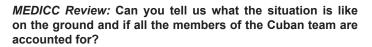
In Haiti, Cubans Among First Responders, Again: Luis Orlando Oliveros-Serrano MD Coordinator, Cuban Medical Team in Haiti

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Soaring summer temperatures, systematic urban and political violence, unreliable infrastructure—power outages, water shortages, sporadic transportation and interruption of other basic services—plus the illness, death and economic straits wrought by COVID-19, are what Haitians awake to every day. On the morning of August 14, 2021, they also woke to the earth in the throes of violent, lethal convulsions caused by a 7.2-magnitude earthquake, along the same fault line responsible for the devastating 2010 disaster and stronger still. As if this weren't enough, Tropical Storm Grace was bearing down on the nation, about to dump biblical amounts of rain on the heels of Tropical Storm Fred.

When the Haitian President was assassinated on July 7, Haiti still had not received a single dose of any COVID-19 vaccine—indeed, it was the last country in the Americas to receive vaccines. Later that month, 500,000 doses arrived in the country, donated by the United States via COVAX, the WHO-led initiative to assure at least some vaccines reached low- and middle-income countries. In Haiti, getting those vaccines into the arms of the population is beset by cold chain, distribution and bureaucratic problems, and compounded by widespread vaccine hesitancy; when the earthquake struck, only 14,074 of those doses had been administered.[1,2]

Suddenly there was a new, more urgent tragedy, the earthquake leaving thousands of dead, injured and displaced—perhaps hundreds of thousands once the real tally emerges. As in the 2010 quake, the doctors, nurses and technicians comprising Cuba's medical team in Haiti—a commitment Cuba has maintained with its Caribbean neighbor since 1998—were



Luis Orlando Oliveros: We have 253 professionals working here—the majority women—distributed throughout the country. Everyone is okay. The situation is very tense, especially in the southern region most affected by the earthquake [the epicenter was 5 miles from the town of Petit Trou in the Nippes department, 80 miles west of the capital, Eds.]. This was a very strong earthquake, causing the kind of widespread destruction—loss of human life, collapsed buildings, difficulty in accessing health services—that our team has seen with other natural disasters. It is a very difficult situation, made more so by the spread of COVID-19.

All of our health professionals staffing hospitals in the towns of Aquín, L'Asile and Jérémie, closest to the epicenter, are attending



among the first responders. The 2010 relief effort included an additional 1500 health professionals and specialists from Cuba's Henry Reeve Emergency Medical Contingent.

Just 24 hours after the August 14th quake, *MEDICC Review* spoke by phone with Dr Luis Orlando Oliveros-Serrano in Port-au-Prince, where he coordinates Cuba's medical team in Haiti. His disaster response experience had already taken him to Haiti twice before and to Pakistan, Bolivia and beyond.

the injured. Patients are being treated in triage areas set up outside, on hospital grounds.

MEDICC Review: Are you working with other organizations? Who is coordinating the relief effort?

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Luis Orlando Oliveros: Our medical team works with the Haitian Ministry of Public Health—all the services we provide and the actions we take are coordinated with them. We aren't an autono-

mous entity making decisions independently; we aren't free electrons roaming about. Rather, we work with the Ministry in an integrated way to help address health problems in the country—as we've been doing on a continual basis for 22, going on 23 years. In that respect, this post-earthquake scenario is no different.

Interview

We are not in this alone. A command center has been set up in the capital and we always do our best to collaborate with any other organization or entity to forge optimal solutions.



MEDICC Review: A number of Haitian doctors staffing the public health system received their degrees from Cuba's Latin American Medical School (ELAM). Are you working with them as well?

Luis Orlando Oliveros: Our medical team works with many of the Haitian ELAM graduates. They direct health centers and services where our professionals are posted and this requires close collaboration. We work shoulder-to-shoulder with them. We maintain a very good relationship and communication that we continually strengthen through regular meetings about new developments and health initiatives. Additionally, many of the Haitian graduates are pursuing their medical residencies with the Cuban team here.



MEDICC Review: After the 2010 earthquake, Cuba's Henry Reeve Emergency Medical Contingent was dispatched to Haiti for more than six months. Are there any veterans of that relief effort on the ground now?

Luis Orlando Oliveros: I was here in 2010, coordinating logistics for the Henry Reeve Contingent after the earthquake. Other members of the team currently serving in Haiti also have post-earthquake and epidemic experience.

MEDICC Review: The destruction wrought by an earthquake of this magnitude is staggering—unimaginable in the middle of a global pandemic. Can you describe the COVID-19 situation? Are there any special measures you're taking?

Luis Orlando Oliveros: Of course, we take all the standard precautions—wearing masks, distancing, frequent hand washing—to prevent infection because we can't afford to get sick: we need to stay healthy to continue providing free health services. Additionally, every member of our team is vaccinated against SARS-CoV-2, giving them a level of protection that allows them to continue working within the extraordinarily complex pandemic scenario that we're seeing around the world.

For over a year, we have been treating patients with COVID-19 in a hospital here in Port-au-Prince equipped for that purpose. In fact, there are Cuban health professionals working in public health services in all ten departments across the country, who have amassed 15 months' experience managing cases and contributing to the fight against the pandemic. It helps that we have excellent rapport and communication with the population we serve. We live and work in Haitian communities and live under the same pandemic parameters as the patients we see.

Right now, we are focused on mitigating the quake's damage to the people we serve as quickly as possible, above all in the southern part of the country, which we the hardest hit and where there is the most injury and suffering.

REFERENCES

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