

**Testimony of Catherine B. Kennedy, RN
On Behalf of National Nurses United Before the
House Energy and Commerce Committee
Subcommittee on Energy
November 2, 2017**

SUMMARY

- National Nurses United (NNU), with the Registered Nurse Response Network (RNRN), sent 50 registered nurses (RNs) to Puerto Rico to assist with Hurricane Maria disaster relief from October 4 to October 18, coordinating with a 300-union member relief delegation of the AFL-CIO.
- RN volunteers observed that, without access to power, basic medical services were down in many areas of Puerto Rico and not fully functioning in most others. An acute public health crisis has developed, including lack of refrigeration for medicine, exacerbation of respiratory illnesses, limited to no access to money or insurance for prescriptions, spread of dangerous waterborne bacterial disease, and failing generators in hospitals.
- Without power, people have had trouble accessing food and clean running water even if supplies are available because water treatment plants are not fully functioning and many electronic banking systems are inoperable.
- Lack of power created barriers for Puerto Ricans seeking FEMA aid and aid applications because aid applications and FEMA announcements rely on text, email, and web-based communications.
- RNs witnessed first-hand the dire conditions for Puerto Rican residents and the insufficient response from federal relief agencies in this disaster.
- NNU urges Congress to take the following actions immediately to prevent further erosion of public health conditions in Puerto Rico and to put the island back on a path to recovery.

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Chairman Upton, Ranking Member Rush, and other Members of the Subcommittee, good morning and thank you for inviting National Nurses United (NNU) to provide testimony on Hurricane Maria disaster relief in Puerto Rico. My name is Catherine Kennedy, of Roseville, CA. I have been a registered nurse (RN) for 37 years, and I am one of the Vice Presidents of NNU, the largest union representing RNs in the United States. NNU currently has over 150,000 members who work as bedside healthcare professionals in every state in the nation. I submit this testimony on Hurricane Maria disaster response efforts today on NNU's behalf.

On October 18, I returned from a two-week volunteer deployment with NNU's Registered Nurse Response Network (or as we call it RNRN) to Puerto Rico to assist with Hurricane Maria disaster relief. RNRN is a national network of direct-care RNs that coordinates sending volunteer RNs to disaster stricken areas where and when they are needed most. RNRN is a project of the California Nurses Foundation, which is a 501(c)(3) non-profit organization, affiliated with National Nurses United. RNRN first deployed nurses after the South East Asian Tsunami in 2004, and again in 2005 when Katrina and Rita — two of the most destructive hurricanes in history — dramatically exposed America's flawed disaster relief system. RNRN has since responded to other disasters, including the earthquake in Haiti in 2010, super storm

Sandy in 2012 and Typhoon Haiyan in 2013, in addition to other humanitarian missions and ongoing first aid support.

Shortly after Hurricane Maria made landfall in Puerto Rico on September 20, 2017, a large delegation of 50 volunteer nurses deployed with RNRN to Puerto Rico as part of a 300-person delegation of skilled union members organized by the AFL-CIO. The deployment took place from October 4 to October 18 – I returned to the mainland exactly two weeks ago.

NNU nurses, especially those of us who were on the ground in Puerto Rico, very much appreciate your holding this hearing and providing us the opportunity to share with you the perilous public health crisis that we have witnessed. I would like to tell you about the realities we witnessed and outline for you the many ways in which the lack of electricity and energy is endangering people's lives and leading to preventable death and illness.

NNU's full report on the conditions in Puerto Rico that RNRN volunteers observed are attached to this testimony.

The RNRN and AFL-CIO Disaster Relief Deployment to Puerto Rico and FEMA Response

After arriving in Puerto Rico, I helped to organize nurses into teams to provide skilled nursing care and assess the public health of communities they visited. We evaluated many different factors including access to food, water, and healthcare, basic living conditions, and medical needs. In many of the communities we visited outside of San Juan, we were the first relief workers that communities had seen. As a result, our nurses were at times the first people to clear roads in order to reach rural communities, or to purchase and deliver food for people who had not yet been assisted by FEMA or other agencies.

I took the role as the lead RN for the AFL-CIO deployment's healthcare teams. I was responsible for overseeing which municipalities the teams were visiting. With a map of the island, we tracked the health assessment of each community we visited. What we saw time and time again was that the lack of electricity and the lack of energy sources exacerbated the disaster or created new ones.

The reality of this situation hit home for me, when in the first days of our deployment, I visited homes in Cupey, a neighborhood in San Juan, with an industrial hygienist. We were assessing the living conditions, especially as they related to safe drinking water. Normally, the first thing you would advise someone to do when water is unsafe to drink is to boil their water. I asked the residents we were visiting if they had electricity or gas to boil their water – all of them said no.

The Public Health Impact Resulting From Lack of Power

Without access to power, basic medical services are down in many areas and not fully functioning in most others. An acute public health crisis has developed.

