

117TH CONGRESS
1ST SESSION

S. _____

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

IN THE SENATE OF THE UNITED STATES

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

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 2021”.

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”;

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 5 to 25 percent of the monthly payment
3 received from PAHO; and

4 (B) to retain approximately 70 to 90 per-
5 cent of the monthly payment for each doctor re-
6 ceived from PAHO; and

7 (C) to permit PAHO to retain approxi-
8 mately 5 percent of such monthly payments.

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

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

15 (B) frequently confiscated their passports;
16 and

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

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

1 (10) The Government of Cuba stated that
2 Cuban doctors unwilling to return to the country
3 after their participation in foreign medical missions
4 would not be permitted to return to their homeland
5 for 8 years.

6 (11) In February 2019, Brazil's Ministry of
7 Health announced reforms to the Mais Médicos pro-
8 gram that—

9 (A) terminated the arrangement with the
10 Government of Cuba and PAHO;

11 (B) allowed Cuban medical personnel to re-
12 main in Brazil and be paid directly by the Bra-
13 zilian Ministry of Health.

14 (12) The Government of Cuba's response to the
15 reforms referred to in paragraph (11) was to order
16 the Cuban medical personnel to return to Cuba,
17 rather than allowing them to be fully and directly
18 compensated. Most Cuban medical personnel re-
19 turned to Cuba, as ordered, although approximately
20 2,000 Cuban medical personnel remain in Brazil.

21 (13) The Government of Cuba realized profits
22 in excess of \$6,300,000,000 during 2018 from ex-
23 porting the services of Cuban professionals, of which
24 foreign medical missions represent the majority of
25 the services and income.

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

5 (15) In Venezuela, a group of Cuban doctors
6 reported in 2019 that they had been directed, and
7 often coerced, to use their medical services to influ-
8 ence votes in favor of the Maduro regime, includ-
9 ing—

10 (A) by denying medical treatment to oppo-
11 sition supporters; and

12 (B) by giving precise voting instructions to
13 elderly patients.

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

22 **SEC. 3. SENSE OF CONGRESS.**

23 It is the sense of Congress that—

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

4 (2) the Government of Cuba should fully com-
5 pensate Cuban medical professionals who have par-
6 ticipated in, or who are currently participating in
7 foreign medical mission programs in other countries,
8 including Brazil's Mais Médicos program, for the
9 full amount of wages paid to the Government of
10 Cuba;

11 (3) the Government of Cuba should immediately
12 and transparently respond to requests for informa-
13 tion from the United Nations Special Rapporteur on
14 contemporary forms of slavery and the United Na-
15 tions Special Rapporteur on trafficking in persons,
16 especially women and children; and

17 (4) foreign governments and international orga-
18 nizations that enter into agreements with the Gov-
19 ernment of Cuba or the for-profit Cuban Medical
20 Services Trading Corporation or other companies af-
21 filiated with the Government of Cuba to procure the
22 services of Cuban medical professionals directly as-
23 sume legal risks related to their participation in
24 forced labor arrangements and human trafficking.

1 **SEC. 4. ANNUAL REPORT AND DETERMINATION ON INTER-**
2 **NATIONAL TRAFFICKING OF CUBAN MEDICAL**
3 **PERSONNEL.**

4 (a) ANNUAL REPORT.—Not later than 180 days after
5 the date of the enactment of this Act and annually there-
6 after until the date specified in subsection (c), the Sec-
7 retary of State shall submit a report to the Committee
8 on Foreign Relations of the Senate and the Committee
9 on Foreign Affairs of the House of Representatives that—

10 (1) identifies the countries that are hosting
11 Cuban medical personnel who are participating in
12 foreign medical missions for the Government of
13 Cuba;

14 (2) to the extent feasible, includes an estimate
15 of—

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

18 (B) the value of the financial arrangement
19 between the Government of Cuba and the host
20 country government;

21 (3) describes the conditions in each country
22 under which Cuban medical personnel live and work;
23 and

24 (4) describes the role of any international orga-
25 nization in each country hosting Cuban medical per-
26 sonnel.

