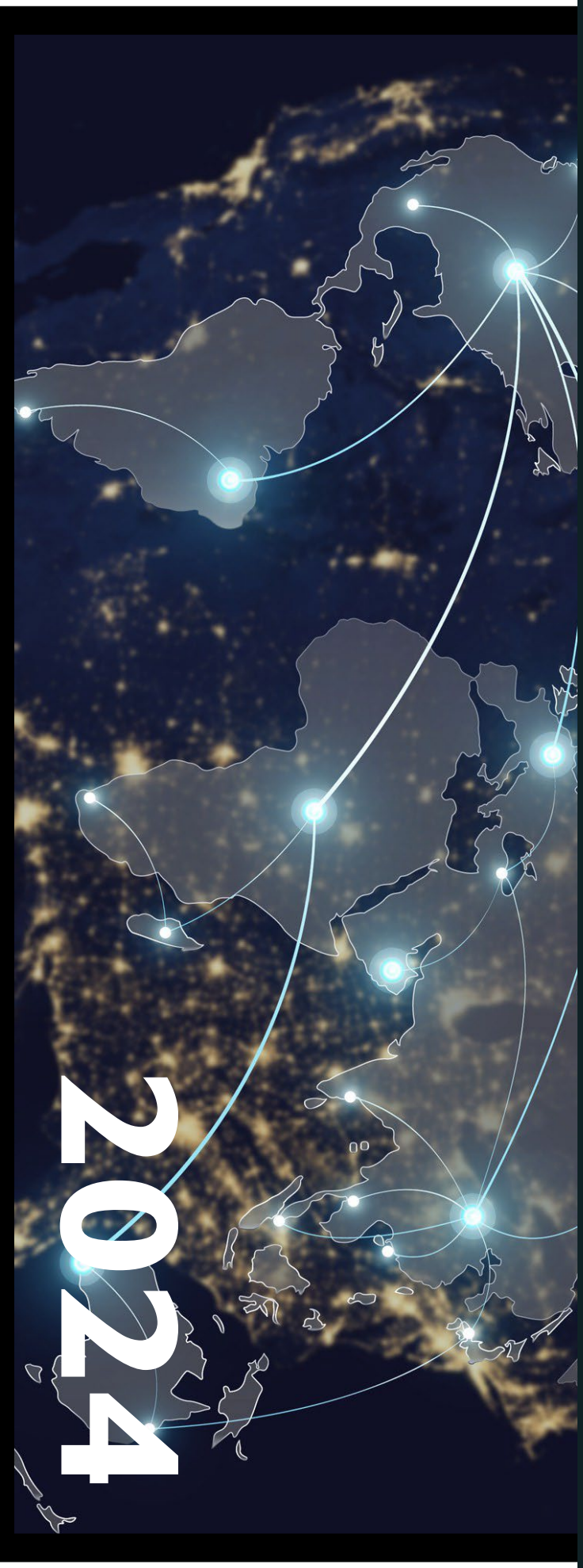

Bureau of Medical Services

Havana Syndrome

Final Disaster Plan

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April 12, 2024

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Preface

U.S. Embassy personnel, U.S. government officials, other members of U.S. Foreign Service, and their families who are stationed to serve abroad are vulnerable to risks from hazards related to the particular geographical location and unique environments of the host country. Without proper planning and mitigation efforts, these hazards, could potentially impact their health, well-being, productivity, and security. The nature of these risks, may be numerous and ever changing in scope. Therefore, this comprehensive Disaster Plan is designed to be an iterative process with regular reviews and adjustments, taking into account the complexities of emerging and past threats, the evaluation of their respective responses, and new available technologies.

A recent health crisis, affecting U.S. Embassies personnel worldwide and experienced initially in the U.S. Embassy in Havana, Cuba, has resulted in the development and implementation of the U.S. State Department's Health Incident Response Task Force (HIRTF). The aim of HIRTF is to determine the origin of the crisis, labeled as the Havana Syndrome based upon the site of origin where the health symptoms were experienced.[1]

In late 2017, multiple U.S. officials serving at the U.S. Embassy in Havana began experiencing a multitude of neurological symptoms including dizziness, headache, confusion, trouble with memory and sleeping, and ear pain. Resulting in personnel's return to the U.S. and ceasing embassy operations in Cuba. Subsequent cases were reported throughout the world, the largest number (about two dozen) in Vienna, Austria in 2021. Initial concerns about the origin of the symptoms, raised the possibility of use of sonic or microwave devices to elicit these symptoms, although the thorough investigation has not led to any definitive organic cause.[2]

This Disaster Plan, prepared by the Medical Office (MED) of the U.S. Department of State, includes steps for addressing threats such as the Havana Syndrome, hereinafter otherwise known as anomalous health incidents (AHIs), for personnel of the U.S. Embassy as well as other U.S. government officials abroad.

