Questions for the Record

Robert Kadlec, MD

U.S. Department of Health and Human Services
Assistant Secretary for Preparedness and Response

House Energy and Commerce Subcommittee on Oversight and Investigations

Examining HHS's Public Health Preparedness for and Response to the 2017 Hurricane Season

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Unless Otherwise Noted, Responses Accurate as of December 19, 2017

Rep. Greg Walden:

1. **Does the U.S. Department of Health and Human Services (HHS) have access to real-time information about the status of hospitals and other health care providers in the affected regions?**

   HHS uses multiple sources of information to gain information about the status of hospitals and other healthcare facilities.

   Because a national health care facility monitoring and reporting system does not exist, state and local officials often times have the best source of information. In some states like Texas, the reporting system is highly developed. In other areas, like Puerto Rico, it is not. When state and local governments do not have real-time information, HHS must rely on a wide range of resources to provide as near real-time information as possible.

   For example, the Centers for Medicare & Medicaid Services' (CMS) Kidney Community Emergency Response (KCER) Program coordinates regular calls with the dialysis community. This call includes dialysis facilities, renal networks, private sector partners, and Federal, state, territorial, and local officials. Through this effort, HHS can learn about the real-time status of dialysis facilities directly from the providers and via renal network administrators in the impacted area.

   CMS also reaches out to state survey and certification offices to obtain an updated report on the status of facilities. This includes hospitals, skilled nursing facilities, dialysis, and others as deemed appropriate based on the emergency. The information that CMS collects is geospatially mapped to the Office of the Assistant Secretary for Preparedness and Response's (ASPR) GeoHEALTH platform to provide all responders and leaders with a consistent update about health care infrastructure.

In addition to the role CMS plays, the ASPR's Division of Fusion captures, analyzes, and interprets information before, during, and after an emergency, to ensure that decision-makers receive timely and updated situational analysis and information. Fusion's efforts related to this specific effort included monitoring social media to determine status of facilities. The Health Resources & Services Administration (HRSA) maintains contact during and after emergencies with health centers.

While maintaining true real-time information remains challenging, HHS pursues all avenues to get the most timely and accurate information to ensure patients receive the care they deserve.

a. How does HHS obtain information about the status of health care providers in the affected regions?

With data from CMS, ASPR's Geographic Information System (GIS) shares information with state and local partners through static maps or by directly networking with their own GIS tool, if available. Additionally, ASPR uses open and social media sources for health care facility status updates and provides this information through a social media report. This information is currently used only for situational awareness purposes and not for designating an official status.

b. Can you provide information about: (a) whether the health care system in Texas is stabilized; and (b) the percentage of hospitals in Texas that are fully operational?

While Hurricane Harvey presented significant challenges to the health care system in Texas; the system proved very resilient. Lessons learned from previous storms combined with Federal and private investments in resiliency programs prevented significant damage.

The health care system in Houston, Texas, has remained stable since October 2017. Of its 652 licensed general and specialty hospitals, two are still closed post-Hurricane Harvey with no immediate plans to reopen. This means that 99.7 percent of hospitals in Houston are fully operational at this time.

Information about the two hospitals that remain closed:

- East Houston Regional Medical Center is a Hospital Corporation of America (HCA) facility that has sustained damage from multiple flood events in recent years. HCA closed the facility, moved physicians and staff, and redirected patients to other area HCA facilities. They are assessing how to best serve the community going forward and may build a new facility, but have no plans to reopen the currently vacated facility.

- Care Regional Medical Center in Aransas Pass remains closed. The

facility was damaged during Harvey's initial landfall and has not reopened. There have been multiple discussions between the Federal Emergency Management Agency (FEMA) and HHS about available support to help it reopen. While the facility was insured, it is a privately-owned, for-profit hospital. The regional health care coalition in the area, Coastal Bend Regional Advisory Council, has worked with the local emergency medical service (EMS) provider and other area facilities (including a free-standing emergency department associated with Corpus Christi Regional Medical Center that is 12 miles away from the Care Regional site) to address any gaps that may have emerged as a result of Care Regional's closure.

c. Can you provide information about: (a) whether the health care system in Florida is stabilized; and (b) the percentage of hospitals in Florida that are fully operational?

Florida's health care system has stabilized since Irma, but the state continues to face an increased demand for care and bed space as a result of the evacuees from Puerto Rico, including dialysis patients evacuated to Florida to receive specialized care. One hospital in particular, Fishermen's Community Hospital in Marathon, Florida, is still recovering from significant hurricane impact. It anticipates operating from a mobile hospital unit for the foreseeable future. At least one small hospital in the state was damaged by the hurricane and did not re-open. However, it was in the process of closing prior to the storm.

d. During the hearing, the Office of the Assistant Secretary for Preparedness and Response (ASPR) testified that 60 percent of hospitals in Puerto Rico were connected to the grid as of that date. Can you provide information about: (a) the percentage of hospitals in Puerto Rico that are now connected to the grid; and (b) the percentage of health care providers in Puerto Rico that still do not have power?

As of April 2, 2018, only one of Puerto Rico's 68 hospitals is operating on generator power. The details on the number of providers remaining without power is not available at this time.

e. During the hearing, ASPR testified that the U.S. Army Corps of Engineers was assessing the hospitals in the U.S. Virgin Islands that were destroyed by Hurricanes Irma and Maria. Can you provide information about: (a) whether the U.S. Army Corps of Engineers has completed this assessment and, if so, the findings of the assessment; and how long it will take to restore the health care system in the U.S. Virgin Islands.

At the request of FEMA, via the Mission Assignment (MA) process, and through the Unified Coordination Group (UCG), the U.S. Army Corps of Engineers (USACE) conducted initial assessments of the impacted facilities in the United States Virgin Islands (USVI). These initial assessment reports were provided to FEMA for further

direction. Both hospitals will need significant rebuilds and short, mid, and long-term solutions are being worked out with the local government to restore health care services.