Without electricity, people with chronic illnesses cannot refrigerate their medications. For example, a group of our nurses travelled to Loiza and worked with elderly residents who depended on insulin. The residents had put their insulin in bowls of tepid water, to try to keep this life-saving medicine cool enough to use. The fact is that without refrigeration, people with diabetes, hypertension, and other illnesses are at risk of severe illness and death.

Patients who require the use of breathing treatments for respiratory illnesses were unable to use their medications because many of the drug delivery devices need electricity. People with asthma who rely on Nebulizers have been unable to perform necessary breathing treatments.

Without power, pharmacies cannot refrigerate their medications nor can they access their computer systems which store prescription orders for refills. Patients have been left scrambling to find doctors to write new prescriptions for their medications, so that the pharmacy can process it. Yet, many doctor's offices are closed. As of October 18 when I left, there were clinics and pharmacies in rural areas that remained closed, partly because the grid was still down and accessing reliable generators and fuel is nearly impossible.

Without their computer and online systems, pharmacies cannot access insurance information for patients. As a result, many are asking patients to pay the full cost of medication. Most people do not have the cash to pay for prescriptions, and even if they have money in the bank, they cannot access that cash because many ATMs and the electronic banking system are also down. The ATMs that are working have long lines, with people waiting hours to withdraw money, if they have access to a vehicle and gas in order to make the trip to one that is working.

When we first arrived, two weeks after the hurricane hit, hospitals were still not able to run at full capacity, and had to operate under dangerous circumstances. My understanding is that most hospitals are now up and running with generators, but they cannot depend on generators in the long term. Generators are perpetually failing and fuel is hard to access. Running on gas, generators throughout the community create their own health problems, exacerbating respirator distress caused by black mold and posing carbon monoxide risks.

Perhaps most important in the short term, is that when a hospital relies solely on a generator, there are certain procedures that cannot be performed because of the amount of energy they use. We experienced this first hand during our deployment when two of the nurse volunteers needed to be hospitalized. I was able to observe the situation in multiple San Juan hospitals, as we tried to find the best care available for our volunteers. One of the nurses needed an MRI, and

the doctor informed us that they could not do the MRI because the hospital was relying only on a generator.

As long as hospitals are relying solely on generators, patients will be denied the full care that they need.

Finally, during the time I was there, as many of you may have heard through media reports, the USNS Comfort was just off the shore of Puerto Rico, but most of its 250 beds were unused weeks after the Hurricane hit, even though its services were badly needed. Without electricity, communication was constrained throughout the island, and so many clinicians were unaware that the Comfort was close by. Or, if they were aware, they did not know how to transfer their patients to the ship. Having served on the USNS Comfort previously, I know that its services would have greatly helped the people of Puerto Rico in the first weeks after the disaster, if only we could have transferred patients to the ship.

Lack of Access to Food and Water

We immediately saw that because of the power outage, people could not access food and water even if supplies were available. Without reliable power, the electronic banking system was initially inoperable and much of it is still not up and running. This makes the simple act of purchasing food and water – when there is some available – nearly impossible. Stores cannot take credit cards, and ATMs do not work. Bank services that under normal circumstances take minutes, now can take hours to complete in Puerto Rico. If someone did have cash when the hurricane first hit, that money quickly ran out.

Without electricity or energy, Puerto Ricans are unable to refrigerate and cook their food. Without ready access to fresh food, they must rely on canned and processed foods, which are

often high in sodium. This can be incredibly dangerous for the many people with chronic health concerns. As I think many of you know, most people have not had access to food, especially in rural communities. As long as there is no power in Puerto Rico, people will continue to be reliant on relief organizations to provide food and water.

Electricity is also needed to run waste water treatment plants, and to restore the functioning of water utilities so that residents have clean running water. Since water treatment plants had not been restored during our time in Puerto Rico, nurses witnessed the beginnings of multiple outbreaks of water borne diseases including leptospirosis, an animal-borne bacterial disease that can be fatal if not properly treated in time.

Puerto Rican residents are facing excruciating questions: do they suffer from severe dehydration or drink from contaminated rivers or streams that could lead to their death? Should they risk contracting and spreading a potentially lethal epidemic of leptospirosis, or risk using Superfund well water or untreated water coming from a spring? Everyday, our nurses on the deployment saw our fellow citizens in Puerto Rico desperate for safe drinking water and forced to make terrible choices.

Problems Accessing FEMA Aid and Aid Applications

In the report NNU released, there is first hand testimony from our nurses who witnessed the problems people faced in accessing FEMA aid applications. Without power, people weren't able to access FEMA's online notices about where and when FEMA would be available. When people knew that FEMA would be in their communities to collect applications for aid, it was through word of mouth.