Signature Page

The undersigned officials reviewed and agreed to the implementation of this disaster plan.

X _____ _____

Anthony Blinken
U.S. Secretary of State

Date

X _____ _____

Dr. Richard Otto
Chief Medical Officer

Date

X _____ _____

Jonathan Moore
Coordinator HIRTF

Date

X _____ _____

William H. Moser
OBO Director

Date

X _____ _____

Dr. Harveen Bergquist
Director, Operational & Protective Medicine

Date

Mission of the Bureau of Medical Services (MED), U.S. Department of State

To promote and safeguard the health and well-being of America's diplomatic community and to facilitate the diplomatic efforts of the Department of State.[3]

Statement of Purpose

To provide a Disaster Plan for the Medical Office of the U.S. Department of State with steps for addressing threats of AHI for personnel of the U.S. Embassy and other members of the foreign service, and their families. This plan may be utilized by all Embassy personnel as well as personnel of other government entities which have personnel serving both domestically and abroad through Mutual Aid Agreements.
This plan will outline the steps which the Medical Office may take to include symptom surveillance, information gathering, educational outreach, physical exams, and inter organizational communication in order to identify future AHIs. These steps, will be coordinated with the HIRTF's protocol to include the following:

- Designate Medical Offices to perform screening of personnel at all posts
- Assign medical experts who may respond to possible AHIs
- Strengthen regular interagency communication to report on status of possible AHIs
- Administer educational opportunities for personnel about AHIs, screening and reporting opportunities
- Provide assurance to personnel that resources are marked for prevention and early recognition of AHIs[4]

Definitions

Anomalous Health Incidents (AHIs): Group of symptoms, sensory and auditory, first reported by State Department staff in Havana Cuba.

Bureau of Medical Services (MED): Provides healthcare to U.S. government employees and their families who are assigned to U.S. embassies and consulate around the world.

Designated Agency Safety and Health Official (DASHO): Chief medical officer for the State Department.

Directed energy weapons (DEWs): Defined as electromagnetic systems capable of converting chemical or electrical energy to radiated energy and focusing it on a target, resulting in physical damage that degrades, neutralizes, defeats, or destroys an adversarial capability.[5]

Havana Syndrome: See Anomalous Health Incidents above.

Health Incident Response Task force (HRITF): State Department's coordinating body for the response of anomalous health incidents.

High Power Microwave Weapons: Type of DEW producing microwaves with loner wavelengths than other DEWs.

Mass psychogenic Disorder: Rapid spread of illness signs and symptoms affecting

members of a cohesive group, originating from a nervous system disturbance involving excitation, loss or alteration of function, whereby physical complaints that are exhibited unconsciously have no corresponding organic etiology.[6]

U.S. Department of State Bureau of Medical Services (MED): Responsible for Promoting and safeguard the health and wellbeing of U.S. Diplomats.

The Havana Act of 2021: The Helping American Victims afflicted by Neurological Attacks Act of 2021, signed by President Biden in October 2021. The Act provides for the possibility of one-time, lump sum payments for those affected by Anomalous Health Incidents (AHIs).[7]

Authorities

***The Foreign Service Act of 1980, as amended, 22 U.S.C. 3901 et seq., particularly sections 901 (Travel, Leave, and Other Benefits) (22 U.S.C. 4081) and 904 (Health Care) (22 U.S.C. 4084) of the Act*:** This U.S. federal law dictates the different aspects of the United States Foreign Service, and delineates its responsibility of conducting diplomacy and representing U.S. interests abroad. **Section 901**, establishes the regulations for travel of foreign officers and employees. **Section 904**, addresses the provision of healthcare coverage for foreign services members and their families when abroad.[8]

***The State Department Basic Authorities Act of 1956, as amended, 22 U.S.C. sections 2651a et seq., particularly sections 1-4*:** This federal law provides the legal framework for the State Department operations, organizational structure, and defines key roles and responsibilities. It assigns responsibility to the chief medical officer for the worldwide medical program for the State Department and other participating Federal Agencies.[9]

The Occupational Safety and Health Act of 1970, as amended, 22 U.S.C. 651 et seq., particularly at 29 U.S.C. section 668, and implementing regulations at 29 CFR section 1960.6;11: Directs federal agencies to establish and maintain effective occupational safety and health programs for their employees, including training, hazard identification, risk assessment, control procedures, and accident investigation. The Chief medical officer serves as the designated Agency Safety and Health Official (DASHO), the Bureau of Overseas Buildings Operations Managing Director for Operations, and the Deputy Assistant Secretary for Operations, coordinate the State Department's Safety and Health Program on behalf of the Secretary of State.[10,11]

***The Privacy Act of 1974, as amended, 5 U.S.C. 552a*:** Applies to federal agencies, such as the Department of State. It regulates the collection, maintenance, use, and dissemination of personal information about individuals that is kept in the department's records.[12]

