

Outline for U.S. Military Humanitarian Assistance to an Earthquake in Cuba

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1. Purpose

- a. Earthquakes in Cuba have caused extensive damage to infrastructure and the capital city of Havana.
- b. This outline is guided by the Federal Emergency Management Agency's (FEMA) emergency operations basic plan template and provides information for U.S. military humanitarian groups in accordance with Oslo Guidelines in identifying pertinent populations, familiarization with health care infrastructure, and identifying Cuban determinants of health and disparities that would require humanitarian assistance.
- c. The primary goal of U.S. military humanitarian assistance groups will be to save lives and alleviate suffering within the Cuban population (Oslo Guidelines, 2007).

2. Scope

- a. Any aid provided must be "humane, impartial, and neutral" (Oslo Guidelines, 2007, p. 3). The Humanitarian Coordinator (HC) will coordinate with Cuba for group entry into the country and will assist with coordinating Cuba's assets with humanitarian group. Military and Civil Defense Assets (MCDA) are present to assist you and can be requested through the HC (Oslo Guidelines, 2007). Assistance is divided in three categories: direct assistance, indirect assistance and infrastructure support (Oslo Guidelines, 2007). The Cuban government and people must consent to all assistance and national sovereignty must be maintained (Oslo Guidelines, 2007).

3. Situation Overview

- a. **Pertinent populations:** The most vulnerable populations are those living in substandard housing, those without proper drinking water and sanitation, and pregnant woman (CIA, 2014; Socialism and Democracy, 2011). Approximately 20% of the housing in Cuba is reported to be in fair or poor condition, and many homes were destroyed or severely damaged during Hurricane Sandy in 2012 (United Nations, 2012). A significant earthquake has most likely created a severe housing crisis, limiting proper shelter to a significant portion of the population. Clean drinking water and sanitation were already unavailable to almost 500,000 people living in urban settings, so cholera, bacterial diarrhea, hepatitis A, and typhoid are endemic (CDC, 2014; CIA, 2014). Finally, Cuba ranks 85th in the world for maternal mortality rate (CIA, 2014).
 - b. **Health care infrastructure:** Cuba has allocated significant time and resources to building its health care infrastructure, and at the present time, there are 248 hospitals throughout the region: 85 general hospitals, 35 clinical/surgical hospitals, and 25 pediatric hospitals (MEDICC, 2007). There are also 470 community clinics staffed by nurses and physicians that live in the neighborhoods they serve, and each clinic serves about 150 families (MEDICC, 2007). With approximately 77,000 physicians, more than 99% of the population has a primary care provider.
4. **Planning Assumptions**
- a. **Determinants:** Access to care determinants are minimized by the countries unique approach to primary care. However, the current collapse of Cuba's infrastructure may impair its ability to function. The Cuban Ministry of Public

Health has scientifically determined the country's most pertinent determinants of health to be addressed and the most likely to require assistance during this crisis: environmental factors, physical hazards, modifiable physical factors, and special groups such as children, women and older adults (Alvarez et al., 2010).

- b. **Disparities:** Cuba has already suffered in recent years due to the geopolitical situation causing a lack of basic and medical resources ranging from food to critical medications such as insulin (Barry, 2000). Malnutrition and rises in infection due to lack of soap are already well-known problems and can only be exacerbated by the current crisis (Barry, 2000). Therefore, increasing the availability of food, medicine and sanitation supplies are critical to any humanitarian effort. However, due to a lack of infrastructure, humanitarian assistance with MCDA support could help facilitate transport to watershed areas of the country to best minimize the degree of suffering. Cuba's "Community-Oriented Primary Care" (COPC) and Cuba's plethora of physicians would be valuable partners in humanitarian efforts (Evans, 2008).

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