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EXAMINING HHS'S PUBLIC HEALTH PREPAREDNESS FOR AND RESPONSE TO THE 2017 HURRICANE SEASON

TUESDAY, OCTOBER 24, 2017

House of Representatives,

Subcommittee on Oversight

and Investigations,

Committee on Energy and Commerce,

Washington, D.C.

The subcommittee met, pursuant to call, at 10:02 a.m., in Room 2123, Rayburn House Office Building, Hon. Morgan Griffith [vice chairman of the subcommittee] presiding.

Present: Representatives Griffith, Brooks, Collins, Barton, Walberg, Walters, Costello, Carter, Walden (ex officio), DeGette, Schakowsky, Castor, Tonko, Clarke, Ruiz, Peters, and Pallone (ex officio).

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

Also Present: Representatives Olson, Bilirakis, Duncan, Green, Gonzalez-Colon, and Wasserman-Schultz,

Staff Present: Jennifer Barblan, Chief Counsel, O&I; Ray Baum, Staff Director; Karen Christian, General Counsel; Kelly Collins, Staff Assistant; Zachary Dareshori, Staff Assistant; Lamar Echols, Counsel, O&I; Adam Fromm, Director of Outreach and Coalitions; Ali Fulling, Legislative Clerk, O&I, DCCP; Theresa Gambo, Human Resources/Office Administrator; Alex Miller, Video Production Aide and Press Assistant; Christopher Santini, Counsel, O&I; Jennifer Sherman, Press Secretary; Natalie Turner, Counsel, O&I; Hamlin Wade, Special Advisor, External Affairs; Everett Winnick, Director of Information Technology; Christina Calce, Minority Counsel; Jeff Carroll, Minority Staff Director; Tiffany Guarascio, Minority Deputy Staff Director and Chief Health Advisor; Chris Knauer, Minority Oversight Staff Director; Miles Lichtman, Minority Policy Analyst; Jon Monger, Minority Counsel; and C.J. Young, Minority Press Secretary.

Mr. Griffith. I can go ahead and get started. I thank everybody. I appreciate it.

We are here today to examine the Department of Health and Human Services' public health preparedness for and response to the 2017 hurricane season. In the last 2 months, Texas, Florida, Puerto Rico, and the U.S. Virgin Islands have been devastated by hurricanes.

I first want to express our heartfelt sorrow for the millions of Americans impacted by these devastating storms and say that all members of this committee, on both sides of the aisle, stand with those affected by these hurricanes. I would also like to thank Dr. Burgess and Dr. Ruiz, both members of this subcommittee, who each recently visited Puerto Rico to assess the impact these hurricanes have had and continue to have on our fellow Americans.

This committee has been conducting oversight of the Federal response to the recent hurricanes since shortly after Harvey made landfall in Texas. Unfortunately, I expect that our work here will continue for years to come. The committee's jurisdiction involves not just the public health issues we will be discussing today but also rebuilding the electrical grid, addressing environmental cleanup, and restoring telecommunications, to name only a few.

The people of Puerto Rico and the U.S. Virgin Islands continue to face a long road to recovery and many are living without power and running water.

I believe we are going to be joined today by Representative Jenniffer Gonzalez-Colon from Puerto Rico, someone who knows all too well about the difficult challenges her home is facing. Thank you for being here at this important hearing.

From coordinating the overall Federal healthcare response to ensuring that individuals have the medical treatment they need to protecting the blood and pharmaceutical supply to granting emergency waivers and everything in between, HHS has been working with tirelessly to provide medical care and services to individuals affected by the storms. The overwhelming majority of healthcare facilities in the impacted areas went above and beyond to protect and treat those in harm's way, yet media reports indicate that some healthcare providers failed in their duty to protect their patients. There was a tragic situation at a nursing home in Florida where 14 residents died after the facility lost its air-conditioning, and this, despite a hospital across the street that never lost power or cooling.

The response in Puerto Rico and the U.S. Virgin Islands has involved numerous Federal agencies working together with each other and State and local officials. For example, before Hurricane Maria made landfall in Puerto Rico and every day since, HHS, the Department of Defense, the Department of Veterans Affairs, and the Federal Emergency Management Agency, or FEMA, have been coordinating with local emergency response officials to provide medical care and help

reestablish the island's healthcare infrastructure. HHS has worked with Puerto Rico's Department of Health to prioritize resources needed for dialysis facilitates and has coordinated with FEMA to help ensure critical supplies are delivered where they are needed. Similar efforts are ongoing in the U.S. Virgin Islands as well.

But many questions remain. Has the interagency response been effective from the perspective of HHS? Are the Federal policies causing delays in response efforts? Are we utilizing our resources in the most efficient and effective ways to help our fellow Americans in Puerto Rico and the U.S. Virgin Islands in particular?

Finally, it is critical that we understand the public health challenges ahead. Mold formation is likely in nearly all the affected regions. As we have seen after Hurricane Harvey, there is an increased risk for the spread of infectious disease due to contaminated water. Media reports indicate that, 1 month after Hurricane Maria, over 1 million Americans are still without clean, safe drinking water. Rebuilding Puerto Rico and the U.S. Virgin Islands will take years. The healthcare systems are in dire condition, and most of the operational facilities need some degree of assistance. To make matters worse, the electrical grid has been devastated, which has significantly hampered recovery efforts. We still don't even know the full extent of the damage, let alone when our fellow citizens will have electricity and running water restored. We are trying to make sure

we are doing everything possible to address the short- and long-term needs of those living in the areas impacted by Hurricanes Harvey, Irma, and Maria, especially in the face of the public health threats that have resulted and will continue to result from these storms.

I would like to thank the witnesses for testifying here today, and I look forward to hearing your testimony.

And, with that, I will now yield 5 minutes for an opening statement to Ms. DeGette, the ranking member from Colorado.

[The prepared statement of Mr. Griffith follows:]

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Ms. DeGette. Thank you, so much, Mr. Chairman.

This 2017 hurricane season has been one of the most damaging on record. Hurricane Harvey broke the record for the greatest amount of rain recorded from a single tropical storm or hurricane in the United States and inundated Houston and south Texas with more than 51 inches of rain. Hurricane Irma became the strongest Atlantic hurricane on record before it hit the Virgin Islands and Florida. And while these storms have been devastating, Hurricane Maria's impact on Puerto Rico and the U.S. Virgin Islands has been nothing less than catastrophic.

Mr. Chairman, as you said, the scope of potential health risks that are caused by this ongoing crisis, it is still coming into focus, but it is clearly considerable. Over a month after Maria hit, the infrastructure in Puerto Rico and the Virgin Islands remains decimated. Nearly 80 percent of Puerto Rico still doesn't have power, and HHS reported that a substantial number of Puerto Rico's hospitals are either nonoperational or require diesel to run generators in order just to keep functioning.

Over a third of Puerto Rican residents lack reliable access to potable water. Contaminated water is also spreading contagious diseases. And while I certainly appreciate the effort by volunteers, including physicians and nurses volunteering their time with the HHS DMAT teams, I am concerned that poor management of the hurricane response at a Federal level may be hindering response efforts. The

Federal Government, I believe, probably does not have a complete picture of what healthcare challenges exist because, frankly, most of the island of Puerto Rico lacks adequate communication.

I think that this committee needs to hold further hearings to address the status of all these vital services that you, Mr. Chairman, talked about. And I even think, as time goes on, we should have field hearings on Puerto Rico, in particular, but also the Virgin Islands, as much of the recovery effort, as you so accurately describe, involves the jurisdiction of this committee. I can't stress enough how important it is for us to send our staff down there to investigate this and how important it is for members to go and investigate this.

I was part of a group of members that went after Hurricane Katrina to New Orleans to observe the recovery efforts. What we found through years of oversight on this subcommittee was this Washington's understanding regarding the situation on the ground was very different than we were able to observe firsthand when we went into the basement of Charity Hospital and we saw what happened to those records. When we had our field hearings -- Congresswoman Blackburn was there and a bunch of the rest of us -- and we saw what had happened to small business people down there in New Orleans, you just cannot substitute for that. And as we begin to think about our public response as Members of Congress, we need to see what we are doing on the ground.

Mr. Chairman, last week, President Trump said the administration

deserves a 10 for its response to the devastation of Hurricane Maria. Given the fact that most residents lack power, nearly a million Americans lack access to safe and reliable drinking water, and endless reports of near subsistence living for many, I find that statement to be breathtaking. I hope that our witnesses today are better prepared than that to talk about what is really happening on the ground and what we can do to address this unfolding crisis.

I hope it will be the beginning of an ongoing and concerted effort to understand what is going on, and I would now like to yield the balance of my time to Representative Castor, who wants to talk, appropriately, about the health challenges facing her State of Florida.

[The prepared statement of Ms. DeGette follows:]

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Ms. Castor. Well, I thank Ranking Member DeGette for yielding the time. This simply was a catastrophic hurricane season. And we have so many challenges ahead. I want to thank our witnesses who are here today. I want to thank all of my colleagues for holding this hearing. Hopefully this is just the first of many because this is going to be a very long recovery period.

And after 75 lives lost in Texas, 75 lives lost in Florida -- including 14, related to a nursing home, that were completely avoidable -- we need to discuss that. We know that we have about 50 deaths in Puerto Rico so far, with the threat of bacterial infections growing. I am very concerned about Puerto Rico and the whole interplay between the folks that live there and the U.S. Virgin Islands and their migration and what that means for the health needs of everyone. And on the island, the drinking water issue is simply critical. So I look forward to your expert testimony today and the committee's work in the days ahead. Thank you.

[The prepared statement of Ms. Castor follows:]

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Ms. DeGette. I yield back.

Mr. Griffith. The gentlelady yields back.

I now recognize the chairman of the full committee, Mr. Walden of Oregon.

The Chairman. I thank the vice chairman for holding this hearing. I, too, want to express my deepest sympathy for those who have been impacted by these horrible storms, particularly our fellow citizens in Puerto Rico and the U.S. Virgin Islands. This committee stands ready to assist in whatever way we can. We will continue to be diligent in our oversight of the work that the agencies are doing and the needs of the people there. I am very pleased that Dr. Burgess, who chairs our Health Subcommittee, has already been to Puerto Rico, visited some of the hospitals, looked at the healthcare issues. We know we have much more work to do, and we hope to hear from all of you today about what is out there ahead, where we have made progress, where there are still problems that we need to uncover and get better solutions to.

Today, we are examining the Department of Health and Human Services' continuing efforts to protect the public health in Texas, Florida, Puerto Rico, and the U.S. Virgin Islands in the aftermath of Hurricanes Harvey, Irma, and Maria. This is the first in a series of hearings on the preparedness for and responses to Hurricanes Harvey, Irma, and Maria. And, in the coming weeks, we will also hold hearings

before the Energy and Environment Subcommittees on these matters. And as the vice chairman stated, this committee will be conducting oversight of the rebuilding of Puerto Rico and the U.S. Virgin Islands for years to come.

The public health risk typically associated with natural disasters are varied and include heightened incidences of infectious diseases, diminished access to medical care, and long-term mental health trauma, just to name a few of the concerns we all need to be aware of. These risks can be particularly dangerous, especially for vulnerable populations, such as infants, dialysis patients, individuals who may be immunosuppressed, and, of course, the elderly.

Tragically, we saw this in the aftermath of Hurricane Irma where 14 elderly residents, as we have heard before, of the Rehabilitation Center at Hollywood Hills in Florida lost their lives as a result of heat-induced death issues after the facility's air-conditioning system failed during the storm. Last week, this committee sent a bipartisan letter to the nursing home's owner requesting information on the facility's emergency preparedness plan, inspection history, and the steps it took to protect residents after its air-conditioning system stopped working.

We will hear today that, while the three major hurricanes to impact the United States in 2017 were distinct events that presented and continue to present their own unique challenges, many of the

protocols that are necessary to conduct an effective public health response are immutable. For example, Federal agencies responding to disasters must be able to communicate effectively with each other and with local, State, and territorial officials to identify any areas of need, ensuring that individuals have adequate access to basic necessities, such as food, water and medical supplies, critical in any public health protection effort. And as we head into a recovery phase, it is important we also carefully monitor patients as they transition from hospitals or under medical supervision back to their homes or other long-term living arrangements.

News reports indicate more than 60 percent of Puerto Ricans are now homeless as a result of the devastating hurricanes. We need to make sure, when patients are discharged from the hospitals, that they have safe places to go and don't end up on the streets and then back into the hospital.

However, following Hurricane Maria, various media reports have called into question whether the Federal Government is adequately meeting its obligation to protect the health and welfare of American citizens in Puerto Rico and the Virgin Islands. On this matter, I am eager to gain the perspective of our witnesses who have been on the ground in the areas that have been affected by the most recent hurricanes. Making sure that Americans in need get the assistance they require cannot and should not be a partisan matter. If certain

agencies aren't pulling their weight, we want to know. If there are Federal laws or policies that are impeding the recovery efforts, we want to know as well.

In addition, we also want to hear about any best practices that can be gleaned from the ongoing recovery efforts and can be utilized in response to any future natural disasters. So, again, thanks to you and your teams for being on the ground trying to do the best you can in these horrible circumstances, but we really need to know the facts, what is working, what is not, where there have been shortfalls, what are the lessons learned, and where do you need additional help to help our citizens.

So, with that, Mr. Vice Chair, I yield back the balance of my time and look forward to the testimony of our witnesses.

Before I do that, I would also like to welcome our newest member to the committee. Mr. Duncan was just approved by the House Conference this morning, Steering Committee last night, replacing Dr. Murphy.

And, Jeff, we are delighted to have you on board the committee. Thanks for being here today.

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[The prepared statement of The Chairman follows:]

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Mr. Duncan. Thank you, Mr. Chairman.

The Chairman. I yield back.

Mr. Griffith. Thank you, Mr. Chairman.

I now recognize the ranking member of the full committee, Mr. Pallone of New Jersey.

Mr. Pallone. Thank you, Mr. Chairman, and thank you for holding this hearing on this critical issue. And I hope that this hearing is the first of many hurricane-related hearings, as Congress needs to hear further from HHS and other agencies regarding the ongoing response and recovery efforts in all of the affected areas.

I would also like to take a moment to recognize the Federal, State, and local responders who are working hard to address the many public health issues which exist as response and recovery continues in all of the areas that were impacted by these three major hurricanes.

I know firsthand of the tragic devastation caused by such immense natural disasters. In 2012, my district was hit hard by Hurricane Sandy. I have never seen worse storm damage in our area in my lifetime. For many, the storm was a worst-case scenario: lost lives, homes flooded, and businesses lost. The fifth anniversary is coming up this weekend, and we still have a lot of people that are not back in their homes or their businesses.

Our Nation is now experiencing historic levels of destruction and loss in Puerto Rico and the Virgin Islands, as well as in Florida, Texas,

and along the Gulf Coast, in the wake of Hurricanes Maria, Irma, and Harvey. And while no two natural disasters are alike, the areas affected by these massive hurricanes have unique needs and challenges. While Congress continues to address the response in Florida and Texas, we must also work to ensure that Puerto Rico and the U.S. Virgin Islands receive the full and immediate support of the Federal Government as they recover. I recognize there are a number of ongoing challenges facing the residents of south Florida and the Gulf Coast, but much of the hearing today will likely to need to address the situation in Puerto Rico and the U.S. Virgin Islands. The reports coming from these areas indicate that hundreds of thousands of Americans continue to struggle to meet day-to-day needs, and I am particularly concerned that there are still reports that residents do not have access to food or medicine. As many as a million Americans lack access to reliable sources of clean water. Accounts from the areas affected by these storms paint a dire situation that completely contradict the often rosy stories that come from the President and the White House.

