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International Protection of Cuban Medical Professionals: A Bridge Status Proposal Against Autocratization

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Abstract— Cuban medical missions abroad have been under scrutiny for potential impacts on labor rights, freedom of movement, and protection against human trafficking. That's why this study aims to analyze the legal feasibility of a temporary bridge protection statute for Cuban health professionals who leave internationalist missions, in the context of Autocratization and state control of emigration. It's a qualitative, legal-documentary, and hermeneutic study based on international instruments, inter-American standards, International Labour Organization norms, and institutional sources. A gap in protection has been identified for professionals who don't immediately qualify as refugees or as ordinary labor migrants. A protocol is proposed that includes indicators, a renewable temporary permit, supervised professional validation, and psychosocial support. A bridge statute is legally defensible if it relies on individual evaluation, no return, due process, and coordination between migration, labor, and professional protection.

Keywords— Cuban medical professionals; international protection; forced labor; trafficking in persons; human mobility; labor rights; autocratization; migration.

Introduction

International provision of medical services can contribute to the realization of the right to health and to cooperation between States. However, the social purpose of a health mission does not exclude the obligation to examine the specific conditions under which displaced persons work, the manner of recruitment, the transparency of remuneration, the freedom to accept or reject certain conditions, the possibility of leaving the mission, and the mechanisms available for reporting abuses. In recent years, international bodies and civil society organizations have documented allegations related to wage withholding, lack of information in the contracts established, extended working hours, movement restrictions, and reprisals against Cuban professionals who leave the missions. The Inter-American Commission on Human Rights (IACHR) has noted in its report on Cuba concerns about wages, labor rights, pressure, harassment, and sanctions related to the so-called medical missions.

Reports by the Inter American Commission on Human Rights have expressed concern over complaints of labor violations related to Cuban workers abroad, including persons linked to the so called medical missions.

Likewise, the organizations Human Rights Foundation and Human Rights Watch have denounced internal Cuban regulations that restrict freedom of expression, an aspect that Cuba considerably limits and conditions in its constitutional text, as well as the association, movement, and privacy of deployed health professionals, and numerous sanctions against those who leave the so called missions, including bans on re entry into the country.

Human rights sources have likewise pointed to allegations of mobility restrictions, withholding of remuneration, surveillance, and consequences for those who leave the missions. These sources require careful reading; they document relevant facts and allegations, but the determination of trafficking, forced labor, or refuge must be made on an individualized basis.

The "Hippocratic Bridge" program starts from a central premise, professionals who leave a medical mission may find themselves in a zone of insufficient protection. They are not always immediately recognized as refugees; nor do they necessarily fall within the ordinary categories of migrant workers or tourists. This situation can generate a protection gap in which the person lacks work authorization, cannot practice their profession, and faces risks of secondary exploitation.

The general objective is to analyze the legal viability and minimum guarantees of a bridge protection status for Cuban health professionals in situations of vulnerability, in the context of a process of autocratization and control of emigration. The working hypothesis holds that a temporary protection mechanism can be compatible with international law if it is grounded in an individualized assessment, incorporates guarantees against return, distinguishes between indicia and conclusive proof of exploitation, and coordinates migratory, labor, professional, and psychosocial protection.

Conceptual Framework, Autocratization and Human Mobility

Comparative literature has shown that autocratization can be expressed through the gradual erosion of institutional controls, the restriction of civil liberties, and the control of opposition. In certain contexts, the control of human mobility can also function as a tool of governance, especially when States regard certain professional groups as strategic. In the Cuban case, the so called medical missions have been described as a significant source of income for the State, while at the same time generating controversy over the working conditions and restrictions applied to the professionals involved. It has been shown how autocratic regimes select who may emigrate and who may not, restricting the departure of professionals deemed strategic, such as doctors and nurses. And this control is exercised through migratory regulations, administrative requirements, professional sanctions, and measures against the families of those who decide not to return. Recent research on emigration policies argues that contemporary autocracies do not always impose an absolute prohibition on departure, but rather apply selective policies that restrict or make more costly the right of exit for certain groups.