2. **HHS, in coordination with federal partners including the Federal Emergency Management Agency (FEMA), pre-deployed a significant amount of federal assets in response to the recent hurricanes. According to ASPR's testimony, HHS sent 439 tons of medical equipment and supplies to the affected areas. How does HHS decide the type and amount of medical equipment and supplies to send to an affected region?**

   HHS decides what type and the amount of medical equipment and supplies to send based on the state, territorial, local, or tribal planning assessments for future operations; and assessments conducted on the ground by HHS officials. State and territorial health leadership must approve assets HHS recommends deploying. HHS equipment and supplies are configured to support HHS response teams and provide full wrap-around services and sustainment for responders. This includes comprehensive health care and services, mortuary support, and incident management support in the affected areas. HHS pre-deployed assets to Texas, Florida, and Puerto Rico so that the materials and personnel were ready to meet the needs of Americans immediately after the storm passed.

a. **Did HHS send similar types and amounts of medical equipment and supplies to each of the affected regions following Hurricanes Harvey, Irma, and Maria?**

   Yes, the National Disaster Medical System (NDMS) and United States Public Health Service (USPHS) officers who deployed to each of the three responses used similar equipment, supplies, and assets for their operation. Equipment and supplies are packaged and maintained as a part of HHS' preparedness posture. ASPR manages and maintains over $70 million in response materials and supplies including vehicle fleets; medical, laboratory, pharmacy, and mortuary caches; communication kits; and shelter systems.

   In addition, HHS's Strategic National Stockpile (SNS) deployed Federal Medical Stations (FMS). FMSs are non-emergency medical centers that can provide care for displaced persons with special health needs. These needs include chronic health conditions, limited mobility, or mental health issues that cannot be met in a shelter for the general population.

b. **Once the assets have been sent to the affected regions, what, if anything, needs to be done for the affected regions to use the assets?**

   HHS response assets are configured for rapid deployment and setup in the field by trained HHS responders. Assets are managed and utilized by Federal responders, not by local officials, during response operations.

c. **How long on average did it take HHS to get the medical equipment and supplies to the affected regions?**

HHS maintains regional warehouses to ensure resources are available quickly and without delay. During the response to Hurricanes Harvey, Irma, and Maria, initial resources (both equipment and personnel) arrived and were pre-staged in the anticipated impact area prior to the storms making landfall.

d. **Did HHS encounter any delays in using federal assets to respond to the hurricanes because of paperwork or other administrative issues? If so, are there any areas where the federal government could streamline the processes associated with asset deployment?**

HHS is still working on after action reports that will include successes and challenges encountered in the response. HHS will work to correct these challenges and notify Congress if congressional action is needed.

3. What are some of the biggest challenges HHS faced in executing the Agency's public health and medical preparedness and response functions following the recent hurricanes?

ASPR has helped save hundreds of lives, treated thousands of patients, and has provided critical medical response resources and assets to impacted communities as a result of Hurricanes Harvey, Irma, and Maria. After each response, including these most recent response efforts, ASPR conducts a corrective action process to assess lessons learned and to evaluate the implementation of public health and medical activities as part of National Response Framework (NRF) Emergency Support Function (ESF) #8 responsibilities. ASPR is currently engaged in evaluating the most recent response efforts and is developing a corrective action process and lessons learned report. This information is shared through the annual budget justification process.

a. What plans does HHS have to address these challenges?

HHS will execute plans to address any challenges that are identified in the after action reports.

b. What can we do to improve health care provider preparedness for these types of emergencies?

In 2015, ASPR and CMS launched the HHS emPOWER initiative to provide public health and health care facilities, first responders, and emergency managers with timely information about electricity and health care service community-based populations. This information has helped hospitals, emergency medical services, and other health providers better anticipate, plan for, and respond to the needs of these individuals.

ASPR incorporated CMS' conditions of participation for seventeen types of providers and suppliers that are essential for continuity of care in the event of a disaster. Specifically, the CMS final rule 3178-F "Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers," 81 FR 63860 (2016), requires initial onboarding training for health care providers according to their role in response and recovery, as well as follow-up training to ensure provider knowledge of emergency plans remains current. It also requires exercises for both inpatient and outpatient facilities to ensure that providers are readily able to execute and operationalize their emergency and communications plans in the event of an emergency or disaster. The implementation of this rule will make significant progress in preparedness.

ASPR is also open to other potential ways to educate and prepare health care providers for emergencies and disasters. This could include, for example, training as part of medical education programs or through continuing education credits that are required for medical provider certifications. ASPR supports the notion of a standardized, national training program of core competencies in health care and public health preparedness. Such a curriculum would ensure that health care providers receive the same basic, foundational training no matter where they are located and where they work. This would facilitate the ability of health care providers to serve as surge staff at other facilities.

Disaster behavioral health knowledge and skills are limited to mostly health care providers. As such, it is important to ensure that training is available within the disaster context and part of health care provider staff development plans, such as psychological first aid. It is also important to ensure the health and well-being of the health care workforce during and after a disaster. Workforce resilience can be enhanced through training and guidance. For example, ASPR developed a plan with the National Association of County and City Health Officials called *Building Workforce Resilience Through the Practice of Psychological First Aid* (Link: http://nacchopreparedness.org/building-workforce-resilience-through-the-practice-of-psychological-first-aid/*)*.

Additionally, at the local level, options included coordinating with local pharmacies and other non-governmental organization partners. For example, CDC coordinated with local pharmacies to support vaccine delivery to affected jurisdictions.

4. **In the past few months, we have seen three major hurricanes devastate multiple regions of the United States and its territories. How have these experiences impacted staffing at ASPR?**

ASPR staff was stretched to the limit, but performed extraordinary tasks despite the unprecedented hurricane season. Before the storm, ASPR had numerous openings for fulltime employees. This created a situation where some staff hit annual and weekly pay caps responding to the hurricanes. Additionally, some staff worked seven days a week. Filling the emergency response related positions within ASPR is a top priority. In

addition to fulltime staff shortages, there were significant openings in NDMS intermittent Federal employees. Some NDMS members were forced to deploy multiple times with some deploying for over 100 days. Filling the vacancies of NDMS members is also a high priority.

a. Does HHS, and ASPR more specifically, have sufficient resources available to handle future responses?

