

# University of Miami Disaster Relief in Ecuador

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# Status of the affected area

- Airports: International-Guayaquil and Quito. Local-Bahia and Manta.
- Roads: Damaged but manageable.
- Power: Major cities all have power but smaller towns do not.
- Water: According to the government at 75%. However, no potable water in small towns.
- Police: Massive police and military deployment.
- Hotels for volunteers: Very limited.
- Food: Scarce.

# Housing in areas reached by aid workers



Approximately 26,000 are living in shelters  
Mostly people who lost everything or were evacuated



# Housing in areas not reached by aid workers



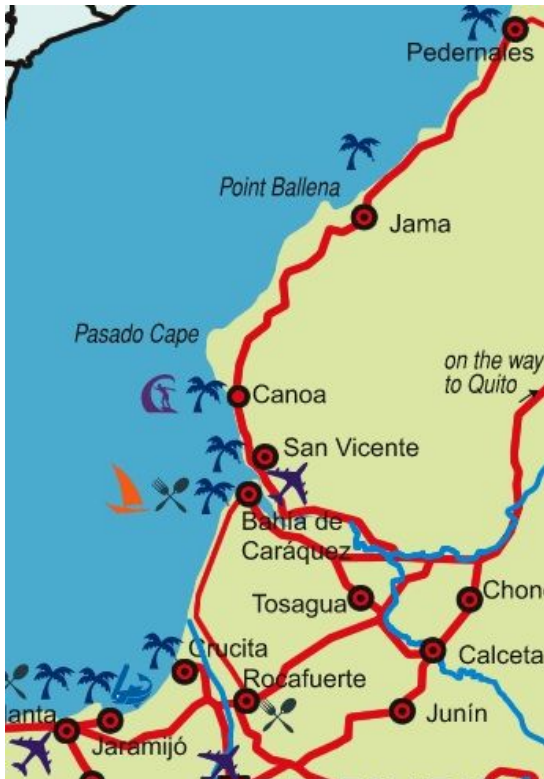
El Matal (near JAMA): 100 families living in makeshift tents who do not want to leave

# Manabi's existing healthcare infrastructure

- Manta:
  - Social security hospital destroyed
  - MOH hospital partially functional
  - Social security contracts with the only private clinic working (this clinic needs ventilators). ICU filled to capacity.
- Portoviejo: Mobile hospital operational. One orthopedic told us they had done 75 surgeries and 25 were pending. Cases are mostly complications of the initial surgery. Social security hospital: 50% operational.
- Bahia: Hospital collapsed. Private clinic partially operational.
- Chone: Samaritan's Purse mobile hospital (EMT level 2) advertising for patients and not at capacity.
- Pedernales: No hospitals operational only government mobile hospital.
- Health subcenters: 90% operational in all cities according to PAHO but I visited 2 centers all had physicians but no meds.
- Referral centers: Portoviejo, Guayaquil and Quito.

# Where was our base camp?

- <https://www.facebook.com/PatricioTamariz/posts/10209753355179845>





# Where else did we go?





# What cases did we see?

- Number of patients: Approximately 500 patients.
- Most common chief complaints:
  - I don't have any medicine
  - I have a cold or difficulty breathing(children)
  - I have diabetes and hypertension
  - Chicungunya and zika symptoms (several teenage pregnancies with recent febrile symptoms)
  - Rashes and wound infections.
  - High prevalence of disabled patients.
  - Mental health.
  - No tetanus toxoid given.

# Urgent needs

- Public health: Vector control, housing, water, sewage management.
- Health care: Chronic disease management capability in each community (patients will not leave their community), basic laboratory, tropical disease laboratory and epidemiological surveillance.
- Medications: Chronic disease meds, pediatric cold meds, inhalers, pain meds, creams.
- Physician workforce: Mental health, pediatrics, internal medicine, orthopedics, community health workers, OB/GYN.