

116TH CONGRESS  
2D SESSION

# S. 4635

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

SEPTEMBER 21, 2020

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

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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 participants to remain in foreign  
19 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”;

24 (C) “restricting their movement”;

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

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

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

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

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

22 (B) highlighted reports by Cuban medical  
23 professionals that they received regular threats  
24 from Cuban officials while working overseas, in-  
25 cluding sexual harassment of women; and

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

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

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

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

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

23 (A) to pay each Cuban doctor approxi-  
24 mately 25 percent (averaging \$790) of the

1 monthly payment received from PAHO (aver-  
2 aging \$3,158); and

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

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

9 (A) garnished the salaries of more than  
10 20,000 Cuban medical professionals who served  
11 in Brazil under the Mais Médicos program;

12 (B) frequently confiscated their passports;  
13 and

14 (C) prohibited family members from ac-  
15 companying them.

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

22 (10) The Government of Cuba stated that  
23 Cuban doctors unwilling to return to the country  
24 after their participation in foreign medical missions

1 would not be permitted to return to their homeland  
2 for 8 years.

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

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

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

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

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

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

24 (15) The term “severe forms of trafficking in  
25 persons” is defined under section 103(11)(B) of the

1        Trafficking Victims Protection Act of 2000 (22  
2        U.S.C. 7102(11)(B)) as “the recruitment, harboring,  
3        transportation, provision, or obtaining of a person  
4        for labor or services, through the use of force, fraud,  
5        or coercion for the purpose of subjection to involun-  
6        tary servitude, peonage, debt bondage, or slavery”.

7        **SEC. 3. SENSE OF CONGRESS.**

8        It is the sense of Congress that—

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

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

19                (3) the Government of Cuba should immediately  
20        and transparently respond to requests for informa-  
21        tion from the United Nations Special Rapporteur on  
22        contemporary forms of slavery and the United Na-  
23        tions Special Rapporteur on trafficking in persons,  
24        especially women and children; and

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

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

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

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

21                   (2) to the extent feasible, includes an estimate  
22           of—

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



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

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

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

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

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

22 (c) SUNSET.—The Secretary of State is not required  
23 to submit the report otherwise required under subsection  
24 (a) after the date on which the Secretary submits a second  
25 consecutive annual report under such subsection that in-

1 cludes a determination under subsection (b) that Cuban  
2 medical personnel are no longer subjected to trafficking  
3 in persons.

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

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

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

20 (c) ELIGIBILITY CRITERIA.—

21 (1) IN GENERAL.—A Cuban medical profes-  
22 sional is eligible for consideration of parole under  
23 the Cuban Medical Professional Program if he or  
24 she—

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

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

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

10 (2) ADMISSION OF FAMILY MEMBERS.—

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

18 (B) APPLICATIONS.—A Cuban medical  
19 professional granted discretionary parole under  
20 section 212(d)(5)(A) of the Immigration and  
21 Nationality Act (8 U.S.C. 1182(d)(5)(A)) pur-  
22 suant to this section may submit an application  
23 to U.S. Citizenship and Immigration Services  
24 seeking admission to the United States of his or  
25 her spouse and unmarried children.

1 **SEC. 6. ROLE OF THE PAN AMERICAN HEALTH ORGANIZA-**  
2 **TION.**

3 (a) FINDINGS.—Congress finds that the Pan Amer-  
4 ican Health Organization (referred to in this section as  
5 “PAHO”)—

6 (1) has contributed to the health and well-being  
7 of the people in the Western Hemisphere for longer  
8 than a century, with the United States serving as a  
9 member state since 1925;

10 (2) engages in technical cooperation with its  
11 member countries—

12 (A) to fight communicable and noncommu-  
13 nicable diseases and their causes;

14 (B) to strengthen health systems; and

15 (C) to respond to emergencies and disas-  
16 ters;

17 (3) as of August 24, 2020, had assisted dozens  
18 of countries in the Western Hemisphere region with  
19 their response to the COVID–19 pandemic, includ-  
20 ing—

21 (A) the provision of 6,200,000 COVID–19  
22 tests to 36 countries and territories;

23 (B) 84 shipments of personal protective  
24 equipment to 29 countries; and

25 (C) other technical support and training to  
26 its member states;

1           (4) has commissioned a third party review of its  
2 role in the Mais Médicos program; and

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

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

8           (1) PAHO is the preeminent multilateral orga-  
9 nization dedicated to public health issues in the  
10 Americas;

11           (2) PAHO—

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

15           (B) continues to provide essential health  
16 assistance to meet the needs of Venezuelans af-  
17 fected by the ongoing humanitarian crisis in  
18 their country and displaced individuals in other  
19 countries in the region;

20           (3) the United States should continue to sup-  
21 port PAHO, including through payment of assessed  
22 contributions (in full and on time) and voluntary  
23 contributions, to ensure PAHO’s continued oper-  
24 ations;

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

3           (5) PAHO should provide greater transparency  
4           about its role in the Mais Médicos program and  
5           strengthen its internal oversight and risk manage-  
6           ment.

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

13           (1) a review of and findings on PAHO’s role in  
14          the Mais Médicos program between 2013 and 2019;

15           (2) a summary of corrective actions to be taken  
16          by PAHO; and

17           (3) recommendations for further corrective ac-  
18          tions, as necessary.

19          (d) ACCOUNTABILITY MEASURES.—The Secretary of  
20          State and the Secretary of Health and Human Services  
21          shall jointly—

22           (1) take all necessary steps to ensure that  
23          PAHO undertakes governance reforms that  
24          strengthen internal oversight and risk management  
25          for all future programs; and

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

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