Hurricanes Irma and Maria caused widespread flooding and destruction in Puerto Rico and the U.S. Virgin Islands, including critical damage to electrical grids, telecommunications systems, drinking water systems, and transportation infrastructure. Virtually all residents of Puerto Rico and the U.S. Virgin Islands have been impacted, and these infrastructure failures create acute public health

issues. We have seen and heard reports of death, dehydration, and desperation as residents of Puerto Rico and the U.S. Virgin Islands continue to struggle in the post-apocalyptic landscape where fundamental health needs remain unaddressed even a month after Hurricane Maria and almost 2 months after Hurricane Irma.

The lists of serious needs and challenges is long. Many hospitals still do not have reliable power. Many communities in Puerto Rico still lack safe drinking water, and people have resorted to drinking from questionable water sources. Where water service has been he restored, residents are still unsure if the water is safe. In a recent EPA briefing to the committee, we learned that crews going into communities to test for water quality were arriving only to find that people still lacked adequate food and drinking water.

So Congress must provide ongoing support in the aftermath of these hurricanes to restore and rebuild, and I hope our witnesses today will help us understand what needs to be improved in the response and recovery efforts so that Congress can more effectively provide assistance and understand the impacts on public health, not just today but in the months and years to come.

I also wanted to say something about the fact that many Puerto Ricans are actually coming from the island to our States, in particularly in New Jersey, in my district. And, you know, my mayors and my elected officials locally are saying: You know, is there any

kind of help for us? Because a lot of these people come here, and they don't have a lot of money. They need support as well. So that is also something we need to look into.

I would like to yield the remainder of my time to Mr. Green.

[The prepared statement of Mr. Pallone follows:]

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Mr. Green. Thank you, Mr. Chairman.

I thank my colleague for yielding to me today.

Our district in Houston, in Harris County, Texas, was heavily impacted by Hurricane Harvey. We actually had at least eight deaths in our district alone in a very urban area of Houston. But I thank the heroism and the tireless work of our first responders, public health professionals, community members, for helping fellow Texans and Houstonians during their time of need. I would also like to thank my colleagues for supporting our two supplementals so far, and there will be much more for, not just Texas, but Louisiana, Florida, Puerto Rico, the Virgin Islands, and a number of other disasters.

The State of Texas and CMS need to work together to make sure we are taking advantage of every opportunity to help people in need, especially when it comes to Medicaid. I hope CMS will act expeditiously to get the necessary resources to our local hospital in Texas to help uninsured disaster victims. We shifted to recovery in Houston and the Texas Gulf Coast and are responding to public health concerns related to Harvey, including the spread of mold in flooded homes, businesses, and the spread of disease-carrying mosquitoes.

We must also be fully responsive to the environmental impact of Harvey, including community members' possible exposure to toxic chemicals and wastewater. I look forward to hearing from our witnesses and working with our Federal public health agencies to fully address

these pressing concerns. And in our office in Houston, we are still -- we do a lot of casework on typically Social Security, Medicare, veterans, you name it. But now every staff member has casework with FEMA because it goes through the process. But we are working through it, again, with our Federal agencies helping us to make sure we can get people back to where they were before the storm.

And thank my colleague, again, for yielding.

I yield back my time.

[The prepared statement of Mr. Green follows:]

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Mr. Pallone. And I yield back, as well, Mr. Chairman.

Mr. Griffith. I thank the gentleman.

I ask unanimous consent that the members' written opening statements be made a part of the record.

Without objection, they will be entered into the record.

Additionally, I ask unanimous consent that Energy and Commerce members not on the Subcommittee on Oversight and Investigations be permitted to participate in today's hearing.

Without objection, so ordered.

Further, just so everybody knows what we are doing, Mr. Duncan has joined the committee and the subcommittee. And we are glad to have him on our subcommittee. However, until a formal motion is made on the floor at approximately 12:30, the Parliamentarians tell us that we have to treat him as a member of the Energy and Commerce Committee but not yet on the Subcommittee on Oversight and Investigations. So he will be treated like all other members in that circumstance, which means he will go last. As the newest member of the committee, he would go last anyway, but I -- we are just rubbing it in. No, but I did want to let everybody else know what the status was so, when they hear a motion later today on the floor, they will understand that that is what the Parliamentarians have told us that we need to do.

But welcome to the committee and the subcommittee.

The Chairman. Mr. Vice Chairman?

Mr. Griffith. Mr. Chairman.

The Chairman. I assume he knows, too, his other responsibilities for all the committee members: getting us each coffee --

Mr. Griffith. We have heard tell of these stories.

The Chairman. -- like Mr. Scalise --

Mr. Griffith. That is correct.

Yes. Thank you. We will make sure he is aware of those duties, Mr. Chairman.

Finally, we welcome non-Energy and Commerce Committee members who are with us today or who may show up at a later time. Pursuant to House rules, Members not on the committee are able to attend our hearings -- and we are glad to have them -- but are not permitted to ask questions.

I would like now to introduce our panel of witnesses for today's hearing.

First, we have the Honorable Robert Kadlec, the Assistant Secretary for Preparedness and Response at the Department of Health and Human Services. Welcome.

Next is the Honorable Scott Gottlieb, who serves as Commissioner of the U.S. Food and Drug Administration. Welcome.

Then we have Ms. Kimberly Brandt, who is the Principal Deputy Administrator for Operations at the Centers for Medicare and Medicaid Services. Welcome. We are glad you are here.

And, finally, we have Rear Admiral Stephen Redd, who is the Director of the Office of Public Health Preparedness and Response at the Centers for Disease Control and Prevention.

Thank you all for being here today and providing testimony. We are looking forward to the opportunity to examine the preparedness for and responses to the recent hurricanes.

Now, as a part of what we do in this committee, we are holding an investigative hearing. And when doing so, it has been the practice of this subcommittee to take testimony under oath.

Do any of you have objection to testifying under oath?

Seeing none, the chair then advises you that, under the rules of the House and the rules of the committee, you are entitled to be accompanied by counsel.

Do any of you desire to be accompanied by counsel during your testimony today?

Seeing none, I will move forward.

In that case, if you would please rise and raise your right hand, I will swear you all in.

[Witnesses sworn.]

Mr. Griffith. Hearing affirmative answers from all, I appreciate it. Thank you very much. You are now under oath and subject to the penalties set forth in title 18, section 1001, of the United States Code.

You may now give a 5-minute summary of your written statement.

And, obviously, we will begin with the Honorable Mr. Kadlec.

TESTIMONY OF ROBERT P. KADLEC, M.D., ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; SCOTT GOTTLIEB, M.D., COMMISSIONER, U.S. FOOD AND DRUG ADMINISTRATION; KIMBERLY BRANDT, PRINCIPAL DEPUTY ADMINISTRATOR FOR OPERATIONS, CENTERS FOR MEDICARE AND MEDICAID SERVICES; AND STEPHEN C. REDD, M.D., RADM, DIRECTOR OF THE OFFICE OF PUBLIC HEALTH PREPAREDNESS AND RESPONSE, CENTERS FOR DISEASE CONTROL AND PREVENTION

TESTIMONY OF ROBERT P. KADLEC, M.D.

Dr. Kadlec. Good morning, Mr. Vice Chairman, Ranking Member DeGette, and members of the subcommittee. It is a privilege to appear before you to discuss our Nation's medical and public health response to a series of unprecedented and nearly simultaneous Category 4 and Category 5 hurricanes that hit the U.S. mainland and its territories so far this season.

HHS -- and when I include that, it is the ASPR -- the CMS, FDA, and CDC, as well as our interagency partners of FEMA, DHS, VA, and DOD, have pushed the boundaries in unprecedented ways to save lives and support the communities and people impacted by these major hurricanes. I recognize that, in some regions in Puerto Rico and the Virgin Islands, people are still facing dire conditions. I recently saw that for

myself and the devastation firsthand and can assure you that HHS continues our response at 110 percent and will continue to work as hard as we can until conditions improve.

Since this is my first time testifying before this committee as the ASPR, I will begin with a brief description of my view on the role of this position. After it was created almost 11 years ago in response to Hurricane Katrina by the Pandemic and All-Hazards Preparedness Act, its objective was to create unity of command by consolidating all HHS public health and medical preparedness and response functions under one person, the ASPR. I had the privilege of serving as a staff director of the subcommittee that drafted this legislation. ASPR's mission is simply to save lives and protect America from health security threats. On behalf of HHS, ASPR leads the public health and medical response to disasters and public health emergencies in accordance with the National Response Framework Emergency Support Function No. 8.

Today, the threats facing our country are increasingly diverse and more lethal. Therefore, my main objective is to improve national readiness and response capabilities from 21st century threats. I aim to do that through four key priority areas and efforts: first, provide strong leadership; second, create a national disaster healthcare system; third, sustain robust and reliable public health security capabilities; and, finally, advance innovative medical countermeasure development.

Hurricanes Harvey, Irma, Maria, and, lastly, Nate's near simultaneity and severity created unique challenges. Especially in Puerto Rico, no place, no person, no life was untouched. During my trip there, I was overwhelmed by the resilience of its citizens who are making due in extraordinarily difficult situations. Of the three major hurricanes to date, our strategy has been threefold: first, save lives; second, stabilize the healthcare system; third, restore healthcare services.

In Puerto Rico, we're still responding. In other areas, recovery is underway. Here are just some of the many actions taken by ESFA partners:

In order to save lives, ASPR activated the National Disaster Medical System, or NDMS, and deployed more than 2,500 personnel from 21 States and hundreds of other Federal employees, including U.S. Public Health Service Commissioned Corps personnel, to communities impacted by these storms. In fact, in each of these storms, we deployed teams even before the hurricanes made landfall so they were ready to respond immediately. We cared for more than 15,000 patients in the affected States and territories and more than 10,700 in Puerto Rico alone. HHS has also sent 439 tons of medical equipment and supplies to the affected areas. HHS declared public health emergencies for impacted States and territories before landfall with each storm.

ASPR and CMS proactively utilized the emPOWER tool to identify

Medicare/Medicaid beneficiaries in each impacted area who rely on life-maintaining and assistive medical equipment as well as people who rely on dialysis and home health services. We evacuated more than 200 dialysis patients from the U.S. Virgin Islands. In Florida and St. Thomas, for the first time in its history, NDMS personnel joined urban search and rescue teams to locate and evacuate dialysis patients.

HHS activated the Emergency Prescription Assistance Program in Puerto Rico, which provides free medications to disaster victims who cannot afford to pay.

HHS deployed mental health teams and activated behavioral health hotlines, in partnership with SAMHSA, to aid people coping with the psychological effects of these storms.

I'd like to show you a map. You can see it on your screens and you have paper copies in front of you. This illustrates the comprehensive approach to providing healthcare and DOD services -- pardon me, medical services we implemented together, with our interagency partners at the VA and DOD, as well as the Puerto Rico Health Department.

My overview of activities we took on behalf of Americans in distress is just a fraction of what we actually did. I have not and could not speak to all the work that HHS disaster medical assistance teams and Public Health Service Commissioned Corps personnel did. They are true American heroes who left their families, their medical

and clinical practices to render aid, often in arduous circumstances.

We're committed to the long period of recovery ahead. We also reflect on this experience by conducting a comprehensive after-action review to identify ways to improve our capacity to respond to future public health emergencies, be they naturally occurring or manmade.

I thank you, again, for this opportunity to address these issues, and I'm happy to answer any questions that you may have.

[The prepared statement of Dr. Kadlec follows:]

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Mr. Griffith. Thank you. Thank very much.

Now 5 minutes for an opening statement for the Honorable --

TESTIMONY OF SCOTT GOTTLIEB, M.D.

Dr. Gottlieb. Thank you, Chairman Griffith, Ranking Member DeGette, members of the subcommittee. I appreciate the invitation to discuss the FDA's response to Hurricanes Harvey, Irma, and Maria. My remarks today are going to be focused on the impact of Maria on Puerto Rico because of the unique role the FDA has in the island's recovery and because of the enormous magnitude of the devastation that Maria caused to our fellow citizens.

First and foremost, our commitment is to the people of Puerto Rico as they begin the long recovery from the overwhelming devastation. But FDA also has a broader mission in Puerto Rico: A substantial portion of the island's economic base is comprised of facilities that manufacture medical products. This includes many critical medical products. There are currently more than 50 medical device manufacturing plants in Puerto Rico. Collectively, they produce more than 1,000 different kinds of devices. To date, we are especially focused on about 50 types of medical devices manufactured by about 10 firms in Puerto Rico. These devices are critically important to patient care because they may be life-sustaining or life-supporting

or the island may be the only manufacturing site for these devices.

At the same time, we're focused on about 30 different medically important drugs and about 10 biological devices or biologics that are solely or primarily manufactured on the island. Fourteen of these products are sole-source, meaning they're manufactured only in Puerto Rico.

To avert shortages of critical medical products, we have been working closely with our partners at FEMA, DHS, and, of course, HHS to troubleshoot challenges related to getting fuel for generators and raw ingredients for manufacturing processes, as well as the logistics to move finished products off the island. Our interventions have evolved as the nature of the risk has changed, and our response progresses. Early on, we helped individual firms secure landing rights for planes to ferry off finished products that were, in some cases, at risk of being destroyed by flooding warehouses. As days went on, we started to get more actively involved in helping facilities secure diesel fuel for generators. In the last week, we have been actively engaged in helping a few facilities that manufacture products critical to the blood supply secure small quantities of medical-grade gases that they use in their manufacturing processes. As the recovery efforts proceed, a lot of these challenges are being solved through better logistics and no longer require our active intervention.

That's the good news. We have processes in place now that are

helping guarantee supply of diesel fuel, raw manufacturing ingredients, and medical gases, and other critical components. But there will be other challenges that arise as this crisis evolves.

The one that concerns us the most is long-term power. Many generators weren't meant to function for months on end. Moreover, a lot of the facilities can't return to full production on generator power alone. Most are producing at anywhere from 20 to 70 percent of their normal capacity based on our informal survey. They won't be able to resume full production until they get back on the power grid. And if they don't return to the grid by the end of this year, we're concerned that we could face multiple potential shortages unless we can also help these facilities temporarily ship more of their manufacturing off the island.

But with my remarks, I'd like to give you a perspective on the human factor that we're seeing every day where we see the island's residents taking often heroic steps to keep supplies and critical products flowing and where the firms that manufacture these items are taking their own extraordinary steps as good corporate citizens to support these efforts. If we're going to avert major product shortages, it's going to be as a consequence of these efforts. I want to take a moment to take note of these activities and to support them.

First and foremost, I want to take note of the Americans who reside in Puerto Rico. The medical product industry directly employs about

90,000 Puerto Ricans. And if we do avert critical shortages, it will be primarily because of our fellow citizens who returned to their post at this critical time, even as their own families were displaced and their lives devastated. We owe them all an enormous debt of gratitude.

I also want to use this chance to take measure of the good corporate citizenship that FDA has been witness to. Even as we watched some companies take extraordinary efforts to maintain their production, they took equivalent steps to support their employees and the families of their workers, using their facilities as a way to deliver direct assistance to those harmed by Maria. Many of these manufacturing facilities are serving as disaster relief stations across the island. They are helping distribute FEMA aid to the outlying towns. Companies are distributing gasoline to their employees and general relief items like water, food, and batteries. Facilities have been using their cafeterias to feed employees and their families. One multinational drug company told us that they shipped thousands of generators to the island for distribution to their employees as part of hundreds of tons of relief aid and emergency supplies that they shipped by air and sea. We know of companies that have created financial programs to help employees rebuild their homes and resume their lives. Some of these programs include cash grants or matched donations they accept from employees across the globe as a way to help Puerto Rico employees rebuild their homes.

I want to take a moment to recognize these efforts. These kinds of commitments are going to be a key part of helping Puerto Rico fully recover. We all need to do our part.

Most of all, I want to recognize the resilience of the people of Puerto Rico and the fidelity to our public health mission. The FDA has a long history of operating on the island. It has been an integral part of our work. We owe the island's residents our steadfast and long-term commitment to a full recovery. Thanks a lot.

[The prepared statement of Dr. Gottlieb follows:]

******** INSERT 1-2 ********

Mr. Griffith. Thank you. I thank you for your testimony.