Under ESF8, HHS has deployed approximately 2,500 personnel to support response and recovery efforts with respect to Hurricanes Harvey, Irma, and Maria. Among the HHS personnel deployed are NDMS team members and headquarters and regional staff who support incident command, logistics, and liaison efforts. While ASPR had sufficient staff to meet requirements, many staff worked well above the 40 hour work week. Currently, ASPR has a number of vacancies (both at headquarters and throughout its NDMS system). ASPR is actively recruiting qualified persons to fill these positions. However, direct hire authority (as requested in the supplemental appropriation delivered to Congress in November 2017 to support ongoing response operations) can help expedite this process.

While HHS has met all requests and requirements of the response and continues to support ongoing recovery efforts in the impacted communities; resource shortfalls are possible for some types of future responses. The threats facing the nation from increased natural disasters to threats from state and terrorist actors force ASPR and HHS operating divisions to prepare for situations that few could have imagined years ago. For the nation to be truly prepared for all threats, additional resources, to include staff, training, supplies/equipment, and supporting information technology systems, are necessary.

5. The Department of Health and Human Services (HHS) is the primary agency for ESF#8 related to public health and medical services, including all-hazard public health consultation, technical assistance, and support and potable drinking water, solid waste disposal, and other environmental issues related to public health.

a. Please detail all activities HHS engaged in under this function regarding potable drinking water, solid waste disposal, and other environmental issues related to public health under this authority for Hurricanes Harvey, Irma, and Maria.

Hurricane Harvey
HHS/CDC provided technical assistance, consultation, and support while serving on a multi-agency working group comprising representatives from the U.S. Environmental Protection Agency (EPA), Federal Emergency Management Agency (FEMA), U.S. Army Corps of Engineers (USACE), and the Texas Department of State Health Services

(DSHS). The purpose of the working group was to identify and discuss post-storm potable water infrastructure challenges and develop solutions for bringing impacted water systems to pre-storm functionality.

HHS/CDC worked with EPA, FEMA, and Texas DSHS to develop guidance for addressing contaminated household water wells that were inundated by Hurricane Harvey's floodwaters. HHS/CDC also worked with the Association of Public Health Laboratories (APHL) to assess laboratory capacity in Texas to process microbial well water samples and develop a written inventory that was used in household water sampling activities. In addition, HHS/CDC worked with EPA, FEMA, and Texas DSHS to convene a working group to plan and oversee efforts to test and disinfect household water wells in the Hurricane Harvey inundation zone. Several thousand wells have since been tested and disinfected under the working group's oversight.

Hurricane Irma
HHS/CDC conducted environmental health and safety assessments of special and medical needs shelters throughout south Florida following Hurricane Irma. Findings and corrective action suggestions were provided to shelter managers and/or appropriate shelter staff.

Per request by the Florida Department of Health, HHS/CDC deployed a subject-matter-expert to provide on-site technical assistance, consultation, and support on a wide range of environmental health recovery issues following Hurricane Irma including, but not limited to, monitoring and controlling selected mosquito-borne diseases in severely impacted counties and extremely active areas; training on mold awareness and mitigation efforts to reduce health impacts; and providing access to potable water by monitoring hurricane-related impacts to drinking water facilities and boil water advisories.

Hurricane Maria
According FEMA's November 17, 2017 Hurricane Maria report, 83 percent of water treatment plant in Puerto Rico are operational, and 85 percent of clients of the Puerto Rico Aqueducts and Sewers Authority (PRASA) have access to drinking water. However, due to inconsistencies in the power-grid, treatment plant pumps have had difficulty maintaining pressure throughout the distribution lines. Combined with unknown line breaks and potential for contamination entry, Puerto Rico and St. Croix are still under a boil water advisory. The boil water notice has been lifted for St. Thomas and St. John.

b. Please detail the interactions between HHS and the U.S. Environmental Protection Agency or State/Territorial agencies with primary enforcement authority for Federal environmental laws in support of ESF#8 for Hurricanes Harvey, Irma, and Maria.

EPA participated in daily coordination calls and provided updates, when applicable, on related issues in communities impacted by Hurricanes Harvey, Irma, and Maria.

c. Please detail any funding requests or technical recommendations made to or denied by the Federal Emergency Management Agency for addressing water, waste water, solid waste, or other environmental issues related to public health under this function.

Hurricane Harvey

A recommendation was made to FEMA to pay for the cost of household well water testing and disinfection in the Hurricane Harvey inundation zone. FEMA approved and provided payment for this request.

Rep. Gus Bilirakis

1. **Would you discuss the current DMAT staffing shortage – has this been ongoing or a new development?**

   a. **What is driving this shortage?**

      In 2016, ASPR conducted a Threat and Hazard Identification and Risk Assessment (THIRA). The THIRA identified new threats and risks requiring appropriate mitigation strategies and associated training. Using the THIRA as a base, NDMS conducted an extensive analysis of the organization to ensure capabilities could meet missions. Among other items, NDMS reviewed staffing considerations to ensure capabilities could meet requirements. NDMS personnel are now required to meet specific fitness standards to ensure they are able to respond, as required, in austere environments. As NDMS implemented these standards, some personnel resigned. In addition, some vacancies within the NDMS system are due to the natural rotation (NDMS volunteer personnel no longer want to be rostered due to personnel commitments, etc.).

      It is important to note that each new NDMS staff member who serves on a DMAT team must go through the normal extensive Federal hiring process. This process as of late, has taken significantly longer within HHS resulting in a large number of vacancies within the system. The hiring freeze also created a backlog.

   b. **How can we address these problems?**

      NDMS has completed its analysis of requirements, position description updates, and has initiated the hiring process to fill the current shortages of qualified personnel. However, direct hire authority (as requested in the supplemental appropriation delivered to Congress in November 2017 to support ongoing response operations) can help expedite the hiring process. Direct hiring authority would allow ASPR to fill current vacancies and ensure that an adequate number of personnel can continue to support impacted communities and provide effective real time response.

2. **How is priority evacuation status determined?**
   a. **When authorities are deciding which health care facilities to evacuate, do they currently take into consideration locations with a history of violations and ensuring these residents are not sheltering in place with bad actors placing them at a high-risk of sustaining injury or death?**

      Patient placement and prioritization is a local decision. ASPR does not determine at which facilities patients are placed. The Federal Government *supports* the response efforts of the states and territories according to the needs and direction of the states and territories.

   b. **If no, should they?**

Under federalism, these issues fall under the decision making authorities of the state, territory, local, and tribal governments.