***The Freedom of Information Act of 1966, as amended (FOIA), 5 U.S.C. 552, and implementing regulations at 22 CFR Part 171*:** Provides any person with statutory right to obtain access to information from the executive branches of government. The 22 CFR provides procedures for requesting access to records from the Department of State, unless the records fall under an exemption.[13]

The Omnibus Diplomatic Security and Anti-Terrorism Act of 1986, as amended, 22 U.S.C. 4802, section 103: Directs the Secretary of State to develop and implement policies and programs to protect all civilian U.S. personnel on official duty abroad and their families; establish and operate security functions at all civilian U.S. missions abroad; establish and operate security functions at all State Department facilities in the United States; and protect foreign missions, international organizations, foreign officials, and other foreign persons in the United States.[14]

Communication Plans

Communication within the department, other U.S. agencies, and foreign liaisons is key to the implementation of this plan. The dissemination of accurate and timely information regarding health risks is crucial to keeping foreign service members and their families safe. Guided by the leadership of MED, DASHO are HRITF are responsible for coordinating, implementing, and distributing communications, both internal and external, regarding education, risks assessments, and findings related to AHIs.

Internal Communications
The DASHO designee at regional bureaus will be the appointed official in charge to disseminate messaging to employees abroad via these communication channels:

- Employees and their families assigned to overseas posts, will be provided with an in-person health hazards training session, including AHIs
- Town Halls with officers and staff family members with information on reporting protocols and how to respond to suspected AHIs
- Regular emails and memos with updates regarding risk and medical workflow to use during potential incidents
- Phone calls and text messaging, during periods of increased risk of AHIs and information on how to access immediate resources, including evacuation plans
- In-Person messaging with detailed instructions on next steps and accessing enhanced security

External Communications
Will be handled according the need of additional resources and can include partner agencies, such as the Department of Defense (DOD). Public communications will be disseminated through the office of the spokesperson for the Department of State.

- The DOD Regional Bureau Attaché: Acts as the conduit for information and requests between the State Department and the U.S. DOD, particularly in environments with security concerns associated with AHIs
- CDC's International Emergency Team Lead: Engages with State Department health officials on epidemiological investigation, analysis of symptoms, and patterns of potential AHIs
- HRITF will communicate directly with liaison hospitals and academic medical centers regarding reported cases for healthcare provision of evacuated staff on U.S. soil

Mutual Aid Agreements

The State Department has signed Memoranda of Understanding (MOUs) and Memoranda of Agreement (MOAs) with several agencies, according to the Omnibus Diplomatic Security Act.

U.S. Agency for International Development (USAID)

U.S. Agency for Global Media (USAGM)

Department of Defense (DOD)

Department of Commerce

Department of Navy

Peace Corps

Security of International Conferences

The Centers for Disease Control and Prevention

CONCEPT OF OPERATIONS

One of the first steps in disaster response is to assess the needs of the affected population served by the Disaster Plan. The needs will be assessed at baseline, through a Rapid Needs Assessment as part of a response to Anomalous Health Incidents (AHIs), and then serially as needed.[1] Surveys prepared by the Medical Office will be distributed to embassy/institutional staff, family members, and local hospitals to aid in assessing the needs of the affected population, evaluating symptoms, injury, special circumstances and needs. A specially designated team led by the Health Incident Response Task Force (HIRTF) under the structure of the Chief Medical Officer, will be assigned to conduct the assessments, analyze the needs of the affected population, the adequacy of resources to address these needs and the effectiveness of the response in meeting the needs.[1]

Assessing the Needs of the Population During an AHI

The majority of the population which is served by the Disaster Plan will be personnel hired by the U.S. government or institutions to work as embassy or institutional personnel, including support staff, as well as family members which accompany these personnel. This population will possess specific needs in response to an AHI based upon the following characteristics:[1]

- Previous experience or lack of experience having lived abroad
- Age
- Health status including presence of chronic disease, physical (mobility, independent living, cognitive, hearing, visual) or emotional/ behavioral disabilities
- Social status including presence of family members/dependents accompanying
- Adequacy of resources including shelter, financial, transportation, medications, Language(s) spoken
- Previous experience with disaster training
- Experience with having suffered from a previous AHI
- Risk of political conflict from regimes in country of location

Special consideration must be given to vulnerable populations with additional needs in response to an AHI based upon issues affecting health, mobility, independent living, and resiliency including the following:

- Elderly
- Infants and children
- Pregnant women
- Chronically or acutely ill persons, including patients in hospital or long-term care, individuals with physical or emotional/behavioral disability[15]
- People with disabilities and others with access and functional needs

Matching Available Resources to the Needs

Assessment of available medical resources
Medical resources, which includes human, partnerships, technological, logistical, financial, and equipment and supplies, will be assessed to determine the Medical Bureau's capacity to provide essential preventative medical care, routine surveillance, and respond to emergencies and disasters. These assessments will be conducted by the following offices:

