Testimony for the Record of
Dr. Rafael Rodriguez Mercado, MD
Secretary of Health for Puerto Rico
Provided to the Committee on Veterans' Affairs
Subcommittee on Health
Field Hearing San Juan, Puerto Rico
United States House of Representatives
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Opening remarks

In preparing this document the Secretary of Health of the Government of Puerto Rico wants to reiterate the governor of Puerto Rico's position on the devastation which occurred during the aftermath of hurricane Irma and Maria. We are greatly appreciative for the support of the New York Governor's Office of Storm Recovery (GOSR) and other agency experts who provided technical capabilities for our analysis of the sectors and estimation of damages, along with advising on the preparation of the many reports submitted to the federal government agencies and to United States Congress.

Dr. Rafael Rodríguez Mercado was appointed the 22nd Secetary of the Department of Health of Puerto Rico on January 12, 2017. He brings a wealth of experience to the Department as a Colonel in the United States Army, serving in the Medical Reserve, as a neurosurgeon supporting Walter Reed Medical Hospital and Brook Army Medical Center and as an Associated Professor of Surgery, Uniformed Services University of the Health Sciences. He serves as Director for a renowned Endovascular Surgery Program and is the former Chancellor of the Medical Sciences Campus of the University of Puerto Rico. He has applied this experience to the current's administration's public health policy centered of three strategic pillars: A patient-centered health system, fair and accessible health services and an emphasis on primary care and prevention.

Dr. Rodríguez Mercado was born in 1961 in Ponce, Puerto Rico. He obtained a Bachelor of Science degree in Chemistry and a Doctor of Medicine from the University of Puerto Rico. As a student, he received the research and student awards, as well as the recognition of the House of Representatives in 1988. He completed his specialty in Neurosurgery after seven years of traineeship at the University of Puerto Rico, School of Medicine. Then, he obtained a subspecialty in endovascular neurosurgery from the State University of New York at Buffalo, NY.

Testimony

Good morning, Chairman Brad Wenstrup, DPM, Congresswomen Jennifer Gonzalez, and special thanks to Chairman Phil Roe, MD. On behalf of our Governor Ricardo Rossello, thank you all for your presence and your dedication in supporting Puerto Rico and its Veterans. This is a historical Veterans Committee Congressional field hearing, the first that I witnessed, and I am honored to have been asked to participate. Congresswomen Gonzalez, the Veteran community of Puerto Rico is most grateful for bringing the House Veterans Affairs Committee here to our state capital and we salute you for this accomplishment. On behalf of all the U.S. Veterans residing in Puerto Rico, I want to give you all a warm Puerto Rican welcome. Today, I am before you not only as the Secretary of Health of Puerto Rico, former Chancellor of the University of Puerto Rico, Health Science Campus, but also as an active reserve component Soldier physician of almost 30 years of military service and a Veteran. I am privileged to provide testimony for the record for this oversight field hearing, "VA Healthcare: Maximizing Resources in Puerto Rico" with focus of medical and mental health programs, lessons learned from the disasters, training and disaster relief actions, and moving forward and **improving partnership relationship** to increase access to healthcare services in urban and rural area throughout Puerto Rico for our Veterans. In my remarks, I bring my perspectives in those areas, along with the proposal to move forward and to start developing a plan of action that would strengthen the relationship with our neighbors the Department of Veterans Affairs Caribbean Health Care System.

President Trump's administration and the U.S. Congress have begun the process of funding the most immediate emergency needs in Puerto Rico. I'm sure that during this short visit to the island, six months after hurricanes Irma and Maria, you have obtained an in-depth appreciation and keen awareness that much more remains to be accomplished to stabilize Puerto Rico, especially in the mountainous region, and to set the island on a path to full recovery and reconstruction. The scale and scope of the catastrophe in Puerto Rico in the aftermath of Hurricane Maria knows no historic precedent. The island-wide devastation presents an extraordinary challenge to the American citizens of Puerto Rico, to the local government and to the Federal government. These natural disasters have caused tremendous damage in the Caribbean and the Eastern coast of the U.S. In the interests of our national well-being we call for the establishment of a national research laboratory, in which researchers, scientists and planners could study the lessons learned, national database and strategic plans for timely response and recovery of these phenomena. We would welcome the opportunity to work alongside the U.S. Congress with the lead of Congresswomen Gonzalez to establish such a laboratory in Puerto Rico.