In this scenario, the category of deserter or traitor functions as a device of political stigmatization that can translate into persecution on grounds of actual or imputed political opinion, or on grounds of membership in a particular social group; this is consistent with non compliance with the 1951 Convention relating to the Status of Refugees and its 1967 Protocol, as well as with the 1984 Cartagena Declaration, which broadens protection in Latin America.

The stigmatizing characterization of those who decide not to return can have significant effects for the analysis of international protection. When disapproval of continuing a mission is construed as political disloyalty, the competent authority must assess whether there exists an individual risk of persecution on grounds of actual or attributed political opinion, on grounds of belonging to a particular social group, or another ground contemplated in the assessment of refugee rights.

The discussion of Cuban medical missions must avoid generalizations. International health cooperation can constitute a legitimate and necessary practice, particularly in contexts of emergency and personnel shortages. Even so, the legitimacy of the cooperation does not eliminate the obligation to verify that contracts, remuneration, mobility, living conditions, and reporting mechanisms respect human rights and international labor standards.

As everyday international practice shows, autocratization is expressed not only in the closing of internal political space, but also in the externalization of coercive practices through international missions, where the State retains control over the documents, mobility, wages, and communication of its nationals.

Applicable Legal Framework

Freedom of Movement and Departure from the Country

Articles 12.1, 12.2, and 12.3 of the International Covenant on Civil and Political Rights recognize the right of every person to move freely within a State, to choose their residence, and to leave any country, including their own. And no one shall be arbitrarily deprived of the right to enter their own country. Restrictions require a legal basis, necessity, proportionality, and compatibility with the other rights of the Covenant.

The protection of freedom of movement does not imply that a person may automatically remain in any foreign State. However, it does prevent departure from the country or refusal to continue a labor activity from being sanctioned in an arbitrary or disproportionate manner, or the person from being subjected to disproportionate measures for having decided not to continue an employment or service relationship. In each case, due process, family life, and the risks arising from return must be considered. Therefore, sanctions, threats, or administrative measures adopted against those who do not return must be examined in light of the principles of legality, equality, necessity, proportionality, and due process. The assessment must also consider family unity, the best interests of children and adolescents, and the individual risk that would arise in the event of return. The standards of the Human Rights Committee emphasize that the right to leave cannot be made conditional on requirements that empty it of its practical content.

Forced Labor

International Labour Organization Convention No. 29, in its article 2.1, defines forced labor as all work or service which is exacted from any person under the menace of a penalty and for which the said person has not offered themselves voluntarily. The 2014 Protocol to the Forced Labour Convention reinforces the duties of prevention, protection, remediation, and international cooperation. Taking into account its implicit importance in preserving human rights and related rights.

A formal employment relationship does not, by itself, exclude forced labor. The assessment must consider whether consent is affected by threats, deception, abuse of vulnerability, retention of documents, movement restrictions, or other forms of coercion. At the same time, low remuneration or a labor breach do not automatically constitute forced labor; in the researcher's judgment, the assessment requires context, evaluation and accumulation of factors, and an effective impact on the person's freedom.

Human Trafficking and Labor Exploitation

The 2003 Palermo Protocol, adopted by the United Nations General Assembly in the year 2000, comprises well defined acts, means, and purpose of exploitation, such as its main objectives (International Cooperation and Criminalization of offenses), to combat organized crime on a global scale. In cases involving adults, labor exploitation may be present when threats, coercion, fraud, deception, or abuse of a situation of vulnerability are used. The retention of documents, the control of mobility, the real impossibility of leaving the position, and threats linked to return are indicia that justify a specialized assessment, but do not replace the individual determination of the case.

The State response must prevent revictimization. When reasonable indicia of exploitation or trafficking exist, the person must not be treated exclusively as an irregular migrant; they must receive information, assistance, access to reporting mechanisms, legal counsel, and an assessment that does not expose them to reprisals. State due diligence further requires identifying possible victims before adopting measures of detention, expulsion, or return.