- Director of Operational Medicine
- Office of the Executive Director:
    - Budget, general services, and human resources
- Deputy Chief Medical Officer of Clinical Programs
- Deputy Chief of Mental Health Services
- Office of Health and Safety

As a result of these assessments, any identified gaps will be further analyzed to understand their nature and extent. Once this process is completed, specific tasks to obtain such resources will be the responsibility of the offices and personnel listed above.[9,16]

I. **Assess Medical Bureau's clinical teams**
   a. Number, specialty, and role of medical providers and ancillary staff
   b. Validate provider licenses and certifications
   c. Assess, implement, and provide mandatory training compliance. Including guidelines and protocols for caring for staff members suspected of a RF attack, and transfer process to external facilities or evacuation process

II. **Assess external medical partnerships**
   a. Number of active participating partner providers, outpatient clinics and surgical centers, hospital, and health academic medical centers, and clinical laboratories at the host country
   b. Validate with host country ministry of health local providers licenses and certifications
   c. Provide training and routinely assess compliance with transfer protocols and treatment guidelines
   d. Provide training and drills for respond during emergencies
   e. Assess capacity to provide preventative, emergency, and ICU care during routine visits and surges

III. **Pharmaceutical stocks**
   a. Assessment of pharmaceutical inventory of medications for embassy use
   b. Medications for the treatment of known conditions of embassy staff and official
   c. Antibiotics and antivirals
   d. Lifesaving medications
   e. Intravenous fluids and infusions
   f. Equipment and supplies to deliver medications
   g. Personal protective equipment (PPE)

IV. **Pharmaceutical stocks inventory at the regional level** (countries where U.S. military bases exists) for rapid deployment
   a. Assess deployment times and arrivals based on location and under special circumstances:

        - Severe weather conditions
        - Local conflict and crisis
        - Staff safety

V. Human resources capabilities

Daily staff census updated every 24 hours during normal operating times and minimum every 12 hours or more frequently during disasters or crises. Must include the following information:

a. Number and roles of staff who reported to work (in-person or remotely)
b. Number and roles of staff out due illness or approved time off
c. List of staff whose primary role has been repositioned to assist during disasters or crises
d. Number and role of staff in transit or who are in-between posts
e. Weekly updates of number of open positions
f. Staff will be trained into crafting contingency plans for themselves and their families
g. **Redirect of Non-essential Staff Activities:** Embassy staff that support consular functions and others (automatically canceled during a crisis), will be redirected to conduct non-clinical functions. This can include: Contact tracing, providing information to employees affected by AHIs, filling out medical forms, and preparing other necessary forms in case of evacuations, as well as keeping track of those transferred to local hospitals.

VI. Surveillance Capacity

One of the main functions of the State department's medical bureau is to monitor emerging pathogens that can increase vulnerability of embassy staff and officials. This is a task that requires assistance from the local ministry of health, the CDC, and WHO when necessary. Mutual aid agreement with these institutions as well as with local academic medical centers are key for conducting surveillance.

a. Develop and implement a protocol for local ministry of health and/or local academic medical centers to notify chief of medical bureau of emerging pathogens
b. Develop and implement notification protocols by the CDC and WHO to chief of medical bureau
c. Develop and implement internal workflow, according to organizational structure of individual embassies, for notification to staff and officials of emerging pathogens
d. Conduct mandatory training on pathogen prevention, treatment, and medical assistance guidelines and protocols

VII. Regional medical assistance

The medical bureau has limited resources that are defined by mutual aid agreements made with host nations. Therefore, regional medical assistance would be activated to provide additional resources when there is risk of overwhelming local capacity or when the medical condition of a staff, requires a higher level of care or transfer back to the U.S. mainland for further treatment.

VIII. Evacuation assistance

Expert medical assessment and specialized higher level of care-can be exercised during moments in which attacks occur during crisis or disasters affecting the host country. As well as during high number of attacks or cases in which regional service will be more adequate to care for those affected.

Evaluating the Effectiveness of the Disaster Response

An After-Action Report (AAR) format will be utilized at the end of any disaster response.[17] The aim is to evaluate the extent to which actions taken before, during, and after the response matched the needs of the affected embassy staff, officials, and their families, including those the plan identified as vulnerable. The Chief Medical Officer represented by the HIRTF, will be responsible for performing a needs assessment process evaluation. This needs assessment will inform the timeliness of the response as well as the extent to which the needs of affected staff, officials, and their families were considered and met. The following are guidelines that must be followed during the evaluation process.