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

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

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

17 (c) SUNSET.—The Secretary of State is not required
18 to submit the report otherwise required under subsection
19 (a) after the date on which the Secretary submits a second
20 consecutive annual report under such subsection that in-
21 cludes a determination under subsection (b) that Cuban
22 medical personnel are no longer subjected to trafficking
23 in persons.

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

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

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

17 (c) ELIGIBILITY CRITERIA.—

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

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

24 (B) is a medical professional who, at the
25 time he or she seeks such parole, is conscripted

1 by the Government of Cuba to study or work in
2 a third country; and

3 (C) is not inadmissible under section
4 212(a) of the Immigration and Nationality Act
5 (8 U.S.C. 1182(a)).

6 (2) ADMISSION OF FAMILY MEMBERS.—

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

14 (B) APPLICATIONS.—A Cuban medical
15 professional granted discretionary parole under
16 section 212(d)(5)(A) of the Immigration and
17 Nationality Act (8 U.S.C. 1182(d)(5)(A)) pur-
18 suant to this section may submit an application
19 to U.S. Citizenship and Immigration Services
20 seeking admission to the United States of his or
21 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 May 21, 2021, had assisted dozens of
18 countries in the Americas with their response to the
19 COVID–19 pandemic, including—

20 (A) supporting the delivery of 12,800,000
21 vaccines to countries in the Americas through
22 the COVID–19 Vaccines Global Access
23 (COVAX) facility;

24 (B) providing more than 26,000,000
25 COVID–19 tests in countries and territories
26 throughout the Americas; and

1 (C) 162 shipments of more than
2 50,000,000 articles of personal protective equip-
3 ment to countries and territories throughout
4 the Americas;

5 (4) has privately commissioned a third party re-
6 view of its role in the Mais Médicos program; and

7 (5) adopted governance reforms to increase the
8 oversight of projects funded by voluntary contribu-
9 tions that present a high level of institutional risk
10 for PAHO during the 72nd Session of the Regional
11 Committee of the World Health Organization for the
12 Americas, which convened on September 28th and
13 29th, 2020.

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

16 (1) PAHO is the preeminent multilateral orga-
17 nization dedicated to public health issues in the
18 Americas;

19 (2) PAHO—

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

23 (B) continues to provide essential health
24 assistance to meet the needs of Venezuelans af-
25 fected by the ongoing humanitarian crisis in

1 their country and displaced individuals in other
2 countries in the region;

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

8 (4) according to the Department of State, the
9 Brazilian Court of Accounts, and PAHO's official
10 independent external auditor, the *Tribunal de*
11 *Cuentas de España*, PAHO's role in the Mais
12 Médicos program, as described in section 2, raises
13 serious questions; and

14 (5) PAHO should provide greater transparency
15 about its role in the Mais Médicos program and
16 strengthen its internal oversight and risk manage-
17 ment to require that its external auditor reports be
18 distributed to PAHO board members and discussed
19 at PAHO board meetings.

20 (c) REPORT.—Not later than 90 days after the date
21 of the enactment of this Act, the Secretary of State and
22 the Secretary of Health and Human Services shall jointly
23 submit a report to the Committee on Foreign Relations
24 of the Senate and the Committee on Foreign Affairs of
25 the House of Representatives that includes—

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

3 (2) a summary of corrective actions to be taken
4 by PAHO; and

5 (3) recommendations for further corrective ac-
6 tions, as necessary.

7 (d) ACCOUNTABILITY MEASURES.—The Secretary of
8 State and the Secretary of Health and Human Services
9 shall jointly—

10 (1) take all necessary steps to ensure that
11 PAHO undertakes governance reforms that
12 strengthen internal oversight and risk management
13 for all future programs; and

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