Refuge and Complementary Protection

The 1951 Convention relating to the Status of Refugees protects those who have a well founded fear of persecution on grounds of race, religion, nationality, membership in a particular social group, or political opinions, and who are outside their country of nationality. The decision to leave a mission does not by itself generate refugee status, but it can be relevant when accompanied by an individualizable risk of persecution or serious violation of rights. Regarding the specific case of Cuban health professionals who leave the missions, the assessment of refugee status must concentrate on the individual and prospective risk.

The 1984 Cartagena Declaration broadens the regional approach by taking into account persons fleeing generalized violence, internal conflicts, massive violations of human rights, or other circumstances that seriously disturb public order. The principle of non refoulement requires that no person be returned to a place where their life, liberty, or integrity would face a real risk, or where they might face persecution,

or where they might face torture, forced labor, or other serious violations.

Methodology

A qualitative, legal documentary, and hermeneutic investigation was developed. The corpus was composed of international treaties, International Labour Organization standards, IACHR reports, UNHCR documents, official sources on migration, and academic studies on autocratization, forced labor, human trafficking, and human mobility.

The analysis was constituted in four categories, freedom of movement and departure from the country; forced labor and human trafficking; international protection and non refoulement; and migratory regularization with access to work. Likewise, the eight pillars of the "Hippocratic Bridge" program were examined, evidence, temporary status, humanitarian corridors, professional validation, psychosocial support, secure documentation, advocacy, and strategic communication.

The investigation does not contain interviews, surveys, or individual case files. For this reason, it does not seek to demonstrate that all members of Cuban medical missions have been victims of forced labor or trafficking. Its conclusions are limited to analyzing a normative protection proposal and the conditions that authorities must satisfy in order to assess each case with rigor and guarantees.

Results and Proposal

Protection Gap

The analysis makes it possible to determine a multidimensional vulnerability. A health professional who leaves a mission can simultaneously lose housing, income, documentation, consular protection, and the possibility of practicing their profession. They may also face family separation, difficulties in regularization, and the risk of exploitation in informal activities.

The response demands coordination among migratory, labor, health, and victim protection authorities. An isolated migratory measure would be insufficient if it does not enable work, facilitate legal assistance, guarantee psychosocial support, and allow for safe progress toward professional validation.

In several countries of the region, there is no specific category for persons who leave state medical missions and face reprisals. Given that they are not tourists, they are not ordinary migrant workers, and they do not in all cases meet the requirements for refuge; this produces a limbo in which the person remains without authorization of residence or work, the latter precisely because of the characteristics of their occupation, and all this while their situation is being decided.

In the labor sphere a gap is likewise manifested; although some legislations allow applying for asylum or complementary protection, few automatically enable the right to the specific work performed by health professionals during the proceedings. As a result, the person may remain for months or years without practicing their profession or accessing formal employment. This could increase the risk of exploitation and poverty.

Likewise, professional recognition presents itself as an evident gap. The procedures for validating medical and related degrees tend to be lengthy, costly, and highly rigorous in their documentary requirements. For someone who has left a mission in the case of Cubans, obtaining certificates, proof of experience, or original degrees can prove very difficult, mainly if there are restrictions on contacting Cuban institutions or if there is fear of reprisals.

Likewise, with respect to protection against trafficking and forced labor, although norms and protocols exist, in practice many migratory officers and officials are not trained to identify indicia of state labor exploitation, which can lead to these persons being treated as irregular migrants, detained, or deported without an adequate risk assessment.

The same occurs with psychosocial support; leaving a mission can involve family rupture, fear of reprisals, loss of social networks, and stress associated with migratory uncertainty. However, the mental health services available to migrants and asylum seekers are not always designed to work with this specific profile of labor and political trauma. These gaps interrelate and reinforce one another. The response requires coordination among migratory, labor, health, and victim protection authorities. An isolated migratory measure could be considered insufficient if it does not enable work, facilitate legal assistance, guarantee psychosocial support, and allow for safe progress toward professional validation.