Hurricanes Irma and Maria devastated Puerto Rico, bringing sustained winds well over 150 miles per hour, heavy rains, and catastrophic flooding; the likes of which the island had never seen before. Roads and bridges failed or were blocked by debris across the island, leaving communities stranded and unable to obtain life-saving aid, food, water, and medicine for a period of weeks. More than 472,000 housing units were destroyed or experienced major damages, forcing hundreds of thousands of Puerto Ricans to seek refuge in shelters and the homes of family and friends. The hurricanes also robbed thousands of Puerto Ricans of their livelihoods.

Currently there are 108 community health centers throughout the island. Of those, there are 23 community health centers in the mountainous regions of the island that remain off the electrical grid and operate strictly on by diesel generated power. Along with the other problems, bridge outages required the population to travel under primitive conditions to support their daily activities. One of the most distressful situations in providing health services to the population at large was the nonexistence of communications, further compounded in the two neighboring islands of Vieques and Culebra. Not only was the island unable for weeks to support many of our outlining areas with healthcare delivery but it was complicated that our sister islands the USVI were not able to evacuate patients to Puerto Rico as customary in their chain of evacuation. We need better planning, assistance and coordination with the Department of Veterans Affairs to ensure that critically ill patients are identified and evacuated before

any natural disaster. Due to the conditions they had to endured, many of our citizens decided to relocate to the continental U.S. on their own. During my recent visit to Orlando and a tour of the Orlando VA at Lake Nona, we were informed that more than 900 of our Veterans had enroll in VA health programs in Florida. Of which, 300 were enrolled at the facility in Lake Nona.

Many of our residents of Puerto Rico receive primary health care services through community health centers (CHCs), which rely heavily on federal Medicaid funding. In 2016, the Health Resources and Services Administration (HRSA) has estimated that before the hurricanes there were over 19,000 people living in primary healthcare shortage areas with about 32% of their physician's need being met. Today, this number is without a doubt higher. The last estimate from HRSA shows that as of November 7, 2017 almost half of the population (1,689,212 people) lived in primary healthcare shortage areas with less than 2% of the need for physicians being met. These communities' health centers are located throughout the island, but their need to guarantee access to primary care services in the rural and mountainous regions is paramount.

Our health situation was concerning even before the storm. Basic health statistics in Puerto Rico indicate that Puerto Ricans were much more likely to report (34% to 18% in the U.S.) having fair or poor general health and an estimated 15.4 % (compared to 8.6%) reports living with a disability. Diabetes and HIV present major concerns to our citizens. We have a prevalence of diabetes that is 50% higher than in the United States and as of 2014 had the second highest HIV death rate of any state, territory, or district in the nation. Diabetes and HIV death rates in the island are three and four times respectively higher than in the U.S. To complicate matters we experienced over the last few years outbreaks of mosquito borne diseases like dengue, chikungunya, and Zika (almost 35,000 in 2016 and almost 500 in 2017). Our veterans in Puerto Rico are also confronting these medical conditions. As expected there were changes to our public health status after the Hurricanes.

The need for behavioral health services was highlighted after the passing of Hurricanes Irma and Maria. Although, I believe that more analysis needs to be made concerning the mental health status in the island, the data before and after the storm is concerning. The mental health and suicide hotline received 26,634 calls between October and December 2017. Of those, 9,000 callers expressed suicidal behavior, 6,733 were able to verbalize a plan to end their lives, and 2,206 had the intention. In January the number of calls increased from December by 4,742 calls to 16,934 calls; 26% of those were suicide related. Before the hurricanes there was an average of 150-200 calls per day. The current average since hurricanes Irma and Maria is about 500 calls a day.