Even if families figured out when FEMA would be in town, the lack of power raised more barriers. In one town, RNs met families that lined up for aid at 10 p.m. the night before FEMA was there. In another, people were lining up as early as 3 a.m. Doors would open at 8 a.m. and lines would be cut off by FEMA at 10AM. For those who made it through the line, they were told that necessary follow-up communications on their FEMA aid applications would be sent by an outsourced company that only texts or emails. Families in desperate need for FEMA aid were now left to the whims of faulty electric utilities and the hopes that internet, email, or cell service would be restored in time.

Federal Government Response Has Been Inexcusably Delayed and Unacceptably Insufficient.

Based on the experiences of our nurses, the federal government's response to the critical health and safety needs of Puerto Ricans has been woefully insufficient. Given the complex challenges outlined above, it is necessary that the government step in swiftly to ensure that Puerto Ricans regain access to electricity and power immediately.

The response to Hurricane Maria has also been inadequate in other areas. Most notably, our nurses were appalled by the lack of food and water assistance provided by FEMA, and the quality of that assistance where it existed. Those who received food from FEMA received junk food, like Pop-Tarts and Oreos. After waiting in line for hours for FEMA assistance, we watched as residents walked away with only a snack-sized pack of Cheez-its and a small bottle of water. Repeatedly, in town after town, residents told RNs that we were the first relief workers they had seen – even a full three weeks or more after Maria had made landfall.

In one community, an RNRN volunteer reported that seemingly every single resident had conjunctivitis. In other communities, the presence of black mold, and residents sleeping on wet

couches, were posing significant health concerns. Our RNs found people who they worry may die before sufficient food, water, or medicine reaches them. In a desperate effort to help, our nurses conducted public health education, producing and distributing a flyer, and going on the radio to teach people how to clean black mold and disinfect their water.

I'm so proud of our nurses. The map tracking RNRN's relief efforts shows all that we accomplished in two weeks. But it is painful to know that, for many Puerto Ricans, relief is certainly too little and may be too late to stave off a public health crisis. Every day in Puerto Rico, I asked myself – and I know the other RNs volunteering by my side asked themselves – if we could provide this aid, how has our government, with all its resources, been unable to do the same?

It is unconscionable that the people of Puerto Rico are suffering and dying. This is a public health crisis that should never have reached this point. Congress must act now to get Puerto Rico the disaster relief it so desperately needs.

It is the responsibility of the federal government to step in during humanitarian crises — like the one in Puerto Rico — when state and local governments cannot take care of their residents alone. It is unacceptable for us to say that we cannot and should not rely on the federal government for support, and that people need to be more resilient in a disaster without the full aid of their federal government. This kind of rhetoric cannot hide the fact that the federal government is shirking its responsibility and abandoning American citizens to patronage of profit-driven corporations that are wholly unaccountable to the public.

NNU urges Congress to use its oversight and appropriations authority to ensure that FEMA and other U.S. agencies respond to this crisis swiftly and effectively. It is unacceptable that citizens of the richest country of Earth have been denied necessary humanitarian aid and left

to die. Importantly, with the growing climate crisis, relief to Puerto Rico must come in the form of responsible measures that can build a sustainable energy future.

Thank you again for giving NNU and the RN Response Network the time to share the stories of the people and places in Puerto Rico that we cannot – and must not – forget.

RNRN Observations: Post-Hurricane Maria Disaster Conditions on the Ground in Puerto Rico.

RNs witnessed first-hand the dire conditions Puerto Rican residents are facing and the insufficient response from federal relief agencies in this disaster. Conditions I witnessed with other RNs in Puerto Rico include:

- Many communities had still not received any federal assistance or relief from FEMA or other agencies by the end of this deployment on October 18, 2017.
- Residents who had contact with FEMA stood in line for hours in the blistering heat, waiting for desperately needed water and food. Instead, many were asked to fill out paperwork “to collect data” and apply for FEMA assistance.
- They were given only a small bottle of water and a small pack of Cheez-It crackers.
- Residents in communities where FEMA personnel were not present have been unable to apply for FEMA assistance online because of the lack of electricity and internet service.
- Residents continuing to live in houses without roof and soaked interiors where there is dangerous black mold growing that creates respiratory distress and illness.
- Residents desperate for water using containers that used to hold anti-freeze and other toxic agents to gather water from potentially contaminated streams.

- Major areas away from urban centers where residents still had received no provisions and had no running water and no electricity.
- Nurses had to sometimes clear debris in roads themselves in order to gain access to communities who had not received any aid since the hurricanes had struck.
- Dangerous debris and trash piled up outside homes that had not been cleared by authorities, creating many health hazards. Many residents were clearing debris themselves without proper protective gear, and, in some areas, residents are creating landfills without better options.
- Many people who have lost weight since the hurricanes hit due to lack of food (skipping meals, or giving their food to their children instead of eating themselves).
- A lack of basic healthcare services – many local doctors’ offices were closed and hospitals were often full and lacking supplies (including clean drinking water), and running on generators prone to failure.
- An outbreak of leptospirosis, a dangerous bacterial disease that had already claimed lives.
- Numerous communities without clean water that are at risk of an outbreak of water-borne illnesses.
- Many of the same conditions they witnessed continue five weeks after hurricane hit Puerto Rico.

