

116TH CONGRESS
2D SESSION

S. 4635

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.

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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