I. Introduction

a. Purpose of Evaluating Disaster Response Effectiveness
b. Disaster plan background

II. Resource Matching Evaluation of the Following Areas

a. Matching identified population needs with resources
b. Extent to which resources were procured and made available
c. Overall capacity of medical teams and external partnerships
d. Surveillance capacity continuity
e. Availability of pharmaceutical products, equipment, and supplies
f. Deployment of regional assistance during a crisis
g. Effectiveness and agility of the evacuation process

III. Evaluation Criteria

a. Acknowledging urgency and resource limits in disaster response activities
b. Constant evaluation to alter response for better population needs fulfillment

IV. Intervention Measures

a. Importance of building ways to measure effective intervention into the intervention itself

VI. Effectiveness of Evaluation Report

a. Identification and acknowledgement of successes, shortfalls, and areas for improvement through the administration of surveys and debriefing processes
b. Making changes to the plan to improve the process for the next emergency

VII. Conclusion

a. Future implications of Evaluating the Effectiveness of Disaster Response in Public Health
b. Report with recommendations with identified areas for continuous improvement

Annexes

Annex 1: Threat and Hazards Identification Risk Assessment (THIRA)

Natural	Technological	Human-caused
Resulting from acts of nature	**Involves accidents or the failures of systems and structures**	**Caused by the intentional actions of an adversary**
Hurricanes: Cuba's geographical location in the Caribbean makes the island susceptible to hurricanes, tropical storms, floods, and drought.[18] Between the years of 2001 and 2017, Cuba experienced 20 hurricanes with 11 of those classified as category 3, 4, or 5. [18]These hurricanes caused more than $US30 billion in damages. [18]During the same time, 10 tropical storms hit the island with some of them, causing significant flooding. On September of 2017, hurricane Irma made landfall in Cuba as a category 5.[19] The impact of this powerful storm was felt on the entire island, causing major flooding in the capital city of Havana.[20] There were 10 reported deaths and over 1.8 million people evacuated. [18] **Earthquakes:** Cuba is susceptible to seismic activity, particularly on the southeast region of the island. [18]Numerous and powerful earthquakes have been reported during the 1900s. With the most recent, reported on January 28, 2020. The magnitude 7.7 (Richter scale) earthquake had an epicenter between Cuba and Jamaica and was felt on nearby islands. [21]In addition, it triggered tsunami warnings in Mexico, Honduras, The Cayman Islands, Belize, and Jamaica. As well as prompted building evacuations in Miami, Florida. [21] 85% of Cuba's aging infrastructure is in need of repairs.[22] Therefore, any major earthquake can cause severe damage and morbidity and mortality on the population.	**Power outages:** Are common as a result of aging infrastructure and lack of financial investments which are tied to Cuba's governance, climate change, and dependence on international oil to power 90% of its electricity.[23,24] This makes the fragile electrical infrastructure susceptible to damages and disruptions during storms.[24] Disrupting the production of consumables and handicapping the socio-economic fabric. **Road accidents:** Are the leading cause of death of people between ages 1-49, affecting men 3.5 per female. [25]The province of Granma, which is the 4th largest in the country, ranks as number 1 for fatal road accidents. Stricter laws requiring seatbelts and helmets, have slowly decreased fatalities. [25]However, since the year 2009, road accidents started to trend-up again. [25]This is an issue with repercussions at many levels of society since young men are often the breadwinners in their families. **Chemical & industrial spills:** Cuba has experienced devastating chemical spills. Matanzas is home to Cuba's industrial companies and largest port for crude oil, providing 90% of the country's electricity.[18,19] In addition, the city of Matanzas is a highly populated area-making it vulnerable to accidents and disasters in the area.[26] In 1990, an accidental release from a chemical plant, dispersed 4 tons of ammonia into the city of Matanzas. The ammonia vapor cloud caused 6 deaths and intoxicated 400 people. [18,27]	**Human rights violations:** The Cuban government controls the media and access to outside information.[28] People who act outside of these restrictive rules, question the government, or protest in any way are subject to arrest and political prosecution-which can lead to additional human rights issues. [28]Reports on lack of free speech in Cuba are well-known. Most recently, in July of 2021, the socio-economic stress experienced by the Cuban population and exacerbated by Hurricane Ian, triggered major protests not seen in many decades on the island. [28,29]This resulted in the arbitrary detention and imprisonment of over 1,000 peaceful protesters and bystanders. [28] The lack of population empowerment has a negative impact on disaster risk reduction.[30] Therefore, human rights violations play a big role on the ability of a population to engage in their country's disaster risk reduction.[30] **Food shortages:** Represent an on-going issue in Cuba which can have impact in the health and well-being of the population-making it less resilient to the effects of disease, climate change, and other natural and technological hazards. Furthermore, food insecurity has been linked as a precursor of conflict and violence and a sure threat to a country's security and stability.[31] In Cuba, it has led to mass exodus of their labor-aged population.[32] This issue has deep implications on productivity and increase the costs of basic goods.[22]