3. **Are there disaster Memorandum of Understanding between agencies like the US Postal Service and ASPR to deliver important health information following a crisis?**

   The U.S. Postal Service (USPS) and the Office of the Assistant Secretary for Preparedness and Response (ASPR) do not have a memorandum of understanding to address this area of health information delivery. The USPS will deliver materials for a fee based on the number of addresses. CDC was able to contract with USPS to hand deliver a one-page flyer with public health messaging to every residence on the U.S. Virgin Islands (USVI). The flyers were very well received by the residents of USVI. CDC sought to replicate this activity in Puerto Rico, but the cost of printing and shipping flyers from Atlanta at that time was cost prohibitive.

   However, HHS has a number of internal public health communication platforms across its various operating divisions (OpDiv) and staff divisions (StaffDiv), such as the Centers for Disease Control and Prevention (CDC), the U.S. Food and Drug Administration (FDA), the Centers for Medicare & Medicaid Services (CMS), and the Health Resources and Services Administration (HRSA), for sharing important health information during disasters. ASPR also facilitates a number of voluntary partnerships with private sector health care partners who also communicate regularly with their clients.

4. **Would you discuss how we can best streamline agency coordination to prevent bureaucratic overlap and redundancies which can lead to waste and unnecessary delays and hamper the effectiveness of response?**

   a. ASPR leads, on behalf of HHS, the National Response Framework ESF#8 Public Health and Medical Service responsibilities. As part of those responsibilities, ASPR is responsible for coordinating the Federal response. After action reports will provide more detailed information on the changes that may be needed; however ASPR is already working with the Department of Defense, Department of Veterans Affairs, and other partners within HHS to better coordinate activities for future responses.

   b. With a coordinated, interagency response, are there interagency goals that drive response and preparedness strategies?

   Interagency goals are driven by the National Response Framework (NRF) and its associated Emergency Support Functions (ESF). ASPR leads ESF #8 on behalf of HHS, which focuses on public health and medical aspects of the response, including the nation's health care system. The Administration for Children and Families (ACF) leads HHS's support of

FEMA-ARC led ESF #6, which concentrates on mass care and sheltering services. ASPR also supports ESF #6 in coordination with ACF.

c. If so, what are these goals?

The shared goal of the interagency is "a secure and resilient nation with capabilities required across the whole community to prevent, protect against, mitigate, respond to, and recover from the threats and hazards that pose the greatest risk."

Rep. Frank Pallone

1. **As the Committee considers preparedness issues in light of hurricanes and other recent mass casualty events, can ASPR please confirm whether the Agency believes that existing competitive grant funds for trauma care are sufficient to allow us to adequately respond to these events or should the Committee consider reimbursement through CMS to provide these critical resources?**

   Grant programs are an essential part of developing a health care system that is prepared and ready to respond to disasters and public health emergencies. However, grant funding is modest compared to the overall budget of key stakeholders including emergency medical service (EMS) providers, home health providers, and hospitals. Health care systems are primarily focused on creating value for patients with chronic medical conditions and are not focused on high consequence, low probability events. It is important to align regulation, certification, payment, and quality measurement initiatives with grant funded efforts to develop a community based approach.

   Trauma systems are the foundation upon which a broader system of care to manage all-hazards can be built. Aligning grant funded efforts to develop coordinated community responses with regulatory and payment reform efforts could strengthen the preparedness of the nation's health care system.

2. **What has HHS done to ensure that rural communities and the islands of Culebra and Vieques have access to proper medical attention?**

   For the more rural parts of Puerto Rico, HHS provided tents, generators, and air conditioning units to allow diagnostic and treatment centers to move out of their damaged structures and into safer locations. HHS also leads a task force to connect these centers with the Federal Emergency Management Agency (FEMA) to ensure they have access to assistance. Lastly, HHS worked with the Department of Defense (DoD) and the U.S. Corps of Engineers (USACE) to ensure they had communications access and an adequate number of generators early in the disaster. In regard to Culebra, Puerto Rico, HHS connected the community with the non-governmental organization (NGO) health care task force to ensure medical teams visited the island and provided medical care as needed. However, there was no formal request from Puerto Rico for the community of Culebra.

3. **The widespread devastation in Puerto Rico caused by Hurricane Maria had a direct effect on pharmaceuticals and medical device manufacturing facilities located on the Island. Has HHS partnered with the suppliers of life-saving medicines to treat Puerto Rico's residents? What has the agency done to ensure facilities are well-equipped to ensure consistent production for residents in Puerto Rico and the rest of the nation?**

During the initial response to Hurricane Maria, HHS staff from the Critical Infrastructure Protection (CIP) team worked at HHS headquarters and deployed to Puerto Rico to serve as private sector liaisons. These responders worked closely with staff on the HHS Incident Response Coordination Team, Puerto Rico's DOH, the Puerto Rico Electric Power Authority (PREPA), the Food and Drug Administration, National Voluntary Organizations Active In Disaster, the FEMA National Business Emergency Operations Center, and the Department of Homeland Security's (DHS) Office of Infrastructure Protection staff in order to find resources to assist the unique needs of the private sector. Many of the needs concerned the health care product supply chain, including drug and medical device manufacturing; product distribution in Puerto Rico; and product distribution from Puerto Rico to the continental United States and other markets. Examples of activities the team coordinated include:

- Prioritizing the landing of aircraft carrying medical supplies and drugs for both donations and normal distribution networks;
- Finding space onboard departing aircraft to move supplies and drugs off the island;
- Coordinating civilian and military resources to transport liquid oxygen supplies to the island after loss of power to local medical oxygen manufacturing facilities;
- Sharing information with Puerto Rico's electric utility, PREPA, to recommend prioritization of key health care infrastructure including hospitals, clinics, manufacturing facilities, and blood distribution hubs; and
- Coordinating private sector entities on the island to share resources with each other.

