responsible for the coercive labor  
14 practices of Cuba’s overseas medical missions.

15 (5) The United Nations Special Rapporteur on  
16 contemporary forms of slavery and the United Na-  
17 tions Special Rapporteur on trafficking in persons,  
18 especially women and children, in their letter to the  
19 Government of Cuba on November 6, 2019—

20 (A) noted reports of coercive labor prac-  
21 tices through the Government of Cuba’s foreign  
22 medical missions;

23 (B) highlighted reports by Cuban medical  
24 professionals that they received regular threats

1 from Cuban officials while working overseas, in-  
2 cluding sexual harassment of women; and

3 (C) expressed concern that the practices  
4 referred to in subparagraphs (A) and (B) con-  
5 stitute slavery and trafficking in persons.

6 (6) In July 2013, the Cuban Ministry of Health  
7 signed an agreement with the Brazilian Ministry of  
8 Health to formalize an arrangement for Cuban doc-  
9 tors to provide medical services in Brazil that—

10 (A) required the administration of former  
11 Brazilian President Dilma Rousseff to transmit  
12 a monthly payment through the Pan American  
13 Health Organization (referred to in this section  
14 as “PAHO”) to the Cuban Ministry of Health  
15 for the medical services provided by each Cuban  
16 doctor serving in Brazil; and

17 (B) prevented participating Cuban doctors  
18 from seeking employment in Brazil outside of  
19 the formal structure of the agreement.

20 (7) In implementing the agreement described in  
21 paragraph (6), the Cuban Ministry of Health acted  
22 through the for-profit Cuban Medical Services Trad-  
23 ing Corporation (referred to in this section as  
24 “CMS”)—

1 (A) to pay each Cuban doctor approxi-  
2 mately 25 percent (averaging \$790) of the  
3 monthly payment received from PAHO (aver-  
4 aging \$3,158); and

5 (B) to retain approximately 75 percent of  
6 the monthly payment for each doctor received  
7 from PAHO.

8 (8) Between 2013 and 2019, according to the  
9 digital platform Diario de Cuba, the Government of  
10 Cuba—

11 (A) garnished the salaries of more than  
12 20,000 Cuban medical professionals who served  
13 in Brazil under the Mais Médicos program;

14 (B) frequently confiscated their passports;  
15 and

16 (C) prohibited family members from ac-  
17 companying them.

18 (9) Cuban doctors were the only medical profes-  
19 sionals participating in the Mais Médicos program to  
20 have their salaries directly garnished by their gov-  
21 ernment, while doctors of other nationalities serving  
22 in Brazil received the full amount of the payments  
23 made for their medical services under the program.

24 (10) The Government of Cuba stated that  
25 Cuban doctors unwilling to return to the country

1 after their participation in foreign medical missions  
2 would not be permitted to return to their homeland  
3 for 8 years.

4 (11) In February 2019, Brazil's Ministry of  
5 Health announced the termination of the Mais  
6 Médicos program.

7 (12) The Government of Cuba realized profits  
8 in excess of \$6,300,000,000 during 2018 from ex-  
9 porting the services of Cuban professionals, of which  
10 foreign medical missions represent the majority of  
11 the services and income.

12 (13) Countries in which similar abuses to those  
13 suffered by Cuban medical professionals in Brazil  
14 have been reported to have occurred include Angola,  
15 Guatemala, Mexico, Qatar, and Venezuela.

16 (14) In Venezuela, a group of Cuban doctors  
17 reported in 2019 that they had been directed, and  
18 often coerced, to use their medical services to influ-  
19 ence votes in favor of the Maduro regime, includ-  
20 ing—

21 (A) by denying medical treatment to oppo-  
22 sition supporters; and

23 (B) by giving precise voting instructions to  
24 elderly patients.

1           (15) The term “severe forms of trafficking in  
2           persons” is defined under section 103(11)(B) of the  
3           Trafficking Victims Protection Act of 2000 (22  
4           U.S.C. 7102(11)(B)) as “the recruitment, harboring,  
5           transportation, provision, or obtaining of a person  
6           for labor or services, through the use of force, fraud,  
7           or coercion for the purpose of subjection to involun-  
8           tary servitude, peonage, debt bondage, or slavery”.