Every single one of those calls is a saved life. However, not everyone with suicidal ideations call the hotline. In 2017 there was an increase of suicides of 29% in comparison with the previous year. There were 196 suicides registered in 2016 and 2017 ended with 253 suicides; or 57 more suicides. As of 21 February, there were 24 reported suicides, a reduction from last year at the same time. Current literature suggests that suicides can be as five times higher after a natural disaster like a hurricane. The data so far in Puerto Rico does not support that increase. This is primarily due to the effectiveness of current efforts and programs being carried out. The hotline, for example, has maintained a 100% success rate. In addition, PRDOH has implemented other programs. Immediately after the hurricanes, a proposal was submitted to FEMA and awarded to provide crisis counseling to our citizens; with emphasis on those affected the most. Finally, Project Rescue provides support and provides individual and family counseling with the help of over 319 clinical professionals that are going to be visiting all 78 municipalities identifying the personnel needing the services and provide emotional support, and crisis counseling among other services. The Department of the Family, equivalent to the Social Services Department in the continental US, also provides mental health care services; to the elderly and their providers of care.

Number of calls answered (calls received and made)	**People served with suicidal ideation**	**People served with suicide attempts**

	2016	**2017**	**2018**	**2016**	**2017**	**2018**	**2016**	**2017**	**2018**
January	6,581	12,192	16,934	1,654	2,388	3,473	321	379	1,075
February	8,849	9,871		2,774	3,206		472	547	
March	8,076	12,653		2,089	2,908		466	894	
April	7,584	11,522		2,235	3,071		523	893	
May	6,622	10,384		1,880	2,171		302	654	
June	6,131	6,344		2,138	984		524	279	
July	4,832	9,731		842	1,418		224	675	
August	9,589	10,026		2,419	1,264		599	782	
September	9,615	4,473*		2,351	464		543	147	
October	8,718	3,975*		2,009	561		481	231	
November	7,741	9,183		1,936	2,996		297	973	
December	6,992	13,476		948	3,176		206	1,002	
TOTAL	**91,330**	**113,830**		**23,275**	**24,607**		**4,958**	**7,456**	

*Due to the Hurricane Recovery Program, there was very limited communication.

There is no doubt in my mind that there is a lot that needs to be done in this area. We need to continue working with the stigma associated with mental health illnesses and continue transforming health care to see mental health as a part of our system that works together with the rest of our body and not separate.

This is another area where the VA and PRDOH should be collaborating as I don't see a division between veterans and non-veterans. I see them as Puerto Rican citizens that need help.

UPR Health Science Center (HSC) is open to establishing a preferred partnership with the VA, UPR MSC has a different form of collaboration with the VA and the way we currently deliver support services to Veterans' physical and behavioral health care needs through the island. We would welcome a pilot a Mental Health and rehabilitation program working with the VA.

We continue to support VA and our Veterans under the VA choice program. We would welcome developing and applying sound business practices to achieve greater efficiency and patient outcomes by incorporating a preferred provider relationship between the VA and the universities medical practice plan. We would welcome direct contracting relationship under a fee basis program between the University and the VA Medical Center. These arrangements would benefit both parties and more importantly provide access to care to our veterans by their neighboring medical center campus partner. This could also provide a more seamless exchange of patient information resulting in better outcomes and decrease in cost to the VA and the patient.