4. **There are varying reports on the total amount of hospitals in Puerto Rico. For instance, FEMA has reported a total of 67 hospitals. DOD has indicated there are 69. Can you confirm the total number? How many of those are fully operational? How many hospitals, dialysis centers and civilian health facilities have power fully restored and how many are relying on generators?**

   ASPR's health care facility database identified 69 hospitals in Puerto Rico. This number matched the Puerto Rico DOH's list, and was used in the very early stages of the response. Through a significant amount of work conducting on-site assessments, it was determined that one of those hospitals was not a hospital but a specialty ward within a hospital. As assessments were completed, the last number reported was 68.

   a. **Follow-up: are there sufficient health care personnel in each of these hospitals and facilities to treat patients?**

      The best source of current information regarding staffing issues would be the Puerto Rico DOH and the Puerto Rico Hospital Association.

5. **The amount of patients being treated by the USNS Comfort as compared to its capacity is dismal. The USNS Comfort can receive up to 1,000 patients. How many patients has the ship served on a daily basis since arriving on Puerto Rico? Why is one of the largest medical facilities in the United States fleet being underutilized?**

   Although the *USNS Comfort* can be configured and staffed as a 1,000-bed trauma hospital for combat missions, it was deployed to Puerto Rico in a Defense Support of Civil Authorities (DSCA) mission in a tailored humanitarian 250-bed configuration. The USNS Comfort could have expanded to 1,000 beds if additional support was needed; the U.S. Government and DoD never received a request to increase USNS Comfort's operational 250-bed configuration. The ship was sent to support civilian authorities (the Puerto Rico Department of Health [DOH] in coordination with Centro Medico and HHS).

   Shortly after arrival, the *USNS Comfort* promptly received multiple high-acuity, critical care/ICU patients from two Puerto Rican hospitals that had catastrophic generator failures. Additionally, the presence of USNS Comfort in San Juan after October 27, 2017, enabled a disaster medical assistance triage area with HHS and the Puerto Rico DOH that provided care to patients. Over the course of a 44-day relief mission (October 3 – November 15, 2017), 6,003 outpatients were seen in both tents and onboard the ship at the *USNS Comfort* location. The ship saw an average of 139 patients per day. A total of 1,993 patients were seen onboard the ship due to levels of care that exceeded initial triage capabilities, conditions requiring levels of care that exceeded the onshore treatment capabilities, or because they were directly referred to the ship via the Puerto Rico DOH medical operations center. A total of 290 patients were admitted to the USNS Comfort as inpatients.

   a. When did the USNS Comfort arrive in Puerto Rico?

      October 3, 2017.

   b. When did the USNS Comfort begin accepting patients?

      October 3, 2017.

   c. Follow-up: What is the process for patients in need of medical care to be treated there?

      Upon *USNS Comfort's* arrival to San Juan on October 3, 2017, the JFO Medical Operations Center (MOC), located in the San Juan Convention Center, was established in order to unify all patient related agencies in one location. Led by Joint Forces Land Component Command (JFLCC), it was also used to expedite requests from the Puerto Rico DOH through Centro Medico to HHS and the DoD. The MOC was manned 24/7 by members of Puerto Rico DOH, HHS, the Joint Force Maritime Component Commander (CTF-189), and the Joint Force Land Component Commander.

The initial agreed upon protocol was for all requests to be funneled through Puerto Rico's Level 1 Trauma Center, Centro Medico, which would analyze its capability/capacity to care for patients. If the request was to exceed Centro Medico's capability/capacity, the patient transfer request from Centro Medico's administration would come to the MOC for action. The MOC, with all its personnel, would assess the request and coordinate with *USNS Comfort* for acceptance and receipt of patient. This was done to ensure that the *USNS Comfort* had the medical capability to care for the patient. This protocol lasted for a period of two weeks and was modified due to Centro Medico's inability to keep up with local demands, hence the establishment of a new protocol.

The primary intent of the new protocol was to gain flexibility, responsiveness, and efficiencies required to expeditiously address patient movement requests to the *USNS Comfort,* the U.S. Army Combat Support Hospital, and the U.S. Air Force Expeditionary Medical System in Puerto Rico. The new procedure, approved by the Puerto Rico DOH, allowed all operational regional hospitals to bypass Centro Medico and call the MOC directly. This new process improved DoD's ability to accept patients.

The MOC, when notified that a patient needed to be moved, always reviewed a patient condition to determine which DoD or civilian hospital was best equipped for further treatment.

d. How has FEMA communicated this information to Puerto Rico's Department of Health, hospitals, and other health facilities?

Defer to FEMA

6. **What are HHS, CDC, and other involved federal agencies doing to ensure local Puerto Rico government employees have the necessary health and safety equipment to protect themselves during their ongoing relief and recovery work?**

HHS is coordinating with the Occupational Safety and Health Administration (OSHA) to support occupational safety and health issues that arise during the response. HHS is aware that OSHA's National Alliances agreed to donate personal protective equipment (PPE), including gloves, hard hats, and reflective vests, to help protect volunteers and workers performing hurricane recovery and clean-up efforts in Puerto Rico and the U.S. Virgin Islands (USVI).

Within HHS, the Centers for Disease Control and Prevention (CDC) developed health communication materials that provide information to employers, workers, and volunteers responding to Hurricane Maria on ways to stay protected from a variety of response and recovery hazards. Shortages such as the low number of respirators in the USVI had been reported. HHS is working to understand the reason for the shortages. HHS engaged the commercial supply chain partners to better understand

current personal protective equipment (PPE) shortages and inform commercial decision making and activities to improve access in Puerto Rico and USVI.

a. Which federal government agencies are responsible for providing needed Personal Protective Equipment (PPEs) to relief and recovery workers?

Federal Medical Station (FMS) sets include PPE as part of the equipment and supplies necessary to establish and operation each station, and the FMS sets deployed for the 2017 hurricane responses were fully stocked and included PPE. There is no single agency officially responsible for providing PPEs during an emergency. The employers of health care workers are responsible (and accountable by OSHA regulations and state and local laws) to ensure that their employees have access to necessary PPE. To support the needs of relief and recovery workers, HHS has provided training to worker camps and larger work sites to ensure the workforce understands the requirements and what it can do to protect themselves. In addition, local health departments and OSHA conduct periodic site assessments about the use and provision of PPE for relief and recovery workers.