	In August of 2022, a failure at an oil terminal at the port of Matanzas led to the explosion and fire of 3 crude oil tankers.[26] The massive fire darkened the skies and was visible from miles away in Havana, triggering the shutdown of a nuclear power plant located within a mile of the fire due to low water pressure. [26] This disaster had significant repercussions on the Cuban population: Power outages, gas scarcity, impacting broad areas of life from transportation to household cooking.[26]	The Cuban government provides a monthly food ration at a low cost, which includes some basic goods, such as milk. [32]For example, the monthly milk allowance is one kilo of powdered milk per person. But it's not enough to meet the nutritional needs of the population. [32]The country relies on 70% of food imports to meet ration capabilities.[32] But they are subject to upredictability.[32] As issues related to the Cuban government, effects of the U.S. policies, supply chain instability caused by the Covid-19 pandemic, and the Russia war on Ukraine, play a role on the arrival of these imports.[32,33]

Annex 2: Training and Drills

Training Seminar: Anomalous Health Incidents (AHIs) Assessment and Reporting	
Objectives	• Educate on the risks and available resources dedicated to surveillance of AHIs as well as to available medical care • Encourage communication between personnel, their families, and their local/regional Medical Office • Simulate communication of an AHI event and procedures to follow for suspected and/or confirmed cases
Estimated Length of Training	2.5 hours per year
Target Audience and size	Department of State foreign service members: Embassy personnel and officials and their families, including foreign service members who report to other U.S. institutions. Size of audience varies according to location. Therefore, it's suggested training be completed in small groups to encourage participation with topics and provide ample time for simulation.
Training Facilitator	Medical Office Deputy and medical ancillary staff when in U.S. soil. Training overseas will be facilitated by the Medical Office Deputy or designee at the designated U.S. Embassy.
Participant's competencies to be developed through this training	• Increase knowledge about AHIs, associated symptoms, and treatment • Identify risks for AHIs • Understand reporting mechanisms and workflows for accessing medical care and safety, including evacuation • Feel educated, empowered, and reassured • Have the necessary skills to carry out the agency's disaster plan
Strategies to increase community uptake of your mitigation	• Host information sessions and open discussion forums for personnel and their families • Prepare pamphlets and routinely update website page with easily accessible FAQs and general AHI information • Provide a downloadable list of local and regional resources and contacts • Establish a dedicated phone line and online forms for reporting of AHI's related symptoms

Annex 3: Short Term Recovery

Table for Emergency Operations Plan Annex 3, Short-Term Strategies Anomalous Health Incidents (AHIs)		
Necesitties	**Possible Resources**	**Distribution Strategies**
Water	• Partnering with local water purification companies to provide safe drinking water, utilizing water tankers for delivery, and distributing water purification filters • Water purification tablets will be provided to every foreign service personnel and their families	• Setting up designated distribution centers in community centers, schools, or other accessible locations could provide a centralized location for residents to collect their water supply. • Utilizing mobile water tankers to reach remote or isolated areas that may not have access to these distribution centers would also be crucial in ensuring equitable access to water for all affected individuals. • Provide educational materials on water purification techniques for those who may need to purify water from alternative sources
Food	• Government aid programs • Non-profit organizations • Donations from local businesses and community members • Specific resources could include pre-packaged meals, canned goods, dry goods, baby formula, baby and toddler food, high caloric meals to match individual nutritional needs, and ready-to-eat snacks • Provision of Meal Ready-to-Eat (MRE)	• The local U.S. Embassy will act as a food storage center to be used solely during emergencies • Food distribution will made at the embassy or delivered depending on the severity of the event • Establish distribution centers in accessible locations throughout the affected area to ensure easy access for all foreign service members and their families • Collaborate with local food banks, restaurants, and grocery stores to provide a variety of food options • Provide pre-loaded credit card/ATM for food purchasing or distribution lists to ensure fair and equitable distribution of food resources • Stock MREs at U.S. Embassies ready for rapid distribution to foreign service members
Housing	• Pre-arranged hotel rooms and secured rental locations for suspected AHI attacks at foreign service personnel's residences • Emergency shelters set up by U.S. government agencies • Temporary housing provided by non-profit organizations, and coordination with hotels or other lodging facilities for displaced individuals.	• Execute contracts with hotels and housing rental companies and assign personnel to these locations as needed • Establish temporary shelter locations equipped with basic amenities such as bedding, toiletries, and heating/cooling options • Coordinate with local housing authorities to identify available rental properties for displaced individuals and families