9   **SEC. 3. SENSE OF CONGRESS.**

10          It is the sense of Congress that—

11               (1) the Government of Cuba subjects Cuban  
12               doctors and other medical professionals to state-  
13               sponsored human trafficking;

14               (2) the Government of Cuba should fully com-  
15               pensate Cuban medical professionals who have par-  
16               ticipated in, or are who are currently participating  
17               in foreign medical mission programs in other coun-  
18               tries, including Brazil’s Mais Médicos program, for  
19               the full amount of wages paid to the Government of  
20               Cuba;

21               (3) the Government of Cuba should immediately  
22               and transparently respond to requests for informa-  
23               tion from the United Nations Special Rapporteur on  
24               contemporary forms of slavery and the United Na-

1        tions Special Rapporteur on trafficking in persons,  
2        especially women and children; and

3            (4) foreign governments that sign agreements  
4        with the Government of Cuba or the for-profit  
5        Cuban Medical Services Trading Corporation or  
6        other companies affiliated with the Government of  
7        Cuba to procure the services of Cuban medical pro-  
8        fessionals directly assume legal risks related to their  
9        participation in forced labor arrangements.

10 **SEC. 4. ANNUAL REPORT AND DETERMINATION ON INTER-**  
11 **NATIONAL TRAFFICKING OF CUBAN MEDICAL**  
12 **PERSONNEL.**

13        (a) ANNUAL REPORT.—Not later than 180 days after  
14 the date of the enactment of this Act and annually there-  
15 after until the date specified in subsection (c), the Sec-  
16 retary of State shall submit a report to the Committee  
17 on Foreign Relations of the Senate and the Committee  
18 on Foreign Affairs of the House of Representatives that—

19            (1) identifies the countries that are hosting  
20 Cuban medical personnel who are participating in  
21 foreign medical missions for the Government of  
22 Cuba;

23            (2) to the extent feasible, includes an estimate  
24 of—



1 (A) the number of Cuban medical per-  
2 sonnel in each country; and

3 (B) the value of the financial arrangement  
4 between the Government of Cuba and the host  
5 country government; and

6 (3) describes the conditions in each country  
7 under which Cuban medical personnel live and work.

8 (b) DETERMINATION ON HUMAN TRAFFICKING.—In  
9 each report submitted pursuant to subsection (a), the Sec-  
10 retary of State shall determine whether—

11 (1) the Cuban medical personnel in each coun-  
12 try identified in the report are subjected to condi-  
13 tions that qualify as severe forms of trafficking in  
14 persons (as defined in section 103(11) of the Traf-  
15 ficking Victims Protection Act of 2000 (22 U.S.C.  
16 7102(11))); and

17 (2) Cuba's foreign medical missions program  
18 constitutes proof of failure to make significant ef-  
19 forts to bring the Government of Cuba into compli-  
20 ance with the minimum standards for the elimi-  
21 nation of trafficking in persons (as determined  
22 under section 108 of the Trafficking Victims Protec-  
23 tion Act of 2000 (22 U.S.C. 7106)).

24 (c) SUNSET.—The Secretary of State is not required  
25 to submit the report otherwise required under subsection

1 (a) after the date on which the Secretary submits a second  
2 consecutive annual report under such subsection that in-  
3 cludes a determination under subsection (b) that Cuban  
4 medical personnel are no longer subjected to trafficking  
5 in persons.

6 **SEC. 5. REESTABLISHING THE CUBAN MEDICAL PROFES-**  
7 **SIONAL PAROLE PROGRAM.**

8 (a) IN GENERAL.—The Secretary of Homeland Secu-  
9 rity, in coordination with the Secretary of State, shall rein-  
10 state the Cuban Medical Professional Parole program to  
11 authorize the admission into the United States of Cuban  
12 medical personnel conscripted to study or work in a third  
13 country under the direction of the Government of Cuba.

14 (b) AUTHORITY.—The Director of U.S. Citizenship  
15 and Immigration Services may exercise its discretionary  
16 parole authority under section 212(d)(5)(A) of the Immi-  
17 gration and Nationality Act (8 U.S.C. 1182(d)(5)(A)) and  
18 subsections (c) and (d) of section 212.5 of title 8, Code  
19 of Federal Regulations, to permit eligible Cuban nationals  
20 to come to the United States, including for urgent human-  
21 itarian reasons or significant public benefit.