7. **If power is still out in January, how would this impact the following areas?**

a. Hospital services

As of December 12, 2017 (the last date where this data was reported) all 68 hospitals in PR are open with seven operating on generator power. Hospitals operating on grid power may lose grid power if the grid remains unstable. Of the hospitals running on generator power, the generators may need to be replaced if they are operating for long periods of time.

b. Health clinics

As of January 24, 2018, 69 of 83 (83 percent) non-mobile HRSA-funded health center service delivery sites were operating on grid power. Health centers operating on grid power may lose power if the grid remains unstable. Of the 14 sites running on generator power, the generators may need to be replaced if they are operating for long periods of time.

c. Water filtration

HHS defers to EPA.

d. Wastewater

HHS defers to EPA.

8. **What is the current status of the following services in Vieques, Culebra, St. Croix, St. Thomas, and geographically remote parts of Puerto Rico in each of the following areas:**

a. Hospital Services

Schneider Regional Medical Center on St. Thomas and Governor Juan F. Luis Hospital on St. Croix are both operating on grid/utility power and water, but at significantly reduced capacity and capability. An interim/temporary facility is being explored in order to allow each facility to effect repairs/replacement, but no solid timeline has yet been established.

b. Health Clinics

As of January 24, 2018, HRSA-funded health centers on Culebra, Vieques, St. Thomas, and St. Croix report that they are open.

- Healthpromed (HPM) Foundation Inc. (Culebra) and HPM Foundation Inc. Municipality (Vieques) are both open and operating on generator power.
- St. Thomas East End Medical Center (St. Thomas, USVI) has one HRSA-funded health center service delivery site in scope, which is open and operating on grid power.
- Frederiksted Health Care, Inc (St. Croix, USVI) has five HRSA-funded health center service delivery sites in scope, and all are open. Four are on grid power, and one (St. Croix Education Complex School Health Center) is on generator power.

As of January 24, 2018, six other geographically remote HRSA-funded health center service delivery sites are operating on generator power.

- Concilio de Salud Integral de Loiza, Inc (Loiza)
- Corporacion de Servicios de Salud y Medicina Avanzada (Las Piedras)
- Salud Integral en la Montana, Inc (Toa Alta)
- Neomed Center Inc (Aguas Buenas)
- Prymed Medical Care, Inc. (Ciales)
- Prymed Medical Care, Inc. (Vega Baja)

All other geographically remote sites are operating on grid power.

c. Water Filtration

HHS defers to EPA on this issue.

d. Wastewater treatment

HHS defers to EPA on this issue.

9. **If roads and transportation infrastructure remains disrupted through next year, how would that impact the supply of products in the following areas to geographically remote areas in Puerto Rico as well as Vieques and Culebra:**

   a. Pharmacy services
   b. Medical supplies

   For both pharmacy services and medical supplies, the transportation issues that barred the delivery of medical products and pharmaceutical products have been cleared. However, a handful of facilities in central Puerto Rico have had roadways washed away and are awaiting bridge repairs to reduce future impacts.

10. **When do you expect all medical services to be fully and readily available on St. Thomas and St. Croix?**
    a. How long will HHS staff be on the ground in these areas, providing medical services?

    ASPR will remain on the ground as long as it takes to fulfill the mission, as requested by USVI.

    b. What medical services are currently available? What medical services available before the hurricanes are not available, and when will those services be restored?

    The DOH for USVI has the most up to date assessment of what is available and needed. HHS is available to aid efforts and specific tasks as requested by USVI.

11. **Mental and behavioral health impacts of the storm:**

    a. What actions have been taken to address the mental and behavioral health impacts of the storm?

    During the 2017 hurricane response, HHS deployed more than 210 mental health officers and behavioral health staff to the impacted areas. The mental health teams conducted more than 7,000 force protection contacts, acute interventions, and assessments in shelters and operation centers for survivors and field staff. The officers focused on conducting broad assessments and addressing acute behavioral health needs, as well as working with community providers to facilitate identifying recovery needs and determining how to address them moving forward. HHS formed a Recovery Task Force that has a behavioral health-specific working group to determine ongoing and anticipated mental and behavioral health needs, in addition to implementation strategies to consider.

HHS also engaged in numerous support activities through the Substance Abuse and Mental Health Services Administration's (SAMHSA) disaster-related initiatives. SAMHSA, in coordination with partners such as CDC, the Health Resources Services Administration (HRSA), and ASPR, provided behavioral health technical assistance, consultation, coordination, and disseminated resources to state, territory, local, tribal, and non-governmental organizations responding to the disasters. CDC, working in collaboration with SAMHSA, created materials for children to be distributed at schools on coping with stress. The SAMHSA-funded Disaster Distress Helpline has responded and addressed 10,061 calls and texts from the impacted areas. SAMHSA also provided grant flexibilities for the impacted regions to meet needs caused by the storms.

Efforts have been underway to ensure that clients on medication-assisted treatment for substance use could continue treatment by granting permission for service providers to issue take-home medications and to allow guest dosing in impacted areas. SAMHSA provided staff to the Secretary's Operation Center, Joint Field Offices and Emergency Operation Centers in impacted regions to assure behavioral health continuity, connection to SAMHSA programs, and workforce protection services. FEMA, in partnership with SAMHSA, administers the federally funded supplemental program Crisis Counseling Assistance and Training Program grants to areas impacted by the storms. This program hires and trains local crisis counselors to conduct outreach, brief interventions, and provide referral for survivors. This program hires and trains local crisis counselors to conduct outreach, brief interventions, and referral to survivors. Programs are up and running in all areas.

b. What have these assessments concluded?

Behavioral health continues to be a priority as hurricane affected areas begin recovery efforts. Behavioral Health Liaison Officers worked as part of the Incident Response Coordination Team and worked with deployed Mental Health Teams throughout the response to determine current and emerging behavioral health needs. CDC also included mental health questions in community surveillance tools.

Overall, assessments have concluded that high levels of anxiety and grief resulted from the storms, including anger and frustration. People with pre-existing conditions struggled without access to care. The establishment of crisis counseling outreach programs has allowed states, territories, and localities to access data about the evolving behavioral health needs of their communities as the recovery continues.

c. What mental health services is HHS currently providing in affected areas, and how long will these services be available?