And now I recognize Ms. Brandt for a 5-minute opening statement.

TESTIMONY OF KIMBERLY BRANDT

Ms. Brandt. Thank you. Chairman Griffith, Ranking Member DeGette, and members of the subcommittee, thank you for the opportunity to discuss efforts by the Centers for Medicare and Medicaid Services, or CMS, to respond to the recent hurricanes.

CMS plays an integral role in emergency response during these natural disasters. I have almost 20 years of experience working on Medicare and Medicaid issues. And even with that perspective, I was surprised at the depth and breadth of CMS' involvement in the hurricane response efforts.

This is a role our agency takes very seriously, as evidenced by, even while I am here today, CMS Administrator Verma is in Puerto Rico assessing our on-the-ground efforts and gaining valuable insights from patients, providers, and local officials. Many people think of CMS, firstly, as a pair, reimbursing for the care delivered to our over 100 million Medicare/Medicaid and CHIP beneficiaries, and, secondly, as a regulator, overseeing and enforcing standards for the care delivered by millions of providers and suppliers. While CMS does not directly provide care to our beneficiaries, we do have a direct impact on the

care they receive. And the last several weeks have allowed CMS to demonstrate the important role we can play in emergency preparedness and response efforts.

One of CMS' most valuable emergency response tools is our ability to waive or modify certain program requirements, which CMS can do after the President declares a major disaster and the HHS Secretary declares a public health emergency. CMS is using the full breadth of this authority to ensure our beneficiaries have access to the care they need by providing flexibility to Medicare and Medicaid providers so they can deliver high-quality care to those who need it, when they need it, and where they need it. For example, we use waivers to allow Medicare providers to move patients between facilities and administer care in alternative locations and to expedite Medicaid enrollment for out-of-state providers. Already, we have approved nearly 100 waivers in total across the impacted disaster areas.

Last month, I joined Administrator Verma on a visit to Houston, Texas, where we are able to speak to several of those impacted, including beneficiaries and providers who demonstrated how important these flexibilities were to them following an emergency. We want beneficiaries and providers to be able to focus on their immediate needs to provide urgent care without worrying about reimbursement policies, and we heard firsthand during our visit what a difference those flexibilities make.

That is why CMS is taking an active listening approach and meeting and talking with stakeholders in all of the impacted areas on an ongoing basis to make sure we understand their needs and are able to meet them.

One of the Administrator's top priorities has been to provide access to necessary care for one of our most vulnerable beneficiary groups, dialysis patients, during these challenging circumstances. One of the ways we have done this is using our authority to temporarily designate dialysis facilities licensed in locations impacted by the hurricanes -- but that are not yet certified -- to serve as a special-purpose renal dialysis facilities so they can provide care for Medicare beneficiaries. In fact, we were able to designate one of these facilities in Florida before the storm hit to ensure that patients were dialyzed in anticipation of the storm.

In Puerto Rico and the U.S. Virgin Islands, CMS has been working closely with ASPR, the Kidney Community Emergency Response Program, and the End Stage Renal Disease Networks to monitor conditions before, during, and after the storms to predict and assess the impact to these extremely fragile patients. Here are two examples of our combined efforts: Under the direction of one of our CMS Commissioned Corps members, we are working with these partners to daily track the operational status of dialysis facilities in Puerto Rico and their status with respect to fuel, water, and other supplies, as well as developing delivery schedules for those supplies necessary for the

facilities to treat the nearly 6,000 dialysis patients on the island.

CMS also partnered with several of our Federal and local partners to arrange support for approximately 120 dialysis patients evacuated from the U.S. Virgin Islands to Atlanta when conditions were no longer safe in the Virgin Islands. This included working with staff on the ground in Atlanta from day one to greet and medically assess each patient as they arrived.

Unfortunately, these recent events will not be the last public health emergencies our Nation faces. Making sure providers and suppliers are prepared for future disasters, whether it is a hurricane, wildfire, or disease pandemic, is essential to ensuring patient safety. That is why CMS requires all Medicare and Medicaid facilities to comply with basic health and safety requirements, including emergency preparedness standards, which we updated last fall. The updates include a more comprehensive approach to emergency planning and requiring facilities to more thoroughly address location-specific hazards. In addition, we required facilities to meet additional emergency training standards for staff and implement a communication system to contact patients, physicians, and other necessary persons to ensure continuation of patient care functions.

While much has been done, there's still much to be done, particularly in Puerto Rico, where over 50 percent of the population is covered through a CMS program. Together, we must continue to think

creatively about all the ways we can help ensure our beneficiaries have access to needed care, supplies, and prescriptions, even in the midst of emergencies and natural disasters. We appreciate the subcommittee's interest in these efforts and look forward to working with you throughout the recovery process.

[The prepared statement of Ms. Brandt follows:]

******** INSERT 1-3 ********

Mr. Griffith. Thank you, very much, for your testimony.

I now recognize Rear Admiral Redd for 5 minutes for an opening statement.

TESTIMONY OF STEPHEN C. REDD, M.D., RADM

Dr. Redd. Good morning, Vice Chairman Griffith, Ranking Member DeGette, and distinguished members of the subcommittee.

I am Rear Admiral Stephen Redd, Director of the Centers for Disease Control and Prevention's Office of Public Health Preparedness and Response. I appreciate the opportunity to be here today to discuss CDC's efforts and activities in response to the 2017 hurricanes.

To address the impacts of these hurricanes, CDC has provided public health support to the coordinated Federal, State, local, territorial and Tribal responses. The focus of CDC's efforts have been in epidemiology and health surveillance, laboratory support, environmental and occupational health, and health communications.

On August 30, 2017, CDC activated its emergency operation center to coordinate our response to Hurricane Harvey, and subsequently, we've expanded that activation to include Hurricanes Irma and Maria. Since the end of August, CDC has had approximately 500 staff members supporting the response. Additionally, we have deployed over 70 staff to the affected areas to provide on-the-ground support, including 34

to Puerto Rico and 12 to the U.S. Virgin Islands. To address immediate health concerns, CDC deployed Federal medical stations to serve as temporary, non-acute, medical care facilities. Each Federal medical station can accommodate up to 250 patients and includes a cache of medical supplies and equipment. HHS deploys medical teams to staff these facilities, and CDC has deployed six of these to Puerto Rico, four to Texas, and two to Florida.

CDC has used syndromic surveillance to monitor health-related data that may signal disease outbreak. Our National Syndromic Surveillance Program has collaborated with ASPR's disaster medical assistance teams to collect data on patient encounters and works closely with the American Red Cross to monitor data on shelter populations so that health officials can respond quickly when that's called for.

Surveillance during this response has indicated elevations in carbon monoxide poisoning. And this has led to increased messaging to prevent this condition and guidance on the safe operation of generators.

Identifying and controlling public health -- diseases of public health importance in Puerto Rico and the U.S. Virgin Islands are a priority. The Puerto Rico Department of Health sustained significant damage during Hurricane Maria, including damage to their laboratories. These laboratories are not able to conduct any public health tests.

They're not able to confirm diagnoses of infectious or environmental diseases. CDC is working with the Puerto Rico Department of Health and FEMA to get these laboratories back in operation. And, in the meantime, we have arranged for packaging and shipment of clinical specimens of suspected priority infectious diseases, such as tuberculosis, leptospirosis, rabies, influenza, salmonella, to the U.S. mainland for testing. In fact, the first shipment of diagnostic specimens for leptospirosis recently arrived in Atlanta.

Let me touch briefly on a few other components of our response. We've provided technical assistance to the affected areas to address health issues, such as food safety, water issues, including sewage. We've provided guidance on injury prevention from debris and drowning. We've helped with shelter assessments. We've provided guidance regarding the safety of responders, and we have developed and disseminated key public health messages to individuals in the affected areas.

CDC recognizes that the full recovery from the recent hurricanes will take time, particularly in Puerto Rico and the Virgin Islands, where the damage has been extensive. But we're here to continue to provide that support.

Thank you, again, for the opportunity to appear before you to discuss our response and recovery efforts, and I'd be glad to answer any questions you might have.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

[The prepared statement of Dr. Redd follows:]

******** INSERT 1-4 ********

Mr. Griffith. Thank you all very much for your testimony.

And I will now begin questioning by recognizing the chairman of the full committee, Chairman Walden, for 5 minutes for questions.

The Chairman. Thank you, Vice Chairman.

And I thank all of you for your testimony and the work that the people that you represent are doing in these terrible tragedies.

And we all know there's more to be done, and it's hard, in the aftermath, to get it right. And we sure appreciate what you're doing.

On behalf of the at-large Resident Commissioner from Puerto Rico, Jenniffer, thank you for joining us today. I know you're not able to ask questions as part of our committee rules, but I can on your behalf. So I appreciate your submitting some of these because I think they're really important to get on the record.

So, Dr. Kadlec, I'm going to start with you. Puerto Rico remains in the response mode of saving lives and stabilizing healthcare services. What major milestones must be completed to progress from the response phase to the recovery phase? If you can just be fairly brief on that because I've got a couple other --

Dr. Kadlec. Yes, sir, I think it has been highlighted by members of your committee. The power situation on the island does represent a significant limitation. Right now, we have about 60 percent of the 67 hospitals that are on the power grid and have reliable power. But there are 36 percent, total of 24, that still do not. And that's an

important benchmark in terms of our ability. The other --

The Chairman. What's your timeline to get -- what do you think the timeline is to get them the power they need?

Dr. Kadlec. Sir, I really wouldn't be in a position to answer that. I think the U.S. Army Corps of Engineers is trying to move as aggressively as possible to do that. They have prioritized hospitals, health clinics, and dialysis centers on the top of the list to, basically, to re-electrify with the grid. So I think the intent is, is to get them up as quickly as physically and humanly possible.

The other part of the sustainment is also knowing about the operational status of those hospitals, because some of them have physical damage, to ensure that they can basically resume full functionality. It is, again, working closely with FEMA and with the Army Corps of Engineers. We performed assessments of those hospitals to identify which ones need physical repair.

And then there are also issues that relate to supply-chain restoration, things like oxygen, which I think is a matter of topical interest here.

The Chairman. All right. Thank you.

Rear Admiral, thank you for being here and, again, for the work you're doing.

How is the CDC Dengue Branch in Puerto Rico being utilized during this recovery effort? And then I have one more for you.

Dr. Redd. Yes. The Dengue Branch was affected just like every other location in Puerto Rico. As of October 10th, the laboratory is back in operation. It's functioning at a low level under generator power right now. So I think it's more in the affected than in the response zone of the efforts at this point.

The Chairman. When do you think it might be up to full operation?

Dr. Redd. I think some of the issues that Dr. Kadlec raised would be germane to the full activation and operation of the Dengue Branch lab as well.

The Chairman. All right. Particularly concerning is the damage to Puerto Rico Department of Health public health labs. To date, the labs are not able to conduct any public health testing, including the ability to confirm diagnoses of infectious and environmental diseases. What will it take to get them up and running? And, in their absence, what is happening to do this kind of lab work?

Dr. Redd. Yes, sir. So restoring power is the first step. There is work with the Army Corps to identify the generator capacity needed to bring the laboratories back to power. There will be a second level of effort to determine what equipment can be salvaged and what equipment can't be salvaged. So we don't know the results of that assessment until the power is back. So it is going to be some time.

The Chairman. You don't know a timeline on power?

Dr. Redd. I think, for generators, we're talking weeks at the

most.

The Chairman. That they'll be running on generators or before they get them --

Dr. Redd. Generators. Yes. And maybe less than that. So I can't say about the back on the grid. But there should be power to the labs within a relatively short period of time.

In the meantime, we are working with the Department of Health in Puerto Rico to ship specimens to Atlanta for testing. And that's where the first shipment of leptospirosis cases has been shipped.

The Chairman. And are you comfortable -- perhaps it's you and others on the panel -- with that kind of arrangement to do the lab testing? Is that quick enough? Is it adequate enough?

Dr. Redd. It's certainly not optimal. I think it's the best that we can do at this point in time. I think that what we really need is to be where those tests can be done in Puerto Rico and having the lab back up to full speed.

The Chairman. But if it's going to be weeks before that can happen, is there a temporary sort of lab that could be flown in there?

Dr. Redd. We've had quite a bit of discussion on that. I think that, in general, the feeling is that getting specimens to Atlanta for testing is going to be actually -- since it's not going to be a very, very prolonged period of time, that this is a temporizing measure. It's not optimal, but it's the best that we can do under the

circumstances.

The Chairman. It works? You feel it works?

Dr. Redd. Yes, sir.

The Chairman. All right. My time has expired.

Mr. Vice Chair, thank you for this hearing.

Again, thank you for your testimony.

Mr. Griffith. Thank you, very much, Mr. Chairman.

I now recognize the ranking member of the subcommittee, Ms. DeGette of Colorado, for 5 minutes.

Ms. DeGette. Thank you, so much, Mr. Vice Chairman.

I just want to remind the panel: You all know very well it's now been over a month since Maria hit both the U.S. Virgin Islands and Puerto Rico. And, even now, there was just an article in The New York Times today which is entitled "'Like Going Back in Time': Puerto Ricans Put Survival Skills to Use." And it's a very powerful article that talks about how people still don't have power. People are still eating canned foods. Elderly people are afraid to go outside because of gangs. And what it talks about is the way everybody is helping themselves is the neighbors are bonding together. And there's a fellow, the director of a local nonprofit, said most of the aid -- the neighborhood, which appears to be in San Juan, not in the remote mountains -- said -- had received was from private citizens and celebrities. Quote: "The government hasn't arrived here."

So, having been -- as I mentioned in my opening remarks, having been on this subcommittee when we investigated Katrina, it's wonderful to reflect back on what we've done. But it's more important to think about, A, how quickly we can do more. And, B, what we can do to improve our efforts in the future. And I just want to remind that, everybody, listening to a lot of this testimony, you'd think that everything was just swell. And I hope none of you intended to intimate that. And I know we're going to have a lot of questions about that.

But, Commissioner Gottlieb, I kind of wanted to hone in with you about your testimony because, as you said, there are a lot of drugs and devices that are produced in Puerto Rico. There's 13 of them that are -- drugs -- that are only produced in Puerto Rico. Is that correct?

Dr. Gottlieb. There's more than 13. There's probably somewhere in the nature of 40 sole-source drugs but only 14 that we think are critical insofar as they are medically important and we couldn't find a therapeutic alternative. So we're focused on about 14 products.

Ms. DeGette. About 14. And most of the plants where those drugs are being manufactured are relying on generators. Is that right?

Dr. Gottlieb. That's right. I believe almost all, if not all, of the plants are on generator power.

Ms. DeGette. On generator. Now, I think you testified that this is not a long-term solution. Is that right?

Dr. Gottlieb. That's right, Congresswoman. There are some facilities that have substantial generators and probably could operate for a sustained period of time.

Ms. DeGette. What do you mean by "a sustained period of time"?

Dr. Gottlieb. Some of them are very hardened. So I don't want to say that there aren't facilities there that couldn't operate, perhaps indefinitely, on generators. But that's the exception. Most of those facilities will not be able to operate for a sustained period of time.

And if we get into the first quarter of next year and these facilities aren't back on the grid, we're going to have some concerns. And so we're trying to think now how we can work with our partners at HHS and the Army Corps of Engineers to prioritize a handful of the facilities that are critical.

Ms. DeGette. And the reason you're going to have concerns is sort of twofold. Number one, the generators don't produce the kind of energy that they need to produce these products, right?

Dr. Gottlieb. That's right.

Ms. DeGette. And, number two, even if you can use it, it's going to be a reduced supply.

Dr. Gottlieb. That's right. In most cases -- I know of one firm that's producing at 100 percent output right now, but they've dialed back certain portions of the facility. In most cases, these facilities

can't operate at 100 percent production on their generators --

Ms. DeGette. Right.