Federal Relief Actions Must Be Taken Immediately to Address the Growing Public Health and Safety Crisis in Puerto Rico.

NNU urges Congress to take the following actions immediately to prevent further erosion of public health conditions in Puerto Rico and to put the island back on a path to recovery:

Using oversight authority, Congress must ensure the expeditious functioning and efficacy of FEMA and other U.S. relief efforts on the ground. To deal with the immediate crisis, FEMA and the U.S. armed forces should greatly expand the use of air drops into Puerto Rico of water, food, and medicine. Human and financial resources must be deployed to overcome the bottlenecks that are keeping help from reaching those most in need, which range from a lack of communication to blocked roads to a shortage of vehicles and drivers to make deliveries.

The U.S. Department of Defense must supply greater technological and logistics support to Puerto Rico. This should include providing technical assistance with restoring electricity to the island, installing temporary telecommunications connections in remote areas, and continuing to deploy boots on the ground to help clear roads and deliver humanitarian aid.

Congress must provide resources this fiscal year to address Puerto Rico's looming Medicaid crisis, which is more severe after Hurricane Maria. The Medicaid shortfall was a problem before Hurricane Maria, and is now even more severe given the public health dangers following the storm. In the long term, Congress must ensure that Puerto Rico receives the same federal Medicaid funding as U.S. states, which would save Puerto Rico hundreds of millions of dollars annually. Efforts to address Puerto Rico's humanitarian needs in the wake of Hurricane Maria are inadequate if not extended to solving the island's impending Medicaid crisis. Without immediate action from the U.S. Congress, the territory will not have sufficient funds to continue operating its Medicaid program in 2018, which would strip nearly half of its 3.5 million residents of health insurance at a time when they need it most.

Congress must ensure that patients who need care can access the services of the USNS Comfort. The Comfort has served as a critical site for emergency medical treatment in the aftermath of natural disasters. The USNS Comfort has critical staff, equipment and supplies that are not readily available to many people in Puerto Rico right now. At a time of increased health care crises, we must use all resources available to us to care for patients in need, and our hope is that more people who are not able to get the care that they need can be transferred to the USNS Comfort.

Congress must act to obtain a waiver for FEMA cost-sharing requirements for all categories of expenditures. Given Puerto Rico's financial situation, this waiver must be for 100% of all cost-sharing. This will allow FEMA to immediately authorize full reconstruction aid, known as C-G public assistance, to Puerto Rico. C-G public assistance would provide Puerto Rico with critical infrastructure aid in the rebuilding of roads and bridges, water control facilities, and public buildings and utilities. After Hurricane Katrina in 2005, FEMA spent \$13.4 billion to rebuild parts of Louisiana, almost \$10 billion of which came from the C-G assistance program. While FEMA authorized C-G assistance for Texas only 10 days after Hurricane Harvey made landfall, Puerto Rico continues to suffer without this critical aid five weeks after the disaster.

FEMA must extend the 60-day deadline for filing claims for disaster relief. While much of the island remains without reliable electricity and internet service, it is nearly impossible for people to assess the property damage and submit claims in the normal timeframe. Considering estimates that Puerto Rico's power grid may not be fully operational for as long as six months or longer, FEMA must extend the deadline to file a disaster claim until power and internet is fully restored to the island.

Attachments

1. Biographical Information for Catherine B. Kennedy, RN
2. National Nurses United, Report on Conditions in Puerto Rico and Call for Immediate Congressional Action – released October 26, 2017.

Biographical Information for Catherine B. Kennedy, RN

Catherine B. Kennedy graduated from Samuel Merritt/Saint Mary's College and has worked as a Registered Nurse for the past 37 years. She currently works as a staff nurse at Kaiser Permanente – Roseville (Women and Children's Center) in the Neonatal Intensive Care Unit. She is the Secretary for the California Nurses Association and one of the Vice Presidents for National Nurses United (NNU).

In 2013, Cathy was appointed by the California Senate as a Commissioner to the California Healthcare Workforce Policy Commission (CHWPC) which is under the direction of the Office of Statewide Health Planning and Development (OSHPD).

In 2015, Cathy volunteered as a nurse representing RNRN (Registered Nurses Response Network) which is part of the California Nurses Foundation (CNF) nonprofit 501 3c organization. During this deployment, she worked with young military healthcare professionals and corpsmen/women on the USNS Comfort for 30 days and treated over 10,000 Jamaican and Nicaraguan people during this time. Cathy believes that healthcare is a human right.