In collaboration with ASPR, FEMA andSAMHSA administer the Federal award for the Crisis Counseling Assistance and Training Program which hires and trains local crisis counselors to conduct outreach, brief interventions, and make referrals for the

survivors. These programs are up and running in all hurricane affected areas and will operate for nine months from the date of award.

d. What current actions is HHS taking to address long-term mental health issues stemming from this storm?

Working through the ASPR-led HHS Recovery Task Force, SAMHSA has convened an interagency workgroup of HHS entities with interest in behavioral health, the Behavioral Health Recovery Workgroup, to find ways to incorporate state programing and meet ongoing recovery needs. ASPR is including mental and behavioral health as a priority area for Recovery Support Function efforts and will be including field staff with behavioral health expertise as part of ongoing technical assistance and guidance being provided to the affected states and territories. An emphasis on assisting affected localities in ensuring access to support and treatment will be part of these efforts.

Rep. Jan Schakowsky

1. **Following up**

   a. **What is HHS, CDC, and other federal agencies doing to ensure local Puerto Rico government employees have the necessary health and safety equipment to protect themselves during their ongoing relief and recovery work?**

   Federal Medical Station (FMS) sets include PPE as part of the equipment and supplies necessary to establish and operate each station, and the FMS sets deployed for the 2017 hurricane responses were fully stocked and included PPE. The Department of Health and Human Services (HHS) is coordinating with the Occupational Safety and Health Administration (OSHA) to support occupational safety and health issues that arise during a response. HHS is aware that OSHA's National Alliances agreed to donate personnel protective equipment (PPE), including gloves, hard hats, and reflective vests, to help protect volunteers and workers performing hurricane recovery and clean-up efforts in Puerto Rico and the U.S. Virgin Islands (USVI). The Centers for Disease Control and Prevention (CDC) has developed public health communication materials that describe how employers, workers, and volunteers responding to Hurricane Maria can stay protected from a variety of response and recovery hazards.

   b. **Have these issues been addressed in Puerto Rico?**

   Shortages and low supplies of respirators in USVI have been reported. HHS has engaged commercial supply chain partners to better understand current PPE shortages and inform commercial decision makers and guide activities for improving access in Puerto Rico and USVI.

   c. **Which federal government agencies are responsible for providing needed PPEs to recovery workers?**

   There is no single agency responsible for providing PPE during an emergency. The employers of the workers are responsible (and accountable by OSHA regulations and state and local laws) to ensure that their employees have PPE. To support the needs of relief and recovery workers, HHS has provided training to worker camps and larger work sites to ensure the workforce understand the requirements and what they can do to protect themselves. In addition, the local health departments and OSHA conduct periodic site assessments about the use and availability of PPE for relief and recovery workers.

Rep. Kathy Castor

1. **I also heard from these health professionals that water sanitation is one of the biggest issues in Puerto Rico right now, which is leading to gastrointestinal issues as well as systemic infections. How is the Administration helping get clean water to Puerto Rico, especially to remote areas? Additionally, how is HHS working with health** professionals on the ground to treat illnesses stemming from the lack of clean water?

   CDC/ATSDR field staff in Puerto Rico have facilitated contacts between EPA and the Puerto Rican authorities. We also currently have a representative on a workgroup dealing with water quality.

   CDC is working with EPA and public health officials to identify health risks and prevent illnesses from unsafe water and to restore public health capacity. CDC conducted basic water testing immediately following the hurricane and EPA followed up with additional testing for fecal contamination.

   Both CDC and EPA have worked with Puerto Rico and the U.S. Virgin Islands (USVI) to educate home-and business owners of methods of treating their household water to reduce their risk of waterborne disease.

2. **Physicians have told me they are seeing other health issues such as asthma, COPD, conjunctivitis, scabies, diabetes, and hypertension being exacerbated due to lack of medications, power, transportation and supplies, increased air pollution from generators and unsanitary living conditions. Is HHS monitoring this situation, and what steps are being taken to address these additional health issues?**

   ASPR led health care facility assessments in Puerto Rico. These assessments focused on predominantly structural integrity issues.

   CDC headquarter staff recommended additional island wide active surveillance to track disease outbreaks. CDC was able to partner with Department of Veterans Affairs health care facilities in Puerto Rico to establish a sentinel surveillance system in three of the largest facilities on the island. This system provided situational awareness for Federal and territorial partners on infectious disease syndromes and exacerbation of chronic diseases. This system provided information in places where power and internet connectivity did not allow for routine surveillance information to be transmitted. The CDC team abstracted over 13,800 medical charts, provided weekly reports to all partners, and briefed leadership on findings. It provided concrete information about syndromic influenza illnesses and leptospirosis, both high priority pathogens of concern to the community and our partners. Additionally, the system identified exacerbation of mental health issues attributable to the hurricanes and individuals with symptoms and exposure suggestive of carbon monoxide poisoning, prompting further engagement of clinical and

public health partners. This system was in place from the end of October 2017 to the end of January 2018.

CDC also published a Health Alert Network (HAN) Health Advisory: Advice for Health Care Providers Treating Patients in or Recently Returned from Hurricane-Affected Areas, including Puerto Rico and the U.S. Virgin Islands. This advisory reminded clinicians assessing patients in or recently returned from hurricane-affected areas to be vigilant for certain infectious diseases, including leptospirosis.

In addition, CDC worked with PRDH and CDC Foundation to create a laboratory transport system, for key diseases of concern (flu, TB, leptospirosis). Since October 20, 2017, CDC received samples from over 1,100 patients with suspected leptospirosis, TB, and influenza in Puerto Rico. Testing is ongoing, and results continue to be reported to the Puerto Rico Department of Health.

CDC communicated generator-use safety messages in multiple languages through print, broadcast, internet and social media and other channels such as Clinician Outreach Communication Activity call (COCA) and a Health Alert Notice. Thousands of safe generator-use and Carbon Monoxide (CO) poisoning awareness door hangers and flyers have been distributed in hurricane-affected areas. CDC has provided technical assistance to Texas and Florida for CO poisoning surveillance. CDC has also provided technical assistance to Puerto Rico, USVI, and the American Academy of Pediatrics on public messaging to prevent CO poisoning.