Dr. Gottlieb. -- and they certainly can't operate 100 percent of their facilities on the generators.

And the other point is that the generators themselves are going to start to break down. These weren't meant to operate --

Ms. DeGette. That's right. They are not meant to operate.

Dr. Gottlieb. That's right.

Ms. DeGette. -- these plants.

Now, let me just ask you quickly. On Friday, you released a statement that said the FDA is monitoring about 50 types of medical devices manufactured in Puerto Rico that are critically important to patient care, including everything from insulin pumps to pacemakers. Is this the same kind of problem that we're seeing with the drug manufacturers?

Dr. Gottlieb. Same challenge. So these are 50 devices that we're monitoring, manufactured by 10 different firms. And it's a similar challenge. In some cases, the device manufacturing is more energy dependent and the facilities themselves need a more reliable flow from the grid. So, even as these facilities get put back on the grid, if the grid itself is unreliable, they might prefer to stay on their generator power for a longer period of time. And many of them also are going to want dual feeds off the grid. So it could be a while

before some of these facilities could get the kind of connection to the grid that they need.

Ms. DeGette. Mr. Chairman, let me just say, if anybody has any concern this is impacting all American families, my daughter, who is a Type 1 diabetic, just got a letter from Medtronic last week saying her new insulin pump was not going to arrive because of the problems we're having in Puerto Rico. So this is impacting every American, not just the Americans in the U.S. Virgin Islands and Puerto Rico. Thank you.

And I'd like to ask unanimous consent to put that New York Times article into the record.

Mr. Griffith. Without objection, so ordered.

[The information follows:]

******** COMMITTEE INSERT ********

Mr. Griffith. I now recognize the vice chairman of the full committee, Mr. Barton of Texas, for 5 minutes for questions.

Mr. Barton. Thank you, Mr. Chairman.

I want to extend my personal welcome to our newest member, Mr. Duncan. He's an outstanding member of the Republican baseball team that I manage, like Mr. Costello. And I'm sure he'll do just as good, if not a better, job on the committee. So we're glad to have you, Jeff, and look forward to a bright future with you.

Mr. Chairman, I appreciate this hearing. I know the primary focus is Puerto Rico and the Virgin Islands, but we had a hurricane in Texas too. We're a little bit more developed as a State, so our ability to endure it was possibly somewhat stronger. Having said that, there's still issues in Texas.

My first question, I think, will be to Mr. Redd. There are lots -- in a normal year, there's a lot of mosquitoes in the Houston area. But, given the amount of water that was sustained and we still haven't had a freeze, so we still have that issue, what cooperation, if any, have you and your agency had on helping to minimize that problem in the Houston area specifically but the Gulf Coast generally?

Dr. Redd. Yes. We operate as part of the combined Federal response here. We've worked with DOD through the FEMA managed response system to provide advice on what kind of mosquito control efforts would be most appropriate. And we've worked with that system. So we haven't

actually -- we don't do spraying ourselves, but we provide that expertise on mosquitoes.

Mr. Barton. As far as you know, there's not an issue of not enough -- I don't know what you call it -- insecticide?

Dr. Redd. That's correct. This is a problem that happens after virtually every hurricane which has a rain element to it. The types of mosquitoes that follow a hurricane typically aren't the ones that transmit disease. And there's pretty much a standard approach to that with CDC providing technical advice, DOD providing the equipment and actually doing the spraying in consultation with the local mosquito control districts.

RPTR ZAMORA

EDTR CRYSTAL

[11:02 a.m.]

Mr. Barton. Similar question. I guess this would be to Dr. Kadlec.

Is that correct?

Dr. Kadlec. Yes, sir.

Mr. Barton. Lots of Medicare patients in the Texas Gulf Coast area, and many of them have had to go to hospitals for treatment. Under current regulations, does CMS have the authority to reimburse these hospitals for the emergency treatment of Medicare patients?

Dr. Kadlec. Sir, since we have a representative from CMS, I'll ask Ms. Brandt to maybe respond to that.

Mr. Barton. Well, that's my fault. I should have directed it to her to start with.

Ms. Brandt. No problem, sir. Thank you.

We are currently working with State officials to work with them on the uncompensated care issues and to develop a plan so that we can make sure to appropriately reimburse those providers.

Mr. Barton. Is there anything the State of Texas needs to supply CMS to get that put together fairly quickly?

Ms. Brandt. Currently we are working with the State officials

to do what's called a multistate 1115 waiver to allow them to request Federal matching dollars for an uncompensated care pool, and that would be for those people who have been displaced or who needed to receive care within the disaster area. So we are working with the State and hope to complete that in the foreseeable future.

Mr. Barton. Well, I'm the co-chairman of the Texas Congressional Delegation Harvey Task Force. My Democrat co-chairman is Henry Cuellar. If there's anything the delegation needs to do to assist in that, if you'd let his office or my office know, we'll make sure that you get whatever information that you want.

Ms. Brandt. We will certainly do so, and we will keep you apprised of that, sir.

Mr. Barton. Thank you.

And with that, Mr. Chairman, I yield back.

Mr. Griffith. The gentleman yields back. Appreciate that.

I now recognize the chairman of the full committee, Mr. Pallone of New Jersey, for 5 minutes for questions.

Mr. Pallone. Thank you, Mr. Chairman.

At a recent press event with the Governor of Puerto Rico, President Trump said that he would give his administration a 10 on its response efforts in Puerto Rico. But I have to be honest with you, from what I hear from my mayors and council people and people that are coming into my district from Puerto Rico, I would give at best a 2 on

a scale of 1 to 10.

And my concern is, as I expressed a little bit in my opening statement, that this isn't only an issue of what's happening on the island, but also the people that are coming to the United States that have needs. And I don't think they would be coming here if they were able to stay in Puerto Rico.

Just as an example, I'm looking at the Home News, which is my daily in New Brunswick, which is one of my towns in my district, and it says that when the Puerto Rican Governor visited with President Donald Trump on Thursday to ask for aid, he said that without immediate help from the United States to rebuild the island there would be a mass exodus to the mainland of the United States.

And then we have a professor at Rutgers, which is in my district, who said that the number of Puerto Ricans who will move to the Garden State due to the storm will likely spike once people determine they can't stay on the island longer if power and access to running water, food, and Medicare do not improve.

Now, I obviously would like people to come here if they can't get basic necessities on the island. But, I mean, this is -- you know, the fact that the President would call this a 10 is absurd, in my opinion.

So let me start with Dr. Kadlec. Recent reports still indicate that nearly 80 percent of the Americans on the island are without

electricity. One mayor reported that his city's ambulances had responded to at least four calls where a patient who had lost power for oxygen tanks or ventilators had died. Other reports have stated that hospitals have had to take in patients from medical centers where generators have failed.

I mean, I'll tell you, when we had Sandy, I think our power was out for 2 weeks and it was impossible. I can't imagine going for months without power.

So, Dr. Kadlec, a lack of reliable electricity has created serious risks to the health of American citizens in Puerto Rico. Would you agree with that?

Dr. Kadlec. Sir, it's decremented the whole society there. So the answer is, yes, it is a risk to people.

Mr. Pallone. All right. Well, I appreciate your honest response.

Last Friday, CNN reported that a million Americans on the island or about 35 percent of all residents still lack access to running water. And I understand that without adequate drinking water or safe running water to provide basic hygiene, affected populations run the risk of serious gastrointestinal and related diseases. Again, in Sandy, I think I only went a couple days without a shower and I couldn't deal with it.

So let me ask, I guess, Dr. Redd, would you agree that if nearly

a million Americans lack access to reliable clean water that this poses a major health concern?

Dr. Redd. Yes, sir.

Mr. Pallone. All right. Thank you.

This morning an article in The New York Times described the situation in Puerto Rico like going back in time. And WIRED Magazine previously reported that the breakdown in electricity and telecommunications systems had pushed Puerto Rico, and I quote, "back a century or so."

Just yesterday, the FCC reported that nearly 70 percent of the island's cellphone towers are still out of service. Again, lack of communication, lack of cell towers, you can't even address emergencies if you can't communicate.

So let me go back to Dr. Kadlec. Would you agree that a functioning communications system is also an essential component to reaching and communicating with Puerto Ricans to ensure that healthcare needs are met?

Dr. Kadlec. Sir, it is. And we've done a lot to basically ensure that we have positive communications with those hospitals on the island, either by radio, cell communication, or landline.

So we've really worked hard to maintain -- we actually deployed National Guardsmen with satellite phones initially when there was no cell service on the island to ensure that we could keep positive

contact.

And to your point about the generators, sir, I think that's a fair one. But, quite frankly, sir, we've created a whole system to basically address that.

And, in fact, when I was there the first week after the storm, Humacao, one of the hospitals where one of our DMAT teams was located, co-located, lost generator power. And they had several patients in the intensive care unit, actually a couple having surgery at the time, and we were able to transfer those patients safely without loss of life not only to our shelters where our DMAT teams were, but transport them through ambulances, Medevac helicopters.

Mr. Pallone. Well, I appreciate that.

Dr. Kadlec. The point is, so that we've gone to extraordinary steps to basically help --

Mr. Pallone. All right. Well, I appreciate it.

Let me just issue one thing as my time runs out. The President said it's a 10. I gave it a 2. Would you give me a number between 1 and 10?

Dr. Kadlec. I'm not in the business to give you marks, but I can tell you we're working 110 percent even today to help those people, help our fellow Americans on that island.

Mr. Pallone. I appreciate that.

Thank you, Mr. Chairman.

Mr. Griffith. Thank you so much.

I now recognize the gentlelady of Indiana, Mrs. Brooks, for 5 minutes for questions.

Mrs. Brooks. Thank you, Mr. Chairman.

And thank you to all of our panel members for being here.

Dr. Kadlec, I want to talk a little bit more about the National Disaster Medical System that you've described. And I know you've only been on the job for a few months now. In fact, how many months have you been on the job?

Dr. Kadlec. Sixty days.

Mrs. Brooks. Sixty days. Tough first 60 days.

Dr. Kadlec. It has been a baptism.

Mrs. Brooks. And obviously you were very familiar with the organization prior to becoming in charge of ASPR. Are there reforms to the National Disaster Medical System that you're already considering, or are there challenges you've already faced, whether it's on the deployment, whether it is on the number of resources you have or the authorities you have? And if so, what are they?

Dr. Kadlec. Ma'am, all the above. I think one of the things that this event demonstrated, because of the extraordinary nature, and to Representative DeGette's point, to go down there and actually see the devastation is pretty extraordinary. I've made five combat tours in Iraq, and I never saw anything like what I saw in Puerto Rico, number

one.

Number two is, that would kind of simulate what we'd probably expect if we had a nuclear detonation without the fire or the radiation. So the physical destruction to that island, as I said, affected everyone, and the psychological and physiological effects are pretty extraordinary.

To that point, we were stretched in terms of our DMAT capabilities or NDMS capabilities to deploy. I give a lot of credit to those DMAT physicians, nurses, paramedics, pharmacists from your States who basically deployed down there on numerous occasions. We had people from Colorado who were at Harvey, Irma, and now Maria.

And so the answer is, is that we probably need to do some creative thinking how to do that. We worked a little -- worked very well with the VA in Puerto Rico. We need to probably work better with DOD on that.

But I think there are a lot of things we need to do to remove dependencies that require us to basically do "Mother, May I"'s for transportation. We probably need a larger supply capability. And we need to move things faster and better.

That said, we deployed before landfall, we had 150 people from our DMAT teams in San Juan riding out that storm. So we have extraordinary people doing extraordinary things. They're from your jurisdictions. They're American heroes. And we probably don't give

them enough credit, and we certainly don't give them enough resources.

Mrs. Brooks. And, Dr. Kadlec, with respect to the authorities of ASPR, has it been clear as to who is actually in charge of the response efforts, or do there need to be additional operational capabilities provided to ASPR?

Dr. Kadlec. Ma'am, I think that's something that we're going to do an after-action and look at that. I'd like to say we were able to do pretty well. I think we can do better. But I'd like to hold an answer on that to work with your staff to identify those things. Again, to remove those dependencies, the "Mother, May I"'s for ambulances, for air transportation, for a variety of things, are things that we need to resolve.

Mrs. Brooks. Thank you.

Ms. Brandt -- and, again, I have some questions also provided by Representative Gonzalez -- apparently, prior to the hurricane, retention of medical personnel has been a challenge to Puerto Rico. And so prior to Hurricane Maria, according to my colleague, almost a physician a day would leave the island, would not be practicing there, and it affected a number of specialists left in the territory. How is that impacting the short-term and long-term recovery efforts?

And I actually received communication from a constituent of mine whose cousin was a specialist overseas at the time that it hit, and she had difficulties getting back on to the island to help her people.

And so what is CMS doing relative to the physician retention issue?

Ms. Brandt. Thank you for the question, and that is something that CMS is very concerned about and very aware of.

In terms of the retention issue, we've been working with the Department of Health on the island and seeing what flexibilities we can do administratively to be able to lift any requirements that would make it easier for people to stay on the island or to work with them, to see what other types of programs that we have that would provide incentives for physicians and other medical personnel on the island. But ultimately that is a decision by the government of the island.

In terms of allowing people to come in to assist with the efforts on the island, especially in wake of what has happened, we have waived many different regulations and other authorities that we have that would have limited out-of-state -- or out-of-territory in this particular instance -- providers to be able to come in and provide care, and have been working with the Department of Health on the island to see what else we can do to ensure that they have as much access to as many personnel as we can get them.

Mrs. Brooks. Thank you for that flexibility.

My time is up. I yield back.

Mr. Griffith. I thank the gentlelady.

I now recognize the gentlelady of Florida, Ms. Castor, 5 minutes

for questions.

Ms. Castor. Thank you, Mr. Chairman.

Over a month later, folks in Florida and all across the country are still reeling from the avoidable deaths in the nursing facilities in Florida. You know, there are now criminal cases. There are civil cases. We're trying to figure out why in the heck Florida's Governor has deleted voicemails that came directly from the center to his cellphone.

But there's an important backstory here. In 2005, after Hurricane Katrina and the 215 deaths in nursing homes there, CMS and everyone determined, well, many skilled nursing centers are not prepared. So they -- you went into rural development then to try to ensure that there is going to be an alternative power source available. I understand that it will be November when a CMS rule relating to alternative power sources for skilled nursing centers will come into being, will become effective.

Why has it taken so long? And are you confident that it will do what we need to do?

And I want to recognize my colleague, Congresswoman Wasserman Schultz from south Florida, and thank Congresswoman Wilson and the Florida delegation that has been pressing this issue as well.

Ms. Brandt. Well, first of all, let me just state that from CMS' perspective, we share everyone's concern about the tragedy that

happened at Hollywood Hills. That's an event that should not have occurred. And from a CMS perspective, our first and ultimate priority is ensuring that we have patient safety and patient protection at every one of the facilities that accepts Medicare and Medicaid beneficiaries.

With respect to the rule itself, to clarify, the rule went into effect last year. We will begin serving against it in this November. So the rule actually went into effect last year, it's just that the actual surveys against it will go into effect starting next month.

However, it is something that we think does go a long way toward addressing a lot of the concerns that have been raised by Hollywood Hills. But in light of the event there, we want to continue to look at it to see if we could do more.

But some of the things it does that were pointed out as part of the problem at Hollywood Hills are ensuring that there is an emergency preparedness plan at every facility, ensuring that every facility has adequate backup supplies, such as generators and others, to be able to provide that there's a temperature between 71 to 81 degrees within the facility and that it doesn't go beyond that.

We also are working to make sure that the appropriate staff are trained so they know what to do in the case of an emergency. Based on the reports that I've read of the incident at Hollywood Hills, several of the failings that led to the unfortunate set of circumstances were that the personnel did not respond to the emergency preparedness

plan. The personnel were not adequately trained on the plan, and they weren't able to take steps accordingly. And those are things that we are going to be working with to ensure that, as I said, we survey people going forward, starting in November, that that's happening.