22 (c) ELIGIBILITY CRITERIA.—

23 (1) IN GENERAL.—A Cuban medical profes-  
24 sional is eligible for consideration of parole under

1 the Cuban Medical Professional Program if he or  
2 she—

3 (A) is a Cuban national, citizen, or person  
4 habitually residing in Cuba;

5 (B) is a medical professional who, at the  
6 time he or she seeks such parole, is conscripted  
7 by the Government of Cuba to study or work in  
8 a third country; and

9 (C) is not inadmissible under section  
10 212(a) of the Immigration and Nationality Act  
11 (8 U.S.C. 1182(a)).

12 (2) ADMISSION OF FAMILY MEMBERS.—

13 (A) IN GENERAL.—The spouse and unmar-  
14 ried children accompanying the primary appli-  
15 cant in the third country referred to in para-  
16 graph (1)(B) shall be eligible for parole under  
17 the Cuban Medical Professional Program in  
18 conjunction with an application from an indi-  
19 vidual described in paragraph (1).

20 (B) APPLICATIONS.—A Cuban medical  
21 professional granted discretionary parole under  
22 section 212(d)(5)(A) of the Immigration and  
23 Nationality Act (8 U.S.C. 1182(d)(5)(A)) pur-  
24 suant to this section may submit an application  
25 to U.S. Citizenship and Immigration Services



1 (B) 84 shipments of personal protective  
2 equipment to 29 countries; and

3 (C) other technical support and training to  
4 its Member States;

5 (4) has commissioned an independent, third  
6 party review of its role in the Mais Médicos pro-  
7 gram; and

8 (5) has committed to undertake reforms to  
9 strengthen its internal oversight and risk manage-  
10 ment for all future programs.

11 (b) SENSE OF CONGRESS.—It is the sense of Con-  
12 gress that—

13 (1) PAHO is the preeminent multilateral orga-  
14 nization dedicated to public health issues in the  
15 Americas;

16 (2) PAHO—

17 (A) has played a vital role in strengthening  
18 health systems in Latin America to address the  
19 COVID–19 pandemic; and

20 (B) continues to provide essential health  
21 assistance to meet the needs of Venezuelans af-  
22 fected by the ongoing humanitarian crisis in  
23 their country and displaced individuals in other  
24 countries in the region;

1           (3) the United States should continue to sup-  
2           port PAHO, including through payment of assessed  
3           contributions (in full and on time) and voluntary  
4           contributions, to ensure PAHO's continued oper-  
5           ations;

6           (4) PAHO's role in the Mais Médicos program,  
7           as described in section 2, was deeply concerning; and

8           (5) PAHO should provide greater transparency  
9           about its role in the Mais Médicos program and  
10          strengthen its internal oversight and risk manage-  
11          ment.

12          (c) REPORT.—Not later than 90 days after the date  
13          of the enactment of this Act, the Secretary of State and  
14          the Secretary of Health and Human Services shall submit  
15          a report to the Committee on Foreign Relations of the  
16          Senate and the Committee on Foreign Affairs of the  
17          House of Representatives that includes—

18               (1) a review of and findings on PAHO's role in  
19               the Mais Médicos program between 2013 and 2019;

20               (2) a summary of corrective actions to be taken  
21               by PAHO; and

22               (3) recommendations for further corrective ac-  
23               tions, as necessary.

1 (d) ACCOUNTABILITY MEASURES.—The Secretary of  
2 State and the Secretary of Health and Human Services  
3 shall jointly—

4 (1) take all necessary steps to ensure that  
5 PAHO undertakes governance reforms that  
6 strengthen internal oversight and risk management  
7 for all future programs; and

8 (2) not later than 30 days after the receipt of  
9 the results of the independent, third-party review of  
10 PAHO's role in the Mais Médicos program, provide  
11 a briefing to the Committee on Foreign Relations of  
12 the Senate and the Committee on Foreign Affairs of  
13 the House of Representatives that includes a de-  
14 tailed summary of such results and the progress  
15 made in PAHO's efforts to strengthen internal over-  
16 sight and risk management.