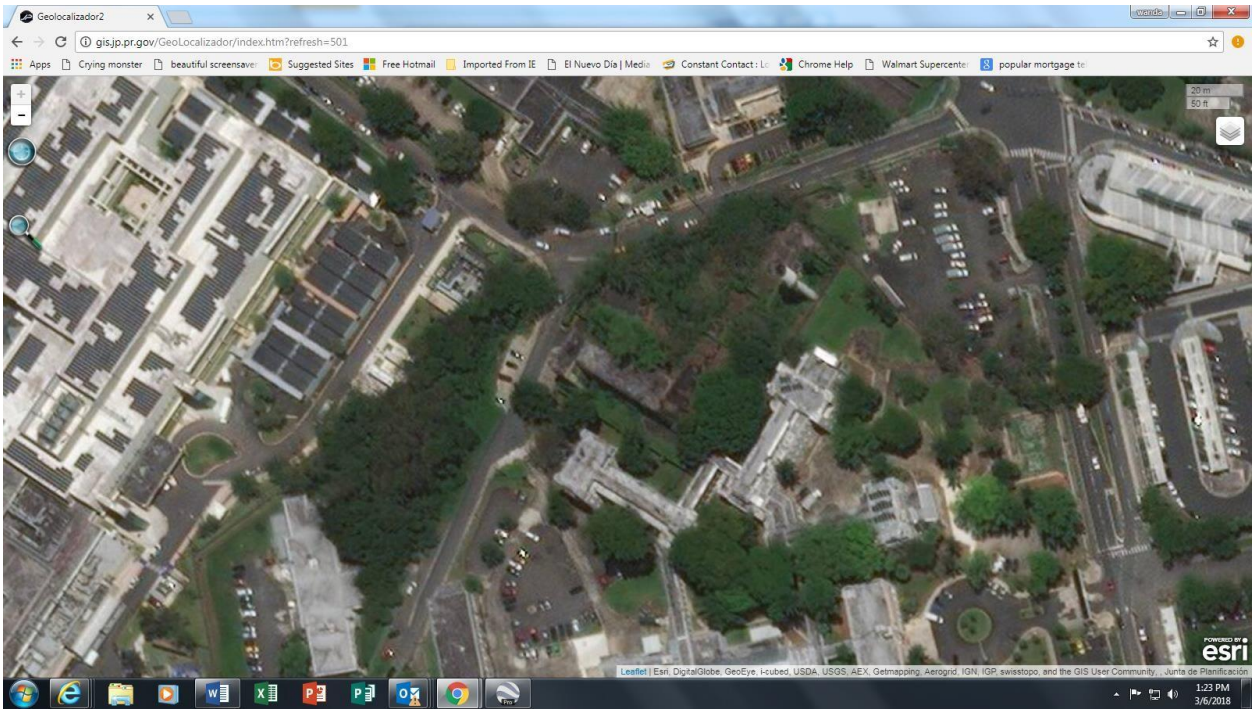
Our Health Care System, can assist the VA with their access and keeping the veterans closer to their homes. Every single town and municipality in Puerto Rico has a Primary Care Center. These take the form of State Government health centers for Treatment and Diagnosis or Federally Funded 330 health clinics. Veterans can access these clinics and centers faster and would reduce the appointment wait time issues the VA currently has. This is of importance in areas where the VA does not have the facilities or the staff to maintain clinics open daily. These clinics can play a major role in delivering services to our Veterans in times of a natural or man- made disaster. They can be a health multiplier for Department of Veterans Affairs and Department of Defense to ensure that Veterans and their families receive access to healthcare in the aftermath of a disaster.

Federally Funded and Department of Health Community Health Centers.

Another area that that our Governor has great interest in is the establishment of a Fisher House in Puerto Rico. We are familiar with the network of Fisher homes, where military and veterans' families can stay at no cost while a loved one is receiving treatment. The Governor has asked us to explore the potential for the transfer of land to the U.S. Department of Veterans Affairs (DVA). We are proposing that the Fisher House Foundation build such a facility on the VA campus in San Juan, which is adjacent to the Puerto Rico Health Sciences Center and Medical Center campus. There have been some initial discussions with the VA Medical center and to enter in a negotiation to transfer the available land in exchange for enhanced agreement between the DVA and the government of Puerto Rico. We would welcome an opportunity to visit and discuss the issues the Secretary of the Department of Veterans Affairs and his staff. To work out the details of this exchange, the government of Puerto Rico would be able to obtain a series of actions that are mutually beneficial to both parties and greatly improve the delivery of health services to the Veteran community living in Puerto Rico and would mirror other level 1 medical center academic affiliations as in other states university affiliations. For example, the establishment of a joint privileges and credentialing program, as currently extended to other state affiliations universities. Additionally, working with the VA, we could deliver superior and comprehensive support to the State Veterans Home.