		• Implement a system for registering individuals in need of housing assistance and prioritize vulnerable populations such as families with young children, elderly individuals, and individuals with disabilities.
Medical Care	• Provide physicians and nurses home visits, telemedicine services, healthcare providers volunteering their services, and collaboration with local hospitals, clinics, and academic medical centers • Transport personnel/patient to hospitals and higher level of care via pre-arrange ambulance services • Provision of medicines to treat symptoms caused/exacerbated by AHI's, including for vertigo (Meclizine); pain (Tylenol/Ibuprofen); lung disease (inhalers); allergy (antihistamines); diabetes (insulin); nausea (antiemetics) with sufficient supply to treat the entire foreign service community for 1 month; provision of 1-2 months' supply of medicines for those with chronic conditions; provision of medical equipment needed to treat acute/chronic disease including bandages, slings, topical antibiotics, thermometers, glucometers, sphygmomanometers, otoscopes, ophthalmoscopes • Provision of mental health professionals, crisis hotlines, support groups and community centers offering counseling services	• Set up physician and medical services in strategic locations to provide basic healthcare services to the affected foreign service members • Coordinate with local healthcare facilities to ensure access to more specialized medical care as needed • Organize transportation services to ensure individuals in need of medical care can access the necessary facilities • Coordinate with healthcare providers to offer telemedicine services for individuals who may not be able to access in-person care • Medications packs and medical equipment, including user instructions, will be provided to foreign service personnel upon arrival to assigned post • Coordinate with local healthcare providers, hospitals and pharmacies to stock 2 months' supply of these medicines • Set up counseling centers in accessible locations within the community for individuals to seek emotional support and guidance • Provide information on available counseling services through community outreach programs, social media, and local news outlets • Implement peer support programs where trained volunteers can provide emotional support and assistance to those in need
Security	• Activation of U.S. Embassy's security personnel and other local officials working for the State Department overseas. • Deployment of law enforcement personnel, coordination with military forces, community watch programs, and security personnel from private companies.	• Embassy Security personnel will assess needs for protection and provide protection to foreign service staff according to the assessed risks • Increase police presence in affected areas to deter looting and other criminal activities • Establish checkpoints at entry and exit points to monitor and control access to the area • Collaborate with community leaders to organize neighborhood watch groups to enhance local security surveillance

References

1. U.S. Department of State. Health Incident Task Force. Published 2018. Accessed February 19, 2024. https://www.state.gov/health-incident-response-task-force/
2. Harris S, Hudson J. 'Havana syndrome' not caused by energy weapon or foreign adversary, intelligence review finds. *The Washington Post*. https://www.washingtonpost.com/national-security/2023/03/01/havana-syndrome-intelligence-report-weapon/. Published March 1, 2023. Accessed February 19, 2024.
3. U.S. Department of State. Bureau of Medical Services: Our Mission. Published 2024. Accessed February 19, 2024. https://www.state.gov/bureaus-offices/under-secretary-for-management/bureau-of-medical-services/
4. Office of the Spokesperson, U.S. Department of State. Anomalous Health Incidents and the Health Incident Response Task Force. Fact Sheet. Published November 5, 2021. Accessed February 19, 2024. https://www.state.gov/anomalous-health-incidents-and-the-health-incident-response-task-force/
5. Office of Naval Research Science & Technology. DIRECTED ENERGY WEAPONS: HIGH POWER MICROWAVES. Accessed February 19, 2024. https://www.nre.navy.mil/organization/departments/aviation-force-projection-and-integrated-defense/aerospace-science-research-351/directed-energy-weapons-high-power-microwaves
6. Weir E. Mass sociogenic illness. *Can Med Assoc J*. 2005;172(1):36-36. doi:10.1503/cmaj.045027
7. Senator Collins SM. *HAVANA Act of 2021*. 117th U.S. Congress; 2021. Accessed February 19, 2024. https://www.congress.gov/bill/117th-congress/senate-bill/1828
8. Rep. Fashell DB. *Foreign Service Act of 1980*. 96th U.S. Congress; 1980. Accessed February 19, 2024. https://www.congress.gov/bill/96th-congress/house-bill/6790
9. U.S. Department of State. Medical Program Administration and Responsibilities. *Foreign Affairs Manual*. 2024;15. Accessed February 19, 2024. https://fam.state.gov/fam/15fam/15fam0920.html#M921
10. Occupational Safety and Health Administration. OSHA Act of 1970. Published January 1, 2004. Accessed February 19, 2024. https://www.osha.gov/laws-regs/oshact/completeoshact
11. U.S. Department of State. Bureau of Medical Services (MED). *Foreign Affairs Manual.* 2024;1. Accessed February 19, 2024. https://fam.state.gov/FAM/01FAM/01FAM0360.html
12. Office of Privacy and Civil Liberties. U.S. Department of Justice. Privacy Act of 1974. Published October 4, 2022. Accessed February 19, 2024. https://www.justice.gov/opcl/privacy-act-1974
13. National Archives. Tittle 22. *Code Fed Regul*. Published online February 15, 2024. Accessed February 19, 2024. https://www.ecfr.gov/current/title-22/chapter-I/subchapter-R/part-171
14. Rep. Mica DA. *Omnibus Diplomatic Security and Antiterrorism Act of 1986*. 99th U.S. Congress; 1986. Accessed February 19, 2024. https://www.congress.gov/bill/99th-congress/house-bill/4151
15. Linda Young Landesman, Gershon RR, Gebbie EN, Merdjanoff AA. *Landesman's Public Health Management of Disasters: The Practice Guide.* 5th Edition. American Public Health Association; 2021.
16. U.S. Department of State. Bureau of Medical Services (MED). *Foreign Affairs Manual.* 2024;1. Accessed February 19, 2024. https://fam.state.gov/FAM/01FAM/01FAM0360.html
17. UCLA Center for Public Health and Disasters, Centers for Disease Control and Prevention. *Witting a Disaster Plan: A Guide for Health Departments*.; 2005. Accessed October 24, 2023. https://stacks.cdc.gov/view/cdc/25828
18. Mesa Ridel G, González García J, Reyes Fernández MC, Cintra Cala D, Ferreiro Rodríguez Y, Betancourt Lavastida JE. El sector de la salud frente a los desastres y el cambio climático en Cuba. *Revista Panamericana de Salud Pública*. Published online 2018:1-9. doi:10.26633/RPSP.2018.24
19. Cangialosi JP, Latto AS, Berg R. *Tropical Cyclone Report (30 of August-12 September, 2017): Hurricane Irma*.; 2021. Accessed February 3, 2024. National Hurricane Center; Tropical Cyclone Report (30 of August-12 September, 2017)