CDC staff have deployed to Texas, Puerto Rico, and USVI to support state and territorial health departments in monitoring and addressing health issues related to air pollution from improper generator use and mold in flood-damaged buildings. CDC has several guidance documents for homeowners, workers, and clinicians about mold remediation, personal protective equipment, and cleanup, and mold safety for medically vulnerable populations and patients with asthma. These have been developed, updated, translated to multiple languages, and distributed online and in print to all affected areas.

HHS's Strategic National Stockpile (SNS) deployed six Federal Medical Stations (FMS) into Puerto Rico. FMSs are non-emergency medical centers that can provide care for displaced persons with special health needs. These needs include chronic health conditions, limited mobility, or mental health issues that cannot be met in a shelter for the general population. As of November 17, 2017 all FMS in Puerto Rico had officially been signed over to the Puerto Rico Department of Health.

CDC also continues to provide technical assistance to PRDOH regarding immunization program activities and supports vaccine needs. As part of this effort, SNS has procured $2.3 million worth of vaccines and ancillaries to support PRDOH vaccination programs targeted to protect people from vaccine preventable disease. CDC is also coordinating with HHS to procure vaccines to support immunization program efforts in USVI.

To date, CDC has not received requests from Puerto Rico to support disease surveillance. CDC stands ready to support epidemiological and surveillance activities for infectious and non-infectious diseases, as needed for Puerto Rico.

On November 12, 2017, CDC personnel deployed to assist in investigations of disease on as requested by USVI. The CDC team will assist USVI Department of Health with patient screening guidance and rapid diagnostic tests for both diseases, leptospirosis and melioidosis, that will supplement pre-existing arbovirus disease syndromic surveillance activities. The team will also assist in the coordination of shipping diagnostic samples to CDC for confirmatory testing, investigating confirmed and probable cases of leptospirosis and melioidosis in an attempt to discover the exposures that led to infection, and conducting public and clinician outreach and education regarding leptospirosis and melioidosis. In addition, CDC has placed posters about leptospirosis within clinics and hospitals around the island. Over a million fact sheets were distributed to residents of Puerto Rico and USVI letting them know about the risk for infectious diseases following a natural disaster and what precautions to take. Once power began to be restored these public health messages were further distributed via radio and social media messaging.

Rep. Pete Olson

1. **After tackling 3 Hurricanes in a short period of time, what strain s have you seen on your current resources. Also, what additional resources do you need to provide these communities the help that they need?**

   In responding to the three hurricanes, the Office of the Assistant Secretary for Preparedness and Response (ASPR) deployed approximately 2,500 National Disaster Medical System (NDMS) personnel, deployed 944 tons of equipment and logistics, and treated 36,370 patients. However, responding to three near simultaneous hurricanes has resulted in ASPR significantly drawing resources from its medical caches, logistics equipment, and NDMS teams. ASPR is currently understaffed for day-to-day logistical requirements supporting hurricane response and recovery efforts.
   Direct hiring authority would allow ASPR to fill current vacancies and ensure that an adequate number of personnel can continue to support impacted communities and provide effective real time response.

   Deploying multiple teams of U.S. Public Health Service (USPHS) staff as mental health officers, some for two or three deployment periods, created a strain on available assets. This resulted in assets in the field being stretched to the limits of existing capacity.

Rep. Gus Bilirakis

1. **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?**

   Hospital Preparedness Program (HPP) funds may not be used for this purpose. HPP awardees and their sub-recipients may provide funding to individual hospitals or other health care entities, as long as the funding is used for activities to advance regional, health care coalitions (HCC), or health care system-wide priorities, and are in line with the Office of the Assistant Secretary for Preparedness and Response's (ASPR) four health care preparedness and response capabilities.

   HPP funding to individual health care entities shall not be used to meet Centers for Medicare & Medicaid Services (CMS) conditions of participation, including CMS-3178-F *Medicare and Medicaid Programs, Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*. CMS-3178-F requires providers and suppliers to meet the following conditions of participation:

   - **Development of an emergency plan**. Develop an emergency plan based on a risk assessment using an all-hazards approach focusing on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters specific to the location of a provider or supplier. HPP funding may not be provided to individual health care entities to meet this requirement; however, ASPR encourages HCCs to provide technical assistance to their individual members to assist them with the development of their emergency plans. HCCs are permitted to use HPP funding to develop the staffing capacity and technical expertise to help their members meet this requirement.

   - **Develop policies and procedures**. Develop and implement policies and procedures based on the plan and risk assessment. HPP funding may not be provided to individual health care entities to meet this requirement; however, ASPR encourages HCCs to provide technical assistance to their individual members to assist them with the development of policies and procedures. HCCs are permitted to use HPP funding to develop the staffing capacity and technical expertise to help their members meet this requirement.

   - **Develop and maintain a communication plan**. Develop and maintain a communication plan that complies with both Federal and state law. Patient care must be well-coordinated within the facility, across health care providers, and with state and local public health departments and emergency systems. HPP funding may not be provided to individual health care entities to meet this requirement; however, ASPR encourages HCCs to provide technical assistance to their individual members to assist them with the development of a communication plan that integrates with the HCC's communications policies and procedures.

HCCs are permitted to use HPP funding for costs associated with adding new providers and suppliers to their HCC who are seeking to join coalitions to coordinate patient care across providers, public health departments, and emergency systems (e.g., hiring additional staff to coordinate with new HCC members, providing communications equipment and platforms to new members, conducting communications exercises, securing meeting spaces, etc.).

- **Develop and maintain training and testing program**. Develop and maintain training and testing programs, including trainings, and conduct drills and exercises or participate in an actual incident that tests the plan. HPP funding may not be provided to individual health care entities for individual health care organizations' trainings and exercises. HPP funding may be used to plan and conduct trainings and exercises at the regional or HCC level.

Medicare skilled nursing facilities and Medicaid nursing facilities are required to have back up power. This requirement was established before the CMS Emergency Preparedness Final Rule, and is set out at 42 C.F.R. 483.90(b).