Ms. Castor. Thank you. And I encourage you to do that on an expeditious basis because that timeframe is not acceptable.

And, Ms. Brandt, health services provided under Medicaid play a critical role in how quickly families are able to recover from natural disasters. Following Katrina, the Bush administration took a number of actions to ease barriers to health insurance coverage through Medicaid. For example, CMS allowed for a temporary expansion of Medicaid eligibility in affected areas, a moratorium on eligibility redetermination, self-attestation of all Medicaid eligibility factors, and various waivers. And Congress in the Deficit Reduction Act acted to ensure that States were fully reimbursed at 100 percent FMAP.

Does CMS intend to take similar actions in response to Harvey, Irma, and Maria? What exactly, and what, if any, difference will there be between Puerto Rico and the U.S. Virgin Islands and the States and the mainland?

Ms. Brandt. So multiple parts to the question.

So with respect to the self-attestation in the eligibility requirements, we have already put in place all of those same

flexibilities that were in place for Katrina to allow it, so that people have the flexibilities to self-attest, if they don't have their appropriate documentation, if it was lost in the floods or the winds or any of the other natural disasters. So that is already taking place.

With respect to the uncompensated care pools that you mentioned, that is something that we're working with the Office of Management and Budget to work with Congress on because that is something that only Congress can address from a funding perspective.

And then, with respect to how the States are treated differently than the territories with respect to that, we've basically been holding them all to having the same amount of waivers and the same amount of flexibilities across the board. But one of the things that we are watching is, as has been mentioned, the number of people leaving Puerto Rico and going to the States and making sure that we're working with the States that they're going to, to make sure those States are compensated for the care that they're providing to those evacuees.

Ms. Castor. Good. I'll look forward to working with you more on it.

And thank you to the panel.

Mr. Griffith. Thank you very much.

I now recognize the gentleman from Michigan, Mr. Walberg, 5 minutes.

Mr. Walberg. Thank you, Mr. Chairman.

Thanks to the panel for being here.

I have a few questions as well that Congressman Jennifer Gonzalez-Colon has asked to address, and they're important, because I think they address some concerns now, but even for future consideration.

The first, would it be beneficial to postpone the Medicare Advantage enrollment period to January of 2018 -- I ask this of Ms. Brandt -- given that 80 percent of the population is without electricity and telecommunications remains largely down throughout the island? What would be your answer to that?

Ms. Brandt. We have been working to establish a special enrollment period for the citizens of Puerto Rico so that they have flexibility because we recognize that many of them may have trouble meeting the current enrollment period.

Mr. Walberg. Okay. So that is viable with that?

Ms. Brandt. Yes.

Mr. Walberg. Okay. How are you ensuring that Puerto Rico has the medicine it needs?

Ms. Brandt. On that one, I would defer to Dr. Kadlec because that's more of a supply chain issue. We simply pay for the prescriptions.

Mr. Walberg. Okay.

Mr. Kadlec.

Dr. Kadlec. So there have been several approaches to basically address medicines on the island. Probably the most important thing we did with the principal medical supplier on the island was provide them fuel to maintain their generator so they could keep refrigerated products and basically maintain their supply chain as well as making sure their trucks had gas to deliver it.

We've also been monitoring the availability or the functionality of pharmacies. There are over 700 pharmacies on the island; 92 percent, 93 percent of them are open at the present time.

We have worked with mainland distributors of temperature-sensitive items to ensure that they can basically push in there. Insulin is a very big one that we've worked with people as well as with the major transporters of materials in to make sure that those issues are -- materials are prioritized.

I'd also turn to Dr. Gottlieb because his agency has been very influential as well as working with mainland suppliers to bring in products. But we've been working at a variety of different ways.

Our DMAT teams have caches that they take and provide pharmaceutical resupply to not only hospitals, to patients they see anywhere. We've done tailgate medicine where we've actually gone into areas that are rural, remote, and have been cut off. Done so by helicopter and altering vehicles to ensure that we can deliver medicines to people who need them.

So we've gone through a variety of different lengths, some very straightforward and some pretty exotic to do so, but we've tried to meet whatever need is out there.

Mr. Walberg. Okay.

Commissioner Gottlieb, could you respond to that as well, especially in context with the power problems and how we're keeping up with the pharmaceuticals?

Dr. Gottlieb. The point that I'd add to the comments is just that there's a number of facilities that manufacture largely and predominantly for the island of Puerto Rico on Puerto Rico and we've prioritized those facilities.

So in terms of how we've thought about our mission, we have prioritized manufacturers who supply critical products to the people of Puerto Rico. So there are some local manufacturers that, for example, provide sterilization services to the hospitals that fall within FDA's regulatory scope. And so early on we worked to prioritize getting those back online.

Mr. Walberg. Mr. Gottlieb, one more question. It's been reported that medical oxygen production and access continues to be a challenge in Puerto Rico. Could you please update the committee both on the actions the FDA is taking to ensure that all patients and facilities that require oxygen are able to receive it as well, as the agency's actions to guard against a potential shortage of medical

oxygen?

Dr. Gottlieb. Yeah, we've worked with our partners at HHS. I'm going to defer to them on this because they've played a more active role directly with these facilities.

Dr. Kadlec. Sir, there are two principal suppliers of oxygen on the island. Both of them are back operational on the grid right now. There was a smaller supplier and then a very large supplier of oxygen, and they both suffered loss of electricity in the immediate aftermath of the storm.

Again, barging in oxygen cylinders, it's not something you can fly in necessarily. But oxygen is not the only gas that's needed. C02, nitrogen, argon, are all medical gases that are needed by manufacturers as well as the clinics out there.

So we basically have been trying to move what we could. The USS Comfort, which is floating around the island on the western side, can produce oxygen. And so we were actually filling cylinders of oxygen using the Comfort's capabilities to basically provide that, as well as bring in liquid oxygen generators so that we could actually provide temporary filling.

So right now I think we're on the right side of the oxygen problem. Both facilities are operational. And I think the supply should be sufficient as we go over time as the capacity and particularly the larger manufacturer comes full steam.

Dr. Gottlieb. Just to build on that, I'll tell you there's a number of medical product manufacturers who use oxygen and nitrogen in their manufacturing processes. They've been able to secure the supply they need. In a few instances, historically, we had to prioritize getting some of those supplies onto the island or from the island.

But in most cases they're sourcing that outside the island. That seems to be stable right now. We've moved past what I think is the critical phase of trying to work through this. Most of the facilities that need access to medical gases for their manufacturing processes are getting them now.

Mr. Walberg. Thank you. I yield back.

Mr. Griffith. I thank the gentleman.

I now recognize the gentleman from California, Dr. Ruiz, for 5 minutes.

Mr. Ruiz. Thank you, Mr. Chairman, for holding this hearing.

By way of background, I'm a board certified emergency physician. I was trained by the Harvard Humanitarian Initiative on humanitarian disaster aid, including the International Committee of the Red Cross.

And I was the first -- one of the first responders after the earthquake in Haiti and the medical director for the largest internally displaced camp in all of Port-au-Prince after that earthquake and worked hand in hand with the 82nd Airborne.

I have seen firsthand the challenges that arise in the middle of a humanitarian crisis and the importance of having clarity and a plan and have clarity in coordinating among agencies, local government officials, and NGOs in the field.

So while I am grateful that we are having a hearing on this issue with HHS, we need a fuller, more accurate view of what is happening in Puerto Rico with all stakeholders from all levels of government and all the different agencies, including clinical workers and NGOs and people that are actually on the field.

Two weeks ago, I flew down to Puerto Rico to see the conditions for myself and do a needs assessment based on my training and my experience. I'm here to report to you what I saw and give you some helpful recommendations.

One, the people of Puerto Rico are very hardworking, humble people with respect for themselves and their dignity, and they're doing everything possible to help one another, to get the job done, to take care of one another.

Number two, the people who work in your agencies are giving 110 percent. I have to give kudos to the DMAT teams that I spoke with firsthand. California 1, California 11 from Orange County and Sacramento did fabulous jobs. The HHS liaison was there doing an amazing job.

I went further into the community and did not stay in San Juan

and listen just to leaders. I listened to pediatricians on the ground, shelter coordinators, patients that were on the ground. And what I can tell you, these are the problems.

One, there's a lack of clarity of leadership. I'm talking to high-level officials from all the different agencies, and I'm not going to mention names, but the folks in the Puerto Rican Government are saying that FEMA is running the show. People at FEMA are saying that we're taking orders from the Puerto Rican Government. I talked to people from HHS, and they're saying, we don't communicate very much with the needs with the DOD. And so there's a lack of clarity with who's actually running the show in Puerto Rico.

Two, there's a lack of coordination. You're not going to get the full picture, folks, if you stay in San Juan. You're not going to get the full picture if your leadership and people making decisions are based in San Juan in a convention center with air conditioning and food and drinks and everything. You've got to get your butts out of San Juan into the remotest areas in Puerto Rico to talk to people and see firsthand.

So these three -- the other thing is, the problem is that there's a lack of priorities and clarity in the metrics that you're using and what you're telling the American people what your efforts are.

What does it mean when you say that bottles and food were delivered to all municipalities for PR purposes so that people get a sense that

you're doing your job, when, in fact, what you should be talking about is capacity -- capacity for food supply chains, capacity for electrical grid repairs, capacity to deal with the need?

All of you have mentioned numbers and the numerators and the number of clinics and the number of people on the ground. But what you haven't mentioned is a denominator, the actual need. So of your hospital capacity, what is the capacity to the overall need that the people on the ground actually need?

So this is my one recommendation. And I strongly agree that you will be able to better handle the situation on the ground with a lot more sense of urgency and realtime flexibility.

Yes, keep your command center in San Juan, but create command posts on the ground with representatives from the HHS, the Army Corps of Engineers, the DOD, Department of Housing, Department of Homeland Security with FEMA, the representatives from the local grid, Federal and State counterpart, including NGOs and local mayors, so they can have daily briefing and problem solving as they arise on the ground.

Let me give you an example. I went to one clinic. They had a generator fixed by FEMA. The local clinic didn't know that that generator that FEMA installed went down. They were without power for 2 days turning patients away. They didn't have a number to call the Army Corps of Engineers to determine whether they were on the queue.

I went to a shelter, temporary shelter at a local school in one

of the communities. They were going to close their doors on October 23 when school starts. The mothers tell me their children needed bottled water. There is a Department of Defense Army guy saying, "Doc, we have a caseload of bottles, can we get authority to move them down?" Hell, yes.

So having command posts on the ground in every municipality where NGOs, local mayors, and everybody can hold each other accountable to address needs and realtime actions and cut the "Mother, May I"'s, like you suggest, Dr. Kadlec, and just get the food and get the transportation, get the medicines that people need in realtime, addressing problems realtime, is what the people of Puerto Rico need, and there's a lack of sense of urgency when we talk about these issues.

Your folks on the ground are doing an incredible job, but the urgency to meet the needs of 3.4 million people, water, food supply chain, electrical grids, those are your top three priorities to prevent unnecessary loss of life of Americans on the island.

I feel very passionate about this because I took care of a woman who in front of me in a shelter had a seizure. I protected her airway. I tried to get her to emergency care. There was no oxygen. There was no medicine at this temporary shelter. We need to do a better job on the ground coordinating with different agencies so that we can save more lives and do what all your mandates are about to do.

So I thank the people on the ground. They're incredible,

incredible workers.

Mr. Griffith. And we appreciate your passion.

Mr. Ruiz. And I look forward to working with you more to make sure that we have command posts out in the field.

Mr. Griffith. And we appreciate your passion and agree that we probably ought to get down there and get out and see things, and appreciate you and Dr. Burgess having both visited down there, and look forward to your input as the committee works further on these issues.

I now turn to Mr. Costello of Pennsylvania for 5 minutes for questions.

Mr. Costello. Thank you, Mr. Chairman.

Dr. Kadlec, in your written testimony you mentioned that Puerto Rico faced public health and public health infrastructure challenges prior to Hurricane Maria's arrival, which exacerbated the hurricane's effects. Could you describe what some of these challenges were and how they adversely impacted the public health response efforts?

Dr. Kadlec. Well, sir, I mean, I'd just make a quick comment. Remember that Puerto Rico sustained two hurricanes not one. So the first, Hurricane Irma, took a wallop, again, on the northern side of the island where a lot of their public health infrastructure is, laboratories. I'll have to defer to Admiral Redd to talk more about some of the particulars there. But remember that there were two events on Puerto Rico, not one, and that was the challenge right there from

the get-go.

Admiral Redd.

Dr. Redd. Thanks.

I think that the nature of the event really is what stressed the system so much that it was so destructive. I think also some of the things that have been talked about earlier, about the migration of physicians and the overall waning of the number of providers, is really a risk factor for damage to the public health system.

Mr. Costello. So are you saying that the infrastructure was sufficient and that even if the infrastructure was more improved than the condition that it was in, it wouldn't have mattered because the storm was so devastating?

Dr. Redd. Well, I think whatever amount of destruction you sustain, it is changed from what you had before. So a stronger system before an event would mean you'd have a stronger system afterward. It wasn't 100 percent destruction. But the --

Mr. Costello. I guess what I think I'm trying to drive at -- I didn't mean to cut you off -- was what kind of infrastructure improvements are necessary to make moving forward so that maybe a storm of lesser destructive magnitude, but still nevertheless damaging, there be a better response -- there would be the ability to have a better response because better infrastructure was in place?

Dr. Redd. Sure. Well, I think that some of the instances of

damage, for example, if the laboratory had been constructed in such a way that it wouldn't have sustained as severe damage, if there had been a generator capability there that could have been stood up more quickly than what's going on now, those are the kinds of things that would have been able to bring the system back online more quickly.

Mr. Costello. Could I ask you to supplement your answer in writing with any additional type of infrastructure elements?

Dr. Redd. Sure. Happy to do so.

[The information follows:]

******** COMMITTEE INSERT ********

Mr. Costello. Thank you.

Dr. Kadlec, can you elaborate on how some of the lessons learned from previous natural disasters, such as Hurricane Katrina, improved HHS' response to the recent series of storms? And see, I just said series of storms, so it was more than one.

Dr. Kadlec. Thank you, sir.

I think one of the things from Katrina was basically unity of effort. To capitalize on Dr. Ruiz's comments earlier, one of the things that created the ASPR was the idea of a fragmented medical response.

And so while I can't dispute the issues of field command posts, I can just say certainly and with great authority that throughout our efforts we were trying to work very closely not only with the Department of Health in Puerto Rico, which kind of sets the requirements for what they need that we try to service and satisfy, but working across not only the Department of Health and Human Services, as we show here our solidarity with CDC, FDA, and CMS, and other entities within HHS, but across the Federal Government with VA and DOD.

So the uniqueness of that is displayed in Puerto Rico that wasn't displayed in Katrina where you had Veterans Affairs clinics and hospitals basically providing for not only veterans and their families, which is not typical, but also the general population, and doing so with combined DMAT assistance with our National Disaster Medical

Service teams.

So that just gives you a flavor of that. I think the other part of it is, is the lessons learned, is that we saw it in Texas and we saw it in Florida that there are hospital preparedness grants, these grants that basically help hospitals prepare. First it was initially for hospitals, then it was coalitions of hospitals, that basically were able to demonstrate communications and capabilities within those coalitions that made them more sufficient and resilient to these effects.

I'll give you an example, one in particular, which is pretty extraordinary, which is in Houston with Ben Taub Hospital, which, if you recall back several years ago, there were very bad floods, I think 2008 in Houston, that basically flooded out a lot of the hospital infrastructure in downtown Houston.

Well, they took hospital preparedness grants that you authorized and appropriated against and basically ensured that they could not only withstand flooding, as they did, they developed water-tight doors to basically prevent that, but also a whole set of procedures and communications, that they could continue operations despite hurricanes, despite floods.