20. Care. Hurricane Irma in Cuba" “Virtually the entire island impacted.” Published September 11, 2017. Accessed January 28, 2024. https://www.care.org/news-and-stories/press-releases/hurricane-irma-in-cuba-virtually-the-entire-island-impacted/
21. CNBC. 7.7 magnitude earthquake strikes between Cuba and Jamaica. Published January 28, 2020. Accessed January 28, 2024. https://www.cnbc.com/2020/01/28/powerful-m7point7-earthquake-strikes-between-cuba-and-jamaica.html
22. Pujol J. *Economic Challenges Facing the Cuban Authorities*.; 2008. Accessed February 3, 2024. https://www.ascecubadatabase.org/wp-content/uploads/2014/09/v18-pujol.pdf
23. Pinon J, Torres R. *The National Electric Grid and the Future of the Cuban Economy*.; 2022. Accessed January 29, 2024. https://horizontecubano.law.columbia.edu/news/national-electric-grid-and-future-cuban-economy
24. The Associated Press. Cuban remains in the dark after hurricane knocks down power grid. NPR. Published September 28, 2022. Accessed January 28, 2024. https://www.npr.org/2022/09/27/1125290464/hurricane-ian-cuba-florida-tampa-st-petersburg
25. Centro Provincial de Información de Ciencias Médicas (Cuba) AA, Collejo Rosabal Y, Mojena Reyes DM. *Medisan.* Vol 17. Centro Provincial de Información de Ciencias Médicas; 2013. Accessed February 3, 2024. http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1029-30192013000400003&lng=es&nrm=iso&tlng=es
26. Frank M, Acosta N. Fire rages at Cuba oil terminal; third tank collapses after a spill-governor. Reuters. Published August 28, 2022. Accessed January 30, 2024. https://www.reuters.com/world/americas/third-oil-storage-tank-collapses-cuba-terminal-following-fire-spill-governor-2022-08-08/
27. Orozco JL, Van Caneghem J, Hens L, et al. Assessment of an ammonia incident in the industrial area of Matanzas. *J Clean Prod*. 2019;222:934-941. doi:10.1016/j.jclepro.2019.03.024
28. Human Rights Watch. *World Report: Cuba Events of 2021*.; 2022. Accessed February 3, 2024. https://www.hrw.org/world-report/2022/country-chapters/cuba#981f12
29. Amnesty International. Cuba 2022. Published 2022. Accessed February 3, 2024. https://www.amnesty.org/en/location/americas/central-america-and-the-caribbean/cuba/report-cuba/
30. da Costa K, Pospieszna P. The Relationship between Human Rights and Disaster Risk Reduction Revisited: Bringing the Legal Perspective into the Discussion. *Journal of International Humanitarian Legal Studies*. 2015;6(1):64-86. doi:10.1163/18781527-00601005
31. Sova C, Zembilci E. Dangerously Hungry: The Link Between Food Insecurity and Conflict. Center for Strategic and International Studies. Published April 21, 2023. Accessed February 3, 2024. https://www.csis.org/analysis/dangerously-hungry-link-between-food-insecurity-and-conflict
32. Sheridan MB, Voisin SL. In Cuba, a frantic search for milk. *The Washington Post*. https://www.washingtonpost.com/world/interactive/2022/cuba-economy-milk-shortage/. Published May 21, 2022. Accessed February 3, 2024.
33. Tharoor I. The war in Ukraine unsettles countries all around the world. *The Washington Post*. https://www.washingtonpost.com/world/2022/04/15/ukraine-unsettles-global-economy-inflation-shortages/. Published April 15, 2022. Accessed February 3, 2024.