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

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

A BILL

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

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

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

(b) TABLE OF CONTENTS.—The table of contents for 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. 2. FINDINGS.

Congress makes the following findings:

(1) In 2019, the Government of Cuba maintained an estimated 34,000 to 50,000 medical personnel in more than 60 countries under conditions that represent forced labor, according to the Department of State.

(2) Since the outbreak of the COVID–19 pandemic in early 2020, the Government of Cuba has deployed approximately 1,500 medical personnel to at least 20 countries.

(3) The Department of State’s 2020 Trafficking in Persons report ranked Cuba in Tier 3 and included evidence regarding Cuba’s foreign medical missions and the Government of Cuba’s long-standing failure to criminalize most forms of forced labor, specifically noting allegations that Cuban authorities coerced participants to remain in foreign medical missions by—

(A) “withholding their passports and medical credentials”;

(B) “using ‘minders’ to conduct surveillance of participants outside of work”;

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

(E) “impos[ing] criminal penalties, exile, and family separation if participants do not re-
turn to Cuba as directed by government superv-
isors”.

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

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

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

(B) highlighted reports by Cuban medical
professionals that they received regular threats
from Cuban officials while working overseas, in-
cluding sexual harassment of women; and
(C) expressed concern that the practices
referred to in subparagraphs (A) and (B) con-
stitute slavery and trafficking in persons.

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

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

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

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

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

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

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

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

(B) frequently confiscated their passports;
and

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

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

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

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

(12) The Government of Cuba realized profits in excess of $6,300,000,000 during 2018 from exporting the services of Cuban professionals, of which foreign medical missions represent the majority of the services and income.

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

(14) In Venezuela, a group of Cuban doctors reported in 2019 that they had been directed, and often coerced, to use their medical services to influence votes in favor of the Maduro regime, including—

(A) by denying medical treatment to opposition supporters; and

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

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

SEC. 3. SENSE OF CONGRESS.

It is the sense of Congress that—

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

(2) the Government of Cuba should fully compensate Cuban medical professionals who have participated in, or who are currently participating in foreign medical mission programs in other countries, including Brazil’s Mais Médicos program, for the full amount of wages paid to the Government of Cuba;

(3) the Government of Cuba should immediately and transparently respond to requests for information from the United Nations Special Rapporteur on contemporary forms of slavery and the United Nations Special Rapporteur on trafficking in persons, especially women and children; and
(4) foreign governments that sign agreements with the Government of Cuba or the for-profit Cuban Medical Services Trading Corporation or other companies affiliated with the Government of Cuba to procure the services of Cuban medical professionals directly assume legal risks related to their participation in forced labor arrangements.

SEC. 4. ANNUAL REPORT AND DETERMINATION ON INTERNATIONAL TRAFFICKING OF CUBAN MEDICAL PERSONNEL.

(a) ANNUAL REPORT.—Not later than 180 days after the date of the enactment of this Act and annually thereafter until the date specified in subsection (c), the Secretary of State shall submit a report to the Committee on Foreign Relations of the Senate and the Committee on Foreign Affairs of the House of Representatives that—

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

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

(A) the number of Cuban medical personnel in each country; and
(B) the value of the financial arrangement

between the Government of Cuba and the host
country government; and

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

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

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

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

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

SEC. 5. REESTABLISHING THE CUBAN MEDICAL PROFESSIONAL PAROLE PROGRAM.

(a) IN GENERAL.—The Secretary of Homeland Security, in coordination with the Secretary of State, shall reinstate the Cuban Medical Professional Parole program to authorize the admission into the United States of Cuban medical personnel conscripted to study or work in a third country under the direction of the Government of Cuba.

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

(c) ELIGIBILITY CRITERIA.—

(1) IN GENERAL.—A Cuban medical professional is eligible for consideration of parole under the Cuban Medical Professional Program if he or she—
(A) is a Cuban national, citizen, or person habitually residing in Cuba;

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

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

(2) ADMISSION OF FAMILY MEMBERS.—

(A) IN GENERAL.—The spouse and unmarried children accompanying the primary applicant in the third country referred to in paragraph (1)(B) shall be eligible for parole under the Cuban Medical Professional Program in conjunction with an application from an individual described in paragraph (1).

(B) APPLICATIONS.—A Cuban medical professional granted discretionary parole under section 212(d)(5)(A) of the Immigration and Nationality Act (8 U.S.C. 1182(d)(5)(A)) pursuant to this section may submit an application to U.S. Citizenship and Immigration Services seeking admission to the United States of his or her spouse and unmarried children.
SEC. 6. ROLE OF THE PAN AMERICAN HEALTH ORGANIZATION.

(a) FINDINGS.—Congress finds that the Pan American Health Organization (referred to in this section as “PAHO”)—

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

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

(A) to fight communicable and noncommunicable diseases and their causes;

(B) to strengthen health systems; and

(C) to respond to emergencies and disasters;

(3) as of August 24, 2020, had assisted dozens of countries in the Western Hemisphere region with their response to the COVID–19 pandemic, including—

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

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

(C) other technical support and training to its member states;
(4) has commissioned a third party review of its role in the Mais Médicos program; and
(5) has committed to undertake reforms to strengthen its internal oversight and risk management for all future programs.

(b) SENSE OF CONGRESS.—It is the sense of Congress that—

(1) PAHO is the preeminent multilateral organization dedicated to public health issues in the Americas;
(2) PAHO—
   (A) has played a vital role in strengthening health systems in Latin America to address the COVID–19 pandemic; and
   (B) continues to provide essential health assistance to meet the needs of Venezuelans affected by the ongoing humanitarian crisis in their country and displaced individuals in other countries in the region;
(3) the United States should continue to support PAHO, including through payment of assessed contributions (in full and on time) and voluntary contributions, to ensure PAHO’s continued operations;
(4) PAHO’s role in the Mais Médicos program, as described in section 2, was deeply concerning; and

(5) PAHO should provide greater transparency about its role in the Mais Médicos program and strengthen its internal oversight and risk management.

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

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

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

(3) recommendations for further corrective actions, as necessary.

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

(1) take all necessary steps to ensure that PAHO undertakes governance reforms that strengthen internal oversight and risk management for all future programs; and
(2) not later than 30 days after the receipt of the results of the independent, third-party review of PAHO’s role in the Mais Médicos program, provide a briefing to the Committee on Foreign Relations of the Senate and the Committee on Foreign Affairs of the House of Representatives that includes a detailed summary of such results and the progress made in PAHO’s efforts to strengthen internal oversight and risk management.