Professionally, it is of utmost important that we jointly have a robust academic relationship that would mirror other leading academic institutions throughout the nation. This arrangement would positively affect and improve the academic, research and strengthen faculty and students' affiliations, health care delivery and clinical and academic privileges at the VA Medical Center. Then we would work on establishing the preferred provider referral relationship, under the VA fee basis reimbursement; faculty accreditation and privileges at one another's facilities, research partnership, contracts for shared faculty and beds at the trauma and cardio center.

The land in mention is adjacent to the old psychiatric hospital which backs up to the VA San Juan medical center emergency room area. This area has the possibility of being a multiple use area which could include additional parking for both the PR Medical Center and Department of Veterans Affairs.



In the area of emergency preparedness and response, the VA, PRDOH, and other state and federal governmental agencies work very closely during planning sessions, table top exercises, emergency drills, and full exercises. It is during the execution phase during a real emergency where we would like to see federal regulations relaxed or hospital leadership better equipped to make decisions in support of citizens of Puerto Rico. We would like a to see a VA less isolated behind the federal government wall and more involved in the areas that affect all Puerto Ricans, as Veterans are a representation of those communities where they live. This is particularly important during emergencies. The role of the VA during an emergency is to help other federal partners, but in the process, they coordinate and should be working closely with local governments. During this emergency we were proud of responding and helping the VA with all their requested needs. However, it was not clear to the combined Operations Centers some of the activities the VA was conducting. Perhaps, the most surprising to us was the VA coordinating and sending epidemiologists from the CDC to communities in Puerto Rico under the reasoning they were evaluating Veterans. If the VA had coordinated this action with PRDOH, they would have found out that those needs were covered by PRDOH and we had, in fact, rejected that same offer from the CDC. Since we have a much closer relationship with the CDC we questioned them and were told the VA had requested their assistance. Anecdotally, I'm told this relationship with the VA has eroded with the last two hospital directors. This apparent lack of communication, collaboration and coordination is also noted outside emergencies where law mandated reports like reportable diseases report are not being timely submitted to the health department. One area that we all should jointly consider in which we all are confronting as one

of the challenges facing the DOD in which VA has a vast capability of working with the private and government sector is medical modeling and simulation. We have been in discussions with the DoD Uniformed Services University and have had the opportunity to visit the Sim Learning Center in Orlando Florida. I believe that with decreasing budgets and evolving missions, coupled with Congressional interests in specific medical training venues, it presents an opportunity for Medical Modeling & Simulation (M&S) to support both individual and collective training and education required to provide medical support to globally integrated operations. Currently, there is no state-of-the-art, regional, and bilingual medical simulation training center with trauma center rotations to conduct sustainment training at the University of Puerto Rico Medical Center. There is no M&S training to meet the requirements for Reserve Component medical staff and for surgical trauma rotations of special operations independent duty corpsmen, physician residents, and other health care professionals of the US Armed Forces and the interagency first responders. Our Latin American partners also do not have an M&S platform for medical training and all federal law enforcement officer have a first responder medical training requirement. We are proposing under the different global health initiatives of the Department of Defense and State Department pursuing developing a customer–funded, regional and bilingual medical simulation training center (MSTC) in Puerto Rico. This MSTC has the strong potential of becoming a Joint, Interagency, and International Regional Medical Simulation Training Center for the Americas stemming from a multi-agency public-private initiative. Plus the integration of a medical school and a trauma rotation at a class one trauma center with 33% of the 1800 plus admission are penetrating wounds in male age categories of 16 to 35.

At the end of the day, I'm responsible for the wellbeing of all the people on these islands. Perhaps for the VA is easier to make a distinction between veteran and non-veteran, and I know my predecessors did not get too involved due to the federal government wall placed in front of them, but for me, they are heroes that have earned a series of benefits, and more importantly, they are Puerto Ricans that I need to assist in maintaining healthy as citizens of this beautiful island and great nation. There should be more areas of collaboration than the ones we have. After all, we have the same goals to deliver the best possible health service the limited resource to the US citizens residing in Puerto Rico.