And that was not only the case in Houston, but in Beaumont, Texas, where some of those same grants basically made sure that the hospital personnel had waders so they could go recover patients from the Cajun

Navy that went out there to recover patients.

So there are a lot of great lessons learned in this. One thing is about the capacity of Americans to not only help, but to volunteer, as we are witnessing in Puerto Rico right now. But the idea is that we're going to do a little bit more of a formal one to take advantage of these terrible events to see what we can do better.

Mr. Costello. Thank you. And such a thorough response that you actually answered the question that I didn't get to ask as part of the answer to that question.

Could I just ask you to supplement in writing any additional lessons learned, not an admission that you didn't do anything right, but sort of consistent with Congressman Ruiz's comments relative to what moving forward can be done in order to improve the next time a tragedy like this might occur so that we're better prepared. Because that's what we all want to do, be better.

Dr. Kadlec. Sir, be happy to.

[The information follows:]

******** COMMITTEE INSERT ********

Mr. Griffith. I thank the gentleman.

And I now will recognize Ms. Schakowsky of Illinois for 5 minutes for questions.

Ms. Schakowsky. Thank you very much.

Fourteen people died at the rehabilitation center in Hollywood Hills in Florida when it lost power and overheated from September 11 to September 13.

Ms. Brandt, as seniors went into distress, workers struggled to provide 911 with basic information, including the address. It was also reported that the same facility had previously laid off hundreds of workers, including nurses.

The nursing home stated that it employees, quote, "full-time and part-time employees," unquote, but did not state if a nurse was present when those patients went into cardiac arrest.

Did CMS find that -- and you could give me yes or no to these simple questions -- did CMS find that there was a nurse onsite at this nursing facility from the 11th of September to the 13th?

Ms. Brandt. We have a full report on that, Madam Congresswoman, which I'd be glad to get you. I don't know the specifics of if there was specifically a nurse. I can't answer that.

Ms. Schakowsky. Is a nurse required to be present in a nursing home?

Ms. Brandt. We have conditions of participation which require

clinical staff to be present.

Ms. Schakowsky. And are the requirements for nursing home disaster preparedness plans, is that a requirement?

Ms. Brandt. That is a requirement, yes.

Ms. Schakowsky. And were they followed?

Ms. Brandt. According to the report that we got from our State facilities, they were not followed in this instance, and that is why the facility has been terminated from accepting Medicare and Medicaid patients.

Ms. Schakowsky. So that's the consequence?

Ms. Brandt. That is the consequence.

Ms. Schakowsky. Okay.

I wanted to talk to Dr. Kadlec about the hospitals. A week after Hurricane Maria, HHS told the committee staff that most hospitals were damaged, faced major challenges in getting food, water. We've talked about that. And then, of course, more than a month after Hurricane Maria, Slate reported that surgery is being done by cellphone flashlight. There's pictures that show that, so, I guess, it's pretty well documented.

And so what I wanted to know is do hospitals connected to the electric grid have access to the full regular power, or is it only being provided intermittently?

Dr. Kadlec. Ma'am, it depends where those hospitals are. There

have been some issues with reliability. I would have to turn you over to the U.S. Army Corps of Engineers to talk about what specific areas --

Ms. Schakowsky. Okay. So when you say all hospitals now are corrected to the grid, that doesn't mean that --

Dr. Kadlec. No, ma'am. There's only 60 percent of the hospitals that are connected to the grid currently as of today.

Ms. Schakowsky. And the others, are they operating on --

Dr. Kadlec. They're operating on generators. And we're basically working with FEMA to actually have what we call N-plus-one, where they have actually two backup generators so that they can -- they have a generator, a principal generator and a backup, so that if they need to switch, if the generator fails, they can go immediately to the next one. And, again, the plan is, is to basically have a 911 FEMA generator repair team to come out and fix the primary generator.

Ms. Schakowsky. But as a consequence of all this, you would say that there is not 24/7 power at what percent of the hospitals?

Dr. Kadlec. Well, 60 percent right now are on the grid, which would have regular power, and even then sometimes there's some reliability issues as it relates to transmission wires and distribution, that I have very little understanding of because I did very badly in electrical engineering. But I think the point is, is that there are hospitals out there that are on the grid and even those hospitals have generator backups.

Ms. Schakowsky. Okay. I wanted to turn for a minute to the Virgin Islands, Dr. Kadlec. I understand that Hurricane Maria tore the roofs off of the two largest hospitals in St. Croix and St. Thomas. So what is HHS doing to ensure that Americans in the Virgin Islands are receiving the healthcare that they need?

Dr. Kadlec. Ma'am, immediately after the storms passed, both Irma and Maria had effects on both St. Thomas and St. John -- pardon me, St. Croix, excuse me -- where the hospitals are located. And then with the passing of those storms, the initial storm Irma, we basically just set up a DMAT team with its temporary shelter there. And that was replaced with a more capable Army support clearing medical station, which is a 40-bed mini-hospital that's there.

And now we're in the midst of basically deploying a western shelter assembly so that would allow the physicians and nurses and healthcare practitioners on the Virgin Islands to go back to work and take care of their patients while the hospitals are being assessed by the Army Corps of Engineers to either be repaired or replaced. I think in the case of St. Thomas it's going to need to be replaced.

So we've provided immediate care, we're providing the intermediate support, and then we're basically transitioning to a capability that would allow the healthcare workers on the Virgin Islands to go back to work, and then with that give time to basically repair or replace those hospitals.

Ms. Schakowsky. Thank you. I yield back.

Mr. Griffith. I thank the gentlelady.

I now recognize Mr. Collins of New York for 5 minutes for questions.

Mr. Collins. Thank you, Mr. Chairman.

Thank you, all the witness, for coming.

So, Dr. Kadlec, while we're operating the hospitals under generator power and the like, as people are being transitioned out of the hospitals, in many cases, in fact probably in most cases, the residents don't have power at home and they don't have running water.

Could you perhaps explain what's going on relative to these patients leaving? And how are you and others now dealing with the fact that they're moving into an environment without power, and in many cases without running water?

Dr. Kadlec. Sir, just to highlight a comment made earlier by Admiral Redd, there are six Federal medical stations that have been deployed to Puerto Rico. At the present time two are operational, two 250-bed facilities that are being staffed by VA workers as well as volunteers.

In one case, from the Greater New York Hospital Association, a great example of a combined effort between our Federal and volunteer partners that are basically providing those kind of transition places for people who need additional medical support or care, don't need to

be in the hospital but can't get home, go home for whatever reason. So we've set up those and have more in position as required to do so.

Mr. Collins. Well, that's reassuring that you're basically assessing patients one by one to make sure that when they're released they're getting the care they need.

Dr. Kadlec. Yes, sir.

Mr. Collins. Another question, again back to the individual situations, is the report that the pharmacies are asking for cash payments because of a lack of ability to connect into insurance companies and the like. Yet, in many cases, the folks needing prescriptions filled don't have that cash.

So whether the question should go to you or Dr. Gottlieb, how are we handling what at least has been reported?

Dr. Kadlec. So in Puerto Rico there's a program called the Emergency Pharmacy Assistance Program, which provides free medications to individuals who can't pay for it. So that's been invoked so that people who don't have cash, would need medicines, can get it. That's one way.

The other way is if they were to go to one of our DMAT facilities that are co-located in seven of the regions in Puerto Rico. They can get medicines from there as well. We'd provide prescriptions or medications as required.

Mr. Collins. That's reassuring as well.

Now, in some cases someone that's been on prescriptions, I'm assuming there's some difficulty even in a pharmacy contacting the physician's office. I know if I go to fill one and it's expired, they say, "Okay, we'll contact the physician. We'll get back to you." But, again, because of the lack of infrastructure, how is that being handled?

Dr. Kadlec. Well, not only medicine but prescriptions are being basically filled out for people who seek them out. I mean, they have to basically present themselves either to one of our DMAT teams or military facilities or VA facilities and they will get a prescription, if not the medication itself.

Mr. Collins. Again, I appreciate this is -- you're basically taking what I would call a one-by-one-by-one approach, every situation is somewhat different, but I'm getting comfortable that you're taking care of people as best we can, given the limited infrastructure and in some cases doing things in an unusual way.

Dr. Kadlec. Yes, sir.

Mr. Collins. So, Dr. Gottlieb, Representative Gonzalez has asked me to ask you, on the FDA issue related to food and agriculture, what would be your overall assessment? And are there cases where the FDA is granting waivers and things of that sort, understanding it's not business as usual at all?

Dr. Gottlieb. Thanks for the question, Congressman.

We would typically grant waivers, for example, if crops that were

damaged in a hurricane, if the producer was looking to divert crops intended for human consumption into animal feed. And we do process those waivers.

In terms of what we're doing right now, we've already conducted, I believe, 20 not inspections, but site visits to various agricultural facilities and food production facilities to help them get back online.

We've done this in the last week or so, even as our own employees down there have been devastated by the hurricane. We have about 100 employees on the island. We've conducted a total of, I believe, about 36 right now inspections of various medical product facilities and food production facilities to help them get back into production.

Mr. Collins. Well, I want to thank you.

And, Mr. Chairman, I'll yield back, but I guess I need to say, I'm really happy to hear of the response that we have in Puerto Rico given the fact that the island was devastated. It is an island nation. And while it's always easy to criticize response, what I'm hearing is a lot of actions have been take one by one to make sure people are getting the services they need. We can't snap our fingers and rebuild an electric grid overnight, but everything I'm hearing is.

And I would disagree with the member that was going to give them a 2 on a scale of 1 to 10. I also don't like to give grades, but I think that's a bit harsh, considering the devastation that the island withstood and the fact we've never seen anything like this before.

So, again, I want to thank all four witnesses for coming here today. And I certainly am leaving today feeling much more comfortable about what's being done to take care of the tragedy that did occur on Puerto Rico.

I yield back.

Mr. Griffith. I thank the gentleman.

I now recognize the gentleman from California, Mr. Peters, for 5 minutes for questions.

Mr. Peters. Thank you, Mr. Chairman.

You know, when you get down at the end like this, a lot of questions have been asked already. So I wanted to ask you an open-ended kind of question from a perspective of prevention.

So I think a lot about what we might do with respect to preparing communities to deal with earthquakes or fires or floods. But from a health perspective, I haven't really given that much thought. Do you have any thoughts about what you would have liked to have seen the Federal Government do or Puerto Rico do before this that would have mitigated kind of the need to respond to the extent that we had? Anybody?

Dr. Kadlec. So I would just comment that in all the three hurricanes, the major ones, Harvey, Irma, and Maria, that we were very aggressive in deploying our assets -- people, capabilities, logistics -- as far forward as we could safely in the case of Puerto

Rico, actually putting people in harm's way to be there when things happened.

You can never anticipate how things will unfold. And particularly Florida, if you recall, the turn of Irma that went from the east coast to the west coast, thankfully, and then that kind of deceleration of the storm just before it hit Tampa. That's a little bit of good luck. You can't always count on that.

But I think one of the things that comes out of this is the importance for community resilience, individual resilience. Those are things that somehow, again, are not necessarily the domain of HHS, but I think FEMA and Department of Homeland Security often use October as preparedness month and ask people to see if they have a plan, if they have supplies, if they have the necessary things at home.

I think these things, these events highlight that element, that individual preparedness. No matter how good we may be, it's always going to be a circumstance that we may not be able to get to you immediately and you're going to have to provide for yourself and your family in the immediate term.

Mr. Peters. From your perspective, though, so as the health agencies, including CDC, do you feel like you have input into what is the content of the outreach that's happening around October to tell people how to be ready, from your perspective?

Dr. Kadlec. I'll have to defer to Admiral Redd to talk about CDC,

but we do participate in these kind of interagency conversations. But, again, if you just wonder what kind of messaging you need, I think as we look to the threats of the 21st century and my role in preparedness and response, the circumstances that we found ourselves after 9/11 are clearly different today. The circumstances that we find ourselves when this position, my position was created in 2006 are different today than they were then. And so I think the thing is, is part of it is keeping up with the rapidly changing threat environment.

Mr. Peters. That is the premise of my question. My question is, are we keeping up with it? Is there something we need to be doing? Is there something reflecting back on?

Dr. Kadlec. I'm going to take advantage of an opportunity to point out that the Pandemic and All Hazards Preparedness Act will be reauthorized hopefully in the spring of 2018, and I believe there should be things that reflect that changed threat environment.

I think Mrs. Brooks mentioned the issue about the structure of the National Disaster Medical System. I've called for the idea of a national disaster healthcare system that would be basically built potentially on what has been proposed with the national trauma system to basically ensure that we have the capabilities the country needs to face whatever the threats may be in the future, whether they're natural or manmade.

Mr. Peters. Right. Thank you.

Let me turn to the admiral real quickly.

Dr. Redd. Yes. I think -- the answer to your question, I think, is different depending on the horizon. I think that certainly since 9/11 there have been remarkable improvements in our ability to respond in a coordinated, cohesive way.

One comment that I'd make is that these three different hurricanes were actually very different events, that in Texas was really a flooding event with not very much wind damage in the most populated areas. In Puerto Rico it was primarily a destructive wind event.

And so I think the lesson from that is that really being adaptable is a critical capability. And I think that we are continuing to get better at being adaptable to the circumstances that we're confronting.

Mr. Peters. Great. I want to thank the witnesses and yield my remaining time to Dr. Ruiz.

Mr. Ruiz. Quick, because I just have a few seconds, but the idea of peripheral field command posts, would that be helpful to better coordinate on-the-ground realtime with all the stakeholders, Dr. Kadlec?

Dr. Kadlec. Sir, it is, and we have that communications capabilities with our DMAT teams.

Mr. Ruiz. So it can happen?

Dr. Kadlec. It can happen. As it is, you defined a joint --

Mr. Ruiz. So, Dr. Redd, would that be a solution that would be

worthy of pursuing?

Dr. Redd. Yes, it would. And I think, just in a narrower way, from a surveillance standpoint, having hubs that could report in would be something that would be helpful to understand what the facts on the ground are.

Mr. Ruiz. So I'm going to highly suggest that we start doing that as well.

And another metric to count is unnecessary deaths, epidemiology. You know, it's one thing to be killed by a falling branch or drowning from the river. The other thing is to die from not having medications that they could have had if it wasn't for the hurricane.

So there's a lot of unidentified bodies and there's a lot of deaths occurring. We need a better way to count how many are due primarily and secondarily from the hurricane.

Thank you.

Mr. Griffith. Thank you for yielding back.

I now recognize the gentleman from Texas, Mr. Olson, for 5 minutes for questions.

Mr. Olson. I thank the chair and welcome the chair as our new chairman of this subcommittee. I thank you for allowing me to participate in this hearing even though I'm not a member of the subcommittee. I'm here to talk about Hurricane Harvey, three aspects of Hurricane Harvey, I'll call them the three M's: mental health,

mold, and mosquitoes.

I moved to the Texas Gulf Coast in the summer of 1972. If you were there at that time and since then you hear of the legends of Hurricane Galveston in 1900. The worst natural disaster in our country's history, over 6,000 lives lost, probably 8,000 to 10,000 if you count them all. I was there for Hurricane Alicia in 2001, Ike in 2008.

Harvey did more damage than those hurricanes combined. It hit us twice. It hit us once, got stopped, then came and hit us again.

We faced many health challenges. The San Jacinto Waste Pits with Dioxin were breached, leaked out in the San Jacinto River. There were chemical spills, raw sewage spills, floating walls of fire ants, toxic smoke fires that got out of control. Flesh-eating bacteria took two lives, one in Galveston and one in Kingwood. A first responder in my district was infected but beat it with heavy, heavy antibiotics.

Mental health became a big issue. I saw this firsthand. I was at a school there, elementary school hit by the tornado that hit Sienna Plantation called Scanlan Oaks. Talked to parents, school kids come to class. One young man came, very proud.

"The tornado hit my home. Knocked out my window as I was sleeping."

Mom came back, and I said, "Man, he's doing great."

And she said, "No, he's not."