Protocol of Indicia

The creation of a single protocol of indicia constitutes one of the most useful components of the proposal. Its function should not be to automatically declare the existence of trafficking or forced labor, but to implement a mechanism of early detection and specialized referral.

The first pillar of the program consists of a protocol for the identification of indicia. Its purpose is not to presume State culpability nor to automatically declare trafficking or forced labor; it is to activate a pathway of early attention, confidential and person centered.

The protocol could be organized into five fundamental dimensions:

Table 1. Dimensiones e indicadores orientativos de evaluación

Dimensión	Indicadores orientativos
Consentimiento	Información incompleta sobre condiciones; imposibilidad de renunciar; amenazas afines a la no continuidad.
Remuneración	Retención significativa; falta de transparencia en los salarios; pagos indirectos o diferidos.
Documentación	Retención de pasaporte; control de documentos; obstáculos para obtener o conservar documentos.
Movilidad	Vigilancia; permisos obligatorios para desplazarse; aislamiento; limitaciones desproporcionadas.
Represalias	Sanciones; prohibición de regreso; amenazas contra familiares; estigmatización pública.

The indicators must be assessed cumulatively, contextually, and with respect for informed consent. The protocol must provide for a confidential interview, risk analysis, safeguarding of evidence, and referral to competent authorities. Data must not be handed over to the State of origin without the person's authorization, except for a legal obligation that is strictly necessary and compatible with human rights.

Bridge Status of Temporary Protection

The second pillar is a temporary protection permit, initially for 180 days and renewable while the migratory status or the application for international protection is being decided. This responds to a practical difficulty; it is known that refuge and regularization procedures can take months and years. The refuge, complementary protection, or professional validation proceedings may be extended or adjusted depending on the case, while the person needs documentation and the capacity to subsist.

From the application of international human rights law, the bridge status is grounded in the obligation to respect and guarantee rights without discrimination, the duty to prevent foreseeable harm, and the principle of non refoulement. Its function is not to create an automatic presumption of refuge nor to replace the individual determination, but to prevent the absence of migratory status from aggravating an already identified vulnerability. In that sense, it can be conceived as a provisional, adjusted, and reviewable administrative measure.

The Colombian experience with the Temporary Protection Status for Venezuelan Migrants offers a relevant regional reference. The specialized literature characterizes it as a regularization instrument that grants migratory status and progressive access to rights without thereby being equated to the individual recognition of refugee status.

The provision could be granted upon reasonable indicia of vulnerability, a pending application for protection, notable risk associated with return, or the need for specialized assessment. It must include temporary residence, work authorization, access to basic health care, authorization for a bank account, protection against expulsion while the case is being resolved, and legal counsel. Every denial must be reasoned and appealable.

The IACHR and other international bodies can promote standards and issue recommendations, but the creation of a migratory category requires a sovereign decision by the States, through national legislation or regional agreements. The proposal does not seek to replace asylum systems, but to prevent the person from remaining in a legal limbo while a definitive decision is adopted.

Professional Validation and Psychosocial Support

Accelerated validation must simultaneously protect the right to work and patient safety. A reasonable option is a provisional and supervised authorization, based on documentary verification, competency assessment, professional mentoring, liability insurance, parallel access to the ordinary validation process, and delimitation of functions. This model can reduce professional disqualification and facilitate integration, without creating an exception that affects the quality of medical service.

Psychosocial support must recognize that leaving a mission can involve family rupture, loss of ties and communication within networks, fear of reprisals, and stress associated with migratory uncertainty. Services must be confidential, culturally pertinent, and coordinated with legal counsel and labor integration mechanisms.