Report on Conditions in Puerto Rico and Call for Immediate Congressional Action

A large delegation of 50 volunteer registered nurses from across the U.S. returned on October 18, 2017 from Puerto Rico after a two-week disaster relief effort in the wake of Hurricane Maria. The returning nurses are part of the Registered Nurse Response Network (RNRN), a disaster relief program sponsored by National Nurses United, and are among 300 union members the AFL-CIO organized for the relief mission to Puerto Rico.

While working in Puerto Rico, these RNs witnessed communities and neighborhoods that remained devastated four weeks after hurricane Maria made landfall. They provided care and other support for residents living in severely damaged homes who had not received help from FEMA or any other relief agency. These RNs described an ineffective federal response that has led to deadly conditions including extreme lack of food, water and medicine; people living in houses infested with black mold; and water-borne illnesses such as leptospirosis.

The RN volunteers witnessed the perilous conditions residents are enduring. From the outskirts of San Juan to isolated mountain towns, they encountered many residents who had yet to be assisted by the U.S. government's relief effort. Many were staying in houses that had been destroyed by the hurricane – they were flooded, roofless, and most do not have electricity, sufficient food, and clean drinking water. Many residents told the nurses that they were the first people offering them assistance. In addition to providing medical care, the RNs created public health pamphlets to distribute and instructed residents on how to decontaminate their water and remove black mold from their homes. They also visited community radio stations where they provided health tips and water decontamination instructions on the air.

Nurse testimonies include:ⁱ

“These communities are at great risk of water borne illness epidemics. They need clean water that is safe to drink. It is outrageous that we are leaving our fellow Americans with essentially no aid. Many more will die if we don't step up.” —Erin Carrera, RN

“Today our team traveled into the center of the island into the mountain town of Utuado. These towns are so isolated that relief efforts have not made it into these areas. It was due to impassable roads. But the local community cleared most of the roads. People said we were the first relief group to come into the area ... They're struggling to get basics such as food, water and medicine.” —Roxanna Garcia, RN

“We couldn't believe this is part of the United States. We did home visits in a low-income community with the public health liaisons who identify those in need and help them do basic blood pressure checks, blood sugar checks, refill their meds, etc. They have already had chronic diseases going on and now their environment is full of hazardous materials and sanitation is so poor.” —Hau Yau, RN

Among conditions our RNs witnessed:

- Many communities had still not received any federal assistance or relief from FEMA or other agencies by the end of this deployment on October 18, 2017.
- Residents who had contact with FEMA stood in line for hours in the blistering heat, waiting for desperately needed water and food. Instead, many were asked to fill out paperwork “to collect data” and apply for FEMA assistance. They were given only a small bottle of water and small pack of Cheez-It crackers.
- Residents in communities where FEMA personnel were not present have been unable to apply for FEMA assistance online because of the lack of electricity and internet service.
- Residents continuing to live in houses with roofs blown off and soaked interiors where there is dangerous black mold growing that creates respiratory distress and illness.
- Residents desperate for water using containers that used to hold anti-freeze and other toxic agents to gather water from potentially contaminated streams.
- Major areas away from urban centers where residents still had received no provisions, had no running water and no electricity.
- Nurses had to sometimes clear debris in roads themselves in order to gain access to communities who had not received any aid since the hurricanes struck.
- Many people who have lost weight since the hurricanes hit due to lack of food (skipping meals, or giving their food to their children instead of eating themselves).
- A lack of basic healthcare services – many local doctor’s offices were closed and hospitals were often full and lacking supplies (including clean drinking water), and running on generators that sometimes fail.
- An outbreak of leptospirosis, a dangerous bacterial disease that had already claimed lives.
- Numerous communities without clean water that are at risk of the outbreak of water-borne illness epidemics.

The nurses’ first-hand accounts are supported by official government sources, including the Federal Emergency Management Agency (FEMA), the government of Puerto Rico, and the Centers for Disease Control and Prevention (CDC); advocacy and professional organizations; and news reports. Many of the same conditions they witnessed continue five weeks after Hurricane Maria made landfall.

- **Approximately one million people lack access to running water.** According to status.pr, 74% of Puerto Rico Aqueduct and Sewer Authority (PRASA) customers have water service.ⁱⁱ However, contrary to a statement on the FEMA website,ⁱⁱⁱ *this water may not be potable*. Those with running water have been advised by the Puerto Rican water authority to boil it for five minutes or treat it with chlorine.^{iv} Those without access to running water are drinking and bathing in water from contaminated rivers and wells. With just over half of wastewater treatments operating,^v AP reports that raw sewage is pouring into Puerto Rico’s rivers and reservoirs.^{vi} Some have resorted to drinking from wells on superfund sites that have been contaminated by hazardous chemicals.^{vii}
- **There is a daily shortfall of 1.8 million meals.** According to the *Guardian*, FEMA officials report that, together with its partners, they are providing only 200,000 meals a day when more than 2 million people are in need. “‘We are 1.8 million meals short,’ said

one senior Fema [sic] official. ‘... And it’s not going away. We’re doing this much today, but it has to be sustained over several months.’^{viii} In addition, with 1.3 million of Puerto Rico’s poorest residents receiving food stamps, only 39% of businesses are able to process the electronic payments that make up 75% of the monthly benefit.^{ix}