He's greater at school. It's a great story. I beat the hurricane, the tornado. But since that hit his house, he can't sleep in his own bed. He crawls in with Mom and Dad just for security and safety because he fears for his life after what happened with Hurricane Harvey. And that's just one example of how our kids are traumatized by these events.

And also the adults. We went through days and days of tornado warning, flood warning, the whole night for 3 nights, probably slept 4 hours over 3 days. Four days after Harvey cleared there was a little flash flood. Those alarms went off. People all around said, "I kind of freaked out hearing those alarms again."

So my question is, what resources -- probably you, Admiral Redd, and maybe you, Mr. Gottlieb -- what resources are you providing our communities to address the mental health issues that they face because of Hurricane Harvey? What can be done for these people?

Dr. Gottlieb. Well, I'll defer to my colleagues on the panel.

In my role as FDA Commissioner with respect to what we've been focused on coming out of Hurricane Harvey in addition to there being some medical product facilities in the region, the predominant issue has been related to crop destruction and issues related to requests for waivers, for diversion of crops into animal feed.

And going forward, we will probably have to take some steps to help with remediation of certain fields that might have been expose

to heavy metals from the flooding. But we're primarily focused on issues related to the crops that were damaged in the aftermath of the hurricane.

Mr. Olson. Thank you.

Admiral Redd, do you have any comments on that, sir?

Dr. Redd. On the mental health question in particular, I think that there are maybe three points. One is understanding the -- well, four points.

One is that these events are devastating and they have effects on everyone. Most of those effects are relatively short-term for most people. And I think for people, when those effects are not short-term, we need to be able to make sure that there is availability of services.

The second point is really understanding the magnitude of that group of people that need long-term help.

Let me think if I could remember my third point. I think that's it for me, is the two points.

Dr. Kadlec. Sir, I'll add to his point, though, really quick, which is just simply that we've used the Public Health Commissioned Corps. They have behavioral health teams that basically are going out. They've been most recently deployed in the Virgin Islands.

But also SAMHSA has provided a hotline to call for people who have had it. They've had 11,000 calls. And basically you can speak to a counselor on the phone to ask about their emotional issues and find

some assistance and solace in that way.

So there are some capabilities out there, and we've been working with -- and, again, it's dependent on the local authorities to basically initiate these things. But we certainly stand ready to assist when it is appropriate.

RPTR PETERS

EDTR CRYSTAL

[12:00 p.m.]

Mr. Olson. Thank you, sir.

Come on, Admiral Redd, you are ready for your third point.

Dr. Redd. Well, actually, there may be a couple more.

But let me talk about mold. We're working closely with the Department of Health. When there's a flooding event, structures that are flooded will become moldy.

We're actually doing three different things in mold. One is training of responders. The other is working on communication materials. And the third thing is working with the Department of Health to investigate the potential for an increase in infections due to invasive mold.

Mr. Olson. I thank the witnesses and my chairman.

Also remind me about our region, there's one thing that unites us: Beat L.A.

I yield back.

Mr. Griffith. I thank the gentleman.

And I now recognize the gentlelady from New York, Ms. Clarke, for 5 minutes for questions.

Ms. Clarke. Thank you so much, Mr. Chairman.

I'd also just like to remind everyone that we're talking about territories that are in tropical climate and that these are tri-island territories. I hear people talk about Puerto Rico as though it's a monolith. There's also Vieques and there's Culebra. There's also three islands with respect to the U.S. Virgin Islands, and that is St. John, St. Thomas, and St. Croix.

So I don't want us to see this as a monolith because each of these islands have their own identity, their own inhabitants, and I'm not hearing enough of a deep enough dive into what is happening with the inhabitants of all of these territories. Because it's not one singular event. It's an event that hit three separate geographic territories.

I'm putting that out there because I'm going to want to hear more about what has happened in terms of response to those territories. We're not hearing at all about how the people of St. John are receiving healthcare, the people of Vieques are receiving healthcare. We're not hearing that information, and that is just as important.

I'd like to start my question about the evacuation process. What assistance was provided to prepare and implement an adequate and efficient evacuation plan for those whose health are compromised? And was there coordination assistance provided to the local health departments in the wake of the hurricanes to track evacuees who were sent to other islands and/or the mainland?

Dr. Kadlec. Ma'am, I can probably address that. In deference

to your question, I would also just highlight our map that we provided which identifies where HHS has basically been providing augmentation support to St. John, as well as St. Croix and Virgin Islands. And also we had a presence on Vieques as well.

But to your point about evacuation, again, for the complexity of this event -- and, again, Irma struck St. Thomas first, and for which we were doing some unprecedented things.

Using CMS' emPOWER database, we actually were able to send in our DMAT teams with urban search and rescue and identify dialysis patients on the island, which we recovered 120 of them and then evacuated them to relative safety in Puerto Rico until Maria hit, at which point in time we evacuated them literally the day before -- the day of landfall of Maria, evacuated those patients to Miami, to a medical shelter there, where we could ensure that they were being cared for.

In the cases of other patients who were evacuated from the Virgin Islands, they were evacuated through Atlanta, and, again, receiving care through there, through the local resources.

And so throughout, the intent here is not only did we evacuate those dialysis patients, but sent them with a nonmedical attendant, a family member, so they would have someone to assist them along the way.

At the present time, there's only been a handful of evacuations off the island to the mainland. There were two pediatric patients,

intensive care patients, that were evacuated from San Juan to Miami soon after landfall.

But what we've tried to do is basically maintain the health infrastructure on Puerto Rico, because we're hopeful that those people get better, and they need to be closer to family and support units there.

So the way we addressed the problem in Puerto Rico is we created these seven regional hubs of hospitals that we augmented with our disaster medical assistance teams.

We took the benefit of a level one trauma center in Centro Medico in San Juan, where we made it one, if you will, the eastern hub, a receiving hospital for high acuity or intensive care patients, and then used the USS Comfort as the other hub, the western hub, a mobile hub that we could basically run from basically from the top of Arecibo down to Ponce to collect patients, depending on their acuity, as required, and then have been able to use DOD assets, both ground ambulances and Medevac Dustoff helicopters, to provide response on the island, and then using Naval medical assets and rotary-wing and fixed-wing assets to fly them.

Ms. Clarke. If there is a document that you have that just sort of outlines all of that, that would be great.

Dr. Kadlec. Yes, ma'am.

Ms. Clarke. If you can provide it to the committee.

Dr. Kadlec. I can make that available to you.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

[The information follows:]

******** COMMITTEE INSERT ********

Ms. Clarke. I also wanted to talk about the public health challenges of these island territories. The islands will need the assistance of the Federal Government in the weeks, months, and years to come. What is the agency's position of the Medicaid cap as it relates to the Virgin Islands with its already-limited resources? And do you support a full Federal contribution as the Federal Government did for Katrina?

Dr. Kadlec. Ma'am, I'll defer to Ms. Brandt.

Ms. Brandt. Thank you for that question.

That is certainly something that we are looking at, and we are exploring whether or not we would have the flexibility to do that. But the Federal match is set by Congress. It's statutory.

Ms. Clarke. Yeah. I'm asking about your recommendation. Right now you have these islands, right, island territories, where in one case, the U.S. Virgin Islands, their major employment is through tourism, right? No one's working. So are we requiring that government to come up with a match or are we going to suspend it and do a full Federal contribution as we did for Katrina on the mainland?

Ms. Brandt. Excuse me for not answering directly. We are pursuing that. We are working with the Office of Management and Budget to pursue that with congressional approval.

Ms. Clarke. Wonderful. Thank you.

I yield back, Mr. Chairman.

Mr. Griffith. I thank the gentlelady.

I now recognize the gentleman from Georgia, Mr. Carter, for 5 minutes.

Mr. Carter. Thank you, Mr. Chairman.

And thank all of you for being here today. I appreciate your presence.

I'm going to assume this goes to CMS, and that's Ms. Brandt.

Can you help me here? I know the situation that exists with the nursing home situation in Florida. Are you going to now require nursing homes to have generators? Is that going to be a requirement? And can you very briefly tell me how that's going to work?

Ms. Brandt. Sure. We actually have an emergency preparedness rule which was finalized last year that is going to be surveyed again starting next month. So that's when the State surveyors go out. It requires generators, it requires emergency preparedness plans, and it requires training on a continual basis.

Mr. Carter. Will there be any kind of reimbursements for nursing homes? I've spent much of my professional career as a nursing home consultant, and I can tell you, they are pushed for trying to stay solvent as it is. Is there going to be any kind of help for them or is this just another government mandate?

Ms. Brandt. That is certainly something that we are looking at, but I can't speak specifically to that at this time.

Mr. Carter. Okay. Thank you.

Mr. Kadlec, there was an article in The Wall Street Journal the other day about the USN Comfort, the Naval ship, that was a medical ship, and how it was off the coast of Puerto Rico but it wasn't being utilized. And I just wanted to get your input on how we could do a better job in the future of making sure -- from what I understand, it's a 250-bed hospital on the water, but only 150 beds were being utilized at one time?

Dr. Kadlec. Yes, sir.

Mr. Carter. What can we do to make that better? I mean, it's costing us $180,000 a day just to have it there. And those people desperately off of Puerto Rico need help.

Dr. Kadlec. Yes, sir. And, again, to allude to Ms. Clarke's question before, part of our plan was basically to use the Comfort as a capability to deal with high acuity patients, intensive care patients, particularly in circumstances where hospitals on generators would fail, where we would need to urgently transfer critically ill patients somewhere. And so we were basically using the 50-bed ICU on the boat, sir.

Mr. Carter. And we understand and appreciate that. But it seems like we could have made better use of it. And have we learned anything? Is there anything we can do differently to make it more accessible in the future?

Dr. Kadlec. And so we are in the midst of actually looking how we can utilize it more, as more of a stationary platform, probably berth in one of the ports in Puerto Rico.

Mr. Carter. Exactly. Make it more accessible.

Dr. Kadlec. That has been an ongoing conversation with the Department of Health in Puerto Rico to assess how we can use that more to their needs.

Mr. Carter. Okay. Thank you.

Dr. Gottlieb, it's my understanding that the FDA can declare on a shortage list medications that are not available and that they can be compounded. Is that true, they can be compounded by pharmacies if they're put on the FDA shortage list?

Dr. Gottlieb. We don't typically look at the opportunity to compound as an alternative or solution for shortages. Our drug shortage staff would typically try to work to help get the approved product back in supply and might look to help source the same products from overseas manufacturing facilities that might be inspected by FDA.

It is the case that in certain situations you might see practitioners go to approved compounding facilities, facilities that are compounding within the confines of the statute, to source certain products.

Mr. Carter. Okay. So you're actually increasing access to alternative medications? Is that what you're trying to do?

Dr. Kadlec. Thanks to some of the new authorities that Congress gave us with respect to our drug shortage staff and our ability to identify shortages further out from the actual occurrence of a shortage, we've been taking steps to try to mitigate the shortages that have occurred, but also situations where we see the potential for products to tip into shortage.

So we're looking out typically 1 to 2 months for what we think could potentially happen if production doesn't resume and taking steps to, for example, move temporarily certain manufacturing out of facilities that might be damaged or not up to full production to facilities in other markets that could help supply the U.S. market.

Mr. Carter. Right. Okay. I would ask you, as you continue on your process for the memorandum of understanding dealing with compounded medications, that you would take into consideration natural disasters and that there would be exceptions put in there where compounding pharmacies could be utilized so that they could get those medications to those patients in the case of natural disasters such as this.

Dr. Gottlieb. And we would be happy to work with the Congressman as well. It might be something more appropriately addressed in the statute. I certainly look forward to working with you on that.

Mr. Carter. And I will be glad to work on that if it needs to be addressed in the statute.

One final question. I will just ask you, Dr. Gottlieb. Is the CDC supporting vaccinations to prevent Leptospirosis?

Dr. Gottlieb. Well, I would defer to my CDC colleague.

Mr. Carter. Okay. Excuse me. I'm sorry.

Dr. Redd. There's no vaccine for Leptospirosis.

Mr. Carter. There is no vaccine for that right now?

Dr. Redd. No.

Mr. Carter. What about treatment for it?

Dr. Redd. It's very treatable. It works better the earlier the disease is identified. So earlier treatment is more effective.

Mr. Carter. Is that being supplied to Puerto Rico now?

Dr. Redd. It is. The antibiotics that are used for treatment are -- they're not --

Mr. Carter. Pretty common?

Dr. Redd. Yeah, they are. They're not anything special.

Mr. Carter. Okay.

Dr. Redd. Penicillin and tetracycline.

Mr. Carter. Okay. Great. Well, tetracycline is not available as much as it ought to be.

Dr. Redd. Depends on which variety.

Mr. Carter. As Dr. Gottlieb will attest. Unless you're getting it for fish tanks. I'm serious. Nevertheless, it is a problem.

But thank you very much. And thank all of you again.

And I yield back.

Mr. Griffith. I now recognize the gentleman from New York, Tonko, for 5 minutes for questions.

Mr. Tonko. Thank you, Mr. Chair.

As ranker on the Subcommittee of Environment that reports to the standing Committee of Energy and Commerce, I have made clean drinking water a major effort to focus that I'm very appreciative the committee is responding to. We have recently reported a bill from the subcommittee and then standing committee. So, therefore, I want to address that concern, clean drinking water.

There are many reports about a lack of safe drinking water in Puerto Rico. Unfortunately, neither FEMA nor the EPA is before us today. So, Dr. Redd, I'm hoping that you might be able to share some insights into the water situation in Puerto Rico and the Virgin Islands.

Recent news reports have stated that roughly one-third of Puerto Rico has no reliable access to potable water at home. Because of this, we have heard reports of people drinking and bathing in rivers and streams in Puerto Rico.

Last Tuesday, Puerto Rico's State epidemiologist, Carmen Deseda, announced that there have been some 74 cases of Leptospirosis reported on the island so far this month. Puerto Rico usually sees only 60 cases of this disease, as I'm informed, in a given year. Some reports have connected this outbreak to public use of contaminated water sources.

So I ask, can you tell us about this whole concern about Leptospirosis, and what are its symptoms?

Dr. Redd. Certainly. Leptospirosis is a bacterial infection. It's acquired, as you described, by drinking or being exposed to water that's contaminated with those bacteria. They infect many species of animals. And animal urine is the vehicle for transmission of the disease. So situations where there's a shortage of potable water or exposure to floodwaters that are contaminated with the bacteria are the settings for exposure.

We are working closely with the Department of Health in Puerto Rico to confirm -- or to determine whether those suspected cases actually are cases. We have specimens in the laboratory at CDC right now doing those tests. We are aware of one confirmed case that was diagnosed in a patient at the VA. So how large this outbreak actually is -- if it's an outbreak -- is something that really remains to be determined.

The best way to control the outbreak is to prevent exposure to contaminated water, and that really is an issue that you've started with, with wider available of potable water and then early treatment for people that have symptoms of fever, weakness, exposure to those things. And then, in the later stages, more characteristic, is jaundice, yellowing of the skin, because of liver damage.

For the question about the extent of the water supply system, I

might refer to Dr. Kadlec on what the situation is, proportion of people that have access to potable water.

Dr. Kadlec. So I can give you just basically down that we've been following: 25 out of the 115 public drinking water facilities are out of service. So, again, that's an intense issue of concern. And, again, prioritization in terms of reelectrification.

But significantly, too, is 10 out of the 51 wastewater treatment facilities are out of service. So that gives you a rough estimate of what the situation for water is. But that's being followed by the U.S. Army Corps of Engineers.

Mr. Tonko. Then back to the disease itself, like, is it normally treatable?

Dr. Redd. It is treatable. It does have a significant mortality rate for severe cases, 5 to 15 percent fatality. So it's a serious disease that we need to take steps to try to prevent and when it's recognized treat promptly.