Responsibility of Receiving States

States that contract or receive medical missions must not be regarded as mere economic beneficiaries without legal obligations. In accordance with the international principles on business and human rights. Receiving States of medical missions have the duty to prevent rights violations within their jurisdiction. They must require clear contractual conditions, accessible information, reporting mechanisms, labor inspection, guarantees against reprisals, and effective avenues of remedy. Health cooperation cannot be used as justification to lower the standards of dignity, liberty, and labor protection. Although the United Nations Guiding Principles are directed especially at the relationship between business and human rights, their principles of due diligence, prevention, and remedy can guide public procurement and international health cooperation agreements.

Discussion

The proposal of the "Hippocratic Bridge" Program offers an innovative response because it does not reduce the problem to a single legal category. Its main strength consists in linking international protection, labor law, migration, mental health, professional practice, diplomatic cooperation, and social contribution. The approach shifts the discussion from an exclusively geopolitical reading toward an institutional question, how democratic States and regional organizations should respond to persons who find themselves in a position of transnational dependence and vulnerability.

However, the proposal must maintain a strict conceptual distinction. International medical cooperation is legally possible and can respond to legitimate health needs. The existence of a state mission is likewise not sufficient to demonstrate trafficking or forced labor. The analysis must focus on the specific conditions, consent, the real possibility of resignation, sanctions, control of documents, access to effective remedies, and remuneration practices. It is necessary to examine the claim that a 2026 IACHR report exists with certain particularities. The available and located official information confirms that the IACHR has documented concerns regarding labor rights, wages, harassment, pressure, and sanctions linked to the Cuban medical missions, principally in its reports on Cuba. Any mention of a specific 2026 report, its title, number of pages, quantity of testimonies, and conclusions must be verified directly against the official source before being included in the final version. The proposal must also reflect on the opposing positions. On one hand, it is held that medical missions constitute a legitimate form of international cooperation and that the contractual conditions must be examined within Cuban sovereignty and legal order. And on the other, it is affirmed that the withholding of wages, mobility restrictions, and reprisals can constitute labor exploitation and forced labor. And in a third position, more protection oriented and methodologically prudent, it is recognized that both matters can coexist, health cooperation can be legitimate in the abstract, but certain implementation mechanisms can violate human rights and related rights, in certain specific cases.

This methodological caution makes it possible to preserve strong protection without engaging in absolute assertions, and to present a standard of assessment. That standard must examine consent, threat, vulnerability, remuneration, mobility, access to justice, the real possibility of resignation, and risk in the event of return. In a journal specialized in autocratization, the academic contribution consists precisely in showing how supposedly ordinary administrative mechanisms can become, depending on their design and application, instruments of political control and disciplining of professional mobility.

Proposal for a Protection Model

Phase One: Identification

The person receives information about their rights, and the protocol of indicia is applied immediately. Risk of return, risk of trafficking, medical needs, family situation, and available documentation are assessed.

Phase Two: Immediate Protection

The competent authority delivers a temporary document, suspends any expulsion measure, and authorizes work, medical care, and a bank account. Emergency accommodation is offered until determined, along with food, and legal and psychological guidance depending on the case.

Phase Three: Legal Determination

It is determined whether recognition as a refugee applies, or the category concluded at that stage, complementary protection, humanitarian permit, work visa, or another national category. The decision must be individual. Reasoned and subject to appeal.

Phase Four: Integration

Professional validation begins. Learning of the local health framework, psychosocial support, and safe labor insertion. The person must be able to access reporting and remedy mechanisms without putting their migratory status at risk.

Phase Five: Regional Evaluation

The participating States and organizations publish aggregated indicators on decision times, permits granted, validations, and detected cases of exploitation, without disclosing personal data.

Conclusions

Cuban professionals who leave medical missions can face a complex situation of vulnerability, arising from the simultaneous loss of income, housing, documentation, capacity to work, and support networks. In certain cases, allegations of mobility restrictions, threats, retention of documents or of remuneration justify a specialized assessment in accordance with the standards of forced labor, human trafficking, and international protection.