- **More than three-quarters of Puerto Rico Electric Power Authority (PREPA) customers are without electrical service.**^x Although Governor Roselló has pledged to have 95% of the power restored by December, his public affairs secretary, Ramón Rosario Cortés stated: “We have 230 brigades. If we used only these brigades, we’d be talking long months — years.”^{xi}
- **37% of telecommunications has yet to be restored.**^{xii} This figure includes wired and wireless service. Nearly half of cell towers and two-thirds of the cell antennas are down.
- **Most roads remain impassable.** According to FEMA: “392 miles of Puerto Rico’s 5,073 miles of roads are open, allowing for passage through the outer ring of the island.”^{xiii}
- **60,000 homes need roofing help but only 38,000 tarps have been delivered.**^{xiv} One type of roof repair being provided is designed to last only 30 days making roofing repair and exposure to the elements an ongoing problem.^{xv} Those that went up first may already need to be replaced.
- **The healthcare infrastructure has been devastated.** Although 65 of 67 hospitals are operational, only 49 have electricity.^{xvi} In addition, most of the hospitals are only partially functioning and are using generators; only twenty are actually connected to the electricity grid.^{xvii} Those running by generator are vulnerable to lapses in fuel delivery. Although most dialysis centers are open, some have shortened hours and reduced dialysis treatments from four to three hours.^{xviii} Yet, despite great need, the Navy ship USNS Comfort remains largely idle. The *Wall Street Journal* reports: “The USNS Comfort, a 70,000-metric-ton ship staffed with roughly 800 medical and support personnel and 250 beds, has treated only about 150 people since it arrived on Oct. 3, said a U.S. Navy spokesman aboard the vessel.”^{xix} CNN reports: “Only 33 of the 250 beds on the Comfort – 13% – are being used, nearly two weeks after the ship arrived.”^{xx}
- **Disease outbreaks and serious health problems loom.** According to the Infectious Diseases Society of America, Puerto Ricans are at serious risk of waterborne, mosquito-borne, food-borne, and mold-related illnesses.^{xxi} The CDC has advised healthcare providers “to be vigilant in looking for certain infectious diseases, including leptospirosis, dengue, hepatitis A, typhoid fever, vibriosis, and influenza.”^{xxii} According to Puerto Rico state epidemiologist Carmen Deseda, 74 cases of leptospirosis had been reported as of October 19th, which is more than the 60 cases Puerto Rico typically experiences in a year.^{xxiii} In addition to the increased risk, the healthcare system is severely compromised. The *Huffington Post* reports: “When asked if the health system on the island currently had the infrastructure to deal with a possible outbreak of any disease, [Governor] Roselló admitted that the hospital system is ‘very frail’ ...”^{xxiv}

Nurses demand the following actions be immediately taken to address the crisis:

- Congress must exercise its oversight authority to ensure the expeditious functioning and efficacy of FEMA and other U.S. relief efforts on the ground. To deal with the immediate crisis, FEMA and the U.S. armed forces should greatly expand the use of air drops into Puerto Rico of water, food, and medicine. Human and financial resources must be deployed to overcome the bottlenecks that are keeping help from reaching those most in need, which range from a lack of communication to blocked roads to a shortage of vehicles and drivers to make deliveries.
- The Department of Defense must supply greater technological and logistics support to Puerto Rico. This should include providing technical assistance with restoring electricity to the island, installing temporary telecommunications connections in remote areas, and continuing to deploy boots on the ground to help clear roads and deliver humanitarian aid.
- Congress needs to immediately provide resources this fiscal year to address Puerto Rico's looming Medicaid crisis. The Medicaid shortfall was a problem before Hurricane Maria, and is now even more severe given the public health dangers following the storm. In the long term, Congress must ensure that Puerto Rico receives the same federal Medicaid funding as U.S. states, which would save Puerto Rico hundreds of millions of dollars annually. Efforts to address Puerto Rico's humanitarian needs in the wake of Hurricane Maria are inadequate if not extended to solving the island's impending Medicaid crisis. Without immediate action from the US Congress, the territory will not have sufficient funds to continue operating its Medicaid program in 2018, which would strip nearly half of its 3.5 million residents of health insurance at a time when they need it most.
- The federal government must immediately ensure that patients who need care can access the services of the USNS Comfort. The Comfort has served as a critical site for emergency medical treatment in the aftermath of natural disasters, and RNRN/NNU volunteers have served on missions including disaster relief in Haiti after the 2010 earthquake as well as the humanitarian assistance mission Continuing Promise in 2010 and 2015. The USNS Comfort has critical staff, equipment and supplies that are not readily available to many people in Puerto Rico right now. At a time of increased health care crises, we must use all resources available to us to care for patients in need, and our hope is that more people who are not able to get the care that they need can be transferred to the USNS Comfort.
- The administration must respond immediately to the governor's request to waive FEMA cost-sharing requirements for all categories of expenditures. Given Puerto Rico's financial situation, this waiver must be for 100% of all cost-sharing. This will allow FEMA to immediately authorize full reconstruction aid, known as C-G public assistance, to Puerto Rico. C-G public assistance would provide Puerto Rico with critical infrastructure aid in the rebuilding of roads and bridges, water control facilities, and

public buildings and utilities. After Hurricane Katrina in 2005, FEMA spent \$13.4 billion to rebuild parts of Louisiana, almost [\\$10 billion](#) of which came from the C-G assistance program. While FEMA authorized C-G assistance for Texas only 10 days after Hurricane Harvey made landfall, Puerto Rico continues to suffer without this critical aid five weeks after the disaster.

- FEMA must extend the 60-day deadline for filing claims for disaster relief. While much of the island remains without reliable electricity and internet connections, it is nearly impossible for people to assess the property damage and submit claims in the normal timeframe. Considering estimates that Puerto Rico's power grid may not be fully operational for as long as six months, FEMA must extend the deadline to file a disaster claim by at least an additional 120 days, or until power and internet is fully restored to the island.

The response to the crisis in Puerto Rico from the U.S. federal government has been unacceptable for the wealthiest country in the world.

During this humanitarian crisis, nurses urge the Trump Administration and Congress to take immediate action for the people of Puerto Rico by enacting the series of urgent measures outlined above. The US federal government must do everything in its power to assist the Puerto Rican people to recover from Hurricane Maria.

Appendix

Following are some of the first hand reports from registered nurses on the ground:

- “We met a man who lives in a two-story house with his elderly mom. He was sitting in a wheelchair on the second floor where there used to be a roof. His right ankle was wrapped with toilet paper roll with a dirty gauze underneath. When unwrapped, a portion of internal fixation metal hardware used to stabilize his right ankle is exposed. There is also a quarter-sized ulcer with yellow drainage on his dorsal foot. He told us he has had multiple orthopedic surgeries for his right foot due to a former injury. Because of the hurricane, he loses follow up with his doctor and now he is stuck because his cell phone stops working and he has no transportation to go to a doctor’s visit. We told him that his foot looked infected and he needed to go to an emergency room. He replied that he worried no one will take care of his foot because he has no money, and he would just sit and wait in the ER for hours without being attended. He asked us to talk to a local doctor, any doctor who can ensure his admission in the hospital. We brought his information back to the command center but the answer was disappointing—that we have no legitimate status to make referrals in Puerto Rico, and that a local doctor would need to see him first—but there is no timeline on when and how it’s going to happen. We left this guy with questions unanswered, along with the risk of sepsis and death from an infected foot hardware.” —Hau Yau, RN
- “Spent the day in Rio Grande, a hard hit area outside of San Juan. No power or water here since Maria. We set up a clinic at a FEMA site (their first time here). People lined up for blocks since 10 pm last night. But FEMA was only handing out papers! Papers, which need to be filled out in order that they might receive some reimbursement eventually. Each person received a small bottle of water, a mini bag of Cheeze-Its and a little pack of vanilla cookies. Outrageous. Meanwhile grocery stores have limited supplies and lines for many blocks. What amazes me is how kind, calm and sharing the Puerto Ricans are, sharing with and helping their friends, family and neighbors. We were able to provide care to some, not nearly enough, but one small contribution to this tragedy today.” – Erin Carrera, RN
- “Today we went to Corozal after meeting in the disaster command center this a.m. We set up a clinic at a school where families are living, and then the mayor drove us up a hill to do door-to-door assessments. Families were extremely relieved to see us. We are seeing a breakout of leptospirosis in the community here, at least three people have died and FEMA is not releasing water to the community. Yesterday, people stood in line since 10 p.m. the previous night in hopes FEMA would show up and give them food and water. To everyone's dismay FEMA showed up, but they were not there to get food or water, they were there to fill out paperwork. They handed one bottle of water and a snack pack of Cheez-Its. I saw many patients yesterday; there were so many I lost count. It was

really sad, however it's always amazing to see the spirit of the community. Neighbors are banding together to care for each other offering their last food to us not knowing if there will be any more food delivered to them.” – Kent Savary, RN

- “It's hell here. The people have nothing, yet they are first to offer you the shirt off their back.” – Laura Maceri, RN
- “Today we went to a town called Barraquita. They had almost no water or food. They were desperate. Even asking if we had carried any water at all for them to drink. It was hard to even fathom the destruction and how they can even begin to clean it. They are relying on rain water and 1 million chickens died there in the storm and the decomposed bodies are causing people to be sick. There is hardly any way for them to clear the debris and they have little money, no way to work, and they are afraid to drive anywhere for help because they have little gas and they are afraid what they will do if something happens to their car. We did a lot of teaching about purifying water for drinking, handed out solar lamps and a lot of emotional support. Overwhelming is the only thing I can say to describe it. They are even afraid to get aid dropped in their barrio because of the potential for violence.” – Jordyn Olachea, RN
- “FEMA is here with supplies, but out of approximately 40 towns accessed so far FEMA hasn't released food or water in ANY of them other than one air drop. The people of Puerto Rico are starving and have no access to water. People are dying from Leptospirosis, a specific bacteria in the water system. The situation is becoming dire.” – Randee Litten, RN
- “Yesterday we went to Utuado, a town up in the center of the island. We stopped many times along the way to educate people on water safety. It's a mountain community with small pueblos all over, many cut off since Maria by fallen bridges and blocked roads. We stopped in the center of town at the National Guard. They had lists of all the areas that had been seen by medical groups. We went to an area that nobody had visited where roads were recently opened. People are somehow surviving with the food and medicine they had on hand. They have received NO provisions. There is no running water and no electricity. Nobody is aware of the risks of drinking untreated water. We went house-to-house teaching families and asking that they spread the word. We also provided urgent care where we could.” – Erin Carrera, RN



On the southern edge of San Juan municipality, where there has been no contact with FEMA, Red Cross or any official relief. This family has been sleeping in their roofless house on soaking wet furniture for weeks. The youngest child has (unsurprisingly) developed a rash. When RN Lucia Lopez gave the mother hydrocortisone cream, she burst into tears

NOTES

- ⁱ A collection of first-hand accounts by RNs in the delegation is available in the Appendix.
- ⁱⁱ “Dashboard.” *Government of Puerto Rico*. October 23, 2017. Viewed October 23, 2017. <http://status.pr/>
- ⁱⁱⁱ “Hurricane Maria.” *Federal Emergency Management Agency*. October 18, 2017. Viewed October 23, 2017. <https://www.fema.gov/hurricane-maria>
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- ^v “Hurricane Maria.” *Federal Emergency Management Agency*. October 18, 2017. Viewed October 23, 2017. <https://www.fema.gov/hurricane-maria>
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- ^{viii} Wolffe, Richard. “Puerto Rico: US officials privately acknowledge serious food shortage.” *The Guardian*. October 11, 2017. Viewed October 23, 2017. <https://www.theguardian.com/world/2017/oct/11/puerto-rico-food-shortage-hurricane-maria>
- ^{ix} “Dashboard.” *Government of Puerto Rico*. October 22, 2017. Viewed October 23, 2017. <http://status.pr/> and “Examination of Cash Nutrition Assistance Program Benefits in Puerto Rico.” <https://www.fns.usda.gov/snap/examination-cash-nutrition-assistance-program-benefits-puerto-rico>,
- ^x “Dashboard.” *Government of Puerto Rico*. October 23, 2017. Viewed October 23, 2017. <http://status.pr/>
- ^{xi} <https://www.nytimes.com/2017/10/19/us/puerto-rico-electricity-power.html>, accessed October 23, 2017
- ^{xii} “Dashboard.” *Government of Puerto Rico*. October 23, 2017. Viewed October 23, 2017. <http://status.pr/>
- ^{xiii} “Hurricane Maria.” *Federal Emergency Management Agency*. October 18, 2017. Viewed October 23, 2017. <https://www.fema.gov/hurricane-maria>
- ^{xiv} Acosta, Deborah and Frances Robles. Puerto Ricans Ask: When Will the Lights Come Back On?” *Time*. October 19, 2017. Viewed October 23, 2017. <http://time.com/4988841/puerto-rico-hurricane-maria-numbers-recovery/>
- ^{xv} “FEMA Tarps and USACE Blue Roofs Aid in Protecting Homes From Further Damage.” *Federal Emergency Management Agency*. October 19, 2017. Viewed October 23, 2017. <https://www.fema.gov/news-release/2017/10/19/4339/fema-tarps-and-usace-blue-roofs-aid-protecting-homes-further-damage>
- ^{xvi} “Dashboard.” *Government of Puerto Rico*. October 23, 2017. Viewed October 23, 2017. <http://status.pr/>
- ^{xvii} Moreno, Carolina. “Doctors Fear a Potentially Deadly Disease Outbreak in Puerto Rico.” *Huffington Post*. October 20, 2017. Viewed October 23, 2017. https://www.huffingtonpost.com/entry/leptospirosis-outbreak-puerto-rico-hurricane_us_59e905aae4b0f9d35bc969ac
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