Mr. Tonko. And how critical is it that patients be treated, you know, in a matter of days or hours after --

Dr. Redd. Well, the sooner -- like many bacterial infections, the sooner treatment can be started, the more effective it is. So early recognition is very important. And some of that has to do with access to medical care.

Mr. Tonko. Uh-huh. And are there any other diseases or hazards

associated with drinking and bathing in rivers and streams, particularly after these heavy rains and floodings that we saw in Puerto Rico? Are there other health concerns?

Dr. Redd. There are. There are. So the conditions that can cause gastrointestinal illness are going to be more common in floodwater, wastewater that has sewage in it. There are also skin infections that could be more common when people become exposed to that. So really it's a variety of diseases, as well as something that's been alluded to earlier, the inability to wash your hands, do things that will have many other beneficial effects.

Mr. Tonko. Thank you very much. I yield back.

Mr. Griffith. I thank the gentleman.

And I appreciate everybody bearing with me. I am going to reserve to go at the end.

I now recognize Mr. Bilirakis from Florida for 5 minutes for questions.

Mr. Bilirakis. Thank you, Mr. Chairman. Thank you for allowing me to sit in on the subcommittee.

Secretary Kadlec, does the Hospital Preparedness Program currently allow States to use grant funds to help defray costs associated with procurement and maintenance of generators for assisted living facilities and skilled nursing facilities to support the development and sustainment of regional healthcare coalitions?

Dr. Kadlec. Sir, the way the grants are structured, it is principally for healthcare facilities and for coalitions thereof. So as part of a plan of a coalition, that could be considered as part of it, but we don't dictate that as being part of it. We are looking to identify how these hospitals and hospital systems can become more resilient.

But, in fairness to your question, sir, if I may get back to you on that, I can give you a more fulsome followup on that.

Mr. Bilirakis. Please. Yeah. Please, that's very important, to see whether it's permissible.

Dr. Kadlec. Yes, sir.

Mr. Bilirakis. Because, again, in our area, there are small nursing facilities, but also ALFs, that do not have generators. And that's a priority, and that's what I'm concerned with.

Dr. Kadlec. Sir, I'll get back to you on that.

[The information follows:]

******** COMMITTEE INSERT ********

Mr. Bilirakis. Maybe they have 10 patients or less, and we've got to make sure they have the generators, the backup.

And, Ms. Brandt, last Friday the committee sent a bipartisan letter to the owner of the rehabilitation center at the Hollywood Hills in Florida raising concerns, again, about the nursing home in Florida where 14 -- I'm sure you're aware of this -- 14 residents eventually died after the facility lost air conditioning in the wake of Hurricane Irma.

There was apparently a fully functional hospital across the street. Unbelievable. And according to the Florida Agency for Healthcare Administration, the facility administrator and medical professionals didn't know to call 911 in an emergency.

I just can't -- I can't understand this. What's wrong with these people? How could a nursing home be so unprepared for a medical emergency that 14 residents lost their life, especially when there's a hospital across the street? Can you answer that question, please --

Ms. Brandt. Well, thank you for the question, sir.

Mr. Bilirakis. Attempt to.

Ms. Brandt. And, as you're aware. Hollywood Hills has been terminated from participation in the Medicare and Medicaid program.

We make patient safety our number one priority for the residents of all of our Medicare and Medicaid facilities, and this was a complete management failure at Hollywood Hills, which is why they were

terminated. They did not meet our conditions of participation for keeping the temperature at a reasonable level. They did not provide adequate care to the patients. As you mentioned, there was a hospital right across the street which they could have availed them.

So they had several levels of what we call immediate jeopardy for patients, which is why they were terminated.

Mr. Bilirakis. Okay. Who is ultimately responsible for their safety?

Ms. Brandt. In terms of the patient safety, the facility has the responsibility and the management of the facility has the responsibility to ensure that they are meeting emergency preparedness requirements, that they are providing adequate care to the patients. And we survey and hold the facilities accountable to those requirements.

Mr. Bilirakis. Okay. That's very important, the accountability, obviously, the supervision, is so important.

What can CMS do to ensure a tragedy like this never happens again?

Ms. Brandt. Well, one of the things that we have done, as I mentioned in my opening statement and in the written testimony, is that we have instituted an emergency preparedness role which requires that facilities have an emergency preparedness plan, that they train on that plan and make sure all employees are aware of it, and that they have adequate backup in place to allow -- you mentioned the discussion of

generators and other things -- to ensure that they have adequate power supplies and other things to ensure that patient care can be provided, and that they have a plan for where the patients can go if it cannot be provided.

Mr. Bilirakis. Well, what about Puerto Rico now? I understand that there are nursing homes operating without air conditioning and people are very unsafe. Who's responsible for this? Who's supervising this? Is it CMS? HHS? And, obviously, it's unacceptable. Can you respond to that?

Ms. Brandt. Well, so, in situations like in Puerto Rico, where you have an almost unheard of position, where you have no water, you have no power, you have really no ability to provide it, we work with all of our partners.

Dr. Kadlec and the ASPR team, as well as the FEMA teams and everyone on the ground works with not only Federal and State, but also the territory officials in Puerto Rico to pull together to get patients to a safe place.

If they don't have the ability to provide that care, then we work together to get them transported to a safer place, such as the evacuees that Dr. Kadlec was talking about earlier from the Virgin Islands.

Mr. Bilirakis. Thank you very much. I appreciate it.

And I'll yield back, Mr. Chairman.

Mr. Griffith. I thank the gentleman for yielding back.

I now recognize Mr. Green, the gentleman from Texas, for 5 minutes.

Mr. Green. Thank you, Mr. Chairman.

And coming from the Houston area, again, a very urban area, I heard today that we had our second death from a flesh-eating bacteria in Galveston County. That's to the south of us, where I'm at. But, also, to the north we had a 77-year-old lady in the Kingwood area, up in Congressman Poe's district, pass away. We have some great medical facilities. And that gentleman was actually at UTMB because it's infectious disease.

Has that been prevalent in Puerto Rico or Virgin Islands? Because I know we have a lot of standing water or at least we did have. And I'd like to ask if CDC --

Dr. Redd. I'm not aware of cases that have occurred in the other hurricane-affected areas.

The condition that you're describing is pretty infrequent in the U.S., about 600 to 700 cases per year over the last 4 or 5 years of that disease occur. So it's not common. But the exposure to floodwaters is a risk factor for that condition.

Mr. Green. Okay. Thank you.

Hurricane Harvey created so many serious environmental and public health issues, including evidence of compromised Superfund sites, and toxic spills, chemical fires, and high levels of air pollution. EPA

confirmed that in the aftermath of Hurricane Harvey -- we have a location called the San Jacinto Waste Pits in Harris County that's now in Congressman Babin's district -- but welcome to the redistricting in Texas. It was in my district. It was in Ted Poe's district. So we changed those, but our constituents still contact all three of us.

The analysis found that it was concentrations of 2,000 times higher than the level in which the EPA required a cleanup. And the EPA administrator was there literally 2 weeks ago to visit that site, and the decision has been made to permanently clean up that facility there in east Harris County. So I was glad of that.

Dr. Redd, what are the types of risks associated with substances such as this? It's a dioxin facility. It was dumped there in the '60s by a paper mill. We have responsible parties.

But in both the State of Texas, Harris County and city of Baytown that's there, put signs up in both English, Spanish, and Vietnamese not to eat the crabs or the fish -- but when I go out there, you can't find anybody that doesn't have a fishing pole -- because the signs say, you know, if you're an expectant mother or a small child, you shouldn't digest these crabs, but a lot of people still do.

What are the types of risks that are associated with that other than problems with eating it?

Dr. Redd. I'd like to respond to that question in a followup. I don't want to say anything that's incorrect here, and I think

especially with the levels that we're seeing in that setting.

[The information follows:]

******** COMMITTEE INSERT ********

Mr. Green. Okay. Like I said, the decision has been made to clean it up. But my concern is a lot of my constituents who go out there and fish and crab, and I keep explaining to them, you need to pay attention to those signs.

According to the Houston Health Department, there are millions of contaminants in floodwaters covering most of the city. Arsenic, lead, heavy metals in floodwater sediment also were repeatedly found.

Dr. Redd, following Hurricane Harvey, what role did the CDC play in warning affected communities of possible water-borne risk and other public health risk.

Dr. Redd. So, in general, in that part of the response, we were working in support of EPA. The kinds of things that we would do would be to try to make the kinds of warnings that you described, make sure people know those things. So, really, public health communications because of the flooding.

Mr. Green. Okay. Additionally, not just from industry, but about 50 drinking water systems were shut down following Hurricane Harvey and more than 160 systems issued boil water advisories. This is an issue also we're seeing in Puerto Rico, which is still issuing boil water notices. However, given the lack of power, some people are not able to boil the water.

Dr. Redd, given that boiling water may not be an available option, what are some of the hazards of drinking potentially contaminated

drinking water without boiling it? And how does the CDC communicate these hazards?

Now, we may be over it, I hope, at least in southeast Texas, but, again, in the Virgin Islands and Puerto Rico.

Dr. Redd. So the hazards that one would be exposed to drinking water that could be contaminated with sewage would be the things we've talked about before, gastrointestinal illnesses, the inability to do hand hygiene that prevents a lot of other diseases. And if there's Superfund site contamination, exposure to some of the materials in those waters.

I think that this -- just to bring back one other point -- that's one of the reasons that having the public health laboratory in Puerto Rico online again is so important so that that testing can be done, and when water is safe to drink, it will be easier to confirm when that testing is available.

Mr. Green. Thank you, Mr. Chairman. I know I'm out of time. But, you know, every year the upper Texas coast -- I mean, every 7 or 8 years we get a hurricane or a tropical storm. So, you know, hopefully it will be that long a time.

But are we learning any lessons from Hurricane Harvey, both in southeast Texas, Louisiana, that could be applied in Puerto Rico or the Virgin Islands now? Or, hopefully, we are learning to be better prepared, particularly for our water system, because when they shut

down, you know, that's really a human need that we have to have.

And, Dr. Kadlec, you had mentioned that.

Thank you, Mr. Chairman, for letting me run over time.

Mr. Griffith. I appreciate that, and thank you.

That being said, I now recognize myself for 5 questions -- 5 minutes, not questions -- and this will be the end. So you're almost done.

Dr. Gottlieb, black mold. All of the areas we've talked about, everybody knows there's going to be some black mold issues. But here's one of the issues that I'm not sure most Americans know. What are the symptoms? Because, obviously, you know, if you see it, you're going to do something about it, or try to do something. But oftentimes it's a hidden concern.

So what should people be on the lookout for? You want to take it.

Dr. Gottlieb. I'd probably defer to CDC, if that's --

Mr. Griffith. All right. That's fine.

Dr. Redd. You're absolutely correct, Chairman, that flooding leads to mold contamination.

There are two different hazards from exposure to mold. One is the worsening of allergic conditions. And that can be quite serious in the case of somebody that has asthma that's sensitive to mold. The other is, particularly for people who have weakened immune systems,

infection from mold, that also can very serious.

Mr. Griffith. But how are they going to know? I mean, I recognize the seriousness. What are they going to be seeing?

Dr. Redd. Well, I think when building materials have been damaged, I think it's -- if mold can grow on it, it will. And so really it's a question of remediation. In other words, for porous surfaces, removing those surfaces and rebuilding. And for surfaces that aren't porous, cleaning them. That's the guidance in those areas, is what CDC has been providing, working with the Texas Department of Health.

Mr. Griffith. All right. I guess I'm concerned is if you don't see it, you don't know it's there. I mean, I know that you're going to start having some rasping, particularly if you have asthma. But what if you don't? Or what if you don't know about that? I mean, isn't that one of the first ways you tell, is you start having some chest congestion?

Dr. Redd. Well, I think for areas that have floodwaters, you can tell where that floodwater has been.

Mr. Griffith. Okay. So you just do remediation. All right.

Dr. Kadlec, it's been a month. We have any hospitals in Puerto Rico that are not accepting patients?

Dr. Kadlec. Sir, there are about -- if I remember correctly -- about three that were closed. So there are some that have been --

Mr. Griffith. That aren't open.

Dr. Kadlec. -- physical damage to the point where they could not --

Mr. Griffith. Okay. And the ones that are open, are any of them refusing to accept patients?

Dr. Kadlec. Sir, on a daily basis, I don't know what their census are, but it could be the circumstance where they defer/divert patients. So I can't give you an affirmative answer.

Mr. Griffith. We've talked about dialysis before. Any other specialized treatments that are currently unavailable at various hospitals?

Dr. Kadlec. Well, sir, dialysis is available through 46 of the 48 clinics on the island. Depending on the hospital, there may be some services that are not available. So I can't give you an affirmative, if I can take that for --

Mr. Griffith. Let me ask you this. Are they still -- because I read a report somewhere that even though dialysis was available, they were cutting short the treatment time period from what it normally would be. Is that still the case?

Dr. Kadlec. Sir, it is, and we're looking to actually work that problem out in terms of lowering the stress on some of those clinics where they see fewer patients or defer patients to places that have more functionality.

Mr. Griffith. All right. And that brings up the Comfort, United States Navy Ship Comfort.

Dr. Kadlec. Yes, sir.

Mr. Griffith. It's sitting out there, hadn't had a whole lot of patients. What is -- and this is a question my colleague gave to us earlier -- what is the approval process or the admission process to get on or to be approved for the Comfort?

Dr. Kadlec. Yes, sir. The plan is very simple, is that the island was kind of -- not cut in half, but based on the swath of the hurricane that came through, westward side, eastward side, on the east side referrals of any high acute patients, intensive care patients, that needs to be made from hospitals that are on the east side of the island would go to Centro Medico, which is their level one trauma center, and that would be done through ground or rotary-wing transportation.

The determination of whether those patients would be moved to Centro Medico, same as to the Comfort, would be based on decisions by the clinicians at Centro Medico that would review and talk to the doctors at the local hospitals to say: What is this patient suffering from? What kind of care do they need? What kind of service do they need?

Mr. Griffith. And I appreciate that.

Dr. Kadlec. So based on that, then they would be transferred

to eastward --

Mr. Griffith. One of my concerns, I recognize some might argue that it's good that you haven't sent more to the Comfort, I think we have got an asset down there we're not using.

Dr. Gottlieb, biggest long-term concern that you have, both for Puerto Rico and otherwise? What's your biggest concern that FDA may be having?

Dr. Gottlieb. Well, our biggest long-term concern right now from a public health standpoint is that we may face product shortages of critical medical products heading into the first quarter. We are going to do everything we can to head them off.

My biggest long-term concern for the island of Puerto Rico is that if we don't do our job and help these facilities stand back up in a timely fashion we could start to see some of the production move out of the island, and I think that would put a strain on the Puerto Rican economy. And so part of our solidarity to the people of Puerto Rico is to make sure we maintain that production down there. It's an important part of the island.

Mr. Griffith. And I appreciate that.

I see that my time is up. I yield back.

Ms. DeGette. Just following up on that. Also, it would take away good jobs from the island if those facilities start to close down. Is that right?

Dr. Gottlieb. That's right. About 90,000 people are directly employed by the industry. These are very high-paying manufacturing jobs relative to other manufacturing jobs on the island. It's an important part. Depending on the estimates, it's anywhere between 20 to 30 percent of the GDP of Puerto Rico, a very important part of the island.

Mr. Griffith. In conclusion, I want to thank all of the witnesses and the members who participated in today's hearing. I remind members that they have 10 business days in which to submit questions for the record. I ask that the witnesses all agree to respond promptly to the questions that they may receive after the hearing from members.

I have to tell you, I learned a lot. This was a good hearing. Thank you all for participating. You all contributed greatly, and I think I have a better understanding.

I do look forward -- and maybe you all can suggest where we should go -- but I do look forward at some point to the committee and the subcommittee perhaps visiting the islands to see what we've got and, perhaps, as well, the other areas that have been affected by the recent hurricanes.

With that being said, the committee is adjourned.

[Whereupon, at 12:38 p.m., the subcommittee was adjourned.]