A temporary bridge status constitutes a legally feasible proposal if it is adopted by the States through internal norms or regional agreements, is based on individual assessment, and respects non return, equality, due process, and data protection. It does not replace the determination of refuge, complementary protection, or trafficking, but rather prevents persons from remaining without protection while their situation is being decided.

The effectiveness of the model requires integrating a pathway for the identification of indicia, temporary authorization of residence and work, legal counsel, psychosocial support, and supervised professional validation. It also requires receiving States to apply due diligence in health cooperation agreements and to guarantee channels for reporting and remedy.

The discussion evidences a relevant connection between autocratization and human mobility. The control of departure, of wages, of documents, or of the consequences of not returning can operate as a form of political disciplining. A human rights approach makes it possible to analyze these practices without denying the possible legitimacy of international medical cooperation, while requiring that it be developed under conditions compatible with the dignity and liberty of those who provide the service.

References

Alexei, G.C. (2026). Programa Puente Hipocrático para protección temporal de los médicos cubanos.

Asamblea General de las Naciones Unidas. (1966). Pacto Internacional de Derechos Civiles y Políticos. https://www.ohchr.org/es/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights

Cárdenas, M., & Gómez, M. (2024). A policy analysis of the temporary protection statute for Venezuelans in Colombia: Normalising exceptionality using humanitarian discourses. Refugee Survey Quarterly, 43(3), 301–323. https://doi.org/10.1093/rsq/hdae011

Comisión Interamericana de Derechos Humanos. (2024). Informe anual 2024. Capítulo IV.B: Cuba. Organización de los Estados Americanos. https://www.oas.org/es/cidh/docs/anual/2024/capitulos/IA2024_4B_CUB_ES.PDF

Comité de Derechos Humanos. (1999). Observación General núm. 27: La libertad de circulación (artículo 12). Naciones Unidas. https://digitallibrary.un.org/record/332916

Coloquio sobre la Protección Internacional de los Refugiados en América Central, México y Panamá. (1984). Declaración de Cartagena sobre los Refugiados. Alto Comisionado de las Naciones Unidas para los Refugiados. https://www.acnur.org/media/declaracion-de-cartagena-s

obre-los-refugiados-adoptado-por-el-coloquio-sobre-laproteccion

Corte Interamericana de Derechos Humanos. (2018). Opinión Consultiva OC-25/18: La institución del asilo y su reconocimiento como derecho humano en el Sistema Interamericano de Protección. https://www.corteidh.or.cr/docs/opiniones/seriea_25_esp.pdf

Human Rights Foundation. (2024). Human trafficking in Cuba's medical missions. https://hrf.org/wp-content/uploads/2024/10/Human-Trafficking-in-Cubas-Medical-Missions.pdf

International Labour Organization. (2014). Protocol of 2014 to the Forced Labour Convention, 1930. https://www.ilo.org/resource/protocol-2014-forced-labour-convention-1930

Lührmann, A., & Lindberg, S. I. (2019). A third wave of autocratization is here: What is new about it? Democratization, 26(7), 1095–1113. https://doi.org/10.1080/13510347.2019.1582029

Michel, C.L., & Rosenblatt, P.C. (2023). How authoritarian governments decide who emigrates: Evidence from East Germany. International Organization, 77(3), 665–688. https://doi.org/10.1017/S0020818323000127

Naciones Unidas. (2011). Principios rectores sobre las empresas y los derechos humanos. Oficina del Alto Comisionado de las Naciones Unidas para los Derechos Humanos. https://www.ohchr.org/sites/default/files/documents/publications/guidingprinciplesbusinesshr_sp.pdf

Oficina de Naciones Unidas contra la Droga y el Delito. (2020). Toolkit for guidance in the implementation of the United Nations Convention against Transnational Organized Crime and the protocols thereto. https://www.unodc.org/documents/organized-crime/Toolkit/TOC-Toolkit-English.pdf

Pacto Internacional de Derechos Civiles y Políticos. (1966). Asamblea General de Naciones Unidas, resolución 2200 A (XXI). https://www.ohchr.org/es/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights